| Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Ret | (99) turn | 2018 | OMB No. 1545-007 | 4 IRS Use C | Only-Do not write or staple in this space. |
|---|------------------|-----------------|---------------------|-------------------|--|
| Filing status: Single X Married filing jointy Married filing separately Your first name and initial Last name Thiruvendran Vignara | | ousehold Qualit | fying widow(er) | | Your social security number |
| Your standard deduction: If joint return, spouse's first name and initial Spouse standard deduction: Spouse is blind Spouse itemizes on a separate return or you we home address (number and street). If you have a P.O. box, see instructions. | ent | <u> </u> | 954 You ar | | Spouse's social security number X Full-year health care coverage or exempt (see instr.) Presidential Election Campaign |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach State Dependents (see instructions): (2) | | mber (3) | Relationship to you | | (see instr.) You Spouse If more than four dependents, see instr. and ✓ here ► 4) ✓ if qualifies for (see instr.) |
| (1) First name Last name | | Son | | Child tax of | credit Credit for other dependents |
| Sign Here Under penalties of perjury, I declare that I have examined this return and accompanyin correct, and complete. Declaration of preparer (other than taxpayer) is based on all infit your signature Your signature Spouse's signature. If a joint return, both must sign. | _ | | 2. | f, they are true, | If the IRS sent you an Identity Protection PIN, enter it here (see instr.) If the IRS sent you an Identity Protection PIN, enter it here (see instr.) |
| Preparer's name Paid Preparer Use Only | Preparer's signa | ature | | PTIN | Check if: |

| Form 1040 (2018) | Thi: | ruvendran Vignarajah & | | | Page 2 |
|--|------------------|---|-----|---------|------------------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 169,847 |
| | 2a | Tax-exempt interest 2a b Taxable interest | | 2b | 677 |
| | 3a | Qualified dividends 3a 2 b Ordinary dividends | | 3b | 2 |
| | 4a | IRAs, pensions, and annuities 4a b Taxable amount | | 4b | |
| Attach Form(s) W-2. Also attach | 5a | | | 5b | |
| Form(s) W-2G at 1099-R if tax was | ind 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 416,063 | | 6 | 586 , 589 |
| withheld. | 7 | Adjusted gross income. If you have no adjustments to income, enter he amount from line 6; otherwise | | | |
| Standard | | subtract Schedule 1, line 36, from line 6 | | 7 | 534,182 |
| Deduction for - | 8 | Standard deduction or itemized deductions (from Schedule A) | | 8 | 44,744 |
| Single or married | 9 | Qualified business income deduction (see instructions) | | 9 | |
| filing separately, \$12,000 | 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | | 10 | 489,438 |
| Married filing initial or Qualifying | 11 | a Tax (see instr)122,634 (check if any from: 1Form(s) 8814 2 Form 497. | 2 | | |
| jointly or Qualifying widow(er), | | 3 🗌) | | | |
| \$24,000 • Head of | | b Add any amount from Schedule 2 and check here | u 🗌 | 11 | 122,634 |
| household, | 12 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here | 12 | 550 | |
| \$18,000 • If you checked | 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 122,084 | |
| any box under Standard | 14 | Other taxes. Attach Schedule 4 | | 14 | 30,098 |
| deduction, see instructions. | 15 | Total tax. Add lines 13 and 14 | | 15 | 152,182 |
| see instructions. | ^{_]} 16 | Federal income tax withheld from Forms W-2 and 1099 | | 16 | 33,624 |
| | 17 | Refundable credits: a EIC (see instr.) b Sch 8812 | | | |
| | | C Form 8863 | | | |
| | | Add any amount from Schedule 5 80,997 | | 17 | 80,997 |
| | 18 | Add lines 16 and 17. These are your total payments | | 18 | 114,621 |
| | 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | 19 | |
| Refund | 20a | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here | u 🗌 | 20a | |
| Discrete describe | u b | Routing number uc Type: Checking Savin | gs | | |
| Direct deposit? See instructions. | u d | Account number | | | |
| | 21 | Amount of line 19 you want applied to your 2019 estimated tax u 21 | | | |
| Amount You Owe | 22 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | u | 22 | 38,491 |
| | 23 | Estimated tax penalty (see instructions) u 23 | 930 | | |

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2018)

SCHEDULE 1

(Form 1040)

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040

Additional Income and Adjustments to Income

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2018
Attachment

Your social security number

Thiruvendran Vignarajah & | Additional 1-9b Reserved 1-9b Taxable refunds, credits, or offsets of state and local income taxes Income 10 10 11 Alimony received 11 Business income or (loss). Attach Schedule C or C-EZ 12 12 361 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here Other gains or (losses). Attach Form 4797 14 15a Reserved 15b 16a Reserved 16b Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 399,202 17 17 Farm income or (loss). Attach Schedule F 18 18 Unemployment compensation 19 19 20b 20a Reserved Other income. List type and amount ▶ See Statement 1 16,500 21 21 Combine the amounts in the far right column. If you don't have any adjustments to 416,063 income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 22 Adjustments to Income 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses for members of the Armed Forces. 26 Attach Form 3903 13,557 27 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 38,850 28 Self-employed health insurance deduction 29 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 32 IRA deduction Student loan interest deduction 33 33 34 Reserved 34 35 Reserved Add lines 23 through 35.

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

Schedule 1 (Form 1040) 2018

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) u Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

(99)

u Go to www.irs.gov/ScheduleE for instructions and the latest information.

13

Name(s) shown on return Your social security number Thiruvendran Vignarajah & Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Α Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No В If "Yes," did you or will you file required Forms 1099? No 1a Physical address of each property (street, city, state, ZIP code) Stamford, CT 06902 Α В С 1b Type of Property For each rental real estate property listed Fair Rental Personal Use QJV above, report the number of fair rental and Davs Davs (from list below) personal use days. Check the QJV box 365 Α Α only if you meet the requirements to file as В В a qualified joint venture. See instructions. С С Type of Property: Single Family Residence Vacation/Short-Term Rental Land Self-Rental Other (describe) Multi-Family Residence Commercial 6 Royalties Properties: С Income: 18,808 3 Rents received 3 Royalties received 4 Expenses: 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 Commissions 8 9 Insurance 9 Legal and other professional fees 10 11 Management fees 5,238 Mortgage interest paid to banks, etc. (see instrucions) 12 Other interest 13 2,007 Repairs 14 15 15 Supplies 2,080 16 Taxes 16 373 Utilities 17 2,837 Depreciation expense or depletion 18 19 3,998 Other (list) ${f u}$ See Statement 2 16,533 20 Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 2,275 21 file Form 6198 22 Deductible rental real estate loss after limitation, if any, 0 on Form 8582 (see instructions) 22 18,808 23a 23a Total of all amounts reported on line 3 for all rental properties 23b b Total of all amounts reported on line 4 for all royalty properties 5,238 23c c Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 2,837 16,533 e Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses _____ 2,275 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the 2,275

total on line 41 on page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

| Thiruvendran | Vigna | raiah | & |
|--------------|-------|-------|---|
| | | | |

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

| P | art II | Income or Loss From | n Partnerships and | | | | | ` ' | | ive a d | istribution | , dispose | of |
|----------|------------|---|---|----------|--|---------|--------|---------|-------------------------------|---------------|----------------------|-----------------|---------------------|
| | | stock, or receive a loan rep | ayment from an S corpora | tion, yo | u must check | the b | оох | in c | olumn (e) on line 28 | and at | tach the i | equired b | oasis |
| | | computation. If you report a | | y for w | hich any amou | ınt is | not | t at | risk, you must check | k the bo | ox in colu | mn (f) on | l |
| | | line 28 and attach Form 61 | 98 (see instructions). | | | | | | | | | | |
| 27 | • | eporting any loss not allowed i | ' ' | | | | | | | | | | |
| | | loss from a passive activity (i | • | | ,. | | | | | | _{Yes} X | a | |
| _ | you answe | ered "Yes," see instructions be | erore completing this section | on | l | | | | | | | 1 | h1- 16 |
| 28 | | (| (a) Name | | (b) Enter P for partnership; S (c) Check if (d) Employer identification | | | | | | Check if computation | any ar | heck if nount is |
| _ | DT.A | Piper LLP (US) | | | for S corporation | part | nersh | hip | number | is r | equired | not | at risk |
| A B | חות | Fiper HHF (US) | | | _ <u>-</u> | | H | | | | | | |
| C | | | | | | | H | | | | | | |
| D | | | | | | | H | | | | H | | |
| _ | 1 | Passive Income and | Lloss | Т | | | ш | Nor | npassive Income a | nd I os | <u> </u> | | |
| | | g) Passive loss allowed | (h) Passive income | | (i) Nonpassive | loss | | Ϊ. | (j) Section 179 exper | | | Nonpassive | income |
| | | ch Form 8582 if required) | from Schedule K-1 | | from Schedule | | | | deduction from Form | | | m Schedule | |
| A | | | | | | | (| 0 | | | | 396 | 5,927 |
| В | | | | | | | | | | | | | _ |
| С | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| 29a | Totals | | | | | | | | | | | 396 | 5 , 927 |
| b | Totals | | | | | | | | | | | | |
| 30 | Add colu | umns (h) and (k) of line 29a | | | | | | | | 30 | | 396 | ,927 |
| 31 | Add colu | umns (g), (i), and (j) of line 29 | b | | | | | | | 31 | (| | 0 |
| 32 | Total pa | artnership and S corporation | | | s 30 and 31 | | | <u></u> | | 32 | | 396 | 5 , 927 |
| P | art III | Income or Loss Fron | n Estates and Trusts | <u> </u> | | | | | | | | | |
| 33 | | | (a) Name | | | | | | | | | Employer | |
| _ | | | | | | | | | | _ | identific | ation numb | er |
| <u>A</u> | | | | | | | | | | + | | | |
| <u>B</u> | | Danaitra Imaan | l | | | | | | Namaaaina laas | | 41 | | |
| _ | (a) Dani | Passive Incon | | | | | (-) | N D 1 | Nonpassive Inco | me an | | | |
| | | sive deduction or loss allowed ch Form 8582 if required) | (d) Passive inco | | | | ٠,, | • | uction or loss chedule K-1 | | | er income frome | orri |
| | <u> </u> | | | | | | | | | + | | | |
| В | | | | | | | | | | | | | |
| = 34a | Totals | | | | | | | | | | | | |
| b | | | | | | | | | | | | | |
| 35 | | umns (d) and (f) of line 34a | | | | | | | | 35 | | | |
| 36 | Add colu | umns (c) and (e) of line 34b | | | | | | | | 36 | (| | |
| 37 | Total est | tate and trust income or (loss). | | | | | | | | 37 | | | |
| P | art IV | Income or Loss From | n Real Estate Mortg | | | | ιdu | uits | (REMICs)—Res | <u>sidual</u> | Holde | r | |
| 38 | | (a) Name | (b) Employer | | Excess inclusion from the control of | | | | Taxable income (net loss) | | | ncome from | 01- |
| | | | identification number | | (see instructions) | | + | 110 | m Schedules Q, line 1b | | Scheat | iles Q, line | 30 |
| | | | | | | | | | | | | | |
| 39_ | | e columns (d) and (e) only. Er | nter the result here and inc | lude in | the total on lin | ne 41 | bel | ow . | | 39 | | | |
| | art V | Summary | | | | | | | | 1 | | | |
| 40 | | n rental income or (loss) from | · • | | | | | | | 40 | | 200 | 202 |
| 41 | | me or (loss). Combine lines 26, 32, 37, | • | | dule 1 (Form 1040), | line 17 | , or F | Form 1 | 1040NR, line 18 | 41 | | 395 | 202 |
| 42 | | iliation of farming and fishi | | | 1 | | | | | | | | |
| | Ū | and fishing income reported of 065), box 14, code B; Schedu | | | | | | | | | | | |
| | • | l Schedule K-1 (Form 1041), l | , | | | | 12 | | | | | | |
| 43 | | iliation for real estate profe | | | Э | | _ | | | | | | |
| - | profession | onal (see instructions), enter t | he net income or (loss) yo | u repoi | ted | | | | | | | | |
| | , | re on Form 1040 or Form 104 you materially participated ui | | | | | 13 | | | | | | |

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN

2018

| OR FISCAL YEAR BE | GINNING 2018, ENDING |
|--|--|
| THIRUVENDR. Your First Name VIGNARAJAH Your Last Name Spouse's First Name Spouse's Last Name | |
| Current Mailing Address Lir | e 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4 |
| See Instruction 0400 4 Digit Political Subdiv | yland Physical address as of December 31, 2018 or last day of the taxable year for fiscal year taxpayers. 5. Part-year residents see Instruction 26. BALTIMORE CITY ision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6) ress Line 1 (Street No. and Street Name) (No PO Box) ress Line 2 (Apt No., Suite No., Floor No.) (No PO Box) |
| FILING STATUS | State Z P Code + 4 Maryland County |
| CHECK ONE BOX See Instruction 1 if you are required to file. PART-YEAR RESIDENT See Instruction 26. | Single (If you can be claimed on another person's tax return, use Filing Status 6.) Married filing joint return or spouse had no income Married filing separately, Spouse SSN Head of household Qualifying widow(er) with dependent child Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.) Dates of Maryland Residence (MM DD YYYY) FROM Other state of residence: If you began or ended legal residence in Maryland in 2018 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. Enter Military Income amount here: |
| EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable | A. X Yourself X Spouse Enter number checked 2 See Instruction 10 A. \$ B. 65 or over 65 or over Blind Blind Enter number checked X \$1,000 B. \$ C. Enter number from line 3 of Dependent Form 502B 1 See Instruction 10 C. \$ D.Enter Total Exemptions (Add A, B and C.) 7 Total Amount D. \$ |
| | VIGNARAJAH Your Last Name Spouse's First Name Spouse's Last Name Current Mailing Address Lin Current Mailing Address Lin REQUIRED: Mary See Instruction 4 Digit Political Subdiv Maryland Physical Add Maryland Physical Add City FILING STATUS CHECK ONE BOX See Instruction 1 if you are required to file. PART-YEAR RESIDENT See Instruction 26. EXEMPTIONS See Instruction 26. EXEMPTIONS See Instruction Check appropriate box(es). NOTE: If you are daiming dependents, you must attach the Dependents' Inform 502B to this form to receive |

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN

| NAME THIRUVEN | | N VIGNARAJAH & SSN | | |
|----------------------|-------|--|--------------|------------|
| | 1. | Adjusted gross income from your federal return Wages, salaries and/or tips 1a. 169847 | <u> </u> | 534182 |
| INCOME | 1a. | Wages, salaries and/or tips 1a. 169847 | | |
| See Instruction 11. | | Earned income 1b. | | |
| | | Capital Gain or (loss) 1c. 361 | | |
| | 1 | Taxable Pensions, IRAs, Annuities (Attach Form 502R.) 1d. | | |
| | 1e. | Place a "Y" in this box if the amount of your investment income is more than \$3,500 | I | ▶ □ |
| ADDITIONS | | Tax-exempt interest on state and local obligations (bonds) other than Maryland | 2. | |
| TO INCOME | 1 | State retirement pickup | 3. | |
| See Instruction 12. | 4. | Lump sum distr butions (from worksheet in Instruction 12.) | 4. | |
| | | Other additions (Enter code letter(s) from Instruction 12.) | 5. | |
| | 6. | Total additions to Maryland income (Add lines 2 through 5.) | 6. | |
| | | Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) | . 7. | 534182 |
| | 8. | Taxable refunds, credits or offsets of state and local income taxes included in line 1 | 8. | |
| SUBTRACTIONS | 9. | Child and dependent care expenses | 9. | 1844 |
| FROM INCOME | 10a. | | 10a. | |
| See Instruction 13. | 10b. | Pension exclusion from worksheet (13E) Yourself ▶ ☐ Spouse ▶ ☐ ▶1 | 10b. | |
| | 11. | Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 | 11. | |
| | | | 12. | |
| | | | 13. | |
| | 14. | | 14. | 1200 |
| | 15. | | 15. | 3044 |
| | 1 | Maryland adjusted gross income (Subtract line 15 from line 7.) | 16. | 531138 |
| | All | taxpayers must select one method and check the appropriate box. | | |
| DEDUCTION | | STANDARD DEDUCTION METHOD (Enter amount on line 17.) | | |
| METHOD | ▎▝ | ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) | | |
| See Instruction 16. | | 17a. Total federal itemized deductions (from line 17, federal Schedule A) u 17a. | 447 | 44 |
| | | 17b. State and local income taxes (See Instruction 14.) u 17b. | | |
| | | Subtract line 17b from line 17a and enter amount on line 17. | | |
| | 17. | Deduction amount (Part-year residents see Instruction 26 (I and m).) | 17. | 44744 |
| | + | Net income (Subtract line 17 from line 16.) | | 486394 |
| | 1 | Exemption amount from Exemptions area (See Instruction 10.) | | |
| | 1 | Taxable net income (Subtract line 19 from line 18.) | | 486394 |
| | | Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) | | 25790 |
| MADVI AND | | Earned income credit (EIC) (See Instruction 18.) | | |
| MARYLAND TAX | 1 | Poverty level credit (See Instruction 18.) | | |
| COMPUTATION | 1 | Other income tax credits for individuals from Part AA, line 12 of Form 502CR (Attach Form 502CR.) | | 10167 |
| | 1 | Business tax credits You must file this form electronically to claim business tax | | |
| | 26. | | | 10167 |
| | 27. | | | 15623 |
| | + | Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by | <u> </u> | |
| LOCAL TAX | 20. | | 28 | 15565 |
| COMPUTATION | 20 | Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) | 29. | |
| | 1 | Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) | - | |
| | ١ | | | 2394 |
| | 31. | Total gradity (Add lines 20 through 24.) | | 2394 |
| | 32. | Total credits (Add lines 29 through 31.) Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 SEPARATE JURISDICTIONS | 32. | 13171 |
| | 33. | | <u>33.</u> . | 28794 |
| | | , | <u>34.</u> . | |
| CONTRIBUTIONS | l | , | | |
| See Instruction 20. | 36. | | | |
| | 37. | · · · · · · · · · · · · · · · · · · · | | |
| | 38. | | | |
| | 1 39. | Total Maryland income tax, local income tax and contributions (Add lines 34 through 38) | JY. | |

RESIDENT INCOME TAX RETURN

2018 Page 3

| | NDRAN VIGNARAJAH & | SSN | | |
|--|--|--|--|----------------------|
| , w/L | | eld (Enter total from your W-2 and 1099 forms | | |
| | , | | ▶ 40. | 13352 |
| | | ount applied from 2017 return, payment made | | |
| | | rm MW506NRS | ▶ 41. | 20461 |
| | • | (from worksheet in Instruction 21) | | |
| | 43. Refundable income tax credits from | | | |
| | | etion 21.) | 43. | |
| | , | ines 40 through 43.) | | 33813 |
| | 45. Balance due (If line 39 is more that | | | |
| | · · | | ▶ 45 | |
| | · · | an line 44, subtract line 39 from line 44.) | | 5019 |
| | | APPLIED TO 2019 ESTIMATED TAX ► 47. | 4828 | |
| | 48. Amount of overpayment TO BE R | | | |
| FUND | (Subtract line 47 from line 46.) See | | ▶ 48 | 0 |
| 0.1.5 | 49. Interest charges from Form 502UF | P191 or for late filing | | |
| | | or locate iming | ▶ 49 | 191 |
| | 50. TOTAL AMOUNT DUE (Add lines | | · J | |
| OUNT DUE | 1 | VITH THIS RETURN. INCLUDE FORM PV | 50 | |
| Davidson 1 1 1 | | | | |
| Daytime telephone | · | | | S (3 digits per line |
| heck here X | if you authorize your preparer to discuss the | nis return with us. Check here u if you ee to receive your 1099G Income Tax Refund statement | u authorize your | paid preparer |
| heck here X of to file electron struction 24.) | if you authorize your preparer to discuss the ically. Check here | ee to receive your 1099G Income Tax Refund statement | u authorize your part electronically. (S | paid preparer |
| neck here X It to file electron struction 24.) Inder penalties of the best of my known | if you authorize your preparer to discuss the ically. Check here if you agree if perjury, I declare that I have examined the interest of th | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the | a authorize your to electronically. (See to and to | paid preparer |
| neck here X of to file electron struction 24.) nder penalties of e best of my kno ased on all inform | if you authorize your preparer to discuss the ically. Check here if you agree if perjury, I declare that I have examined the owledge and belief it is true, correct and contains of which the preparer has any known | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the | a authorize your to electronically. (See to and to | paid preparer |
| to file electron struction 24.) der penalties of best of my knowsed on all informations ar signature | if you authorize your preparer to discuss the ically. Check here if you agree if you agree if you agree if perjury, I declare that I have examined the preparer has any known in the pr | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the reledge. | a authorize your to electronically. (See to and to | paid preparer |
| to file electron struction 24.) Inder penalties of the best of my known sed on all informations are signature. | if you authorize your preparer to discuss the ically. Check here if you agree if you agree if you agree if perjury, I declare that I have examined the preparer has any known in the pr | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the reledge. | a authorize your to electronically. (See to and to | paid preparer |
| to file electron struction 24.) Inder penalties of the best of my known sed on all informations are signature. | if you authorize your preparer to discuss the ically. Check here if you agree if you agree if you agree if perjury, I declare that I have examined the preparer has any known in the pr | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the reledge. | a authorize your to electronically. (See to and to | paid preparer |
| to file electron struction 24.) der penalties of best of my knowsed on all informations ar signature | if you authorize your preparer to discuss the ically. Check here if you agree if you agree if you agree if perjury, I declare that I have examined the preparer has any known in the pr | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the reledge. | a authorize your to electronically. (See to and to | paid preparer |
| eck here X to file electron truction 24.) der penalties of best of my kno sed on all inform | if you authorize your preparer to discuss the ically. Check here if you agree if you agree if you agree if perjury, I declare that I have examined the preparer has any known in the pr | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the reledge. | a authorize your to electronically. (See to and to | paid preparer |
| eck here X to file electron truction 24.) der penalties of best of my kno sed on all inform | if you authorize your preparer to discuss the ically. Check here if you agree if you agree if you agree if perjury, I declare that I have examined the preparer has any known in the pr | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the reledge. | a authorize your to electronically. (See to and to | paid preparer |
| to file electron struction 24.) der penalties of best of my knowsed on all informations ar signature | if you authorize your preparer to discuss the ically. Check here if you agree if you agree if you agree if perjury, I declare that I have examined the preparer has any known in the pr | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the reledge. | a authorize your to electronically. (See to and to | paid preparer |
| neck here X of to file electron struction 24.) nder penalties of e best of my know ased on all inform ur signature For re | if you authorize your preparer to discuss the ically. Check here if you agree if | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the returns filed with payments, attach check or money order to ks payable to Comptroller of Maryland. Do not attach Form eay order to Form 502. Place Form PV with attached check/responding to the company of the company of the company or the company of the comp | a authorize your of the electronically. (See the ents and to declaration is the property of the ents and the electronically.) | paid preparer |
| neck here X Into file electron Into file | if you authorize your preparer to discuss the ically. Check here if you agreed if you agreed it is perjury, I declare that I have examined the owledge and belief it is true, correct and connation of which the preparer has any known that the preparer ha | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the returns filed with payments, attach check or money order to ks payable to Comptroller of Maryland. Do not attach Form sey order to Form 502. Place Form PV with attached check/reform 502 and mail to: | a authorize your of the electronically. (See the ents and to declaration is the property of the ents and the electronically.) | paid preparer |
| neck here X Into file electron Into file I | if you authorize your preparer to discuss the ically. Check here if you agreed if you agreed if you agreed it is perjury, I declare that I have examined the owledge and belief it is true, correct and contains of which the preparer has any known in the preparer has any known | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the predeficient of the prepared by a person other than taxpayer, the predeficient of the prepared by a person other than taxpayer, the predeficient of the prepared by a person other than taxpayer, the predeficient of the prepared by a person other than taxpayer, the predeficient of the prepared by a person other than taxpayer, the prepared by a person other taxpayer, the prepared by a person other taxpayer, the prepared by a person other taxpayer, th | a authorize your of the electronically. (See the ents and to declaration is the property of the ents and the electronically.) | paid preparer |
| neck here X Int to file electron struction 24.) Inder penalties of the best of my know sed on all inform ur signature Douse's signature For repaymereturn Cor Rev. 110 | if you authorize your preparer to discuss the ically. Check here | ee to receive your 1099G Income Tax Refund statement is return, including accompanying schedules and statement implete. If prepared by a person other than taxpayer, the returns filed with payments, attach check or money order to ks payable to Comptroller of Maryland. Do not attach Form sey order to Form 502. Place Form PV with attached check/reform 502 and mail to: | a authorize your of electronically. (See the section of the control of the contro | paid preparer |

Form **502**

Maryland Local Income Tax Calculation Separate Jurisdictions Worksheet

2018

Name

Taxpayer Identification Number

THIRUVENDRAN VIGNARAJAH &

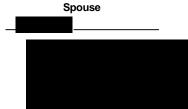
County name:

A Portion from Form 502 line 21 attributable to each spouse

1. Portion from Form 502 line 21 attributable to each spouse

1. 316 - 093

1. Portion from Form 502, line 21 attr butable to each spouse1. 316,0932. Local tax rate from chart below2. 0.03203. Local income tax (Multiply line 1 by line 2).Enter on Form 502, line 293. 10,115



| LOCAL TAX RATE CHART | | | | | | |
|----------------------|-------|------------------------|-------|--|--|--|
| Subdivision | Rate | Subdivision | Rate | | | |
| Baltimore City | .0320 | Harford County | .0306 | | | |
| Allegany County | .0305 | Howard County | .0320 | | | |
| Anne Arundel County | .0250 | Kent County | .0285 | | | |
| Baltimore County | .0283 | Montgomery County | .0320 | | | |
| Calvert County | .0300 | Prince George's County | .0320 | | | |
| Caroline County | .0273 | Queen Anne's County | .0320 | | | |
| Carroll County | .0303 | St. Mary's County | .0300 | | | |
| Cecil County | .0300 | Somerset County | .0320 | | | |
| Charles County | .0303 | Talbot County | .0240 | | | |
| Dorchester County | .0262 | Washington County | .0280 | | | |
| Frederick County | .0296 | Wicomico County | .0320 | | | |
| Garrett County | .0265 | Worcester County | .0175 | | | |

| | 1 | Final K-1 | mended | ة بلا بلا خاط 1K-1 OMB No. 1545-012 |
|---|------------------|--|----------|--|
| Schedule K-1 ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ⊆ ∈ E ∈ E ∈ | D | A Least Strategy Control of the Cont | | Current Year Income, |
| (Form 1065) 2018 | | | | , and Other Items |
| Department of he Treasury | 1 | Ordinary business income (loss) | 15 | Credits |
| Internal Revenue Service For calendar year 2018, or tax year | | 166,927. | P * | 91. |
| beginning ending | 2 | Net rental real estate income (loss | 50 | 51. |
| | | S - 2 | | |
| Partner's Share of Income, Deductions, | 3 | Other net rental income (loss) | 16 | Foreign transactions |
| Credits, etc. ▶ See back of form and separate instructions. | | 00 500 | A | STMT |
| Part I Information About the Partnership | 4 | Guaranteed payments | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| A Partnership's employer identification number | * | 230,000. | B * | 871,529. |
| page and accompanies of the control | 5 | Interest income | | |
| B Partnership's name, address, city, state, and ZIP code | | 584. | F * | 52. |
| | 6a | Ordinary dividends | | |
| | | 2. | G * | 1,135. |
| DLA PIPER LLP (US) | 6b | Qualified dividends | | No. of the state o |
| 6225 SMITH AVENUE | | 2. | M * | 54. |
| BALTIMORE, MD 21209-3600 | 6c | Dividend equivalents | 10 | 100 - |
| C IRS Center where partnership filed return | | | N * | 760. |
| OGDEN | 7 | Royalties | 0.4 | 12. |
| D Check if this is a publicly traded partnership (PTP) | | | P * | 9. |
| | 8 | Net short-term capital gain (loss) | 17 | Alternative minimum tax (AMT) items |
| Part II Information About the Partner | * | 39. | A | 7. |
| E Partner's identifying number 574 | 9a | Net long-term capital gain (loss) | | 9,000 |
| | | 322. | B * | -48. |
| F Partner's name, address, city, state, and ZIP code | 9b | Collectibles (28%) gain (loss) | | |
| | V 12 | | | |
| | 9c | Unrecaptured section 1250 gain | 18 | Tax-exempt income and nondeductible expenses |
| THIRUVENDRAN VIGNARAJAH, ESQ. | 40 | N. ((| 3 - 3 | i le less |
| | 10 | Net section 1231 gain (loss) | C * | 5,831. |
| | 11 | Other income (less) | ं | |
| G X General partner or LLC Limited partner or o her LLC member-manager member | 11 | Other income (loss) | 3 | |
| | | | <u>a</u> | |
| H X Domestic partner Foreign partner | | | 19 | Distributions |
| I1 What type of entity is this partner?INDIVIDUAL | | | 3 | PARTICIPAL SAME DESCRIPTION |
| 12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here | | | A | 477,470. |
| J Partner's share of profit, loss, and capital (see instructions): Beginning Ending | 12 | Section 179 deduction | | |
| Profit 0.044606 % 0.060569 % | "- | | 20 | Other information |
| Loss 0.044606 % 0.060569 % | 13 | Other deductions | 3 | The Council of Council |
| Capital NONE % 0.008925 % | A* | 2,041. | A | 586. |
| 3 | - 11 | 2/011. | - | 000. |
| K Partner's share of liabilities: Beginning Ending | В* | 182. | Z * | STMT |
| Nonrecourse \$ \$ 2,702. | | | | |
| Qualified nonrecourse s s | R | 38,850. | AA* | STMT |
| Recourse \$ | 14 | Self-employment earnings (loss) | | Control Spirit Control A Control |
| 6 (III) | Α | 401,357. | * | STMT |
| L Partner's capital account analysis: | | | | |
| Beginning capital account \$ NONE | | | | |
| Capital contributed during the year . \$ 135,000. | *See | e attached statement for ad | ditiona | al information. |
| Current year increase (decrease) \$ 389,720. | | 101101 | THE RE | MINE IN THE |
| Withdrawals & distributions \$ (477, 470.) | > | | | |
| Ending capital account \$ 47,250. | - In | | | |
| Tax basis GAAP Section 704(b) book | Se (| | | |
| X Other (explain) BOOKS AND RECORDS | ž | | | |
| | IRS | | | |
| M Did the partner contribute property with a built-in gain or loss? | For IRS Use Only | | | |

If "Yes," attach statement (see instructions)

For Paperwork Reduction Act Notice, see Instructions for Form 1065.

JSA
8P1200 1.000

X No

www.irs.gov/Form1065

Schedule K-1 (Form 1065) 2018

Amended Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 RS Use Only-Do not write or staple in his space. For the year Jan. 1-Dec. 31, 2017, or other tax year beginning See separate instructions Last name Your first name and initial Your social security number Thiruvendran Vignarajah If a joint return, spouse's first name and initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). 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. Foreign province/state/county Foreign country name Foreign postal code You Spouse 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. Filing Status 2 X Married filing jointly (even if only one had income) Check only one Married filing separately. Enter spouse's SSN above Qualifying widow(er) (see instructions) box. and full name here. Yourself. If someone can claim you as a dependent, do not check box 6a Boxes checked 6a **Exemptions** on 6a and 6b Spouse b No. of children (4) ✓ if on 6c who age 17 qual.

for child

for child

did not live with Dependents: (2) Dependent's (3) Dependent's did not live with social security number relationship to you tax credit you due to divorce or separation (see instructions) (1) First name (see instr.) Last name If more than four Son dependents, see instructions and Dependents on 6c not entered above check here ▶ Add numbers on lines above Total number of exemptions claimed 162,631 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 8a **Taxable** interest. Attach Schedule B if required Tax-exempt interest. Do not include on line 8a Attach Form(s) b W-2 here. Also 9a Ordinary dividends. Attach Schedule B if required 9a attach Forms b Qualified dividends W-2G and 10 10 1,331 Taxable refunds, credits, or offsets of state and local income taxes 1099-R if tax 11 was withheld. 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 12 If you did not 229 13 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here get a W-2, see instructions. 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions **b** Taxable amount 15b 16a Pensions and annuities 16a **b** Taxable amount 16b 17 281,660 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 19 20b 20a Social security benefits 20a **b** Taxable amount 2,000 21 21 Other income. List type and amount 448,106 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 22 23 Educator expenses **Adjusted** 24 Certain business expenses of reservists, performing artists, and **Gross** fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 Income 26 Moving expenses. Attach Form 3903 26 11,139 27 Deductible part of self-employment tax. Attach Schedule SE 27 28,121 Self-employed SEP, SIMPLE, and qualified plans 28 28 Self-employed health insurance deduction 29 29 Penalty on early withdrawal of savings 30 30 31a Alimony paid **b** Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33

34

Domestic production activities deduction. Attach Form 8903

Subtract line 36 from line 22. This is your adjusted gross income

Tuition and fees. Attach Form 8917

Add lines 23 through 35

37

34

35

36

37

| Form 1040 (2017) | Thi | ruvendran Vignarajah & | | | | Page 2 |
|--------------------------------|--------------|--|-------------|--|-----------------|--|
| | 38 | Amount from line 37 (adjusted gross income) | | | 38 | 408,846 |
| Tax and | 39a | Check You were born before January 2, 1953, Blind | . 1 | Total boxes | | |
| Credits | | if: Spouse was born before January 2, 1953, Blind | | | | |
| | b | If your spouse itemizes on a separate return or you were a dual-st | | | | |
| Standard Deduction | 40 | Itemized deductions (from Schedule A) or your standard deductions | tion (| see left margin) | 40 | 65,888 |
| for— | 41 | Subtract line 40 from line 38 | • | | 41 | 342,958 |
| People who | 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6 | | | 42 | 2,673 |
| check any box on line | 43 | T | | | 43 | 340,285 |
| 39a or 39b or | 44 | Tax (see instr.). Check if any from:a Form(s) b Form c For | | | 44 | 87,477 |
| who can be claimed as a | 45 | Alternative minimum tay (see instructions) Attach Form 6251 | | • | 45 | 6,110 |
| dependent, see | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | | | 46 | 0,110 |
| instructions. | 47 | Add lines 44, 45, and 46 | | | 47 | 93,587 |
| All others: | 48 | Foreign tax credit. Attach Form 1116 if required | 48 | 24 | 7/ | 33,307 |
| Single or Married filing | 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | 217 | | |
| separately, \$6,350 | | · | 50 | 211 | | |
| Married filing | 50 51 | Education credits from Form 8863, line 19 | 51 | | | |
| jointly or Qualifying | 51 52 | Retirement savings contr butions credit. Attach Form 8880 | | | | |
| widow(er), \$12,700 | 52 | Child tax credit. Attach Schedule 8812, if required | 52 | | | |
| Head of | 53 | Residential energy credits. Attach Form 5695 | 53 | | | |
| household, \$9,350 | 54 | Other credits from Forma 3800 b 8801 c | 54 | | | 0.44 |
| Ψ5,550 | 55 | Add lines 48 through 54. These are your total credits | | | 55 | 241 |
| | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter | ·0 | <u></u> | 56 | 93,346 |
| Other | 57 | Self-employment tax. Attach Schedule SE | | | 57 | 22,277 |
| Taxes | 58 | Unreported social security and Medicare tax from Forma 413 | | | 58 | |
| | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attack | n Forn | n 5329 if required | 59 | |
| | 60a | Household employment taxes from Schedule H | | | 60a | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if require | red | _ | 60b | |
| | 61 | Health care: individual responsibility (see instructions) Full-year co | verag | X | 61 | |
| | 62 | Taxes from: a \overline{X} Form 8959 b \overline{X} Form 8960 c \square Instructions; enter | code(s) | | 62 | 1,798 |
| | 63 | Add lines 56 through 62. This is your total tax | | <u> </u> | 63 | 117,421 |
| | 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 35,781 | | |
| Payments | 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | 28,000 | | |
| If you have a | 66a | Earned income credit (EIC) | 66a | | | |
| qualifying | b | Nontaxable combat pay election 66b | | | | |
| child, attach Schedule EIC. | 67 | Additional child tax credit. Attach Schedule 8812 | 67 | | | |
| | 68 | American opportunity credit from Form 8863, line 8 | 68 | | | |
| | 69 | Net premium tax credit. Attach Form 8962 | 69 | | | |
| | 70 | Amount paid with request for extension to file | 70 | 53,181 | | |
| | 71 | Excess social security and tier 1 RRTA tax withheld | 71 | , | | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | | | |
| | 73 | Credits from Form:a 2439 b Reserved c 8885 d | 73 | | | |
| | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | | • | 74 | 116,962 |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is | the a | mount you overpaid | 75 | 110,502 |
| Rolalia | | Amount of line 75 you want refunded to you. If Form 8888 is atta | | • | 76a | |
| Direct deposit? | ▶ h | Routing number | | | | |
| See | ▶ d | Account number | wing | Cuvings | | |
| instructions. | 77 | Amount of line 75 you want applied to your 2018 estimated tax | 77 | 997 | | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63. For details on ho | | | 78 | 475 |
| You Owe | 79 | Estimated tax penalty (see instructions) | W 10 P | 16 | - '' | |
| | | Estinated tax periaty (500 instructions) | 13 | 10 | | |
| Third Part | y | | | | | |
| Designee | | | | | | |
| Sian | Under penal | lties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the be | st of my kr | nowledge and belief, they are true, correct, a | nd | |
| Sign Here | Your sign | st all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is b nature Date Your occupatio | | Il information of which preparer has any know | wledge. | Daytime phone number |
| Joint return? See instr. | | Attorne | | | | If the IRS sent you an Identity Protection PIN, |
| Keep a copy | Spouse's | signature. If a joint return, both must sign. | | | | enter it nere |
| for your records. | Print/Type 5 | reparer's name Preparer's signature | - | Date | _ | (see instr.) |
| | miv rybe b | reparers signature | | ı Dale | | |
| Paid | | | | | | |
| Preparer | | | | | | |
| Use Only | | | | | | |

Go to www.irs.g DAA

MARYLAND FORM **502X**

Print Using Blue or Black Ink Only

AMENDED TAX RETURN

| OR FISCAL YEAR BEGINNING 2017, ENDING | <u></u> |
|---|---|
| | |
| Your Social Security Number Spouse's Social Security Number | |
| THIRUVENDRAN | |
| Your First Name Initial | |
| | |
| VIGNARAJAH Your Last Name | |
| | |
| Spouse's First Name Initial | |
| Spouse's First Name Initial | |
| | Maryland County |
| Spouse's Last Name | BALTIMORE CITY |
| | |
| Current Mailing Address Line 1 (Street No. and Street Name or PO Box) | City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (Baltimore City residents leave Maryland County line blank.) |
| | |
| Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) | |
| | |
| City or Town State ZIF | Code |
| | S IS DEING EILED TO CLAIM A NET ODEDATING LOSS CHECK |
| Check here in your are. | S IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK PPROPRIATE BOX: CARRY BACK |
| 65 or over Blind 65 or over Blind | CARRY FORWARD |
| | RTANT NOTE: Read the instructions and complete page 3 first. I copies of the federal loss year return and Form 1045, Schedules |
| | B. See Instruction 15. |
| Is this address different from the address on your original return? | YES X NO |
| Check: X Full-year resident Part-year resident or Nonresident, enter dates you resided in Maryland | lent (See Instruction 14.) Any changes from the original filing mus |
| be explained in Part III on page 4 of this form. Submit copy of tax return | filed with the other state. |
| Did you request an extension of time to file the original return? | YES X NO |
| If yes, enter the date the return was filed Is an amended federal return being filed? If yes, submit copy. | X YES NO |
| Has your original federal return been changed or corrected by the Internal | Revenue Service? If yes, submit copy |
| of the IRS notice. | X YES NO |
| CHANGE OF FILING STATUS | |
| | Original Amended |
| Single X Married filing joint return or spouse had no income | Head of household Qualifying widow(er) with dependent child |
| X Married filing joint return or spouse had no income Married filing separately | Dependent taxpayer |
| Spouse's Social Security No. | |



| LAST | NAME THIRUVENDRAN VIGNARAJAH SSN | | | | |
|------|--|-----|---|---|----------------------|
| | | | A. As originally reported or as previously adjusted (See instructions.) | B. Net change – increase or (decrease) – explain on page 4. | C. Corrected amount. |
| 1. | Federal adjusted gross income | 1. | 398227 | 10619 | 408846 |
| 2. | Additions to income Total (Add lines 1 and 2.) | 2. | | | |
| 3. | Total (Add lines 1 and 2.) | 3. | 398227 | 10619 | 408846 |
| | Subtractions from income | | 2617 | | 3617 |
| 5. | Total Maryland adjusted gross income (Subtract line 4 fro | om | | | |
| | line 3.) | 5. | 394610 | 10619 | 405229 |
| 6. | CHECK ONLY ONE METHOD (See Instruction 5.) | | | | |
| | STANDARD DEDUCTION METHOD | | | | |
| | Enter 15% (See Instruction 5 for limits.) | | | | |
| | X ITEMIZED DEDUCTION METHOD | | | | |
| | Enter total MD itemized deductions from Part II, | | | | |
| | on page 4. | 6. | 38670 | | 38497 |
| 7. | N 1: (0 11 12 0f 12 5) | - | 355040 | 10792 | 366732 |
| 8. | Exemption amount (See Instruction 5.) Taxable net income (Subtract line 8 from line 7.) | 8. | | | |
| 9. | Taxable net income (Subtract line 8 from line 7.) | 9. | 355940 | 10792 | 366732 |
| 10. | Maryland tax (from Tax Table or Computation Worksheet) | 10. | 18289 | 621 | 18910 |
| 10a. | Credits: Earned Income Credit | | | | |
| | Poverty Level Credit | | | | |
| | Personal Credit 6273 | | | | |
| | Business Credit X X X X X X X X X X X | | | | |
| | Enter total credits |)a. | 6253 | 20 | 6273 |
| 10b. | Maryland tax after credits (Subtract line 10a from | | 1000 | | 4 4 4 4 4 |
| | line 10.) If less than 0, enter 0 10 | | 12036 | 601 | 12637 |
| 11. | Local income tax (Use rate applicable for year of return. | | 11000 | 0.45 | 44505 |
| | Multiply line 9 by . <u>. 000</u> (See Instruction 7.)1 | 11. | 11390 | 345 | 11735 |
| 11a. | Local credits: Earned Income Credit | | | | |
| | Poverty Level Credit Personal Credit 1233 | | | | |
| | Personal Credit | | 1000 | 20 | 1000 |
| | Enter total credits11 | 1a. | 1203 | 30 | 1233 |
| 11b. | Local tax after credits (Subtract line 11a from line 11.) | | 10107 | 21.5 | 10500 |
| | If less than 0, enter 011 | 1b. | 10187 | 315 | 10502 |
| 12. | Total Maryland and local income tax | | 00000 | 01.6 | 02120 |
| | (Add lines 10b and 11b.) | 12. | 22223 | 916 | 23139 |
| 13. | Contribution: | | | | |
| | A B | | | | |
| | C D | | | | |
| | Enter total contr butions (See Instruction 8.) | 13. | | | |
| 14. | Total Maryland income tax, local income tax and | | 22223 | 916 | 23139 |
| | contribution (Add lines 12 and 13.) | | | | |
| | Total Maryland tax withheld | 15. | 11850 | 588 | 12438 |
| 16. | Estimated tax payments and payments made with | | 11/50 | | 11452 |
| | Form 502E and Form MW506NRS | | | | 11402 |
| | Refundable earned income credit | | | | |
| | Nonresident tax paid by pass-through entities | 18. | | | |
| 19. | Refundable income tax credits | 10 | | | |
| | (Attach Form 502CR and/or 502S.) | | | 588 | 23890 |
| 20. | Total payments and credits (Add lines 15 through 19.) 2 | ∠U. | 23302 | | 23030 |

MARYLAND AMENDE 502X

AMENDED TAX RETURN

| LAST | NAME_VIGNARAJAH SSN _ | | | |
|------|--|---|---|----------------------|
| | Balance due (if line 14 is more than line 20) | | | |
| 22. | Overpayment (if line 14 is less than line 20) | | 22. | 751 |
| | Tax paid with original return, plus additional tax paid after it | | | |
| | Prior overpayment (Total all refunds previously issued.) | , | • • • • | 1070 |
| | REFUND (If line 21 is less than 23, subtract line 21 from 23 | | | |
| | subtract line 24 from 22.) (Add lines 22 and 23.) (See Instru | | REFUND 25. | |
| 26. | BALANCE DUE (If line 21 is more than 23, subtract line 23 | | | |
| | (If line 22 is less than 24, subtract line 22 from 24.) (See Ins | | | 328 |
| 27. | Interest and/or penalty charges on tax due and/or from Forr | | | |
| | TOTAL AMOUNT DUE (Add line 26 and line 27.) | | | |
| | COME AND ADJUSTMENTS TO INCOME: You must compe no changes to the amounts claimed on your original Maryla | | amounts from your federal and complete Column A ar | |
| | , , | A. As originally reported or as previously adjusted | B. Net increase or (decrease). | C. Corrected amount. |
| NC | OME AND ADJUSTMENTS INFORMATION (See Instruction | . , , | , | |
| | Wages, salaries, tips, etc. | 152631 | 10000 | 162631 |
| | Taxable interest income 2. | 254 | | 254 |
| | Dividend income 3. | | | 1 |
| | Taxable refunds, credits or offsets of state and local | | | |
| | income taxes 4. | 1331 | | 1331 |
| 5. | Alimony received 5. | | | |
| | Business income or (loss) 6. | | | |
| | Capital gain or (loss) 7. | | | 229 |
| | Other gains or (losses) (from federal Form 4797) 8. | | | |
| 9. | Taxable amount of pensions, IRA distributions, | | | |
| | and annuities 9. | | | |
| 10. | Rents, royalties, partnerships, estates, trusts, etc. | | | |
| | (Circle appropriate item.) 10. | 281660 | | 281660 |
| 11. | Farm income or (loss) 11. | | | |
| 12. | Unemployment compensation 12. | | | |
| 13. | Taxable amount of Social Security and | | | |
| | Tier 1 Railroad Retirement benefits 13. | | | |
| 14. | Other income (including lottery or other | | | |
| | gambling winnings) 14. | 2000 | | 2000 |
| 15. | Total income (Add lines 1 through 14.)15. | | 10000 | 448106 |
| | Total adjustments to income from federal return | | | |
| | (IRA, alimony, etc.) 16. | 39879 | -619 | 39260 |
| 17. | Adjusted gross income (Subtract line 16 from 15.) | | | |
| | (Enter on page 2, in each appropriate column of line 1.) 17. | 398227 | 10619 | 408846 |
| | , | | | |

Form **502**

Maryland Local Income Tax Calculation Separate Jurisdictions Worksheet

2017

Name

Taxpayer Identification Number

THIRUVENDRAN VIGNARAJAH &

County name: Taxpayer
BALTIMORE CITY

Spouse

Portion from Form 502, line 21 attributable to each spouse
 Local tax rate from chart below
 Local income tax (Multiply line 1 by line Ænter on Form 502, line 29
 7,259

| 1. | 226,839 |
|--------|---------|
| 2. | 0.0320 |
| 3. | 7,259 |
| | |
| | |

| LOCAL TAX RATE CHART | | | | | | | | | |
|----------------------|------|------------------------|-------|--|--|--|--|--|--|
| Subdivision | Rate | Subdivision | Rate | | | | | | |
| Baltimore City | 0320 | Harford County | .0306 | | | | | | |
| Allegany County | 0305 | Howard County | .0320 | | | | | | |
| Anne Arundel County | 0250 | Kent County | .0285 | | | | | | |
| Baltimore County | 0283 | Montgomery County | .0320 | | | | | | |
| Calvert County | 0300 | Prince George's County | .0320 | | | | | | |
| Caroline County | 0273 | Queen Anne's County | .0320 | | | | | | |
| Carroll County | 0303 | St. Mary's County | .0300 | | | | | | |
| Cecil County | 0280 | Somerset County | .0320 | | | | | | |
| Charles County | 0303 | Talbot County | .0240 | | | | | | |
| Dorchester County | 0262 | Washington County | .0280 | | | | | | |
| Frederick County | 0296 | Wicomico County | .0320 | | | | | | |
| Garrett County | 0265 | Worcester County | .0175 | | | | | | |

| O-L-d-l- V.4 | | | nended | |
|--|------------------|--------------------------------------|---------|--|
| Schedule K-1 9017 | Pa | rt III Partner's Share | of C | Surrent Year Income, |
| (Form 1065) △ □ ■ | | Deductions, Cre | dits | , and Other Items |
| Department of the Treasury | 1 | Ordinary business income (loss) | 15 | Credits |
| Internal Revenue Service For calendar year 2017, or tax ye | ear | 4,135. | P* | STMT |
| beginning ending | 2 | Net rental real estate income (loss) | | |
| Partner's Share of Income, Deductions, | * | ₩ -168. | | |
| | 3 | Other net rental income (loss) | 16 | Foreign transactions |
| Credits, etc. See back of form and separate Instruction | ons. | | А | STMT |
| Part I Information About the Partnership | 4 | Guaranteed payments | | -11 |
| A Partnership's employer identification number | * | № 275,935. | В* | ₩ 601,416. |
| | 5 | Interest income | | |
| B Partnership's name, address, city, state, and ZIP code | | ₩ 159. | D* | 11. |
| | 6a | Ordinary dividends | | |
| | | W 1. | E* | 76. |
| DLA PIPER LLP (US) | 6b | Qualified dividends | | |
| 6225 SMITH AVENUE | | ₩ 1. | I* | 167. |
| BALTIMORE, MD 21209-3600 | 7 | Royalties | | |
| C IRS Center where partnership filed return | | | J* | 355. |
| EFILE | 8 | Net short-term capital gain (loss) | | |
| D Check if this is a publicly traded partnership (PTP) | * | ₩ 27. | L* | 24. |
| | 9a | Net long-term capital gain (loss) | 17 | Alternative minimum tax (AMT) items |
| Part II Information About the Partner | 1881 | ₩ 32. | A | 5. |
| E Partner's identifying number 557 | 9b | Collectibles (28%) gain (loss) | | |
| \mathcal{N} | | | В* | -90. |
| F Partner's name, address, city, state, and ZIP code | 9c | Unrecaptured section 1250 gain | | |
| | * | ₩ 28. | | |
| | 10 | Net section 1231 gain (loss) | 18 | Tax-exempt income and nondeductible expenses |
| THIRUVENDRAN VIGNARAJAH, ESQ. | * | <i>11</i> 170. | | Horideductible expenses |
| | 11 | Other income (loss) | C* | 2,522. |
| | | | | |
| G ✓ X General partner or LLC Limited partner or other LI | LC | | | |
| member-manager member | | | | |
| H X Domestic partner Foreign partner | | | | |
| I1 What type of entity is this partner? INDIVIDUAL | | | 19 | Distributions |
| 12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here | 12 | Section 179 deduction | A | 275,935. |
| J Partner's share of profit, loss, and capital (see instructions): | | | | |
| Beginning Ending | 13 | Other deductions | | |
| Profit NONE % 0.044606 | % A* | ₩ 1,609. | 20 | Other information |
| Loss NONE % 0.044606 | % | ,LI | | |
| Capital NONE % NONE | % B* | 134. | A | 160. |
| | 1 | , N | | |
| K Partner's share of liabilities at year end: | R | 28,121. | | |
| Nonrecourse \$ | | Self-employment earnings (loss) | | |
| Qualified nonrecourse financing \$ | A_ | √ 289,144. | | |
| Recourse | | | | |
| | 140 | | | |
| L Partner's capital account analysis: | | e attached statement for add | litiona | al information. |
| Beginning capital account \$ NON | E | | | |
| Capital contributed during the year . \$ | - | | | |
| Current year increase (decrease) \$ 275,935 | <u>-</u> ≥ | | | |
| Withdrawals & distributions \$ (275, 935 | For IRS Use Only | | | |
| Ending capital account \$ | se | | | |
| Tax basis GAAP Section 704(b) book | S | | | |
| X Other (explain) BOOKS AND RECORDS | <u>ٿ</u> | | | |
| Le 1274 Le 100 de la 100 d | 8 | | | |
| M Did the partner contribute property with a built-in gain or loss? | | | | |
| Yes X No | | | | |

For Paperwork Reduction Act Notice, see Instructions for Form 1065. JSA 7P1200 1.000 1 627MS 64 9M

www.irs.gov/Form1065

Schedule K-1 (Form 1065) 2017

| 1 Wages, tips, other compensation | 2 Federal Income tax withheld | 1 Wages, tips, other compensation | 2 Federal Income tax withheld |
|---|--|--|---|
| 9999.96 | 1094.40 | 9999.96 | 1094.40 |
| 3 Social security wages | 4 Social security tax withheld | 3 Social security wages | 4 Social security tax withheld |
| 9999.96 5 Medicare wages and tips | 620.00 6 Medicare tax withheld | 9999.96 5 Medicare wages and tips | 620.00 6 Medicare tax withheld |
| 9999.96 | 145.00 | 9999.96 | 145.00 |
| a Employee's SSA number | Employer use only | a Employee's SSA number | Employer use only |
| D number | d Control number | D number | d Control number |
| 20 | 00227142 | 48 | 00227142 |
| c Employer's frame, address, and Z P code | | c Employer's name, address, and Z P code | |
| Johns Hopkins University 3910 Keswick Road, N4327 Baltimore MD 21211 | Z-B | Johns Hopkins University 3910 Keswick Road, N4327 Baltimore MD 21211 | -В |
| 7 Social security tips | 8 Allocated tips | 7 Social security tips | 8 Allocated tips |
| | | | AND |
| 9 Verification code | 10 Dependent care benefits | 9 Verification code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 | 11 Nonqualified plans | 12a See instructions for box 12 |
| 13 Statutory Retirement Third-Party Employee plan Sick pay | 12b | 13 Statutory Retirement Third-Party Employee plan Sick pay | 12b |
| Employee plan Sick pay | 1 | Employee plan Sick pay | |
| 14 Other | 12c | 14 Other | 12c |
| | 12d | | 12d |
| e Employee's first name and initial Last nam | | e Employee's first name and initial Last nam | |
| f Employee's address and ZIP code 15 State ployer's state ID MD 16 State wage | 18 Local wages, tips, etc 19 Local income tax | f Employee's address and ZIP code 15 State ployer's state ID 16 State wage | 18 Local wages, tips, etc 19 Local income tax |
| 9999.96 | NAMES OF THE PROPERTY OF THE P | 9999.96 | ACCOMMON AND AND AND AND AND AND AND AND AND AN |
| 17 State income tax 588.24 | 20 Locality name | 17 State income tax 588.24 | 20 Locality name |
| W-2 Wage and Tax Statement Copy C for Employee's records | Dept, of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | W-2 Wage and Tax 201 Statement Copy 2 To Be Filed With Employee's STATE Income | Dept. of the Treasury - Internal Revenue Service Tax Return |
| 1 Wages, tips, other compensation | 2 Federal Income tax withheld | 1 Wages, tips, other compensation | 2 Federal Income tax withheld |
| 3 Social security wages 9999.96 | 4 Social Security tax withheld | 3 Social security wages 9999.96 | 4 Social security tax withheld |
| 9999.96 | | 9999.96 | 620.00 |
| 5 Medicare wages and tips 9999.96 | 6 Medicare tax withheld 145.00 | 5 Medicare wages and tips 9999.96 | 6 Medicare tax withheld 145.00 |
| a Employee's SSA number | Employer use only | a Employee's SSA number | Employer use only |
| and photos alterities are assigned two areas | Wisconstant and a state of the control of the contr | The Address of the Control of the Co | |
| D number | d Control number 00227142 | D number | d Control number 00227142 |
| c Employer's name, address, and ZIP code | 00227 142 | Employer's name, address, and ZIP code | 00227 142 |
| Johns Hopkins University 3910 Keswick Road, N4327 Baltimore MD 21211 | 7-В | Johns Hopkins University 3910 Keswick Road, N4327 Baltimore MD 21211 | -В |
| 7 Seciel accords disc | 8 Allocated tips | 7 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 8 Allocated tips |
| 7 Social security tips | All some state of the second | 7 Social security tips | - ACCESSOR |
| 9 Verification code | 10 Dependent care benefits | 9 Verification code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 | 11 Nonqualified plans | 12a See instructions for box 12 |
| 13 Statutory Retirement Third-Party Sick pay | 12b | 13 Statutory Retirement Lhird-Party Employee plan Sick pay | 126 |
| 14 Other | 12c | 14 Other | 12c |
| Callel | 939 | 1.540 | S252 |
| | 12d | | 12d |
| e Employee's first name and initial Last nan Thiruvendran Vignarajah | ne Suff. | e Employee's first name and initial Last nam Thiruvendran Vignarajah | e Suff. |
| f Employee's address and ZIP code 15 State loyer's state ID | 18 Local wages, tips, etc | f Employee's address and Z P code 15 Stateloyer's state ID | 18 Local wages, tips, etc |
| MD 16 State wage | | MD 16 State wage | 19 Local income tax |
| 9999.96 | | 9999.96 | W-1 |
| 17 State income tax 588.24 | 20 Locality name | 17 State income tax 588.24 | 20 Locality name |
| Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 201 Copy B To Be Filed With Employee's FEDERAL Tax | Popt. of the Treasury - Internal Revenue Service | W-2 Wage and Tax 201 Copy 2 To Be Filed With Employee's CITY or LOCA | |

| 1040 | | oartment of the Treasu.S. Individu | | e Service (99) Tax Return | 20 | 16 a | MB No. 154 | 5-0074 RS L | Jse Only– | Do not v | write or staple in this | space. |
|-------------------------------------|-------------|------------------------------------|-------------------------|---------------------------------|--------------------|-----------------------------|----------------------|--|---------------|-----------------------------------|---|-------------------|
| For the year Jan. 1–De | ec. 31, 2 | 2016, or other tax year b | peginning | | | , 2016, er | nding | , 20 | See | sepa | rate instructions | |
| Your first name and in | itial | | Last name | | | | | | You | social | security number | |
| Thiruve | ndr | an | Vignar | ajah | | | | | | | | |
| If a joint return, spouse | e's first i | name and initial | Last name | | | | | | Spor | ıse's so | ocial security number | er |
| Home address (number | er and s | treet). If you have a P.C |). box, see instruction | s. | | | | Apt. no. | A | | sure the SSN(s) abov on line 6c are correct | |
| City, town or post office | e, state | , and ZIP code. If you ha | ave a foreign address | s, also complete spaces belo | w (see instruction | ons). | | | | Che if fili | sidential Election Cock here if you, or your ng jointly, want \$3 to g | spouse to this |
| Foreign country name | | | Foreign province/sta | te/county | | | Foreign p | oostal code | | | d. Checking a box belochange your tax or ref | |
| Filing Status | 1 2 2 | Single Married filing jointly | / (even if only one had | d income) | 4 | | person is a | ualifying person). (child but not your d | | | | |
| Check only one | 3 | Married filing separ | rately. Enter spouse's | SSN above | 5 | Qualifying wi | dow(er) with o | dependent child | | | | |
| Exemptions | 6a b | X Yourself. If | someone can cl | aim you as a depende | | | | | | } | Boxes checked on 6a and 6b | 2 |
| | | Dependents: | | | | | | | (4 | ild under | No. of children on 6c who: | _ |
| | · | • | | | , , | Dependent's security number | er | (3) Dependent's relationship to you | ag f ta | e 17 qua or child ax credit | did not live with a d | th |
| f more than four dependents, see | | (1) First name | Las | t name | | | Sc | on | (s | ee instr.) | you due to divord or separation (see instructions | |
| nstructions and | | | | | | | | | | | - Dependents on 6 not entered abov | |
| | d | Total number of | exemptions clai | med | | | | | | | - Add numbers on lines above ▶ | 3 |
| | 7 | Wages, salaries, tips, | | | | | | | 7 | | | ,159 |
| Income | 8a | | | ıle B if required | | | | | 8 | | • | 66 |
| Attach Form(s) | b | Tax-exempt into | | aluda an lina Oa | | 0 h | | | • | | | |
| W-2 here. Also | 9a | - | | dula Differentias d | | | - I | | 9: | а | | |
| attach Forms | b | Qualified divider | nds | | | A1- | | | | | | |
| W-2G and 1099-R if tax | 10 | | | ets of state and local i | | | | | 10 | 0 | | |
| was withheld. | 11 | Alimony received | | | | | | | _ l a. | 1 | | |
| f you did not | 12 | Business income | e or (loss). Attac | ch Schedule C or C-E | 7 | | | | 12 | 2 | | |
| get a W-2, | 13 | Capital gain or (loss). | Attach Schedule D if re | equired. If not required, check | | | | | 1: | 3 | | |
| see instructions. | 14 | Other gains or (I | losses). Attach F | orm 4797 | | | | | 1 | 4 | | |
| | 15a | IRA distr butions | 3 | 15a | | b Taxa | able amou | nt | 15 | b | | |
| | 16a | Pensions and ar | nuities | 16a | | b Taxa | able amou | nt | 16 | b | | |
| | 17 | Rental real estat | te, royalties, par | tnerships, S corporati | ons, trusts, | etc. Attach | Schedule | E | 1 | 7 | | 0 |
| | 18 | Farm income or | (loss). Attach S | chedule F | | | | | 18 | 3 | | |
| | 19 | Unemployment of | | | | | | | | 9 | | |
| | 20a | Social security ber | nefits | 20a | | | able amou | | 20 | b | | |
| | 21 | Other income. L | | | | | | | 2 | 1 | | ,000 |
| | 22 | Combine the am | nounts in the far | right column for lines | 7 through 2 | 1. This is yo | our total i i | ncome | ▶ 2: | 2 | 249 | , 225 |
| | 23 | Educator expens | ses | | | 23 | | | | | | |
| Adjusted | 24 | | | eservists, performing a | | | | | | | | |
| Gross | | | | Attach Form 2106 or 2 | | 24 | | | | | | |
| Income | 25 | | | on. Attach Form 8889 | | | | | | | | |
| | 26 | Moving expense | | | | 26 | | | | | | |
| | 27 | | | ent tax. Attach Sched | ule SE | 27 | | | | | | |
| | 28 | | | | | | | | | | | |
| | 29 | Self-employed h | ealth insurance | deduction | | 29 | | | | | | |
| | 30 | | | avings | | | | | | | | |
| | 31a | • • | b Recipient's S | SSN ▶ | | | | | | | | |
| | 32 | IRA deduction | | | | | | | | | | |
| | 33 | Student loan inte | | | | | | | | | | |
| | 34 | Tuition and fees | | | | 34 | | | | | | |
| | 35 | | | eduction. Attach Form | 1 8903 | 35 | 1 | | | | | |
| | 36 | Add lines 23 thro | | | | | | | . 30 | _ | 0.10 | 005 |
| | 37 | Subtract line 36 | trom line 22. Th | is is your adjusted g i | ross incom | e | | | ▶ 3 | / | 249 | <u>, 225</u> |

| Form 1040 (2016) | Thi | ruvendran Vignarajah & | | | | | | | Page 2 |
|---|----------------|--|-------------------|--|-------------|--|----------------|-------|--|
| | 38 | Amount from line 37 (adjusted gross income) | | <u></u> | | | <u></u> | 38 | 249,225 |
| Tax and | 39a | Check You were born before January 2 | | Blind. | ા | Total boxes | | | |
| Credits | | if: Spouse was born before Januar | ry 2, 195 | 2, Blind. | · } | checked > | 39a | | |
| | b | If your spouse itemizes on a separate return or y | ou were | a dual-status a | alien, d | check here 🕨 | 39b | | |
| Standard Deduction | 40 | Itemized deductions (from Schedule A) or you | r standa | rd deduction | (see l | eft margin) | _ | 40 | 52,273 |
| for— | 41 | Subtract line 40 from line 38 | | | | | | 41 | 196,952 |
| People who | 42 | Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 | | | | | | 42 | 12,150 |
| check any box on line | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more | 43 | 184,802 | | | | | |
| 39a or 39b or | 44 | | 44 | 38,730 | | | | | |
| 39a of 39b of who can be claimed as a dependent 44 Tax (see instr.). Check if any from a Form(s) b Form 4972 c 4972 c 45 Alternative minimum tax (see instructions). Attach Form 6251 | | | | | | | 45 | 2,704 | |
| dependent, see | 46 | Excess advance premium tax credit repayment. | | | | | | 46 | 2,704 |
| instructions. | | | | | | | | 47 | 41,434 |
| All others: | 47 | Add lines 44, 45, and 46 | | | | | | 41 | 41,434 |
| Single or Married filing | 48 | Foreign tax credit. Attach Form 1116 if required | | | 48 49 | | 191 | | |
| separately, \$6,300 | 49 | Credit for child and dependent care expenses. A | | | | | | | |
| Married filing | 50 | Education credits from Form 8863, line 19 | | | 50 | | | | |
| jointly or | 51 | Retirement savings contr butions credit. Attach F | | 30 | 51 | | | | |
| Qualifying widow(er), | 52 | Child tax credit. Attach Schedule 8812, if require | ed | | 52 | | | | |
| \$12,600 | 53 | Residential energy credits. Attach Form 5695 | · · · · · · · · · | | 53 | | | | |
| Head of household, | 54 | Other credits from Form a 3800 b 8801 | с 📙 | | 54 | | | | |
| \$9,300 | 55 | Add lines 48 through 54. These are your total c | redits | | | | | 55 | 191 |
| | 56 | Subtract line 55 from line 47. If line 55 is more th | nan line 4 | 17, enter -0- | | | | 56 | 41,243 |
| Othor | 57 | Self-employment tax. Attach Schedule SE | | | | | | 57 | • |
| Other | 58 | Unreported social security and Medicare tax from | n Form: | a 413 | 7 k | 8919 | | 58 | |
| Taxes | 59 | Additional tax on IRAs, other qualified retirement | | | | 9 if required | | 59 | |
| | 60a | Household employment taxes from Schedule H | e piano, e | rio. / illuori i ori | | | | 60a | |
| | b | First-time homebuyer credit repayment. Attach F | orm 540 |)5 if required | | | | 60b | _ |
| | 61 | Health care: individual respons bility (see instruc | | | | | | 61 | |
| | | Taxes from: a X Form8969 b Form8960 | ć | ın-year coveraç Instructions; enter o | | Ш | | 62 | 156 |
| | 62 | | с П | instructions, enter o | oue(s) | | | | 41,399 |
| | 63 | Add lines 56 through 62. This is your total tax | 1.4000 | | | | 47 117 | 63 | 41,399 |
| Payments | 64 | Federal income tax withheld from Forms W-2 ar | | | 64 | | 47,117 | | |
| | 65 | 2016 estimated tax payments and amount applied from | ZUIS IEU | m | 65 | | | | |
| If you have a qualifying | <u>66</u> a | Earned income credit (EIC) | | | 66a | | | | |
| child, attach | b | Nontaxable combat pay election 66b | | | | | | | |
| Schedule EIC. | 67 | Additional child tax credit. Attach Schedule 8812 | | | 67 | | | | |
| | 68 | American opportunity credit from Form 8863, lin | e 8 | | 68 | | | | |
| | 69 | Net premium tax credit. Attach Form 8962 | | | 69 | | | | |
| | 70 | Amount paid with request for extension to file | | | 70 | | | | |
| | 71 | Excess social security and tier 1 RRTA tax withh | neld | | 71 | | | | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | | | 72 | | | | |
| | 73 | Credits from Form: a 2439 b Reserved c | 8885 d | | 73 | | | | |
| | 74 | Add lines 64, 65, 66a, and 67 hrough 73. These are your total pa | yments | | | | • | 74 | 47,117 |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 fro | om line 7 | 4. This is the a | moun | t you overpaid | | 75 | 5,718 |
| | 76a | Amount of line 75 you want refunded to you. If | Form 88 | 888 is attached | , chec | k here | ▶ □ | 76a | 5,718 |
| Direct deposit? | b | | с Туре | | | Savings | | | , |
| See | ▶ d | Account number | .,,,, | ή | 9 | | | | |
| instructions. | 77 | Amount of line 75 you want applied to your 20 | 17 estim | ated tax ▶ | 77 | I | | | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63 | | | | oo instructions | | 78 | |
| | 79 | Estimated tax penalty (see instructions) | . FOI GE | alis on now to p | 79 | | | - | |
| You Owe | 19 | Listinated tax perialty (see instructions) | | | 19 | | | | |
| Third Party | | | | | | | | | |
| Designee | | | | | | | | | |
| | Linder nensiti | ies of perjury, I declare that I have examined this return and accompanying schedules | and statemen | te and to the heet of muli | maularina | and heliaf they are true | verset and | | |
| Sign | accurately lis | t all amounts and sources of income I received during the tax year. Declaration of pre | parer (other th | an taxpayer) is based on a | all informa | tion of which preparer has | any knowledge. | | Daytime phone number |
| Here Joint return? | Your signa | aure | Date | Your occupation Attorne | | | | | Kitta IDC and a series |
| See instr. Keep a copy | Spouse's | signature. If a joint return, both must sign. | Date | Spouse's occupa | | | | | If the IRS sent you an Identity Protection P N, |
| for your records. | | | | | | | | | enter it here (see instr.) |
| P | rint/Type pro | eparer's name Preparer | s signature | | | | Date | | PTIN |
| Paid | | | | | | | | | |
| Preparer | | | | | | | | | |
| Use Only | | | | | | | | | |
| | | | | | | | | | |

www.irs.gov/form1040 DAA

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

Your social security number

| Name | s) shown on r | return | | | | | | | | | Your social | security n | ımbe | er | | |
|------------|------------------------------|--------------------------------|----------|---|---------|------------------|------------------|----|-----------------|------------|-------------|------------|------|-----|-----------------|---------------|
| т, | h i 20177 | ondran T | 7 i a | marajah & | | | | | | | | | | | | |
| | ırt I | Income or | Los | ss From Rental Real Estate EZ (see instructions). If you are an i | | | - | | • | | | | | | use | |
| Α | Did you r | | | in 2016 that would require you to file | | | | | | | | . page = | | Yes | X | No |
| В | If "Yes," | did you or will yo | ou file | e all required Forms 1099? | | . , | • | | , | | | | | Yes | | No |
| 1a | Phys | sical address of | each | property (street, city, state, ZIP cod | de) | | | | | | | | | | | |
| A | | | | _Stamford, CT | 069 | 902 | | | | | | | | | | |
| В | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 1 | 1 | | | | |
| 1b | - | pe of Property | | 2 For each rental real es | | | • | | | | Fair Rental | Person | | se | QJV | 1 |
| | (fr | om list below) | | above, report the numbersonal use days. Che | | | | | Γ | | Days | Da | ys | | | |
| <u> </u> | | 1 | | only if you meet the red | quire | ements | to file as | | ŀ | _ <u>A</u> | 366 | | | | ++ | |
| <u>B</u> | | | | a qualified joint venture | e. Se | ee instru | uctions. | | ŀ | <u>B</u> | | | | | $+\!\!+\!\!\!+$ | |
| C | of Drope | - u4 | | | | | | | | С | | | | | Ш | |
| | of Prope | - | 2 | Vacation/Short-Term Rental | 5 | Land | 7 | | Self-Rental | | | | | | | |
| | _ | nily Residence ly Residence | 3 4 | | 6 | Royalti | - | | Other (describe | ٠, | | | | | | |
| 2 I | | iy Kesiderice | 1 | Propert | | 1 1 | <u>cs</u> 0 | 1 | A | =) | В | | | С | | |
| | Rents rece | pived | <u> </u> | Fropert | | 3 | | | 17,300 | | | | | | | |
| | Royalties re | | | | <u></u> | 4 | | | | | | | | | | |
| | enses: | | | | •• | | | | | | | | | | | |
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| | | | | s) | | 6 | | | | | | | | | | |
| | | | | | | 7 | | | | | | | | | | |
| 8 (| Commissio | ons | | | | 8 | | | | | | | | | | |
| 9 I | nsurance | | | | | 9 | | | | | | | | | | |
| | | | | es | | 10 | | | | | | | | | | |
| | | | | | | 11 | | | | | | | | | | |
| | | | | c. (see instructions) | | 12 | | | 5,691 | | | | | | | |
| | | | | | | 13 | | | | | | | | | | |
| | • | | | | | 14 | | | | | | | | | | |
| | • | | | | | 15 | | | 1 766 | | | | | | | |
| | | | | | | 16 | | | 1,766 332 | | | | | | | |
| | | | | | | 17 | | | 2,837 | | | | | | | |
| | Depreciation Other (list) | | • | ion | | 18 19 | | | 4,538 | | | | | | | |
| | , , | | | See Statement 1 | | 20 | | | 15,164 | | | | | | | |
| | | | | nts) and/or 4 (royalties). If | • • | 20 | | | 10,101 | | | | | | | |
| | | | | ns to find out if you must | | | | | | | | | | | | |
| | , | , , , | | ····· | | 21 | | | 2,136 | | | | | | | |
| | | | | ss after limitation, if any, | | | | | , | | | | | | | |
| (| n Form 8 | 582 (see instruc | ctions | s) | | 22 | (| | 2,136 | (| |)(| | | |) |
| | | | | n line 3 for all rental properties | | | | | 23a | | 17,30 | 0 | | | | |
| b T | otal of all | amounts report | ed or | n line 4 for all royalty properties | | | | | 23b | | | | | | | |
| c | otal of all | amounts report | ed or | n line 12 for all properties | | | | | 23c | | 5,69 | | | | | |
| d T | otal of all | amounts report | ed or | n line 18 for all properties | | | | | | | 2,83 | | | | | |
| | | • | | n line 20 for all properties | | | | | 23e | | 15,16 | | | | | |
| | | | | shown on line 21. Do not include a | - | | | | | | | - | | | <u>2,1</u> | <u> 136</u> |
| | | , , | | m line 21 and rental real estate loss | | | | | | | 2 | 5 (| | | <u>2,1</u> | L 36) |
| | | | | oyalty income or (loss). Combine | | | | | | | | | | | | |
| | | | | page 2 do not apply to you, also en | | | | | | | | | | | | ^ |
| • | or Form | <u>n 1040NR, line 1</u> | 18. C | Otherwise, include this amount in the | e tota | <u>aı on lın</u> | <u>e 41 on p</u> | ag | e 2 | | 2 | b | | | | 0 |

RESIDENT INCOME **TAX RETURN**

| | OR FISCAL YEAR BEG | SINNING 2016, ENDING |
|--|--|---|
| Print Using Blue or Black Ink Only | | AN Initial |
| - | O400 4 Digit Political Subdivi | sical address as of December 31, 2016 or last day of the taxable year for fiscal year taxpayers. 6. Part-year residents see Instruction 26. BALTIMORE CITY Maryland Political Subdivision (See Instruction 6) ss Line 1 (Street No. and Street Name) (No PO Box) |
| HERE To PV | Baltimore | Is Line 2 (Apt No., Suite No., Floor No.) (No PO Box) MD |
| ax statements and ATTACH attach check or money orde or money order to Form IND | FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are required to file. | Single (If you can be claimed on another person's tax return, use Filing Status 6.) Married filing joint return or spouse had no income Married filing separately, Spouse SSN ► Head of household Qualifying widow(er) with dependent child Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.) |
| Place your W-2 wage and to with one staple. Do not Form 502. Attach check | PART-YEAR | Dates of Maryland Residence (MM DD YYYY) FROM Other state of residence: If you began or ended legal residence in Maryland in 2016 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. Enter Military Income amount here: |
| + | EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount. | A. X Yourself X Spouse Enter number checked 2 See Instruction 10 A. \$ B. ▶ 65 or over ▶ 65 or over ▶ Blind ▶ Blind Enter number checked X \$1,000 B. \$ C. Enter number from line 3 of Dependent Form 502B 1 See Instruction 10 C. \$ D. Enter Total Exemptions (Add A, B and C.) ▶ 3 Total Amount D. \$ |

RESIDENT INCOME TAX RETURN

| NAME THIRUVEN | DRAN VIGNARAJAH & SSN | |
|---------------------|--|-----------------------|
| | Adjusted gross income from your federal return | 1. 249225 |
| INCOME | 1a. Wages, salaries and/or tips ▶ 1a. 248159 | |
| See Instruction 11. | 1b. Earned income ▶ 1b. | |
| | 1c. Capital Gain or (loss) ▶ 1c. | |
| | 1d. Taxable Pension, IRA, Annuities 1d | |
| | (Attach Form 502R.) | |
| | 1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,400 | |
| ADDITIONS | 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland | 2. |
| TO INCOME | 3. State retirement pickup | 3. 7215 |
| See Instruction 12. | 4. Lump sum distributions (from worksheet in Instruction 12.) | 4. |
| | 5. Other additions (Enter code letter(s) from Instruction 12.) | 5. |
| | 6. Total additions to Maryland income (Add lines 2 through 5.) | 6. 7215 |
| | 7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) | 7. 256440 |
| SUBTRACTIONS | 8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 | 8. |
| FROM INCOME | 9. Child and dependent care expenses | 9. 956 |
| See Instruction 13. | 10. Pension exclusion from worksheet in Instruction 13 ▶ 1 | 10. |
| occ mondonom ro. | 11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 | l1 |
| | 12. Income received during period of nonresidence (See Instruction 26.) | 12. |
| | 13. Subtractions from attached Form 502SU | 3. |
| | 14. Two-income subtraction from worksheet in Instruction 13 | 14. 1200 |
| | 15. Total subtractions from Maryland income (Add lines 8 through 14.) | 15. 2156 |
| | | 16. 254284 |
| | All taxpayers must select one method and check the appropriate box. | |
| DEDUCTION | STANDARD DEDUCTION METHOD (Enter amount on line 17.) | |
| METHOD | ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) | |
| See Instruction 16. | 17a. Total federal itemized deductions (from line 29, federal Schedule A) ▶ 17a. | 52273 |
| | 17b. State and local income taxes (See Instruction 14.) ▶ 17b. | 19578 |
| | Subtract line 17b from line 17a and enter amount on line 17. | |
| | 17. Deduction amount (Part-year residents see Instruction 26 (I and m).) | 17. 32695 |
| | 18. Net income (Subtract line 17 from line 16.) | 18. 221589 |
| | | 19. |
| | | 20. 221589 |
| | | 10768 |
| MARYLAND | 22. Earned income credit (½ of federal earned income credit. See Instruction 18.) | 22. |
| TAX | 23. Poverty level credit (See Instruction 18.) | 23. |
| COMPUTATION | 24. Other income tax credits for individuals from Part K, line 11 of Form 502CR | |
| | (Attach Form 502CR.) | 24. |
| | 25. Business tax credits You must file this form electronically to claim business tax credits | redits on Form 500CR. |
| | 26. Total credits (Add lines 22 through 25.). | 26. |
| | | <u>10768</u> |
| | 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by | |
| LOCAL TAX | your local tax rate .0 or use the Local Tax Worksheet 2 | 28. 7091 |
| COMPUTATION | 29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) | 29. |
| | 30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) | 30. |
| | | 31. |
| | | 32. |
| | | 33. 7091 |
| | | 17859 |
| | 35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) ▶ 3 | |
| | 36. Contr bution to Developmental Disabilities Services and Support Fund (See Instruction 20.). ▶ 3 | 96. |
| | 37. Contribution to Maryland Cancer Fund (See Instruction 20.) ▶ 3 | 37. |
| | 38. Contribution to Fair Campaign Financing Fund (See Instruction 20.) | 38. |

RESIDENT INCOME TAX RETURN

2016 Page 3

| IAME THIRUVE | NDRAN VIGNARAJAH & SSN _ SSN _ | | |
|--|--|---|------------------------|
| | 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38. |) 39. | 17859 |
| | 40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms | · | |
| | if MD tax is withheld and attach.) | ▶ 40 | 19578 |
| | 41. 2016 estimated tax payments, amount applied from 2015 return, payment made | | |
| | with an extension request, and Form MW506NRS | ▶ 41 | |
| | 42. Refundable earned income credit (from worksheet in Instruction 21) | | |
| | 43. Refundable income tax credits from Part M, line 6 of Form 502CR | | |
| | (Attach Form 502CR. See Instruction 21.) | 43. | |
| | 44. Total payments and credits (Add lines 40 through 43.) | 44. | 19578 |
| | 45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. | | |
| | See Instruction 22.) | ▶ 45. | |
| | 46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) | > 46. | 1719 |
| | 47. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX ▶ 47. | | |
| | 48. Amount of overpayment TO BE REFUNDED TO YOU | | |
| EFUND | (Subtract line 47 from line 46.) See line 51 REFUND | ▶ 48 | 1719 |
| | 49. Interest charges from Form 502UP or for late filing | | |
| | (See Instruction 22.) Total | > 49 | |
| MOUNT DUE | 50. TOTAL AMOUNT DUE (Add lines 45 and 49.) | | |
| MOON! DOL | IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM IND PV. | 50 | |
| 1a. Type of acco | | | |
| 1a. Type of acco | unt: ▶ ☐ Checking ☐ Savings | | |
| Type of acco | nunt: | | ERS (3 digits per line |
| 1a. Type of acco 1b. Routing Num Daytime telephone received to file electronic instruction 24.) Inder penalties of the best of my know | unt: ▶ Checking Savings ber (9-digits) ▶ 51c. Account Number ▶ Home telephone no. | authorize your electronically. (\$ nts and to | paid preparer |
| 1a. Type of acco 1b. Routing Num Daytime telephone r heck here X i ot to file electronic struction 24.) nder penalties of per best of my know | tunt: ▶ Checking Savings Savings | authorize your electronically. (\$ nts and to | paid preparer |
| 1a. Type of acco 1b. Routing Num Daytime telephone related here | tunt: ▶ Checking Savings Savings | authorize your electronically. (\$ nts and to | paid preparer |
| 1a. Type of acco 1b. Routing Num Daytime telephone report to file electronic astruction 24.) Inder penalties of place best of my known ased on all informations our signature | ther (9-digits) Savings | authorize your electronically. (\$ nts and to | paid preparer |
| Type of accordance The Routing Num Daytime telephone recheck here | ther (9-digits) Savings | authorize your electronically. (\$ nts and to | paid preparer |
| Daytime telephone recheck here in the check here is to to file electronic instruction 24.) Under penalties of my known ased on all informations our signature | unt: ▶ Checking Savings Savings | authorize your electronically. (Some stand to eclaration is | paid preparer |
| Daytime telephone recheck here in the best of my know assed on all informations signature The check here in the best of my know assed on all informations assed on all informations in the best of my know assed on all informations in the best of my know assed on all informations in the best of my know assed on all informations in the best of my know assed on all informations in the best of my know assed on all informations in the best of my know assed on all informations in the best of the be | unt: ▶ Checking Savings Savings | authorize your electronically. (Some stand to eclaration is | paid preparer |

Annapolis, MD 21401-8888

Annapolis, MD 21411-0001

Form **502**

Maryland Local Income Tax Calculation Separate Jurisdictions Worksheet

2016

Name

Taxpayer Identification Number

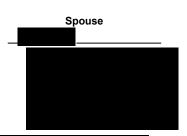
THIRUVENDRAN VIGNARAJAH &

2. Local tax rate from chart below

| | Taxpayer |
|--------------|----------------|
| County name: | BALTIMORE CITY |
| | |

87,008 1. Portion from Form 502, line 21 attr butable to each spouse 0.0320

| 3. | Local income tax (Multiply line 1 by line 2). | Enter on Form 502, line 29 | 3. | 2,784 |
|----|---|----------------------------|----|-------|
| | | | - | |



| LOCAL TAX RATE CHART | | | | | | |
|----------------------|-------|------------------------|-------|--|--|--|
| Subdivision | Rate | Subdivision | Rate | | | |
| Baltimore City | .0320 | Harford County | .0306 | | | |
| Allegany County | .0305 | Howard County | .0320 | | | |
| Anne Arundel County | .0250 | Kent County | .0285 | | | |
| Baltimore County | .0283 | Montgomery County | .0320 | | | |
| Calvert County | .0280 | Prince George's County | .0320 | | | |
| Caroline County | .0273 | Queen Anne's County | .0320 | | | |
| Carroll County | .0303 | St. Mary's County | .0300 | | | |
| Cecil County | .0280 | Somerset County | .0315 | | | |
| Charles County | .0303 | Talbot County | .0240 | | | |
| Dorchester County | .0262 | Washington County | .0280 | | | |
| Frederick County | .0296 | Wicomico County | .0320 | | | |
| Garrett County | .0265 | Worcester County | .0175 | | | |

| a Control number | b Employer identification number | Copy B To Be Filed | With | | OMB No. 1545-0 |
|---|--|--|-------------------------------|--|--|
| 0014071 | W | Employee's FEDER | | ırn | |
| c Employer's name, add | | 1 Wages, tips, other compensation | 100,795.16 | | √ 15,008.7 |
| | F MARYLAND | 3 Social security wages | orr | Federal income t Social security ta | |
| | L PAYROLL BUREAU | | √ 108,009.68 | 8 | V 6,696. |
| P.O. BOX | LIS, MD 21404-2396 | E Mediagra wages and time | 108,009.68 | | √ 1,566. |
| ANNAPO | LIS, IND 21404-2396 | 5 Medicare wages and tips 7 Social security tips | 8 Allocated tips | 6 Medicare tax with | 9 Advance EIC payment |
| | | Section of the second production of the second | | | |
| d Employee's social secu | urity number | 40.0 | | | DD W 6,288. |
| | | 10 Dependent care benefits 12b Code | 11 Nonqualified 12c Code | | 12a Code See Inst. for box 12 12d Code |
| Employee's name, add THIRUVENDRAN V | | | | | |
| THIROVENDRAN | IGNARAJAH | 13 | 14 Other | | // |
| | | Statutory employee | // | PICKUP | ₩ 7,214. |
| | | | N | | |
| 15 State Employer's state | e ID number 16 State wages, tips, etc. 1 | 7 State income tax 18 Loc | aluman tion at | 19 Local income | tax 20 Locality name |
| State Employers state | e io number 16 state wages, tips, etc. 1 | 7 State income tax 16 Loc | ai wages, tips, etc. | 19 Local income | tax 20 Locality name |
| | | | | | |
| MDi | √ 100,795.16 | W 8,065.30 | | | |
| - | TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER | γ. | | | |
| | nd Tax Statement 2016 RE | ISSUED STATEMENT | Depa | artment of the Treas | sury – Internal Revenue Ser |
| his information is being furnis | hed to the Internal Revenue Service. | | | | |
| a Control number | b Employer identification number | Copy 2 To Be Filed | With Employ | yee's | OMB No. 1545- |
| 0014071 | | State, City, or Local | | • | |
| c Employer's name, addr | ess, and ZIP code | | 100,795.16 | | 15,008. |
| STATE OF | FMARYLAND | Wages, tips, other compensation Social security wages | on. | 2 Federal income to 4 Social security ta | |
| | L PAYROLL BUREAU | a costal second magas | 108,009.68 | 4 Good Gacony to | 6,696 |
| P.O. BOX | | | 108,009.68 | | 1,566 |
| ANNAPO | LIS, MD 21404-2396 | 5 Medicare wages and tips 7 Social security tips | 8 Allocated tips | 6 Medicare tax with | heid 9 Advance EIC payment |
| | | 7 Social additive tips | o Anocareu tipa | l' | Advance Elo payment |
| d Employee's social secu | rity number | | | | DD 6,288. |
| | | 10 Dependent care benefits 12b Code | 11 Nonqualified p | | 12a Code See Inst. for box 12 12d Code |
| e Employee's name, add | | 120 0000 | 12C Code | | 124 0008 |
| THIRUVENDRAN V | IGNARAJAH | 13 | 14 Other | | |
| | | Statutory employee | STF | PICKUP | 7,214. |
| | | Retirement plan | | | |
| | | Third-party sick pay | | | |
| 5 State Employer's state | e ID number 16 State wages, tips, etc. 17 | 7 State income tax 18 Loca | al wages, tips, etc. | 19 Local income t | ax 20 Locality name |
| | | | | | |
| MDi | 100,795.16 | 8,065.30 | | | |
| IVIC | 100,7 \$3.10 | 6,005.30 | | | |
| orm W-2 Wage an | d Tax Statement 2016 REIS | SSUED STATEMENT | Depa | rtment of the Treas | ury – İnternal Revenue Sen |
| | | | | | |
| a Control number | b Employer identification number | Copy C For Employ | ee's Record | (See Notice on Back | of Copy "B") OMB No. 1545-(|
| 0014071 | | This information is being furnished penalty or other sanction may be in | | | |
| c Employer's name, addre | | 4.34 | 100,795.16 | | 15.008. |
| (15) HE | MARYLAND | Wages, tips, other compensatio Social security wages | n | 2 Federal income ta 4 Social security tax | |
| | PAYROLL BUREAU | | 108,009.68 | | 6,696. |
| P.O. BOX | | | 108,009.68 | | 1,566. |
| | LIS, MD 21404-2396 | 5 Medicare wages and tips 7 Social security tips | 8 Allocated tips | 6 Medicare tax with | held Advance EIC payment |
| | 33 S.S.# 69-0520001L | 17020 | | | |
| Employee's social secur | rity number | | | | DD 6,288.0 |
| | | 10 Dependent care benefits 12b Code | 11 Nonqualified p 12c Code | | 2a Code See Inst. for box 12 2d Code |
| Employee's name, addr | | | | | The second secon |
| THIRUVENDRAN V | IGNARAJAH | 13 | 14 Other | Carrier Carrier | 7254500.000 |
| | | Statutory employee | STP | ICKUP | 7,214. |
| | | Retirement plan X | | | |
| | in 140 c | Third-party sick pay | 1 | 40 : : | 100 |
| 5 State Employer's state | ID number 16 State wages, tips, etc. 17 | 7 State income tax 18 Loca | ll wages, tips, etc. | 19 Local income to | ax 20 Locality name |
| | | | | | |
| MD | 100 705 40 | 0.005.00 | | | |
| MD | 100,795.16 | 8,065.30 | | | |
| W 2 Waga an | d Tay Statement 2016 PEIS | SSLIED STATEMENT | Dena | rtment of the Treasu | ury – Internal Revenue Servi |

| 1040 | | artment of the Treasu S. Individ u | | | rn 20 | 15 ом | IB No. 1545-0074 | RS Use | Only–[| Oo not w | vrite or staple in this sp | oace. | | |
|-------------------------------------|-------------|--|--------------------------------------|---------------------------|---------------------------|-----------------|---|---------------|-----------|----------------------------------|---|------------|--|--|
| For the year Jan. 1-D | ec. 31, 2 | 015, or other tax year t | beginning | | | , 2015, endi | ng , | 20 | See | separ | rate instructions. | | | |
| Your first name and in | itial | | Last name | | | | | | Your | social | security number | | | |
| Thiruve | ndra | an | Vignar | ajah | | | | | | | | | | |
| If a joint return, spous | e's first n | ame and initial | Last name | | | | | | | Spouse's social security number | | | | |
| Home address (number | er and st | reet). If you have a P.C | O. box, see instruction | ns. | | | | Apt. no. | | | sure the SSN(s) above on line 6c are correct. | | | |
| City, town or post office | e, state, | and ZIP code. If you h | nave a foreign address | s, also complete space | es below (see instruction | ons). | | | | Chec | sidential Election Can ck here if you, or your sp | ouse | | |
| Foreign country name | | | Foreign province/sta | ite/county | | | Foreign postal coo | le | | fund | ng jointly, want \$3 to go to the change your tax or refund You Spo | will d. | | |
| Filing Status | 1 2 } | Single Married filing jointly | y (even if only one had | d income) | 4 | | hold (with qualifying person is a child but rere. | | | | | | | |
| Check only one | 3 | ₹ 1 | rately. Enter spouse's | ŕ | 5 | Qualifying wido | ow(er) with depender | t child | | | | | | |
| Exemptions | 6a b | | someone can cl | , , | pendent, do not | | | | | } | Boxes checked on 6a and 6b | 2 | | |
| | C | Dependents: | | | (2) | Dependent's | | pendent's | (4 chi | if ld under | No. of children on 6c who: • lived with you | 1 | | |
| | | (1) First name | Lasi | t name | social | security number | relations | hip to you | ta | r child x credit e instr.) | did not live with you due to divorce | | | |
| f more than four dependents, see | | | | | | | Son | | | X | or separation (see instructions) _ | | | |
| nstructions and check here ▶ | | | | | | | | | | | Dependents on 6c not entered above | | | |
| _ | d | Total number of | exemptions clai | imed | | | | | | <u> </u> | Add numbers on lines above | 3 | | |
| | 7 | | , etc. Attach Form(s) | | | | | | 7 | | 281,8 | 823 | | |
| ncome | 8a | | . , | | | | | | 8a | ı | | 28 | | |
| Attach Form(s) | b | Tax-exempt int | | | | 0 6 | | | | | | | | |
| N-2 here. Also | 9a | Ordinary divider | nds. Attach Sche | edule B if required | | | | | 9a | ı | | | | |
| ttach Forms | b | Qualified divider | | • | | O.I. | | | | | | | | |
| V-2G and I099-R if tax | 10 | | | | ocal income taxe | | | | 10 |) | 1,1 | 167 | | |
| vas withheld. | 11 | Alimony receive | | | | | | | 11 | | | | | |
| f you did not | 12 | Business incom | e or (loss). Attac | ch Schedule C or | r C-EZ | | | | 12 | : | | | | |
| get a W-2, | 13 | | | equired. If not required, | alonale le ann | | | | 13 | ; | | | | |
| see instructions. | 14 | Other gains or (| losses). Attach F | Form 4797 | | | | — | 14 | | | | | |
| | 15a | IRA distr butions | 5 | 15a | | b Taxab | ole amount | | 15 | b | | | | |
| | 16a | Pensions and ar | nnuities | 16a | | b Taxab | ole amount | | 16 | b | | | | |
| | 17 | Rental real esta | te, royalties, par | tnerships, S corp | oorations, trusts, | etc. Attach S | chedule E | | 17 | | | 0 | | |
| | 18 | Farm income or | (loss). Attach S | chedule F | | | | | 18 | | | | | |
| | 19 | Unemployment | | | | | | | 19 |) | | | | |
| | 20a | Social security ber | nefits | 20a | | b Taxab | ole amount | | 20 | b | | | | |
| | 21 | | ist type and amo | | | | | | 21 | | | | | |
| | 22 | Combine the an | nounts in the far | right column for | lines 7 through 2 | 1. This is you | ır total income | · > | 22 | : | 283,0 | 018 | | |
| | 23 | Educator expen | | | | 23 | | | _ | | | | | |
| Adjusted | 24 | | • | eservists, perform | - | | | | | | | | | |
| Gross | | | | | 6 or 2106-EZ | | | | | | | | | |
| ncome | 25 | | | | 8889 | | | | | | | | | |
| | 26 | Moving expense | | | | 26 | | | | | | | | |
| | 27 | | | ent tax. Attach S | | 27 | | | | | | | | |
| | 28 | | | | s | | | | _ | | | | | |
| | 29 | Seir-employed h | eaith insurance | ueauction | | 29 | | | | | | | | |
| | 30 | | | | | | | | | | | | | |
| | 31a 32 | Alimony paid IRA deduction | · | · · | | 20 | | | | | | | | |
| | 33 | Student loan into | | | | | | | | | | | | |
| | 34 | | erest deduction s. Attach Form 89 | 047 | | | | | | | | | | |
| | 35 | | | | Form 8903 | | | | | | | | | |
| | 36 | Add lines 23 thre | | | | | | | 36 | ; | | | | |
| | 37 | | | | ed gross incom | | | | 37 | _ | 283,0 | 018 | | |

| Form 1040 (2015) | Thi | ruvendran Vignarajan & | | | | | | _ | Page 2 |
|---------------------------------|-----------------|---|------------|-------------------------|-----------|----------------------|----------------|---------------|--|
| | 38 | Amount from line 37 (adjusted gross income) | | <u></u> | | | <u> </u> | 38 | 283,018 |
| Tax and | 39a | Check You were born before January 2 | , 1951, | Blind | า | Total boxes | | | |
| Credits | | if: Spouse was born before Januar | y 2, 195 | 1, Blind | · } | checked 🕨 | 39a | | |
| | b | If your spouse itemizes on a separate return or y | ou were | a dual-status | alien, d | check here | 39b | | |
| Standard Deduction | 40 | Itemized deductions (from Schedule A) or your | standa | rd deduction | (see le | eft margin) | | 40 | 59,173 |
| for— | 41 | Subtract line 40 from line 38 | | | | | | 41 | 223,845 |
| People who | 42 | Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 | | | | | | 42 | 12,000 |
| check any | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than | | | a wise, s | ee iiisti dedoris | | 43 | 211,845 |
| box on line 39a or 39b or | 44 | | | 1 | | | | 44 | 46,368 |
| who can be claimed as a | 45 | Tax (see instr.). Check if any from a Form(s) b F | | m 6251 | | | | 45 | 5,342 |
| dependent, see | | Alternative minimum tax (see instructions). Att | | | | | | | 3,342 |
| instructions. | 46 | Excess advance premium tax credit repayment. | Allach F | orm 8962 | | | | 46 | F1 710 |
| All others: | 47 | | | | | | <u> </u> | 47 | 51,710 |
| Single or | 48 | Foreign tax credit. Attach Form 1116 if required | | | 48 | | | | |
| Married filing separately, | 49 | Credit for child and dependent care expenses. A | ttach Fo | rm 2441 | 49 | | 211 | | |
| \$6,300 | 50 | Education credits from Form 8863, line 19 | | | 50 | | | | |
| Married filing jointly or | 51 | Retirement savings contr butions credit. Attach F | orm 888 | 30 | 51 | | | | |
| Qualifying widow(er), | 52 | Child tax credit. Attach Schedule 8812, if require | d | | 52 | | | | |
| \$12,600 | 53 | Residential energy credits. Attach Form 5695 | | | 53 | | | | |
| Head of household, | 54 | Other credits from Form a 3800 b 8801 | сП | | 54 | | | | |
| \$9,250 | 55 | Add lines 48 through 54. These are your total cr | | | | | | 55 | 211 |
| | 56 | Subtract line 55 from line 47. If line 55 is more th | | | | | | 56 | 51,499 |
| | 57 | Self-employment tax. Attach Schedule SE | an inte | 17, enter -0 | | | | 57 | 31,433 |
| Other | | Unreported social security and Medicare tax from | | | | 8919 | | 58 | |
| Taxes | 58 | | | | | | | | |
| | 59 | Additional tax on IRAs, other qualified retirement | plans, e | etc. Attach Forr | n 5329 |) if required | | 59 | |
| | 60a | Household employment taxes from Schedule H | | | | | | 60a | |
| | b | First-time homebuyer credit repayment. Attach F | | | | | | 60b | |
| | 61 | Health care: individual respons bility (see instruct | _ | ıll-year coveraç | ge | ∐ | | 61 | |
| | 62 | Taxes from: a X Form8969 b X Form8960 | с 📙 | Instructions; enter o | ode(s) | | | 62 | 413 |
| | 63 | Add lines 56 through 62. This is your total tax | | | | | | 63 | 51,912 |
| | 64 | Federal income tax withheld from Forms W-2 an | d 1099 | | 64 | 4 | 16,165 | | |
| Payments | 65 | 2015 estimated tax payments and amount applied from: | | | 65 | | | | |
| If you have a | 66a | Earned income credit (EIC) | | | 66a | | | | |
| qualifying | b | Nontaxable combat pay election 66b | | | | | | | |
| child, attach Schedule EIC. | 67 | Additional child tax credit. Attach Schedule 8812 | | | 67 | | | | |
| ourioualo Ero. | 68 | American opportunity credit from Form 8863, line | . 0 | | 68 | | | | |
| | 69 | Not | | | 69 | | | | |
| | 70 | Amount paid with request for extension to file | | | 70 | | | 1 | |
| | | | old | | | | 1,587 | | |
| | 71 | Excess social security and tier 1 RRTA tax withh | | | 71 | | 1,307 | | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | | | 72 | | | l | |
| | 73 | | 8885 d | Ш | 73 | | | | |
| | 74 | Add lines 64, 65, 66a, and 67 hrough 73. These are your total page | | | | | <u></u> | 74 | 47,752 |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 fro | | | | | | 75 | |
| | 76a | Amount of line 75 you want refunded to you. If | Form 88 | 888 <u>is a</u> ttached | , checl | k here | ▶ ∐ | 76a | |
| Direct deposit? | ▶ b | Routing number | с Туре | e: Check | ing | Savings | | | |
| See instructions. | ▶ d | Account number | | ╛ | | - | | | |
| nou dedorio. | 77 | Amount of line 75 you want applied to your 201 | 6 estim | ated tax ▶ | 77 | | | | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63. | For deta | ails on how to | oay, se | e instructions | • | 78 | 4,160 |
| You Owe | 79 | Estimated tax penalty (see instructions) | | | 79 | | | | |
| | | | | | | | | | |
| Third Party | / | | | | | | | | |
| Designee | | | | | | | | | |
| Sian | Under per | alties of perjury, I declare that I have examined this return and acc | companyin | schedules and sta | tements | , and to the best of | ny knowledge a | nd belief | |
| Sign Here | Your signa | ue, correct, and complete. Declaration of preparer (other than tax ature | Date | Your occupation | on of wn | ich preparer nas any | knowledge. | | Daytime phone number |
| Joint return? | | | | Attorne | У | | | | If the IRS sent you an Identity Protection P N, |
| See instr. Keep a copy for your | Spouse's | signature. If a joint return, both must sign. | Date | Spouso's occup- | ntion | | | | enter it here |
| for your records. | Drint/Tr == - | prografe name | o oignot | | | Т | Data | $\overline{}$ | (see instr.) |
| | TITIV I VIDE DI | eparer's name Preparer's | Siurialure | | | | Date | | |
| Paid | | | | | | | | | |
| Preparer | | | | | | | | | |
| Use Only | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE E (Form 1040)

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074 **2015**

Attachment Sequence No. 13

Your social security number

Thiruvendran Vignarajah & Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. X Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) No If "Yes," did you or will you file all required Forms 1099? No 1a Physical address of each property (street, city, state, ZIP code) Α Stamford, CT 06902 В С 1b Type of Property For each rental real estate property listed Fair Rental Personal Use QJV above, report the number of fair rental and Days Days (from list below) personal use days. Check the QJV box 365 Α Α only if you meet the requirements to file as В В a qualified joint venture. See instructions. С С Type of Property: Single Family Residence Vacation/Short-Term Rental Self-Rental I and Multi-Family Residence Commercial Royalties Other (describe) Properties: С Income: В 16,100 3 Rents received 3 4 Royalties received 4 **Expenses: 5** Advertising 5 319 6 6 Auto and travel (see instructions) 7 Cleaning and maintenance 7 8 Commissions 8 Insurance 9 10 Legal and other professional fees 10 11 11 Management fees 5,894 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 3,874 **14** Repairs 15 **15** Supplies 1,717 16 Taxes 17 2,836 18 Depreciation expense or depletion 18 See Statement 1 4,558 19 19,198 20 20 Total expenses. Add lines 5 hrough 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must -3,098file Form 6198 21 22 Deduct ble rental real estate loss after limitation, if any, 0 on Form 8582 (see instructions) 22 16,100 23a 23a Total of all amounts reported on line 3 for all rental properties 23b **b** Total of all amounts reported on line 4 for all royalty properties 5,894 23c c Total of all amounts reported on line 12 for all properties 2,836 d Total of all amounts reported on line 18 for all properties 23d 19,198 e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here.

If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line

26

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN

2015

| OR FISCAL YEAR BEG | GINNING 2015, ENDING |
|--|--|
| | |
| | |
| | |
| Your Social Security Number | er Spouse's Social Security Number |
| | |
| THIRUVEND |)RAN |
| Your First Name | Initial |
| rour not rune | T INCA |
| VIGNARAJA | |
| 돈 | \overline{u} |
| Your Last Name | |
| <u> </u> | _ |
| | |
| Spouse's First Name | Initial |
| is | |
| | Maryland County |
| Spouse's Last Name | BALTIMORE CITY |
| | |
| | City, Town or Taxing Area |
| Current Mailing Address (P | Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (See Instruction 6.) |
| 3 (| , , , , , , , , , , , , , , , , , , , |
| | |
| City on Toyon | Challe 7ID Code |
| City or Town | State ZIP Code |
| FILING STATUS | 1. Single (If you can be claimed on another person's tax 4. Head of household |
| CHECK ONE BOX ► See Instruction 1 | return, use Filing Status 6.) 5. Qualifying widow(er) with dependent child |
| if you are required | 2. X Married filing joint return or spouse had no income 6. Dependent taxpayer (Enter 0 in Exemption Box (A) |
| to file. | 3. Married filing separately, Spouse SSN ▶ See Instruction 7.) |
| PART-YEAR | Dates of Maryland Residence (MM DD YYYY) FROM TO Other state of residence: |
| | If you began or ended legal residence in Maryland in 2015 place a P in the box. |
| RESIDENT See Instruction 26. | MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. |
| N O | Enter Military Income amount here: |
| | A. X Yourself X Spouse Enter number checked 2 See Instruction 10 A. \$ |
| S EXEMPTIONS S 문 See Instruction 10. | |
| 呈出 Check appropriate | B. ▶ 65 or over ▶ 65 or over |
| B box(es). | |
| box(es). NOTE: If you are claiming dependents, | ▶ Blind |
| g you must attach | The find the |
| you must attach the Dependents' Information Form | C. Enter number from line 3 of Dependent Form 502B 1 See Instruction 10 C. \$ |
| 5 ≝ 502B to this form to | C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$ |
| receive the applicable exemption amount. | . |
| <u> </u> | D. Enter Total Exemptions (Add A, B and C.) Total Amount D. \$ |
| INCOME | 1. Adjusted gross income from your federal return ▶ 1. 283018 |
| See Instruction 11. | 1a. Wages, salaries and/or tips ▶ 1a. 281823 |
| See instruction 11. | 1b. Earned income ▶ 1b |
| | 1c. Capital Gain or (loss) |
| | 1d. Taxable Pension, IRA, Annuities ▶ 1d. |
| | |
| | 1e. Check here if the amount of your investment income is more than \$3,400 |
| | 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland |
| ADDITIONS | 2 Chata anti-annual airlean |
| TO INCOME | State retirement pickup |
| See Instruction 12. | i i |
| | - Cura distribution (2 not construct |
| | 6. Total additions to Maryland income (Add lines 2 through 5.) 6. 8852 |
| | 7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 7. 291870 |

RESIDENT INCOME TAX RETURN

| NAME THIRUVE | IDRAN VIGNARAJAH & SSN _ | | |
|---------------------|--|--------------|-----------------|
| | 8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 | 8. | 1167 |
| SUBTRACTIONS | 9. Child and dependent care expenses | ▶ 9. | 1053 |
| FROM INCOME | | ▶ 10. | |
| See Instruction 13. | 11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included | <u>-</u> | |
| | | ▶ 11. | |
| | | ▶ 12. | |
| | | ► 13. | 1704 |
| | | ► 14. | 1200 |
| | | ► 15. | 5124 |
| | 16. Maryland adjusted gross income (Subtract line 15 from line 7.) | | 286746 |
| | All taxpayers must select one method and check the appropriate box. | | |
| DEDUCTION | STANDARD DEDUCTION METHOD (Enter amount on line 17.) | | |
| METHOD | X ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) | | |
| See Instruction 16. | 17a. Total federal itemized deductions (from line 29, federal Schedule A) ▶ 17a. | 59173 | |
| | 17b. State and local income taxes (See Instruction 14.) | 22468 | |
| | | 22400 | |
| | Subtract line 17b from line 17a and enter amount on line 17. 17. Deduction amount (Part-year residents see Instruction 26 (I and m).) | ▶ 17. | 36705 |
| | 19 Not income (Cubtract line 17 from line 16.) | 18 | 250041 |
| | 18. Net income (Subtract line 17 from line 16.) | | 230041 |
| | 19. Exemption amount from Exemptions area (See Instruction 10.) | 20. | 250041 |
| | 20. Taxable net income (Subtract line 19 from line 18.) | | 12325 |
| | 21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) | | 12325 |
| IARYLAND | · · · · · · · · · · · · · · · · · · · | 22 . | |
| AX OMPUTATION | 20. 1 story lotter eroum (ede menusulen 16.) | ▶ 23 | |
| OWIFUTATION | 24. Other income tax credits for individuals from Part J, line 10 of Form 502CR | 0.4 | |
| | (Attach Form 502CR.) | 24. | |
| | 25. Business tax credits You must file this form electronically to claim busin | | its on Form 500 |
| | 26. Total credits (Add lines 22 through 25.). | | |
| | 27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. | 27. | 12325 |
| | 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 | | |
| LOCAL TAX | by your local tax rate .0 or use the Local Tax Worksheet. | 28. | 8001 |
| COMPUTATION | 29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) | 29. | |
| | 30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) | 30. | |
| | 31. Local tax credit from Part K, line 1 of Form 502CR (Attach Form 502CR.) | 31. | |
| | 32. Total credits (Add lines 29 through 31.) | 32. | |
| | 33. Local tax after credits (Subtract line 32 from line 28.) If less han 0, enter 0 SEPARATE JURISDICTIONS | 33. | 8001 |
| | 34. Total Maryland and local tax (Add lines 27 and 33.) | 34. | 20326 |
| | | 35. | _ |
| | l | ▶ 36. | _ |
| | _ | → 37. | _ |
| | | ▶ 38. | |
| | 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) | 39. | 20326 |
| | 40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms | | |
| | | 4 0. | 22367 |
| | 41. 2015 estimated tax payments, amount applied from 2014 return, payment made | TO | |
| | with an extension request, and Form MWEGENDS | 4 1. | |
| | | ► 42. | _ |
| | 43. Refundable income tax credits from Part L, line 6 of Form 502CR | · +4 | - |
| | | 12 | |
| | (Attach Form 502CR. See Instruction 21.) | 43 | 22367 |
| | 44. Total payments and credits (Add lines 40 through 43.) | 44. | 22301 |

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN

2015 Page 3

| Overpayment (If line 39 is less Amount of overpayment TO Amount of overpayment TO (Subtract line 47 from line 46 Interest charges from Form 5 (See Instruction 22.) Total TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER STATE OF THE PAY IN FURTHER STATE OF THE OR TOTAL AMOUNT OUTS (See Instruction 22.) If you are account outside of the 22. For the direct deposit of the contract | ss than line 44, O BE APPLIED BE REFUNDE 6.) See line 51 502UP d lines 45 and 4 JLL WITH THIS Be sure the according the United State option, complete savings uss this return value. | , subtract line in D TO 2016 ESED TO YOU 49.) IS RETURN count information tes, then to cool te the following 51 with us. Check | 39 from line 44. STIMATED TAX or for late filing tion is correct. Fromply with banking information cleaned. | REFUI | ND ► 48 149 50 150 | 2041 2041 BERS (3 digits per line |
|---|---|--|--|---|---|--|
| Overpayment (If line 39 is less Amount of overpayment TO Amount of overpayment TO (Subtract line 47 from line 46 Interest charges from Form 5 (See Instruction 22.) Total TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER TOTAL AMOUNT DUE (Add IF \$1 OR MORE) AMOUNT | ss than line 44, O BE APPLIED BE REFUNDE 6.) See line 51 502UP d lines 45 and 4 JLL WITH THIS Be sure the according the United State option, complete savings | , subtract line DTO 2016 ESED TO YOU 49.) SRETURN count informatites, then to coute the following 51 | 39 from line 44. STIMATED TAX or for late filing tion is correct. Fomply with banking information cleans. | REFUI or Splitting Dir ing rules, place a early and legibly. | ND ► 48 49 50 | 2041 BERS (3 digits per line |
| Amount of overpayment TO Amount of overpayment TO (Subtract line 47 from line 46 Interest charges from Form 5 (See Instruction 22.) Total TOTAL AMOUNT DUE (Ado IF \$1 OR MORE, PAY IN FL FUND (See Instruction 22.) E I go to an account outside of the condition of | ss than line 44, O BE APPLIED BE REFUNDE 6.) See line 51 502UP d lines 45 and 4 JLL WITH THIS Be sure the according the United State option, complete savings | , subtract line DTO 2016 ESED TO YOU 49.) SRETURN count informatites, then to coute the following 51 | 39 from line 44. STIMATED TAX or for late filing tion is correct. Fomply with banking information cleans. | REFUI or Splitting Dir ing rules, place a early and legibly. | MD ► 48 | 2041 BERS (3 digits per line |
| Amount of overpayment TO (Subtract line 47 from line 46) Interest charges from Form 5 (See Instruction 22.) Total TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FU FUND (See Instruction 22.) E I go to an account outside of the condition of the co | BE REFUNDE 3.) See line 51 502UP d lines 45 and 4 JLL WITH THIS Be sure the accepted the United State option, complete savings uss this return to life. Check here | depth of the second of the sec | or for late filing tion is correct. F omply with bank g information cle | or Splitting Diring rules, place a | ect Deposit, see a "Y" in this box | BERS (3 digits per line |
| (Subtract line 47 from line 46 Interest charges from Form 5 (See Instruction 22.) Total TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FLOW) FUND (See Instruction 22.) Element of the content of the | S.) See line 51 502UP d lines 45 and 4 JLL WITH THIS Be sure the acc the United Stat option, complete savings uss this return a | 49.) S RETURN count informati tes, then to co te the following 51 | tion is correct. F comply with banking information cle | or Splitting Diring rules, place a | ect Deposit, see a "Y" in this box | BERS (3 digits per line |
| Interest charges from Form 5 (See Instruction 22.) Total TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FLOW | d lines 45 and 4 JLL WITH THIS Be sure the acc the United Stat option, complete savings uss this return to | 49.) IS RETURN count informatites, then to co te the following 51 | tion is correct. F comply with banking information clean | or Splitting Diring rules, place a | ect Deposit, see a "Y" in this box | BERS (3 digits per line |
| Interest charges from Form 5 (See Instruction 22.) Total TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FLOW | d lines 45 and 4 JLL WITH THIS Be sure the acc the United Stat option, complete savings uss this return to | 49.) IS RETURN count informatites, then to co te the following 51 | tion is correct. F comply with banking information clean | or Splitting Diring rules, place a | ect Deposit, see a "Y" in this box CODE NUMI | , , , |
| TOTAL AMOUNT DUE (Add IF \$1 OR MORE, PAY IN FURTHER STAND) FUND (See Instruction 22.) End go to an account outside of the particle of the par | d lines 45 and 4 JLL WITH THIS Be sure the acc the United Stat option, complete savings uss this return to | 49.) S RETURN count informati tes, then to co te the following 51 | tion is correct. F omply with bank g information cle I c. Account Nu | or Splitting Diring rules, place a | ect Deposit, see a "Y" in this box CODE NUMI | , , , |
| FUND (See Instruction 22.) El go to an account outside of ton 22. For the direct deposit of the Checking State | d lines 45 and 4 JLL WITH THIS Be sure the acc the United Stat option, complete savings uss this return to | 49.) S RETURN count informati tes, then to co te the following 51 | tion is correct. F omply with bank g information cle I c. Account Nu | or Splitting Diring rules, place a | ect Deposit, see a "Y" in this box CODE NUMI | , , , |
| FUND (See Instruction 22.) End go to an account outside of the proof of 22. For the direct deposit of the proof of the pro | Be sure the acc the United Stat option, complete savings uss this return v | count informati tes, then to co te the following 51 | tion is correct. F omply with bank g information cle Ic. Account Nu | or Splitting Dir ng rules, place a early and legibly. | ect Deposit, see a "Y" in this box CODE NUMI | , , , |
| FUND (See Instruction 22.) End go to an account outside of the proof of 22. For the direct deposit of the proof of the pro | Be sure the acc the United Stat option, complete savings uss this return v | count informati tes, then to co te the following 51 | tion is correct. F omply with bank g information cle Ic. Account Nu | or Splitting Dir ng rules, place a early and legibly. | ect Deposit, see a "Y" in this box CODE NUMI | , , , |
| Home telephone no. uthorize your preparer to discurreparer not to file electronical e Tax Refund statement elect | uss this return v | with us. Checl | | mber ▶ | | , , , |
| uthorize your preparer to disco preparer not to file electronical e Tax Refund statement elect | uss this return v | | | | | , , , |
| uthorize your preparer to disco preparer not to file electronical e Tax Refund statement elect | uss this return v | | | | | , , , |
| reparer not to file electronical e Tax Refund statement elect | lly. Check here | | | | Make sharin | |
| and to the best of my knowle | ed this return, ir | e Instruction 24 | if you 4.) mpanying | agree to | Revenue Admir 110 Car Annapolis, Mar It is recommended | er of Maryland nistration Division rroll Street ryland 21411-0001 I that you include you Number on check. |
| by a person other than taxpay eparer has any knowledge. | yer, the declara | ation is based | on all | | | |
| | Date | | | | | |
| | Date | | | | | |
| | | | | | | |
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| | | | | | | |

Form **502**

Maryland Local Income Tax Calculation Separate Jurisdictions Worksheet

Taxpayer

2015

Name

Taxpayer Identification Number

THIRUVENDRAN VIGNARAJAH &

| County name: | BALTI | MORE CITY |
|--|-------|-----------|
| Portion from Form 502, line 21 attr butable to each spouse | 1. | 121,451 |



Spouse

| 1. | Portion from Form 502, line 21 attributable to each spouse | 1. | 121,431 |
|----|--|----|---------|
| 2. | Local tax rate from chart below | 2. | 0.0320 |
| 3. | Local income tax (Multiply line 1 by line 2). Enter on Form 502, line 29 | 3. | 3,886 |

| LOCAL TAX RATE CHART | | | | | | |
|----------------------|-------|------------------------|-------|--|--|--|
| Subdivision | Rate | Subdivision | Rate | | | |
| Baltimore City | .0320 | Harford County | .0306 | | | |
| Allegany County | .0305 | Howard County | .0320 | | | |
| Anne Arundel County | .0256 | Kent County | .0285 | | | |
| Baltimore County | .0283 | Montgomery County | .0320 | | | |
| Calvert County | .0280 | Prince George's County | .0320 | | | |
| Caroline County | .0273 | Queen Anne's County | .0320 | | | |
| Carroll County | .0303 | St. Mary's County | .0300 | | | |
| Cecil County | .0280 | Somerset County | .0315 | | | |
| Charles County | .0303 | Talbot County | .0240 | | | |
| Dorchester County | .0262 | Washington County | .0280 | | | |
| Frederick County | .0296 | Wicomico County | .0320 | | | |
| Garrett County | .0265 | Worcester County | .0125 | | | |

Sale, accurate, The at www.irs.gov/efile Visit the IRS Web Site Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 3651625405 VQH A29009 1852 Employer's name, address, and ZIP code MAYOR AND CITY COUNCIL OF BALT 401 E FAYETTE, RM 800 BALTIMORE, MD 21202 e/ Employee's name, address, and ZIP code THIRUVENDRAN VIGNARAJAH 25301.70 5194.11 security wages 25597.35 1587.04 geo and tips 25597,35 371,16 8 Allocated tips 10 Dependent care benefits 12e See Instructions for box 12 11 Nonqualified plans 6.24 12b DD 14 Other 12d | 13 Stat omp | Flot, plan 3d party blok pa 15 State Employer's state ID no. 16 State wages, tips, etc. MD 25301,70 19 Local Income tax 20 Locality name

2015 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, Other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 |
|-----------------------------------|--|--|-----------------------------------|
| GROSS PAY | 25,801.50 6.24 | 25,801.50 6.24 -145.44 | 25,801.50 6.24 -145.44 |
| AETNA HMO Rx DRUG ERS CONTR | -145.44 -64.95 -295.65 | -64.95 | -64.95 |

W-2 WAGES

25.301.70

25,597.35

25.597.35

THIRUVENDRAN VIGNARAJAH

Social Security Number: Texable Marital Status: Married Exemptions/Allowand

Federal: 2 State:

C 2014 ADP, LLC

PAGE 01 OF 01 Fold and Detach Here —

| d 36 | Control number | Dept. A29009 | Corp. | 371 . 16 Employer use only 1852 | d 36 | Control number | Dept. A29009 | Corp. | Empl | |
|---------|------------------------|------------------|----------|---------------------------------------|---------|---|-----------------|----------------|------|--|
| 5 | 25 Medicare wages a | 25597.35 1587.04 | | | 5 | Medicare wages | | Medicare tax v | | |
| 1 | Wages, tips, other 25: | 301.70 | 2 Pedera | 5194.11 | | Wages, tips, other 25 Social security was | 301.70 | 2 Federal inco | | |

c Employer's name, address, and ZIP code MAYOR AND CITY COUNCIL OF BALT 401 E FAYETTE, RM 800 BALTIMORE, MD 21202

| b Employer's FED ID numb | per a Employee's SSA number |
|----------------------------|---|
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonquelified plans | 12a See instructions for box 12 C 6.24 |
| | 12b DD 1250.30 |
| | 120 |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party slok pay |
| e/f Employee's name, addre | se and ZIP code |

THIRUVENDRAN VIGNARAJAH

| -re- | | | 1.2 |
|---------------------|-------|-------------------------|--|
| 15 | MD | Employer's state ID no. | 16 State wages, tips, etc. 25301 . 70 |
| 17 | State | Income tax 2100.40 | 18 Local wages, tipe, etc. |
| 19 Local Income tax | | | 20 Locality name |

Federal Filing Copy Wage and Tax Statement

| 1 | 7.7 | 301.70 | 2 Federal income tax withheld 5194.11 | | | | | | | |
|---------|--------------------------------|-----------------|--|---------------------------|--|--|--|--|--|--|
| 3 | Social security w | 597.35 | 4 Social security tax withher 1587.04 | | | | | | | |
| 5 | Medicare wages a | | 5 Medicare tax withheld 371. | | | | | | | |
| d 36 | Control number 51625405 VQH | Dept. A29009 | Corp. | Employer use only 1852 | | | | | | |

Employer's name, address, and ZIP code MAYOR AND CITY COUNCIL OF BALT 401 E FAYETTE, RM 800 BALTIMORE, MD 21202

| b | Employer's EED ID number | a Employee's SSA number | | | | | |
|----|--------------------------|---|--|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | | |
| 9 | | 10 Dependent care benefits | | | | | |
| 11 | Nonqualified plans | 12a C 6.24 | | | | | |
| 14 | Other | ¹²⁶ DD 1250.30 | | | | | |
| | | 120 | | | | | |
| | | f2d | | | | | |
| | | 13 Stat emp. Ret. plan 3rd party sick pay | | | | | |

e/l Employee's name, address and ZIP code THIRUVENDRAN VIGNARAJAH

| MD Employe | r's state ID no | 25301 . 70 |
|--------------------------------|-----------------|----------------------------|
| 17 State income tax 2100.40 | | 18 Local wages, tips, etc. |
| 19 Local income t | ax | 20 Locality name |

MD. State Reference Copy Wage and Tax Statement

| 1 | Wages, tipe, othe | r comp. | 2 Federal income tax withheld | | | | | | | |
|----|-------------------|--------------------|---|-------------------|--|--|--|--|--|--|
| | 25 | 301 . 70 | 5194.11 | | | | | | | |
| 3 | Social security w | agee 597.35 | 4 Social security tax withheld 1587.04 | | | | | | | |
| 5 | Medicare wages a | and tips 597.35 | 6 Medicare tax withheld 371.16 | | | | | | | |
| d | Control number | Dept. | Corp. | Employer use only | | | | | | |
| 36 | 51625405 VQH | A29009 | | 1852 | | | | | | |

Employer's name, address, and ZIP code

MAYOR AND CITY COUNCIL OF BALT 401 E FAYETTE, RM 800 BALTIMORE, MD 21202

| b | Employer's FED ID number | a Employee's SSA number | | | | | | | |
|-------|--------------------------|--|--|--|--|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | | | | |
| 9 | | 10 Dependent care benefits | | | | | | | |
| 11 | Nonqualified plans | 12a C 6,24 | | | | | | | |
| 14 01 | Other | 12b DD 1250.30 | | | | | | | |
| | | 12c | | | | | | | |
| | | 12d | | | | | | | |
| | | 13 Stat emp. Flot. plan 3rd party slok pay | | | | | | | |

THIRLIVENDRAN VIGNARAJAH

| 15 | State MD | | 18 Local wages, tips, etc. | State wages, tips, etc. 25301.70 |
|----|-------------|-----------------------|----------------------------|-------------------------------------|
| 17 | State | Income tax 2100.40 | 18 | Local wages, tips, etc. |
| 19 | Local | income tax | 20 | Locality name |

MD. State Filing Copy Wage and Tax Statement

| ₩ | ~ | Employee's FE | DERAL | Tax Return | | | 20000000 Pige-1000 | |
|--|------------------------------------|---|--|--|--|--|---|--|
| c Employer's name, address and ZIP co | | 11 1 Wages, tips, other c | 5,962 | .42 📈 | 2 Federal inco | | 94.30 📈 | |
| STATE OF MARYL CENTRAL PAYROL | L BUREAU | 3 Social security wag | | | 4 Social secur | rity tax wit | | |
| P.O. BOX 2396 ANNAPOLIS, MD 2 | 21 404 2206 | | 4,814 | | - | | 09.81 // | |
| ANNAFOLIS, IVID 2 | 1404-2380V · | 5 Medicare wages and 7 Social security tips | | 8 Allocated tips | 6 Medicare tax | | V | |
| | | | | | | | | |
| Control number 0014360 | | | 10 Dependent care benefits 11 Nonqualified ; | | f plans | | 5,745.96 ade See inst for box 12 | |
| Employee's name, address and ZIP of | | 12b Code | | 12c Code | | 12d C | ode | |
| 0014360 THIRUVENDRAN VIGNAR | AJAH CG | 13 Statutory employee Retirement plan | x | 14 Other STPICK | UP | P 8,852.40 | | |
| | _ | Third-party sick pay | ^ | | | | | |
| 5 State Employer's state ID number | 16 State wages, tipe, etc. | 17 State income tax | 18 Local | wages, tips, etc. | 19 Local income | e tax | 20 Locality name | |
| | | - | | | | | | |
| MD | 115,962.42 | 9,306.25 | | | | | | |
| orm W-2 Wage and Tax Stat | | 7,300.23 | | | Department of th | e Treasur | y - Internal Revenue Ser | |
| is information is being furnished to the Inter | nal Revenue Service | | | | | | | |
| Employee's social security number b | Employer identification number | Copy 2 To Be F State, City, or I | | The state of the s | 's | | OMB No. 1545-000 | |
| Employer's name, address and ZIP co | | 11 | 5,962 | .42 | | | 94.30 | |
| STATE OF MARYL CENTRAL PAYROL | | 1 Wages, tips, other co 3 Social security wage | s | | 2 Federal inco 4 Social secur | ity tax wit | held | |
| P.O. BOX 2396 | | | .00 | | | 47.00 | | |
| ANNAPOLIS, MD 2 | 1404-2396 | 5 Medicare wages and | .82 | 1,809.81 6 Medicare tax withheld | | | | |
| 52-6002033 S.S. # (| 69-0520001L | 7 Social security tips | | 8 Allocated tips | | 9 | | |
| Control number 0014360 | 10 Dependent care be | nefits | 11 Nonqualified | plans | DD 12a Cc | 5,745.96 ade See inst. for box 12 | | |
| Employee's name, address and ZIP co | 19 | | 14 Other | | 100.000.000 | | | |
| THIRUVENDRAN VIGNAR | Statutory employee Retirement plan | | LANGE OF THE CONTROL OF T | | | 8,852.40 | | |
| State Employer's state ID number | 16 State wages, tips, etc. | Third-party sick pay 17 State income tax | 18 Local | wages, tips, etc. | 19 Local income | e tax | 20 Locality name | |
| | 115 040 40 | | ******** | | ********* | ****** | ******** | |
| MD www. W-2 Wage and Tax State | 115,962.42 | 9,306.25 | | | Department of the | e Treasur | - Internal Revenue Ser | |
| | | | | | | | | |
| imployee's social security number b | mployer identification number | Copy C For Em This information is being panalty or other sanction | ployee's ng furnished n may be in | S Records (Si I to the IRS. If you imposed on you if t | ee Notice on Back are required to f this income is tax | k of Copy file a tax re able and y | '8") OMB No. 1545-000 sturn, a negligence ou fail to report it. | |
| Employer's name, address and ZIP co | | 1 Wages, tips, other co | 5,962 | | 2 Federal inco | | 94.30 | |
| STATE OF MARYLA CENTRAL PAYROL | | 3 Social security wage | | Tables 17 | | 7,347.00 | | |
| P.O. BOX 2396 | | | 4,814 | DOUBLES. | - | | 09.81 | |
| ANNAPOLIS, MD 2 | 1404-2390 | 5 Medicare wages and 7 Social security tips | | B Allocated tips | 6 Medicare tax | | Howard Warran | |
| | | 100 | | | | | | |
| 0014360 | 10 Dependent care bea | elits | 11 Nonqualified | plans | 12a Co | 5,745.96 de See inst for box 12 | | |
| imployee's name, address and ZIP co | ode CG | | | | | | ener II | |
| THIRUVENDRAN VIGNAR | Statutory employee Retirement plan | х | 100000000000000000000000000000000000000 | 14 Other STPICKUP 8,852.40 | | | | |
| | 16 State wages, tips, etc. | Third-party sick pay 17 State income tax | 18 Local | wages, tips, etc. | 19 Local income | tax | 20 Locality name | |
| State Employer's state ID number | | | | | | | | |
| State Employer's state ID number | | | | | | | | |
| S State Employer's state ID number | 115,962.42 | 9,306.25 | | | | | | |

Copy B To Be Filed With

OMB No. 1545-0008

a Employee's social security number

b Employer identification number

| 1040 | | | sury—Internal Revenu | | | 2014 | • ON | MB No. 1545-00 | 74 RS Us | se Only– | Do n | ot wri | te or staple in this sp | pace. |
|-------------------------------|---|---|--|-------------|----------------------|-------------------------------------|------------|--|----------------|---|----------------------------|---|--|--------|
| For the year Jan. 1–D | ec. 31, 2 | 2014, or other tax yea | ar beginning | | | , 2 | 2014, end | ling | , 20 | See | See separate instructions. | | | |
| Your first name and in | itial | | Last name | | | Your social security number | | | | | | | | |
| Thiruve | ndr | an | Vignar | ajah | ı | | | | | | | | | |
| If a joint return, spous | e's first | name and initial | Last name | | | Spouse's social security number | | | | | | | | |
| Home address (numb | er and s | treet). If you have a F | P.O. box, see instruction | ns. | | | | | Apt. no. | A | | | re the SSN(s) above line 6c are correct. | |
| City town or post office | o stato | and ZIP code. If you | Lhave a foreign addres | e also cor | mploto enacos bolov | v (see instructions) | | | | | | | dential Election Car | mpaign |
| City, town or post only | e, state | , and zir code. II you | u have a foreign addres | s, also col | Tiplete spaces belov | v (see iristructions). | | | | Check here if you, or if filing jointly, want \$3 | | | | oouse |
| Foreign country name | | | Foreign province/sta | ate/county | | | | Foreign posta | l code | | - f | und. (| Checking a box below ange your tax or refun | will |
| | | | | | | | | | | | | | You Spo | ouse |
| Filing Status | 1 | Single | | | | | | ehold (with qualify person is a child | | | | | | |
| | - | Married filing joir | ntly (even if only one ha | d income) | | child' | s name h | nere. | | | | | | |
| Check only one | 3 [| Married filing sep | parately. Enter spouse's | s SSN abo | ove | 5 Qual | ifying wid | ow(er) with depe | ndent child | | | | | |
| box. | | and full name he | | | | | | | | | | _ | Povos absolvad | |
| Evemptions | 6a | | If someone can c | | | | | | | | | | Boxes checked on 6a and 6b | 2 |
| Exemptions | b_ | | | | | ····· | | · · · · · · · · · · · · · · · · · · · | | (4 |) 🗸 | ر if | No. of children on 6c who: | |
| | С | Dependents: | | | | (2) Depen | dent's | (3) | Dependent's | ag | e 17 d | d under e 17 qual. ● lived wi | lived with you | 1 |
| | | (1) First name | l as | st name | | social securit | y number | relat | ionship to you | tax | child ccred ee ins | it | did not live with you due to divorce | |
| If more than four | | (1) Tristrianie | Las | i name | | | | Son | | (50 | X | | or separation (see instructions) | |
| dependents, see | | _ | | | | | | | | | Ť | _ | . , . | |
| instructions and check here ▶ | | | | | | | | | | | П | | Dependents on 6c not entered above | |
| ONCOR NOTE F | | | | | | | | | | | | | A alal as made and a se | |
| | d | Total number | of exemptions cla | imed | | | | | | | | | Add numbers on lines above | 3 |
| _ | 7 | | ps, etc. Attach Form(s) | | | | | | | 7 | | | 239, | |
| Income | | | | | | | | | | 8 | а | | | 13 |
| Attach Form(s) | b | Tax-exempt interest. Do not include on line 8a | | | | | | | | | | | | |
| W-2 here. Also attach Forms | 9a | Ordinary dividends. Attach Schedule B if required | | | | | | | | 98 | a | | | |
| W-2G and | b | Qualified dividends 9b Taxable refunds, credits, or offsets of state and local income taxes | | | | | | | | | | η. | 193 | |
| 1099-R if tax was withheld. | 10 11 | Alimony receiv | | ets of s | | | | | | a. | | | 4,. | 193 |
| | 12 | | me or (loss). Atta | ch Sche | edule C or C-F7 | | | | | 1: | _ | | | |
| If you did not get a W-2, | 13 | | s). Attach Schedule D if r | | | _ | | | | 7 1 | | | | |
| see instructions. | 14 | | r (losses). Attach l | | 707 | | | | | 1 | 4 | | | |
| | 15a | IRA distr bution | ns | 15a | | b | Taxa | ble amount | | 15 | b | | | |
| | 16a | Pensions and | annuities | 16a | | b | Taxa | ble amount | | 16 | b | | | |
| | 17 | | | | • | ons, trusts, etc. Attach Schedule E | | | | | 7 | | | 0 |
| | 18 | | Farm income or (loss). Attach Schedule F | | | | | | | | 3 | | | |
| | 19 | . , | nt compensation . | | | | | | | | _ | | | |
| | 20a | Social security b | | 20a | | b | Taxa | ble amount _. | | 20 | | | | |
| | 21 22 | | List type and amamers. List type and amamers | | dump for lines | 7 through 21. Th | ie ie vo | ur total inco | | 2: | _ | | 243, | 031 |
| - | 23 | Educator expe | ncoc | | | | 23 | ui totai iiico | ille P | | _ | | 243, | 934 |
| Adjusted | 24 | | ess expenses of re | | s. performing a | | | | | | | | | |
| Gross | | | ernment officials. | | | | 24 | | | | | | | |
| Income | 25 | | s account deducti | | | | 25 | | | | | | | |
| | 26 | | ses. Attach Form | | | | 26 | | | | | | | |
| | 27 | Deduct ble par | rt of self-employm | ent tax. | Attach Schedu | ıle SE | 27 | | | | | | | |
| | 28 | | l SEP, SIMPLE, a | | | | 28 | | | | | | | |
| | 29 Self-employed health insurance deduction | | | | | | 29 | | | | | | | |
| | 30 | | | | | 30 | | | | | | | | |
| | 31a | Alimony paid | b Recipient's | | | | 31a | | | | | | | |
| | 32 | IRA deduction | | | | | 32 | | | | | | | |
| | 33 34 | | nterest deduction es. Attach Form 8 | 047 | | | 33 | | | | | | | |
| | 35 | | duction activities d | | n. Attach Form | 8903 | 35 | | | | | | | |
| | 36 | Add lines 23 th | | | | | Į. | <u> </u> | | 30 | 6 | | | |
| | 37 | | 36 from line 22. Th | | | oss income | | | | 3 | -+ | | 243, | 934 |

| 69458 04/11/2017 1 | | _ | | | | | | | | | | |
|---------------------------------|---------------------------|--|----------------------|--|-----------|-----------------------|----------------|-----------|---|--|--|--|
| Form 1040 (2014) | Thi | ruvendran Vignarajah & | | | | | | | Page 2 | | | |
| Tax and | 38 | Amount from line 37 (adjusted gross income) | | <u></u> | | | <u> </u> | 38 | 243,934 | | | |
| Credits | 39a | Check You were born before January 2 | , 1950, | Blind | ٠ ٦ | Total boxes | | | | | | |
| | | if: Spouse was born before Januar | ry 2, 195 | 0, Blind | . } | checked > | 39a | | | | | |
| <u> </u> | b | If your spouse itemizes on a separate return or y | ou were | a dual-status | alien, d | check here 🕨 | 39b | | | | | |
| Standard L Deduction - | 40 | Itemized deductions (from Schedule A) or you | r standa | rd deduction | (see l | eft margin) | | 40 | 47,335 | | | |
| for— | 41 | Subtract line 40 from line 38 | | | | | | 41 | 196,599 | | | |
| People who | 42 | Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 | by the num | ber on line 6d. Oth | erwise, s | see instructions | | 42 | 11,850 | | | |
| check any box on line | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more to | han line 41, | enter -0- | | | | 43 | 184,749 | | | |
| 39a or 39b or who can be | 44 | | orm c | | | | | 44 | 38,977 | | | |
| claimed as a | 45 | Alternative minimum tax (see instructions). At | | m 6251 | | | | 45 | 395 | | | |
| dependent, see | 46 | Excess advance premium tax credit repayment. | | orm 9062 | | | | 46 | | | | |
| instructions. | 47 | Add lines 44, 45, and 46 | | | | | | | | | | |
| All others: | 48 | Foreign tax credit. Attach Form 1116 if required | | | 48 | l | | 47 | 39,372 | | | |
| Single or Married filing | 49 | Credit for child and dependent care expenses. A | ttach Eo | rm 2441 | 49 | | | | | | | |
| separately, \$6,200 | 50 | Education credits from Form 8863, line 19 | macirio | | 50 | | | | | | | |
| Married filing | | | | | 51 | | | | | | | |
| jointly or Qualifying | 51 | Retirement savings contributions credit. Attach F | | 30 | _ | | | | | | | |
| widow(er), \$12,400 | 52 | Child tax credit. Attach Schedule 8812, if require | ea | | 52 | | | | | | | |
| Head of | 53 | Residential energy credits. Attach Form 5695 | ···- | | 53 | | | | | | | |
| household, \$9,100 | 54 | Other credits from Form a 3800 b 8801 | | | 54 | | | | | | | |
| ψ3,100 | 55 | Add lines 48 through 54. These are your total cr | | | | | | 55 | 20 250 | | | |
| | 56 | Subtract line 55 from line 47. If line 55 is more the | an line 4 | 17, enter -0 | | | | 56 | 39,372 | | | |
| Other | 57 | Self-employment tax. Attach Schedule SE | | | | | | 57 | | | | |
| Taxes | 58 | Unreported social security and Medicare tax from | n Form: | a 413 | 37 k | 8919 | | 58 | | | | |
| | 59 | Additional tax on IRAs, other qualified retirement | t plans, e | etc. Attach For | m 5329 | 9 if required | | 59 | | | | |
| | 60a | Household employment taxes from Schedule H | | | | | | 60a | | | | |
| | b | First-time homebuyer credit repayment. Attach F | orm 540 | 5 if required | | | | 60b | | | | |
| | 61 | Health care: individual respons bility (see instruc | tion <u>s)</u> Fu | ıll-year covera | ge | X | | 61 | | | | |
| | 62 | Taxes from: a Form8969 b Form8960 | С | Instructions; enter o | ode(s) | | | 62 | | | | |
| | 63 | Add lines 56 through 62. This is your total tax | | | | | > | 63 | 39,372 | | | |
| | 64 | Federal income tax withheld from Forms W-2 an | nd 1099 | | 64 | | 36,156 | | | | | |
| <u>Payments</u> | 65 | 2014 estimated tax payments and amount applied from | 2013 retu | m | 65 | | 3,846 | | | | | |
| If you have a | 66a | Earned income credit (EIC) | | | 66a | | | | | | | |
| qualifying | b | Nontaxable combat pay election 66b | | | | | | | | | | |
| child, attach Schedule EIC. | 67 | Additional child tax credit. Attach Schedule 8812 | 8812 67 | | | | | | | | | |
| | 68 | American opportunity credit from Form 8863, line | | | | | | | | | | |
| | 69 | Net premium tax credit. Attach Form 8962 | | | 69 | | | | | | | |
| | 70 | Amount paid with request for extension to file | | | 70 | | | | | | | |
| | 71 | Excess social security and tier 1 RRTA tax withh | neld | | 71 | | | | | | | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | | | 72 | | | | | | | |
| | 73 | | Reserved d | | 73 | | | | | | | |
| | 74 | Add lines 64, 65, 66a, and 67 hrough 73. These are your total pa | | ш | 70 | | _ | 74 | 40,002 | | | |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from | | 4 This is the | moun | t vou overnaid | | 75 | 630 | | | |
| Refulid | 76a | Amount of line 75 you want refunded to you. If | | | | | ▶ □ | 76a | 630 | | | |
| Direct deposit? | b | | с Тур | | | Savings | • | 700 | | | | |
| See | ▶ d | Account number | Стур | | viily | Savings | | | | | | |
| instructions. | 77 | Amount of line 75 you want applied to your 201 | 15 ectim | ated tay ▶ | l 77 | I | | | | | | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63. | | | | a inetructions | | 78 | | | | |
| You Owe | 79 | Estimated tax penalty (see instructions) | . For deta | alls off flow to | | e instructions | | 70 | | | | |
| Tou Owe | 19 | Listinated tax penalty (see instructions) | | | 79 | | | | | | | |
| Third Party | | | | | | | | | | | | |
| Designee | | | | | | | | | | | | |
| Sian | Under pen | alties of perjury, I declare that I have examined this return and ac ue, correct, and complete. Declaration of preparer (other than tax | companyin | g schedules and sta | atements | s, and to the best of | my knowledge a | nd belief | , | | | |
| Sign Here | they are to Your signa | ue, correct, and complete. Declaration of preparer (other than tax ature | payer) is ba Date | sed on all informat Your occupation | | nich preparer has an | y knowledge. | | Daytime phone number | | | |
| Joint return? | | | | Attorne | | | | | If the IRS sent you an Identity | | | |
| See instr. Keep a copy for your | Spouse's | signature. If a joint return, both must sign. | Date | Snouse's occur | ation | | | | If the IRS sent you an Identity Protection P N, enter it here | | | |
| for your records. | rint/Tuese ser | prarrete namo | e eignotur- | | | 1 | Date | _ | (see instr.) | | | |
| | ıııvı ype pre | eparer's name Preparer' | s signature | | | | Date | Che | ck if PTIN | | | |
| Paid | | | | | | | | | | | | |
| Preparer | | | | | | | | | | | | |
| Use Only | | | | | | | | | | | | |
| | | | | | | | | | | | | |

www.irs.gov/form1040 DAA

SCHEDULE E (Form 1040)

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074 **2014**

Attachment 16

Your social security number

Thiruvendran Vignarajah & Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. X Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) No If "Yes," did you or will you file all required Forms 1099? No 1a Physical address of each property (street, city, state, ZIP code) Α Stamford, CT 06902 В Baltimore, MD 21230 С Type of Property 1b For each rental real estate property listed Fair Rental Personal Use QJV above, report the number of fair rental and Days Days (from list below) personal use days. Check the QJV box 365 Α Α only if you meet the requirements to file as 365 1 В В a qualified joint venture. See instructions. С С Type of Property: Vacation/Short-Term Rental Single Family Residence Self-Rental Land Multi-Family Residence Commercial Royalties Other (describe) Properties: С Income: В 15,600 8,800 3 Rents received 3 4 Royalties received 4 Expenses: 5 Advertising 5 6 6 Auto and travel (see instructions) 7 Cleaning and maintenance 7 8 Commissions 8 Insurance 9 10 10 Legal and other professional fees 11 11 Management fees $6, \overline{083}$ 12 Mortgage interest paid to banks, etc. (see instructions) 3,769 12 13 Other interest 13 1,407 **14** Repairs 15 **15** Supplies 1,673 16 Taxes 17 2,837 13,520 18 Depreciation expense or depletion 18 See Statement 1,2 19 4,540 4,988 16,540 22,277 20 20 Total expenses. Add lines 5 hrough 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must -940 -13,477file Form 6198 21 22 Deduct ble rental real estate loss after limitation, if any, 0 on Form 8582 (see instructions) 22 24,400 23a 23a Total of all amounts reported on line 3 for all rental properties 23b **b** Total of all amounts reported on line 4 for all royalty properties 9,852 23c c Total of all amounts reported on line 12 for all properties 16,357 d Total of all amounts reported on line 18 for all properties 23d 38,817 e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line

26

MARYLAND RESIDENT INCOME
502 TAX RETURN

| | | _ | BEGINNING | 2014, END NG | | | a a |
|---|--|------------------------|---|---|---|---|--|
| Í | Social Secu | | | Spouse's Social Security Number | | | |
| | | | | | | | |
| Ī | Your First N | Name | Initial | Last Name | | | |
| > | THIR | TVEN | IDRAN | VIGNARAJAH | | | |
| ے | | 7 1 2 1 | | 7 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
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| | | | | | | | |
| | O | | | 1 | | | |
| | City, Town | or Laxir | g Area | | | | |
| | | | | | | | |
| | | | | determine if you are required to file. CHECK ONE | | 1 | |
| | +. | Single (If ax retur | you can be claimed on and n, use Filing Status 6.) | other person's 5. Quali | ifying widow(er) with dependent child | PART-YEAR RESIDENT | |
| | 100 | | filing joint return or spous | | endent taxpayer (Enter 0 in Exemp ion Box (A) | See Instruction 26. | |
| | 3. N | Married | filing separately | - See | e Instruction 7) | If you began or ended legal | • |
| | 4. | Head of | household | Spouse's Social Security Number | | residence in Maryland in 2014 place a P in the box. | Place on M or P |
| _ | | | | | | · | Place an M or P in this box. |
| I | EXEMPT | IONS | | Check appropriate box(es). NOTE If you are clair | | Dates of Maryland Residence | |
| | | | the Dependents Info | ormation Form 502B to this form to receive the ap | рисале ехептрион аттоипт. | MO DAY YEAR | |
| A. | X | oursel | X Spouse | Enter number checked 2 See Inst | ruction 10 A. \$ | FROM | |
| | | | | | | то | |
| В. | | 35 or ov | er 🕨 🔛 65 or over | r Enter number checked X \$1,000 | В. \$ | Other state of residence: | |
| | ▶ | Blind | Blind | Zitter Humber Greeked X \$\psi_1,500 | <u>.</u> | | |
| | | | | | | MILITARY If you or your spouse has non-Maryland military income, place | |
| C. | Enter i | number | from line 3 of Dependent F | Form 502B See Inst | ruction 10 C. \$ | M in the box. (See Instruction 26.) | |
| D. | Entor | Total E | xemptions (Add A, B and | (C) ► 3 Total A | mount D. \$ | Enter amount here: | |
| <u>D.</u> | Elitei | | | , | · | | 0.4000.4 |
| | $\widehat{}$ | 1. | , , | ome from your federal return | | 1 | 243934 |
| + | INCOME (See Instruction 11.) | 1a. | | nd/or tips ▶ 1a. | | | |
| | 8 99 | 1b. | Earned income | > 1b. | 10 | e. Check here if the amount of your | |
| ļ | | 1c. | | ss) > 1c. | | income is more than \$3,350 | ▶ |
| | | 1d. | Taxable Pension, I | RA, Annuities 1d. | | | |
| our W-2 wage and tax NE staple. | $\widehat{}$ | 2. | Tax-exempt interes | st on state and local obligations (bond | ds) other than Maryland | > 2. | |
| /age | DITIONS INCOME nstruction 12.) | 3. | | ckup | | | |
| /-2 v taple | | 4. | | tions (from worksheet in Instruction 1 | | | |
| > ຫ ່າງ ີ | E9 § | 4. 5. | | | | 5. | |
| و م | 2 = | o. | , | r code letter(s) from Instruction 12.) | | | |
| to wit | ADE TOI | 6. | | Maryland income (Add lines 2 through | | | 242024 |
| ~ 발 | <u> </u> | 7. | Total federal adjust | ted gross income and Maryland addit | tions (Add lines 1 and 6.) | 7 | 243934 |
| SPE. | | 8. | Taxable refunds of | redits or offsets of state and local inc | come taxes included in line 1 above | ve ▶ 8 | 4193 |
| ğξ | | 9. | | ent care expenses | | | |
| od A | BTRACTIONS ROM INCOME Instruction 13.) | 10. | | from worksheet in Instruction 13 | | | |
| r MC | 26€ | | | curity and RR benefits (Tier I, II and s | | | |
| S E | 5 8€ | 11. | | | | | |
| Place CHECK or MONEY ORDER on top of y statements and ATTACH HERE with O | ¥ ≅ ¥ | 12. | income received di | uring period of nonresidence (See Inaction attached Form 502SU | struction 26.) | 1 2 | |
| ace (| ₽Š Š | 13. | | | | | 1200 |
| ĕ I | SUBTI FROI See Ins | 14. | | action from worksheet in Instruction 1 | | 14 | |
| | o 0 | 15. | | from Maryland income (Add lines 8 th | | | 5393 |
| 1_ | | 16. | Maryland adjusted | gross income (Subtract line 15 from | line 7.) | 16. <u> </u> | 238541 |
| $+^{-}$ | 8 | | | method and check the appropriate box.) | | | ▼. |
| ı | 其 .9 | STA | NDARD DEDUCTION | I METHOD (Enter amount on line 17) | | | |
| | ₩ 'ē | ITEN | IIZED DEDUCTION M | METHOD (Complete lines 17a and 17b.) | | | <u>x</u> — |
| | ĕ ₹ | | 17a. Total federal it | temized deductions (from line 29, federal | Schedule A) | ▶ 17a | 47335 |
| | | | 17b. State and loca | al income taxes (See Instruction 14) | | 17h | 18165 |
| | DEDUCTION METHOD (See Instruction 16.) | | Subtract line 17b from | al income taxes (See Instruction 14) m line 17a and enter amount on line 17. | | r 17D | v |
| | <u> </u> | 17. | Deduction amount | (Part-year residents see Instruction 2 | 26 (I and m).) | <u>17.</u> | 29170 |
| | | 18. | Net income (Subtra | act line 17 from line 16.) | | 40 | 209371 |
| | | 19. | , | t from Exemptions area above (See I | | | |
| | | 20 | | e (Subtract line 19 from line 18) | | | 209371 |

MARYLAND

Spouse's signature

RESIDENT INCOME

| | 502 | TAX RETURN | |
|------------|-----------------------|--|---|
| | 2014 | NAME THIRUVENDRAN VIGNARAJAH & | SSN |
| MAR | | COMPUTATION | |
| 21. | Amount from li | ne 20 (taxable net income) GO TO TAX TABLE in the Resident instructions. Enter the tax on line 22 | 21. 209371 |
| 22. | | x (from Tax Table or Computation Worksheet Schedules I or II) | 22. 10127 |
| 23. | Earned incor | | 23. |
| 24. | | | 24. |
| 25. | | e tax credits for individuals from Part H, line 8 of Form 502CR (Attach Form 502CR.) | 25. |
| 26. | Business tax | | s tax credits on Form 500CR. |
| 27. | | (Add lines 23 through 26.) | 27. |
| 28. | Maryland ta | x after credits (Subtract line 27 from line 22.) If less than 0, enter 0. | |
| LOC | AL TAX COM | | |
| 29. | | e Instruction 19 for tax rates and worksheet.) Multiply line 21 | |
| | • | Itax rate .0 320 or use the Local Tax Worksheet | 29. 6700 |
| 30. | | income credit (from Local Earned Income Credit Worksheet in Instruction 19.) | 30. |
| 31. | | level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) | 31. |
| 32. | | (Add lines 30 and 31.) | 32. |
| 33. | | r credits (Subtract line 32 from line 29.) If less than 0, enter 0 | 33. 6700 |
| 34. | | and and local tay (Add lines 20 and 22.) | 34. 16827 |
| 35. | • | to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) | 35. <u>1002</u> 7 |
| 36. | Contribution | to Developmental Disabilities Services and Support Fund (See Instruction 20.) | 36. |
| 37. | Contribution | to Maryland Cancer Fund (See Instruction 20.) | 37. |
| 37. 38. | Total Maryla | and income tax, local income tax and contributions (Add lines 34 through 37.) | 38. 16827 |
| 39. | | nd and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is | |
| JJ. | withheld and | | 18158 |
| 40. | 2014 estimat | ed tax payments, amount applied from 2013 return, payment made | 40. |
| 41. | Refundable e | earned income credit (from worksheet in Instruction 21) | 41. |
| 42. | Refundable i | ncome tax credits from Part I, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.) | 42. |
| 43. | | nts and credits (Add lines 39 through 42.) | 43. 18158 |
| | | | |
| 44. | Balance due | (If line 38 is more than line 43, subtract line 43 from line 38. See Instruction 22.) | 44. |
| 45. | Overpaymen | t (If line 38 is less than line 43, subtract line 38 from line 43.) | 45. 1331 |
| 46. | Amount of ov | rerpayment TO BE APPLIED TO 2015 ESTIMATED TAX • 46. | |
| 47. | | verpayment TO BE REFUNDED TO YOU | |
| | | 46 from line 45.) See line 50 REFUND ▶ | 47. 1331 |
| 48. | Interest charges f | | |
| 49. | - | OUNT DUE (Add lines 44 and 48.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN | 49. |
| | | | |
| DIREC | T DEPOSIT OF F | EFUND (See Instruc ion 22.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. To comply with banking | rules, check here if |
| | | count outside the United States. If checked, see Instruction 22. For the direct deposit op ion, complete he following information clearly and legibly. | |
| 50a. | Type of accou | nt: | |
| 50b. | Routing Numb | per 50c. Account | |
| | (9-digi | | |
| • | | <u> </u> | |
| _ D | aytime telephone | no. Home telephone no. | CODE NUMBERS (3 digits per box) |
| Check I | | . | te checks payable and mail to: |
| | le electronically. Ch | eck here if you agree to receive your 1099G Income Tax Refund statement electronically. | ryland, Revenue Administration Division |
| Under p | enalties of perjury, | I declare that I have examined this return, including accompanying schedules and statements and to | reet, Annapolis, Maryland 21411-0001 |
| the bes | t of my knowledge | and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration | Security Number on check.) |
| | | | · |
| Va ' | anature | Pote | |
| TOUT SI | gnature | Date | |
| | | | |
| | | | |

Telephone number of preparer

Form **502**

Name

Maryland Local Tax Worksheet

2014

THIRUVENDRAN VIGNARAJAH &

Taxpayer Identification Number

| 1. | Taxable net income from Form 502, line 21 | 1. | 209,371 |
|----|--|-------|-------------|
| 2. | Local tax rate from chart below Howaii | rd 2. | 0.0320 |
| 3. | Local income tax (Multiply line 1 by line 2.) Enter this amount on Form 502, line 29 | 3. | 6,700 |

| LOCAL TAX RATE CHART | | | | | | | | |
|----------------------|-------|------------------------|-------|--|--|--|--|--|
| Subdivision | Rate | Subdivision | Rate | | | | | |
| Baltimore City | .0320 | Harford County | .0306 | | | | | |
| Allegany County | .0305 | Howard County | .0320 | | | | | |
| Anne Arundel County | .0256 | Kent County | .0285 | | | | | |
| Baltimore County | .0283 | Montgomery County | .0320 | | | | | |
| Calvert County | .0280 | Prince George's County | .0320 | | | | | |
| Caroline County | .0273 | Queen Anne's County | .0320 | | | | | |
| Carroll County | .0304 | St. Mary's County | .0300 | | | | | |
| Cecil County | .0280 | Somerset County | .0315 | | | | | |
| Charles County | .0303 | Ta bot County | .0240 | | | | | |
| Dorchester County | .0262 | Washington County | .0280 | | | | | |
| Frederick County | .0296 | Wicomico County | .0320 | | | | | |
| Garrett County | .0265 | Worcester County | .0125 | | | | | |

| Mage : | Visit the IRS Web Site at www.irs.gov/efile elerence Copy and Tax 2014 |
|--|--|
| Copy C for employee's records. d Control number Dept. | Corp. Employer use only |
| 3651625405 VQH A29009 | 1881 |
| MAYOR AND CITY (401 E FAYETTE, RM BALTIMORE, MD 2 | A 800 |
| e/l Employee's name, address, | and ZIP code |
| THIRUVENDRAN VIG | |
| | |
| | g g |
| b Employer's FED ID number | a Employee's SSA number |
| 1 Wages, tips, other comp. | Federal income tax withheld |
| 3 Social security wages | 13304.43 V |
| 104322.26 | 6467.98 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 7 Social security tips | 8 Allocated tips |
| g · | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 C 54.08 |
| 14 Other | 12b DD /13839.96 |
| | 12c |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| 15 State Employer's state ID no | |
| MD 03683527 | / 102772.09 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 7498.25 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

2014 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| GROSS PAY Group Term AETNA HMO RX DRUG ERS CONTR | Wages, Tips, Other Compensation Box 1 of W-2 105,962.86 54.08 -1,153.10 -541.58 -1,550.17 | Social Security Wages Box 3 of W-2 105,962.86 54.08 -1,153.10 -541.58 | Medicare Wages Box 5 of W-2 105,962.86 54.08 -1,153.10 -541.58 |
|--|--|---|--|
| W-2 WAGES | 102,772.09 | 104,322.26 | 104,322.26 |

THIRUVENDRAN VIGNARAJAH

Social Security Number: Taxable Marital Status: Married Exemptions/Allowances: Federal: 2 State: 2

0 2014 ADP, LLC

PAGE 01 OF 01

| 1040 | | | asury—Internal Reven | | Return | 2013 | OI | MB No. 1 | 545-0074 | RS Use | Only–[| Do not | t write or staple in this | space. | | | |
|---------------------------|-----------|--------------------------|---|---|-----------------------|--------------------|------------|------------------|--------------|-------------------------------|---------------------------|---|--|-------------|--|--|--|
| For the year Jan. 1–D | ec. 31, 2 | 2013, or other tax yea | ar beginning | | | , 2 | 2013, end | ding | , 2 | 0 | See | sepa | arate instructions | 5. | | | |
| Your first name and in | itial | | Last name | | | | | | | | | Your social security number | | | | | |
| Thiruve | ndr | an | Vignar | ajah | | | | | | | | | | | | | |
| If a joint return, spous | e's first | name and initial | Last name | Last name | | | | | | | | | Spouse's social security number | | | | |
| Home address (numb | er and s | street). If you have a F | P.O. box, see instruction | box, see instructions. Apt. no. Apt. no. And Make sure and on li | | | | | | | | | | | | | |
| City, town or post office | ce, state | , and ZIP code. If you | u have a foreign addres | s, also comp | olete spaces below | see instructions). | | | | I | | | residential Election C | | | | |
| | | | | | | | | | | | | if f | neck here if you, or your illing jointly, want \$3 to g | go to this | | | |
| Foreign country name | | | Foreign province/st | ate/county | | | | Foreig | n postal cod | Э | | | nd. Checking a box below the change your tax or ref | | | | |
| Filing Status | 1 | Single | <u>l</u> | | | | | | | erson). (See ot your deper | | | | | | | |
| | 2 | X Married filing joir | ntly (even if only one ha | id income) | | | | here. | | | | | | | | | |
| Check only one | 3 | Married filing sep | parately. Enter spouse | s SSN above | e | 5 Qual | ifying wid | dow(er) wit | h dependen | child | | | | | | | |
| box. | | and full name he | | | | | | | | | | | | | | | |
| | 6a | | If someone can o | | | | | | | | | ' | Boxes checked on 6a and 6b | 2 | | | |
| Exemptions | b | | | | | | | <u></u> | | | (4) | ✓ if | No. of children | | | | |
| | С | Dependents: | | | | (2) Depen | dent's | (3) Dependent's | | chil | √ if d unde e 17 qu | on 6c who: er lal. ● lived with you | 1 | | | | |
| | | | | | | social securit | y numbe | | | for tax | child credit | did not live wi | | | | | |
| If more than four | | (1) First name | La | st name | | | | | 'on | | (se | e instr | or separation | | | | |
| dependents, see | | _ | | | | <u> </u> | | | on | | | ^ | (see instructions | 5) | | | |
| instructions and | | | | | | | | | | | - | H | Dependents on 6 not entered abov | | | | |
| check here ▶ | | | | | | | | | | | | H | not entered abov | /e | | | |
| | d | Total number | of exemptions cla | imed | | 1 | | | | | | ш | — Add numbers or lines above ▶ | 3 | | | |
| | 7 | | ps, etc. Attach Form(s) | | | | | | | | 7 | <u> </u> | • | , 659 | | | |
| Income | , 8а | | est. Attach Sched | | | | | | | | 8a | | | 24 | | | |
| Attach Form(s) | b | | nterest. Do not ir | | | | | | | | | | | | | | |
| W-2 here. Also | 9a | • | ends. Attach Sch | | required | | | | | | 9a | ı | | | | | |
| attach Forms | b | Qualified divid | | | | | 9b | | | | | | | | | | |
| W-2G and 1099-R if tax | 10 | Taxable refund | ds, credits, or offs | | | | | | | | 10 | | | | | | |
| was withheld. | 11 | Alimony receiv | ved | | | | | | | | 11 | | | | | | |
| If you did not | 12 | Business inco | me or (loss). Atta | ch Sched | ule C or C-EZ | | | | | | 12 | : | 2 | <u>,000</u> | | | |
| get a W-2, | 13 | Capital gain or (loss | s). Attach Schedule D if | required. If no | ot required, check he | re 🕨 | | | | Ц | 13 | 3 | | | | | |
| see instructions. | 14 | • | (losses). Attach | | 7 | | | | | | 14 | | | | | | |
| | | | ns | | | _ | | able amo | | | 15 | | | | | | |
| | 16a | Pensions and | | 16a | | | | able amo | | | 16 | | | | | | |
| | 17 | | tate, royalties, pa | • | • | | | | | | 17 | | | 0 | | | |
| | 18 19 | | or (loss). Attach S | | | | | | | | 18 | | | | | | |
| | 20a | Social security b | nt compensation | 20a | | | | able amo | | | 20 | _ | | | | | |
| | 21 | , | List type and am | | | | | | | | 21 | | | | | | |
| | 22 | | amounts in the fai | | umn for lines 7 | through 21. Th | is is vo | our total | income | • | 22 | _ | 202 | , 683 | | | |
| - | 23 | Educator expe | ncoc | | | - | 23 | | | <u> </u> | | | | , | | | |
| Adjusted | 24 | Certain busine | ess expenses of r | | | | | | | | | | | | | | |
| Gross | | fee-basis gove | ernment officials. | Attach Fo | rm 2106 or 210 | 06-EZ | 24 | | | | | | | | | | |
| Income | 25 | Health savings | s account deducti | on. Attach | n Form 8889 | | 25 | | | | | | | | | | |
| | 26 | Moving expens | ses. Attach Form | 3903 | | | 26 | | | | | | | | | | |
| | 27 | • | rt of self-employm | | | | 27 | | | 142 | 2 | | | | | | |
| | 28 | | I SEP, SIMPLE, a | | | | 28 | | | | | | | | | | |
| | 29 | Self-employed | I health insurance | deductio | n | | 29 | 1 | | | | | | | | | |
| | 30 | | rly withdrawal of s | | | | 30 | | | | | | | | | | |
| | 31a | Alimony paid | b Recipient's | | | | 31a | - | | | _ | | | | | | |
| | 32 | IRA deduction | nterest deduction | | | | 32 | + | | | | | | | | | |
| | 33 34 | | nterest deduction es. Attach Form 8 | 047 | | | 34 | + | | | | | | | | | |
| | 35 | | | | | | 35 | † | | | | | | | | | |
| | 36 | | Domestic production activities deduction. Attach Form 8903 35 Add lines 23 through 35 | | | | | | | 36 | ; | | 142 | | | | |
| | 37 | | 36 from line 22. Ti | | | | | | | | 37 | _ | 202 | ,541 | | | |

| Form 1040 (2013) | Tn1 | ruvendran Vignarajan & | | | | | | | Page 2 |
|--------------------------------|--------------|---|---------------------------------|----------------------|--------------------|----------------|-------------------|----------------------------------|---------------|
| Tax and | 38 | Amount from line 37 (adjusted gross income) | | | | | 38 | 2 | 02,541 |
| Credits | 39a | Check You were born before January | 2, 1949, Blin | d. 1 Tota | al boxes | | | | |
| | | if: Spouse was born before Janu | — | | cked > | 39a | | | |
| | b | If your spouse itemizes on a separate return or | - · - | s alien, chec | ck here ▶ | 39b | | | |
| Standard L | 40 | Itemized deductions (from Schedule A) or you | • | • | | | 40 | 7 | 43,630 |
| Deduction for— | 41 | Subtract line 40 from line 38 | | | | | 41 | | 58,911 |
| • People who | 42 | Exemptions. If line 38 is \$150,000 or less, multiply \$3,90 | | | | | 42 | | 11,700 |
| check any | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is mor | o there line 44 antes 0 | - | | | 43 | | 47,211 |
| box on line 39a or 39b or | | | | | | | 44 | | 28,685 |
| who can be claimed as a | 44 | Tax (see instr.). Check if any from a Form(s) b Alternative minimum tax (see instructions). | 4972 C | | | | 45 | | 20,005 |
| dependent, see | 45 | | | | | | _ | | 20 605 |
| instructions. | 46 | | | | | ▶ | 46 | | <u>28,685</u> |
| All others: | 47 | Foreign tax credit. Attach Form 1116 if require | | 47 | | | | | |
| Single or | 48 | Credit for child and dependent care expenses. | Attach Form 2441 | 48 | | | | | |
| Married filing separately, | 49 | Education credits from Form 8863, line 19 | | 49 | | | | | |
| \$6,100 | 50 | Retirement savings contr butions credit. Attach | Form 8880 | 50 | | | | | |
| Married filing jointly or | 51 | Child tax credit. Attach Schedule 8812, if requi | red | 51 | | | | | |
| Qualifying widow(er), | 52 | Residential energy credits. Attach Form 5695 | | 52 | | | | | |
| \$12,200 | 53 | Other credits from Form a 3800 b 880 | 1 c 🗌 | 53 | | | | | |
| Head of household, | 54 | Add lines 47 through 53. These are your total | credits | | | | 54 | | |
| \$8,950 | 55 | Subtract line 54 from line 46. If line 54 is more | | | | | 55 | | 28,685 |
| | 56 | Self-employment tax. Attach Schedule SE | aran mio 10, onto | | | | 56 | | 283 |
| Other | 57 | Unreported social security and Medicare tax fr | om Form: a D 4 | 137 b | 8919 | | 57 | | |
| Taxes | | | | | | | 58 | | |
| | 58 | Additional tax on IRAs, other qualified retirement | | 1111 3329 1110 | equirea | | | | |
| | 59a | Household employment taxes from Schedule I | | | | | 59a | | |
| | b | First-time homebuyer credit repayment. Attach | Form 5405 if required | | | | 59b | | |
| | 60 | Taxes from: a Form8959 b Form8960 | c Instructions; ente | code(s) | | | 60 | | |
| | 61 | Add lines 55 through 60. This is your total tax | | | | ▶ | 61 | | <u>28,968</u> |
| | 62 | Federal income tax withheld from Forms W-2 | and 1099 | 62 | 2 | 9,937 | | | |
| Payments Payments | 63 | 2013 estimated tax payments and amount applied fro | m 2012 return | 63 | | | | | |
| If you have a | 64a | Earned income credit (EIC) | | 64a | | | | | |
| qualifying | b | Nontaxable combat pay election 64b | | | | | | | |
| child, attach Schedule EIC. | 65 | Additional child tax credit. Attach Schedule 88 | 12 | 65 | | | | | |
| | 66 | American opportunity credit from Form 8863, I | ine 8 | 66 | | | | | |
| | 67 | Reserved | | 67 | | | | | |
| | 68 | Amount paid with request for extension to file | | 68 | | | | | |
| | 69 | Excess social security and tier 1 RRTA tax with | | 69 | | | | | |
| | | | | 70 | | | | | |
| | 70 | Credit for federal tax on fuels. Attach Form 413 | | - | | | | | |
| | 71 | Credits from Form: a 2439 b Reserved c | | 71 | | | | | |
| | 72 | Add lines 62, 63, 64a, and 65 hrough 71. These are your total | | | | ▶ | 72 | | 29,937 |
| Refund | 73 | If line 72 is more than line 61, subtract line 61 | | _ | | | 73 | | 969 |
| | 74a | Amount of line 73 you want refunded to you. | If Form 8888 is attache | d, chec <u>k h</u> e | ere | ▶ ∐ | 74a | | 969 |
| Direct deposit? | b | Routing number | c Type: Che | cking | Savings | | | | |
| See instructions. | ▶ d | Account number | | | | | | | |
| instructions. | 75 | Amount of line 73 you want applied to your 2 | 014 estimated tax ▶ | 75 | | | | | |
| Amount | 76 | Amount you owe. Subtract line 72 from line 6 | 1. For details on how to | pay, see in | structions | • | 76 | | |
| You Owe | 77 | Estimated tax penalty (see instructions) | | 77 | | | | | |
| | | 7, | | | | | | | |
| Third Party | | | | | | | | | |
| Designee | | | | | | | | | |
| Cian | Under per | nalties of perjury, I declare that I have examined this return and | accompanying schedules and | statements, and | I to the best of m | / knowledge ar | nd belief. | | |
| Sign Here | they are to | ue, correct, and complete. Declaration of preparer (other than t | axpayer) is based on all inform | ation of which pr | | | | Destines about an | |
| Joint return? | Your sign | ature | Date Your occupation | | | | | Daytime phone nu | mber |
| See instr. | | | Attorn | ey | | | \longrightarrow | If the IRS sent you | an Identity |
| Keepacopy ▼ foryour | Spouse's | signature. If a joint return, both must sign. | Date Spouse's occu | pation | | | | Protection P N, enter it here | arridentity |
| records. | | | | | | | | (see instr.) | |
| Pr | rint/Type pr | eparer's name Prepar | er's signature | | D | ate | Check | k if PTIN | |
| Paid | | | | | | | | | |
| Preparer | | | | | | | | | |
| Use Only | | | | | | | | | |
| , | | | | | | | | | |
| | | | | | | | | Form | 1040 (2013) |
| | | | | | | | | i olili | (2013) |

SCHEDULE E (Form 1040)

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

Your social security number

| T | hiruvendran Vignarajah & | | | | | | | | | |
|------------|---|--------|--------------------------|----------|------------------------|------------------|---------------|-------------|---------------|----|
| Pa | art I Income or Loss From Rental Real Estate ar | | | | | | | | ise | |
| | Schedule C or C-EZ (see instructions). If you are an indivi | | | loss fro | om Form 4835 or | n page 2, I | | | | |
| Α - | Did you make any payments in 2013 that would require you to file For | rm(s) | 1099? (see instructions) | | | - | Yes | | $\overline{}$ | No |
| <u>B</u> | If "Yes," did you or will you file all required Forms 1099? | | | | | | Yes | 3 | Ш | No |
| <u>1a</u> | | | | | | | | | | |
| <u> </u> | Stamford, CT 069 | 902 | | | | | | | | |
| <u>B</u> | Baltimore, MD 21230 | | | | | | | | | |
| С | | | | | | 1 | | | | |
| 1b | | | • | | Fair Rental | Personal Days | | C | JJV | |
| | (Horri list bolow) | | | Days | Days | \rightarrow | | \Box | | |
| _ <u>A</u> | only if you meet the require | | Α . | 365 | | | | + | | |
| <u>B</u> | a qualified joint venture. Se | e inst | ructions. | В | 365 | | \rightarrow | | \vdash | |
| _ <u>C</u> | 1 | | | С | | | L | | ட | |
| | e of Property: | | - 0 | | | | | | | |
| | 3 | Land | 7 Self-Rental | | | | | | | |
| _ | , | Royal | | e) | | | | | | |
| | ome: Properties: | | A 11 000 | | B 17 60 | | | <u>C</u> | | |
| | Rents received | 3 | 11,000 | | 17,60 | 10 | | | | |
| | Royalties received | 4 | | | | | | | | |
| | enses: | | | | | | | | | |
| | Advertising | 5 | | | | | | | | |
| | Auto and travel (see instructions) | 6 | | | 0.0 | | | | | |
| | Cleaning and maintenance | 7 | 1 000 | | 20 | 10 | | | | |
| | Commissions | 8 | 1,000 | | | | | | | |
| | nsurance | 9 | | | | | | | | |
| | Legal and other professional fees | 10 | | | | | | | | |
| | Management fees | 11 | 6 050 | | F 0.0 | | | | | |
| | Mortgage interest paid to banks, etc. (see instructions) | 12 | 6,258 | | 5,26 | 13 | | | | |
| | Other interest | 13 | | | F.0 | | | | | |
| | Repairs | 14 | | | 50 | 0 | | | | |
| | Supplies | 15 | 1 700 | | 4 20 | | | | | |
| | Taxes | 16 | 1,780 | | 4,30 | 12 | | | | |
| | Jtilities | 17 | 2 026 | | 10 10 | 2 | | | | |
| | Depreciation expense or depletion | 18 | 2,836 | | 18,18 | | | | | |
| | Other (list) See Statement 1,2 | 19 | 4,820 | | 4,33 | | | | | |
| | Total expenses. Add lines 5 hrough 19 | 20 | 16,694 | | 32,78 | 52 | | | | |
| | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | result is a (loss), see instructions to find out if you must | | F 604 | | 15 10 | | | | | |
| | île Form 6198 | 21 | -5,694 | | -15,18 | 52 | | | | |
| | Deduct ble rental real estate loss after limitation, if any, | | | | | • | | | | |
| | on Form 8582 (see instructions) | 22 | <u>(</u> 0) | (| 20 60 | 0)(| | | | |
| | Total of all amounts reported on line 3 for all rental properties | | | | 28,60 | 10 | | | | |
| | Total of all amounts reported on line 4 for all royalty properties | | | | 11 50 | <u> </u> | | | | |
| | Total of all amounts reported on line 12 for all properties | | | | 11,52 | | | | | |
| | Total of all amounts reported on line 18 for all properties | | | | 21,01 | | | | | |
| | Total of all amounts reported on line 20 for all properties | | | | 49,47 | | | | | _ |
| | ncome. Add positive amounts shown on line 21. Do not include any lo | | | | | - | | | | 0 |
| | Losses. Add royalty losses from line 21 and rental real estate losses fr | | | | 2 | 5 (| | | — | |
| | Total rental real estate and royalty income or (loss). Combine lines | | | | | | | | | |
| | f Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter tl | his am | ount on Form 1040, line | | | | | | | |

2013

| | OR FISCAL YEAR BEGINNING 2013, E | | | | | | | | | | | | Attachment | |
|--|--|------------|-------------------------------|-------------------|-------------------------------------|---|-------------|---------------------|-----------------|-----------------|-------------------|---------------|-----------------------|--|
| | Social Security Number S | | | Spouse's Social S | Security Number | | | | | | | Sequence | | |
| | | | | | | | | | | | | | No. 02 | |
| | Your First N | Name | | Initial | Last Name | | | | | | | | | |
| <u> </u> | THIR | JVEI | IDRAN | | VIGNARA | JAH | | | | | | | | |
| Ì | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | |
| _ | FILING S | TAT | IC | | | | | | | | | | | |
| | See Instruct | | | | ingle (If you can be o | claimed on another person's | tax return, | use Filing Status 6 | .) 4 1 | Head of housel | nold | | | |
| | if you are re | | | X | /larried filing joint re | eturn or spouse had no inc | ome | | 5. | Qualifying wido | w(er) with d | ependent ch | nild | |
| | CHECK ON | Е ВОХ | 3. | N | Married filing separa | | | | | | | | | |
| _ | | | | | | Spouse's | Social Sec | urity Number | | | | | | |
| | | | RESIDENT | _ | | EXEMPTIONS See | | | | | | ependents, y | ou must attach the | |
| | See Instruct If you begar | or end | | • | | Dependents' Information F | orm 502B | to this form to rec | eive the applic | able exemption | amount. | | | |
| | residence in place a P in | | | DI | ace an M or P | A X Yourself | X | Spouse | . Enter No. Ch | | 2 | | A. \$ | |
| | Dates of N | /laryla | nd Residence | | in this box. | | | , | . Enter No. Cr | ecked | _ See ins | iruction to a | н. э | |
| | MO | DAY | YEAR | | | B 65 or over | ▶ | 65 or over | Lenter No. Ch | ockod | V \$1.00 | 0 | В. \$ | |
| | FROM | | | | | Blind | ▶ | Blind | . Enter No. Cr | ecked | → ∧ \$1,00 | 0 | ь. ఫ | |
| | то | | | | | | | | | | ה | | | |
| | Other state | of reside | ence: | | | C Enter No. from lin | e 3 of Dep | endent Form 502E | 3 | ــا | See Ins | truction 10 | C. \$ | |
| | | | or your spouse has | | | D Enter Total Exen | nntiono (A | dd A B and C \ | | ▶ 🗔 | 3 _{Tota} | I Amount | D. \$ | |
| | Maryland n (See Instruct | | ncome, place an N) | I in the bo | ox. | Check here if you authorize | | | | · · · | 1018 | Alliount | D. \$ | |
| | Enter amou | | | | | for help finding health insur | | • | | | - | | ▶ 🔲 | |
| , – | Ш | 1 | Adjusted are | oss inco | ome from your | federal return (See I | nstructio | on 11) | | | ▶ | 1 | 202541 | |
| | COMI | 1a. | Wanes sala | ories ar | nd/or tine (See | Instruction 11.) | nou douc | ▶ 1a | | 20065 | | <u> </u> | | |
| | Š | 1b. | Farned inco | me (Se | e Instruction 1 | 1.) | | 1h | - | | | | | |
| - | _=_ | 10. | Larried irioo | 1110 (00 | | | | | - | | | | | |
| × | 2.) | 2. | Tax-exempt | interes | st on state and | local obligations (bo | nds) oth | er than Maryla | and | | ▶ | 2 | | |
| od ta | SH C | 3. | State retiren | nent pi | ckup | | | | | | ▶ | 3 | | |
| ge ar | <u>5</u> , <u>3</u> | 4. | Lump sum o | distribut | tions (from wor | ksheet in Instruction | 12.) | | | | ▶ | 4 | | |
| your W-2 wage and tax ONE staple. | ADDITIONS TO INCOME See Instruction 12 | 5. | Other addition | າຣ (Enter | code letter(s) from | Instruction 12.) SEE | STMT | 1 | P | | • | 5 | 732 | |
| W-% | <u>8</u> 0 ≥ | 6. | | | | ne (Add lines 2 throug | | | | | _ ▶ | 6 | 732 | |
| you ON | ' ss | 7. | | | | ne and Maryland add | | | | | | 7 | 203273 | |
| Place CHECK or MONEY ORDER on top of statements and ATTACH HERE with | | | | | | | | | | | | | | |
| on to | | 8. | Taxable refu | unds, ci | redits or offsets | s of state and local in | come ta | exes included | in line 1 ab | ove | 🏲 📙 | 8 _ | | |
| 띥 | (O 🗇 | 9. | Child and de | epende | ent care expens | ses | | | | | ▶ _ | 9 _ | | |
| ORE | BTRACTIONS ROM INCOME Instruction 13.) | 10. | Pension exc | clusion | from workshee | et in Instruction 13 | | | | | ▶ L | 10 | | |
| ĀĀ | 50 E | 11. | Taxable Soc | cial Sec | curity and RR b | enefits (Tier I, II and | suppler | nental) | | | _ | | | |
| MOr | | | included in I | ine 1 al | bove | | | | | | ▶ | 11 | | |
| Kor | BTR ROM Instri | 12. | Income rece | eived di | uring period of | nonresidence (See I | nstructio | on 26.) | | | ▶ | 12 | | |
| 4ECI ater | SUB FR | 13. | | | | 502SU (See Instruct | | | | | Ī⊾Ī | 13 | | |
| Se Cl | 8 8 | 14. | | | | ksheet in Instruction | 4.0 | | | | 」 ▶ □ | 14 | 1200 | |
| Plac | | 15. | | | | income (Add lines 8 | | | | | | 15 | 1200 | |
| | | 16. | Maryland ac | liveted | aross income | (Subtract line 15 fron | n line 7 | ١٠٠٠ | | | ·····! | 16 | 202073 | |
| _ | | | | | | k the appropriate box.) | | | | | | | | |
| 4 | ₽; | | | | | er amount on line 17) | | | | | | | ··· V | |
| | = = | | | | | | | | | | | | <u>x</u> —▼ | |
| | DEDUCTION METHOD (See Instruction 16.) | | | | | ete lines 17a and 17b.) ons (from line 29, federa | | | | | | | | |
| | ist. | | | | | (See Instruction 14.) | | | | ····· [| 17a | | 43630 | |
| | <u>ë</u> <u>ë</u> | | | | | nter amount on line 17. | | | | | 17b | | <u>15020</u> ↓ | |
| | 8 8 | 17. | | | | sidents see Instruction 26 (I and m).) | | | | | ▶ 17 28610 | | | |
| _ | | 18. | | | | 47.5 (10.40) | | | | | | | 173463 | |
| | | • | | | | t line 17 from line 16.) om Exemptions area above (See Instruction 10.) | | | | | 18 | | 1,0400 | |
| | | 19. 20. | Tayable pet | incom | . ποιπ ⊑xemptic a (Subtract liss | ons area above (See e 19 from line 18.) | msuuci | | | | 19 | | 172462 | |
| | | 40. | i avanie liel | HICOHIE | c (Subtract III)e | 13 HOHI III (10.) | | | | | 20 | | 173463 | |

MARYLAND FORM **502**

RESIDENT INCOME **TAX RETURN**

| 2013 | | | | |
|------|------|--------------|------------|---|
| | NAME | THIRUVENDRAN | VIGNARAJAH | , |

| SSN | |
|-----|--|

| | NAME THIRUVENDRAN VIGNARAJAH & | SSN | |
|-----------|--|------------|--|
| MAR | YLAND TAX COMPUTATION | | |
| 21. | Amount from line 20 (taxable net income) GO TO TAX TABLE in the Resident instructions. Enter the tax on line 22 | 21 | 173463 |
| 22. | Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) | 22 | 8246 |
| 23. | Earned income credit (½ of federal earned income credit. See Instruction 18.) | 23 | |
| 24. | Poverty level credit (See Instruction 18.) | 24 | |
| 25. | Other income tax credits for individuals from Part H, line 8 of Form 502CR (Attach Form 502CR.) | 25 | |
| 26. | Business tax credits You must file this form electronically to claim business | s tax c | redits on Form 500CR. |
| 27. | Total credits (Add lines 23 through 26.) | 27 | |
| 28. | Maryland tax after credits (Subtract line 27 from line 22.) If less than 0, enter 0 | 28 | 8246 |
| LOC | AL TAX COMPUTATION | | |
| 29. | Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 21 | | |
| | by your local tax rate <u>.0 320</u> or use the Local Tax Worksheet | 29 | 5551 |
| 30. | Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) | 30 | |
| 31. | Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) | 31 | |
| 32. | Total credits (Add lines 30 and 31.) | 32 | |
| 33. | Local tax after credits (Subtract line 32 from line 29.) If less than 0, enter 0 | 33 | 5551 |
| 34. | Total Maryland and local tax (Add lines 28 and 33.) | 34 | 13797 |
| 35. | Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) | 35 | |
| 36. | Contribution to Developmental Disabilities Waiting List Equity Fund (See Instruction 20.) | 36 | |
| 37. | Contribution to Maryland Cancer Fund (See Instruction 20.) | 37 | |
| 38. | Total Maryland income tax, local income tax and contributions (Add lines 34 through 37.) | 38 | 13797 |
| 39. | Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.) | 39 | 15020 |
| 40. | 2013 estimated tax payments, amount applied from 2012 return, payment made with an extension request, and Form MW506NRS | 40 | |
| 41. | Refundable earned income credit (from worksheet in Instruction 21) | 41 | |
| 42. | Refundable income tax credits from Part I, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.) | 42 | |
| 43. | Total payments and credits (Add lines 39 through 42.) | 43 | 15020 |
| 44. | Balance due (If line 38 is more than line 43, subtract line 43 from line 38.) | 44 | |
| 45. | Overpayment (If line 38 is less than line 43, subtract line 38 from line 43.) | 45 | 1223 |
| | | | |
| 46. | Amount of overpayment TO BE APPLIED TO 2014 ESTIMATED TAX 46 | | |
| 47. | Amount of overpayment TO BE REFUNDED TO YOU | 47 | 1223 |
| 40 | (Subtract line 46 from line 45.) See line 50 | 47 | 1223 |
| 48. 40 | Interest charges from Form 502UP or for late filling (See Instr. 22.) Total | 48 | |
| 49. | TOTAL AMOUNT DUE (Add lines 44 and 48.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN | 49 | |
| DIRE | CT DEPOSIT OF REFUND (See Instruction 22.) Please be sure the account informa ion is correct. For Splitting Direct Deposit, se | e Form 5 | 588. |
| То со | mply with banking rules, please check here 🕨 📗 if his refund will go to an account outside the United States. If checked, see Ir | struction | n 22. |
| For th | e direct deposit option, complete the following information clearly and legibly. 50a. Type of account: C | hecking | Savings |
| 50b. | Routing Number 50c. Account | | |
| | (9-digits) number number | | |
| \ | | | |
| | Paytime telephone no. Home telephone no. | CODE | NUMBERS (3 digits per box) |
| Check | □ electronically | | payable and mail to: |
| Check | Comptroller of N | | Revenue Administration Division apolis, Maryland 21411-0001 |
| | | | ed that you include your |
| If prepa | ared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. | al Securit | y Number on check.) |
| | ▶ | | |
| | | | |
| Your s | gnature Date | | |
| | | | |
| | | | |
| Spous | e's signature Date | | |
| | Telephone number of preparer | | |
| | | | |

Form **502**

Maryland Local Tax Worksheet

2013

Name

THIRUVENDRAN VIGNARAJAH &

Taxpayer Identification Number

| 1. | Taxable net income from Form 502, line 21 | | 1 | 173,463 |
|----|---|--------|----|---------|
| 2. | Local tax rate from chart below | Howard | 2. | 0.0320 |

2.Local tax rate from chart belowHoward2.0.03203.Local income tax (Multiply line 1 by line 2.) Enter this amount on Form 502, line 293.5,551

| LOCAL TAX RATE CHART | | | | | | |
|----------------------|-------|------------------------|-------|--|--|--|
| Subdivision | Rate | Subdivision | Rate | | | |
| Baltimore City | .0320 | Harford County | .0306 | | | |
| Allegany County | .0305 | Howard County | .0320 | | | |
| Anne Arundel County | .0256 | Kent County | .0285 | | | |
| Baltimore County | .0283 | Montgomery County | .0320 | | | |
| Calvert County | .0280 | Prince George's County | .0320 | | | |
| Caroline County | .0263 | Queen Anne's County | .0320 | | | |
| Carroll County | .0305 | St. Mary's County | .0300 | | | |
| Cecil County | .0280 | Somerset County | .0315 | | | |
| Charles County | .0290 | Ta bot County | .0240 | | | |
| Dorchester County | .0262 | Washington County | .0280 | | | |
| Frederick County | .0296 | Wicomico County | .0320 | | | |
| Garrett County | .0265 | Worcester County | .0125 | | | |

Safe, accurate, Visit the IRS Web Site at www.irs.gov/efile Employee Reference Copy Wage and Tax Statement 3651625405 VQH A29009 1883 e, address, and ZIP code MAYOR AND CITY COUNCIL OF BALT 401 E FAYETTE, RM 800 BALTIMORE, MD 21202 e/f Employee's name, address, and ZIP code THIRUVENDRAN VIGNARAJAH 96068.74 11836.07 √ ity tax with 96342.34 5973.23 96342.34 1396.96 Social security tips 8 Allocated tips 11 Nonqualified plans 54.08 10115.64 126 DD 14 Other 12d 15 State Employer's state ID no. 16 State MD 03683527 96068.74 V 17 State Income tax 18 Local wages, tips, etc. 6970.48 19 Local income tax 20 Locality name

2013 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, Other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 |
|------------|--|--|-----------------------------------|
| GROSS PAY | 97,535.22 | 97,535.22 | 97,535.22 |
| Group Term | 54.08 | 54.08 | 54.08 |
| AETNA HMO | -836.68 | -836.68 | -836.68 |
| Rx DRUG | -410.28 | -410.28 | -410.28 |
| ERS CONTR | -273.60 | | |
| W-2 WAGES | 96,068.74 | 96,342.34 | 96,342.34 |

THIRUVENDRAN **VIGNARAJAH** Social Security Number Taxable Marital Status: Married Exemptions/Allowances: Federal: 2 State:

96068.74

3 Social security wages 96342.34

11836.07

4 Social security tax withheld 5973.23

0 2011 ADP. INC.

Wages, tips, other comp. 96068.74

PAGE 01 OF 01

11836.07

5973.23

1396.96

4 Social security

| 1 Wages, tips, other comp. 96068.74 | 2 Federal Income tax withheld 11836.07 | 1 Wages, tips, other comp. 96068.74 |
|---|--|--|
| 3 Social security wages 96342.34 | 4 Social security tax withheld 5973.23 | 3 Social security wages 96342.34 |
| 5 Medicare wages and tips 96342.34 | 6 Medicare tax withheld 1396.96 | 5 Medicare wages and tips 96342.34 |
| d Control number Dept. 3651625405 VQH A29008 | Corp. Employer use only 1883 | d Centrol number Dept. 3651625405 VQH A25009 |
| c Employer's name, address, MAYOR AND CITY 401 E FAYETTE, R BALTIMORE, MD | COUNCIL OF BALT M 800 | MAYOR AND CITY (401 E FAYETTE, RI BALTIMORE, MD 2 |
| b Employer's EED In number | a Employee's SSA number | b Employer's EED ID number |
| 7 Social security tips | 8 Allocated tips | 7 Social security tips |
| • | 10 Dependent care benefits | 9 |
| 11 Nonqualified plans | 12a See instructions for bex 12 C 54.08 | 11 Nonqualified plans |
| 14 Other | 12b DD 10115.64 12c 12d 13 Stal emp. Ret. plan 3rd party sick pay X | 14 Other |
| off Employee's name, address THIRUVENDRAN VIG | and ZIP code | elf Employee's name, address a THIRUVENDRAN VIG |
| 15 State Employer's state ID n MD 03683527 | o. 16 State wages, tips, etc. 96068.74 | 16 State Employer's state ID no MD 03683527 |
| 17 State income tax 6970.48 | 18 Local wages, tips, etc. | 17 State Income tax 6970.48 |
| 19 Local income tax | 20 Locality name | 19 Local income tax |
| W-2 Wage State | and Tax 2013 | W-2 Wage State |

| MAYOR AND 6 401 E FAYETT BALTIMORE, | CITY COUNC | |
|---|---------------|----------------------------------|
| b Employer's FFD ID | number a Empl | loyee's SSA number |
| 7 Social security tips | 8 Alloc | cated tips |
| g | 10 Depe | endent care benefits |
| 11 Nonqualified plans | 12a C | 54.08 |
| 14 Other | 126 DE | 10115.64 |
| | 12c | 1 |
| | 12d | 1 |
| | 13 Stat er | mp. Ret. plan 3rd party sick pay |
| eff Employee's name, a THIRUVENDRA | | IAH |
| 15 State Employer's st MD 03683527 | | I wages, tips, etc. |
| MD 03683527 | 0.48 | |
| MD 03683527 17 State Income tax | 0.48 | lity name |

| d Control number | Dept. | Corp | Employer | use only |
|---|--------|---------------|--------------|-----------------|
| 3651625405 VQH | A29009 | | | 188 |
| MAYOR AND (401 E FAYETT BALTIMORE, I | CITY C | OUNCIL 800 | | LT |
| b Employer's FED ID | number | a Employ | 422 s'a | umber |
| 7 Social security tips | | 8 Allocate | d tips | |
| 9 | | 10 Depend | ent care b | enefits |
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| | | 13 Stat emp. | Ret plan 3rd | d party sick pa |
| THIRUVENDRA | | | | etc. |
| MD 03683527 | | | 96 | 068.74 |
| | 70.48 | 18 Local w | 25.42-530 | etc. |
| 19 Local Income tax | | 20 Locality | name | |
| W-2 N | | | | 40 |

| STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 | | 2,500.00 | | | 292.78 | | |
|---|--------------------------------|---|---------------|---|--|--|--|
| | | 3 Social security wages 2,500.00 | | | 4 Social security tax withheld 155.00 | | |
| | | 2,500.00 5 Medicare wages and tips | | | 36.25 | | |
| | | 7 Social security tips | | B Allocated tips | D IN BUILDING TOX | 9 | |
| d Control number 0000001 | | 10 Dependent care henafits 12b Code | | 11 Nonqualified plans 12c Code | | 12a Code See Inst. for box 12 12d Code | |
| e Employee's name, address and ZIP code 0000001 ZA | | 13 14 | | 14 Other | | | |
| THIRUVENDRAN VIGNAR 5 State Employer's state ID number | | Statutory employee Retirement plan Third-party sick pay 17 State income tax | 18 Local | wages, tips, etc | 19 Local incom | ne tax 20 Locality name | |
| MD | 2,500.00 | 192.63 | | | | | |
| rm W-2 Wage and Tax State s information is being furnished to the Inters | ement 2013 REIS | SUED STATEME | NT | | Department of | the Treasury - Internal Revenue Sa | |
| Employee's social security number b E | imployer identification number | Copy 2 To Be F State, City, or L | | | r's | OMB No. 1545-00 | |
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| 52-6002033 S.S. # 6 | 69-0520001L | 7 Social security tips | | 8 Allocated tip | • | | |
| Control number 0000001 | | 10 Dependent care benefits 12b Code | | 11 Nonqualified plans 12c Code | | 12a Code See inst. for box 12 12d Code | |
| Employee's name, address and ZIP co | ode ZA | 13 | | 14 Other | The same | | |
| THTRUVENDRAN VIGNAR | | Statutory employee Retirement plan | H | | | | |
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| un l | 2,500.00 | 192.63 | | | | | |
| orm W-2 Wage and Tax State | | | NT | | Department of | the Treasury - Internal Revenue S | |
| The section was a second | | Residence of the last | | | | | |
| Employee's social security number D E | mployer identification number | Copy C For Em | ployee's | s Records () d to the IRS. If you imposed on you if | See Notice on B | sack of Copy "B") OMB No. 1545-0 to file a tax return, a negligence taxable and you fail to report it. | |
| Employer's name, address and ZIP co- | | | 2,500 | .00 | | 292.78 | |
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| mployee's name, address and ZIP coo 0000001 THIRIIVENDRAN VIGNARA | ZA | 13 Statutory employee Retirement plan Third-party sick pay | | 14 Other | | | |
| itate Employer's state ID number | 16 State wages, tips, etc | 17 State income tax | 18 Loca | al wases, tips, et | c 19 Local i | ncome tax 20 Locality nam | |
| | 2,500.00 | 192.63 | | A MARKET | | | |

Employee's social security number | b Employer identification number | Copy B To Be Filed With |
 Employee's FEDERAL Tax Return

OMB No 1545-0008