

Filing status:		<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married filing jointly	<input type="checkbox"/> Married filing separately	<input type="checkbox"/> Head of household	<input type="checkbox"/> Qualifying widow(er)
Your first name and initial <b>Thiruvendran</b>			Last name <b>Vignarajah</b>			Your social security number [REDACTED]
Your standard deduction:		<input type="checkbox"/> Someone can claim you as a dependent		<input type="checkbox"/> You were born before January 2, 1954		<input type="checkbox"/> You are blind
If joint return, spouse's first name and initial [REDACTED]			Last name [REDACTED]			Spouse's social security number [REDACTED]
Spouse standard deduction:		<input type="checkbox"/> Someone can claim your spouse as a dependent		<input type="checkbox"/> Spouse was born before January 2, 1954		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see instr.)
<input type="checkbox"/> Spouse is blind		<input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien				
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]					Apt. no. [REDACTED]	Presidential Election Campaign (see instr.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. [REDACTED]						If more than four dependents, see instr. and ✓ here <input type="checkbox"/>
Dependents (see instructions):			(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instr.)	
(1) First name	Last name				Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]		[REDACTED]	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation <b>Attorney</b>	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) [REDACTED]
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation [REDACTED]	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) [REDACTED]

Preparer's name	Preparer's signature	PTIN	Check if:
[REDACTED]			

**Paid Preparer Use Only**

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>169,847</b>
<b>2a</b>	Tax-exempt interest	<b>2a</b>	
<b>3a</b>	Qualified dividends	<b>3a</b>	<b>2</b>
<b>4a</b>	IRAs, pensions, and annuities	<b>4a</b>	
<b>5a</b>	Social security benefits	<b>5a</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>416,063</b>
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise subtract Schedule 1, line 36, from line 6	<b>7</b>	<b>534,182</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>44,744</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>489,438</b>
<b>11</b>	<b>a</b> Tax (see instr.) <b>122,634</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>122,634</b>
	<b>b</b> Add any amount from Schedule 2 and check here <b>u</b> <input type="checkbox"/>	<b>12</b>	<b>550</b>
<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <b>u</b> <input checked="" type="checkbox"/>	<b>13</b>	<b>122,084</b>
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	<b>30,098</b>
<b>14</b>	Other taxes. Attach Schedule 4	<b>15</b>	<b>152,182</b>
<b>15</b>	Total tax. Add lines 13 and 14	<b>16</b>	<b>33,624</b>
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	<b>80,997</b>
<b>17</b>	Refundable credits: <b>a</b> EIC (see instr.) <b>b</b> Sch 8812 <b>c</b> Form 8863	<b>18</b>	<b>114,621</b>
	Add any amount from Schedule 5 <b>80,997</b>	<b>19</b>	
<b>18</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>21</b>	<b>38,491</b>
<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <b>u</b> <input type="checkbox"/>	<b>22</b>	<b>930</b>
<b>u b</b>	Routing number <b>u c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>23</b>	
<b>u d</b>	Account number		
<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> <b>u</b> <b>21</b>		
<b>Amount You Owe</b>	<b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions <b>u</b>		
	<b>23</b> Estimated tax penalty (see instructions) <b>u</b> <b>23</b>		

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

#### Standard Deduction for –

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

#### Refund

Direct deposit?  
See instructions.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form **1040** (2018)

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► Attach to Form 1040.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. 01

Name(s) shown on Form 1040

**Thiruvendran Vignarajah &**

Your social security number

<b>Additional Income</b>	<b>1-9b</b>	Reserved	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>10</b>	
	<b>11</b>	Alimony received	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>13</b>	<b>361</b>
	<b>14</b>	Other gains or (losses). Attach Form 4797	<b>14</b>	
	<b>15a</b>	Reserved	<b>15b</b>	
	<b>16a</b>	Reserved	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	<b>399,202</b>
	<b>18</b>	Farm income or (loss). Attach Schedule F	<b>18</b>	
	<b>19</b>	Unemployment compensation	<b>19</b>	
	<b>20a</b>	Reserved	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ► <b>See Statement 1</b>	<b>21</b>	<b>16,500</b>
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	<b>22</b>	<b>416,063</b>
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>27</b>	<b>13,557</b>
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>	<b>38,850</b>
	<b>29</b>	Self-employed health insurance deduction	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ►	<b>31a</b>	
	<b>32</b>	IRA deduction	<b>32</b>	
	<b>33</b>	Student loan interest deduction	<b>33</b>	
	<b>34</b>	Reserved	<b>34</b>	
	<b>35</b>	Reserved	<b>35</b>	
	<b>36</b>	Add lines 23 through 35	<b>36</b>	<b>52,407</b>

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

(99)

Name(s) shown on return

**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.

**u** Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2018**

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.

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No  
**B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** **Stamford, CT 06902**

**B**

**C**

<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	<b>QJV</b>
<b>A</b>	<b>1</b>		<b>A 365</b>		
<b>B</b>			<b>B</b>		
<b>C</b>			<b>C</b>		

**Type of Property:**

- 1 Single Family Residence    3 Vacation/Short-Term Rental    5 Land    7 Self-Rental  
2 Multi-Family Residence    4 Commercial    6 Royalties    8 Other (describe)

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received	<b>3</b>	<b>18,808</b>		
<b>4</b> Royalties received	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>			
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	<b>5,238</b>		
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>	<b>2,007</b>		
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>	<b>2,080</b>		
<b>17</b> Utilities	<b>17</b>	<b>373</b>		
<b>18</b> Depreciation expense or depletion	<b>18</b>	<b>2,837</b>		
<b>19</b> Other (list) <b>u</b> See Statement 2	<b>19</b>	<b>3,998</b>		
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	<b>16,533</b>		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	<b>21</b>	<b>2,275</b>		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	<b>22</b>	<b>0</b>		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>	<b>18,808</b>		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>	<b>5,238</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>	<b>2,837</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>	<b>16,533</b>		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses	<b>24</b>		<b>2,275</b>	
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>			
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 total on line 41 on page 2	<b>26</b>		<b>2,275</b>	

**For Paperwork Reduction Act Notice, see the separate instructions.**

Schedule E (Form 1040) 2018

DAA



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

Your social security number

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

**Part II Income or Loss From Partnerships and S Corporations** – **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

**27** Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

<b>28</b>	(a) Name	(b) Enter <b>P</b> for partnership; <b>S</b> for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	<b>DLA Piper LLP (US)</b>	<b>P</b>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)		(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			0		396,927
B					
C					
D					
29a	Totals				396,927
b	Totals				
30	Add columns (h) and (k) of line 29a				30 396,927
31	Add columns (g), (i), and (j) of line 29b				31 0
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 396,927

**Part III Income or Loss From Estates and Trusts**

33			(a) Name	(b) Employer identification number	
A					
B					
Passive Income and Loss				Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1					
A					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a			35	
36	Add columns (c) and (e) of line 34b			36	
37	Total estate and trust income or (loss). Combine lines 35 and 36			37	

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from <b>Schedules Q</b> , line 2c (see instructions)	(d) Taxable income (net loss) from <b>Schedules Q</b> , line 1b	(e) Income from <b>Schedules Q</b> , line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	<b>41</b>	<b>399,202</b>
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your <b>gross</b> farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>	

**MARYLAND  
FORM  
502**

**RESIDENT INCOME  
TAX RETURN**

**2018**  
\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

**THIRUVENDRAN**

Your First Name \_\_\_\_\_ MI \_\_\_\_\_

**VIGNARAJAH**

Your Last Name \_\_\_\_\_ MI \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ MI \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_

Current Mailing Address Line 1 (Street No. and Street Name or PO Box) \_\_\_\_\_

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) \_\_\_\_\_

City or Town \_\_\_\_\_

State \_\_\_\_\_

ZIP Code + 4 \_\_\_\_\_

**REQUIRED:** Maryland Physical address as of December 31, 2018 or last day of the taxable year for fiscal year taxpayers.

**See Instruction 6. Part-year residents see Instruction 26.**

**0400**

4 Digit Political Subdivision Code (See Instruction 6)

**BALTIMORE CITY**

Maryland Political Subdivision (See Instruction 6)

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box) \_\_\_\_\_

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code + 4 \_\_\_\_\_

Maryland County \_\_\_\_\_

**FILING STATUS**

**CHECK ONE**

**BOX**

See Instruction 1 if you are required to file.

1. ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. ☒ Married filing joint return or spouse had no income
3. ☐ Married filing separately, Spouse SSN \_\_\_\_\_
4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

**PART-YEAR  
RESIDENT**

See Instruction 26.

**Dates of Maryland Residence (MM DD YYYY) FROM \_\_\_\_\_ TO \_\_\_\_\_**

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 exemption amount.

- A. ☒ Yourself ☒ 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. \$ \_\_\_\_\_

NAME **THIRUVENDRAN VIGNARAJAH &** SSN

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return	1.	534182	
	1a. Wages, salaries and/or tips	1a.	169847	
	1b. Earned income	1b.		
	1c. Capital Gain or (loss)	1c.	361	
	1d. 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		<input type="checkbox"/>	
<b>ADDITIONS TO INCOME</b> See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	2.		
	3. State retirement pickup	3.		
	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.		
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	7.	534182	
	<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1	8.	
9. Child and dependent care expenses		9.	1844	
10a. Pension exclusion from worksheet (13A) Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>		10a.		
10b. Pension exclusion from worksheet (13E) Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>		10b.		
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1		11.		
12. Income received during period of nonresidence (See Instruction 26.)		12.		
13. Subtractions from attached Form 502SU		13.		
14. Two-income subtraction from worksheet in Instruction 13		14.	1200	
15. Total subtractions from Maryland income (Add lines 8 through 14.)		15.	3044	
16. Maryland adjusted gross income (Subtract line 15 from line 7.)		16.	531138	
<b>DEDUCTION METHOD</b> See Instruction 16.		All taxpayers must select one method and check the appropriate box.		
		<input type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
	<input checked="" type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)			
	17a. Total federal itemized deductions (from line 17, federal Schedule A)	17a.	44744	
	17b. State and local income taxes (See Instruction 14.)	17b.		
	17. Deduction amount (Part-year residents see Instruction 26 (l and m).)	17.	44744	
<b>MARYLAND TAX COMPUTATION</b>	18. Net income (Subtract line 17 from line 16.)	18.	486394	
	19. Exemption amount from Exemptions area (See Instruction 10.)	19.		
	20. Taxable net income (Subtract line 19 from line 18.)	20.	486394	
	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	25790	
	22. Earned income credit (EIC) (See Instruction 18.)	22.		
	23. Poverty level credit (See Instruction 18.)	23.		
	24. Other income tax credits for individuals from Part AA, line 12 of Form 502CR (Attach Form 502CR.)	24.	10167	
<b>LOCAL TAX COMPUTATION</b>	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	25.	10167	
	26. Total credits (Add lines 22 through 25.)	26.	15623	
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	27.		
	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 or use the Local Tax Worksheet	28.	15565	
	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 BB, line 1 of Form 502CR (Attach Form 502CR.)	31.	2394	
	32. Total credits (Add lines 29 through 31.)	32.	2394	
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	33.	13171	
	34. Total Maryland and local tax (Add lines 27 and 33.)	34.	28794	
<b>CONTRIBUTIONS</b> See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund	35.		
	36. Contribution to Developmental Disabilities Services and Support Fund	36.		
	37. Contribution to Maryland Cancer Fund	37.		
	38. Contribution to Fair Campaign Financing Fund	38.		
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38)	39.	28794	

NAME **THIRUVENDRAN VIGNARAJAH &** SSN

	<b>40.</b> Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ <b>40.</b>	<b>13352</b>
	<b>41.</b> 2018 estimated tax payments, amount applied from 2017 return, payment made with an extension request, and <b>Form MW506NRS</b> ▶ <b>41.</b>	<b>20461</b>
	<b>42.</b> Refundable earned income credit (from worksheet in Instruction 21) ▶ <b>42.</b>	
	<b>43.</b> Refundable income tax credits from Part CC, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.) ▶ <b>43.</b>	
	<b>44.</b> Total payments and credits (Add lines 40 through 43.) ▶ <b>44.</b>	<b>33813</b>
	<b>45.</b> Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ <b>45.</b>	<b>5019</b>
	<b>46.</b> Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ <b>46.</b>	<b>4828</b>
	<b>47. Amount of overpayment TO BE APPLIED TO 2019 ESTIMATED TAX</b> ▶ <b>47.</b>	
<b>REFUND</b>	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 ▶ <b>REFUND</b> ▶ <b>48.</b>	<b>0</b>
	<b>49.</b> Interest charges from Form 502UP <b>191</b> or for late filing ▶ <b>49.</b>	<b>191</b>
<b>AMOUNT DUE</b>	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> ▶ <b>50.</b>	

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box

▶ ☐ and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

**51a.** Type of account: **u** ☐ Checking ☐ Savings

**51b.** Routing Number (9-digits) **u** **51c.** Account Number ▶

▶ Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here ☒ if you authorize your preparer to discuss this return with us. Check here **u** ☐ if you authorize your paid preparer not to file electronically. Check here ▶ ☐ if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

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

Your signature

Date

Spouse's signature

Date

For returns filed without  
payments, mail your completed  
return to:

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make  
checks payable to Comptroller of Maryland. Do not attach Form PV or check/  
money order to Form 502. Place Form PV with attached check/money order on  
TOP of Form 502 and mail to:

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

Name

Taxpayer Identification Number

**THIRUVENDRAN VIGNARAJAH &**

County name:

Taxpayer

**BALTIMORE CITY**

Spouse

1. Portion from Form 502, line 21 attr butable to each spouse .....
2. Local tax rate from chart below .....
3. Local income tax (Multiply line 1 by line 2).Enter on Form 502, line 29

1. 316,093

2. 0.0320

3. 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



**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2018**

For calendar year 2018, or tax year

beginning  ending

**Partner's Share of Income, Deductions, Credits, etc.**

► See back of form and separate instructions.

Part I Information About the Partnership																																											
<p><b>A</b> Partnership's employer identification number</p> <p><b>B</b> Partnership's name, address, city, state, and ZIP code</p> <p>DLA PIPER LLP (US) 6225 SMITH AVENUE BALTIMORE, MD 21209-3600</p> <p><b>C</b> IRS Center where partnership filed return</p> <p>OGDEN</p> <p><b>D</b> <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)</p>	<p><b>Part II Information About the Partner</b></p> <p><b>E</b> Partner's identifying number 574</p> <p><b>F</b> Partner's name, address, city, state, and ZIP code</p> <p>THIRUVENDRAN VIGNARAJAH, ESQ.</p> <p><b>G</b> <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member</p> <p><b>H</b> <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner</p> <p><b>I1</b> What type of entity is this partner? <u>INDIVIDUAL</u></p> <p><b>I2</b> If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/></p> <p><b>J</b> Partner's share of profit, loss, and capital (see instructions):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th></th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">0.044606</td> <td style="text-align: center;">%</td> <td style="text-align: right;">0.060569</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">0.044606</td> <td style="text-align: center;">%</td> <td style="text-align: right;">0.060569</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">NONE</td> <td style="text-align: center;">%</td> <td style="text-align: right;">0.008925</td> </tr> </tbody> </table> <p><b>K</b> Partner's share of liabilities:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th></th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Nonrecourse . . . . \$</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: right;">2,702.</td> </tr> <tr> <td>Qualified nonrecourse financing . . . . . \$</td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td>Recourse . . . . . \$</td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> </tbody> </table> <p><b>L</b> Partner's capital account analysis:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Beginning capital account . . . . . \$</td> <td style="text-align: right;">NONE</td> </tr> <tr> <td>Capital contributed during the year . . \$</td> <td style="text-align: right;">135,000.</td> </tr> <tr> <td>Current year increase (decrease) . . \$</td> <td style="text-align: right;">389,720.</td> </tr> <tr> <td>Withdrawals &amp; distributions . . . . . \$ (</td> <td style="text-align: right;">477,470.)</td> </tr> <tr> <td>Ending capital account . . . . . \$</td> <td style="text-align: right;">47,250.</td> </tr> </tbody> </table> <p><input type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book</p> <p><input checked="" type="checkbox"/> Other (explain) <u>BOOKS AND RECORDS</u></p> <p><b>M</b> Did the partner contribute property with a built-in gain or loss?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," attach statement (see instructions)</p>		Beginning		Ending	Profit	0.044606	%	0.060569	Loss	0.044606	%	0.060569	Capital	NONE	%	0.008925		Beginning		Ending	Nonrecourse . . . . \$		\$	2,702.	Qualified nonrecourse financing . . . . . \$		\$		Recourse . . . . . \$		\$		Beginning capital account . . . . . \$	NONE	Capital contributed during the year . . \$	135,000.	Current year increase (decrease) . . \$	389,720.	Withdrawals & distributions . . . . . \$ (	477,470.)	Ending capital account . . . . . \$	47,250.
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Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	15	Credits
	166,927.	P *	91.
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
		A	STMT
4	Guaranteed payments		
	230,000.	B *	871,529.
5	Interest income		
	584.	F *	52.
6a	Ordinary dividends		
	2.	G *	1,135.
6b	Qualified dividends		
	2.	M *	54.
6c	Dividend equivalents		
		N *	760.
7	Royalties		
		P *	9.
8	Net short-term capital gain (loss)	17	Alternative minimum tax (AMT) items
	39.	A	7.
9a	Net long-term capital gain (loss)		
	322.	B *	-48.
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	18	Tax-exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		
		C *	5,831.
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
	2,041.	A	586.
14	Self-employment earnings (loss)		
	401,357.	*	STMT
19	Distributions		
		A	477,470.
20	Other information		
*See attached statement for additional information.			
For IRS Use Only			

See separate instructions.

37	408,846
----	---------

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	<b>408,846</b>
	<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <b>39a</b>		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>		
	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	<b>65,888</b>
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	<b>342,958</b>
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	<b>2,673</b>
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	<b>340,285</b>
	<b>44</b>	Tax (see instr.). Check if any from: <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	<b>87,477</b>
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	<b>6,110</b>
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>Standard Deduction for—</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	<b>93,587</b>
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	<b>24</b>
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	<b>217</b>
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b>	Other credits from Form <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	<b>241</b>
	<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	<b>93,346</b>
<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	<b>22,277</b>
	<b>58</b>	Unreported social security and Medicare tax from Form <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	<b>1,798</b>
	<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	<b>117,421</b>
	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	<b>35,781</b>
	<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	<b>28,000</b>
<b>Payments</b> If you have a qualifying child, attach Schedule EIC.	<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>		
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	<b>53,181</b>
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b>	Credits from Form: <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	<b>116,962</b>
<b>Refund</b> Direct deposit? See instructions.	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	
	<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	
	<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number <input type="text"/>		
	<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	<b>997</b>
	<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	<b>475</b>
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	<b>16</b>
	<b>Amount You Owe</b>			
	<b>Third Party Designee</b>			

<b>Sign Here</b> Joint return? See instr. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		Daytime phone number
	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, both must sign.		Date
			If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
-------------------------------	----------------------------	----------------------	------



OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2017, ENDING \_\_\_\_\_

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 Last Name

Maryland County

**BALTIMORE CITY**

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 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code

Check here if **you** are:

☐ 65 or over ☐ Blind

Check here if **your spouse** is:

☐ 65 or over ☐ Blind

**IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX:**

☐ CARRY BACK

☐ CARRY FORWARD

**IMPORTANT NOTE:** Read the instructions and complete page 3 first. Attach copies of the federal loss year return and Form 1045, Schedules A and B. See Instruction 15.

Is this address different from the address on your original return?

☐ YES ☒ NO

Check: ☒ Full-year resident ☐ Part-year resident or ☐ Nonresident (See Instruction 14.)

If part-year resident or nonresident, enter dates you resided in Maryland \_\_\_\_\_ - \_\_\_\_\_. Any changes from the original filing must 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 ☒ NO

If yes, enter the date the return was filed \_\_\_\_\_

Is an amended federal return being filed? **If yes, submit copy.**

☒ YES ☐ NO

Has your original federal return been changed or corrected by the Internal Revenue Service? **If yes, submit copy of the IRS notice.**

☒ YES ☐ NO

**CHANGE OF FILING STATUS**

Original Amended

☐ Single  
☒ Married filing joint return or spouse had no income  
☐ Married filing separately \_\_\_\_\_  
Spouse's Social Security No.

Original Amended

☐ Head of household  
☐ Qualifying widow(er) with dependent child  
☐ Dependent taxpayer

LAST NAME **THIRUVENDRAN VIGNARAJAH** SSN [REDACTED]

	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. <u>398227</u>	<u>10619</u>	<u>408846</u>
2. Additions to income	2. _____	_____	_____
3. Total (Add lines 1 and 2.)	3. <u>398227</u>	<u>10619</u>	<u>408846</u>
4. Subtractions from income	4. <u>3617</u>	_____	<u>3617</u>
5. Total Maryland adjusted gross income (Subtract line 4 from line 3.)	5. <u>394610</u>	<u>10619</u>	<u>405229</u>
6. CHECK ONLY ONE METHOD (See Instruction 5.) <input type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> Enter 15% (See Instruction 5 for limits.) <input checked="" type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> Enter total MD itemized deductions from Part II, on page 4.	6. <u>38670</u>	<u>-173</u>	<u>38497</u>
7. Net income (Subtract line 6 from line 5.)	7. <u>355940</u>	<u>10792</u>	<u>366732</u>
8. Exemption amount (See Instruction 5.)	8. _____	_____	_____
9. Taxable net income (Subtract line 8 from line 7.)	9. <u>355940</u>	<u>10792</u>	<u>366732</u>
10. <b>Maryland tax</b> (from Tax Table or Computation Worksheet)	10. <u>18289</u>	<u>621</u>	<u>18910</u>
10a. Credits: Earned Income Credit _____ Poverty Level Credit _____ Personal Credit <u>6273</u> Business Credit _____ X X X X X X X X X X Enter total credits	10a. <u>6253</u>	<u>20</u>	<u>6273</u>
10b. Maryland tax after credits (Subtract line 10a from line 10.) If less than 0, enter 0	10b. <u>12036</u>	<u>601</u>	<u>12637</u>
11. <b>Local income tax</b> (Use rate applicable for year of return.) Multiply line 9 by . 000 (See Instruction 7.)	11. <u>11390</u>	<u>345</u>	<u>11735</u>
11a. Local credits: Earned Income Credit _____ Poverty Level Credit _____ Personal Credit <u>1233</u> Enter total credits	11a. <u>1203</u>	<u>30</u>	<u>1233</u>
11b. Local tax after credits (Subtract line 11a from line 11.) If less than 0, enter 0	11b. <u>10187</u>	<u>315</u>	<u>10502</u>
12. Total Maryland and local income tax (Add lines 10b and 11b.)	12. <u>22223</u>	<u>916</u>	<u>23139</u>
13. Contribution: A. _____ B. _____ C. _____ D. _____ Enter total contributions (See Instruction 8.)	13. _____	_____	_____
14. Total Maryland income tax, local income tax and contribution (Add lines 12 and 13.)	14. <u>22223</u>	<u>916</u>	<u>23139</u>
15. Total Maryland tax withheld	15. <u>11850</u>	<u>588</u>	<u>12438</u>
16. Estimated tax payments and payments made with Form 502E and Form MW506NRS	16. <u>11452</u>	_____	<u>11452</u>
17. Refundable earned income credit	17. _____	_____	_____
18. Nonresident tax paid by pass-through entities	18. _____	_____	_____
19. Refundable income tax credits (Attach Form 502CR and/or 502S.)	19. _____	_____	_____
20. Total payments and credits (Add lines 15 through 19.)	20. <u>23302</u>	<u>588</u>	<u>23890</u>

LAST NAME **VIGNARAJAH**

SSN [REDACTED]

21. Balance due (if line 14 is more than line 20) .....	21.	
22. Overpayment (if line 14 is less than line 20) .....	22.	<b>751</b>
23. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty.)	23.	
24. Prior overpayment (Total all refunds previously issued.) .....	24.	<b>1079</b>
25. <b>REFUND</b> (If line 21 is less than 23, subtract line 21 from 23.) (If line 24 is less than 22, subtract line 24 from 22.) (Add lines 22 and 23.) (See Instruction 10.) .....	REFUND 25.	
26. <b>BALANCE DUE</b> (If line 21 is more than 23, subtract line 23 from 21.) (Add line 21 to 24.) (If line 22 is less than 24, subtract line 22 from 24.) (See Instruction 10.) .....	26.	<b>328</b>
27. Interest and/or penalty charges on tax due and/or from Form 502UP (See Instruction 11.) .....	27.	
28. <b>TOTAL AMOUNT DUE</b> (Add line 26 and line 27.) .....	<b>PAY IN FULL WITH THIS RETURN 28.</b>	<b>328</b>

**I. INCOME AND ADJUSTMENTS TO INCOME:** You must complete the following using the amounts from your federal income tax return. If there are no changes to the amounts claimed on your original Maryland return, check here ☐ and complete Column A and line 17 of Column C.

	A. As originally reported or as previously adjusted	B. Net increase or (decrease).	C. Corrected amount.
<b>INCOME AND ADJUSTMENTS INFORMATION</b> (See Instruction 4.)			
1. Wages, salaries, tips, etc. ....	1. <b>152631</b>	<b>10000</b>	<b>162631</b>
2. Taxable interest income .....	2. <b>254</b>		<b>254</b>
3. Dividend income .....	3. <b>1</b>		<b>1</b>
4. Taxable refunds, credits or offsets of state and local income taxes .....	4. <b>1331</b>		<b>1331</b>
5. Alimony received .....	5.		
6. Business income or (loss) .....	6.		
7. Capital gain or (loss) .....	7. <b>229</b>		<b>229</b>
8. 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. <b>281660</b>		<b>281660</b>
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. <b>2000</b>		<b>2000</b>
15. Total income (Add lines 1 through 14.) .....	15. <b>438106</b>	<b>10000</b>	<b>448106</b>
16. Total adjustments to income from federal return (IRA, alimony, etc.) .....	16. <b>39879</b>	<b>-619</b>	<b>39260</b>
17. Adjusted gross income (Subtract line 16 from 15.) (Enter on page 2, in each appropriate column of line 1.)	17. <b>398227</b>	<b>10619</b>	<b>408846</b>

Name

**THIRUVENDRAN VIGNARAJAH &**

Taxpayer Identification Number

County name:

Taxpayer

**BALTIMORE CITY**

Spouse

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

1. **226,859**
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. **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

**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2017**

For calendar year 2017, or tax year

beginning

ending

**Partner's Share of Income, Deductions, Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

DLA PIPER LLP (US)  
6225 SMITH AVENUE  
BALTIMORE, MD 21209-3600

**C** IRS Center where partnership filed return

EFILE

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number 557

**F** Partner's name, address, city, state, and ZIP code

THIRUVENDRAN VIGNARAJAH, ESQ.

**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I1** What type of entity is this partner? INDIVIDUAL

**I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending	
Profit	NONE	%	0.044606	%
Loss	NONE	%	0.044606	%
Capital	NONE	%	NONE	%

**K** Partner's share of liabilities at year end:

Nonrecourse . . . . . \$  
Qualified nonrecourse financing . . . \$  
Recourse . . . . . \$

**L** Partner's capital account analysis:

Beginning capital account . . . . . \$ NONE  
Capital contributed during the year . . . \$  
Current year increase (decrease) . . . \$ 275,935.  
Withdrawals & distributions . . . . . \$ ( 275,935. )  
Ending capital account . . . . . \$

☐ Tax basis ☐ GAAP ☐ Section 704(b) book

☒ Other (explain) BOOKS AND RECORDS

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes," attach statement (see instructions)

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>15</b>	Credits
	4,135.	P*	STMT
<b>2</b>	Net rental real estate income (loss)		
*	-168.		
<b>3</b>	Other net rental income (loss)	<b>16</b>	Foreign transactions
		A	STMT
<b>4</b>	Guaranteed payments		
*	275,935.	B*	601,416.
<b>5</b>	Interest income		
	159.	D*	11.
<b>6a</b>	Ordinary dividends		
	1.	E*	76.
<b>6b</b>	Qualified dividends		
	1.	I*	167.
<b>7</b>	Royalties		
		J*	355.
<b>8</b>	Net short-term capital gain (loss)		
*	27.	L*	24.
<b>9a</b>	Net long-term capital gain (loss)	<b>17</b>	Alternative minimum tax (AMT) items
	32.	A	5.
<b>9b</b>	Collectibles (28%) gain (loss)		
		B*	-90.
<b>9c</b>	Unrecaptured section 1250 gain		
*	28.		
<b>10</b>	Net section 1231 gain (loss)		
*	170.		
<b>11</b>	Other income (loss)		
		C*	2,522.
<b>12</b>	Section 179 deduction		
		A	275,935.
<b>13</b>	Other deductions		
A*	1,609.		
		B*	134.
		R	28,121.
<b>14</b>	Self-employment earnings (loss)		
A	289,144.		
<b>19</b>	Distributions		
<b>20</b>	Other information		

\*See attached statement for additional information.

For IRS Use Only



1 Wages, tips, other compensation		2 Federal Income tax withheld	
9999.96		1094.40	
3 Social security wages		4 Social security tax withheld	
9999.96		620.00	
5 Medicare wages and tips		6 Medicare tax withheld	
9999.96		145.00	
a Employee's SSA number		Employer use only	
b [REDACTED] ID number		d Control number	
[REDACTED]		00227142	
c Employer's name, address, and ZIP code			
Johns Hopkins University 3910 Keswick Road, N4327-B Baltimore MD 21211			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Thiruvendran Vignarajah [REDACTED]			
f Employee's address and ZIP code			
15 State MD		18 Local wages, tips, etc	
16 State wage 9999.96		19 Local income tax	
17 State income tax 588.24		20 Locality name	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> Copy C for Employee's records			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
9999.96		1094.40	
3 Social security wages		4 Social security tax withheld	
9999.96		620.00	
5 Medicare wages and tips		6 Medicare tax withheld	
9999.96		145.00	
a Employee's SSA number		Employer use only	
b [REDACTED] ID number		d Control number	
[REDACTED]		00227142	
c Employer's name, address, and ZIP code			
Johns Hopkins University 3910 Keswick Road, N4327-B Baltimore MD 21211			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Thiruvendran Vignarajah [REDACTED]			
f Employee's address and ZIP code			
15 State MD		18 Local wages, tips, etc	
16 State wage 9999.96		19 Local income tax	
17 State income tax 588.24		20 Locality name	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
9999.96		1094.40	
3 Social security wages		4 Social security tax withheld	
9999.96		620.00	
5 Medicare wages and tips		6 Medicare tax withheld	
9999.96		145.00	
a Employee's SSA number		Employer use only	
b [REDACTED] ID number		d Control number	
[REDACTED]		00227142	
c Employer's name, address, and ZIP code			
Johns Hopkins University 3910 Keswick Road, N4327-B Baltimore MD 21211			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Thiruvendran Vignarajah [REDACTED]			
f Employee's address and ZIP code			
15 State MD		18 Local wages, tips, etc	
16 State wage 9999.96		19 Local income tax	
17 State income tax 588.24		20 Locality name	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
9999.96		1094.40	
3 Social security wages		4 Social security tax withheld	
9999.96		620.00	
5 Medicare wages and tips		6 Medicare tax withheld	
9999.96		145.00	
a Employee's SSA number		Employer use only	
b [REDACTED] ID number		d Control number	
[REDACTED]		00227142	
c Employer's name, address, and ZIP code			
Johns Hopkins University 3910 Keswick Road, N4327-B Baltimore MD 21211			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Thiruvendran Vignarajah [REDACTED]			
f Employee's address and ZIP code			
15 State MD		18 Local wages, tips, etc	
16 State wage 9999.96		19 Local income tax	
17 State income tax 588.24		20 Locality name	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20

See separate instructions.

Your first name and initial <b>Thiruvendran</b>		Last name <b>Vignarajah</b>		Your social security number [REDACTED]	
If a joint return, spouse's first name and initial [REDACTED]		Last name [REDACTED]		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]					
Foreign country name		Foreign province/state/county		Foreign postal code	

**Filing Status**

1 ☐ Single

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

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

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

6b ☒ Spouse

6c Dependents:

(1) First name Last name

[REDACTED] [REDACTED]

(2) Dependent's social security number

[REDACTED]

(3) Dependent's relationship to you

Son

(4) ☒ if child under age 17 qual. for child tax credit (see instr.)

☒

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

No. of children on 6c who:

- lived with you **1**
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **3**

If more than four dependents, see instructions and check here ▶ ☐

<b>Income</b>	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	248,159				
	8a	Taxable interest. Attach Schedule B if required	8a	66				
	b	Tax-exempt interest. Do not include on line 8a	8b					
	9a	Ordinary dividends. Attach Schedule B if required	9a					
	b	Qualified dividends	9b					
	10	Taxable refunds, credits, or offsets of state and local income taxes	10					
	11	Alimony received	11					
	12	Business income or (loss). Attach Schedule C or C-EZ	12					
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶	13					
	14	Other gains or (losses). Attach Form 4797	14					
<b>Adjusted Gross Income</b>	15a	IRA distributions	15a		b	Taxable amount	15b	
	16a	Pensions and annuities	16a		b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0				
	18	Farm income or (loss). Attach Schedule F	18					
	19	Unemployment compensation	19					
	20a	Social security benefits	20a		b	Taxable amount	20b	
	21	Other income. List type and amount	21	1,000				
	22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>	22	249,225				
	23	Educator expenses	23					
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24					
<b>Adjusted Gross Income</b>	25	Health savings account deduction. Attach Form 8889	25					
	26	Moving expenses. Attach Form 3903	26					
	27	Deductible part of self-employment tax. Attach Schedule SE	27					
	28	Self-employed SEP, SIMPLE, and qualified plans	28					
	29	Self-employed health insurance deduction	29					
	30	Penalty on early withdrawal of savings	30					
	31a	Alimony paid b Recipient's SSN ▶	31a					
	32	IRA deduction	32					
	33	Student loan interest deduction	33					
	34	Tuition and fees. Attach Form 8917	34					
	35	Domestic production activities deduction. Attach Form 8903	35					
	36	Add lines 23 through 35	36					
	37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b>	37	249,225				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2016)

	38	Amount from line 37 (adjusted gross income)	38	249,225
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	52,273
	41	Subtract line 40 from line 38	41	196,952
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	184,802
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	38,730
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	2,704
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	41,434
		48	Foreign tax credit. Attach Form 1116 if required	48
Other Taxes	49	Credit for child and dependent care expenses. Attach Form 2441	49	191
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	191
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	41,243
	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
Payments	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	156
	63	Add lines 56 through 62. This is your total tax	63	41,399
	64	Federal income tax withheld from Forms W-2 and 1099	64	47,117
	65	2016 estimated tax payments and amount applied from 2015 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
Refund	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	
	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	47,117
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,718
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	5,718
Amount You Owe	b	Routing number <input type="checkbox"/> <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="checkbox"/>		
	77	Amount of line 75 you want applied to your 2017 estimated tax	77	
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79	Estimated tax penalty (see instructions)	79	

Third Party Designee

[REDACTED]

Sign Here

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

Your signature

Date

Your occupation

Attorney

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name

Preparer's signature

Date

PTIN

Paid Preparer Use Only

[REDACTED]



SCHEDULE E  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

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](http://www.irs.gov/schedulee).

OMB No. 1545-0074

2016

Attachment  
Sequence No. 13

Thiruvendran Vignarajah & [REDACTED]

Your social security number [REDACTED]

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.

A

Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)

Yes

No

X

B

If "Yes," did you or will you file all required Forms 1099?

Yes

No

1a

Physical address of each property (street, city, state, ZIP code)

A [REDACTED] Stamford, CT 06902

B

C

1b

Type of Property (from list below)

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

Fair Rental Days

Personal Use Days

QJV

A 1 366

B

C

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

Properties:

A B C

3 Rents received 3 17,300

4 Royalties received 4

Expenses:

5 Advertising 5

6 Auto and travel (see instructions) 6

7 Cleaning and maintenance 7

8 Commissions 8

9 Insurance 9

10 Legal and other professional fees 10

11 Management fees 11

12 Mortgage interest paid to banks, etc. (see instructions) 12 5,691

13 Other interest 13

14 Repairs 14

15 Supplies 15

16 Taxes 16 1,766

17 Utilities 17 332

18 Depreciation expense or depletion 18 2,837

19 Other (list) ► See Statement 1 19 4,538

20 Total expenses. Add lines 5 through 19 20 15,164

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 file Form 6198 21 2,136

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 ( 2,136 )

23a Total of all amounts reported on line 3 for all rental properties 23a 17,300

23b Total of all amounts reported on line 4 for all royalty properties 23b

23c Total of all amounts reported on line 12 for all properties 23c 5,691

23d Total of all amounts reported on line 18 for all properties 23d 2,837

23e Total of all amounts reported on line 20 for all properties 23e 15,164

24 Income. Add positive amounts shown on line 21. Do not include any losses 24 2,136

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 ( 2,136 )

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 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 26 0

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2016

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2016, ENDING \_\_\_\_\_

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 Last Name

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code

**REQUIRED:** Physical address as of December 31, 2016 or last day of the taxable year for fiscal year taxpayers.

**See Instruction 6. Part-year residents see Instruction 26.**

**0400**

4 Digit Political Subdivision Code (See Instruction 6)

**BALTIMORE CITY**

Maryland Political Subdivision (See Instruction 6)

Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

**Baltimore**

City

**MD**

State

**21230**

ZIP Code

Maryland County

**FILING STATUS**

**CHECK ONE  
BOX ▶**

See Instruction 1 if you are required to file.

1. ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. ☒ Married filing joint return or spouse had no income
3. ☐ Married filing separately, Spouse SSN ▶ \_\_\_\_\_
4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

**PART-YEAR  
RESIDENT**

See Instruction 26.

**Dates of Maryland Residence (MM DD YYYY) FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

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.** ☒ **Yourself** ☒ **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. \$** \_\_\_\_\_

NAME **THIRUVENDRAN VIGNARAJAH &** SSN

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return	1.	<b>249225</b>
	1a. Wages, salaries and/or tips	1a.	<b>248159</b>
	1b. Earned income	1b.	
	1c. Capital Gain or (loss)	1c.	
	1d. Taxable Pension, IRA, Annuities (Attach Form 502R.)	1d.	
	1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,400		<input type="checkbox"/>
<b>ADDITIONS TO INCOME</b> See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	2.	
	3. State retirement pickup	3.	<b>7215</b>
	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.	<b>7215</b>
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	7.	<b>256440</b>
	<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1	8.
9. Child and dependent care expenses		9.	<b>956</b>
10. Pension exclusion from worksheet in Instruction 13		10.	
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1		11.	
12. Income received during period of nonresidence (See Instruction 26.)		12.	
13. Subtractions from attached Form 502SU		13.	
14. Two-income subtraction from worksheet in Instruction 13		14.	<b>1200</b>
15. Total subtractions from Maryland income (Add lines 8 through 14.)		15.	<b>2156</b>
16. Maryland adjusted gross income (Subtract line 15 from line 7.)		16.	<b>254284</b>
<b>DEDUCTION METHOD</b> See Instruction 16.		<b>All taxpayers must select one method and check the appropriate box.</b>	
	<input type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)		
	<input checked="" type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A)	17a.	<b>52273</b>
	17b. State and local income taxes (See Instruction 14.)	17b.	<b>19578</b>
	Subtract line 17b from line 17a and enter amount on line 17.		
	17. Deduction amount (Part-year residents see Instruction 26 (l and m).)	17.	<b>32695</b>
	18. Net income (Subtract line 17 from line 16.)	18.	<b>221589</b>
	19. Exemption amount from Exemptions area (See Instruction 10.)	19.	
	20. Taxable net income (Subtract line 19 from line 18.)	20.	<b>221589</b>
<b>MARYLAND TAX COMPUTATION</b>	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	<b>10768</b>
	22. Earned income credit (½ of federal earned income credit. See Instruction 18.)	22.	
	23. Poverty level credit (See Instruction 18.)	23.	
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.)	24.	
	25. Business tax credits	<b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	
	26. Total credits (Add lines 22 through 25.)	26.	
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	27.	<b>10768</b>
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0</b> or use the Local Tax Worksheet	28.	<b>7091</b>
	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 L, 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 than 0, enter 0. <b>SEPARATE JURISDICTIONS</b>	33.	<b>7091</b>
	34. Total Maryland and local tax (Add lines 27 and 33.)	34.	<b>17859</b>
	35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)	35.	
36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)	36.		
37. Contribution to Maryland Cancer Fund (See Instruction 20.)	37.		
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.)	38.		

NAME **THIRUVENDRAN VIGNARAJAH &** SSN

	<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.)	39.	<b>17859</b>
	<b>40. Total Maryland and local tax withheld</b> (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	40.	<b>19578</b>
	<b>41. 2016 estimated tax payments, amount applied from 2015 return, payment made with an extension request, and Form MW506NRS</b>	41.	
	<b>42. Refundable earned income credit</b> (from worksheet in Instruction 21)	42.	
	<b>43. Refundable income tax credits from Part M, line 6 of Form 502CR</b> (Attach Form 502CR. See Instruction 21.)	43.	
	<b>44. Total payments and credits</b> (Add lines 40 through 43.)	44.	<b>19578</b>
	<b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	45.	
	<b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.)	46.	<b>1719</b>
	<b>47. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX</b>	47.	
	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51	48.	<b>1719</b>
REFUND	<b>49. Interest charges from Form 502UP</b> or for late filing (See Instruction 22.) Total	49.	
AMOUNT DUE	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.)	50.	
	<b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM IND PV.</b>		

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ☐ and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

**51a. Type of account:** ☐ Checking ☐ Savings

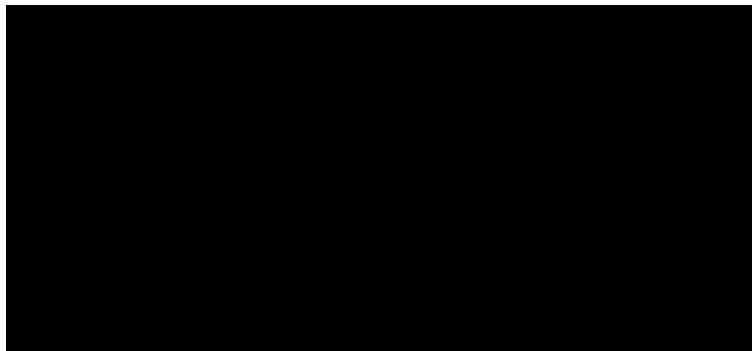
**51b. Routing Number** (9-digits) **51c. Account Number**

Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here ☒ if you authorize your preparer to discuss this return with us. Check here ☒ if you authorize your paid preparer not to file electronically. Check here ☐ if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

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

Your signature Date  
Spouse's signature Date



**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/ money order on top of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

Name

**THIRUVENDRAN VIGNARAJAH &**

Taxpayer Identification Number

County name:

Taxpayer

**BALTIMORE CITY**

Spouse

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

1. **87,008**

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. **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

<b>a</b> Control number 0014071		<b>b</b> Employer identification number ✓ [REDACTED]		OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code <b>STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396</b> [REDACTED]		<b>Copy B To Be Filed With Employee's FEDERAL Tax Return</b>			
		1 Wages, tips, other compensation ✓ 100,795.16		2 Federal income tax withheld ✓ 15,008.76	
		3 Social security wages ✓ 108,009.68		4 Social security tax withheld ✓ 6,696.60	
		5 Medicare wages and tips ✓ 108,009.68		6 Medicare tax withheld ✓ 1,566.14	
		7 Social security tips		8 Allocated tips	
<b>d</b> Employee's social security number [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
<b>e</b> Employee's name, address, and ZIP code <b>THIRUVENDRAN VIGNARAJAH</b> [REDACTED]		12b Code		12c Code	
		13		14 Other	
		Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		STPICKUP ✓ 7,214.52	
		12d Code			
15 State Employer's state ID number		16 State wages, tips, etc. ✓ 100,795.16		17 State income tax ✓ 8,065.30	
MD [REDACTED]					
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

**Form W-2 Wage and Tax Statement 2016** **REISSUED STATEMENT** Department of the Treasury – Internal Revenue Service  
This information is being furnished to the Internal Revenue Service.

<b>a</b> Control number 0014071		<b>b</b> Employer identification number [REDACTED]		OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code <b>STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396</b> [REDACTED]		<b>Copy 2 To Be Filed With Employee's State, City, or Local Tax Return</b>			
		1 Wages, tips, other compensation 100,795.16		2 Federal income tax withheld 15,008.76	
		3 Social security wages 108,009.68		4 Social security tax withheld 6,696.60	
		5 Medicare wages and tips 108,009.68		6 Medicare tax withheld 1,566.14	
		7 Social security tips		8 Allocated tips	
<b>d</b> Employee's social security number [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
<b>e</b> Employee's name, address, and ZIP code <b>THIRUVENDRAN VIGNARAJAH</b> [REDACTED]		12b Code		12c Code	
		13		14 Other	
		Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		STPICKUP 7,214.52	
		12d Code			
15 State Employer's state ID number		16 State wages, tips, etc. 100,795.16		17 State income tax 8,065.30	
MD [REDACTED]					
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

**Form W-2 Wage and Tax Statement 2016** **REISSUED STATEMENT** Department of the Treasury – Internal Revenue Service

<b>a</b> Control number 0014071		<b>b</b> Employer identification number [REDACTED]		OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code <b>STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 52-6002033 S.S.# 69-0520001L</b>		<b>Copy C For Employee's Record</b> (See Notice on Back of Copy "B") <small>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.</small>			
		1 Wages, tips, other compensation 100,795.16		2 Federal income tax withheld 15,008.76	
		3 Social security wages 108,009.68		4 Social security tax withheld 6,696.60	
		5 Medicare wages and tips 108,009.68		6 Medicare tax withheld 1,566.14	
		7 Social security tips		8 Allocated tips	
<b>d</b> Employee's social security number [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
<b>e</b> Employee's name, address, and ZIP code <b>THIRUVENDRAN VIGNARAJAH</b> [REDACTED]		12b Code		12c Code	
		13		14 Other	
		Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		STPICKUP 7,214.52	
		12d Code			
15 State Employer's state ID number		16 State wages, tips, etc. 100,795.16		17 State income tax 8,065.30	
MD [REDACTED]					
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

**Form W-2 Wage and Tax Statement 2016** **REISSUED STATEMENT** Department of the Treasury – Internal Revenue Service

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20

See separate instructions.

Your first name and initial  
**Thiruvendran**

Last name  
**Vignarajah**

Your social security number  
[REDACTED]

If a joint return, spouse's first name and initial  
[REDACTED]

Last name  
[REDACTED]

Spouse's social security number  
[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.  
[REDACTED]

Apt. no.  
[REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
[REDACTED]

Foreign country name  
[REDACTED]

Foreign province/state/county  
[REDACTED]

Foreign postal code  
[REDACTED]

▲ Make sure the SSN(s) above and on line 6c are correct.

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
☐ You ☐ Spouse

**Filing Status**

1 ☐ Single

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

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

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

**Exemptions**

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

b ☒ Spouse

c Dependents:

(1) First name Last name

[REDACTED] [REDACTED]

(2) Dependent's social security number [REDACTED]

(3) Dependent's relationship to you **Son**

(4) ☒ if child under age 17 qual. for child tax credit (see instr.)

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

No. of children on 6c who:  
• lived with you **1**  
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **3**

d Total number of exemptions claimed

**Income**

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

8a Taxable interest. Attach Schedule B if required

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

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b

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

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Taxable amount

16a Pensions and annuities

16b Taxable amount

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income**

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

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

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

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

7 **281,823**

8a **28**

9a

10 **1,167**

11

12

13

14

15b **0**

16b

17 **0**

18

19

20b

21

22 **283,018**

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37 **283,018**



	38	Amount from line 37 (adjusted gross income)	38	283,018
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	59,173
	41	Subtract line 40 from line 38	41	223,845
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	12,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	211,845
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	46,368
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	5,342
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	51,710
	Other Taxes	48	Foreign tax credit. Attach Form 1116 if required	48
49		Credit for child and dependent care expenses. Attach Form 2441	49	211
50		Education credits from Form 8863, line 19	50	
51		Retirement savings contributions credit. Attach Form 8880	51	
52		Child tax credit. Attach Schedule 8812, if required	52	
53		Residential energy credits. Attach Form 5695	53	
54		Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55		Add lines 48 through 54. These are your total credits	55	211
56		Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	51,499
57		Self-employment tax. Attach Schedule SE	57	
Payments	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8869 b <input checked="" type="checkbox"/> Form 8860 c <input type="checkbox"/> Instructions; enter code(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 and 1099	64	46,165
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
Refund	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
	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	
	71	Excess social security and tier 1 RRTA tax withheld	71	1,587
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	47,752
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
Amount You Owe	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
	77	Amount of line 75 you want applied to your 2016 estimated tax	77	
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	4,160
	79	Estimated tax penalty (see instructions)	79	

Third Party Designee

[REDACTED]

Sign Here

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

Your signature

Date

Your occupation

Attorney

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Daytime phone number

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date



SCHEDULE E  
(Form 1040)

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](http://www.irs.gov/schedulee).

OMB No. 1545-0074  
**2015**  
Attachment Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return  
**Thiruvendran Vignarajah &**

Your social security number

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.

A

Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)

Yes

☒

No

B

If "Yes," did you or will you file all required Forms 1099?

Yes

☐

No

1a

Physical address of each property (street, city, state, ZIP code)

A

**Stamford, CT 06902**

B

C

1b

Type of Property (from list below)

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

A

**1**

A

**365**

B

C

QJV

☐

☐

☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental  
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

Properties:

A

B

C

3 Rents received

3

16,100

4 Royalties received

4

Expenses:

5 Advertising

5

6 Auto and travel (see instructions)

6

319

7 Cleaning and maintenance

7

8 Commissions

8

9 Insurance

9

10 Legal and other professional fees

10

11 Management fees

11

12 Mortgage interest paid to banks, etc. (see instructions)

12

5,894

13 Other interest

13

14 Repairs

14

3,874

15 Supplies

15

16 Taxes

16

1,717

17 Utilities

17

18 Depreciation expense or depletion

18

2,836

19 Other (list) ▶ See Statement 1

19

4,558

20 Total expenses. Add lines 5 through 19

20

19,198

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 file Form 6198

21

-3,098

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

22

0

23a Total of all amounts reported on line 3 for all rental properties

23a

16,100

b Total of all amounts reported on line 4 for all royalty properties

23b

c Total of all amounts reported on line 12 for all properties

23c

5,894

d Total of all amounts reported on line 18 for all properties

23d

2,836

e Total of all amounts reported on line 20 for all properties

23e

19,198

24 Income. Add positive amounts shown on line 21. Do not include any losses

24

0

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 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

26

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2015, ENDING \_\_\_\_\_

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 Last Name

Current Mailing Address (PO Box, number, street and apt. no)

City or Town

State

ZIP Code

**FILING STATUS**  
**CHECK ONE BOX** ▶  
See Instruction 1  
if you are required  
to file.

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Single (If you can be claimed on another person's tax return, use Filing Status 6.) | 4. <input type="checkbox"/> Head of household  |
| 2. <input checked="" type="checkbox"/> Married filing joint return or spouse had no income                      | 5. <input type="checkbox"/> Qualifying widow(er) with dependent child                              |
| 3. <input type="checkbox"/> Married filing separately, Spouse SSN ▶   | 6. <input type="checkbox"/> Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.) |

**PART-YEAR  
RESIDENT**

See Instruction 26.

**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. \_\_\_\_\_ **v****MILITARY:** If you or your spouse has **non-Maryland** military income, place an **M** in the box. \_\_\_\_\_ **v**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.** ☒ Yourself ☒ 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.** \$ \_\_\_\_\_

**INCOME**

See Instruction 11.

1. Adjusted gross income from your federal return ▶ 1. **283018**
- 1a. Wages, salaries and/or tips ▶ 1a. **281823**
- 1b. Earned income ▶ 1b. \_\_\_\_\_
- 1c. Capital Gain or (loss) ▶ 1c. \_\_\_\_\_
- 1d. Taxable Pension, IRA, Annuities ▶ 1d. \_\_\_\_\_

**1e. Check here if the amount of your investment income is more than \$3,400.** \_\_\_\_\_ **v****ADDITIONS  
TO INCOME**

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2. \_\_\_\_\_
3. State retirement pickup ▶ 3. **8852**
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. **8852**
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ▶ 7. **291870**

NAME **THIRUVENDRAN VIGNARAJAH &** SSN

<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8.	Taxable refunds, credits or offsets of state and local income taxes included in line 1	▶ 8.	<b>1167</b>
	9.	Child and dependent care expenses	▶ 9.	<b>1053</b>
	10.	Pension exclusion from worksheet in Instruction 13	▶ 10.	
	11.	Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1	▶ 11.	
	12.	Income received during period of nonresidence (See Instruction 26.)	▶ 12.	
	13.	Subtractions from attached Form 502SU <b>▶ BB</b>	▶ 13.	<b>1704</b>
	14.	Two-income subtraction from worksheet in Instruction 13	▶ 14.	<b>1200</b>
	15.	Total subtractions from Maryland income (Add lines 8 through 14.)	▶ 15.	<b>5124</b>
	16.	Maryland adjusted gross income (Subtract line 15 from line 7.)	16.	<b>286746</b>
<b>DEDUCTION METHOD</b> See Instruction 16.	<b>All taxpayers must select one method and check the appropriate box.</b>			
	<input type="checkbox"/>	<b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)		
	<input checked="" type="checkbox"/>	<b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)		
	17a.	Total federal itemized deductions (from line 29, federal Schedule A)	▶ 17a.	<b>59173</b>
	17b.	State and local income taxes (See Instruction 14.)	▶ 17b.	<b>22468</b>
	Subtract line 17b from line 17a and enter amount on line 17.			
	17.	Deduction amount (Part-year residents see Instruction 26 (l and m).)	▶ 17.	<b>36705</b>
	18.	Net income (Subtract line 17 from line 16.)	18.	<b>250041</b>
	19.	Exemption amount from Exemptions area (See Instruction 10.)	19.	
	20.	Taxable net income (Subtract line 19 from line 18.)	20.	<b>250041</b>
<b>MARYLAND TAX COMPUTATION</b>	21.	<b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II)	21.	<b>12325</b>
	22.	Earned income credit (½ of federal earned income credit. See Instruction 18.)	▶ 22.	
	23.	Poverty level credit (See Instruction 18.)	▶ 23.	
	24.	Other income tax credits for individuals from Part J, line 10 of Form 502CR (Attach Form 502CR.)	24.	
	25.	Business tax credits <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	25.	
	26.	Total credits (Add lines 22 through 25.)	26.	
	27.	Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	27.	<b>12325</b>
<b>LOCAL TAX COMPUTATION</b>	28.	Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0</b> or use the Local Tax Worksheet.	28.	<b>8001</b>
	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 than 0, enter 0. <b>SEPARATE JURISDICTIONS</b>	33.	<b>8001</b>
	34.	Total Maryland and local tax (Add lines 27 and 33.)	34.	<b>20326</b>
	35.	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)	▶ 35.	
	36.	Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)	▶ 36.	
	37.	Contribution to Maryland Cancer Fund (See Instruction 20.)	▶ 37.	
	38.	Contribution to Fair Campaign Financing Fund (See Instruction 20.)	▶ 38.	
	39.	<b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.)	39.	<b>20326</b>
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	▶ 40.	<b>22367</b>
	41.	2015 estimated tax payments, amount applied from 2014 return, payment made with an extension request, and <b>Form MW506NRS</b>	▶ 41.	
	42.	Refundable earned income credit (from worksheet in Instruction 21)	▶ 42.	
	43.	Refundable income tax credits from Part L, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.)	43.	
44.	Total payments and credits (Add lines 40 through 43.)	44.	<b>22367</b>	

NAME **THIRUVENDRAN VIGNARAJAH &** SSN

	<b>45.</b> Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45.	
	<b>46.</b> Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.	<b>2041</b>
<b>REFUND</b>	<b>47. Amount of overpayment TO BE APPLIED TO 2016 ESTIMATED TAX</b> ▶ 47.	
	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 <b>REFUND</b> ▶ 48.	<b>2041</b>
	<b>49.</b> Interest charges from Form 502UP or for late filing (See Instruction 22.) Total ▶ 49.	
<b>AMOUNT DUE</b>	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN</b> 50.	

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ☐ and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

**51a.** Type of account: ☐ Checking ☐ Savings

**51b.** Routing Number (9-digits) ▶ **51c.** Account Number ▶

▶ Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here ☒ if you authorize your preparer to discuss this return with us. Check here ☒ if you authorize your paid preparer not to file electronically. Check here ☐ if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Make checks payable to and mail to:  
**Comptroller of Maryland**  
**Revenue Administration Division**  
**110 Carroll Street**  
**Annapolis, Maryland 21411-0001**

**It is recommended that you include your Social Security Number on check.**

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

Your signature Date

Spouse's signature Date

Name

**THIRUVENDRAN VIGNARAJAH &**

Taxpayer Identification Number

County name:

Taxpayer

**BALTIMORE CITY**

Spouse

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

1. **121,451**

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



Safe, accurate, FAST! Use **IRS e-file** Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)  
Employee Reference Copy  
**W-2 Wage and Tax Statement 2015**  
Copy C for employee's records.OMB No. 1545-0048  
d Control number 3651625405 VQH Dept. A29009 Corp. Employer use only 1852

c Employer's name, 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  
[REDACTED]

b Employer's FED ID number [REDACTED] a Employer's SSA number [REDACTED]  
1 Wages, tips, other comp. 25301.70 2 Federal income tax withheld 5194.11  
3 Social security wages 25597.35 4 Social security tax withheld 1587.04  
5 Medicare wages and tips 25597.35 6 Medicare tax withheld 371.16  
7 Social security tips [REDACTED] 8 Allocated tips [REDACTED]  
9 [REDACTED] 10 Dependent care benefits [REDACTED]  
11 Nonqualified plans 12a See instructions for box 12 C 6.24  
12b DD 1250.30  
12c [REDACTED]  
12d [REDACTED]  
13 Stat emp./Ret. plan/3rd party sick pay X  
15 State Employer's state ID no. MD [REDACTED] 16 State wages, tips, etc. 25301.70  
17 State income tax 2100.40 18 Local wages, tips, etc. [REDACTED]  
19 Local income tax [REDACTED] 20 Locality name [REDACTED]

## 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	25,801.50	25,801.50
Group Term	6.24	6.24	6.24
AETNA HMO	-145.44	-145.44	-145.44
Rx DRUG	-64.95	-64.95	-64.95
ERS CONTR	-295.65		

W-2 WAGES 25,301.70 25,597.35 25,597.35

THIRUVENDRAN VIGNARAJAH  
[REDACTED]

Social Security Number: [REDACTED]  
Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 2  
State: 2  
Local: 0



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Fold and Detach Here

PAGE 01 OF 01

1 Wages, tips, other comp. 25301.70 2 Federal income tax withheld 5194.11  
3 Social security wages 25597.35 4 Social security tax withheld 1587.04  
5 Medicare wages and tips 25597.35 6 Medicare tax withheld 371.16  
d Control number 3651625405 VQH Dept. A29009 Corp. Employer use only 1852  
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 number [REDACTED] a Employer's SSA number [REDACTED]  
7 Social security tips [REDACTED] 8 Allocated tips [REDACTED]  
9 [REDACTED] 10 Dependent care benefits [REDACTED]  
11 Nonqualified plans 12a See instructions for box 12 C 6.24  
12b DD 1250.30  
12c [REDACTED]  
12d [REDACTED]  
13 Stat emp./Ret. plan/3rd party sick pay X  
e/f Employee's name, address and ZIP code  
THIRUVENDRAN VIGNARAJAH  
[REDACTED]  
15 State Employer's state ID no. MD [REDACTED] 16 State wages, tips, etc. 25301.70  
17 State income tax 2100.40 18 Local wages, tips, etc. [REDACTED]  
19 Local income tax [REDACTED] 20 Locality name [REDACTED]

Federal Filing Copy  
**W-2 Wage and Tax Statement 2015**  
Copy B to be filed with employee's Federal Income Tax Return.OMB No. 1545-0048

1 Wages, tips, other comp. 25301.70 2 Federal income tax withheld 5194.11  
3 Social security wages 25597.35 4 Social security tax withheld 1587.04  
5 Medicare wages and tips 25597.35 6 Medicare tax withheld 371.16  
d Control number 3651625405 VQH Dept. A29009 Corp. Employer use only 1852  
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 number [REDACTED] a Employer's SSA number [REDACTED]  
7 Social security tips [REDACTED] 8 Allocated tips [REDACTED]  
9 [REDACTED] 10 Dependent care benefits [REDACTED]  
11 Nonqualified plans 12a See instructions for box 12 C 6.24  
12b DD 1250.30  
12c [REDACTED]  
12d [REDACTED]  
13 Stat emp./Ret. plan/3rd party sick pay X  
e/f Employee's name, address and ZIP code  
THIRUVENDRAN VIGNARAJAH  
[REDACTED]  
15 State Employer's state ID no. MD [REDACTED] 16 State wages, tips, etc. 25301.70  
17 State income tax 2100.40 18 Local wages, tips, etc. [REDACTED]  
19 Local income tax [REDACTED] 20 Locality name [REDACTED]

MD. State Reference Copy  
**W-2 Wage and Tax Statement 2015**  
Copy 2 to be filed with employee's State Income Tax Return.OMB No. 1545-0048

1 Wages, tips, other comp. 25301.70 2 Federal income tax withheld 5194.11  
3 Social security wages 25597.35 4 Social security tax withheld 1587.04  
5 Medicare wages and tips 25597.35 6 Medicare tax withheld 371.16  
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BALTIMORE, MD 21202  
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11 Nonqualified plans 12a See instructions for box 12 C 6.24  
12b DD 1250.30  
12c [REDACTED]  
12d [REDACTED]  
13 Stat emp./Ret. plan/3rd party sick pay X  
e/f Employee's name, address and ZIP code  
THIRUVENDRAN VIGNARAJAH  
[REDACTED]  
15 State Employer's state ID no. MD [REDACTED] 16 State wages, tips, etc. 25301.70  
17 State income tax 2100.40 18 Local wages, tips, etc. [REDACTED]  
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MD. State Filing Copy  
**W-2 Wage and Tax Statement 2015**  
Copy 2 to be filed with employee's State Income Tax Return.OMB No. 1545-0048



a Employee's social security number [REDACTED]		b Employer identification number [REDACTED]		Copy B To Be Filed With Employee's FEDERAL Tax Return		OMB No 1545-0008	
c Employer's name, address and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 [REDACTED]				115,962.42		17,394.30	
				1 Wages, tips, other compensation		2 Federal income tax withheld	
				3 Social security wages 118,500.00		4 Social security tax withheld 7,347.00	
				5 Medicare wages and tips 124,814.82		6 Medicare tax withheld 1,809.81	
				7 Social security tips		8 Allocated tips	
d Control number 0014360				10 Dependent care benefits		11 Nonqualified plans DD 5,745.96	
e Employee's name, address and ZIP code 0014360 CG THIRUVENDRAN VIGNARAJAH [REDACTED]				12b Code		12c Code	
				13		14 Other STPICKUP 8,852.40	
				Statutory employee Retirement plan Third-party sick pay		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
MD [REDACTED]		115,962.42		9,306.25			

Form W-2 Wage and Tax Statement 2015  
This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		b Employer identification number [REDACTED]		Copy 2 To Be Filed With Employee's State, City, or Local Tax Return		OMB No 1545-0008	
c Employer's name, address and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 52-6002033 S.S. # 69-0520001L				115,962.42		17,394.30	
				1 Wages, tips, other compensation		2 Federal income tax withheld	
				3 Social security wages 118,500.00		4 Social security tax withheld 7,347.00	
				5 Medicare wages and tips 124,814.82		6 Medicare tax withheld 1,809.81	
				7 Social security tips		8 Allocated tips	
d Control number 0014360				10 Dependent care benefits		11 Nonqualified plans DD 5,745.96	
e Employee's name, address and ZIP code 0014360 CG THIRUVENDRAN VIGNARAJAH [REDACTED]				12b Code		12c Code	
				13		14 Other STPICKUP 8,852.40	
				Statutory employee Retirement plan Third-party sick pay		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
MD [REDACTED]		115,962.42		9,306.25			

Form W-2 Wage and Tax Statement 2015

Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		b Employer identification number [REDACTED]		Copy C For Employee's Records (See Notice on Back of Copy "B")		OMB No 1545-0008	
c Employer's name, address and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 [REDACTED]				115,962.42		17,394.30	
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e Employee's name, address and ZIP code 0014360 CG THIRUVENDRAN VIGNARAJAH [REDACTED]				12b Code		12c Code	
				13		14 Other STPICKUP 8,852.40	
				Statutory employee Retirement plan Third-party sick pay		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
MD [REDACTED]		115,962.42		9,306.25			

Form W-2 Wage and Tax Statement 2015

Department of the Treasury - Internal Revenue Service

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014, ending , 20

See separate instructions.

Your first name and initial  
**Thiruvendran**

Last name  
**Vignarajah**

Your social security number  
[REDACTED]

If a joint return, spouse's first name and initial  
[REDACTED]

Last name  
[REDACTED]

Spouse's social security number  
[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.  
[REDACTED]

Apt. no.  
[REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
[REDACTED]

Foreign country name  
[REDACTED]

Foreign province/state/county  
[REDACTED]

Foreign postal code  
[REDACTED]

▲ Make sure the SSN(s) above and on line 6c are correct.

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
☐ You ☐ Spouse

**Filing Status**

1 ☐ Single

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

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

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

**Exemptions**

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

b ☒ Spouse

c Dependents:

(1) First name Last name

[REDACTED] [REDACTED]

(2) Dependent's social security number [REDACTED]

(3) Dependent's relationship to you Son

(4) ☒ if child under age 17 qual. for child tax credit (see instr.)

Boxes checked on 6a and 6b 2

No. of children on 6c who:  
• lived with you 1  
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 3

d Total number of exemptions claimed

**Income**

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

8a Taxable interest. Attach Schedule B if required

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

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b

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

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Taxable amount

16a Pensions and annuities

16b Taxable amount

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

7 239,728

8a 13

9a

10 4,193

11

12

13

14

15b 0

16b

17

18

19

20b

21

22 243,934

**Adjusted Gross Income**

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

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

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

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

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37 243,934





SCHEDULE E  
(Form 1040)

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](http://www.irs.gov/schedulee).

OMB No. 1545-0074  
**2014**  
Attachment Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return  
**Thiruvendran Vignarajah &**

Your social security number

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.

A

Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)

Yes

☒

No

B

If "Yes," did you or will you file all required Forms 1099?

Yes

☐

No

1a

Physical address of each property (street, city, state, ZIP code)

A

**Stamford, CT 06902**

B

**Baltimore, MD 21230**

C

1b

Type of Property (from list below)

2

For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

A

**1**

B

**1**

C

A

Fair Rental Days

**365**

B

Fair Rental Days

**365**

C

Fair Rental Days

A

Personal Use Days

B

Personal Use Days

C

Personal Use Days

A

QJV

☐

B

QJV

☐

C

QJV

☐

Type of Property:

1 Single Family Residence

3 Vacation/Short-Term Rental

5 Land

7 Self-Rental

2 Multi-Family Residence

4 Commercial

6 Royalties

8 Other (describe)

Income:

Properties:

A

B

C

3

Rents received

3

15,600

8,800

4

Royalties received

4

Expenses:

5

Advertising

5

6

Auto and travel (see instructions)

6

7

Cleaning and maintenance

7

8

Commissions

8

9

Insurance

9

10

Legal and other professional fees

10

11

Management fees

11

12

Mortgage interest paid to banks, etc. (see instructions)

12

6,083

3,769

13

Other interest

13

14

Repairs

14

1,407

15

Supplies

15

16

Taxes

16

1,673

17

Utilities

17

18

Depreciation expense or depletion

18

2,837

13,520

19

Other (list) ▶ See Statement 1,2

19

4,540

4,988

20

Total expenses. Add lines 5 through 19

20

16,540

22,277

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 file Form 6198

21

-940

-13,477

22

Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

22

0

0

23a

Total of all amounts reported on line 3 for all rental properties

23a

24,400

b

Total of all amounts reported on line 4 for all royalty properties

23b

c

Total of all amounts reported on line 12 for all properties

23c

9,852

d

Total of all amounts reported on line 18 for all properties

23d

16,357

e

Total of all amounts reported on line 20 for all properties

23e

38,817

24

Income. Add positive amounts shown on line 21. Do not include any losses

24

0

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 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

26

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2014

MARYLAND  
FORM  
**502** RESIDENT INCOME  
TAX RETURN

2014  
\$

OR FISCAL YEAR BEGINNING

2014, END NG

Social Security Number		Spouse's Social Security Number	
[REDACTED]		[REDACTED]	
Your First Name	Initial	Last Name	
THIRUVENDRAN		VIGNARAJAH	

City, Town or Taxing Area

**FILING STATUS** See Instruction 1 to determine if you are required to file. **CHECK ONE BOX** ▶

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Single (If you can be claimed on another person's tax return, use Filing Status 6.) | 5. <input type="checkbox"/> Qualifying widow(er) with dependent child                              |
| 2. <input checked="" type="checkbox"/> Married filing joint return or spouse had no income                      | 6. <input type="checkbox"/> Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.) |
| 3. <input type="checkbox"/> Married filing separately ▶ _____   |  |
| 4. <input type="checkbox"/> Head of household   | Spouse's Social Security Number _____  |

**PART-YEAR RESIDENT**

See Instruction 26.  
If you began or ended legal residence in Maryland in 2014 place a **P** in the box.

▶  Place an **M** or **P** in this box.

**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. <input checked="" type="checkbox"/> Yourself    | <input checked="" type="checkbox"/> Spouse | Enter number checked | <input type="text" value="2"/> | See Instruction 10 | A. \$ _____ |
| B. <input type="checkbox"/> 65 or over             | <input type="checkbox"/> 65 or over        | Enter number checked | <input type="text" value=""/>  | X \$1,000          | B. \$ _____ |
| <input type="checkbox"/> Blind                     | <input type="checkbox"/> Blind             |                      |                                |                    |             |
| C. Enter number from line 3 of Dependent Form 502B |  |                      | <input type="text" value="1"/> | See Instruction 10 | C. \$ _____ |
| D. Enter Total Exemptions (Add A, B and C.)        |  |                      | <input type="text" value="3"/> | Total Amount       | D. \$ _____ |

**Dates of Maryland Residence**

MO DAY YEAR

FROM \_\_\_\_\_

TO \_\_\_\_\_

Other state of residence: \_\_\_\_\_

**MILITARY** If you or your spouse has non-Maryland military income, place an **M** in the box. (See Instruction 26.)

Enter amount here: \_\_\_\_\_

<b>INCOME</b> (See Instruction 11.)	1. Adjusted gross income from your federal return	▶ 1.	<u>243934</u>
	1a. Wages, salaries and/or tips	▶ 1a.	<u>239728</u>
	1b. Earned income	▶ 1b.	_____
	1c. Capital Gain or (loss)	▶ 1c.	_____
	1d. Taxable Pension, IRA, Annuities	▶ 1d.	_____

1e. Check here if the amount of your investment income is more than \$3,350

▶

<b>ADDITIONS TO INCOME</b> (See Instruction 12.)	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	▶ 2.	_____
	3. State retirement pickup	▶ 3.	_____
	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.	_____
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	▶ 7.	<u>243934</u>

<b>SUBTRACTIONS FROM INCOME</b> (See Instruction 13.)	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above	▶ 8.	<u>4193</u>
	9. Child and dependent care expenses	▶ 9.	_____
	10. Pension exclusion from worksheet in Instruction 13	▶ 10.	_____
	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above	▶ 11.	_____
	12. Income received during period of nonresidence (See Instruction 26.)	▶ 12.	_____
	13. Subtractions from attached Form 502SU	▶ 13.	_____
	14. Two-income subtraction from worksheet in Instruction 13	▶ 14.	<u>1200</u>
	15. Total subtractions from Maryland income (Add lines 8 through 14.)	▶ 15.	<u>5393</u>
16. Maryland adjusted gross income (Subtract line 15 from line 7.)	▶ 16.	<u>238541</u>	

**DEDUCTION METHOD**  
(See Instruction 16.)

(All taxpayers must select one method and check the appropriate box.)

**STANDARD DEDUCTION METHOD** (Enter amount on line 17)

**ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

- |  |        |              |
|--|--------|--------------|
| 17a. Total federal itemized deductions (from line 29, federal Schedule A)  | ▶ 17a. | <u>47335</u> |
| 17b. State and local income taxes (See Instruction 14)<br>Subtract line 17b from line 17a and enter amount on line 17. | ▶ 17b. | <u>18165</u> |

- |  |       |               |
|--|-------|---------------|
| 17. Deduction amount (Part-year residents see Instruction 26 (l and m).) | ▶ 17. | <u>29170</u>  |
| 18. Net income (Subtract line 17 from line 16.)                          | ▶ 18. | <u>209371</u> |
| 19. Exemption amount from Exemptions area above (See Instruction 10.)    | ▶ 19. | _____         |
| 20. Taxable net income (Subtract line 19 from line 18.)                  | ▶ 20. | <u>209371</u> |

NAME **THIRUVENDRAN VIGNARAJAH &**

SSN

**MARYLAND 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.	<b>209371</b>
22.	<b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II)	22.	<b>10127</b>
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	26.	
27.	Total credits (Add lines 23 through 26.)	27.	
28.	<b>Maryland tax</b> after credits (Subtract line 27 from line 22.) If less than 0, enter 0.	28.	<b>10127</b>

**You must file this form electronically to claim business tax credits on Form 500CR.**

**LOCAL TAX COMPUTATION**

29.	Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 21 by your local tax rate .0320</b> or use the Local Tax Worksheet	29.	<b>6700</b>
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.	<b>Local tax</b> after credits (Subtract line 32 from line 29.) If less than 0, enter 0	33.	<b>6700</b>
34.	Total Maryland and local tax (Add lines 28 and 33.)	34.	<b>16827</b>
35.	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)	35.	
36.	Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)	36.	
37.	Contribution to Maryland Cancer Fund (See Instruction 20.)	37.	
38.	<b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 37.)	38.	<b>16827</b>
39.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	39.	<b>18158</b>
40.	2014 estimated tax payments, amount applied from 2013 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.	<b>18158</b>
44.	Balance due (If line 38 is more than line 43, subtract line 43 from line 38. See Instruction 22.)	44.	
45.	Overpayment (If line 38 is less than line 43, subtract line 38 from line 43.)	45.	<b>1331</b>
46.	Amount of overpayment <b>TO BE APPLIED TO 2015 ESTIMATED TAX</b>	46.	
47.	Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 46 from line 45.) See line 50	47.	<b>1331</b>
48.	Interest charges from Form 502UP or for late filing (See Instr. 22.) Total	48.	
49.	<b>TOTAL AMOUNT DUE</b> (Add lines 44 and 48.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN</b>	49.	

**REFUND**

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. To comply with banking rules, check here ☐ if this refund will go to an account outside the United States. If checked, see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

**50a.** Type of account: ☐ Checking ☐ Savings

**50b.** Routing Number (9-digits)

**50c.** Account Number

Daytime telephone no.

Home telephone no.

CODE NUMBERS (3 digits per box)

Check here ☒ if you authorize your preparer to discuss this return with us. Check here ☒ if you authorize your paid preparer not to file electronically. Check here ☐ if you agree to receive your 1099G Income Tax Refund statement electronically.

Make checks payable and mail to:  
**Comptroller of Maryland, Revenue Administration Division**  
**110 Carroll Street, Annapolis, Maryland 21411-0001**

(It is recommended that you include your Social Security Number on check.)

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone number of preparer

Name

Taxpayer Identification Number

**THIRUVENDRAN VIGNARAJAH &**

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

**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

Safe, accurate, FAST! Use **IRS e-file** Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)

**Employee Reference Copy**

**W-2 Wage and Tax Statement 2014**

Copy C for employee's records. OMB No. 1545-0048

d Control number 3651825405 VOH	Dept A29009	Corp.	Employer use only 1881
------------------------------------	----------------	-------	---------------------------

e Employer's name, address, and ZIP code  
MAYOR AND CITY COUNCIL OF BALT  
401 E FAYETTE, RM 809  
BALTIMORE, MD 21202

e/f Employee's name, address, and ZIP code  
THIRUVENDRAN VIGNARAJAH  
[REDACTED]

b Employer's FED ID number [REDACTED]	a Employee's SSA number [REDACTED]
--	---------------------------------------

1 Wages, tips, other comp. 102772.09	2 Federal income tax withheld 13304.43
3 Social security wages 104322.26	4 Social security tax withheld 6467.98
5 Medicare wages and tips 104322.26	6 Medicare tax withheld 1512.67
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 54.08
14 Other	12b DD 13839.96
	12c
	12d
	13 Stat emp Ret plan 3rd party sick pay
15 State Employer's state ID no. MD 03683527	16 State wages, tips, etc. 102772.09
17 State income tax 7498.25	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## 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.

	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	105,962.86	105,962.86	105,962.86
Group Term	54.08	54.08	54.08
AETNA HMO	-1,153.10	-1,153.10	-1,153.10
Rx DRUG	-541.58	-541.58	-541.58
ERS CONTR	-1,550.17		

W-2 WAGES 102,772.09 104,322.26 104,322.26

THIRUVENDRAN VIGNARAJAH

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



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PAGE 01 OF 01



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

See separate instructions.

Your first name and initial <b>Thiruvendran</b>		Last name <b>Vignarajah</b>		Your social security number [REDACTED]	
If a joint return, spouse's first name and initial [REDACTED]		Last name [REDACTED]		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]					
Foreign country name		Foreign province/state/county		Foreign postal code	

**Filing Status**

1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5	<input type="checkbox"/> Qualifying widow(er) with dependent child
3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶		

Check only one box.

**Exemptions**

6a	<input checked="" type="checkbox"/> <b>Yourself.</b> If someone can claim you as a dependent, <b>do not</b> check box 6a	} Boxes checked on 6a and 6b <b>2</b>		
b	<input checked="" type="checkbox"/> <b>Spouse</b>			
c <b>Dependents:</b>		No. of children on 6c who: <ul style="list-style-type: none"><li>• lived with you <b>1</b></li><li>• did not live with you due to divorce or separation (see instructions)</li></ul>		
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)
[REDACTED]	[REDACTED]	[REDACTED]	<b>Son</b>	<input checked="" type="checkbox"/>
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				
d Total number of exemptions claimed				Add numbers on lines above ▶ <b>3</b>

<b>Income</b> <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	<b>200,659</b>		
	8a	Taxable interest. Attach Schedule B if required	8a	<b>24</b>		
	b	Tax-exempt interest. <b>Do not</b> include on line 8a	8b			
	9a	Ordinary dividends. Attach Schedule B if required	9a			
	b	Qualified dividends	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes	10			
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12	<b>2,000</b>		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13			
	14	Other gains or (losses). Attach Form 4797	14			
15a	IRA distributions	15a		b Taxable amount	15b	
16a	Pensions and annuities	16a		b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	<b>0</b>			
18	Farm income or (loss). Attach Schedule F	18				
19	Unemployment compensation	19				
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount	21				
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶			22	<b>202,683</b>	
<b>Adjusted Gross Income</b>	23	Educator expenses	23			
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
	25	Health savings account deduction. Attach Form 8889	25			
	26	Moving expenses. Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27	<b>142</b>		
	28	Self-employed SEP, SIMPLE, and qualified plans	28			
	29	Self-employed health insurance deduction	29			
	30	Penalty on early withdrawal of savings	30			
	31a	Alimony paid b Recipient's SSN ▶	31a			
	32	IRA deduction	32			
	33	Student loan interest deduction	33			
	34	Tuition and fees. Attach Form 8917	34			
	35	Domestic production activities deduction. Attach Form 8903	35			
	36	Add lines 23 through 35	36	<b>142</b>		
	37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	<b>202,541</b>		

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	202,541
	39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	43,630
	41	Subtract line 40 from line 38	41	158,911
	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	11,700
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	147,211
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	28,685
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	28,685
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	Other Taxes	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53
54		Add lines 47 through 53. These are your total credits	54	
55		Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	28,685
56		Self-employment tax. Attach Schedule SE	56	283
57		Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a		Household employment taxes from Schedule H	59a	
59b		First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60		Taxes from: a <input type="checkbox"/> Form 8869 b <input type="checkbox"/> Form 8860 c <input type="checkbox"/> Instructions; enter code(s)	60	
61		Add lines 55 through 60. This is your total tax	61	28,968
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	29,937
	63	2013 estimated tax payments and amount applied from 2012 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	29,937
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	969
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	969
	b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Amount You Owe	d	Account number <input type="checkbox"/>		
	75	Amount of line 73 you want applied to your 2014 estimated tax	75	
	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee

[REDACTED]

Sign Here

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

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

Your signature

Date

Your occupation

Attorney

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if ☐ PTIN

Paid Preparer Use Only

[REDACTED]

SCHEDULE E  
(Form 1040)

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](http://www.irs.gov/schedulee).

OMB No. 1545-0074  
**2013**  
Attachment Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return  
**Thiruvendran Vignarajah &**

Your social security number

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.

A

Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)

Yes

☒

No

B

If "Yes," did you or will you file all required Forms 1099?

Yes

☐

No

1a

Physical address of each property (street, city, state, ZIP code)

A

**Stamford, CT 06902**

B

**Baltimore, MD 21230**

C

1b

Type of Property (from list below)

2

For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

A

365

B

365

C

1

Single Family Residence

3

Vacation/Short-Term Rental

5

Land

7

Self-Rental

2

Multi-Family Residence

4

Commercial

6

Royalties

8

Other (describe)

Income:

Properties:

A

B

C

3

Rents received

3

11,000

17,600

4

Royalties received

4

Expenses:

5

Advertising

5

6

Auto and travel (see instructions)

6

7

Cleaning and maintenance

7

200

8

Commissions

8

1,000

9

Insurance

9

10

Legal and other professional fees

10

11

Management fees

11

12

Mortgage interest paid to banks, etc. (see instructions)

12

6,258

5,263

13

Other interest

13

14

Repairs

14

500

15

Supplies

15

16

Taxes

16

1,780

4,302

17

Utilities

17

18

Depreciation expense or depletion

18

2,836

18,182

19

Other (list) ▶ See Statement 1, 2

19

4,820

4,335

20

Total expenses. Add lines 5 through 19

20

16,694

32,782

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 file Form 6198

21

-5,694

-15,182

22

Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

22

0

0

23a

Total of all amounts reported on line 3 for all rental properties

23a

28,600

b

Total of all amounts reported on line 4 for all royalty properties

23b

c

Total of all amounts reported on line 12 for all properties

23c

11,521

d

Total of all amounts reported on line 18 for all properties

23d

21,018

e

Total of all amounts reported on line 20 for all properties

23e

49,476

24

Income. Add positive amounts shown on line 21. Do not include any losses

24

0

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 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

26

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2013

MARYLAND FORM

502

RESIDENT INCOME

TAX RETURN

2013  
\$  
Attachment Sequence No. 02

OR FISCAL YEAR BEGINNING 2013, END NG

Social Security Number		Spouse's Social Security Number	
Your First Name		Initial	Last Name
THIRUVENDRAN			VIGNARAJAH

**FILING STATUS** See Instruction 1 to determine if you are required to file.
   
**CHECK ONE BOX**

1. <input type="checkbox"/> Single (If you can be claimed on another person's tax return, use Filing Status 6.)	4. <input type="checkbox"/> Head of household
2. <input checked="" type="checkbox"/> Married filing joint return or spouse had no income	5. <input type="checkbox"/> Qualifying widow(er) with dependent child
3. <input type="checkbox"/> Married filing separately	6. <input type="checkbox"/> Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7)

**PART-YEAR RESIDENT** See Instruction 26. If you began or ended legal residence in Maryland in 2013 place a **P** in the box.
   
**Dates of Maryland Residence**

MO	DAY	YEAR
FROM		
TO		

Other state of residence:

**MILITARY** If you or your spouse has non-Maryland military income, place an **M** in the box. (See Instruction 26.)

Enter 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	<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse	A. Enter No. Checked	2	See Instruction 10	A. \$	
B	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 or over	B. Enter No. Checked		X \$1,000	B. \$	
	<input type="checkbox"/> Blind	<input type="checkbox"/> Blind					
C	Enter No. 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. \$	

Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance ☐

**INCOME**

1.	Adjusted gross income from your federal return (See Instruction 11.)		1	202541
1a.	Wages, salaries and/or tips (See Instruction 11.)	1a	200659	
1b.	Earned income (See Instruction 11.)	1b		

**ADDITIONS TO INCOME** (See Instruction 12.)

2.	Tax-exempt interest on state and local obligations (bonds) other than Maryland	2	
3.	State retirement pickup	3	
4.	Lump sum distributions (from worksheet in Instruction 12.)	4	
5.	Other additions (Enter code letter(s) from Instruction 12.) SEE STMT 1	5	732
6.	Total additions to Maryland income (Add lines 2 through 5.)	6	732
7.	Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	7	203273

**SUBTRACTIONS FROM INCOME** (See Instruction 13.)

8.	Taxable refunds, credits or offsets of state and local income taxes included in line 1 above	8	
9.	Child and dependent care expenses	9	
10.	Pension exclusion from worksheet in Instruction 13	10	
11.	Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above	11	
12.	Income received during period of nonresidence (See Instruction 26.)	12	
13.	Subtractions from attached Form 502SU (See Instruction 13.)	13	
14.	Two-income subtraction from worksheet in Instruction 13	14	1200
15.	Total subtractions from Maryland income (Add lines 8 through 14.)	15	1200
16.	Maryland adjusted gross income (Subtract line 15 from line 7.)	16	202073

(All taxpayers must select one method and check the appropriate box.)

**STANDARD DEDUCTION METHOD** (Enter amount on line 17) ☒

**ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.) ☐

17a.	Total federal itemized deductions (from line 29, federal Schedule A)	17a	43630
17b.	State and local income taxes (See Instruction 14)	17b	15020
17.	Deduction amount (Part-year residents see Instruction 26 (l and m).)	17	28610
18.	Net income (Subtract line 17 from line 16.)	18	173463
19.	Exemption amount from Exemptions area above (See Instruction 10.)	19	
20.	Taxable net income (Subtract line 19 from line 18.)	20	173463

**RESIDENT INCOME  
 TAX RETURN**

NAME **THIRUVENDRAN VIGNARAJAH &**

SSN

**MARYLAND 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	<b>173463</b>
22. <b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II)	22	<b>8246</b>
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	<b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	
27. Total credits (Add lines 23 through 26.)	27	
28. <b>Maryland tax</b> after credits (Subtract line 27 from line 22.) If less than 0, enter 0	28	<b>8246</b>

**LOCAL TAX COMPUTATION**

29. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 21 by your local tax rate .0320</b> or use the Local Tax Worksheet	29	<b>5551</b>
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. <b>Local tax</b> after credits (Subtract line 32 from line 29.) If less than 0, enter 0	33	<b>5551</b>
34. Total Maryland and local tax (Add lines 28 and 33.)	34	<b>13797</b>
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. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 37.)	38	<b>13797</b>
39. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	39	<b>15020</b>
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	<b>15020</b>
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	<b>1223</b>
46. Amount of overpayment <b>TO BE APPLIED TO 2014 ESTIMATED TAX</b>	46	
47. Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 46 from line 45.) See line 50	47	<b>1223</b>
48. Interest charges from Form 502UP or for late filing (See Instr. 22.) Total	48	
49. <b>TOTAL AMOUNT DUE</b> (Add lines 44 and 48.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN</b>	49	

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Please be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588.

To comply with banking rules, please check here ☐ if his refund will go to an account outside the United States. If checked, see Instruction 22.

For the direct deposit option, complete the following information clearly and legibly.

**50a.** Type of account: ☐ Checking ☐ Savings

**50b.** Routing Number (9-digits) ▶

**50c.** Account number ▶

Daytime telephone no.

Home telephone no.

CODE NUMBERS (3 digits per box)

Check here ☒ if you auth. your preparer to discuss this return with us. Check here ☒ if you auth. your paid preparer not to file electronically.

Check here ☐ if you agree to rec. your 1099G Income Tax Refund stmt. electronically. Under pen. of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Make checks payable and mail to:  
**Comptroller of Maryland Revenue Administration Division**  
**110 Carroll Street, Annapolis, Maryland 21411-0001**  
 (It is recommended that you include your Social Security Number on check.)

Your signature Date

Spouse's signature Date

Telephone number of preparer

Name

Taxpayer Identification Number

**THIRUVENDRAN VIGNARAJAH &**

- |   |                          |
|---|--------------------------|
| 1. Taxable net income from Form 502, line 21 .....  | 1. <u><b>173,463</b></u> |
| 2. Local tax rate from chart below ..... <b>Howard</b>  | 2. <u><b>0.0320</b></u>  |
| 3. Local income tax (Multiply line 1 by line 2.) Enter this amount on Form 502, line 29 ..... | 3. <u><b>5,551</b></u>   |

**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



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2013**

Copy C for employer's records OMB No. 1545-0048  
d Control number 3651625405 VQH Dept. A29009 Corp. Employer use only E 1883

c Employer's name, 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**  
[REDACTED]

b Employer's FED ID number	a Employee's SSA number
1 Wages, tips, other comp. <b>96068.74</b>	2 Federal income tax withheld <b>11836.07</b>
3 Social security wages <b>96342.34</b>	4 Social security tax withheld <b>5973.23</b>
5 Medicare wages and tips <b>96342.34</b>	6 Medicare tax withheld <b>1396.96</b>
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 <b>C</b> <b>54.08</b>
14 Other	12b DD <b>10115.64</b>
	12c
	12d
15 State Employer's state ID no. <b>MD 03683527</b>	16 State wages, tips, etc. <b>96068.74</b>
17 State income tax <b>6970.48</b>	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. <b>96068.74</b>	2 Federal income tax withheld <b>11836.07</b>
3 Social security wages <b>96342.34</b>	4 Social security tax withheld <b>5973.23</b>
5 Medicare wages and tips <b>96342.34</b>	6 Medicare tax withheld <b>1396.96</b>
d Control number 3651625405 VQH Dept. A29009 Corp. Employer use only 1883	

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 number	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 <b>C</b> <b>54.08</b>
14 Other	12b DD <b>10115.64</b>
	12c
	12d
13 Stat emp. Ret. plan 3rd party sick pay <b>X</b>	

e/f Employee's name, address and ZIP code  
**THIRUVENDRAN VIGNARAJAH**  
[REDACTED]

15 State Employer's state ID no. <b>MD 03683527</b>	16 State wages, tips, etc. <b>96068.74</b>
17 State income tax <b>6970.48</b>	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2013**  
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048

## 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: [REDACTED]

Taxable Marital Status: Married

Exemptions/Allowances: Federal: 2

State: 2

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PAGE 01 OF 01

1 Wages, tips, other comp. <b>96068.74</b>	2 Federal income tax withheld <b>11836.07</b>
3 Social security wages <b>96342.34</b>	4 Social security tax withheld <b>5973.23</b>
5 Medicare wages and tips <b>96342.34</b>	6 Medicare tax withheld <b>1396.96</b>
d Control number 3651625405 VQH Dept. A29009 Corp. Employer use only 1883	

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 number	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 <b>C</b> <b>54.08</b>
14 Other	12b DD <b>10115.64</b>
	12c
	12d
13 Stat emp. Ret. plan 3rd party sick pay <b>X</b>	

e/f Employee's name, address and ZIP code  
**THIRUVENDRAN VIGNARAJAH**  
[REDACTED]

15 State Employer's state ID no. <b>MD 03683527</b>	16 State wages, tips, etc. <b>96068.74</b>
17 State income tax <b>6970.48</b>	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**MD. State Reference Copy**  
**W-2 Wage and Tax Statement 2013**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp. <b>96068.74</b>	2 Federal income tax withheld <b>11836.07</b>
3 Social security wages <b>96342.34</b>	4 Social security tax withheld <b>5973.23</b>
5 Medicare wages and tips <b>96342.34</b>	6 Medicare tax withheld <b>1396.96</b>
d Control number 3651625405 VQH Dept. A29009 Corp. Employer use only 1883	

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 number	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 <b>C</b> <b>54.08</b>
14 Other	12b DD <b>10115.64</b>
	12c
	12d
13 Stat emp. Ret. plan 3rd party sick pay <b>X</b>	

e/f Employee's name, address and ZIP code  
**THIRUVENDRAN VIGNARAJAH**  
[REDACTED]

15 State Employer's state ID no. <b>MD 03683527</b>	16 State wages, tips, etc. <b>96068.74</b>
17 State income tax <b>6970.48</b>	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**MD. State Filing Copy**  
**W-2 Wage and Tax Statement 2013**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

a Employee's social security number [REDACTED]		b Employer identification number [REDACTED]		Copy B To Be Filed With Employee's FEDERAL Tax Return		OMB No. 1545-0008	
c Employer's name, address and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 [REDACTED]				1 Wages, tips, other compensation 2,500.00		2 Federal income tax withheld 292.78	
				3 Social security wages 2,500.00		4 Social security tax withheld 155.00	
				5 Medicare wages and tips 2,500.00		6 Medicare tax withheld 36.25	
				7 Social security tips		8 Allocated tips	
d Control number 0000001				10 Dependent care benefits		11 Nonqualified plans	
				12b Code		12c Code	
e Employee's name, address and ZIP code 0000001 ZA THIRUVENDRAN VIGNARAJAH [REDACTED]				13 Statutory employee Retirement plan Third-party sick pay		14 Other	
15 State Employer's state ID number				16 State wages, tips, etc.		17 State income tax	
MD [REDACTED]				2,500.00		192.63	

Form W-2 Wage and Tax Statement 2013  
This information is being furnished to the Internal Revenue Service

REISSUED STATEMENT

Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		b Employer identification number [REDACTED]		Copy 2 To Be Filed With Employee's State, City, or Local Tax Return		OMB No. 1545-0008	
c Employer's name, address and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 52-6002033 S.S. # 69-0520001L				1 Wages, tips, other compensation 2,500.00		2 Federal income tax withheld 292.78	
				3 Social security wages 2,500.00		4 Social security tax withheld 155.00	
				5 Medicare wages and tips 2,500.00		6 Medicare tax withheld 36.25	
				7 Social security tips		8 Allocated tips	
d Control number 0000001				10 Dependent care benefits		11 Nonqualified plans	
				12b Code		12c Code	
e Employee's name, address and ZIP code 0000001 ZA THIRUVENDRAN VIGNARAJAH [REDACTED]				13 Statutory employee Retirement plan Third-party sick pay		14 Other	
15 State Employer's state ID number				16 State wages, tips, etc.		17 State income tax	
MD [REDACTED]				2,500.00		192.63	

Form W-2 Wage and Tax Statement 2013

REISSUED STATEMENT

Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		b Employer identification number [REDACTED]		Copy C For Employee's Records (See Notice on Back of Copy "B")		OMB No. 1545-0008	
c Employer's name, address and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 [REDACTED]				1 Wages, tips, other compensation 2,500.00		2 Federal income tax withheld 292.78	
				3 Social security wages 2,500.00		4 Social security tax withheld 155.00	
				5 Medicare wages and tips 2,500.00		6 Medicare tax withheld 36.25	
				7 Social security tips		8 Allocated tips	
d Control number 0000001				10 Dependent care benefits		11 Nonqualified plans	
				12b Code		12c Code	
e Employee's name, address and ZIP code 0000001 ZA THIRUVENDRAN VIGNARAJAH [REDACTED]				13 Statutory employee Retirement plan Third-party sick pay		14 Other	
15 State Employer's state ID number				16 State wages, tips, etc.		17 State income tax	
MD [REDACTED]				2,500.00		192.63	

Form W-2 Wage and Tax Statement 2013

REISSUED STATEMENT

Department of the Treasury - Internal Revenue Service