Form

Income Tax Return for Single and

1040EZ		Join	t Filers With	No Depen	dents	(99)	2010				OMB No. 154:	5-0074	
Your first name and	Your first name and initial			Last name	Last name						Your social security number		
Suresh			Mylam	Mylam						869 62 7540			
If a joint return, spo	first r	ame and initial	Last name						Spou	se's social secu	urity number		
			reet). If you have a P.O	. box, see instru	ctions.				Apt. no.	A	Make sure t		
1015 South							· · · · · · · · · · · · · · · · · · ·		307	_	above are		
			d ZIP code. If you have a	foreign address, a	ilso complet	e spaces below (se	ee instructions).				idential Election		
Quincy MA		169		Te	eign province/state/county Foreign postal code				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking				
Foreign country nar	me				Foreign p	province/state/co	ounty	For	eign postal code	a box b	below will not chang	,	
_		1	W7 1	1.4'	111 1		£ .	\ W a		refund.	Yo	u Spouse	
Income		1	Wages, salaries, and		ould be si	lown in box I	of your Form(s	s) W-2.	•	1			
Attach	Attach your Form(s) W-2.											83,510.	
Form(s) W-2 here.	_	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.										
Enclose, but do		•											
not attach, any payment.	-	3	Unemployment con	npensation and	d Alaska l	Permanent Fun	nd dividends (s	ee instr	ructions).	3			
	_		Add lines 1, 2, and							4		83,510.	
			If someone can claim you (or your spouse if a joint return) as a dependent, check										
			the applicable box(es) below and enter the amount from the worksheet on back.										
			You	Spouse									
			If no one can claim					if sing	le;				
	_		\$20,700 if married							5		10,350.	
			Subtract line 5 from		5 is large	er than line 4, e	enter -0						
			This is your taxable		F(-)	W 2 11000	7 109000			6		73,160.	
Payments, Credits, and Tax	_		Federal income tax						-	7		19,096.	
	-		Earned income cre Nontaxable combat		e instruct	ions)	01.	1	No	8a			
	-				total m		8b			9		10 006	
	_		Add lines 7 and 8a. These are your total payments and credits. Tax. Use the amount on line 6 above to find your tax in the tax table in the									19,096.	
	•		[10] 전 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12							10		14 065	
	1		Health care: individ				Full-year co	overse	. X	11		14,065.	
	-		Add lines 10 and 11				Tun-year et	overage		12		0. 14,065.	
Refund			If line 9 is larger th	NAME AND ADDRESS OF TAXABLE PARTY.	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN		This is your I	refund				14,005.	
Have it directly deposited! See instructions and	•		If Form 8888 is atta				. This is your i	Clund	•	13a		5,031.	
	_											3,031.	
		b	Routing number	0 2 1	2 0 0	3 3 9	c Type:	Chec	king Sav	ings			
fill in 13b, 13c, and 13d, or Form 8888.	>	d	Account number	3 8 1	0 3 8	1 9 9	7 4 1						
Amount You Owe	1		If line 12 is larger the amount you ow						•	14			
	Do		want to allow another					ruction	s)? T Va		nplete below.	X No	
Third Party Designee		signee'		or person to di	ioodoo tiilo	Phone no.	0 11 10 (000 11 10 11	raction	Personal ident number (PIN)				
Sign Here	acc	curate	enalties of perjury, I de ly lists all amounts and ormation of which the p	sources of inco	me I receiv	red during the ta							
Joint return? See instructions.	Your signature Date Your occupation Worker										Daytime phone number (631) 639-8850		
Keep a copy for your records.	Sp	ouse's	s signature. If a joint ret	urn, both must :	sign.	Date	Spouse's occu	upation			S sent you an Iden		
Paid Preparer	Print	уре р	reparer's name JanCHIZ	Preparer's si	ua)	Sanch		3/9/	110	Check	- PTIN		
	irm's	name		repared	Janch	12/0/3/	gal SUCS.	Firm's	EIN >	10	a Comme		
F	-irm's	addre	ess > 1.0.130x (2	219 Med1	ord M	11163	<i>y</i>	Phone	no. 631-	630	1-8850		

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