### **AGENDA**

### CITY COUNCIL MEETING

## MONDAY, DECEMBER 15, 2014

7:00 p.m.
CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE
BRIDGEPORT, CONNECTICUT

Prayer

Pledge of Allegiance

Roll Call

Mayoral Proclamation: In Honor of Bridgeport resident and business owner Marshan Coleman for giving back to the community through the creation of a job training academy.

City Council Citation: In Honor of Bridgeport resident and business owner Marshan Coleman for giving back to the community through the creation of a job training academy.

## MINUTES FOR APPROVAL:

Approval of City Council Minutes: November 3, 2014

## COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

10-14 Communication from Central Grants re: Grant Submission: National Endowments for Arts (NEA) – Art Works Program for a Bridgeport Arts Fest Grant Program (#15454), referred to Economic and Community Development and Environment Committee.

## MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- \*179-13 Public Safety and Transportation Committee Report re: Request that Gregory Street be given the Honorary Designation of Walter's Memorial AME Zion Church Boulevard with proper signage to be placed above the street sign at the intersection of Gregory Street and Lafayette Street.
- \*187-13 Budget and Appropriations Committee Report re: Resolution Affirming and Approving Financing in the amount of \$90,370,000.00 for the Design, Rehabilitation, Upgrading and Construction of Various Renovations and Improvements to the East Side and West Side WasteWater Treatment Plants.
  - \*08-14 Budget and Appropriations Committee Report re: City of Bridgeport Application for Land Valuation Taxation Pilot Program pursuant to Public Act 13-247, Sec. 329 and C.G.S. Sec. 12-63h.
- \*189-13 Joint Committee on Budget and Appropriations and Miscellaneous Matters Report re: Tax Abatement for Properties Located at 59 and 83 Primrose Avenue, **DENIED**.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, DECEMBER 15, 2014 AT 6:30 P.M., IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT.

## NAME

## **SUBJECT**

Jacquelyn Cauthen 397 Charles Street Bridgeport, CT 06606

Re-opening of the Boys and Girls Club on Madison Avenue.

## CITY OF BRIDGEPORT CITY COUNCIL PUBLIC SPEAKING SESSION MONDAY, DECEMBER 15, 2014 6:30 PM

## **CALL TO ORDER**

Council President McCarthy called the Public Speaking Session to order at 6:40 p.m.

## ROLL CALL

City Clerk Hudson called the roll.

The following members were present:

130<sup>th</sup> District: Susan Brannelly, Enrique Torres
131<sup>st</sup> District: Denese Taylor-Moye, Jack O. Banta
132<sup>nd</sup> District: Robert Halstead, Patricia Swain
133<sup>nd</sup> District: Thomas McCarthy
134<sup>th</sup> District: Michelle Lyons
135<sup>th</sup> District: Mary McBride-Lee
136<sup>th</sup> District: Richard DeJesus
137<sup>th</sup> District: Milta Feliciano
138<sup>th</sup> District: Richard Paoletto
139<sup>th</sup> District: Eneida Martinez, James Holloway

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CITY CLERK'S OFF
2014 DEC 24 A 11
ATTEST

A quorum was present.

THE FOLLOWING NAMED PERSONS HAVE REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, DECEMBER 15, 2014 AT 6:50 P.M., IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT.

## **NAME**

### SUBJECT

Jacquelyn Cauthen 397 Charles Street Bridgeport, CT 06606 Re-opening of the Boys and Girls Club on Madison Avenue.

Council President McCarthy called Ms. Cauthen's name and there was no response. He repeated her name three times and then requested the police officer on duty to check the foyer area in case Ms. Cauthen was there. The officer reported that there was no one in the foyer area. Council President McCarthy asked if there was anyone else present who wished to address the Council at this time. No one came forward.

City of Bridgeport City Council Regular Meeting December 15, 2014

## **ADJOURNMENT**

Council President McCarthy then adjourned the Public Speaking Portion of the Council Meeting at 6:43 p.m.

Respectfully submitted,

S. L. Soltes Telesco Secretarial Services

## CITY OF BRIDGEPORT

## CITY COUNCIL MEETING

## MONDAY, DECEMBER 15, 2014 7:00 PM

## City Council Chambers, City Hall - 45 Lyon Terrace

## **Bridgeport, Connecticut**

## CALL TO ORDER

Mayor Finch called the City Council Meeting to order at 7:05 p.m.

## **PRAYER**

Mayor Finch requested Pastor West lead those present in a short prayer.

## PLEDGE OF ALLEGIANCE

Mayor Finch then requested Ms. Deborah Caviness to lead those present in reciting the Pledge of Allegiance.

## ROLL CALL

City Clerk Hudson called the roll.

The following members were present:

130<sup>th</sup> District: Susan Brannelly, Enrique Torres

131st District: Jack O. Banta, Denese Taylor-Moye

132<sup>nd</sup> District: Robert Halstead, Patricia Swain

133rd District: Thomas McCarthy

134th District: Michelle Lyons

135th District: Mary McBride-Lee

136th District: Richard DeJesus

137th District: Lydia Martinez, Milta Feliciano

138th District: Richard Paoletto

139th District: Eneida Martinez, James Holloway

A quorum was present. Council President McCarthy announced that Council Member Austin was ill, Council Member Vizzo-Paniccia was absent due to a death in the family and Council Member Marella was unable to attend due to personal reasons.

City of Bridgeport City Council Regular Meeting December 15, 2014 The Council Members were then treated to a brief Christmas concert from the Community Carolers who entered from the foyer area dressed in period dress from the 1800's. They performed a number of songs including The Most Wonderful Time of the Year, Jingle Bells, Winter Wonderland, Silver Bells and Say a Prayer for Me.

Council Member Salter joined the meeting at 7:15 p.m.

Mayoral Proclamation: In Honor of Bridgeport resident and business owner Marshan Coleman for giving back to the community through the creation of a job training academy.

City Council Citation: In Honor of Bridgeport resident and business owner Marshan Coleman for giving back to the community through the creation of a job training academy.

Mayor Finch and various members of the Council came forward to present Mr. Marshan Coleman with a citation for the creation of a job training academy.

## **MINUTES FOR APPROVAL:**

Approval of City Council Minutes: November 3, 2014

- \*\* COUNCIL PRESIDENT MCCARTHY MOVED THE MINUTES OF NOVEMBER 3, 2014.
- \*\* COUNCIL MEMBER MARTINEZ SECONDED.

Council Member Halstead then stated that there needed to be clarification regarding his conversation with Ms. Gupta regarding the Connecticut State Library FY 2015 Targeted Grant for Historic Documents Preservation Program. He read a statement detailing the verbal exchange. Mayor Finch asked Council Member Halstead what he was requesting. Council Member Halstead said that he wished to have the minutes amended to reflect his statements. Atty. Anastasi pointed out that it would be acceptable to include Council Member Halstead's words, but Ms. Gupta was not present to verify what she had said.

- \*\* COUNCIL PRESIDENT MCCARTHY MOVED TO TABLE THE MINUTES OF NOVEMBER 3, 2014 TO CONFIRM THE STATEMENTS COUNCIL MEMBER HALSTEAD ATTRIBUTED TO MS. GUPTA.
- \*\* COUNCIL MEMBER PAOLETTO SECONDED.
- \*\* THE MOTION TO TABLE THE MINUTES OF NOVEMBER 3, 2014 PASSED UNANIMOUSLY.

## COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

\*\* COUNCIL MEMBER PAOLETTO MOVED TO APPROVE THE AGENDA ITEMS LISTED BELOW TO BE REFERRED TO COMMITTEES:

10-14 COMMUNICATION FROM CENTRAL GRANTS RE: GRANT SUBMISSION: NATIONAL ENDOWMENTS FOR ARTS (NEA) – ART WORKS PROGRAM FOR A BRIDGEPORT ARTS FEST GRANT PROGRAM (#15454),

City of Bridgeport City Council Regular Meeting December 15, 2014 REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

- \*\* COUNCIL MEMBER LYONS SECONDED.
- \*\* THE MOTION PASSED UNANIMOUSLY.

## MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

Mayor Finch asked if there were any items that the Council Members wished to have removed from the Consent Calendar. Council Member Torres said that he wished to remove Agenda Item \*08-14 Budget and Appropriations Committee Report re: City of Bridgeport Application for Land Value Taxation Pilot Program pursuant to Public Act 13-247, Sec. 329 and C.G.S. Sec. 12-63h.

\*\* COUNCIL MEMBER PAOLETTO MOVED THE FOLLOWING ITEMS AS THE CONSENT CALENDAR:

\*179-13 PUBLIC SAFETY AND TRANSPORTATION COMMITTEE REPORT RE: REQUEST THAT GREGORY STREET BE GIVEN THE HONORARY DESIGNATION OF WALTER'S MEMORIAL AME ZION CHURCH BOULEVARD WITH PROPER SIGNAGE TO BE PLACED ABOVE THE STREET SIGN AT THE INTERSECTION OF GREGORY STREET AND LAFAYETTE STREET.

\*187-13 BUDGET AND APPROPRIATIONS COMMITTEE REPORT RE: RESOLUTION AFFIRMING AND APPROVING FINANCING IN THE AMOUNT OF \$90,370,000.00 FOR THE DESIGN, REHABILITATION, UPGRADING AND CONSTRUCTION OF VARIOUS RENOVATIONS AND IMPROVEMENTS TO THE EAST SIDE AND WEST SIDE WASTEWATER TREATMENT PLANTS.

\*189-13 JOINT COMMITTEE ON BUDGET AND APPROPRIATIONS AND MISCELLANEOUS MATTERS REPORT RE: TAX ABATEMENT FOR PROPERTIES LOCATED AT 59 AND 83 PRIMROSE AVENUE, DENIED.

- \*\* COUNCIL MEMBER TORRES SECONDED.
- \*\* THE MOTION TO APPROVE THE CONSENT CALENDAR AS LISTED PASSED UNANIMOUSLY.
- \*08-14 Budget and Appropriations Committee Report re: City of Bridgeport Application for Land Value Taxation Pilot Program pursuant to Public Act 13-247, Sec. 329 and C.G.S. Sec. 12-63h.

\*\* COUNCIL MEMBER BRANNELLY MOVED AGENDA ITEM \*08-14 BUDGET AND APPROPRIATIONS COMMITTEE REPORT RE: CITY OF BRIDGEPORT APPLICATION FOR LAND VALUE TAXATION PILOT PROGRAM PURSUANT TO PUBLIC ACT 13-247, Sec. 329 AND C.G.S. Sec. 12-63h.

\*\* COUNCIL PRESIDENT MCCARTHY SECONDED.

Council Member Torres said that he emphatically supported this item.

- \*\* THE MOTION PASSED UNANIMOUSLY.
- \*\* COUNCIL MEMBER SWAIN MOVED TO SUSPEND THE RULES TO ADD TWO ADDITIONAL ITEMS.
- \*\* COUNCIL MEMBER PAOLETTO SECONDED.
- \*\* THE MOTION TO MOVED TO SUSPEND THE RULES TO ADD TWO ADDITIONAL ITEMS PASSED UNANIMOUSLY.
- \*\* COUNCIL MEMBER SWAIN MOVED TO ADD AGENDA ITEM 03-14 PROPOSED SETTLEMENT OF PENDING LITIGATION WITH HILLARY MACKENZIE.
- \*\* COUNCIL MEMBER BANTA SECONDED.
- \*\* THE MOTION PASSED UNANIMOUSLY.
- 03-14 Proposed Settlement of Pending Litigation with Hillary Mackenzie.
- \*\* COUNCIL MEMBER SWAIN MOVED TO APPROVE THE PROPOSED SETTLEMENT OF PENDING LITIGATION WITH HILLARY MACKENZIE.
- \*\* COUNCIL MEMBER LYONS SECONDED.
- \*\* THE MOTION PASSED UNANIMOUSLY.
- \*\* COUNCIL MEMBER SWAIN MOVED TO ADD AGENDA ITEM 07-14 PROPOSED SETTLEMENT OF PENDING LITIGATION WITH VALERIE SORRENTINO.
- \*\* COUNCIL MEMBER BRANNELLY SECONDED.
- \*\* THE MOTION PASSED UNANIMOUSLY.

Council President McCarthy and Council Member Feliciano recused themselves from the meeting.

- 07-14 Proposed Settlement of Pending Litigation with Valerie Sorrentino.
- \*\* COUNCIL MEMBER SWAIN MOVED TO APPROVE THE PROPOSED SETTLEMENT OF PENDING LITIGATION WITH VALERIE SORRENTINO.
- \*\* COUNCIL MEMBER TAYLOR-MOYE SECONDED.
- \*\* THE MOTION PASSED WITH FOURTEEN (14) IN FAVOR (BRANNELLY, TORRES, BANTA, TAYLOR-MOYE, HALSTEAD, SWAIN, LYONS, MCBRIDE-LEE, SALTER, DEJESUS, MARTINEZ, PAOLETTO, E. MARTINEZ AND HOLLOWAY) AND TWO (2) ABSTENTIONS (MCCARTHY AND FELICIANO).

City of Bridgeport City Council Regular Meeting December 15, 2014

- \*\* COUNCIL PRESIDENT MCCARTHY MOVED TO SUSPEND THE RULES TO ADD AN ITEM TO THE AGENDA.
- \*\* COUNCIL MEMBER LYONS SECONDED.
- \*\* THE MOTION PASSED UNANIMOUSLY.
- \*\* COUNCIL PRESIDENT MCCARTHY MOVED TO REFER THE FOLLOWING TO THE MISCELLANEOUS MATTERS COMMITTEE:

RE: RESOLUTION AMENDING CITY COUNCIL RULES – RULE XXXI COUNCIL LIAISONS TO BOARDS AND COMMISSIONS TO GENERALLY DEFINE THE POSITION, ROLES, DUTIES AND RESPONSIBILITIES OF THE VARIOUS APPOINTED CITY COUNCIL LIAISONS.

- \*\* COUNCIL MEMBER PAOLETTO SECONDED.
- \*\* THE MOTION PASSED UNANIMOUSLY. (ITEM #11-14)

Council Member Lyons announced that Council President McCarthy had been elected to Board of Directors for the National League of Cities.

Mayor Finch introduced the new Assistant CAO, Teri Brown.

Mayor Finch thanked Council Members Martinez and Feliciano for the wonderful Christmas party for the Veterans.

Council President McCarthy said that he has known Teri Brown for some time and was pleased with the selection. He also thanked Council Members Lyons and Holloway and all the other Council Members who were responsible for his election to the NLC Board of Directors.

Council Member Banta spoke about the encouraging work that was going on at Steele Point.

Mayor Finch announced that the State had awarded Bridgeport 270 pre-K spots. 180 of those are new spots for children. The State is trying to introduce universal pre-K and the Bridgeport BOE is working hard on this.

## **ADJOURNMENT**

- \*\* COUNCIL PRESIDENT MCCARTHY MOVED TO ADJOURN.
- \*\* COUNCIL MEMBER SWAIN SECONDED.
- \*\* THE MOTION PASSED UNANIMOUSLY.

The meeting adjourned at 7:53 p.m.

Respectfully submitted,

S. L. Soltes Telesco Secretarial Services

City of Bridgeport City Council Regular Meeting December 15, 2014



## City of Bridgeport, Connecticut

## CENTRAL GRANTS OFFICE

999 Broad Street Bridgeport, Connecticut 06604 Telephone (203) 332-5662 Fax (203) 332-5657

> ANDREW J. NUNN Chief Administrative Officer

CHRISTINA B. SMITH Director Central Grants

COMM. #10-14 Referred to ECD&E Committee on 12/15/2014

December 8, 2014

Office of the City Clerk City of Bridgeport 45 Lyon Terrace, Room 204 Bridgeport, Connecticut 06604

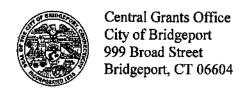
Re: A Resolution by the Bridgeport City Council Regarding the NEA Art Works-Bridgeport Arts Fest Grant Program (Project # 15454) for referral to the ECDE committe

If you have any questions or require any additional information please contact me at 203-576-7732 or renu.gupta@bridgeportct.gov.

Thank you,

∕Renu Gupta

ALLESI CITY OF FRE CITY CLERK'S OFFICE



## **Grant Information Sheet**

## **Contact Information**

Project Wanago: Erin McDonough	Pitone	203-337-2335
Cigui Wir (e) Renu Gupta	Phone	203-576-7732

**Background Information** 

(Cimini) Programme (Findl Pinds)			
Forether English	National Endowments for the	Arts	
Program Sent Date	June 1, 2015	Program Englidere	June 30, 2016
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
ACMONSON DISTRIBUTION	CAO		
Per propolisionine of Cremi Projecti	Purpose [Why?]: The goal o	f this grant is to supp	port various forms of Arts.
	Scope/Description [What The Bridgeport Arts Fest is a one to two days celebration of LOCAL + ORIGINAL art, artists, crafters, community organizations and performers that takes place in downtown Bridgeport, CT at historic McLevy Green.		
	Location(s)/Address (es) [W	here?]: Downtown	
Project/Service Causing Carlibe	City of Bridgeport  Exte	rnal Organization(s):	DSSD
Project Service Countil	☐ N/A or No Specific	☐ 132th	□ 136th
Distribution - Approx.	Limits	☐ 133th	□ 137th
	☐ Citywide	☐ 134th	□ 138th
	□ 130th	□ 135th	□ 139th
	□ 131th		
Rationalis (km Planesa) (Laisadean(s))			
Assert Type	□ N/A ⊠ Cash ☐ Techi Assistan		Recognition Only
Astrogram.	□ N/A ⊠ Requested: \$30,0	000	Awarded: \$
Weite Contouring	□ N/A □ Cash- \$30,000		In-Kind: \$
Matten Sourciers) (Assonneiline/Poned/SkriiMbmitty)	☑ N/A \$15,000 from DSSI	and \$15,000 from	City

## A Resolution by the Bridgeport City Council Regarding the National Endowments for Arts - Art Works Program for Bridgeport Arts Fest (Project # 15454)

WHEREAS, the National Endowments for Arts - Art Works Program is authorized to extend financial assistance to municipalities in the form of grants; and,

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WHEREAS, this funding has been made possible through the National Endowments for Arts - Art Works Program; and

WHEREAS, funds under this grant will be used by the Mayor's office for the expenses incurred for the Bridgeport Arts Fest; and,

WHEREAS, it is desirable and in the public interest that the City of Bridgeport Central Grants Office, submit an application to National Endowments for Arts - Art Works Program in the amount of \$30,000; and

## NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

- That it is cognizant of the City's grant application to and contract with the National Endowments for Arts - Art Works Program for the purpose of promoting arts in Bridgeport; and,
- 2. That it hereby authorizes, directs and empowers the Mayor or his designee to execute and file such application with the National Endowments for Arts Art Works Program and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.

# \*179-13 Consent Calendar

7

Request that Gregory Street be given the honorary designation of Walter's Memorial AME Zion Church Boulevard with proper signage being placed above the street sign at the intersection of Gregory Street with Lafayette Street.

## Report

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## Committee

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# Public Safety and Cransportation

2014	
15,	
December	
Submitted:	

Adopted:\_

Attest: Flethe lo Huden City Clerk

Approved\_

Mayor



## City of Bridgeport, Connecticut

To the City Council of the City of Bridgeport.

The Committee on **Public Safety and Transportation** begs leave to report; and recommends for adoption the following resolution:

## \*179-13 Consent Calendar

WHEREAS, Walter's Memorial AME Zion Church was founded on Gregory Street in the early 1800s by freed slaves who had traveled northward; and

WHEREAS, the church is one of few remaining reminders today of an earlier African-American community in Bridgeport known as Little Liberia; and

WHEREAS, the church also remains the oldest African-American congregation in Bridgeport and one of the oldest in all of New England; and

WHEREAS, the church provided refuge and safe haven for runaway slaves along the Underground Railroad and helped numerous slaves escape northward; and

WHEREAS, the church is commemorated on Connecticut's Freedom Trail as a site that was part of slaves' centuries long journey from slavery to freedom; and

WHEREAS, there are no markers on Gregory Street to designate and celebrate the historic role of the church in the struggle for freedom and human dignity; Now, Therefore, Be lt

**RESOLVED**, that Gregory Street be given the honorary designation of Walter's Memorial AME Zion Church Boulevard with proper signage being placed above the street sign at the intersection of Gregory Street with Lafayette Street.



## Report of Committee on Public Safety and Transportation \*179-13 Consent Calendar

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RESPECTFULLY S	UBMITTED,
THE COMMITTEE ON I	PUBLIC SAFETY
AND	
TRANSPORT	ATION, //
h. Lyons	A ASG AUG

Michelle A. Lyons, Co-Chair

Jack O Banta

Jack O. Banta

Alfredo Castillo

Milta I. Feliciano, Co-Chair

Richard D. Salter, Sr.

Eneida L. Martinez

Richard M. Paoletto, Jr.

City Council Date: December 15, 2014

## \*187-13 Consent Calendar

Resolution Affirming and Approving financing in the amount of \$90,370,000 for the design, rehabilitation upgrading and construction of various renovations and improvements to the East Side and West Side WasteWater Treatment Plants.

Report of Committee Budget & Appropriations

Submitted: December 15, 2014

Adopted:

Hudhn erk		
City Clerk		
Heeta		
Attest:	Approved	1

Mayor



## City of Bridgeport, Connecticut

To the Pity Pouncil of the Pity of Bridgeport.

The Committee on <u>Budget and Appropriations</u> begs leave to report; and recommends for adoption the following resolution:

\*187-13 Consent Calendar

RESOLUTION AFFIRMING AND APPROVING FINANCING IN THE AMOUNT OF \$90,370,000.00 FOR THE DESIGN, REHABILITATION, UPGRADING AND CONSTRUCTION OF VARIOUS RENOVATIONS AND IMPROVEMENTS TO THE EAST SIDE AND WEST SIDE WASTEWATER TREATMENT PLANTS

WHEREAS, the City of Bridgeport (the "City") has been obligated since 1983 to make repairs and renovations to the East Side and West Side Wastewater Treatment Plants (collectively, the "Treatment Plants") pursuant to a Consent Order entered into between the City and the State of Connecticut and orders issued by the State of Connecticut's Department of Environmental Protection and has retained independent consultants to evaluate the problems at the facilities and to recommend solutions to the deficiencies which have been found to exist at these facilities; and

WHEREAS, based on a facilities plan and engineering report dated March 31, 1987 entitled "East Side and West Side Wastewater Treatment Plant Facilities Plan" (the "Facilities Report") the costs of designing, rehabilitating, upgrading and constructing improvements at the Treatment Plants (the "Treatment Plants Improvements") were anticipated to be approximately \$90,370,000; and

WHEREAS, on August 23, 1988, the WPCA passed a resolution (i) approving the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements, (ii) approving the financing of such improvements through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, and (iii) recommending to the City Council of the City of Bridgeport (the "City Council") the approval of the financing of such improvements through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "1988 WPCA Resolution"); and

WHEREAS, on October 3, 1988, the City Council passed a resolution approving the financing of the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements, in an amount not to exceed \$90,370,000 through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "1988 City Council Resolution"); and



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WHEREAS, on July 19, 2005, the WPCA passed a resolution (i) approving the design and construction of various additional improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements (the "Projects"), for a total improvement cost not to exceed \$105,000,000, (ii) approving the financing of such Projects through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes in an amount not to exceed not to exceed \$105,000,000, and (iii) recommending to the City Council of the City of Bridgeport (the "City Council") the approval of the financing of such Projects through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "2005 WPCA Resolution," and collectively with the 1988 WPCA Resolution, the "WPCA Resolutions"); and

WHEREAS, on September 6, 2005, the City Council passed a resolution approving (i) project loans and grants under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, or under any applicable Federal Program, in an amount not to exceed One Hundred Five Million Dollars (\$105,000,000), such amount representing the estimated total cost of the Projects, (ii) the sale, issuance, rollover and/or reissuance by the City from time to time of project loan obligations, interim funding obligations, or other obligations meeting the conditions prescribed in, sections 22a-475 to 22a-483, inclusive, of the Connecticut General Statutes in an amount not to exceed Ninety Million Three Hundred Seventy Thousand Dollars (\$90,370,000), and (iii) the execution of project funding agreements with the State of Connecticut and other governmental entities as may be required (the "2005 City Council Resolution," and collectively with the 1988 City Council Resolution, the "City Council Resolutions"); and

WHEREAS, through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "Clean Water Fund Statutes"), including Clean Water Fund obligations of the City in the amount of \$79,371,201, the WPCA has effected the design and construction of various improvements at the Treatment Plants, including, without, limitation, the Treatment Plants Improvements; and

WHEREAS, in the aftermath of Hurricane Irene and Superstorm Sandy, the WPCA recognizes the need to develop mitigation measures to protect critical infrastructure at both Treatment Plants to protect such Treatment Plants from the effects of sea level rise; and

WHEREAS, additional rehabilitations, upgrades and construction have been and are now required at the Treatment Plants in order that the Treatment Plants continue to comply with the State issued orders and all applicable federal, state and local law requirements.



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## NOW, THEREFORE, BE IT RESOLVED,

(a) That the City Council, having reviewed the recommendations of the WPCA as evidenced by the Resolution adopted by the WPCA on October 21, 2014, a copy of which is annexed hereto as Exhibit A and made a part hereof, hereby amends the list of improvements to the Treatment Plants included in the 2005 City Council Resolution, including, without limitation, the Treatment Plants Improvements, to include the design, rehabilitation, upgrading and construction of the following improvements to the Treatment Plants (the "Projects"):

West Side Plant Rehabilitation: Improvements to the inlet control chamber, bar screen, grit chamber, primary clarifiers, blowers, pumps (raw sewage, primary sludge, return sludge, and wasting), aeration headers, final clarifiers, various valves, stand-by power generator, and laboratory.

<u>East Side Plant Rehabilitation</u>: Improvements to the inlet control chamber, bar screen, grit chamber, primary clarifiers, blowers, pumps (raw sewage, primary sludge, return sludge, and wasting), aeration headers, final clarifiers, and various valves.

<u>Chlorination Facilities</u>: Replacement of deteriorated chlorination equipment at both the East Side and West Side Plants.

<u>Clarifier Modifications</u>: Baffles added to secondary clarifiers at Treatment Plants to enhance performance.

<u>Interim Nitrogen Assessment:</u> Baseline testing to determine nitrogen levels in discharge effluent.

Nitrogen Facility Plan: Preparation of Nitrogen Facility Report to review and recommend various technologies and determine most effective technologies for nitrogen removal.

Nitrogen Pilot Plant: Construction of Pilot Plant at West Side Treatment Plant to determine effectiveness of Modified Ludzack-Ettinger (MLE) process to remove nitrogen.



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Nitrogen Removal Improvements: Design and improvement costs related to nitrogen removal at Treatment Plants, including conversion of biological process at Treatment Plants to the Plug Flow (MLE) process by creating an anoxic zone within each Aeration System completed with internal reaeration pumps and mixers. Also greatly improved Dissolved Oxygen controls in the remaining aerobic zones, through the use of a computerized control system and provided a supplemental alkalinity system for each Treatment Plant. Work required by Nitrogen Discharge Limitation Permit.

<u>Dechlorination Equipment:</u> Installation of metering pumps, storage tanks, mixers and piping in new heated and ventilated building to remove chlorine from effluent after disinfection. Work required by the National Pollutant Discharge Elimination System (NPDES) permit for each Treatment Plant.

Sludge Facility Report: Preparation of Sludge Facility Report to review sludge handling process at Treatment Plants and recommend alternatives to construction of sludge incinerator, including equipment replacement, modifications and overhaul of sludge handling equipment.

<u>Protection of Critical Infrastructure:</u> Design and construction of projects to protect critical infrastructure at each Treatment Plant from damaging effect of major storms and resulting sea level rise.

- (b) That in connection with the Projects, the City Council hereby authorizes and approves the execution and delivery of project funding agreements (the "Agreements") between the City, the WPCA and the State of Connecticut (the "State") substantially in such form as may be required by the State. The Mayor of the City and any of the Chairman, Vice Chairman or General Manager of the WPCA shall sign such Agreements by their manual or facsimile signatures.
- (c) That, in connection with the Projects and to evidence loan or loans under the Clean Water Fund, the City Council hereby authorizes and approves the sale, issuance, rollover and/or reissuance by the City from time to time of project loan obligations, interim funding obligations or other obligations meeting the conditions prescribed in Sections 22a-475 to 22a-483, inclusive, of the Connecticut General Statutes (collectively, the "Obligations") in an amount not to exceed Ninety Million Three Hundred Seventy Thousand Dollars (\$90,370,000). The Obligations shall be issued pursuant and subject to the Clean



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Water Fund Statutes. To meet any portion of the costs of the Projects determined to be eligible for funding under said Clean Water Fund program, the City may issue its project loan obligations to the State and may issue interim funding obligations in anticipation of such project loan obligations in such denominations as may be appropriate. Any such interim funding obligations may be renewed from time to time by the issuance of other notes, provided the final maturity of such notes do not exceed the maximum period permitted under Section 22a-479 of the General Statutes. The Obligations shall be secured as to both principal and interest by a pledge of revenues to be derived from sewerage system use and/or connection charges or benefit assessments or both. The Obligations shall also be secured by the full faith and credit of the City. The Mayor of the City and any of the Chairman, Vice Chairman or General Manager of the WPCA shall sign such Obligations by their manual or facsimile signatures. The Obligations shall bear the seal of the City or a facsimile of the seal.

- (d) That, in addition to the Obligations described above, the WPCA, acting by its Chairman, Vice Chairman, General Manager or any of them, is authorized to apply for and accept federal and state grants to help defray the costs of the Projects. Any grant proceeds may be used to pay costs of the Projects or principal and interest on the Obligations authorized hereunder.
- (e) That, in connection with the Projects, the WPCA is authorized to (i) design, rehabilitate, upgrade and construct the Projects, (ii) approve and incur the costs associated with the design and construction of the Projects, including but not limited to all applicable design and construction costs, equipment, furnishings, materials, land acquisition, architects' fees, engineering fees, legal fees, net temporary interest and other financing costs, and other costs and expenses related to the Projects, and (iii) contract with engineers, contractors and others for the Projects.
- (f) That the Mayor and the WPCA, acting by its Chairman, Vice Chairman, General Manager or any of them, and any other proper officers of the City are authorized to execute all such other documents and perform all other acts which are necessary or appropriate to enter into the Agreements, to construct and complete the Projects and to issue and sell the Obligations, including, but not limited to, determining the terms and other details of the Obligations.
- (g) That any and all actions taken by the Mayor, the WPCA or any other officers of the City or the WPCA in connection with the Projects are hereby ratified and confirmed.



-6-

## RESPECTFULLY SUBMITTED, THE COMMITTEE ON BUDGET AND APPROPRIATIONS

Sulan Brange 14	
Susan T. Brannelly, Co-Chair	Michael J. Marella, Jr., Co-Chair
Lydia N. Martinez	AmyMarie Vizzo-Paniccia
13	
Patricia Swain	Howard Austin, Sr.
Denese Taylor-Mo	nye D

City Council Date: December 15, 2014

## Exhibit A

WPCA Resolution Approved on October 21, 2014

## RESOLUTION FOR ADOPTION BY THE WATER POLLUTION CONTROL AUTHORITY OF THE CITY OF BRIDGEPORT

October 21, 2014

WHEREAS, the City of Bridgeport (the "City") has been obligated since 1983 in make repairs and renovations to the East Side and West Side Wastewater Treatment Plants (collectively, the "Treatment Plants") pursuant to a Consent Order entered into between the City and the State of Connecticut and orders issued by the State of Connecticut's Department of Environmental Protection, and has retained independent consultants to evaluate the problems at the facilities and to recommend solutions to the deficiencies which have been found to exist at these facilities; and

WHEREAS, based on a facilities plan and engineering report dated March 31, 1987 entitled "East Side and West Side Wastewater Treatment Plant Facilities Plan" (the "Facilities Report") the costs of designing, rehabilitating, upgrading and constructing improvements at the Treatment Plants (the "Treatment Plants Improvements") were anticipated to be approximately \$90,370,000; and

WHEREAS, on August 23, 1988, the WPCA passed a resolution (i) approving the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements, (ii) approving the financing of such improvements through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, and (iii) recommending to the City Council of the City of Bridgeport (the "City Council") the approval of the financing of such improvements through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "1988 WPCA Resolution"); and

WHEREAS, on October 3, 1988, the City Council passed a resolution approving the financing of the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements, in an amount not to exceed \$90,370,000 through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes; and

WHEREAS, on July 19, 2005, the WPCA passed a resolution (i) approving the design and construction of various additional improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements (the "Projects"), for a total improvement cost not to exceed \$105,000,000, (ii) approving the financing of such Projects through a combination of

federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes in an amount not to exceed not to exceed \$105,000,000, and (iii) recommending to the City Council of the City of Briggeroff (the "City Council") the approval of the financing of such Projects through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "2005 Week A Resolutions"); and and collectively with the 1988 WPCA Resolution, the "WPCA Resolutions"); and

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WHEREAS, on September 6, 2005, the City Council passed a resolution approving (i) project loans and grants under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, or under any applicable Federal Program, in an amount not to exceed One Hundred Five Million Dollars (\$105,000,000), such amount representing the estimated total cost of the Projects, (ii) the sale, issuance, rollover and/or reissuance by the City from time to time of project loan obligations, interim funding obligations, or other obligations meeting the conditions prescribed in, sections 22a-475 to 22a-483, inclusive, of the Connecticut General Statutes in an amount not to exceed Ninety Million Three Hundred Seventy Thousand Dollars (\$90,370,000), and (iii) the execution of project funding agreements with the State of Connecticut and other governmental entities as may be required; and

WHEREAS, through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, including Clean Water Fund loan obligations of the City in the amount of \$79,371,201, the WPCA has effected the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements; and

WHEREAS, in the aftermath of Hurricane Irene and Superstorm Sandy, the WPCA recognizes the need to develop mitigation measures to protect critical infrastructure at both Treatment Plants to protect such Treatment Plants from the effects of sea level rise; and

WHEREAS, additional rehabilitations, upgrades and construction have been and are now required at the Treatment Plants in order that the Treatment Plants continue to comply with the State issued orders and all applicable federal, state and local law requirements.

## NOW, THEREFORE, BE IT

RESOLVED, that the list of improvements to the Treatment Plants included in the 2005 WPCA Resolution, including, without limitation, the Treatment Plants Improvements, is hereby amended and restated to include the design, rehabilitation, upgrading and construction of the following improvements at the Treatment Plants (the "Projects"):

West Side Plant Rehabilitation: Improvements to the inlet control chamber, bar screen, grit chamber, primary clarifiers, blowers, pumps (raw sewage, primary sludge, return sludge, and wasting), aeration headers, final clarifiers, various valves, stand-by power generator, and laboratory.

<u>East Side Plant Rehabilitation</u>: Improvements to the inlet control chamber, bar screen, grit chamber, primary clarifiers, blowers, pumps (raw sewage, primary sludge, return sludge, and wasting), aeration headers, final clarifiers, and various valves.

Chlorination Facilities: Replacement of deteriorated chlorination equipment at both the East Side and West Side Plants.

<u>Clarifier Modifications</u>: Baffles added to secondary clarifiers a Treatment Plants to enhance performance.

<u>Interim Nitrogen Assessment:</u> Baseline testing to determine nitrogen levels in discharge effluent.

Nitrogen Facility Plan: Preparation of Nitrogen Facility Report to review and recommend various technologies and determine most effective technologies for nitrogen removal.

Nitrogen Pilot Plant: Construction of Pilot Plant at West Side Treatment Plant to determine effectiveness of the Modified Ludzack-Ettinger (MLE) process to remove nitrogen.

Nitrogen Removal Improvements: Design and improvement costs related to nitrogen removal at Treatment Plants, including conversion of biological process at Treatment Plants to the Plug Flow MLE process by creating an anoxic zone within each Aeration System completed with internal re-aeration pumps and mixers. Also greatly improved Dissolved Oxygen controls in the remaining aerobic zones, through the use of a computerized control system and provided a supplemental alkalinity system for each Treatment Plant. Work required by Nitrogen Discharge Limitation Permit.

<u>Dechlorination Equipment:</u> Installation of metering pumps, storage tanks, mixers and piping in new heated and ventilated building to remove chlorine from effluent after disinfection. Work required by the National Pollutant Discharge Elimination System (NPDES) permit for each Treatment Plant.

Sludge Facility Report: Preparation of Sludge Facility Report to review sludge handling process at Treatment Plants and recommend alternatives to construction of sludge incinerator, including equipment replacement, modifications and overhaul of sludge handling equipment.

<u>Protection of Critical Infrastructure:</u> Design and construction of projects to protect critical infrastructure at each Treatment Plant from damaging effect of major storms and resulting sea level rise.

RESOLVED, that the WPCA hereby approves the Projects; and be it further

RESOLVED, that, in connection with the Projects, the WPCA is authorized to (i) design rehabilitate, upgrade and construct the Projects, (ii) approve and incur the costs associated with the design and construction of the Projects, including but not limited to all applicable design and construction costs, equipment, furnishings, materials, land acquisition, architects' fees, engineering fees, legal fees, net temporary interest and other financing costs, and other costs and expenses related to the Project in an amount not to exceed \$105,000,000, and (iii) contract with engineers, contractors and others for the Projects; and be it further

RESOLVED, that, in connection with the Projects, the WPCA recommends to the City Council that the City Council authorize the City to do any and all things necessary and/or appropriate (i) to obtain project loans and grants under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, or under any applicable Federal Program, in an amount not to exceed One Hundred Five Million Dollars (\$105,000,000), such amount representing the estimated total cost of the Projects, (ii) to approve the sale, issuance, rollover and/or reissuance by the City from time to time of project loan obligations, interim funding obligations, or other obligations meeting the conditions prescribed in, sections 22a-475 to 22a-483, inclusive, of the Connecticut General Statutes in an amount not to exceed Ninety Million Three Hundred Seventy Thousand Dollars (\$90,370,000), and (iii) to authorize the negotiation and execution of project funding agreements with the State of Connecticut and other governmental entities as may be required; and be it further

RESOLVED, that, in connection with the Projects, the Chairman, Vice Chairman or General Manager of the WPCA, or any of them, be and is hereby authorized as applicable, (i) to execute and file applications on behalf of the City with the Commissioner of the Department of Environmental Protection of the State of Connecticut for project loans and grants, (ii) to apply for and accept project grants under any other applicable federal or state program, and (iii) to execute on behalf of the WPCA all the applications, agreements, instruments and documents, accept payments, make disbursements and do all other things that may be necessary or appropriate in order to obtain project loans and grants and to ensure that such improvements be completed; and be it further

**RESOLVED**, that any and all actions taken by the by the WPCA in connection with the Projects are hereby ratified and confirmed.

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\*08-14 Consent Calendar

City of Bridgeport's Application for Land Value Taxation Pilot Program pursuant to Public Act 13-247, Sec. 329 and C.G.S. Sec 12-63h.

Report

Committee

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Budget & Appropriations

Submitted: December 15, 2014

pted:	St. Fleth & Huden	City Clerk	
Adopted:	Attest:		

Approved\_

Mayor



## City of Bridgeport, Connecticut

To the Pity Pouncil of the Pity of Bridgeport.

The Committee on <u>Budget and Appropriations</u> begs leave to report; and recommends for adoption the following resolution:

## \*08-14 Consent Calendar

## **BE IT RESOLVED BY THE City Council:**

- 1). That the filing of the City of Bridgeport's Application for Land Value Taxation Pilot Program pursuant to Public Act 13-247, Sec. 329 and C.G.S. Sec 12-63h, be and it hereby is approved as amended; and
- 2). That it hereby authorizes, directs and empowers the Mayor and/or such other appropriate City Officials to complete and file with the CT State OPM the City of Bridgeport's Application for Land Value Taxation Pilot Program pursuant to Public Act 13-247, Sec. 329 and C.G.S. Sec. 12-63h as amended.

## RESPECTFULLY SUBMITTED, THE COMMITTEE ON BUDGET AND APPROPRIATIONS

Susan Brangle	
Susan T. Brannelly, Co-Chair	Michael J. Marella, Jr., Co-Chair
hiplia Martino	
Lydia N. Martinez	AmyMarie Vizzo-Paniccia
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Patricla Swajn	Howard Austin, Sr.
Denese Taylor-Mo	Nove T

City Council Date: December 15, 2014



## Application for Land Value Taxation Pilot Program

	_			
<u>Bridgeport</u> Name of City/Town		ATTES]	2014 E	CHTY.
Complete this application and return (together with a copy resolution approving the application) to: Benjamin Barnes, Secretary Management, 450 Capitol Avenue MS# 54-SEC, Hartford, CT 06106-137	of the ( of the ( 9.	City Town	Soin Soin Soin Soin Soin Soin Soin Soin	RECEIVED
1. Describe the Co. IT	**			

1. Describe the City/Town's understanding of the policy objective of the land value taxation program for which Public Act 13-247 Section 329 provides.

We strongly believe that a land value taxation program will strengthen our economy. Fundamentally, it encourages economic development by taxing developed land less and undeveloped land more.

A former industrial powerhouse, Bridgeport helped build America. But today, in our post-industrial state, much of Bridgeport's 16 square miles requires remediation or is owned by the state—emphasizing the need to utilize developable land.

With this in mind, and considering our current tax structure - which charges property owners for creating jobs, using buildings and machines, and many beautification upgrades - discourages economic development while encouraging land banking, it's clear that our city needs a tax structure change.

This program may help provide a path to address this issue by encouraging economic development and discouraging land banking.

2. Describe specific results that your municipality hopes to obtain by implementing land value taxation.

Bridgeport, a city of several former industrial centers with hundreds of acres of land, hopes to continue moving forward creating jobs and growing its economy by revitalizing many industrial sites that are currently undeveloped.

One specific example is the Dupont Property, 400 acres of land formerly used to manufacture armaments for World War II. This land represents an opportunity to help grow East Bridgeport, attracting job creators, new businesses and new residents.

3. Describe how your municipality will determine if this system of taxation generates the desired results.

The City of Bridgeport will determine if this system of taxation generates the desired results through an annual review and analysis in a collaborative effort from Office of Tax Assessor, the Office of Planning and Economic Development, as well as an outside consultant with expertise on this subject matter.

4. Explain why implementing a program of land value taxation is desirable given the current state of the economy.

Bridgeport is getting better every day. We are breaking ground on Steelpointe Harbor, improving downtown, and building a second train station. Our population is growing. And Bridgeport is serving as a national model for going green; attracting green businesses, creating green jobs and producing renewable energy to help our kids breathe cleaner air.

In order to continue moving forward as Bridgeport gets better every day, we must begin to develop land that has been undervalued and underutilized, such as several former industrial sites. We believe that the Land Value Taxation Pilot Program is a good way to begin incentivizing development and movement on these properties which will strengthen our economy. At only 16 square miles, one of the nation's smallest cities, it is critical that we develop our land into productive, useful, job creating properties.

5. Describe how your municipality intends to resolve disputes arising from the fact that the municipality will increase taxes on non-buildable land using the same tax rate applicable to buildable vacant land.

The City of Bridgeport has a website. Property owners are able to dispute their taxes through the Board of Assessment and Appeals which is comprised of residents and fellow taxpayers appointed by the Mayor.

Page -3-	m
I herein certify that the <u>(Bridgeport)</u> City/Towapplication which will allow for the municipality's sele Public Act 13-247 authorizes. By resolution adopted attached), the <u>Bridgeport</u> City/Town)	that the land value taxation program that
Chief Elected Official	Date

# \*189-13 Consent Calendar

Petition from Ms. Helen Pothanszky re: Tax Abatement for Properties Located at 59 and 83 Primrose Avenue. **DENIED**.

Report

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Joint Committee

HO

Miscellaneous Matters and Budget & Appropriations

Submitted: December 15, 2014

Attest: Flethe & Huden City Clerk

Adopted:

Approved

Mayor



## City of Bridgeport, Connecticut

To the Pity Pouncil of the Pity of Bridgeport.

The Joint Committee on <u>Budget & Appropriations and Miscellaneous Matters</u> begs leave to report; and recommends for Denial of the following resolution:

## \*189-13 Consent Calendar

**RESOLVED**, That Petition 189-13 submitted by Ms. Helen Pothanszky requesting a Tax Abatement for properties located at 59 and 83 Primrose Avenue be, and it hereby is, **DENIED**.

## RESPECTFULLY SUBMITTED, THE JOINT COMMITTEE ON MISCELLANEOUS MATTERS AND BUDGET AND APPROPRIATIONS

AmyMarie Vizzo-Paniccia, Co-chair Susan J. Branhelly, Co-chair	Patricia Swain, Co-chair  Michael Marella, Co-chair
Milita Feliciano  Milita Feliciano  Jack Banta	Robert Halstead  Denise Taylor-Moye
Lydia Martinez	Howard Austin
	thy, Council President

## PETITION #189-13 Referred to Joint Committee on Miscellaneous Matters CITY OF BRIDGEPORT, CONNECTICUT & Budget on 11/17/2014

ELECUTIVE DEPARTMENT CITY HALL - LYON TERRACE TELEPHONE F76-1061

THOMAS A MULLIGAR, IL City Clerk:

CANDACE A FALMER Lecletone Chy Cherte



## APPLICANT(S) TAX ABATEMENT CHECK LIST

PLEASE CHECK (V) OFF IN THE APPROPRIATE SPACE PROVIDED BELOW THAT YOU HAVE SUBMITTED ALL REQUIRED DOCUMENTS. PLEASE RETURN WITH

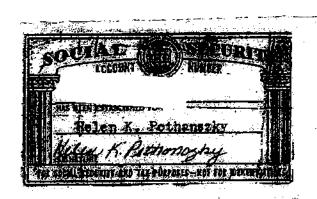
I) APPLICATION FIRANCIAL STATEMENT INCOME TAX RETURNS (3 YEARS PRIOR TO DATE OF TAX ABATEMENTS - ORDINANCE #330-82) AFFIDAYIT QUESTIONNAIRE - TAX ABATEMENT

OTHER, LIST BELOW

Please be aware that I am almost 78 years old widow, barely mobil and have very little income; amely, social security and a small rental. My awings are gone and im mortgaged to the hilt we my husband owned an 5 corp. and when 9111 represent we lost it rapponed, we lost it all. the were involved in Aviatio sold the company at a substantial When my husband died, 1

to pay most of it of (the debts) and an carrying most of the losses so that I can use it when I sell the houses which at this point (with the market as it is) is pretty hopeless.

I hope you'll be able to help me; otherwise, I don't know what to do.





## CITY OF BRIDGEPORT CLERK'S OFFICE, RM. 204 45 Lyon Terrace Bpt., CT 08604

REQUEST FOR ABATEMENT OF TAXES AND INTEREST
Please check (/ ) below the section of State Statues that you are applying under Sec. 8-215 Tax Abatement for Housing for Low or Moderate income persons Dec. 12-124 Abatement to Poor and Unable to Pay.  Sec. 12-124 Municipal Option to Abate Taxes on Resident Exceeding Eight Parcent of Occupants Income.  Sec. 12-125 Abatement of Taxes of Corporations.  Sec. 12-126 Abatement or Refund of Tax Tangible Personal Property Assessed in More than one Municipality.  Sec. 12-127 Abatement or Refund on Proof of Exempt Status.  Sec. 12-127 Abatement of Taxes on Structures of Historical or Architectural
To the "Tax Abatement Committee" of Bridgeport, State of Connecticut.
in the town of Prince Port Conech (II), hereby apply for abatement of (Vesicone) and 83 Principal Residence to the amount listed on the schedule below.  (TO APPLICANT: The Tax information required below may be obtained by visiting the Tax Due and Assessment Date Port Date and Port Date Date and Port Date Date Date Date Date Date Date Dat
Ticale (15)
13 A 55 P 5 M 6 + 1 - 2 - 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
000 1.7013 70-1
Assessment 158,140 83 Primose Av Rot 158,140
( ST TO 100 05 TO 100 05 AV BPT-USI 2013 100 224;
(2367-12)
* Dee attached
GRAND TOTAL 6993.90()
Tax Collector's Office - Validating Sign.  (Signature of Taxpayer)  (203) 296 - 1170  Business/Home Phone
(203) 296-1170  Business/Home Phone
(203) 296-1170  Business/Home Phone  LXES that were due July 1,2014 were preid in
(203) 296-1170  Business/Home Phone  LXES that were due July 1,2014 were preid in
(203) 296-1170  Business/Home Phone  Lixes that were due July 1,2014 were paid in all, but, 1 just don't have money to pay hose that will be due in Jan 2015 and
(203) 296-1170  Business/Home Phone

I ACT DAY TO DAY WITHOUT DENATTY - FRIDAY AUGUST L. 2014 VIST 2012 L COORS 5 4:00 PM, MONDAY - FRIDAY ion; July 28th through August 1st, 8an m. Payments may also be made at transfer during the month of July or fou will receive a receipt to go to http://www.hrideeportet.go; inc. police. 4827 HELEN K POTHANSZKY 59 PRIMROSE AVE BRIDGEPORT, CT (0600-2733 ing online. TY \*\*\* in person bring this entire bill with yo vell as other collection costs, in 73 23/01 9A PEOPLE'S UNITED BANK PEOPLES COM rtet poy for updated interest charg accepted. neral State Statutes and Local Ordinance The fiscal year 2015 budget for The City of Bridgeport estimates that \$190,347,280 will be received from The State of Connecticut for various State inneced programs. Without this assistance your 2013 Grand List property tax would be 70.7475 mills. REAL ESTATE TAX BILL 2014 RETURN THIS CO WITH PAYMEN Make checks payable to: 59 PRIMROSE AV TAX COLLECTOR 015 73 2367 9 A CITY OF BRIDGEPORT 8378 136 325 CONGRESS STREET BRIDGEPORT, CT 06694 EM MENTIDET DANDIEN SEDE ON GRAND LIST THE TAX TAX OUT LIST NUMBER BANK January 1, 2 July 1, 2014 **OCTOBER 1, 2013** 2013 1 0023954 NET ASSESSMENT EXEMPTION MILLRATE CROSS ASSESSMENT \$3,657.30 \$3,657.30 \$7,314.60 173,340 173,340 O 42.1980 DELINQUENT AFTER AUG 1, 2014 DELINQUENT AFTER FEI 2367--09A-----POTHANSZKY HELEN K 59 PRIMROSE AVE BRIDGEPORT CT 06606-2733 Q15130100239540003L57300000000003L57300000000000007314L91& on: July 28th through August 1st, 8am-4pm n. Payments may also be made at ranches during the month of July only. on will receive a receipt.

ego to http://www.bridgeportet.gov \*#30B 1 0022471 61-7218-2211 4828 ELEN K POTHANSZKY RIMROSE AVE DGEPORT, CT 05606-2733 ing online. ITY \*\*\* in person bring this entire bill with you. rell as other collection costs, in OPLE'S UNITED BANK PLESCOM 13 2367 12 rictery for updated interest charges neral State Statutes and Local Ordinances. cal year 2015 bildget for The City of Bhoggpan estimates that \$190,547,200 with the received from the programs. Without this assistance your 2013 Grand List property (ax would be 70.7475 mills. Trans of Connecticut for various State 7.1.1970年 - 西门牧英门 (Se REAL ESTATE TAX BILL 2014 RETURN THIS COPY WITH PAYMENT Make checks payable to: 83 PRIMROSE AV TAX COLLECTOR 015 73 2367 12 CITY OF BRIDGEPORT 7928 17 325 CONGRESS STREET

BRIDGEPORT, CT 06604

BANK ON GRAND LIST TOTAL TAXOUS PAYMENT DES DIST July 1, 2014 January 1, 2015 **OCTOBER 1, 2013** 3 1 0022471 MILL RATE \$6,673.20 \$3,336.60 \$3,336,60 158,140 42.1980 158,140 O DVELINGUENT AFTER ANG 1, 2014 DELENOMENT AFTER FIED 2.

POTHANSZKY HELEN BRIDGEPORT CT 06606-2733



10/24/2014

memo to.

City Clark-Rm 204 City of Bpt 45 Lyon Terrace Bpt Ct 06604

Pa: A X RECEIVED AND SHOW AND

I've filled out the attached papers as possible as could - I hope it's all okay =

Keep in mind that I'm almost 78 years old, a widow barely mobil with failing "everything" I'm mailing the enclosed because I find it difficult to get around too much.

I have enclosed copies of stuff such as Taxes lowns etc. in the hopes these will make it easier for you,

I rever thought I'd have to ask for help with taxes but I've come to the point where I just don't have the noney to pay them. I've been paying Isome taxes since the 1960's -- a very long time.

I ask for your consideration &

Helen K Pethanshy

#### TAX ABATEMENT COMMITTEE'S RECOMMENDATION TO THE CLAIMS COMMITTEE

.::

To the Claims Committee: it is
To the Claims Committee; it is recommended that an abatement of property taxes and/or interest in the amount of
interest in the amount of
interest in the amount of be made to the above-named taxpayer
Provided of Section(a).
Dated at, Conn., theday of19
Chairman
City
ACTION TAKEN BY CLAIMS COMMITTEE  At a regular meeting of the Claims Committee held on the day of
\$ to to
Taxpayer
Claims Committee of the Common Council
Chairman Chairman
Chairman
$\cdot$ . $\cdot$

CIGIN VICE RECEIVED

LIBINARY 33PD 2: 13

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CONTROLL

CONT

#### CITY OF BRIDGEPORT CITY CLERK'S OFFICE, RM. 204 45 Lyon Terrace Bpt., Conn. 06604

QUESTIONNAIRE - TAX ABATEMENT Helen K. Pothanszku 1. Name of Applicant\_ 2. Principal Resident of Applicant 59 З. Address of Property to be Abated\_ impore 4. Do you own this property? <u>UCS</u> If Yes, when did you acquire this 1991 (200) 4a. Type of Property: Single Family ---- Kulti Family Apt. Building Commercial Use \_\_\_\_ Mixed Use. (Please check one) (83) Administrate 5. Acquisition Type: \_ Quit Claim Deed also both Mortgaged Attach copy of Deed and state Volume and Page City land SSee See Thached \$59 Primrose - Introcercorded Vol 1281, Pcj 200 2011/164 recorded University Pcj 200 2011/164 recorded University Pcj 200 2011/164 recorded Vol 2874, Pcj 200 2011/164 recorded Vol 2874 reco 米 Total Abatement Request \$ 20051 | (Tex and/or Interest). 6. (For amount: Refer to Application - "Request for Abatement of Taxes and Interest.) Have you attempted to work out a payment schedule with the Tax Collector or 7. designated representative for either your current or back tax abatement request? at this time taxes are paid up to date - (See attached if answer is yes, name the individual you talked to and what was the result of that discussion. If the answer is no, your request will not be considered until you do so. (If you bought properties and accepted tax obligations in Deed documents, you must work out a payment schedule nmose SINCE 83 Primose

do not have copies of warranty deeds, but, I've enclosed roof of ownership by (cont.) enclosing certificates & to of what I do have Remember please. #59 was numbered

8.	8. If you had received any tax abatement in prior years, li of such property.	st the amounts and locat
	No	· ·
		CITY ZEID
9.	9. Is your tax account in forceless.	
10.	9. Is your tax account in foreclosure by the City of Bridgep  O. Is the subject property in several	
	Is the subject property in foreclosure by an entity or in mortgage company)? No	divideal (1.e bear
	(a) Name of foreclosing party	ω m
	(b) Date of foreclosure action	
11.	Ocher action in civil court affecting your or	
	(a) If answer is yes, please state nature of action	and parties involved?
A		
Any ac	additional information can be attached or itemized below:	
(1) H	am almost 18 years old, a widow, be	rely mobil
		15 are gone,
1/1 1/		
	be unable to pay my takes but able to do so. And with the curr	
	Delen K. Porhmashy	ober 24, 2014
ì	Signature of Applicant Och	Date   Date
	Malle 10/24,	In I
	Notarized by	Date
can	Mark T. Stern  Commissioner of The Superior Court  NOOT EVEN SEH The house at 83	Primrose for
η <b>Θ</b> -	THE COLF IT ISE	11 04 (milliose)
nce	ave no where to live. I really r	reed help!



#### City of Bridgeport, Connecticut OFFICE OF THE CITY CLERK LEGISLATIVE DEPARTMENT

45 Lyon Tenace · Bridgeport, Connecticut 06604 · Telephone (203) 576-7081 · Fax (203) 332-5608 FLEETA C. HUDSON

City Cleak

Assistant City Clerk

April 4, 2012

Helen K. Pothanszky 59 Primrose Avenue Bridgeport, Connecticut 06606

Dear Ms. Pothanszky:

We received your request for Tax Abatement on April 2, 2012 but the package is incomplete. I am enclosing the instructions for applying for Tax Abatement for your review.

Upon submission of all required documents, your request will be referred to the City Council for Consideration.

Sincerely,

Assistant City Clerk

GO (3 )

# LAST DAY TO PAY WITHOUT PENALTY - FRIDAY AUGUST 1, 2014

Staboo 1 Goday

4828

on: July 28th through August 1st, 8am-4pm n. Payments may also be made at

4:00 PM, MONDAY - FRIDAY

ranches during the mouth of July only.

'on will receive a receipt. e go to http://www.hrideeportct.gov

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HELEN K POTHANSZKY 59 PRIMIROSE AVE BRIDGEPORT, CT 06606-2733

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he fiscal year 2015 bidget for The City of Bringepour estimates mar 5190,347,2500 with occupant months of Connecticut for various State manced programs. Without this assistance your 2013 Grand List property tax would be 70,7475 mills. NAMES ASSESS FRANKE SOUND

# REAL ESTATE TAX BILL 2014

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RETURN THIS COPY	WITH PAYMENT
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Make	TAX	S	325	BRI	

CONGRESS'STREET DGEPORT; CT 06604 Y OF BRIDGEPORT COLLECTOR checks payable to:

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POTHANSZKY HELEN 59 PRIMROSE AVE BRIDGEPORT CT 06606-2733



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January 1, 2015

July 1, 2014

\$3,336.60

PAYMENT DU

\$3,336.60

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#### Know All Men By These Presents:

THAT I, MARK B. ALEXANDER, of Fiskdale, Massachusetts, do hereby release and discharge a certain mortgage from PANONIA, INC., to the ESTATE OF SARAH NAKASHIAN dated January 31, 1991 and recorded in the Land Records of the City of Bridgeport, County of Fairfield, and State of Connecticut, in Volume 2874 at Page 054, which mortgage was assigned to MARK B. ALEXANDER by Assignment of Mortgage dated August 20, 1991 and recorded in the Land Records of the City of Bridgeport, County of Fairfield, and State of Connecticut, in Volume 2935 at Page 102.

In Witness Whereof, I have hereunto set hand and seal this 2 day of January, 2006.

Signed, Sealed and Delivered in presence of

Danite m. Relieve

Vanette H. Richard (Aunt)

Structey A. Balangon

Shirley A. Belanger (Pint)

Mark B. Alexander

State of Massachusetts)

ss. Fiskdale

January 26, 2006

County of Worcester

Personally appeared, MARK B. ALEXANDER, the signer and sealer of the foregoing instrument, who acknowledged the same to be his free act and deed, before me.

(SEAL)

EPADGEFORT, CLAMA.

LAND RECORDS

Notary Public:

My Commission Expires:

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From

Mark B. Olexander Estate & Savah Nakashan

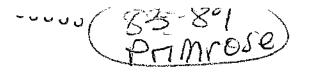
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PONDAIA, INC.

andrew & Pothanszley
president & Owner
Panonia, Inc
Sig Primrose alenne
Sig Primrose alenne
Sig Primrose alenne Please return to -

Mr. Andrew F. Pothanszky

59 Primrose Aye.



#### **QUITCLAIM DEED**

I hereby certify that this a true copy of the oric document received for rein the Office of the To Clerk of the City of Bridge on 1400 at 1000

PANONIA, INC., a Connecticut corporation having its principal place of business at 59 Primrose Avenue, Bridgeport, Connecticut for NO CONSIDERATION paid grant to ANDREW F. POTHANSZKY and HELEN POTHANSZKY as joint tenants with rights of survivorship, whose mailing address is 59 Primrose Avenue, Bridgeport, CT 06606, with QUITCLAIM COVENANTS

All that certain piece or parcel of land, situated in the City of Bridgeport, County of Fairfield and State of Connecticut, more particularly bounded and described on Schedule "A" attached hereto and made a part hereof.

In all references herein to any parties, persons, entities or corporations, the use of any particular gender or the plural or singular number is intended to include the appropriate gender or number as the text of the within instrument may require.

In Witness Whereof, the Grantors have hereunto set their hands and seals this 4th day of January, 2006.

Signed, Sealed and Delivered in the presence of or attested by

PANONIA, INC.,

THOMAS J. ROSATI

ANDREW F. POTHAMSZKY Its President, Duly Authorized

STATE OF CONNECTICUT

: ss. Stratford

January 4, 2006

COUNTY OF FAIRFIELD

On this the 4<sup>TH</sup> day of January, 2006, before me, the undersigned officer, personally appeared ANDREW F. POTHANSZKY, President, the signer and sealer of the foregoing instrument, and acknowledged the same to be his free act and deed on behalf of PANONIA, INC.

In witness whereof I have hereunto set my hand.

CONVEYANCE TAX RECEIVED

STATE

THOMAS J. ROSATI
Commissioner of the Superior Court

BRIDGEPORT TOWN CLERK'S OFFICE

#### SCHEDULE "A"

All that certain real property situated in the City of Bridgeport, County of Fairfield, and State of Connecticut, being shown and designated as Lots 30 and 31 as shown on map of William T. Mullins dated December 30, 1916, prepared by Frank B. Jaynes, which map is on file in the Bridgeport Town Clerk's Office in Map Volume 8 at Page 9.

Said premises also being shown as Lot 5 on a certain map entitled "Resubdivision of Lots for Sarah Makashian Bridgeport, Conn.," dated December 2, 1964, prepared by Joseph T. Kasper & Sons, which map is on file in the Bridgeport Town Clerk's Office in Map Book 30 at Page 47.

Said premises being known as 83 and 87 Primrose Avenue, and being a portion of the premises conveyed to Sarah Nakashian by deed dated April 17, 1941 and recorded in Volume 761 at Page 386 of the Bridgeport Land Records.

EAND RECORDS

BEC"D FOR RECORD FILING

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RECTOR DIAZ, TOWN PLENK



## On all Jeople to Illiquin these Aresents shall Come, Greeting:

Know Mr. That I, MARK B. ALEXANDER,

Executor of the will of late of Bridgeport, SARAH NAKASHIAN, an Order of the Court of Probate for the District of Bridgeport, deceased, by virtue of Connecticut, dated January 9, 1991,

and in consideration of the sum of ONE HUNDRED TWENTY FIVE THOUSAND (\$125,000.00) cents, received to PANONIA, INC., a Connecticut corporation having its principal place my full satisfaction of of business at 59 Primrose Avenue, Bridgeport, Connecticut, 06606,

, do grant, bargain, sell and confirm unto the said grantee all the right, title, interest, claim and demand which the said Sarah Nakashian decease, or which I, as such Executor, had at the time have or ought to have, in and to a certain piece or parcel of land, with the buildings thereon, Bridgeport, County of and State of Connecticut, and bounded and described as follows:

All that certain real property situated in the City of Bridgeport, County of Fairfield, and State of Connecticut, being shown and designated as Lots 30 and 31 as shown on map of William T. Mullins dated December 30, 1916, prepared by Frank B. Jaynes, which map is on file in the Bridgeport Town Clerk's Office in Map Volume 8 at

Said premises also being shown as Lot 5 on a certain map entitled "Resubdivision of Lots for Sarah Nakashian Bridgeport, Conn.," dated December 2, 1964, prepared by Joseph T. Kasper & Sons, which map is on file in the Bridgeport Town Clerk's Office in Map Book 30 at Page

Said premises being known as 83 and 87 Primrose Avenue, and being a portion of the premises conveyed to Sarah Nakashian by deed dated April 17, 1941 and recorded in Volume 761 at Page 386 of the Bridgeport Land Records.

#### Subject to:

- Taxes on the Grand List of October 1, 1990, not yet due and pay-
- Zoning, planning, and building regulations and any other restrictive laws or regulations of the said City of Bridgeport.

On Haur and in Huld the above granted and bargained premises with the appurtenances thereof, unto the said grantee, beirs and and their own proper use and benefit forever. And it assigns to I, the said executor, do hereby covenant with the said grantee, its heirs and assigns, that have full power and authority, as execut or aforesaid, to grant and convey the above described premises in manner and form aforesaid and for my self and and heirs, executors and administrators do further covenant to warrant and its heirs and assigns, against the said grantee, defend the same to the claims of any person or persons whomsoever, claiming by, from or under as execut or aforesaid.

In Wilness Wherenf. I, as such executor, have hereunto set my hand and seal this 31th day of January A.D. 1991.

Signed, Sealed and Delipered in presence of:

Joanne E. Cockerill

Mark B. Alexander, Executor



Robert S. Tellalian

State of Connecticut, County of Fairfield

SS. Bridgeport

January 31, A. D. 1991

Personally appeared MARK B. ALEXANDER,

the signer and sealer of the foregoing instrument, who acknowledged that he executed the same in the capacity and for the purpose therein stated, and that the same is his free act and deed before me,

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Robert S. Tellalian

Commissioner of the Superior Court

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neral State Statutes and Local Ordinances.

TLEN K POTHANSZKY PRIMROSE AVE UDGEPORT, OT 06606-2733

scal year 2015 budget for The City of Bridgeport estimates that \$190,347,280 will be received from The State of Connecticut for various State ed programs. Without this assistance your 2013 Grand List property tax would be 70.7475 mills.

#### REAL ESTATE TAX BILL 2014

Make checks payable to: TAX COLLECTOR CITY OF BRIDGEPORT 325 CONGRESS STREET **BRIDGEPORT, CT 06604** 

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59 PRIMROSE AV 73 2367 9 A 8378 136

RETURN THIS COPY WITH PAYMENT

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POTHANSZKY HELEN K 59 PRIMROSE AVE BRIDGEPORT CT 06606-2733

Primrose

#### VOL 1281 PAGE 200 OPEN-END MORTGAGE

To all People to whom these Presents shall come, Greeting;

KNOW YE, THAT ....I, HELEN M. KENNEDY, of the City of Bridgeport, ...... County of Fairfield and State of Connecticut

hereinafter called the Grantor, for a valuable consideration, received of First Federal Savings and Loan Association of New Haven, a corporation organized under the laws of the United States, and chartered pursuant to the provisions of Section 5 of the Home Owners' Loan Act of 1933, located in the Town of New Haven, in the County of New Haven and State of Connecticut, hereinafter called the Grantee, do give, grant, bargain, sell and confirm unto said Grantee, and unto its successors and assigns forever, all that certain piece of land, with the buildings and all other improvements now or hereafter placed thereon and all appurtenances thereof, situated in the 

comprising Lot No. 27 and the southerly 22 feet of Lot No. 28 on Map of William T. Mullins, known as Glendale Park, made by Frank B. Jaynes, dated December 30, 1916, and on file in the Bridgeport Town Clerk's Office, and bounded and described as follows:-

NORTHERLY:

By the northerly 18 feet of Lot No. 28, on said

map, 100 feet;

EASTERLY:

By Doveri Avenue, now known as Primrose Avenue,

62 feet:

SOUTHERLY:

By Glendale Avenue, 100 feet;

WESTERLY:

By a portion of Lot No. 54, on said map, 62 feet.

Known as #59 Primrose Avenue.



Together with all existing and future favorable easements, appurtenances, buildings, improvements portable or sectional buildings (or parts thereof), furnaces, oil and gas burners, water heaters,

#### FINANCIAL STATEMENT

(Current Status - as of Date Filing for Abatement) Dete 10/24/2014 othanszku \_ Social Security Number \_ Phone Business or occupation 18178 Are 771/2 Dependents ( April 13 1937) ASSETS LIABILITIES AND NET WORTH Lite Ins Coshed in (4) & 10,000.00 Cash on hand and in banks (A) . S. 2000. OO T Notes due to banks (A) ..... \$ 110, 516.33 U. S. Government recurities (B): . \_ none Notes due to relatives and Other stocks and bonds (B)....  $\triangle OOO e^{-1}$ Accounts and notes receivable (C): friends (F) Notes due to others (F) ...... Due from relatives and friends *ഥഗാട്ര* Accounts and bills due (F) ..... Due from others - good ..... Unpaid income taxes Due from others - doubtful... NONe Other unpaid taxes and interest . . Real estate (D), (ESE)..... 490,000,00 Real estate mortgages payable (D) . Automobile 1993 Jeep. <u> 1 000 . O D</u> Contract accounts payable (C) Cash value of life insurance (E) ... Brokers margin accounts. Other assets - itemize 700ms furniture Other debts - itemize I rewelve Total liabilities ...... Net worth..... Total liabilities and CONTINGENT LIABILITIES ANNUAL INCOME As endorser, comaker, or DODE Commissions and bonuses . On leases or contracts...... മരവര Lenal claims ...... DODE Rental and lease income (net of Federal income taxes ...... operating expenses 1 - 1000/100 Other - list Other - list none noto l <u> Р</u>одиа \* MONHILY Rent 1.000.00 A) CASH IN BANKS AND NOTES DUE TO BANKS Income 1535.60 200 200 NAME OF BANK ON DEPOSIT DUE BANKS COLLATERAL (IF ANY) alka Amortra-171 s cashed in and a Primose

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2727 Spring Creek Dr. Spring, TX 77373



#### Statement of Line of Credit Payments

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HELEN K POTHANSZKY 59 PRIMEOSE AVE BRIDGEPORT CITY, CT 06606

This is a statement of your account reflecting the net principal finit ever Frecent Ame of credit between

Pay Plan Type:

Line of Credit

Funded Date:

08/24/2011

Loan #:

251106025

Berrower: Property:

HELEN K POTHANSZKY

**59 PRIMROSE AVENUE** 

BRIDGEPORT, CT 06606

Original Credit Line:

\$0.00

Current Gross Credit Line:

\$0.00

Unsch. Credit Line Disb. Bal. (-):

\$0.00

Net Credit Line Set Aside (=):

00.02

! Modified Term or Modified Tenure only

#### Interest Rates

Interest Rate Type:

Monthly (1-Mth LIBOR)

Month

Index Mergin

Int. Rate (Index+Margin)

October

2.250% 0.155%

2.405%

Your Reverse Mortgage loan has a variable-rate feature, the monthly and daily

period rates may vary as a result.

Transaction Effective

Transaction Description

Principal Amount

Date Date

> Disb - Linscheduled from LOC 10/20/2014

\$2,000.00

10/20/2014

\$2,000.00

Principal Limit Information

Original Principal Limit:

S.65 330/10

Loan Balance Prior to Payment:

S-15 (.05) A

<del>Current Principal</del> Limit:

Loan Balance After Payment(-):

Servicing Fee Set Aside(-):

Repair Set Aside(-):

First Year Set Aside(-):

**40 D** 7.0

250

Credit Line Set Aside(-):

ZAAuvantage Sold Gard

Member Since 192 Account number ending in: 9654

Billing Period: 0 1/20/14-10/21/14

Primrose)

www.citicards.com 1-888-766-CT 2494 BOX 6062 SIOUX FALLS, SOST

Minimum payment due:

New balance:

Payment due date:

\$184.73

\$7,759.11 11/17/14

Late Payment Warning: if we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37 and your APRs may be increased up to the variable Penalty APR of 29,99%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your **Account Summary** 

Previous balance

**Payments** 

Credits Purchases

Cash advances

Fees

**reterest** 

Frankli Breek

Balance Charges + Previous Fees and + Principal Balance | Superior Statement | Principal Balance | Principal Balance | Superior Statement | Principal Balance | Principal Balance | Superior Statement | Principal Balance | Princ

Mrs. Heien K Pothonszky 59 Primrose Ave Bridgeport CT 06606-2733

83 Primrose

Payment Coupon	Home Equity Line Of Credit /	Account Number 0041940019755
		12 19 19 19 19 19 19 19 19 19 19 19 19 19

Due Date	Check box if address has changed; indicate changes on reverse side.  - Please make check payable to Chase.  - Write your account number on your check; include coupon with payment.
	Amount Enclosed \$

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4 29400 297553#

etpres urneu Bank

> Helen K. Pothanszky 59 Primrose Ave. Bridgeport, CT 06606

- Owner

Statement Date: 10/17/2014 Customer Service Phone: 600-525-1006 www.peoples.com

Account/Note Number de Category
Officer NORTH MADISON AVENUE
Branch Number

Payment Due Date

11/02/2014

Amount Due

\$293.42

After 11/17/14 a late charge of \$29.00 will be assessed.

#### HELISHON OF ANNUAL QUE

	And the same of th
ipal ·	\$227.42
388	\$66.00
w (Taxes and/or insurance)	\$0.00
Regular Monthly Payment	\$293.42
Fees and Charges due Payment	\$0.00
Total Amount Due	\$0.00
. Am Linkert DAS	\$293.42

inncipal and interest estimated breakdown nes the payment is made on the due date. The I application of the payment will be determined I on the date that it is applied.

#### **mut injernation**

inding Principal at Rate iment Penalty

\$8,757.22 7.240000% Property Address

83 PRIMROSE AVE BRIDGEPORT CT 06606-2733

Laby

CAST WE DIS STEEL STOWN		
	Paid Last Stmt Cycle	Paid Year to Date
Principal Interest Escrow (Taxes and/or Insurance) Fees Partial Payment (Unapplied)* (see separate page for more Information)	\$243.43 \$49.99 \$0.00 \$0.00 \$0.00	\$2,104.00 \$536.78 \$0.00 \$0.00 \$0.00
[otal	\$293.42	\$2,640.78

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59 PRIMRO	nber and street). If you have a P.i	J. DOX, see instru	ctions.			
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use 200 C	nemployment compensation	·····			17	-18,876.
iose 20a S	ocial security benefits	1 00-		**********************	<u>18</u>	
21 0	her income. I ist time and a	208	_18,954 l h	Inchia	19	
- <u>22</u> Co	mbine the amounts in the	A TACT CA	RRYOVER TO	2011 - 252	206	0.
29 Ed Sted 24 Co	ucator expenses appenses of received and the control of the contro	it column for line	s 7 through 21. This is vo	W total income	794 - 21	-257,794.
24 00	cials, Attach Form 2106 or 210s E77	erforming artists ar	Significant Control of the Control o	23	···· <u>*</u> 22	-276,497.
ne <sup>25 He</sup>	alth savings account deduction. A ving expenses. Attach Form 3903	***************************************	2	4		
1710	**************************************			<del></del>		•
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aa Sing	ant loan interest doduction			†		•
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85 Dome	Stic production setting			<del> </del>		•
501116		JII Affach Enter 4	8009	<del> </del>	[6] 李丕]	
A0 W10 II	DBS 23 through as	Comment of the Comment	3500 1 35		<b>───</b> ─── <b>─</b> ───────────────────────────	
37 Subtr	nes 23 through 35 ct line 36 from line 22. This is yo Act, and Paperwork Reduc					

#### Form 8879

Department of the Treasury Internal Revenue Service

#### IRS e-file Signature Authorization

Do not send to the IRS. This is not a tax return.
 Keep this form for your records. See instructions.

OMB No. 1545-0074

2011

Declaration Control Number (DCN) 7 00 - 061677 - 00405 - 2	· · · · · · · · · · · · · · · · · · ·	
Taxpayer's name HELEN K. POTHANSZKY	Social security number	-
Spouse's name.	September 1	
Part   Tax Return Information - Tax Year Ending December 31, 2011 (Whole	Dollars Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 -276	,497
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	<del>.</del>
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)		
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line		
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	0
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) Part II: Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy of your ret	um)
from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic reand to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason of the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate the entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owered the financial institution to debit the entry to this account. I further understand that this authorization may apply to the through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To reque a payment, I must contact the U.S. Treasury Financial Agent at 1-88-353-4537. Payment cancellation requests must payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment electronic income tax raturn and, if applicable, my Electronic Funds Withdrawal Consent.	son for any delay in processing the return an ACH electronic funds withdrawal (direct of on this return and/or a payment of estim future Federal tax payments that I direct to number (PIN) to access EFTPS. This author est that my PIN be mailed to me, or to revo the received no later than 2 business days and of faxes to receive confidential informat	or retund, at debit) atéd tax, be debite arization is oke (cance prior to the
Taxpayer's PIN: check one box only	٠.	
X   authorize ORANGE & MARTORELLI, LLP CPA'S to enter or ger	nerate my PiN	
ERO firm name	Enter five numbers,	
as my signature on my tax year 2011 electronically filed income tax return.	do not enter alt zero:	8
I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Cher PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III believes	Date > 03/22/2012	
Spouse's PIN: check one box only		ı
authorize to enter or ger		
FRO first name	Enter five numbers, do not enter all zero	but
as my signature on my tax year 2011 electronically filed income tax return.		
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Spouse's signature >	Date >>	·
Practitioner PIN Method Returns Only - con-	tinue below	
Part III Certification and Authentication - Practitioner PIN Method Only		
RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	not enter all zeros	
certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronicall idicated above. I confirm that I am submitting this return in accordance with the requirements of the Pro- landbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	lly filed income tax return for the taxp	ayer(s) ion 1345
RO's signature >	Oate >	
PRO II I Date This form Can bearington	one	
ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Requeste	ed To Do So	
HA For Pagerwork Reduction Act Notice, see separate instructions.	Form 8	<b>3879</b> (201

### SCHEDULE A (Form 1040) Department of the Treasury (95) Internal Revenue Service (95) Name(s) shown on Form 1040

Attach to Form 1040.

#### Itemized Deductions

1. The second

Im See Instructions for Schedule A (Form 1040).

20 1 1 Attachment

	K.	POTHANSZKY	Your social security number
Medical		Couries De la Courie De la Cour	
and		Caution. Do not include expenses relmbursed or paid by others.	
Dental			ł
xpenses		Enter amount from Form 1040, line 38 2 -276, 497.	<u>1,524.</u>
		Multiply fine 2 by 7.5% (.075)	
axes You		13	0.
aves inc	1 5	State and local (check only one box):	1,52
<b></b>		income taxes, or	204
		b General sales taxes	
	6	Real estate taxes (see instructions)	
		6	,664.
	7	Personal property taxes	<u></u>
•	8	Other taxes. List type and amount the	63.
		Other taxes. List type and amount	
	9	Add lines 5 through 8	
erest u Paid	10	Home mortgage interest and points reported to you on Form 1098	9 727
u raiq	11	Home mortgage interest and points reported to you on Form 1098 from whom you bought the home, see instructions and show that	9,727
		from whom you bought the home, see instructions and show that person sname,	<del></del> -
		1 : 1	
e. r mortgage			
est	12	Points not reported to you on Form 1999	
ction may	13	Mortgage insurance premiums (see instructions)  12	
mited (see uctions),	14	Investment interest, Attach Form 4050	736.
	15	Add lines 10 through 14	130.
s to	16	Sifts by cash or check life.	<del>  </del>
rity		Julier than by cash or charter to	<u> 15 9,736.</u>
ı made a nd got a	•	Other than by cash or check. If any gift of \$250 or more, see instructions.  16 1,  You must attach Form 8283 if over \$500  Carryover from prior year	150. STMT 2
fit for it	10 4	2000	200
natructions.	10 /	Carryover from prior year	200. 220.
alty and		add lines 16 through 18 1,	<del>-</del>
Losses	<u>20 (</u>	asualty or theft loss(es). Attack	<u> 19</u> <u>0.</u>
xpenses 2	21 L	asualty or theft loss(es). Attach Form 4684. (See instructions.)	
ertain Haneous	Α	nreimbursed employee expenses - job travel, union dues, job education, etc.	. [20]
ctions		- Addition (See Instructions.)	
	_		
. 2	2 Ta	x preparation fees	1
2	3 O	x preparation fees 21 her expenses investment, safe deposit box, etc. List type and 22	
		The state of the s	
	_		
	_		
24	₽ Ād	er amount from Form 1040, line 38	
25	Em	er amount from Form 1040, line 39	<del></del>
26	Mu	er amount from Form 1040, iine 38 24	<del></del> -
27			
28	Oth	er - from list in instructions 1 in 126 is more than line 24, enter -0-	<del></del>
eneous Ons		er - from list in instructions. List type and amount	27
Offs		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Add	the amounts in the second	1 1
29	line	the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040,	28
∍d		, siner this amount on Form 1040.	
	five	Glact to Rombin 4.	1
ed tions	" you	WEG TO COMPANY AND THE PROPERTY OF THE PROPERT	29 20,987.

Form 1040 (2011)	H	ELEN K. POTHANSZKY	<u></u>		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)		38	-276,497.
Credits	39a	Check \[ \bigce{X} \] You were born before January 2, 1947, \[ \bigce \] Blind.	Total boxes		
Standard		if: Spouse was born before January 2, 1947, Blind.			
Deduction for -	ь	If your spouse itemizes on a separate return or you were a dual-status alien,			"
People who Licheck any	40	Itemized deductions (from Schedule A) or your standard deduction (see lef		1	20,987.
box on line 39a or 39b of	-	• • •			-297,484.
who can be	41	.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3,700.
cisimed as a dependent.	42	Exemptions. Multiply \$3,700 by the number on line 6d			
1 1	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 4			0.
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c			0.
	45	Alternative minimum tax, Attach Form 6251		t	<u> </u>
6 All others: Single of	46	Add lines 44 and 45		46	0.
Married filing	47	Foreign tax credit. Attach Form 1116 if required	. 47	_	
separately, \$5,600	48	Credit for child and dependent care expenses. Attach Form 2441	48		
Married filing	49	Education credits from Form 8863, line 23	49		i
jointly or Qualifying	50	Retirement savings contributions credit. Attach Form 8880	50	_j:	
widow(er), \$11,600	51	Child tax credit (see instructions)	51		į
Head of	52	Residential energy credits. Attach Form 5695		7	
household, \$8,500	53	Other credits from Form: a 3800 b 8801 c	53		
44,555	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-			0.
Other	56	Self-employment tax. Attach Schedule SE	A THE PARTY OF THE	56	
Taxes		Unreported social security and Medicare tax from Form: a 2 4137 b	] 9048	57	
IUACG	57				
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 532			
			<u></u>		
	þ	First-time homebuyer credit repayment. Attach Form 5405 if required	the state of the s		
	60	Other taxes. Enter code(s) from instructions	<u> </u>	60	
	61	Add lines 55 through 60. This is your total tax		61	0.
Payments	62	Federal Income tax withheld from Forms W-2 and 1099	62	4	
	69	2011 estimated tax payments and amount applied from 2010 return	. 53		•
If you have	64a	Earned income credit (EIC)	64a	]	
a qualifying child, attech	b	Normaxable combat pay election 64b	KT		
Schedule EIC.	65	Additional child tax credit. Attach Form 8812		] [	•
	66	American opportunity credit from Form 8863, line 14		1000	
	67	First-time homebuyer credit from Form 5405, line 10		7	
	68	Amount paid with request for extension to file	·· <del>                                   </del>	T 🔭 📗	
	69	Excess social security and tier 1 RRTA tax withheld		1023	
		Credit for federal tax on fuels. Attach Form 4136	70	1	
		Credits from Form: a 2439 b 8839 c 8801 d 8885	"   74		
	71		} [[] []	1 1	
-		Add lines 62, 63, 64s, and 65 through 71. These are your total payments	A	72	0.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount		73	<u> </u>
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check	here	74a	
-	~ b	Routing Caecking Seriegs Account Account		极级计	
Instructions.	75	Amount of line 73 you want applied to your 2012 estimated tax	75 0.	4	_
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, se	e instructions	76	0.
You Owe	77	Estimated tax penalty (see instructions)	. 77	K 177	
Third Part		o you want to allow another person to discuss this return with the IRS (see ins	tructions)? X Yes. Complete be		No
Designee	•	WILLIAM L MAINELLA, CPA 90.	F (403) 004-14.63	i hrimber i	PIN 98765
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying ache correct, and complete. Declaration of preparar (other than texpayer) is based on all information	dules and statements, and to the best of my n of which prepare has any knowledge.	/ Knowled	ge and belief, they are time,
Here		Your signature Date Your occupat		Dayti	me phone number
Joint return? See instructions:	ķ.,	RETIR	3D		
Кеер а сору	F	Spouse's signature. If a joint return, both must sign. Date Spouse's occ	Apation		1716 sent you an Identity
for your records.					ction PIN, It here
<del></del>	Prin	/Type preparer's name Préparer's signature	Date Check	if PT	
Paid	,		self-employed	ļ	
Preparer	<b>7.7</b> T	T.T.TAM T. MATNET.T.A		100	00735277
		LLIAM L. MAINELLA   **TRATTO >> ORANGE & MARTORELLI, LLP CPA'	<u> </u>		1362236
Use Only					32-7171
110002	_	50 CHERRY STREET	Phone no 2 U	<u> </u>	/a- <u>/</u> +/-
11-07-11	First	's address ► MILFORD, CT 06460			

#### Schedule A - Charitable Contributions Worksheet

HELEN	ĸ.	POTHANSZKY
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	1	10000									AGI 50% of AGI	-276,49
Year	Contributions	100% Limit	50% Limi		30% Limit		Appreciate	ď	Apprecia	ted	Total	
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											f	2.570.

Sc	hedule A Charitable Contributions Limitat	<u>ion</u>	<u></u>
N,A	ME HELEN K. POTHANSZKY		
50%	% Contributions		
1.	50% of AGI	0.	٠,
	Contributions qualifying for 50% limit	1,350.	
з.	Allowable 50% contributions		0.
30%	% Contributions		
4.	Remaining 50% limit (Line 1 - Line 3)		
	Less capital gain property - special 30% limits		
8.	Balance of 50% of AGI	0.	
7.	30% of AGI		
	Contributions qualifying for 30% limit		
9.	Allowable 30% contributions (lesser of Line 6, 7 or 8)		0.
30%	6 Special Contributions		
10.	30% of AGI		
	Contributions qualifying for 30% special limit		
	Remaining 50% limit (line 1 less lines 3 and 9)	0.	
13.	Allowable 30% special contribution (lesser of Line 10, 11 or 12)		0.
	Countrille value on a		
	6 Contributions		
	20% of AGI		
	30% of AGI		
io.	Allowed 30% regular contributions		
17	Line 15 less line 16	0.	
	Allowed 30% special contributions	3.	
ιφ.	700Web 3076 apecial contributions		
í Q	Line 15 less line 18	0.	
20.	01	· ŏ.	
	Contributions subject to the 20% limitation		
	Continuential subject to the 20% anneador.		
22	Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)	·	0.
	• • •		
<del>1</del> 0%	and 100% Conservation Real Property Contributions		
23.	Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)		
	Conservation real property contribution subject to 50% limit		
,	Conditional property continuation conjust to down with		
25.	Allowable 50% conservation real property contribution (lesser of Line 23 or 24)		0.
6.	Remaining 100% of AGI		
	Conservation real property contribution subject to 100% limit		
8.	Allowable 100% conservation real property contribution (lesser of Line 26 or 27)		0.
_	Total 0011 apphilipping allowed on Calabida A		
	Total 2011 contributions allowed on Schedule A		
J,	Total prior year carryovers allowed on Schedule A		·
	Total charitable contributions to Schedule A, Line 19		
1.	Total Chargode Confrioutions to Schedule A. Line 19	3	

#### SCHEDULE B

(Form 1040A or 1040)

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

#### Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

See instructions.

20 1 1 Attachment Sequence No. 08

0 1 1 1 0 0 . ... 40404 ... 4040 0044

HELEN F	۲.	POTHANSZKY	Your social :	security number
'art j		1 list name of name to	i	
iterest		1 List name of payer, if any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and its line and the buyer used the	┷,	_
		property as a personal residence, see instructions and list this interest first. Also, show that		Amount
		buyer's social security number and address F- JOHN HANCOCK LIFE		
		JOHN HANCOCK LIFE	.	
		CHASE (MORTGAGE)	.	160
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	2	Add the amounts on line 1		<del></del>
	3	Add the amounts on line 1  Excludable interest on series EE and I U.S. savings hands issued after 1000	<del></del>	
		Excludable interest on series EE and I U.S. savings bonds issued after 1989.	2	<u> 173.</u>
		Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040A or Form 1040.	_ 1	
	-	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	_3	
		te. If tine 4 is over \$1,500, you must complete Part III	_4	173.
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	<u>6</u>	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a 6	<del></del>	<del></del>
	YOU	nust complete this part if you (a) had over \$1,500 et	<del></del>	<u> </u>
gn :	acco:	int; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	reign ,	v
unts	7a /	At any time during 2011, did you have a financial interest in or signature authority over a financial account a bank account, securities account, or implement account to the securities account, or implement account to the securities account.		Yes No
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	i	s located slocated	count	
	8 0	buring 2011, did you receive a distribution		
	Н	Turing 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign true	st?	
		"Yes," you may have to file Form 3520. See instructions	***	AND THE PERSON NAMED IN

#### Interest and Dividend Summary

me: HELEN K. POTHANSZKY		Ordinary	FEIN.  Qualified	Capital Gain
Payer	Interest	Dividends	Dividends	Capital Gain Distributions
JOHN HANCOCK LIFE	160.			-
CHASE (MORTGAGE)	13.		-	
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#### SCHEDULE E

(Form 1040) Department of the Treasury Internal Revenue Service

#### Supplemental Income and Loss

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

J -- Attach to Form 1040, 1040NR, or Form 1041.

) - See separate instructions.

OMB No. 1545-0074

Schedule E (Form 1040) 2011

Name(s) shown on return

HELEN K. POTHANSZKY Your social security number A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) B if "Yes," did you or will you file all required Forms 1099? Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Part | Schedule C or C-EZ (see instructions). If you are an individual, report tarm remailincome or loss from Form 4835 on page 2, line 40. Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) 1 Physical address of each property-street, city, state, ZIP Type-from list | 2 For each rental real EMBASSY TOWER, BRIDGEPORT, Fair Rental [encared below estate property listed. QJV Days 83 PRIMROSE AVE, BRIDGEPORT, CT Use Days 06006 report the number of 1 days rented at fair rental A 365 С value and days with В Type of Property: personal use. See 365 instructions. С | Single Family Residence 3 Vacation/Short-Term Rental 5 Land Multi-Family Residence 7 Self-Rental 4 Commercial ncome: 6 Rovalties 8 Other (describe) Properties 9a Merchant card and third party payments. For 2011, enter -0-В b Payments not reported to you on line 3a С 3a ٥ Total not including amounts on line 3a that are not income (see instructions) 3b 11,000 11,000 Advertising \_\_\_\_\_ Auto and travel (see instructions) 5 Cleaning and maintenance 6 Commissions Insurance 8 Legal and other professional fees 9 Management fees 10 Mortgage Interest paid to banks, etc. (see instructions) 11 ...... 12 1.483 Repairs 13 9,443 Supplies 14 Taxes 15 Utilities 18 4,162 6,269 Depreciation expense or depletion 17 Other (list) - STMT 5. 18 Total expenses. Add lines 5 through 19 19 8,519 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you 20 14,164 15,712 nust file Form 6198 Deductible rental real estate loss after limitation, if any, on Form 8582 21 -3,164 -15,712 see instructions) otal of all amounts reported on line 3e for all rental properties 3.164. 15.712 otal of all amounts reported on line 3a for all royalty properties 23a otal of all amounts reported on line 4 for all rental properties 2аь otal of all amounts reported on line 4 for all royalty properties 23c 000 otal of all amounts reported on line 12 for all properties 28d stal of all amounts reported on line 18 for all properties 23e 483 come. Add positive amounts shown on line 21. Do not include any losses 29,876 eses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 24 tal rental real estate and royalty facome or (loss). Combine lines 24 and 25. Enter the result here, if Parts II, III, IV, and line 40 25 18,<u>876</u>, page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this ount in the total on line 41 on page 2 -18<u>.876.</u>

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	e(s) shown on return. Do not enter name and social sec	curity number if shown on page 1.						You	r social sect	irity number
HE	LEN K. POTHANSZKY	· · · · · · · · · · · · · · · · · · ·						Ţ		
	tion, The IRS compares amounts reported on art. No. Income or Loss From P	your tax return with amounts	shown on Schedule(s) h	K-1.		ort a lage			la madisalte e da	e which
<u> </u>	income or Loss From Parties any amount is not at risk, you n	•	-		•			acus	K acceptly to	t Milicii
	Are you reporting any loss not allowed in a		<del></del>							
27	passive activity (if that loss was not reported	• •		_					Yes	No
	If you answered "Yes," see Instructions befo	· ·	изаа ћа пістэнн сућен	3031			••••••		198	
	ii you answergu 165, 566 iiisu ucuons ucio	re completing this section.		(b) Eat	ter P for	(Ç) Check if foreign	1	d) Emp	lover	(e) Check if any amount is
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30	Add columns (g) and (j) of line 29a							30	<del>                                     </del>	<del></del> -
31	Add columns (f), (h), and (i) of line 29b							31	\	
32	Total partnership and S corporation income	e or (loss). Combine lines 30	and 31, Enter the						1	
· 15	result here and include in the total on line 41	below tatoe and Truste			******			32	<u> </u>	<del></del>
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	(c) Passive deduction or loss allowe		assive income			action or le			(f) Other inco	
	(attach Form 8582 if required)	from	Schedule K-1	ħ	rom Se	chedule K	-1	-	Schedul	e K-1
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6	Add columns (c) and (e) of line 34b	·					********	36	(	)
7	Total estate and trust income or (loss). Com	nbine lines 35 and 36. Enter to	ne result here and includ	de in th	te total	on line 41	below	37	l lababa	
Pai	t IV Income or Loss From Rea	T	nvestment Con-	duits	S (HE	:MIUS)	- Hesk	guai		
8	(a) Name	(b) Employer identification number	Schedules Q, line 2	2c   }	oss) fa	rom Schad	lules Q,		e) Incom) Schedules C	
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9 n = 1	Combine columns (d) and (e) only. Enter the	result here and include in the	total on line 41 pelow				,,	39	]	
	t V Summary	205 Alexandel (1-40 h			····			40	7	<del></del>
)	Net farm rental income or (loss) from Form 4							41	1 1	3,876,
1	Total income of (loss). Combine lines 26, 32, 37			ar Farm	1040NF	t, line 18	1 24	41	<u></u>	- 10 1 0 3
2	Reconciliation of farming and fishing incom reported on Form 4835, line 7; Schedule K-1			4 1 4						
	(Form 1120S), box 17, code U; and Schedule			42						
2	(rorm 11205), box 17, code 0, and Schedise Reconciliation for real estate professionals.			***	<del></del>					
3	Meconciliation for real estate professionals. enter the net income or (loss) you reported anywhere			Q	የውልጣ	'EMEN'	<b>ም</b> 6 ∣			
	enter the net income or (loss) you reported anywhere a activities in which you materially participated under the			43		-18.				
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4045 PARK AVE. - EMBASSY TOWER, BRIDGE

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\*11C. Section 179, Salvage, Bonus, Commercial Revitalization Deduction

#### Form 6251 - AMT Charitable Contributions Worksheet

AGI

-276,497

HELEN K. POTHANSZKY 100% 50% 30% Appreciated **Appreciated** | Lotal Contributions | **Lotal Contributions** Year Limit Limit Limit Property 30% Limit Property 20% Limit Allowed Carryover 2006 Contributions Less: Allowed ..... Less; NOL Absorb. Less: INOL Abs. CRP Lost c/o CRP c/a 2007 Contributions Less: Allowed ..... Less: NOL Absorb. Less: NOL Abs. CRP Carryover ... CRP c/o ..... 2008 Contributions Less: Allowed Less: NOL Absorb. Less: NOL Abs. CRP Carryover ... CRP c/o ..... 2009 Contributions Less: Allowed NOL Absorb. NOL Abs. CRP Carryover ... CRP c/o '010 Contributions 1,220 Less: Allowed ..... Less: NOL Absorb. NOL Abs. CRP Less: Carryover 1,220 1,220. CRP c/o :011 |Contributions 1,350 Allowed ..... Less: NOL Absorb. NOL Abs. CRP and MWD Less; 1,350. Carryover 1,350. CRP c/o AMT charitable contributions 2,570. less: Charitable contributions allowed under regular tax calculation Charitable contributions adjustment to Form 6251, line 27

#### INSTALLMENT SALE NO.

#### Installment Sale income

🎮 Attach to your tax return.

):- Use a separate form for each sale or other disposition of property on the installment method.

1

OMB No. 1545-0228

Attachment / Sequence No. 79

Form 6252 (2011)

Department of the Treasury Internal Revenue Service

Name(s) shown on return HELEN K. POTHANSZKY identifying number Description of property - 524 HOWARD AVE. BRIDGEPORT, CT. 2a Date acquired (mm/dd/yyyy) 1 - 01/01/65 Was the property sold to a related party after May 14, 1980? If "No," skip line 4 b Date sold (mm/dd/yyyy) | 05/24/89 Was the property you sold to a related party a marketable security? if "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale Part : Gross Profit and Contract Price. Complete this part for the year of sale only. Selling price including mortgages and other debts. Do not include interest, whether stated or unstated Mortgages, debts, and other liabilities the buyer assumed or took the property subject to Subtract line 6 from line 5 Cost or other basis of property sold 7 Depreciation allowed or allowable Adjusted basis. Subtract line 9 from line 8 10 Commissions and other expenses of sale Income recapture from Form 4797, Part III Add lines 10, 11, and 12 Subtract line 13 from line 5. If zero or less, do not complete the rest of this form 13 If the property described on line 1 above was your main home, enter the amount of your excluded gain. Otherwise, enter -0- ... 14 Gross profit. Subtract line 15 from line 14 15 Subtract line 13 from line 6. If zero or less, enter -0-16 17 art II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations. Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after the year of sale, see Inst. If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-19 90.9400% Payments received during year. Do not include interest, whether stated or unstated 20 Add lines 20 and 21 21 Payments received in prior years. Do not include interest, whether stated or unstated \_\_\_\_\_\_ 23 | 144,771. 22 Installment sale income. Multiply line 22 by line 19 Enter the part of line 24 that is ordinary income under the recapture rules Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 25 Related Party Installment Sale Income. Do not complete if you received the final payment this tax year. Name, address, and taxpayer identifying number of related party Did the related party resell or dispose of the property ("second disposition") during this tax year? If the answer to question 28 is "Yes," complete lines 30 through 87 below unless one of the following conditions is met. Check the box that applies. The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) The first disposition was a sale or exchange of stock to the issuing corporation. The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. The second disposition occurred after the death of the original seller or buyer. It can be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either of the dispositions. If this Selling price of property sold by related party Enter contract price from line 18 for year of first sale Enter the smaller of line 30 or line 31 31 Fotal payments received by the end of your 2011 tax year 32 Subtract line 33 from line 32. If zero or less, enter -0-38 Aultiply line 34 by the gross profit percentage on line 19 for year of first sale 84 inter the part of line 35 that is ordinary income under the recapture rules 85 ubtract line 36 from line 35. Enter here and on Schedule D or Form 4797 36 LHA For Paperwork Reduction Act Notice, see separate instructions. 37

#### **INSTALLMENT SALE**

#### HELEN K. POTHANSZKY

#### SCHEDULE OF RECEIPTS

MO. DA, YR.	PRINCIPAL RECEIVED	TOTAL GAIN	ORDINARY GAIN	SEC. 1231/OF CAPITAL GAIN	UNRECAP, SEC. 1250 GAIN
12/31/99	42,478. 26,116. 28,495. 47,682.	38,629. 23,750. 25,913. 43,362.		38,629. 23,750. 25,913. 43,362.	
12/31/00	26 116	22 750		23 750	
	20,110.	43,730.		25,730.	
12/31/01	28,495.	45,913.		45,913.	~~~
12/31/02	47,682.	43,362.	<del>.</del>	43,362.	
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#### Form 8283

#### Noncash Charitable Contributions

(Fiev. December 2006) Department of the Treasury Internal Revenue Service b- Attach to your tax return if you claimed a lotal deduction of over \$500 for all contributed property.

i- See separate instructions.

OMB. No. 1545-0908

Attachment , Sequence No. 155

Name(s) shown on your income tax return

Identifying number

	Figure the amount of	your contribution di	eduction before comple	ting this form. See your t	Wenter in a			
ectio	ハン・ DONSIES Procei	rtv ለፋዊ⊑ በለበ					·	
	claimed a deduc	tion of \$5,000 or les	s and Genam Publicly ] S. Also, list certain publ	Fraded Securities - List )	this section only item	ns (or groups of similar items) ore than \$5,000 (see instruction	for which	
Par					if the deduction is ma	ore than \$5,000 (see instruction	nor walch you ns).	
	[T] Information on	Donated Property -	If you need more spac	e. attach a statement				
1		(a) Name an	d address of the	— ·— · — · — · — · — · — · · · · · · ·				
donee organization					(For a donated up)	(b) Description of donated property		
Α	SALVATION	ARMY		(For a donated vehicle, enter the year, make, model, condition, and milea and attach Form 1098-C if required.)				
	30 ELM STREET, BRIDGEPORT, CT 06606				1			
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	(C) Date of the	(d) Date acquired by donor (mo., yr.)	an item is \$500 or less, (e)How acquired	you do not have to com	plete columns (d) (e)	and (f)		
A	08/12/11		Dy donor	(f) Donor's cost or adjusted basis	(g) Feir market value (see instructions)	(h) Method used to determine market value	the tel	
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		nd Restricted Use Pr	roperty - Complete lines	2a through 2e if you gav	e less than an entire in	nterest in a property listed in Pa	ut I Complete	
rt II	lines 3a through 3c	nd Restricted Use Pr	roperty - Complete lines laced on a contribution	22 through 2e if you gav listed in Part I; also attac	e less than an entire in the required stateme	nterest in a property listed in Pa ant (see instructions).	rt I. Complete	
rt II	lines 3a through 3o	1 I that identifies the	Diggarty (co. 151		e less than an emire in the required stateme	nterest in a property listed in Pa ant (see instructions).	rt I. Complete	
rt    a E	lines 3a through 3c nter the letter from Par Part II applies to more	t I that identifies the	property for which you	gave less than an entire i	e less than an entire in the required stateme nterest	nterest in a property listed in Pa ent (see instructions).	irt I. Complete	
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### Schedule A - Net Operating Loss (NOL)

2011

Name

Social Security Number

	LEN K. PUTHANSZKY			<b>,</b>	
1	Enter the amount from your 2011 Form 1040, line 41, or Form 1040NR, line 38. Es			] [	
	enter taxable income increased by the total of the charitable deduction, income di				207 404
	and exemption amount		,	1 1	-297,484.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2		-	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	<u>-</u>	- 1	
4	If line 2 is more than line 3, enter the difference; otherwise, enter -D-	4	Ū.	{ \$ ~ }	
5	If line 3 is more than line 2, enter the difference;			7 7 7 7	
	otnerwise, enter-U 5 0.	j		ř i	
6	Nonbusiness deductions (see instructions)	6	<u> 20,987.</u>		
1	Nonousiness income other than capital gains	4		i wai	
	(see instructions) STATEMENT 7 7 173.				
ô	Add lines 5 and 7	<u> </u>	173.	1 : 1	
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-			9	20,814.
10	If line 8 is more than line 6, enter the difference;			10002	* '
		7		1 355	
	then line 5 0.			1058    1058	
11	Business capital losses before limitation. Enter as a positive number	11	<u> </u>	A . = 3 A	
12	Business capital gains (without regard to any				
	section 1202 exclusion) 12				
13	The many the many the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	13			
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	0.		
15	Add lines 4 and 14	15		: 🐒	
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates	.			
	and trusts, enter the loss, if any, from line 15, column (3), of Schedule D	0 - 4			
	(Form 1041).) Enter as a positive number. If you do not have a loss on				
	that line (and do not have a section 1202 exclusion), skip lines 16 through				
	21 and enter on line 22 the amount from line 15	16			
		•			
17	Section 1202 exclusion. Enter as a positive number			17	
18		18			•
19	Enter the loss, it any, from line 21 of Schedule D (Form 1040). (Estates and				
	trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter				
	as a positive number	19			
20		20			
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-			21	
22	Subtract line 20 from line 15. If zero or less, enter -0-			22	· · · · · · · · · · · · · · · · · · ·
23	Domestic production activities deduction from Form 1040, line 35 (or included on F	orm 1041. I	ne 15s)	23	***************************************
24	NOL deduction for losses from other years. Enter as a positive number		,	24	257,794.
26	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, this		[		
	ситтелt year NOL. If the result is zero or more, you do not have an NOL			25	-18,876.

HELEN K. POTHANSZKY	EU	<u> </u>
1. Loss for the current year		
2. Personal exemptions	301,184	• জ
3. Net operating loss deduction .	3,700.	
Excess of nonbusiness deductions over nonbusiness income:	237, 194.	
(A) AMT nonbusiness itemized deductions and adjustments 11,260	0.	
(B) AMT nonbusiness income		
(C) Net nonbusiness capital gains (without regard to any section 1202 exclusion)	3.	
(D) Total nonbusiness income 173		
(E) Difference (line 4(A) less 4(D)) not less than zero	11 007	
Adjusted deduction for business capital foss	11,087.	
(A) Business capital loss (B) Line 4(D) minus 4(A), not less than zero.		
Do not enter more than line 4(C)  (C) Business capital gains (without regard to any section 1202 exclusion)		
(D) Total (line 5(B) plus 5(C))		
(E) Difference (line 5(A) less 5(D)) not less than zero		
Excess of nonbusiness capital loss over nonbusiness capital gain		
Adjusted section 1202 exclusion		
Total adjustment and preference Items (Form 6251)	9,727.	
Domestic production activities deduction		
Total (line 2 + 3 + 4(E) + 5(E) + 6 + 7 + 8 + 9)	282,308.	
Jurrent year afternative tax net operating loss - (line 1 less line 10)	18.876	

Year	N K LOWBANGSTV	0.4.65									
Carried Fror	mount/ arryove	Amount Used in	Amount Used in	Amount Used in	Amour t Used in	Amount Ueed in	Amount Used in	Amcunt Used in	Arrount Used in	Amount Jsed in	Amount Usec in
2011 2010	18,875. 257,794.				38 N . 57				100.00	\$ 10 miles	
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				13.5 13.5 13.5 13.5 14.5				2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Partie Partie Article	
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2755 181 13-1 13-1 13-1 13-1 13-1										4.8.4	
			# 1								
										(#27) (A) (A) (B) (B) (B) (B) (B) (B) (B)	
Totals Tota	alg 276,670.	carryover	276,670.	-							
	Less total amounts used Less total amounts expired		0.0								
1 10004	Remaining caryover		7/0/0/7								

ORM 1040 SOCIAL SECURITY BENEFITS WORKSHEET	
	STATEMENT 1
A. SINGLE HOR.	
A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)  C. MARRIED FILING SCINILY  C. MARRIED FILING SCINILY	
C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE D. MARRIED FILING 2011	
D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL, OF 2011	
FORMS SSA-1099 AND RRB-1099 ALC YOUR	
FURM 1040 LINE TO ALSO, ENTER THIS AMOUNT OF	j.
ENTER ONE HALE OF SPOUSE AMOUNT	18,954.
ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2 DO NOT	9,477.
OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTED	276,497.
ADD THE AMOUNTS ON TA	0.65
LINE NEXT TO TAKE ADJUSTMENTS YOU ENTERED ON THE DOMESTIC	-267,020.
BUBIRACT LINE 6 FROM TIME F	•
\$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR	0. -267,020.
IS THE AMOUNT ON THE CHECKED BOX C.	25,000.
TAXABLE PROPERTY OF YOUR SOCIAL SECURITY REPRESENTED TO	25,000;
AT COOK BUK ANT. OR SOME " ATTAD SERKI KROM VOLD	
I YES, STERRED OF THE WORD "BENEFITS" ON LINE 20A.	
I J YES. SUBTRACT LINE 8 FROM LINE 7  ENTER \$9,000 IF YOU CHECKED BOX A OR D,  \$12,000 IF YOU CHECKED BOX B	0.
S-0- TR YOU CHECKED BOX B	
*\****	
DD LINES 14 AND 25 (.85). IF LINE 11 IS ZEBO FAMILIED	
DIAL DINE 1 BY 85% (.85)	
AXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	0.
ESTATE TOWN LINE 20B	<del></del>

AMT NOE	NOL			Det	Detail AMT NOL Carr	Carryover Worksheel	_				201:
NETE!	N K. POTHANSZKY	SZKZ								- - - - -	
Year Prom	Amount Avalable for Carryover	A nount Used in	Amount Used in	Amount Used in	Arrount Usad in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	- Amount Used in	Amount Lead In
2011 2010	18,876. 257,794.										
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] otals	276,670						5,4,7,1 150,11 150,11 150,11				
Total amo Less total Less total Remaini	unt availüble fo amounts used amounts explin ng carrycver	canyo <i>te</i> r	276,670. 0. 276,670.								

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## HELEN K. POTHANSZKY

HEDULE A	CASH	CONTRIBUTIONS		Cities to the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the cities of the ci	_
				STATEMENT	
CRIPTION			AMOUNT 50% LIMIT	AMOUNT	
lous	•		200 TIMIT.	30% LIMIT	
TOTALS		·	1,150.		
AL TO SCHEDULE A, .	UNE 16	=	1,150.		
	-727			1,15	Û.
DULE A	MEDICAL ANT	DENTAL EXPENSE			
ID T DEET ON		DANIAL BAPENSE	S	STATEMENT	3
RIPTION  CARE PREMIUMS WITH	מ זפט			MOUNT	
CRIPTION DRUG COVE	RAGE INSURANCE	WITHHELD		1,158	
TO SCHEDULE A, L	INE 1			366	•
				1,524.	

CHEDULE A	QUALIFIED MORTGAGE INSURANCE PREM	MIUMS	STATEMENT	4
QUALIF	THE TOTAL PREMIUMS YOU PAID IN 2011 FOR LED MORTGAGE INSURANCE FOR A CONTRACT AFTER DECEMBER 31, 2006		9,7	<b>36.</b>
. ENTER	THE AMOUNT FROM FORM 1040, LINE 38	-276,497.		
. Enter : Separa	3100,000 (\$50,000 IF MARRIED FILING PELY)	100,000.		
(X) NO	AMOUNT ON LINE 2 MORE THAN THE AMOUNT 3? YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 13. DO NOT COMPLETE THE REST OF THIS WORKSHEET. 5. SUBTRACT LINE 3 FROM LINE 2. IF THE RESULT IS NOT A MULTIPLE OF \$1,000 (\$500 IF MARRIED FILING SEPARATELY), INCREASE IT TO THE NEXT MULTIPLE OF \$1,000 (\$500 IF MARRIED FILING SEPARATELY). FOR EXAMPLE, INCREASE \$425 TO \$1,000, INCREASE \$2,025 TO \$3,000; OR IF MARRIED FILING SEPARATELY, INCREASE \$423 TO \$500, INCREASE \$2,025 TO \$2,500, ETC.			
FILING	LINE 4 BY \$10,000 (\$5,000 IF MARRIED SEP.). ENTER THE RESULT AS A DECIMAL. RESULT IS 1.0 OR MORE, ENTER 1.0			
. MULTIPI	Y LINE I BY LINE 5	-		
DEDUCTI	ED MORTGAGE INSURANCE PREMIUMS ON. SUBTRACT LINE 6 FROM LINE 1. ENTER ULT HERE AND ON SCHEDULE A, LINE 13			· . <u> -</u> .
		·		
CHEDULE E	OTHER EXPENSES		STATEMENT	
625 PARK A	VE EMBASSY TOWER, BRIDGEPORT, CT 06006			
ESCRIPTION			AMOUNT	
OMMON CHAR SSESSMENT	GES (COOLING TOWER)	•	7,5 9	40 79
OTAL TO SO	HEDULE E, PAGE 1, LINE 19	•	8,5	19

#### HELEN K. POTHANSZKY

HEDULE E	RECONCILIATION FOR REAL ESTATE PROFESSIONALS	STATEMENT, 6
<u></u>	ESCKIPTION	, h
1 E F1 2	625 PARK AVE EMBASSY TOWER, BRIDGEPORT, CT	AMOUNT
	ESIDENTIAL 83 PRIMROSE AVE, BRIDGEPORT, CT	-3,164.
AL TO SCHE		-15,712.
		-18(876.

#### LEN K. POTHANSZKY

DT	MONBUSTNESS	INCOME	STATEMENT 7
RIPTION			AMOUNT
3LE INTEREST - 1040, LINE		,	173.
, TO NOL SCHEDULE A, LINE	7 (NEGATIVE	AMT IS LIMITED TO 0)	173.

#### Form CT-1040 - 2011, Page 1 of 4 Connecticut Resident Income Tax Return

Other taxable year, beginning:

2011 and ending:

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N CT-1040CRG

BRIDGEPORT

CT 06606 - 2733

1. Federal adjuste	d gross income (from federal Form 1040, Line 37; Form 1040A, Line 2	1; or		
Form 1040EZ, L	ine 4)		1.	-276497
2. Additions to fed	eral adjusted gross income (from Schedule 1, Line 39)		۷.	Û
3. Add Line 1 and	Line 2		3.	-276497
4. Subtractions fro	om federal adjusted gross income (from Schedule 1, Line 50)		<b>4</b> ,	0
	ljusted gross income: Line 4 subtracted from Line 3.		5.	-276497
6. income tax	•		G.	0
7. Credit for incom	e taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)		7.	0
	ed from Line 6. If Line 7 is greater than Line 6, "0" is entered.		٤. ِ	. 0
9. Connecticut alt	emative minimum tax (from Form CT-6251)		9.	0
10. Add Line 8 and	Line 9.		10.	Ú
11. Credit for prope	rty taxes paid on your primary residence, motor vehicle, or both (	Schedale 3. Line 68)	11.	300
	ted from Line 10. If less than zero, "0" is entered		12	0
	credits (from Schedule CT-IT Credit, Part 1, Line 11)		13.	0
14. Connecticut in	come tex: Line 13 subtracted from Line 12. If less than zero. "0" is en	rtered.	14.	0
	ax (from Schedule 4, Line 69). If no tax is due, "0" is entered.		15.	0
	Line 14 and Line 15.		16.	0



<del><</del>

Clip check here. Do not staple. Do not send W-2 or 1093 forms.

141101 12-03-11 

2 of 4

	<ol><li>Amount from</li></ol>	Line 16					
		W-2	2, W-2G, and 109	00 t-e	1	7, €	0
	Col. A - Employer or Pa	yer's Fed. (D#	Col. B. CTV	e mormation	1		-
			OOL B - C   W	∕ages, Tips, et	c. (	Col. C · CT Income 1	Tax Withhole
18			t.	_			_, , , , , , , , , , , , , , , , , , ,
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16			6	0			Ŏ
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18f	<del>.</del>		ŧ	0			Ö
189	<b>3</b> . –		•	0			Ö
		•	£.	0			0
18h	. Additional Connecticut with	sholding (from Su	plemental Schedu	le CT-1040\W# 1	ine 2) + ou		
18.	Total Connecticut income	**************************************			.ine 3) 18h.		0
19.	Total Connecticut Income All 2011 estimated tay pour	TRX Withheld; At	nounts in Colum	n C.	<u> </u>	10	
20.	All 2011 estimated tax paym Payments made with Form (	rents and any ov	erpayments appi	ied from a prio	r vear	18.	
20a.	Earned income toward room (	31-1040 EXT		, ` ~	·3,0 = 2.	19.	
21.	Earned income tax credit (fro	om Schedule CT-	EITC, Line 16)			20.	
						20a.	
23	Overpayment: If Line 21 is m Amount of Line 22 you want	iore than Line 17	Line 17 subtract	ted from Line :	>1	21.	
	Amount of Line 22 you want	applied to your	2012 estimated	tex	• • •	<u>22.</u>	
						23.	
	Total contributions of refund	to designated ch	arities (from Sch	edule 5, Line 7	O)	5.4	
25. <b>f</b>	Refund: Lines 23 and 24 auto	************************************				<b>24</b> .	(
j.	- 3 - 1 year thot elected 10 Oil	rect deposit, the	: 44. F <b>ref</b> und may be	iconod b		25.	
2 <b>5a.</b> A	Acct. type Ck.	Sv. 25b. Rou	+ 4			ck.	·
				. 25	ic. Acct. #	. *	
5d. F	tetund going to a bank accou	INT Districto the Li	٠.				
υ. Ι	ex que; if Line 17 is more tha	مينا الاحطالة			25d.	N	
7. if	late: Penalty entered. Line 26	B. Multiplied by de	Subtracted from	m Line 17.		26.	0
8. H	late: Interest entered.	a mouthing by 16	D% (.70).			27.	0
Li	ine 26 multiplied by number of	if months					U
9. Jn	ine 26 multiplied by number of derest on underpayment of ex	or months or tract	ion of a month la	te, then by 1%	(.01).	28.	0
	terest on underpayment of es otal amount due: Add Lines		n Form CT-2210)		•	<u> 29.</u>	0
	THE THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF TH	25 inrough 29.					0
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	est of the knowledge and belief, it r document to DRS is a fine of no ion of a paid preparer other than t sture					ivering a false poth. The knowledge.	
				for not more that of which the pr			пber
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Clarati ur signa	on of a paid preparer other than t			for not more that n of which the pri		IVETING A false poth. The knowledge.  Daytime telephone nur  •	
Clarati ur signs	on of a paid preparer other than t		), or imprisonment ad on all information	for not more that n of which the pr		IVETING & false both. The knowledge. Daytime telephone nur	
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1101310199	Form CT-1040, Page 3 of 4			
Schedule 1 - Modifications to F			<b>^</b>	<b>n</b>
31. Interest on state and local governments: sz. iviutuai runa exempt-interest dividend	*	•	31.	0
obligations			32.	0
33. Reserved for fature use.		The Following Street	33.	
34. Taxable amount of lump sum distribu	tions from qualified plans not include:	o in tederal adjusted	3 <del>4</del> .	0
gross income 35. Beneficiary's share of Connecticut fid	uciany adjustment: Entered only if are	sater than zern	35.	ŏ
36. Loss on sale of Connecticut state and	•	ALC: HIGH ZCIO:	36.	ŏ
37. Domestic production activities (from f	=		37.	0
38. Other - specify <sup>c</sup>			38.	0
39. Total additions: Add Lines 31 through	h 38.		39.	<u>O</u>
40. Interest on U.S. government obligation	-	**	40.	0
41. Exempt dividends from certain qualify			41.	Ō
42. Social Security benefit adjustment (fro	-	t Worksheet)	42.	0
43. Herunds of state and local income tax			43.	0 0 .
44. Tier 1 and Tier 2 railroad retirement be	enerits and supplemental annumes		44. 45.	0
45. 50% of military retirement pay  46. Beneficiary's share of Connecticut fide	usiany adjustment: Entered only if less	than zero	46.	ő
47. Gain on sale of Connecticut state and	- ·	s upan zero.	47.	Ö
47. Call) on said or considered state and	local government bonds			•
48. CHET contributions Acet. #:			18.	0
49. Other - specify <sup>©</sup>			49	0
50. Total subtractions: Add Lines 40 thro	ough 49.		50.	0
Schedule 2 - Credit for Income Taxes Pa	ald to Qualifying Jurisdictions		. ,	
51. Modified Connecticut adjusted gross		** ***	51.	0
		Col. A		Col. B
52. Qualifying jurisdiction's name and two	-letter code 🚆 52. 🔻	•	o	
53. Non-Connecticut Income Included on	Line 51 and reported			
on a qualifying jurisdiction's income ta		0		0
54. Line 53 divided by Line 51	54.	0.0000		0.0000
55. Income tax liability: Line 11 subtracted	f from Line 6. 55.	0		0
56. Line 54 multiplied by Line 55	56.	0		Ü
57. Income tax paid to a qualifying jurisdic	otion 57.	0		0
58. Lesser of Line 56 or Line 57	58.	. 0		0
59. Total credit: Add Line 58, atl columns.			59.	0

-03-11

1101410197 Form CT-1040, Page 4 of 4

Schedule 3 - Property Tax Cre	edit						
Qualitying Property		Primary Residence		Auto 7			Αυιο 2
Name of Connecticut Tax Town Description of Property Date(s) Paid	or District • c	BRIDGEPOR REAL ESTA 07012011	t t	BRIDGER AUTOMOB 070120	ΙL	÷ (	
Amount Paid	€ 60.	9664	€ 01.		3	£	n
63. Total property tax paid: Add	Lines où, ô i, a	md 62.				63	9727
64. Maximum property tax credit	ailoweci					64. €	
65. Lesser of Line 63 or Line 04,						65. €	300
66. Property lax credit limitation deci	mel amount if z	ero, the amount from I line 6	5 is enter	ed on Line 68.	, -	66. €	0.00
67. Line 65 multiplied by Line 66		•				67. •	0
69. Line 67 subtracted from Line	<b>55</b> .			ā		68.	300
Schedule 4 - Individual Use Tax							
69a. Use tax at 1% (from Connec	ticut Individua	l Use Tax Worksheet, Se	ction A,	Column 7)	69a.		. 0
69b. Use tax at 6.35% (from Coni	necticut Individ	lual Use Tax Worksheet,	Section	B, Column 7)	69b.		0
69c. Use tax at 7% (from Connec	ticut individual	Use Tax Worksheet, Se	ction C,	Cotumn 7)	69c.		U
69d. Use tax at 6% (from Connect	tîcut Individual	Use Tax Worksheet, Sec	tion D,	Column 7)	69d.		Ū
69. Individual use tax: Add Lines 6	9a, 69b, 69c, a	ind 69d.		E	69.	•	ô
Schedule 5 - Contributions to Des	signated Char	ities					
70a. AR					702.		0
70b. OT					7 <b>0</b> 6		0
70c. ES/W					70c.		0
70d. 80A					70d.		0
70e. 3N3					70e.		0
70f. MFRF					70f.		0
70. Total Contributions: Add Lines	370a through 7	70f.		, ** F 5	70.	t	0

#### Form CT-1040

#### Checklist for filing your Connecticut income tax return:

- 1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Verify that the address lines on the return are correct and proper abbreviations are used.
- 3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18g, Column A, all withholding claimed will be disallowed and your return will not be successfully processed.
- 4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- Do not make manual (hand written or typed) corrections to your return; this is a machine readable return.Changes may only be made by reentering information in your software and re-printing the return.
- Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- 8. Do not attach or send copies of forms W-2 or 1099.
- Send all completed pages of CT-1040 and Schedule CT-EITC. Send all four pages of your completed return, both pages of your completed CT EITC schedule, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- To ensure proper posting, write your SSN(s) (optional) and "2011 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services PO Box 2935 Hartford CT 06104-2935

For refunds and tax returns without payment:

Department of Revenue Services PO Box 5002 Hartford CT 06102-5002

13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

YAY PAYER COPY

Form 1040 (2012)

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return For the year Jan 1 - Dec 31, 2012, or other tax year beginning OMB No. 1545-0074 RS Use Only - Do not write or staple in this space 2012, ending Your first name and initial See separate instructions. HELEN POTHANSZKY If a joint return, spouse's first name and initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apartment no PRIMROSE AVENUE Make sure the SSN(s) above City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). and on line 6c are correct. BRIDGEPORT Presidential Election Campaign Foreign country name Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking 06606-2733 Foreign province/state/county Foreign postal code a box below will not change your tax or refund. Single You Filing Status Spouse Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's 2 Married filing jointly (even if only one had income) Married filing separately. Enter spouse's SSN above & full Check only name here . •one box. name here . . . !\*; 5 Qualifying widow(er) with dependent child Exemptions Yourself. If someone can claim you as a dependent, do not check box 6a ... 62 Boxes checked Spouse on 6a and 6b . No. of children on 6c who: c Dependents: (2) Dependent's (3) Dependent's (4) v if child under age 17 questiving for child tax cr (see instrs) social security relationship, © Breed number 🛴 with you . First name to you Last name e did not live with you due to divorce more than four ependents, see Or separation (atta instra) istructions and heck here .... ▶ entered above d Total number of exemptions claimed ..... Add numbers Wages, salaries, tips, etc. Attach Form(s) W-2 above . **icome** 8 a Taxable interest. Attach Schedule B if required ...... b Tax-exempt interest. Do not include on line 8a ............ 8 b 8 a 182. 9 a Ordinary dividends. Attach Schedule B if required ..... tach Form(s) 2 here. Also b Qualified dividends \_\_\_\_\_\_9 b 9a ach Forms Taxable refunds, credits, or offsets of state and local income taxes . . . 10 2G and 1099-R Alimony received ..... ax was withheld. 10 Business income or (loss). Attach Schedule C or C-EZ ..... 12 11 ou did not Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13 12 a W-2, Other gains or (losses). Attach Form 4797 ..... 13 instructions. 23,757 14 b Taxable amount ...... 16 a Pensions and annuities ..... 16 a 15 b b Taxable amount Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . 16 b iose, but do 18 17 -19,893 attach, any nent. Also, Unemployment compensation ...... 18 19 BR USE 19.643. b Taxable amount ..... Other income Net Operating Loss - SEE STMT 20 t n 1040-V. 0. Combine the amounts in the far right column for lines 7 through 21. This is your total income 21 22 -276,497. Educator expenses 22 -272,451. justed Certain business expenses of reservists, performing artists, and fee-basis 24 DSS government officials. Attach Form 2106 or 2106-EZ ome 25 25 Moving expenses. Attach Form 3903 26 26 27 27 Self-employed SEP, SIMPLE, and qualified plans ...... 28 28 Self-employed health insurance deduction ..... 29 29 Penalty on early withdrawal of savings 30 31 a Alimony paid b Recipient's SSN . . . . . . 31 a 32 IRA deduction ..... 32 33 Student loan interest deduction ..... 33 Tuition and fees. Attach Form 8917 ..... 34 34 35 Subtract line 36 from line 22. This is your adjusted gross income .... 36 For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. -272,451 FDIA0112 01/11/13

Form 1040 (20)	· - /			POTHANSZKY								Page :
Tax and	38	Amoun	at fro	om_line 37 (adjusted gross in	ncome) .		- · · · · · · · · · ·		<del></del> -,	.   38		2,451
Credits	39	a Check		You were born before Ja	anuary 2.	1948.	Blind.	Total hove	se [			27 HOT
<del></del>		n,	L,	. <b>∐⊃pouse</b> was born before	anuary :	2, 1948,	Blind.	checked 1	⊳ 39a i	1		г
Standard	Ĺ	h if your sp	onnse	e itemizes on a separate return or y	ou were a d	ual-status alien, i	– check hero	e <del>.</del>	:- 39h			,
Deduction for –	_40	Itemized	l dedi	uctions (from Schedule A) or your	standard de	Hal ago) anitouh	/ainten			an	1	160
• People who	41	OUDUQU	JU 1811	re an nom rine as						44		,469. 3,920.
check any box	42	- ryemb	uva	Un arti volutions \$2.800 by the nu	mber on I	ine 6d				42		3,800.
on line 39a or 39b or who can	43	1.48381111	HW7H	me. Subtract line 42 from line 41. fore than line 41, enter -0-							<del> </del>	, 600 .
be claimed as a						<del></del>				. 43		0,
dependent, see		I ax (Sc	C 4173	strs). Check if any from:	a	Form(s) 88	14	c1962	election	}		
instructions.	45	Alterna	tiva	minimum tax (aca instructi	. b [	Form 4972	• • • • • •	• • • • • • • • • • •		. 44		0.
All others:	46	Add line	o	minimum tax (see instruction 4 and 45	ons). Atta	ch Form 6251						
Single or Married filing	47	Foreign	tax	4 and 45			1 1	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	46		0.
separately.	48	Credit for	rbild	and dependent care expenses. Att	reguired		47				**	
\$5,950	49	Education	DD 0	redits from Form 8863, line	acn Form 24	41	48	<del></del>	<u></u>			
Married filing	50	Retirem	ont.	savings contributions, line	19		49			<b>_</b> lotu		
jointly or Qualifying	51	Child to	UIN .	savings contributions credit	Attach F	orm 8880	50	<u>-</u>				
widow(er),	52	Doniden	X Cit Hini	edit. Attach Schedule 8812,	If required	i	51		<u> </u>	_[ ]	Name of the state	
\$11,900				energy credits. Attach Form			$\rightarrow$	···-		_	, I	
Head of household,	53			Form: a 3800 b 8801			53			1,573	<u>.</u>	
\$8,700	54	Add line	s 47	7 through 53. These are you	r total cre	dits				54		
	<u> </u>	<u>Subtract</u>	line	e <u>54 fro</u> m line 46. If line 54 i	is more th	an line 46, en	ter -0-			- 55	<del></del>	o.
<u>Other</u>	56	Serr-empro	ymen	nt tax. Attach Schedule SE						56	<del> </del>	
Taxes	57	Unreported	SOCI	ial security and Medicare tax from I	Form: 8	4137 b	8919			57	<del></del>	
	58	Additional	tax o	n IRAs, other qualified retirement t	lans, etc. At	tach Form 5329 it	required			50	<del> </del>	<del></del>
	59 a	Houserio	ilo ei	imployment taxes from Sche	edule H					50 a		
	, a	FUZIFIK	е по	mebuyer credit repayment.	Attach Fo	rm 5405 if red	uired			59 b		
	60	Other (a)	(es.	Enter code(s) from instructi	ions				•	60		
	61	Add lines 5	5-60.	. This is your total tax						61		0.
Payments	62			the description of the Lotting	44-2 and	1099	162			- 500	<u> </u>	<del></del>
If you have a	63	2012 estima	ated t	tax payments and amount applied f	rom 2011 re	turn	63					
qualifying child, attach	_ 64 a	Earned in	ncor	me credit (EIC)			64 a			- 	-	
Schedule EIC.	ь	Nontaxable	comb	bat pay election 🏲 🛚 [ 64 b			" e >		<del></del>	7		
	65	Additiona	l ch	ild tax credit. Attach Schedu	ıle 8812 .		65				<u>;</u>	
	66	American	opt	portunity credit from Form 8	863, line 8	В	66				I	
							67					
	68	Amount p	aid	with request for extension to	o file		68	22.2 44 K. 20.3 Teller.	Transfer of the second	1		
	69	Excess so	ocial	i security and tier 1 RRTA to	ax withheld	d	69	<del></del>				
	70	Credit for	fede	eral tax on fuels. Attach For	m 4136		70		. *			
	71	Credits from	i Forr	m: a 12439 b Reserved c	8801	d 8885	71		<del></del>			
	72	Add ins 62,	63, 6	4a, & 65-71. These are your total p				<u>-</u>	<u> </u>			
Refund	73	If line 72 is	more	than line 61, subtract line 61 from	line 72 Thi	e ie the amount w		<u>*******</u>	*****	72		
	74 a	Amount o	f line	e 73 you want refunded to y	OU. If For	on 8888 is etts	ochod c	hack hara	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	► b	Routing n	umb	xxxxxxxx			Checkir			74 a	<del> </del>	
Pirect deposit? See instructions.				ber XXXXXXXXX			CIRCUM	vy ∐s	avings			
TEE HISH OCHOUS.				you want applied to your 2013 es	dimated tax	<b>→</b> (	<u></u>			92. T		
mount	76	Amount you	OWE	. Subtract line 72 from line 61. For	details on h	nw to parv spo ins	tortions	·		78.63 76		^
<u>′ou Owe</u>	77	Estimated	tax	penalty (see instructions) .			77			76		<u>0.</u>
hird Party												
esignee			A MIN	other person to discuss this return t	with the IKS	(see instructions)	7	🔣 Ye	s. Comp	lete be	low.	No
esignee	Designer name	es ►WI]	LLI	IAM L MAINELLA, C	PA	Phone	- 1202	882-7	Pe	rsonal (d	tentification 5 0.55	
ign	Under p	enalties of pe	njury	, I declare that I have examined this	return and a	TO.	1203	5) 882-1	1/3 nu	mber (PI	N 987	<u> 765</u>
lere	режет, уг Усле	icy are true, . Signature	CONTE	, I declare that I have examined this ct, and complete. Declaration of prep	parer (other t	han taxpayer) is b	assed on al	information of	which biebi m na biebi	cormy xn	lowledge and any knowledge.	
oint return?	<b>∤</b> .	as Muset Fig. 6			P	ste [Y	ore occuba	ation	•		ne phone number	
ee instructions.	′ <u>.                                    </u>					f	ETIR	ED		İ		
eep a copy	Spous  -	e's signature	. If a	joint return, both must sign.	<u> </u>	ete S	pouse's oc	cupation		if the H	RS sent you an identify	v Pro-
r your records.	·			<del></del> -						tection it here	RS sent you an identity PRI, enter (see instrs)	, <del>-</del>
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aid	WIL	LIAML	<u>IAL</u>	NELLA, CPA		3	12/0	s s	ليسا If-employed		00735277	
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se Only	Firm's ad	ldress ► 5	0 (	CHERRY STREET		<u> </u>			Firm's ElN			
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#### SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.

- Attach to Form 1040.

OMB No. 1545-0074

Name(s) show	iii an	Form 1040.  Attach to Form 1840.	
		OTHANSZKY	Attachment Sequence No. 07
Medical	<u> </u>		
and		Caution. Do not include expenses reimbursed or paid by others.	_
Dental Expenses			
-vhenzez		1,000 index index index	
		3 Multiply line 2 by 7.5% (.075) 4 Subtract line 3 from line 1 by 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Taxes You			
Paid		5 State and local (check only one box):	1,56
		a Income taxes, or	
		College Sales Taxes	
		" TOW COURT GACS (SEE IDSTITICATIONS)	
		7 Personal property taxes 6 9,844.	
		8 Other taxes. List type and amount - 7 AUTO TAX	
		9 Add lines 5 through 9	
	<u> </u>		
nterest 'ou Paid		Home mtg interest and points reported to you on Form 1098  10  10  10  10  10  10  10  10  10  1	9,909
		Home mortgage interest not reported to you on Form 1098. If paid to the person  from whom you bought the home, see instructions and show the person	
		from whom you bought the home, see instructions and show that person's name, identifying number, and address >-	
ote.		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
our mortgage terest			
duction may			
limited (see			
structions).			
	7	Points not reported to you on Form 1098. See instrs for spci rules	
	1.	- Moragogo risulance premiums /con instruction > 1 - 4	
	7.	4 Investment interest. Attach Form 4952 if required.	
		(See instrs.)	
_	15	(See instrs.)  5 Add lines 10 through 34	
ts to	76	5 Add lines 10 through 14 15 Gifts by cash or cherk if you made 15	
arity		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	0.
-		more, see instrs	
ou made a	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if	
and got a . efit for it,		more, see instructions. You must attach Form 8283 if	
instruction	s.	over tool	
	18		
<u></u>	19	Add lines 16 through 18 2, 570	
ualty and		Add lines 16 through 18 2,570. Limited 19	^
ft Losses	20		
Expenses	21		
Certain		Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if	<del></del>
cellaneous luctions		required. (See instructions.) ►	
uctions			
	22	Tay promote (21)	
	23	rax preparation rees	
	2.3	The caperises - investment, safe denocit how see that	
		type and amount >	
	24	Add lines 21 through 23	
	25	ther amount from Form 1040, line 38 25	
	26	Multiply line 25 by 2% (.02)	
	27_	Subtract line 26 from line 24. If line 25 is more than 15.	
r ;	28	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0	
ellaneous ections			
	29	Add the amounts in the far right and	
æd		The lat right Column for lines 4 through 20	
zea ctions		Also, enter this amount on Form 1040, line 40	
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11,469.
			44,403.
		If you elect to itemize deductions even though they are less than your standard deduction, check here	

#### SCHEDULE D (Form 1040)

Capital Gains and Losses

- Attach to Form 1040 or Form 1040NR.

Information about Schedule D and its separate instructions is at www.irs.gov/form1040.

Lucy Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

2012

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

ĦĒ	CLEN K POTHANSZKY					
P	Short-Term Capital Gains and	Losses - Assets	Held One Year or L	ess		
or 3	mplete Form 8949 before completing line 1, 2, 3. This form may be easier to complete if you and off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	price) from Form(s) from Form(s) 8949, 8949, Part I, line 2, Part I, line 2,			(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1	Short-term totals from all Forms 8949 with box A checked in Part I					
2	Short-term totals from all Forms 8949 with box B checked in Part I					
	Short-term totals from all Forms 8949 with box C checked in Part I					,
4	Short-term gain from Form 6252 and short-term	n gain or (loss) from Fo	rms 4684, 678), and 88	24	4	
5	Net short-term gain or (loss) from partnerships	. S corporations, estate	s, and trusts from Scher	lule(s) K-1	5	
	Short-term capital loss carryover. Enter the am Worksheet in the instructions	nount, if any, from line 8	of your Capital Loss Ca	artvover		
7	Net short-term capital gain or (loss). Combine capital gain or losses, go to Part II below. Other	lines 1 through 6 in colu	umn (h), if you have any	long-term		
Fa	Long-Term Capital Gains and L				<del>, -</del>	1
or 1	nplete Form 8949 before completing line 8, 9, 0. This form may be easier to complete if you not off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments gain or loss fro Form(s) 8949, Pa line 4, column	m ert II, s	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (a)
8	Long-term lotals from all Forms 8949 with box A checked in Part II				,\ <del>-</del>	
9	Long-term totals from all Forms 8949 with box B checked in Part II					
10	Long-term totals from all Forms 8949 with box C checked in Part II	80,000.	56,243.		"	23,757.
11	Gain from Form 4797, Part I; long-term gain fro Forms 4684, 6781, and 8824	om Forms 2439 and 625	2: and long-term gain o	r (loss) from	17	
12	Net long-term gain or (loss) from partnerships,	S corporations, estates	, and trusts from Sched	ule(s) K-1	12	
13	Capital gain distributions, See instrs	*			13	
14	Long-term capital loss carryover. Enter the amo	ount, if any, from line 13	of your Capital Loss C	artvover	14	<del></del>
15	Net long-term capital gain or (loss). Combine lis page 2	nes 8 through 14 in colu	mn (h). Then on to Part	lli on i		00 755
ВАА	For Paperwork Reduction Act Notice, see your	tax return instructions	h			23,757. le D (Form 1040) 2012

Schedule D (Form 1040) 2012

Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

No. Complete the rest of Form 1040 or Form 1040NR.

#### Form 8949

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

File with your Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10 of Schedule D.

OMB No. 1545-0074

2012

Attachment Sequence No. 12A

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

HELEN K POTHANSZKY

Most brokers issue their own substitut reported to the IRS. Before you check t are required to report basis to the IRS	Mox A. H. or I. below de	Olermine whether ynu ri	ey also may provide ba eceived any statement(	sis information (usualis) and, if so, the transc	ly your cust) to actions for whic	you on the statement et th basis was reported to	ren if it is not o the IRS. Brokers
Part Short-Term.	Transactions i	nvolving capita	al assets you l	neid one year	or less ar	e short term. F	or long-
You must check Box A, B, or Form 8949, page 1, for each a complete as many forms with  (A) Short-term transaction	C below. Check of applicable box. If y the same box check	nly one box. If mo ou have more sho cked as you need.	re than one box a rt-term transactio	opplies for your shors than will fit on	ort-term tra this page fo	nsactions, comple r one or more of t	te a separate ne boxes,
(B) Short-term transac	tions reported on I	Form(s) 1099-B st	nowing basis was				
7 (a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below	Adjustment, If you enter as enter a c See the se	(h) Gain or (loss). Subtract column (e) from column	
		(Mo. dey, yr)	(see instructions)	and see Column (e) in the separate instructions	Code(s) from instructions	(g) Amount of adjustment	(d) and combine the result with column (g)
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2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked). If ne 2 (if Box E Box C above is checked)	its). Enter each tot D, line 1 (if Box A Labove is checked	tal here and A above is D. or line 3 (if		,			

#### HELEN K POTHANSZKY

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A. B. or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported in the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part 1 Long-Term. Transactions involving capital assets you held more than one year are long term. For short term transactions, see page 1.

You must check Box A, B, or C below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS
- (B) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (C) Long-term transactions not reported to you on Form 1099-B

3 Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e)	Adjustment, if you enter a center a c	if any, to gain or loss.  n amount in column (g), code in column (f), parate instructions.	(h) Gain or doss Subtract colum
		· · · · · · · · · · · · · · · · · · ·	(See #Istructions)	in the separate instructions	(f) Code(s) from instructions	Amount of adjustment	(e) from colum (d) and combit the result with column (g)
ONDO 16J EMBASSY TOWERS	06/15/80	08/12/12	80,000.	56,243.		*	
							23,75
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Totals. Add the necessity is and							
Totals. Add the amounts in colu (subtract negative amounts). Er include on your Schedule D, lin- checked), line 9 (if Box B above Box C above is checked)	umns (d), (e), (e) nter each total i e 8 (if <b>Box A</b> ab e is checked), o	)), and (h) here and hove is r line 10 (if					
Box C above is checked)			80,000.	56,243.		و ا	3,757.

#### 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/form1040.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

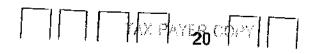
Attachment Sequence No. 13

HELE Fan	In K POTHANSZKY  Income or Loss From Rental Real Estate and Schedule C or C-EZ (see instructions). If you are an individual, report fan	Royali m rental i	ties Note. If you are in the norme or loss from Form 4	ne business of renting persona 835 on page 2, line 40.	property, use
	Schedule C or C-EZ (see instructions). If you are an individual, report ian Did you make any payments in 2012 that would require you to file If 'Yes,' did you or will you file required Forms 1099?	E	a tagga (see instructi	ons)	Yes Kilvo
8	If 'Yes,' did you or will you file required Forms 1099?				
	Division address of each property (street, city, state, ZIP code)			<u> </u>	
	EMBASSY TOWER CONDO, BRIDGEPORT, CT 060	<u>06</u>			
A	83 PRIMROSE AVE, BRIDGEPORT, CT			<u></u>	
	83 PRIMROSS AVD/ ZEE		,		ΔΊΛ
_ <u>c</u> _	Type of Property 2 For each rental real estate property listed		Fair Rental Days	Personal Use Days	<del></del>
15	A let below ! report the filming of lall [Cilia] SIV	A	365		
A	above, report the authorise days. Check the QJV box only personal use days. Check the QJV box only if you meet the requirements to file as a	В	360	G	
В	1 qualified joint venture. See instructions.	C	——— <del>—,,,,</del>		
C		1 0	<u>!</u>	<del></del> ,,	N.
1 Sir	ngle Family Residence 3 Vacation Short Ferri Roman	Land Royalti	7 Self-Ren es 8 Other (de		
	Iti-Family Residence 4 Contractors		^ A	B	<u>c</u>
Incor	MP!	3	0.	2,000.	
3	Rents received	4	*	:1: 	
4	Rents received				
Expe	nses: Advertising	5			
	Advertising	6			
6	Auto and travel (see instructions)				
7	Cleaning and maintenance	8			
8	Commissions	9	1.059.		· .
9	Insurance	10		,	<u> </u>
10	Legal and other professional fees	71		, ,	
11	Management fees		<u>.</u> _	9,446.	<u> </u>
12	Mortgage interest paid to banks, etc (see insuddents)  Other interest	13	834.		
13	Repairs	14			
14	Supplies	15			
15 16	Taxes	16	4,161.	6,384.	
17	Utilities	17			
18	Depreciation expense or depletion	18	0.		
19	Other (list)	19			<u> </u>
20	Total expenses. Add lines 5 through 19	20	6,063.	15,830.	<u> </u>
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	-6,063.	-13,830.	
22	Deductible rental real estate loss after limitation, if any, on				
-	Form 8582 (see instructions)	2.2	-6.063.	-13,830.	a version in the second of the
	a Total of all amounts reported on line 3 for all rental properties.				
	b Total of all amounts reported on line 4 for all royalty properties				7.70
	c Total of all amounts reported on line 12 for all properties				
	d Total of all amounts reported on line 18 for all properties				
	e Total of all amounts reported on line 20 for all properties				groupeday, and the same and
24	Income. Add positive amounts shown on line 21. Do not include	any los	ses		-19,893.
25 26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25 result here. If Parts II, III, IY, and line 40 on page 2 do not apply to you, also ente amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this a	sses fro . Enter the er this emount	m line 22. Enter total	losses here 25 -19, 893. 26	-19,893. -19,893.
	in the total on line 41 on name 2		HEA.	공꾸시작공꾸지 40	

Schedule	E (Form 1040) 2012							
Name(s) sho	wn on return. Do not enter name and social s	ecurity number if shown on Page 1						Page
TETEN	K POTUANCOWY				TV	3 a 5 a 6		
Cauron:	he IRS compares amounts reported income or Loss From Pa	ed on your tax return with	atron inte					
3 014 16	income or Loss From Pa	rinerships and S.Co.	************	Shown on Sche	oule(s) K+1.			
	20 and attach Form 6198 See i	Detrustions	any am	OUNt IS hot at ric	ik, you <b>must</b> ch	eck the	box in colum	In (e) on line
27 Are y loss t	rom a passive activity of the b	a prior year due to the a	it-risk o	r basis limitation	s, a prior year	unaliow	ed	
, 00	answered Yes, see instructions	before completing this sect	ion.	or differmontset	partnership ex	penses	?   Y	es X No
26		· · · · · · · · · · · · · · · · · · ·		(b) Enter P for	<del></del>	<del>,                                     </del>		<del></del> -
	(a) Nam	e		partnership; \$	(c) Check if foreign	(d)	Employer	(e) Check if
A				for S corporation	partnership	IGE	ntification number	Jany amount
В	<del></del>	<u></u>	<u> </u>		·	<del> </del> -		is not at risk
c					<del> </del> -	<del> </del>		
B C	<del></del>				<del> </del>	<del> </del> -	— <u>—</u> —.	
	Procedure Leave				<del></del>	<del> </del> -		<u> </u>
	Passive Income and I	.0£5			Honpassive Inc			
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income	(b)	Nonpassive loss	(i) Section	ome an		
A	Total code in redoired)	from Schedule K-1	fre	m Schedule K-7	i expense na	ediliotion	(i) No	npassive me from
B					from Fen	m 4562	Sche	me from dule K-1
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C D			+-	***		<del></del>	_ <del> </del>	<u> </u>
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h Totals	**************************************		1.67			an Taga Maran		
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itos bbA Pi	umns (g) and (j) of line 29a umns (f), (h), and (j) of line 29b					——————————————————————————————————————	Market Section 1988	Land Towns
2 Total na	mns (f), (h), and (i) of line 29b rtnership and S corporation incor	*********				30	<del></del>	
z rotarpa include i	rtnership and S corporation incorn the total on line 41 below	ne or (loss). Combine lines	30 and	131 Estat de		31		
action I	n the total on line 41 below	<u></u>		on Englinger	suit here and	-	1	
3	U. LOSS FIOR ESTAT					32	<del></del>	
Α.		(a) Name					7455	<del></del>
3					<del></del>	<del></del>	(b) Emplo	yer ID no.
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	(c) Passive deduction or loss a (attach Form 8582 if requir	illowed	(d) Pa	ssive income	(e) Deduction			
Ţ	Treddil	<del></del>	trom	Schedule K-1	from Schedu	ie K-1	(f) Other from Sche	income
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	the toy and tey or mie 340	*******			***********	36	<del></del>	<del></del>
Total esta result bere	te and trust income or (loss). Core and include in the total on line 41	nbine lines 35 and 36, Ente	er the			30		<del></del>
and In	and include in the total on line 4	below		*******		37		
+10 -1-100 -1/=-C	come or Loss From Real Es	state Mortgage Inves	bnent	Conduits (R	EMICs) - Re	Sidua	I Daldas	
	(a) Name	(b) Employer	(c) Exces					<del></del>
	<del> </del>	identification number	260 (286 ) 2010-000	<b>les Q</b> , (ine 2c nstructions)	(net loss) fro Schedules Q, li	m	(e) income Schedules C	tion
Combine	objection (4)				ochedules Q, III	ne 15		n and Su
Sur Sur	olumns (d) and (e) only. Enter the mmary	result here and include in	the tota	on line 41 helo	<del></del>	<del></del>		
Not from a	imilary			11 0010	**	. 39	··	<del></del>
THE MINISTER	ental income or (loss) from Form 4	835. Also, complete line 42	2 below		<del></del>	1 1		
Total incom	ne or (loss). Combine lines 26, 32, line 17, or Form 1040NR, line 18	37, 39, and 40. Enter the	recult h	**************************************		40	<del></del>	·····
Pacasette	line 17, or Form 1040NR, line 18	**************************************	esnu il	eie auto ou	£			
and fiching	ion or isiming and fishing income	Enter voils arose farming	ı	5441854	San a Coval or de la	47	-19	,893.
box 14, coc	le B; Schedule K-1 (Form 1835, line), box 14, code F (see instructions	hox 17 code H and Caban	065),		26 24 - 68 4 - 10 A 10			
(Form 104)	), box 14, code F /see instructions	Say 11' cone of and 2cued	iule K•ì	42				
Destations	ion for real estate professionals.	f VOU were a real actato						
anywhere o	in (see instructions), enter the net in in Form 1040 or Form 1040NR from it materially participated under the	ncome or (loss) you report	∍d			NEW 2		
in which you	i materially participated under the	Passive activity loss rules	ities	43				
		FDIZ2302 12/28	Ha	.   43	-19,893.			region Late Marie Communication
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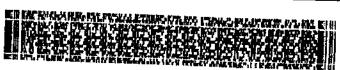
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#### Form CT-1040 - 2012, Page 1 of 4 Connecticut Resident Income Tax Return

-1-

Other taxable year, beginning: 2072 and ending: N FJFC N FJC IN FSEC N FSC 049 - 28 - 8737 TIME MAY FOTHARGERY 145° 7.A 2.4 Deι. ರಿಕಕ್ಕ 59 PRIMPOSE AVE CT 2210 OT-REFO ርቲ-1040ርውር BRIDGEPORT 06606 - 2733 €

į	Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	-	
2	Additions to federal adjusted grass income (from Schedule 1, Line 30)	1	-272451
3	Add Line 1 and Line 2	2	0
4	Subtractions from federal adjusted gross income (from Schedule 1, 1 ine 50)	3	-272451
5	Connecticut adjusted gross income: Line 4 subtracted from Line 3	4	
6	Income fax	5	-272451
7	Credit for income taxes paid to qualifying translations	6	- 1 2 1 3 2
8	Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)  Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, '0' is entered	7	ñ
9	Connecticut alternative minimum tax (from Form CT-6251)	8	ň
10	Add Line 8 and Line 9	9	o O
11		1.0	, n
12	Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) Subtract Line 11 from Line 10. If less than zero, '0' is entered	77	300
13	Total allowable credits (from Schedule CT-IT Credit, Part I, Line 11)	12	U COO
14	Connecticut income tay: Line 13 publicular (Connecticut income tay: Line 13)	13	ñ
15	Connecticut income tax: Line 13 subtracted from line 12. If less than zero, '0' is entered individual use tax (from schedule 4. Line 14.)	14	Ů
16	Individual use tax (from Schedule 4, Line 69). If no tax is due, '0' is entered Total tax: Add Line 14 and Line 15	15	
	The Indian Part Chief Io	16	0
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					W-2, W-2G, ar	nd 1 <b>09</b> 9 info	rmation				
		Col. A - Em	ployer or Payer's I	Fed. ID No.	Colu	uman B - CT Wa	ges, Tips, etc.	Co	lumn C - CT inco	me Tax Withhe	∌ld
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	18h	Additional C	T withholding (	from Supp	olemental Sch	edule CT-10	40WH, Line 3	) 18h		0	
	18				eld: Amounts i			E	18		0
	19				i any overpayr	ments applie	d from a prior	r year —	19		0
	20		ade with Form				^		20		0
					dule CT-EITC,	Jine 16)	. ^	* *	20 a		. 0
			nts: Add Lines						21		0
					Line 17, Line				22		0
	23	Amount of Li	ne 22 overpay	ment you	want <b>applied t</b>	to your 2013	estimated ta	x	23		0
	24	Total Contrib	utions of refun	d to desig	nated charities	s (from Sche	edule 5, Line 7	70)	24		0
	25	Refund: Line	s 23 and 24 su	btracted f	rom Line 22				25		0
		if you have n	ot elected to d	irect depo	sit, the refund	d may be iss	sued by debit	card or check	. —		
	25 a	Acct. type	Ck.	Sv.	<b>25 b</b> Rout #		25	c Acct.#			
	25 ตี	Retund going	to a bank acc	ount outsi	de the U.S.			25 d			
					21, Line 21 su		m Line 17		26		0
	27	if late: Penait	ty entered. Line	26 multip	olied by 10% (	(.10)			27		0
					umber of months			by 1% (.01)	28		0
	29	Interest on ur	nderpayment o	f estimate	d tax (from Fo	rm CT-2210	)		29		0
			due: Add Line						30		0
	and und \$5,0 than	erstand the po 200, or imprison the taxpayer	and, to the bes enalty for willfu onment for not	t of my kn lify deliver more that	owiedge and l ing a false rei	belief, it is to jurn or docur or both. The a	ue, complete, nent to DRS is fectaration of	ompanying sch , and correct. I s a fine of not a paid prepare ledge.	more than	CTIA0112	12/26/12
Sign Here	€:	Signature					Date €.		Daytiπ €	e Telephone M	umber
	Spot	ise's Signature (if	joint return)				Date		Daytim	e Telephone Nu	umber
Keep a copy for	•						é.				
your records.		Preparer's Signal	hva – /		·-··.	I barra			<b>€</b> °		
_	سيعد	7/11/11	MILIE	•		Date 2	Telephone I			er's SSN or PTI	N N
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			inee - Complete	the follow			ontact anothe	r person about			
		jnee's Name TLLIAM	L MAINE	LLA C	1 .	none Number 203) 882	77173	Personal Identii	fication Number (F	PIN)	

į	12014]	10303	Form CT-1040, P	age 4 of 4	€.		<u> </u>
S	ichedule 3 – Property Tax (	Credit					<u> </u>
	Qualifying Property	/-	Primary Residence				
A!	ome of Orange in				Auto 1		Auto 2
יונ או	ame of Connecticut Tax Town or Dis escription of Property		BRIDGEPOR	•		(	
	ate(s) Paid	€	59 PRIMRO	•		•	
	(-) . 2/0	€ €	06152012	τ		€.	
Aı	mount Paid	60	5000	¢		€:	
			6998	61	0	62	٥
63	lotal property tax paid: Ad	ld Lines 60, 61	, and 62,			60	
<del>û4</del>	махипот property тах стес	nit mila			<b>E</b>	63	6998
						b4 <del>=</del>	300
63	Lesser of Line 65 or Line 6	λ <del>ú</del> ,					
66	Proposty toy and their in					රිට් 🕈	300
	Property tax credit limitation	n amount. If ze	iro, the amount from Lir	ie 55 is enterez	fon Line 68	66 ÷	0.00
	Line 65 multiplied by Line 6			, 5 x k	1.5		
<b>c</b> o	lin on the second					€7 €	0
70	Line 67 subtracted from Line	e 55.		1		68	300
Scheo	ule 4 — Individual Use Tax			•	<b></b> -		200
osa (	Jse tax at 1% (from Connec	ticut Individual	Use Tax Worksheet, Se	ection A, Colum	ın 7)	69 a	0
	Jse tax at 6.35% (from Conr					. '	0
						69 b	υ
69 c ∪	lse tax at 7% (from Connect	licut Individual	Use Tax Worksheet, Se	ction C. Colum	n 71		
					17)	59c	0
	ndrvidual use tax: Add lines t	69a, <del>6</del> 9b, and	69c.		(	59 · <sup>©</sup>	O
							•
Schedu	le 5 – Contributions to Des						
	terrainaments (o Desi	ignated Charif	ies				
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<b>70 b</b> O'	· <del>T</del>				7	0a	0
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70 Tot	ai Contributions: Add Lines	70- 11				*	0
	And men nust wor rlugs	/va inrough 7	Of .	i	70	C	0
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47.

Į.	1201310305 5	orm CT-1949, Page 3 c	<u> </u>			
	Schedule 1 - Modifications to Federal Adju	isted Gross Income				٠
31		ations other than Conne	cticut	31		0
32 33	The second state of the second state of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	ticut state or municipal govern	nment abligations	32		0
34	Taxable amount of lump-sum distributions fro	m qualified plans not in	ncluded in federal adjusted	<b>3</b> 3		
25	gross meome		•	34		0
36		overnment bonds	grouter train 2010	35 36		0
37		federal Form 1040, line	35)	3.7		Ũ
38	Other specify 6			숙유	•	n
39	Total additions: Add Lines 31 through 38.			39		0
40	Interest on U.S. government obligations			40		Õ
41	Exempt dividends from certain qualifying mutual funds de	rived from U.S. government o	bligations	41		Ö
42	Social Security benefit adjustment (from Social	al Security Benefit Adjui	stment Worksheet)	42		U
43	Refunds of state and local income taxes			43		0
44 45	Her I and Her 2 ratinoad retirement benefits a	and supplemental annui	ties	44		Ũ
45	50% of military retirement pay			45		0
47	Beneficiary's snare of Connecticut figureary and Gain on sale of Connecticut state and local go	ijustment: Enter only π	ess than zero	46		Û
48	Connecticut Higher Education Trust (CHET) contributions Acct#:	vernment bonds		47		0
ΔU	HELLET, CONTRIBUTIONS HELLET.			48	•	0
49	Other specify *	,		49		0
50	Total subtractions: Add Lines 40 through 49.			50		0
Sche	dule 2 — Credit for Income Taxes Paid to Quali	fying Jurisdictions				
51	Modified Connecticut adjusted gross income	-,,		51		0
	·		Col. A		Col. B	
52	Qualifying jurisdiction's name and two-letter co	de <b>52 5</b> 2		6		
53	Non-Connecticut income included on Line 51 and reported o jurisdiction's income tax return	on a qualifying 53	0			0
54	Divide Line 53 by Line 51	54	0.0000		0.00	00
55	Income tax liability: Line 11 subtracted from Lin	не 6. <b>5</b> 5	υ			υ
56	Line 54 multiplied by Line 55	<del>56</del>	Ŭ			Ú
5/	income tax paid to a qualifying jurisdiction	57	ũ			û
5ê	Lesser of Line 56 or Line 57	þå	õ			0
59	Total credit: Add Line 58, all columns.		•	59		0
	1201310305	CTIA0134 12/26/12	1201210205		. =	_

5 U4(	ľ	S. Individual Inco	evenue Service (99)	2013		1			
For the year Jan. 1-	Dec. 31	, 2013, or other tax year beginning	THE TEX TOURS	, 2013, ending			RS Use Or	nly-Do not write or steple	
Your first name a	nd initia		Last name	, zu is, elong	, 20	}		See separate instr	uctions.
HELEN K			POTHANSZKY						-
If a joint return, sp	ouse's	first name and initial	Last name		·	<u>-</u>	<del></del> -	Spotenic could as an	
11								Spouse's social securi	ity number
		and street). If you have a P.O. bo	ox, see instructions.			Ac	at. no.	****	
59 PRIMRO	SE /	AVENUE	<b>-</b>				]	/ Make sure the SS and on the 5c ar	iN(s) above re correct
DE TE CERT OF	mce, ste	ite, and ZIP code. If you have a fore	ign address, also complete sp	ces below (see instri	uctions).	J		Presidential Election	
Foreign country na		r 06606-2733					Ì	Check here & you, or your se-	cuse if filing
- Creigh Country ha			Foreign prov	ince/state/county	For	eign pos	tai code	POTETY, want 53 to go to the de	Mid Checking
Filing Status	7	Single	<del></del>	4 [	7 None of house				Spouse
	2	Married filing jointly (	even if only one had inc	ome)		inoraen Iwi Dioni	un qualifyi	ng pelson). (See instruc utanut your dependent,	tions.) ff
Check only one box.	3	Married filing separat	ety. Enter spouse's SSN	l above	chiki's name h	ere. 1:	s a camp i	wasta your dependent,	enter this
		and full hame here. 1-	•	5 🖯	Nw onlytiauQ	Temporani.		engant colle	·
Exemptions	6	a 🔀 Yourself. If someon	ne can claim you as a de	pendent, do not	check box 6e	2 11-703	A CHAR	Boxes checked	
		b Spouse	<u> </u>		\$11.02 File et 4	• •		on 6a and 6b	1
		c Dependents:	(Z) Dependent's	(3) Depender	rts (4) Æ	hild unde	ape 12	No. of children on 6c who:	
	(1) F	rst name Last name	social security number	er relationship to	VOIL QUESTY MODE	berchilo t	8x credit	e lived with you	
f more than four							<b>139</b>	<ul> <li>did not live with you due to divorce</li> </ul>	,
Jependents, see		· · · · · · · · · · · · · · · · · · ·		5)	<del></del>			or separation (see instructions)	
nstructions and	<del></del> -			9				Dependents on 6c	
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ncome	7	Wages, saleries, tips, etc	. Attach Form(s) W-2				7	lines above k-	
	8e		Schedule B if required	÷.		•	8a	<del></del>	7.47
ttach Form(s)	ħ	Tex-exempt interest. Do	not include on line 8a	8b		• •	- OB	<del></del>	141.
/-2 here, Also	9a	Ordinary dividends. Attac	ch Schedule B if reguire	G.				1	
ttach Forms	ь			9b			9a	<del>                                       </del>	
/-2G and	10	Taxable refunds, credits,	or offsets of state and I	ocal income taves	<del></del>			,	
399-R if tax as withheld.	11	Alimony received , .	44			•	10	<del></del>	
as willingig.	12	Business income or (loss	). Attach Schedule C or	C-F7		• •	11	<del> </del> -	
you did not	13	Capital gain or (loss). Atta	ich Schedule D.if recent	Etc. If not required	cheek boro t		12.	<del> </del>	
st a W-2,	14	Other gains or (losses). A	ttach Kolini 4797		, CHECK NEIE F	. Ш	13	·	<del></del> .
e instructions.	15 <del>2</del>			· ' 1	ile amount	• •	14	<del> </del>	
	16a	Pensions and annuities			•		15b	<del>-</del>	
	17	Rental real estate, royalife	S. Dartnerships S.comy		ie amount .	 –	16b	<u> </u>	
	18	Farm income or (loss). Au	agh Schedule F	514(10)13, 1105(5, E(	c. Auach Sche	anie F	17	-11,2	72.
•	19	Unemployment compens	stion	• • • • •		• •	18	<u> </u>	
	20a	Social security benefits	20a 1 19 070	A Tourh	le amount .	• •	19	<u> </u>	
	21	Other income. List type in	dampent Net On	n anal	e amount .	. ,	20b	·	0.
	22	Combine the amounts in the	Minight column for lines 7	through 21. This is	NOT total bear	STMT	21	-283,9	
مائد بمدم ما	23	Educator expenses	Trans.		you total acom	10 F	22	~295,0	<u>51.</u>
djusted	24	Certain fulfilless expenses p	reservicie nortormino artic	23			- 1		
ross		les basis development officials	i. Attech Force 2106 or 210	3.57 D4	·		- 3-3-4		
come	25 🖠	Health savings ancount de	duction Attach Form 8		<del></del>				
	25	Moving expenses. Attach	F 0000	<del></del>	<del></del>				
	27	Deductible part of self-emplo	VIDENT for Attack Calculate	. 26				•	
	28	Self-employed SEP, SIMP	F and publiced stone						
	29	Car employed health insur	Book deduction	28	<del></del>				
	30	Penalty on early withdraws	i of earlinge	29			上編譜		
	31a	Alimony paid b Recipient	e SCN L	J			1-23		
	32			31a					
	33	IRA deduction Student loan interest deduc	-At						
,	34			33			至多對		
•	35	Tuition and fees. Attach Fo		34					
	36	Domestic production activitie							
	30 37	Add lines 23 through 35 . Subtract line 35 from line 3.	n market				36		
		Subtract line 36 from line 2	c. this is your adjusted	gross income		· )-	37	-295,05	1.

#### IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO's signature ▶

b- Do not send to the IRS. This is not a tax return. F Keep this form for your records.

1º information about Form 8879 and its instructions is at www.irs.gov/form8879. Submission Identification Number (SID) Taxpayer's name Spoid security remitter HELEN K POTHANSZKY Spouse's name Tax Return Information—Tax Year Ending December 31, 2013 (Whole Dollars Only) Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) 2 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) 3 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 13a) Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax returns and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts Treasury Emercial Accept of 1,888,852,4537. Paiment concellation requests must be received in factors and percent of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the factors of the facto Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no interchan 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further adknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ▼ I suthorize ORANGE & MARTORELLI LLP CPAS. to enter or generate my PIN ERO firm name as my signature on my tax year 2013 electronically filed income tax return. do not enter all zeros I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Bractitioner PIN method. The ERO must complete Part III below. Your signature 🗠 🗂 Spouse's PIN: check one box only i authorize to enter or generate my PIN EHO firm terme as my signature on my tax year 2013 electronically filed income tax return. do not enter all zeros I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box only if you are entering your own PIN and your Telum is filled using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature > Bractitioner PIN Method Returns Only—continue below Certification and Autheritication—Practitioner PIN Method Only Parelle ERO's EFIN/PIN. Enter your six-draft EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

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

Date >

Form 1040 (2)	013)								
Tax and	38	Amount from line 37 (adju-	sted gross inc	ome}		_	<del></del>	. 38	Page 2
Credits	39z	Check X You were b			☐ Bün	a la	Total boxes	18470	-295,051
	_		s born before .			- / '	necked N 39a	1	,"
Standard	ь	If your spouse itemizes on a	separate retu	m or you were	a dual-status a	ilien	-		."
Deduction for—	40	Itemized deductions (from	n Schedule A)	or your stanc	lard deductio	n lees	s left margin)	— I ··	1
• People who	41	Subtract line 40 from line 3	18			ii (SG	e Acit mangun, .	40	13,311.
check any box on line	42	Exemptions, If line 38 is \$150		tiply \$3,900 by th	e number os line i		nepulpo poe inelizacio	41	3 900
39a or 39b o	r   43	Texable income. Subtrac	t line 42 from	line 41. If line :	42 is more the	n line	41 opter 0		3,300.
claimed as a	44	Tax (see instructions). Chack	if any from: a	☐ Form/s) 88	314 to [7] Form	# #Q7	rai, einei -0	43	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
dependent, see	45	Alternative minimum tax	(see instruction	ons). Attach Fo	rm 6251	11.301		44	0
instructions. • All others:	46	Add lines 44 end 45				• •		45	
Single or	47	Foreign tax credit. Attach F	orm 1116 if re	auired	47	1		46	<u>.</u> 0.
Martied filing	48	Credit for child and dependent	nt care expensi	es. Attach Forn	n 2441 <b>48</b>	+-			¥-5
separately, \$6,100	49	Education credits from For	n 8863, line 19	9	49	<del> </del>			
Married filing	50	Retirement savings contrit	outions credit	. Attach Form	8880 50	┩┈╾	<del></del>		M. 4
jointly or Qualifying	51	Child tax credit. Attach Sci	hedule 8812, j	if required.	51	+	45,47357		) 
widow(er), \$12,200	52	Residential energy credits.	Attach Form 5	695	52	<del> </del>			er in the second
Head of	53	Other credits from Form: a	3800 ь∏ ая	801 c 🗀	53	<del> </del>	(3.45 <u>g</u> (3.45 <u>g</u> (3.45 <u>g</u> )		
household, \$8,950	54	Add lines 47 through 53. Th	ese are vour t	otal credits		<u> </u>	9336 1031 1031		•
	55	Subtract line 54 from line 46	i. If line 54 is a	none than line		•		54	
Other	56	Self-employment tax. Attach	Schedule SE						0
Taxes	57	Unreported social security a				er t		56	
. avea	58	Additional tax on IRAs, other	qualified retires	ment plans et	c Attach Form	<b>5930</b>	7 <u> </u>	57	
	59a	Household employment taxes	s from Schedul		· · · · ·			58	
	b	First-time homebuyer credit n	epayment. Atta	ach Form 5405	if required	200	grande i Africa	59a	<del></del>
	60	Taxes from: a Form 895	9 b 🔲 Form 89	960 c i ⊓instr	uctions: enter d	oda/e	s)	59b   60	<del></del>
	61	Add lines 55 through 60. This	s is your total	tax		,000		<del> </del>	
Payments	62	ACCUSATION THE THE MILLIUGIO	Trom Forms W	V-2 and 1099	″ 62:	<u> </u>	<u></u>	-   DI	0.
if you boy a	63	2013 estimated tax payments a	and amount app	olied from <b>20</b> 12	return 63		· · · · · · · · · · · · · · · · · · ·	-	:
if you have a qualifying		Earned income credit (EIC)			64a				
child, attach		Vontaxable combat pay election				· · ·	<del></del>		
Schedule EIC.	65	Additional child tax credit. Atta	ich Schedule 8	<b>512</b>	65			2000	
	66	American opportunity credit t	from Form 886	53, line 8	66		·-···		
		Reserved			67			- 1-2	
	68	Amount paid with request for	extension to i	pe az	68		and the second second second second	/作品の表現 - 第5点の表現	
	<del>69</del>	xcess social security and tier	1 RATA tax w	Dinelo	69		- · · · · · · · · · · · · · · · · · · ·		
	70	Credit for federal tax on fuels	Attach Form	4136	70		<del></del>		
	71 · · · · · · · · · · · · · · · · · · ·	irecits from Form: a 2439	C [	\$8 <b>88</b> d	71		·- <del></del>		
Refund	73	dd lines 62, 63, 64a, and 65	through 71. T	hese are your	total payment	\$ .	· · · · •	72	
JOINT.	74s /	line 72 is more than line 61	subtract line	64 from line 7	2. This is the a	mou	nt you overpaid	73	
	170 /	mount of the 73 you want M	minded to ye	ับ. If Form 888	8 is atteched,	check	k here . ▶ 🔲	74a	· · · · · · · · · · · · · · · · · · ·
Arect deposit?			<u>* x * x</u>	$\mathbf{x} \mathbf{x} \mathbf{x}$	I∽ с Туре: [_	Chec	king [] Savings		·
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ou Owe	77 F	mount you owle, Subtract III	my 2 from tine	9 61. For detail	ls on how to pa	ay, se	e instructions i-	76	0.
Table of Paris A	Do w	stimated tax pecalty (sec ins	Tructions)	<u> </u>	<u>   77  </u>		<del></del>		
hird Party Pesignee	D1	u wint to allow and the pers	on to discuss	this return wit	h the IRS (see	instru	ictions)? 🔀 Ye	s. Complet	e below. No
•	Desigi name	[10]	Fita coa	Phone			Personal identi	fication	_
ign	Under	CONTINUE OF DETRIES AND ADDRESS HOLD			203) 882-7	<del></del>	number (PIN)	<u> </u>	98765
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structions.					RETIRED	"		Daytime p	hone number
Xep a copy for unrecords.	Spous	e's signature, if a joint return, bot	h must sign.	Dete	Spouse's occul	antion .		<del> </del>	
		<u></u>	•			-αuQii		I PIN, BOXES K	nt you an identity Protection
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	rim's		STREET		CT 06460			-13622.	

#### SCHEDULE A (Form 1040)

#### itemized Deductions

OMB No. 1545-0074

2013

Attachment Sequence No. 07

Department of the Treasury internal Revenue Service (99) Name(s) shown on Form 1040

information about Schedule A and its separate instructions is at www.irs.gov/schedules.

> Attach to Form 1040.

Your social security number

HELEN K P	ОТН	ANSZKY	.,			
		Caution. Do not include expenses reimbursed or paid by others.	1		EVITY	GI
Medical	٦	Medical and dental expenses (see instructions)	11	1,678.		· · · · · · · · · · · · · · · · · · ·
and	2	Enter amount from Form 1040, line 38   2   -295, 051.			1.	į į
Dental	3	Multiply line 2 by 10% (10). But if either you or your spouse was	T: .			<u> </u>
Expenses		born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	0.		
•	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			14	1,678.
Taxes You		State and local (check only one box):	1	37		
Paid	_	a Income taxes, or )	5	, PG 3		
ratu		b   General sales taxes	$\overline{}$	W.S.	M.	i.
	6	Real estate taxes (see instructions)	6	10, 115		
	7		7	n commence de la	7.00	
	-	Other taxes. List type and amount 1-	1	7.00		
	•		8	g 9 61 <sub>0</sub> .	1	
	a	Add lines 5 through 8		200	9	10,176.
interest		Home mortgage interest and points reported to you on Form 1098	lŵ			1
You Paid	11					
You Palo	,,	to the person from whom you bought the home, see instructions	7	, 1 		
Note.		and show that person's name, identifying no., and address In		1.1.1		
Your mortgage		行		(4) Fr	- (n	
interest						
deduction may		District Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t	1	CANADA CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTR	12	
be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for	12			
ines donorroy.		special rules	13	1,457.		
		Mortgage insurance premiums (see instructions)	14	1,437.	* 10	·
		Investment Interest. Attach Form 4952 if required. (See instructions.)	174	· · · · · · · · · · · · · · · · · · ·	-	1 457
		Add lines 10 through 14	, , Table	<u> </u>	15	1,457.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,	62.5	500.		
Charity		see instructions	16	300.		
if you made a	17	Other than by cash or check. If any gift of \$350 or more, see		250		
gift and got a		instructions. You must attach Form \$283 if over \$500	17	250:		
benefit for it, see instructions.		Carryover from prior year	18	3,770.		
	19	Add lines 16 through 18	<del></del>	Limited	19	0.
Casualty and					امدا	; }
Theft Losses		Casualty or theft loss(es), Attach Form 4684. (See instructions.)	- -		20	
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues,				
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.				
Miscellaneous		(See instructions.)	21		10	
Deductions	22	Tax preparation fees	22	·		
	23	Other expenses—investment safe deposit box, etc. List type				
		and amount.	ξij.,			
			23		(学校) (大)	
	24	Add lines 21 through 23	24	<u></u>		
	25	Enter amount from Four 1040, line 38 25			#	
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter	r -0-		27	
Other	28	Chair from list in instructions. List type and amount				
Miscellaneous		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				
Deductions					28	<u> </u>
Total	29	Is Form 1040, line 38, over \$150,000?				•
Itemized		No. Your deduction is not limited. Add the amounts in the fall	r righ	it column 🕠		
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040			29	13,311.
<b></b>		☐ Yes. Your deduction may be limited. See the Itemized Deduction				
	30	Worksheet in the instructions to figure the amount to enter.  If you elect to itemize deductions even though they are less to	han :	your standard		
-		deduction, check here		: 📂 🛄	ď T	<b>建</b> 型工作。

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HELEN K POTHANSZKY	<u> </u>	L-6061	411	DE P	PET POV	/schedu	iee. Att	achment," Quence No. 13
Line 21 Schedule C or C-EZ (see instructions). If you are an						Ye	ur social secu	rity number
Line 21 Schedule C or C. E7 (con in the line and	d Roy	alties No	rte. If vo	u are	in the burliage			
Line 21 Schedule C or C-EZ (see instructions). If you are an A Did you make any payments in 2013 that would require you payments in 2013 that would require you have a payment of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the coun	individ	ual, report	farm ren	dal ing	XXMe or loss for	OTTENL	Ing police.	erty, use
Bal Uperating oss Carnopryard	<del>ण्य १० ।</del>	il <del>e Form(s</del>	<del>) 1099?</del>	(see	instructions)		DIENBUR	<b>Statement</b>
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1b Type of Property 2 For each rental real estate above, report the number of	nrone.	do a filada a d		<del></del>	-	7	200	·
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B only if you meet the require	the QJ ments	V box		<u> </u>	Days		Taris .	σν
C a qualified joint venture. Se	e instri	actions.	B	<del></del> -	365		19	
Type of Property:			C				<u> </u>	
1 Pints From 1			<u> </u>					
2 Multi-Family Residence 4 Commercial	ai 5 i	_and		7 <b>Se</b>	lf-Rental	1 4 6 C	,	
Income:	6 [	Royalties		B Off	ter (describe			
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4 Royalties received	3	<del>- </del>	1	200.		—— <u> </u>	<del></del>	<del>-</del>
Expenses:	- 4	<del>- </del> -			A A		<del></del>	
5 Advertising	5	-						<del></del>
6 Auto and travel (see instructions)	6				<del> </del>			
/ Creaning and maintenance	7	<b>-</b>			<u> </u>			
8 Commissions. 9 Insurance		<del>"</del> ———		72.	<del> </del> -	<u> </u>		
					<del> </del>			
10 Legal and other professional fees 11 Management fees	10				<del> </del>	·	_	
12 Mortgage interest polyter by	11		<u> </u>				<del></del>	<del></del>
Mortgage interest paid to banks, etc. (see instructions).  Other interest.	112		9,4	40.				- <del></del>
14 Repairs.					<del></del>	<del></del> -	<del> </del>	<del></del>
15 Supplies							<u> </u>	· · · · · · · · · · · · · · · · · · ·
16 Taxes	15	<u> </u>				<u> </u>	<del> </del>	<del></del> ·
17 Utilities.	16		6,56	0.			<del> </del>	
18 Depreciation expense or depletion	17						<del> </del> -	<del></del> -
19 Other (list)	18						<del></del>	
O Total expenses. Add lines 5 three 119	20	<u>_</u>	00.0-					
Subtract line 20 from line 3 (vanta)	20	<del></del>	23,27	<del>2.</del>	<del></del>			<del></del> .
	1 1			- [				<del></del>
	21		11,27	,		-		
Deductible rental real estate loss after initiation, if any, on Form 8582 (see instruction).		·	- 121		<u>'</u>			···
COOL (SEMENSIT) N. M. M. M. M. M. M. M. M. M. M. M. M. M.	22 (	. 1	1,272	. de	•	,		
3a Total of all amounts reported on 23 for all rental proper b Total of all amounts reported to	ties			3a	12	000.	<b>।</b> বৈশ্বস্থাস্থাস্থাস্থাস্থ	) 389-25-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
b Total of all art sonts reported on line 4 for all rental proper control of all art sonts reported on line 12 for all properties do Total of all art sonts reported on line 12 for all properties	rties		·	3b				
			. 2	3c	9,	440.		
	•		2					
""" AND DUSTIVE AMOUNTE Charles and Commercial	includ		2		23,2	272.		
				• •		24	**************************************	
Total rental real estate and royalty income or (loss). Combit Parts II, IV, and line 40 on page 2 do not apply to your	russes	uom ime ;	22. Ente	r tota	l losses here	25 (	11,	272.)
If Parts II, III, IV, and line 40 on page 2 do not apply to you, a 17, or Form 1040NR, line 18. Otherwise, include this amount in	aleo es nue ma	es 24 and	25. Ente	er the	result here.	1 T		······································
17, Or Form 1040NR, line 18 Otherwise Section 1990, 2	n the to	rea uns an	110UNT 01	n Fon	m 1040, line			
Paperwork Reduction Act Notice, see the separate instructions.	BAA	REV 03/03/1	4 PPA	age :	-11,272	26		,272.
•	, ————————————————————————————————————	·	//		, 212	· Sche	dule E (Form 1	040) 2013

Venue and dad appropriate mountain

	tion. The l	THANSZKY RS compares am	ounts reported	on your tax re	turn with amoun	ts show	vn on Se	chedule(s) ~~			
Pa	an	come or Loss if	isk, you must che	ck the box in c	olumn (e) on line 2	8 and at	tach For	m 6198. See k	natruo	tions.	<u></u>
27	unalio	ou reporting any invedious from a passwered "Yes," se	assive activity (	if that loss wa	as not reported o	-risk, e: n Form	xcess fa 8582),	erm loss, or b or unreimbur:	<b>sed</b> p	li <b>rnita</b> i artner	tiens, a prior year ship expenses? If Yea [X] No
28	you ar		Name		(b) Enter P for partnership; S for S corporation	for	iheck if reign nership	(d) Emp identific	ation		A) Check if alloy amount is not alloyed.
Α	<del></del>				ioi o emporano	. , , , , ,		1,000	40 to T	ر در ا	
B								7)		77.45 77.45	
C				. <u>.</u>			<u> </u>	10000 246 - 260 244 - 260	025. J.C		
ם		Passive Incom	a and I am			N.	<u>L.</u> ODD998i	ive Income a	nel E	193	<u> </u>
		Passive incom sive loss allowed orm 6582 if required)	(g) Passi	ive Income adula K-1	(h) Nonpassive	loss	n s	ection 178 expe	<b>36</b>	(1)	Nonpassive income om Schedule K-1
A	lattach F	Atti beet it requires,				<del></del>	-	14 (15) 14 (15)		<del></del> -	·
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C								Mind Age	· ·		
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<b>29</b> a				Feet vertication			Ī		<u>: 1984</u>		
20 20		ımns (g) and (j) of	line 20a	on the second second		-0.7% -0.7% -0.7%	Al .	151-571 151-15 151-50	30		5.9 <u>5.900 to 55 et 22.</u>
30 31		ımns (f), (h), and (							31	(	
32	Total pa	artnership and S	corporation i	income or (ic	ss). Combine f	nes 30	and 31	. Enter the			
	result he	ere and include in	the total on line	41 below .		<u></u>		· · ·	32	<u> </u>	
₽ar	till int	come or Loss F	rom Estates	and Trusts					1		
33				(a) Name					<u></u>		) Employer fication number
A			<del></del>			js.		<u>.</u>			
В		Danaka	e Income and I	nee		<b>9</b> *	No	onpassive inc	Le	and	Loss
	/ \ D-	esive deduction or loss			ve nootras	(6)	) Deductio	<del>'</del>	_ <u></u>		er income from
		tach Form 8582 if requ	uired)				om Sche			Sc	chedule K-1
弁	<del> </del>	<del></del>		State	N.		•	<del>.</del>	<u> </u>		
34a	Totals			- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	2.77						
b)	Tatala		20.4		· · · · · · · · · · · · · · · · · · ·	<u> </u>			- 4 1k	D)	
35		ımns (d) and (f) of	tine 34g	#199 75 <sup>7</sup> 19 ■ 1 <b>3</b> 9 54					35		
36	Add colt	ımns (c) and (e) o	fline 346				* k		36	(	
37	Total es	itate and trust in	ncome or (loss	s). Combine l	ines 35 and 36.	Enter t	the resu	ılt here and	27		
-		n the total on line come or Lose F	41 below	Market	ge Investmen	Conc	luite (F	EMICs)—B	37 esid	ual b	lolder
Patr	ava inc		200	(c)	Excess inclusion from			income (net loss)	1		Income from
38	(a)	Name	(b) Employer identil number	readon §	ichedules Q, tine 2c (see instructions)	1100		tules Q, line 1b		Schié	dules Q, line 3b
	<u> </u>	columns (d) and	(a) oak <sup>©</sup> Estar	the result here	and include in	he tota	ıl on line	41 below	39	1	
39 34		mmary	Tendiny, Line	ate reservior					<u> </u>		
40	Net farm	rental income or	(loss) from For	m 4835. Also	, complete line 4	2 below	v		40		
41	Total incom	ne or (loss). Combine li	ies 26, 32, 37, 39, and	140. Enter the resul	t here and on Form 104	0, line 17,	or Form 10	140NR, line 18 >	41	<u> </u>	-11,272.
42	Beconci	liation of farmin	a and fishing	Income. Enti	er your gross						
	farming a	and fishing income	reported on For	m 4835, line 7	; Schedule K-1		ritus (1980) Miliopolis			alede HAZ	
	( <b>⊮or</b> m 10	65), box 14, code	B; Schedule K-1	(Form 1120S)	), box 17, code	40	건설(1년 <u>25)</u>		<b>†</b>		
	4	chedule K-1 (Form			Ę.	42	-302000				
43	Reconcil	iation for real est	tate professiona	is. If you wer	e a real estate						
	profession	nal (see instruction on Form 1040 or F	s), enter the net form 1040MR from	n all reptal real	estate activities		74.15				
	anywnere	an Form 1040 or F	Carried index the	macchia acitalib	inee milae	43		-11.272.		M EKA LUSTU	

#### HELEN K POTHANSZKY

# Additional information from your 2013 Federal Tax Return

Form 1040: Individual Tax Return

Line 21

Explanation Statemen

Net Operating Loss Carryforward

NOL from prior year

### Do not send this sheet with your return,

## Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Verify that the address lines on the return are correct and proper abbreviations are used.
- 3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 1888 through 188. Column A, all withholding claimed will be disallowed and your return will not be successfully processed.
- 4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- Do not attach or send copies of forms W-2 or 1099.
- Send all completed pages of CT-1040 and Scheding CT-ETTC. Send all four pages of your completed return, both
  pages of your completed CT EITC schedule and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2013 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with parement:

Department of Revenue Services

PO Box 2935

Hartford CT 06104-2935

For refunds and tax returns without payment:

Department of Revenue Services

**BO Box** 5002

Hartford CT 06102-5002

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to cheerify deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You must enter bank information on both the federal and Connecticut returns for each to be correctly deposited.

Do not send this sheet with your return.

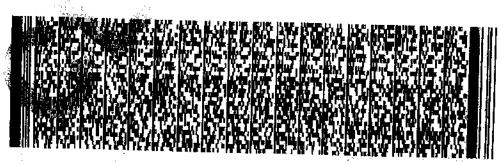
	20		
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#### 1301115554

a d

#### Form CT-1040 - 2013, Page 1 of 4 Connecticut Resident Income Tax Return

Other taxable year, beginning: 2013 and ending: Ν HH Ν HELEN POTHANSZKY Dec. Ν Dec. 59 PRIMROSE AVE CT-2210 CT-1040CRC BRIDGEPORT 06606 - 2733 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) 2. Additions to federal adjusted gross Income (from Schedule 1, Line 39) -2950513. Add Line 1 and Line 2 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) 3. -295051 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. -295051 6. Income tax 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) 7. 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. 0 Connecticut alternative minimum tax (from Form CT-6251) 0 0 10. Add Line 8 and Line 9. 11. Credit for property taxes paid on your primary residence, moter vehicle, or both (from Schedule 3, Line 68) 11. 0 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. 300 13. Total allowable credits (from Schedule CT-1T Credit, Part 1, Line 11) 14. Connecticut income tax: Line 13 subtrasted from Line 12. If less than zero, "0" is entered. 13, 0 14. 15. Individual use tax (from Schedule 4, Line 59). If no tax is due, "0" is entered. 0 15. 0 16. Total tax: Add Line 14 and Line 16.



	1301215552	Form	CT-1040,	Page 2 (	of 4		
	17. Amount from Line 16				17. ∢		0
		W-2, W-20	3, and 1099 Inf	ormation			
C	ol. A - Employer or Payer's Fed. ID		I. B - CT Wage		Col. C	- CT Income Tax	x Withheld
18a.	•	•		0	i.		Acce
18b.	•	€.		Ō	Pa.		A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O
18c.	-	€		ŏ			±0.
18d.	-	¢.		Ŏ		<i>8</i> 1	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
18e.	-	ε,		Ö			6
18f.	<b></b>	ε		Õ			.33 ∰
18g.	-	•		Ō			e O
18h. Add	ditional Connecticut withholding (fro	om Supplem	nental Schedule	CT-1040WH	, Line 3) 18h		<b>0</b>
	Connecticut income tax withhel			**		18.	0
	013 estimated tax payments and ar		nents applied fr	om a p <u>rio</u> r ye	ar 🧢 👙	19.	0
	nents made with Form CT-1040 EX					<sup>2</sup> 0.	0
	ned income tax credit (from Schedu		C, Line 16)	+ <u>i</u>		20a.	0
	payments: Add Lines 18, 19, 20,			-		୍ଧିକ <b>21</b> .	0
	payment: If Line 21 is more than Lin			rom Line 21.		22.	0
23. Amos	unt of Line 22 you want applied to	your 2014 ·	estimated tax			23.	0
24. Total	contributions of refund to designate	ed charitles	(from Schedule	5, Line 70)		24.	. 0
	nd: Lines 23 and 24 subtracted from u have not elected to direct depo		und may be is	sued by debi	t card or check	25.	. 0
25a. Acct.	type Ck. Sv. 29	5b. Rout. #		25	ic. Acct.#		
25d. Refu	ind going to a bank account outside th	he U.S. 250	d. 💮 📐	25	e. Debit card	25e.	
26. Tax c	lue: If Line 17 is more than Line 21	!, Line 21 si	ubtracted from i	Line 17.		26.	Ō
27. if late	: Penalty entered. Line 26 multiplie	d bý 105% (	10)	P/		27.	0
28. If late	: Interest entered.						
Line 2	26 multiplied by number of months a	Traction of a	nicintly late, the	n by 1% (.01).		28	0
29. Intere	est on underpayment of estimated to	ax (from Fo	m CT-2210)			29.	0
30. Total	amount due: Add Lines 26 throug	h <i>2</i> B	Ŵ			30.	0
the best of or docume	nder penalty of law that I have beamined my knowledge and belief, it is appe, comp nt to DRS is a fine of not more than \$5.5 perer other than the taxpayer is based in	olete en dicor 200, or impris	rect. I understand connent for not m	the penalty for ore than five ye	willfully delivering a ars, or both. The d	ı false return	e number
<b>C</b> )		>					
Spouse's sig	nature (Espain attirm)	<b>*</b>		Date	-	Daytime telephone	number
•				•		ŧ:	
Paid prepare	v's Manue		Darte	Telephone num	ber	Preparer's SSN or i	PTIN
•			e	1	827171		
Firm's name,	address, and off scale	50 CHE	RRY STR	CET	lane:	FEIN	
*ORAN	IGE & MARTORELLI,	MILFOR	D CT 064	460	<u> </u>	<u> </u>	1362236
	arty Designee - Complete the folion esignee's name	wing to author	orize DRS to con Telephone number		erson about this n Personal identifica		
*	PREPARER	Ì	• 203882	7171	•		<del></del>
_							<del></del>

### 1301315550 Form CT-1040, Page 3 of 4

Schedule 1 - Modifications to Federal Adjust	sted Gro	ss income					
<ol> <li>Interest on state and local government obligations</li> </ol>	other th	an Connecticut			31.		. 0
<ol> <li>Mutual fund exempt-interest dividends from non-C obligations</li> </ol>	onnectio	ut state or municipa	al government	医乳			. 0
33. Reserved for future use.					32.	er to a more	. 0
<ol> <li>Taxable amount of lump-sum distributions from qui gross income</li> </ol>	alified pl	ans not included in	federal adjusted		33.		:
•					34.		0
35. Beneficiary's share of Connecticut fiduciary adjustr 36. Loss on sale of Connecticut state and local govern	nent: En	tered only if greater	than zero.		35.		0
37. Domestic production activities (from federal Form 1	ment bo	nds			3 <del>0</del> .	₹°	0
b peperatu activités (notil lépétat Form )	1040, LIA	e 35)			37.		0
38. Other - specify ¢					3e	L.	0
39. Total additions: Add Lines 31 through 38.			:		39.		0
40. Interest on U.S. government obligations					40.		. 0
41. Exempt dividends from certain qualifying mutual fur	ıds deriv	ed from U.S. gover	nment obligations		41.		0
42. Social Security benefit adjustment (from Social Sec	urity Ber	refit Adjustment Wo	rksheeti		42.		0
43. Kelunus of state and local income taxes			,		43.		0
44. Tier 1 and Tier 2 railroad retirement benefits and su	pplemen	tel ennuities			44.		Õ
45. 50% of military retirement pay					45.		. 0
46. Beneficiary's share of Connecticut fiduciary adjustm	ent: Ente	ered only if less that	1 Zero.		46.		ŏ
47. Gain on sale of Connecticut state and local government	nod Iner	ds			47.		ŏ
48. CHET contributions Acct. #:		:		4	18.		0
49. Other - specify e	s.gi			4	<b>19</b> .		0
50. Total subtractions: Add Lines 40 through 49.		Negr		5	iO.		0
Schedule 2 - Credit for Income Taxes Paid to Qualify	ព្រះស្រួត	edictions					Ū
51. Modified Connecticut adjusted gross income				5	51.		0
	\$ <sub>1,</sub> *		Col, A			Col. B	
52. Qualifying jurisdiction's name and two-letter code		52. e		6			
53. Non-Connecticut income included on Line 51 and rep	onted						
on a qualifying jurisdiction's income tax return		53.	0				0
54. Line 53 divided by Line 51		54.	0.0000			0.00	
55. Income tax liability. Line 11 subtracted from Line 6.			_			0.00	
		55.	0				0
56. Line 54 multiplied by Line 55		56.	0				0
57. Income tax paid to a qualifying Jurisdiction		<b>57</b> .	0				0
58. Lesser of Line 56 or Line 57		58.	0				0
59. Total credit: Add Line 58, all columns.				5 <b>9</b> .			0

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	1301415558	Form CT 4040	D 4 :	- ·		
		Form CT-1040	, Page 4 of	f <b>4</b>		
Schedule 3 - Prop Qualifyin	erty Tax Credit ng Property	Primary Residence	<del>9</del>	Auto 1		Auffu 2
Name of Connection Description of Prop Date(s) Paid	cut Tax Town or Distric erty	BRIDGEPOR 59 PRIMRO 07152013	¢ •		e ng yê	April 2
Amount Paid	100	60. 7191	•∙ 61.	0	62	n
63. Total property ta	x paid: Add Lines 60,	, 61, and 62.			eta Napoleon	·
	rty tax credit allowed				63. Ex	7191.
65. Lesser of Line 63	3 or Line 64.				65	300 300
66. Property tax credi	it limitation decimal am	ount: If zero, the amount from				200
67. Line 65 multiplied		w x colo, the amount hon	i Line oo is ente	red bo Line 68.	66:	0.00
68. Line 67 subtracte			Janes States		67. •	0
Schedule 4 - Individ					68.	300
		ù.				
69a. Use tax at 1% (fr	rom Connecticut Indiv	idual Use Tax Worksheet, Se	ection A, Column	17) 69:	3:	0
69b. Use tax at 6.35%	(from Connecticut In	dividual Use Tax Worksheet	Section B, Colu	тап 7) 69t	ı <b>.</b>	-0
		dual Use Tax Worksheet, Se				_
	: Add Lines 69a, 69b		* <b>, 1</b> = -\ <del>-</del> \-			0
				<b>69</b>	. €.	0
	, Š					
Schedule 5 - Contribu	tions to Designated	Charities				
70a, AR				70à.		٥
70b, OT						0
70c. ES/W				70ь.		0
70d. BCR		÷ ·		70c.		0
70e. SNS				70d.		0
70f. MFRF				70e.		0
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				70t.		O
Co. Total Contributions	s: Add Lines 70e thro	ugh 70f_		70.		0

Taxpayer emeil

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03-14

Settlement of Pending Litigation with Hillary Mackenzie.

Report

of

Committee

no

Mistellaneous Matters

<b>OR</b>			
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THE			
OFF		Len	
2014		6 Kulun	lerk
. 15,			City Clerk
Submitted: December 15, 2014 (OFF THE FLOOR)		Peta,	
tted:		M	•
Submit	Adopted:	· · · · · · · · · · · · · · · · · · ·	Attest:_

Mayor

Approved\_



# City of Bridgeport, Connecticut

To the City Council of the City of Bridgeport.

The Committee on <u>Miscellaneous Matters</u> begs leave to report; and recommends for adoption the following resolution:

03-14

WHEREAS, a lawsuit in the following name was filed against the City of Bridgeport and/or its employees and investigation disclosed the likelihood on the part of the City for which, in the event of suit and trial, the City might be held liable, and

WHEREAS, negotiations with the Plaintiff's attorney has made it possible to settle this suit for the figure set forth below, and the City Attorney, therefore, recommends the following settlement be accepted, Now, Therefore be it

**RESOLVED,** That the Comptroller be, and hereby is authorized, empowered and directed to draw his order on the City Treasurer payable as follows:

<u>NAME</u>	ATTORNEY	NATURE of CLAIM	SETTLEMENT
Hillary Mackenzie	Joshua R. Goodbaum, Esq. Garrison Levin-Epstein 405 Orange Street New Haven, CT 06511	Employment	\$95,000.00

BE IT FURTHER RESOLVED, that the amount set forth as above are paid to the Plaintiff's attorney in full payment, settlement, release and discharge of all rights and cause of action described in the suit instituted by the above mentioned Plaintiff against the City and known as docket numbers in the courts set forth; provided, however, that the City's draft shall not be delivered to the Plaintiff's attorneys until the City Attorney has been furnished with a full release and discharge in writing in each case, approved by the City Attorney or Deputy City Attorney.



# Report of Committee on Miscellaneous Matters 03-14

-2-

# RESPECTFULLY SUBMITTED, THE COMMITTEE ON MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, Co-Chair Patricia Swain,

Denese Waylor-Move

Susan 1. Brannelly

ta il Feliciano Robert E. Halstea

Iack O. Banta

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of Pending Litigation with Valerie Settlement Sorrentino.

Report of Committee

DU

Miscellaneous Matters

Submitted: December 15, 2014 (OFF THE FLOOR)

Adopted:\_

Attest:\_

Weth & Huden

City Clerk

Approved

Mayor



-4

## City of Bridgeport, Connecticut

#### To the Pity Pouncil of the Pity of Bridgeport.

The Committee on <u>Miscellaneous Matters</u> begs leave to report; and recommends for adoption the following resolution:

#### 07-14

WHEREAS, a lawsuit in the following name was filed against the City of Bridgeport and/or its employees and investigation disclosed the likelihood on the part of the City for which, in the event of suit and trial, the City might be held liable, and

WHEREAS, negotiations with the Plaintiff's attorney has made it possible to settle this suit for the figure set forth below, and the City Attorney, therefore, recommends the following settlement be accepted, Now, Therefore be it

**RESOLVED,** That the Comptroller be, and hereby is authorized, empowered and directed to draw his order on the City Treasurer payable as follows:

<u>NAME</u>	<u>ATTORNEY</u>	NATURE of <u>CLAIM</u>	<u>SETTLEMENT</u>
Valerie Sorrentino	Thomas W. Bucci Willinger, Willinger & Bucci 855 Main Street Bridgeport, CT 06604	Discrimination	\$25,000.00

BE IT FURTHER RESOLVED, that the amount set forth as above are paid to the Plaintiff's attorney in full payment, settlement, release and discharge of all rights and cause of action described in the suit instituted by the above mentioned Plaintiff against the City and known as docket numbers in the courts set forth; provided, however, that the City's draft shall not be delivered to the Plaintiff's attorneys until the City Attorney has been furnished with a full release and discharge in writing in each case, approved by the City Attorney or Deputy City Attorney.



# Report of Committee on Miscellaneous Matters **07-14**

-2-

# RESPECTFULLY SUBMITTED, THE COMMITTEE ON MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, Co-Chair

Patricia Swain, Co-Chair

Susan T. Brannelly

Robert E. Halstead

Milia I Feliciano

Jack O. Banta

# RESOLUTION

By Councilmember(s): Thomas C. McCarthy

RE: RESOLUTION amending City Council Rules - Rule XXXI Council Liaisons to Boards and Commissions to generally define the position, roles, duties and responsibilities of the

various appointed City Council Liaisons,

Referrals Made:

Referred to: Miscellaneous Matters Committee

12/15/2014 (from the floor)

Introduced at a meeting of the City Council, held:

District: 133rd

Referrals Made:

City Clerk

Attest:

CITY OF FRICE OFFICE

2014 DEC 16 A 9: 20

ATTEST\_CITY CLERK