
Superior Court Of New Jersey
Appellate Division
Docket No. A-3656-13T4

Prasad Kummarapurugu

Plaintiff / Appellant

v.

Padmini Thota

Defendant / Respondent

Civil Action

On Appeal from a final order
of the superior court of New
Jersey, Chancery Division,
Family part, Mercer County

Sat below:

Hon. Catherine Fitzpatrick,
PJFP

Respondent's Brief and Appendix

Pro se

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PDF

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Procedural History

Defendant adopts Plaintiff's procedural history except to note that defendant had enquired with trial court clerk's office for submission of work related child-care expenses and was advised to only submit documents as ordered (Da 2, paragraph 2, Pa 8, paragraph 1).

Preliminary Statement

The Trial court ordered Defendant to submit only 2012 W2 and proof of cost of medical coverage to calculate child support obligations (Da 2, paragraph 2), as Defendant has just started the new Job (June 17, 2013). However, defendant also submitted her pay stub from new Job (Da11, Pa67).

Trial court did not err in calculating defendant's income, as Defendant's gross weekly income was deduced from incomes from both previous and new Jobs (Da11, Da17, Pa65, Pa66 and Pa67). Defendant accepts trial court's discretion and the choice of the methodology employed for income calculations in this matter.

The trial court did appropriately apply child's share of health insurance premium for calculation of child support

obligations as required by NJ child support guidelines (Rule 5:6A, Appendix IXA)

However, the trial court failed to seek and apply Defendant's work related childcare expense in calculating the child support obligations. Appropriate pre and post school care for the child allows the defendant to work and earn the wages that are basis for child support calculations. The work also allows the defendant to continue securing the required and satisfactory health insurance for the child.

Defendant objects to plaintiff's request to remand an entry of an order correcting the child support obligation as calculated by Plaintiff because,

1. The trial court did not err in its determination of defendant's income and applying health care contributions to child support calculation; and
2. Factual issues and discrepancies exist with child support calculation purposed by plaintiff.

Defendant request and asks the court to either owe deference to trial courts decision,

Or

Order new calculation of the child support obligation in light of all the corrected and current financial facts, and inclusion of defendant's work related childcare expenses to eliminate any further discrepancies and unfairness to either party.

Counter-statement of Facts

Defendant is the custodial parent and shares custody of son, Abhiram with Plaintiff.

Defendant also has a child (daughter) with her current Husband who solely supports their child's health insurance, childcare and educational needs. Defendant did not seek dependent deduction for daughter in this matter of child support calculation.

The Trial court ordered Defendant to submit only 2012 W2 and proof of cost of medical coverage to calculate child support obligations (Da 2, paragraph 2, Pa 174), as Defendant has just started the new Job (June 17, 2013). However, defendant did submit her pay stub from new Job (Pa 67, Da 11) along with court-required documents (Pa 175-177) as evidence of income and contribution to health care premiums.

Trial court did not err in calculating defendant's weekly income as Defendant's earned \$1509 per week till June 16, 2013 in her previous job (Da17, Pa65, Pa66) and \$2019 per week from June 17, 2013 onward (Da 11, Pa67). Defendant is not privy to

the details of the formula and methodology used by trial court for calculating weekly income based on the income documentation and facts submitted by the defendant. But if Defendant's average weekly income is calculated from 2012 and/or 2013 yearly incomes it will be very close to the weekly income determined by trial court.

Further, Defendant disagrees with the plaintiff's assumption and claim that there are no additional costs to provide medical, Dental and vision insurance for the child (Abhiram).

Defendant started a new Job with employer 'Day and Zimmerman' based in Philadelphia, PA from June 17, 2013. Since then the Defendant and Abhiram are enrolled in new employer's health insurance plans, and the monthly costs of medical, dental and vision insurance (Da13-14) for Defendant and Abhiram are detailed below:

Medical: 198.77 USD per Month (Da14)

Dental: 38.54 USD per Month (Da13)

Vision: 8.64 per Month (Da14)

Total: 245 USD per month or 57 USD per week

For Defendant only the cost of health insurance will be approximately 60-65% of the total cost for Defendant + Child.

From 2005 till June 16, 2013, defendant was employed with 'Novo Nordisk', a Danish health care company with US headquarters in NJ. The health insurance plan from this employer were heavily subsidized and allowed coverage for employee and child at negligible additional costs (Da17, Pa65, Pa66).

Medical + Dental: 34.99 USD/BW or 75.81 USD per Month

Vision: 1.75 USD/BW or 3.79 USD per Month

Total: 79.6 USD per month or 18 USD per week

Hence, in 2010 (Pa 218 ¶ 6) it was not necessary to include contributions to health insurance premiums for child support calculations.

As Defendant's circumstances and contributions to health care premiums have changed significantly since June 2013 (increased three times due to increased health care costs and new health care laws), the defendant requested and continues to request that contributions to the health insurance premium should be included in child support calculations as per NJ child support guidelines (Rule 5.6A, appendix IXA).

The trial court did not disregard the statement in Pa 218 ¶6 as claimed by plaintiff, but took notice of new facts

(Defendant's changed circumstances and significant increase in defendant's contribution to healthcare premiums) and used its discretion to good cause. The trial court appropriately used this new set of facts and applied for child support calculations as required by NJ child support guidelines (Rule 5.6A, appendix IXA).

Further, the Trial court did not err in using sole parenting worksheet (Da 3-4) as per the NJ child support guidelines. Court can use its discretion and apply sole parenting guideline if the child spends less than 105 nights per year with non custodial parent and if there is a 'good cause' to do so (Rule 5.6A, Appendix IX (2014)).

Additionally, the trial court only ordered Defendant's 2012 W2 and proof of cost of medical coverage (Pa 2, Da 2 paragraph 2) for child support calculations, but failed to seek and apply Defendant's work related child care expense that are essential for appropriate and fair calculation of child support obligation as per NJ child support guidelines and requirements. Defendant had reached out to trial court clerk

about submitting work related child care expense but at that moment was advised to provide only documents ordered by court (Da 2 paragraph 2).

Defendant wants to bring attention to this very relevant fact as it got ignored and was not applied for child support calculations in this matter.

Defendant hired Ms. Jacqlyn Fellin to provide before and after school care for Abhiram so that the defendant can accommodate longer commute to work at her new Job in Philadelphia and earn wages to support herself and the child. Ms. Fellin provides a minimum of 16 hours per week of care for Abhiram, and is mainly involved in dropping and picking the child from school bus, helping with homework, crafts, learning and playing activities. Defendant pays USD 13.00 per hour to Ms. Jacqlyn Fellin amounting to an average of USD 208.00 per week.

Defendant paid (for school year 2013-2014) and continues to pay (for school year 2014-2015) to Ms. Jacqlyn Fellin for her services. The wages paid to Ms. Jacqlyn Fellin for 2013 were reported to IRS (Da9, Da10).

Defendant also wants to draw attention to the fact that Defendant has never requested readjustment or recalculation of child support obligations since judgment of divorce in Dec 2006, despite increases in cost of living, and increases in plaintiff's income. However, Plaintiff asked for readjustment for his child support obligation and was granted in part by trial court on October 31, 2013 (Pa 5-8). But, now plaintiff is not able accept trial court's decision dated February 12, 2014 (Pa 1-4), as the outcome was not what plaintiff desired. The trial court did not entertain plaintiff's subsequent attempts that were based on his interpretation of child support guidelines and calculations. Plaintiff followed these rejections from trial court with an appeal to which now defendant is obligated to respond at cost of her time and money.

LEGAL ARGUMENTS

- I. THE TRIAL COURT DID NOT ABUSE or
ERR ON ITS DISCRETION IN DETERMINING
DEFENDANT'S INCOME AND MEDICAL CARE
CONTRIBUTIONS FOR CALCULATION OF CHILD
SUPPORT OBLIGATION IN THIS MATTER

NJ Supreme Court recently reaffirmed in Cesare v. Cesare, 154 N.J. 394 (1998), that the scope of appellate review of a trial

court's fact-finding function is limited. Generally findings by the trial court are binding on appeal when supported by adequate, substantial, credible evidence. Rova Farms Resort Inc. v. Investors Ins. Co., 65 N.J. 474, 484 (1974); Pascale V. Pascale, 113 N.J. 20, 33, (1988) (quoting Gallo v. Gallo, 66 N.J.Super. 1 (App. Div. 1961)).

Deference is especially appropriate in such matters as

1. Trial court rulings in such matters are discretionary and not overturned unless the court abused its discretion or made findings that are unsupported by evidence or were not abiding to legal principles " Gordon V. Rozenwald, 380 N.J. Super, 55, 76-77 (APP. Div. 2005)
2. Trial court 'hears the case, sees and observes the witnesses, [and] hears them testify and explain the evidence(s),' it has a better perspective than a reviewing court in evaluating the veracity of witnesses and evidences." Pascale v. Pascale, 113 N.J. 20, 33 (1988) (quoting Gallo v. Gallo, 66 N.J.Super. 1, 5 (App.Div.1961)) (alterations in original).

3. The Supreme Court established presumptive Guidelines, and a corresponding worksheet, to calculate child support. Pressler & Verniero, supra, Appendix IX-A to R. 5:6A at 2579. Our court rules prescribe that, except for parents with incomes above the specified high-income threshold, the Guidelines "shall be applied when an application to establish or modify child support is considered by the court." R. 5:6A. "A court may deviate from the guidelines only when good cause demonstrates that [their] application would be inappropriate." Lozner v. Lozner, 388 N.J. Super. 471, 480 (App. Div. 2006) (citing Ribner v. Ribner, 290 N.J. Super. 66, 73 (App. Div. 1996)). Under the Guidelines in effect on January 18, 2013, "[if the combined net income of the parents is more than \$187,200 per year, the court shall apply the guidelines up to \$187,200 and supplement the guidelines-based award with a discretionary amount based on the remaining family income (i.e., income in excess of \$187,200) and the factors specified in N.J.S.A. 2A:34-23." Pressler & Verniero, Current N.J. Court Rules, Appendix IX-A to R. 5:6A (2014). "The key

to both the Guidelines and the statutory factors is flexibility and the best interest of children."

Pascale v. Pascale, 140 N.J. 583, 594 (1995).

In this matter all the above three arguments apply and therefore, the appellate court should not disturb the "factual findings and conclusions of the trial judge unless [it is] convinced that they are so manifestly unsupported by or inconsistent with the competent, relevant and reasonably credible evidence as to offend the interests of justice."

Rova Farms Resort Inc. v. Investors Ins. Co., 65 N.J.

474, 484 (1974)

The Appellate Division should show deference to the trial court's calculation of plaintiff's child support obligation in this matter as it is well grounded in the N.J.S.A. 2A: 34-23.1, N.J.S.A. 2A: 17-56.23a, and appropriate application of current Child Support Guidelines as per Rule 5:6A (2014).

II. CURRENT CHILD SUPPORT OBLIGATION WERE
ESTABLISHED AS PER NJ CHILD SUPPORT GUIDELINES,
BUT SHOULD HAVE INCLUDED DEFENDANT'S WORK RELATED CHILD,
CARE EXPENSE

New Jersey Child Support Guidelines. Rule 5.6A (Appendix IXA) provides that these guidelines should be applied when an application to establish and modify child support is considered by the court. Court can apply sound discretions and can accordingly modify and/or disregard these guidelines for the good cause and in the best interests of the child.

In this matter, the court did follow NJ child support guidelines as per Rule 5.6 A (Appendix IXA) to calculate plaintiff and defendant's incomes, application of health care contributions, and further used its discretion for 'good cause', when needed, in the best interest of the child. Appellate Division has very recently upheld the mandate of NJ court rules 5.6A in Ordukaya V. Brown, 357 N.J. Super. 231 (App. Div. 2003), that a child support order must be based on child support guidelines, or must contain a joint knowing waiver of guidelines, or a court may deviate if there is a 'good cause' to do so.

Additionally, fair calculation of child support obligation would have been achieved if Defendant's work related child-care expenses would have been included in the trial court calculation as per Rule 5:6A (2014) Child Support Guidelines.

In this matter, it is important to have this considered as this additional expense was due to defendant's changed circumstances, (new Job from June 17, 2013) that required longer travel time to work. It is important to note that prior to this change in circumstance defendant has never claimed work-related child-care even when Defendant incurred some but irregular cost.

III. PLAINTIFF'S CHILD SUPPORT OBLIGATION SHOULD BE
EFFECTIVE AS ORDERED BY TRIAL COURT (FEB 12, 2014)

As per N.J.S.A. 2A: 17-56.23a retroactive modification of child support is prohibited.

In this matter the, the trial court took its time to examine all the evidence, documentation and even conducted an oral argument on August 8, 2013 to allow modification of child support order as requested by plaintiff (Pa5-8). However, the trial court in its order (Pa7, ¶10,11) further required submission of additional documents in order to establish the credibility of claims made during oral argument (Pa 252 to 254). After receiving all the documents the trial court issued the final order on February 12, 2014. The new and increased

child support payments were also effective from February 12, 2014.

Defendant accepts trial courts decision and its effective date as retroactive modification of child support is prohibited as per N.J.S.A. 2A: 17-56.23a, despite the fact that the time taken by trial court to deliver the decision has resulted into underpayments of almost \$70 per week in child support payments to defendant.

Conclusion

For the above-mentioned reasons, discrepancies and gaps in application of facts, Defendant objects to entry of any order related to plaintiff's child support obligation calculated and proposed as \$162 per week by Plaintiff.

Defendant request and asks the court to either owe deference to trial courts decision,

or

Order recalculation of child support obligation and remand the matter for discovery, consideration of both parties' current financial circumstances, inclusion of defendant's work related childcare expenses, and computation of child support obligations in accordance with the child support guidelines to eliminate any further discrepancies and errors.

Respectfully Submitted,

Padmini Thota

Padmini Thota (pro se)

PREPARED BY THE COURT

FEB 12 2014

A True Copy

Prasad Kummarapurugu,

Plaintiff,

v.

Padmini Thota,

Defendant.

ST. REGAN
DEPUTY CLERK OF SUPERIOR COURT

SUPERIOR COURT OF NEW JERSEY

CHANCERY DIVISION –

FAMILY PART

MERCER COUNTY

DOCKET NO. FM-11-213-06 K
CS42755093A

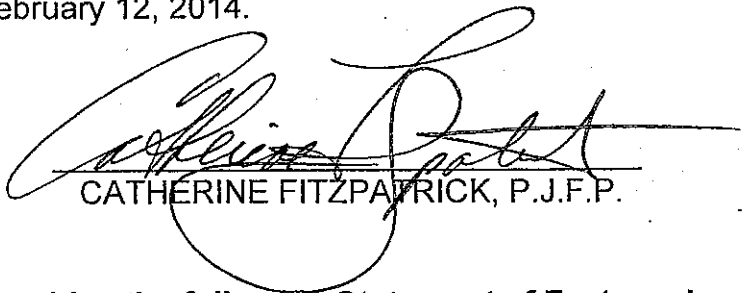
CIVIL ACTION

ORDER

THIS MATTER being opened by the Court, sua sponte, on February 12, 2014 for a recalculation of child support after having received additional financial documentation, pursuant to the Court's October 31, 2013 order, from the plaintiff, Prasad Kummarapurugu, a self-represented litigant and the defendant, Padmini Thota; and for good cause shown;

IT IS on this 12th day of February, 2014:

- 1) **ORDERED** that the plaintiff's child support obligation shall be modified to \$272 per week, effective February 12, 2014.


CATHERINE FITZPATRICK, P.J.F.P.

Pursuant to R. 1:6-2(f), the Court provides the following Statement of Facts and Conclusions of Law:

On October 31, 2013 the Court granted in part plaintiff's application for an order modifying his child support obligation, considering his parenting time and his other

Pa 1

defendant son. The Court ordered that support would be recalculated, but only upon receipt of additional documentation from each party. Specifically the plaintiff was ordered to provide the Court, with a copies of (1) his W-2 forms for 2012, 2011 and 2010, (2) documentation indicating whether his pension contributions are mandatory, (3) proof of his current wife's most recent income, and a (4) copy of his bonus check for 2012 and 2013 if received.

The defendant was also ordered to submit documentation. Specifically the defendant was ordered to provide copies of (1) her 2012 W-2 form and (2) proof of the cost of medical coverage for the parties' child.

After receiving the parties' submissions the Court ran a sole parenting worksheet based on the documentation provided. The Court averaged the plaintiff's bonuses and calculated his income at \$2,750.00 per week, or \$143,000 per year. The Court calculated defendant's income at \$1,549.00 per week or \$80,000 per year. The Court calculated plaintiff's overnights at 52 per year, included defendant's contribution for medical insurance, and plaintiff's other dependent deduction. Based on all those factors, the plaintiff's child support obligation shall be modified to \$272 per week, effective February 12, 2014. The child support guideline is attached thereto and made apart hereof as schedule A.

CHILD SUPPORT GUIDELINES - SOLE PARENTING WORKSHEET

Case Name:

KUMMARAPURUGU PRASAD
K

THOTA PADMINI

vs.

Plaintiff

Defendant

County : 011-MERCER COUNTY

Case ID : CS42755093A

Docket #: FM-11-000213-06

Number of Children: 1

Custodial Parent is the : ☐ Plaintiff ☒ Defendant

All amounts must be weekly	CUSTODIAL	NON-CUSTODIAL	COMBINED
1. Gross Taxable Income	\$ 1,549.00	\$ 2,750.00	
1a. Mandatory Retirement Contributions (non-taxable)	-\$ 0.00	-\$ 0.00	
1b. Alimony Paid (Current and/or Past Relationships)	-\$ 0.00	-\$ 0.00	
1c. Alimony Received (Current and/or Past Relationships)	+\$ 0.00	+\$ 0.00	
2. Adjusted Gross Taxable Income ((L1-L1a-L1b)+L1c)	\$ 1,549.00	\$ 2,750.00	
2a. Federal, State and Local Income Tax Withholding	\$ 419.00	\$ 716.00	
2b. Prior Child Support Orders (Past Relationships)	-\$ 0.00	-\$ 0.00	
2c. Mandatory Union Dues	-\$ 0.00	-\$ 0.00	
2d. Other Dependent Deduction (from a separate worksheet)	-\$ 0.00	-\$ 412.00	
3. Net Taxable Income (L2-L2a-L2b-L2c-L2d)	\$ 1,130.00	\$ 1,622.00	
4. Non - Taxable Income (source:)	+\$ 0.00	+\$ 0.00	
5. Government (Non-Means Tested) Benefits for the Child	+\$ 0.00	+\$ 0.00	
6. Net Income (L3+L4+L5)	\$ 1,130.00	\$ 1,622.00	\$ 2,752.00
7. Each Parent's Share of Income (L6 Each Parent/L6 Combined)	0.41	0.59	1.00
8. Basic Child Support Amount (From Appendix IX-F Schedules)			\$ 412.00
9. Net Work-Related Child Care (From Appendix IX-E Worksheet)			+\$ 0.00
10. Child's Share of Health Insurance Premium			+\$ 35.00
11. Unreimbursed Health Care Expenses over \$250/child/year			+\$ 0.00
12. Court-Approved Extraordinary Expenses			+\$ 0.00
13. Total Child Support Amount (L8+L9+L10+L11+L12)			\$ 447.00
14. Each Parent's Share of the Support Obligation (L7 x L13)	\$ 183.00	\$ 264.00	
15. Government Benefits for the Child Based on Contribution of NCP		-\$ 0.00	
16. Net Work-Related Child Care Paid		-\$ 0.00	
17. Health Insurance Premium for the Child Paid		-\$ 0.00	
18. Unreimbursed Health Care Expenses Paid (>\$250/child/year)		-\$ 0.00	
19. Court-Approved Extraordinary Expenses Paid		-\$ 0.00	
20. Adjustment for Parenting Time Expenses (L8 x L20b for Non-Custodial Parent x 0.37). Note: Not presumptive in some low income situations (see App.IX-A., 13).		-\$ 21.00	
20a. Number of Overnights with Each parent	313	52	365
20b. Each Parent's Share of Overnights with the Child (L20a for Parent / L20a Combined)	0.86	0.14	1.00
21. Net Child Support Obligation (L14-L15-L16-L17-L18-L19-L20)		\$ 243.00	

Da3

CHILD SUPPORT GUIDELINES - SOLE PARENTING WORKSHEET - PAGE 2

All amounts must be weekly		CUSTODIAL	NON-CUSTODIAL	COMBINED
If neither parent is requesting the other-dependent deduction, go to line 25.				
22. Child Support Order WITH Other-Dependent Deduction			\$ 243.00	
23. Child Support Order WITHOUT Other-Dependent Deduction			\$ 301.00	
24. Adjusted Child Support Order $((L22 + L23) / 2)$			\$ 272.00	
25. Self-Support Reserve Test (L6 - L21 or L24 for NCP; L6 - L14 for CP). If L25 for NCP is greater than 105% of the federal poverty guideline for one person (pg) or L25 for CP is less than pg, enter L21 or L24 amount on L27. If L25 for NCP is less than the pg and L25 for CP income is greater than the pg, go to L26. (The pg for Tax Year 2013 is 232)	\$ 947.00		\$ 1,350.00	
26. Obligor Parent's Maximum Child Support Obligation (L6 NCP income - 105% of federal poverty guideline for one person). Enter result here and on Line 27.			\$ 0.00	
27. Child Support Order			\$ 272.00	
COMMENTS, REBUTTALS, AND JUSTIFICATION FOR DEVIATIONS				
1. The child support order for this case <input checked="" type="checkbox"/> was <input type="checkbox"/> was not based on the child support guidelines award.				
2. If different from the child support guidelines award (line 27), enter amount ordered: \$ 0.00				
3. The child support guidelines were not used or the guidelines award was adjusted because:				
4. The following court approved extraordinary expenses were added to the basic support obligation on Line 19:				
5. Taxes	IX-H: <input checked="" type="checkbox"/>	CircE <input type="checkbox"/>	Other <input type="checkbox"/>	Allow's
CP:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	# Allowances : 3
NCP:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other	# Allowances : 3
				Marital Status
				<input type="checkbox"/> Single
				<input type="checkbox"/> Married
				<input checked="" type="checkbox"/> HoH
				<input type="checkbox"/> Single
				<input checked="" type="checkbox"/> Married
				<input type="checkbox"/> HoH
Prepared By:		Title:		Date:
ALEXANDRA PRICE		JUDICIARY LAW CLERK		02/04/2014

Da4

Form 1040

Department of the Treasury—Internal Revenue Service

(99)

U.S. Individual Income Tax Return

2012

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning

, 2012, ending

, 20

See separate instructions.

Your first name and initial

Last name

Padmini

Thota

Your social security number

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

Last name

5763

Spouse's social security number

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

26 Worthington Ter

Apt. no.

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

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

Flemington NJ 08822

Presidential Election Campaign

Foreign country name

Foreign province/state/county

Foreign postal code

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

Filing Status

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ Abhiram Kumarapurugu

Check only one box.

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶5 ☐ Qualifying widow(er) with dependent child

Exemptions

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

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
Venkatachalam V	Thota	3050	Parent.	<input type="checkbox"/>
Nagalakshmi	Thota	5446	Parent	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Boxes checked on 6a and 6b

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

Dependents on 6c not entered above

Add numbers on lines above ▶

Income

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

8a Taxable interest. Attach Schedule B if required

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

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

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

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

21 Other income. List type and amount

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

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

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

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

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

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

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

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

REV 02/07/13 T10

Form 1040 (2012)

Da5

Tax and Credits**38** Amount from line 37 (adjusted gross income) **38** 65,750.**39a** Check ☐ You were born before January 2, 1948, ☐ Blind. ☐ Spouse was born before January 2, 1948, ☐ Blind. Total boxes checked **39a** ☐**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b** ☐**Standard Deduction for—**

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:

- Single or Married filing separately, \$5,950

- Married filing jointly or Qualifying widow(er), \$11,900

- Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 19,126.**41** Subtract line 40 from line 38 **41** 46,624.**42** Exemptions. Multiply \$3,800 by the number on line 6d. **42** 11,400.**43** Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 35,224.**44** Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 election **44** 4,619.**45** Alternative minimum tax (see instructions). Attach Form 6251 **45****46** Add lines 44 and 45 **46** 4,619.**47** Foreign tax credit. Attach Form 1116 if required. **47** 14.**48** Credit for child and dependent care expenses. Attach Form 2441 **48** 600.**49** Education credits from Form 8863, line 19 **49****50** Retirement savings contributions credit. Attach Form 8880 **50****51** Child tax credit. Attach Schedule 8812, if required. **51****52** Residential energy credits. Attach Form 5695 **52****53** Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ **53****54** Add lines 47 through 53. These are your total credits **54** 614.**55** Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** 4,005.**Other Taxes****56** Self-employment tax. Attach Schedule SE **56****57** Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 **57****58** Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58****59a** Household employment taxes from Schedule H **59a****b** First-time homebuyer credit repayment. Attach Form 5405 if required **59b****60** Other taxes. Enter code(s) from instructions **60****61** Add lines 55 through 60. This is your total tax **61** 4,005.**Payments****62** Federal income tax withheld from Forms W-2 and 1099 **62** 10,828.**63** 2012 estimated tax payments and amount applied from 2011 return **63****64a** Earned income credit (EIC) **64a****b** Nontaxable combat pay election **84b****65** Additional child tax credit. Attach Schedule 8812 **65****66** American opportunity credit from Form 8863, line 8. **66****67** Reserved **67****68** Amount paid with request for extension to file **68****69** Excess social security and tier 1 RRTA tax withheld **69****70** Credit for federal tax on fuels. Attach Form 4136 **70****71** Credits from Form: a ☐ 2439 b ☒ leased c ☐ 8801 d ☐ 8885 **71****72** Add lines 62, 63, 64a, and 65 through 71. These are your total payments **72** 10,828.**Refund****73** If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid **73** 6,823.**74a** Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐ **74a** 6,823.

Direct deposit? See instructions.

b Routing number 0 2 1 2 0 0 3 3 9 **c** Type: ☒ Checking ☐ Savings**d** Account number 0 0 9 4 6 1 8 3 6 9 6 0**75** Amount of line 73 you want applied to your 2013 estimated tax **75****Amount You Owe****76** Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **76****77** Estimated tax penalty (see instructions) **77****Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

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

Your signature

Date

Your occupation

Daytime phone number

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

Date

Spouse's occupation

(609) 716-6765

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

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name **SELF PREPARED**

Firm's EIN

Firm's address

Phone no.

Da6

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning

, 2013, ending

, 20

See separate instructions.

Your first name and initial

Padmini

Last name

Thota

Your social security number

-5763

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.

26 Worthington Ter

Apt. no.

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

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

Flemington NJ 08822

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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

Filing Status

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Exemptions

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

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
Abhiram	Kumarapurugu	-4466	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

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

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

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

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	87,866.
8a	Taxable interest. Attach Schedule B if required	8a	39.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	62.
b	Qualified dividends	9b	62.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	1,406.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-1,164.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	88,209.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	1,950.
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,950.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	86,259.

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

REV 03/03/14 TTO

Form 1040 (2013)

Da7

Tax and Credits**38** Amount from line 37 (adjusted gross income)**39a** Check ☐ You were born before January 2, 1949, ☐ Blind. ☐ Spouse was born before January 2, 1949, ☐ Blind. Total boxes checked **▶ 39a** ☐**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here **▶ 39b** ☐**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$8,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)**41** Subtract line 40 from line 38**42** Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions**43** Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-**44** Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐**45** Alternative minimum tax (see instructions). Attach Form 6251**46** Add lines 44 and 45**47** Foreign tax credit. Attach Form 1116 if required**48** Credit for child and dependent care expenses. Attach Form 2441**49** Education credits from Form 8863, line 19**50** Retirement savings contributions credit. Attach Form 8880**51** Child tax credit. Attach Schedule 8812, if required**52** Residential energy credits. Attach Form 5695**53** Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐**54** Add lines 47 through 53. These are your total credits**55** Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-**56** Self-employment tax. Attach Schedule SE**57** Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919**58** Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required**59a** Household employment taxes from Schedule H**b** First-time homebuyer credit repayment. Attach Form 5405 if required**60** Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)**61** Add lines 55 through 60. This is your total tax**Payments****62** Federal income tax withheld from Forms W-2 and 1099**63** 2013 estimated tax payments and amount applied from 2012 return**64a** Earned income credit (EIC)**b** Nontaxable combat pay election **64b****65** Additional child tax credit. Attach Schedule 8812**66** American opportunity credit from Form 8863, line 8**67** Reserved**68** Amount paid with request for extension to file**69** Excess social security and tier 1 RRTA tax withheld**70** Credit for federal tax on fuels. Attach Form 4136**71** Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐**72** Add lines 62, 63, 64a, and 65 through 71. These are your total payments**73** If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid**74a** Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐**b** Routing number **0 2 1 2 0 0 3 3 9** **c** Type: ☒ Checking ☐ Savings**d** Account number **0 0 9 4 6 1 8 3 6 9 6 0****75** Amount of line 73 you want applied to your 2014 estimated tax **▶ 75****76** Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **▶ 76****77** Estimated tax penalty (see instructions) **▶ 77**

Direct deposit? See instructions.

Amount You Owe**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ NoDesignee's name **▶**Phone no. **▶**Personal identification number (PIN) **▶****Sign Here**

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

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

Your signature

Date

Your occupation

Daytime phone number

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

Date

Spouse's occupation

(609) 716-6765
If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed
PTIN

Preparer Use OnlyFirm's name **▶**

Self-Prepared

Firm's EIN **▶**Firm's address **▶**

Phone no.

Da8

Child and Dependent Care ExpensesDepartment of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.

1040
1040A
1040NR

2441

OMB No. 1545-0074

2013Attachment
Sequence No. 21

Name(s) shown on return

Padmini Thota

Your social security number

137-11-5763

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Jackie Fellin	Hillsborough NJ 08848	-6930	3,400.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
First	Last		
Abhiram	Kumarapurugu	-4466	3,200.

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37.

7

86,259.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

3

2,800.

4

87,866.

5

87,866.

6

2,800.

8

X .20

9

560.

11

560.

9 Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.

10

9,176.

11 Credit for child and dependent care expenses. Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46

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

REV 03/08/14 TTO

Form **2441** (2013)

Da 9

AFFIDAVIT

October 15, 2014

Jacqlyn Fellin
3 Woodshire Way,
Hillsborough, NJ-08844

TO WHOMSOEVER IT MAY CONCERN

CERTIFICATION OF BEFORE and AFTER SCHOOL CARE FOR ABHIRAM KUMMARAPURUGU

I, Jacqlyn Fellin, being of full age, do hereby certify that I provided before and after school care for ABHIRAM KUMMARAPURUGU for the school year 2013-2014 at the residence of Padmini Thota (26 Worthington Terrace, Flemington, NJ-08822), and continuing to do so for School year 2014-2015 at her new residence (606 Deerbrook Drive, Yardley, PA-19067).

I provided and continue to provide care for 4 days per week for approximately four hours a day, which is an average of 16hrs per week. I charge USD 13.00 per hour for providing before and after school care to Abhiram.

My duties mainly included dropping and picking Abhiram from School bus stop, helping him with school homework, reading and composition, craft activities, taking care of his food/snacks and watching him in playground etc.

I further certify that I received 3400.00 USD as payment for financial year 2013 for providing care for Abhiram Kummarapurugu.

I certify that the forgoing statements made by me are true.

Sincerely

Jacqlyn Fellin
Jacqlyn Fellin

COMMONWEALTH OF Pennsylvania, COUNTY OF Bucks, SS.:

I, Joshua J. McCormick notary public for the County/City and State aforesaid, certify that Jacqlyn Fellin, whose name is signed to the foregoing Affidavit, dated October 15th, 2014, acknowledged that she did voluntarily sign, seal and deliver the foregoing Agreement of her own free will and accord, for the uses and purposes therein expressed.

Given under my hand and official seal this 15th day of October, 2014.

Notary Public

My commission expires on 12/20/2015

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Joshua J. McCormick, Notary Public
Lower Makefield Twp., Bucks County
My Commission Expires Dec. 20, 2015

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Da10

11400006 Day & Zimmermann, Inc. 20147005 Position : 10054328

Padmini Thota
26 Worthington Terrace
Flemington NJ 08822

Check # : 00284881000120
Pay Date : 10/18/2013
Pay Period : 09/30/2013 - 10/13/2013

Res: NJ
Wk: PA
Employee# : 284881

GROSS - PRE TAX =

Curr.: 4038.40 - 234.65 =

YTD : 34326.40 - 1,737.20 =

EARNINGS RATE HOURS CURRENT YTD

REG HOURS - 1 50.48 80.00 4,038.40 32,307.20
HOLIDAY PAY 807.68
VACATION PAY 807.68
SICK PAY 403.84

Total Earnings - Cum. 80.00 4,038.40 34,326.40

TAXES - POST-TAX =

1225.98 - 28.82 =

10373.86 - 230.56 =

PRE-TAX DEDS HOURS CURRENT YTD
FLEX MED (EE P-TAX) 0.00 99.39- 795.12-
FLEX DEN (EE P-TAX) 0.00 19.27- 154.16-
FLEX VIS (EE P-TAX) 0.00 4.32- 34.56-
FLEX DCSP 0.00 16.67- 133.36-
LIMITED FLEX HCSP 0.00 25.00- 200.00-
CRA - PARKING 0.00 70.00- 420.00-

Pre-Tax Deductions - 0.00 234.65- 1,737.20-

POST-TAX DEDS HOURS CURRENT YTD

LTD (EE A-TAX) 0.00 12.54- 100.32-
ADED (EE A-TAX) 0.00 7.50- 60.00-
SUP LF (EE A-TAX) 0.00 8.40- 67.20-
SUP LF (CHL A-TAX) 0.00 0.38- 3.04-

Post-Tax Deductions - 0.00 28.82- 230.56-

TAXES HOURS CURRENT YTD
FED TX Withholding Tax 0.00 741.41 6,260.04
FED TX EE Social Security 0.00 235.83 2,020.53
NJ TX EE Medicare Tax 0.00 55.15 472.54
PA TX Withholding Tax 0.00 49.62 396.96
PA TX EE Unemployment Tax 0.00 2.83 24.03
PBKX TX Withholding Tax 0.00 141.14 1,199.76

Leave Accruals
Vacation Hours Remaining 24.81

Net Pay Distributions
Type Amount
Direct deposit 2,548.95
Total Current Net 2,548.95

Da 11

11400006 Day & Zimmermann, Inc.

20147002 Position : 10054328

Padmini Thota
606 DEERBROOK DR
YARDLEY PA 19067

FED 01
PA 01
PBXX 01

SSN:XXX-XX-5763

Res: PA
Wk: PA

Employee# 284881

Check # :00284881000380
Pay Date :10/17/2014
Pay Period :09/29/2014 - 10/12/2014

GROSS
CURT.: 4038.40
YTD: 84806.40
PRE TAX = 535.45
8,222.43 =

EARNINGS
RATE
HOURS
CURRENT
YTD

REG HOURS - 1 50.48 80.00 4,038.40 75,720.00
HOLIDAY PAY
VACATION PAY
SICK PAY
FLOATING HOLIDAY

Total Earnings - Cum. 80.00 4,038.40 84,806.40

TAXES
POST-TAX = 1212.24
24628.96 =

PRE-TAX DEDS
HOURS
CURRENT
YTD

FLEX MED (EE P-TAX)
FLEX DEN (EE P-TAX)
FLEX VIS (EE P-TAX)
HEALTH SAVINGS ACCT
CRA - PARKING
401K (EE P-TAX)

Pre-Tax Deductions - 0.00 535.45- 8,222.43-

TAXES

FED TX Withholding Tax 0.00 656.75 14,585.77
FED TX EE Social Security 0.00 237.21 5,008.60
FED TX EE Medicare Tax 0.00 55.48 1,171.37
PA TX Withholding Tax 0.00 118.98 118.98
PA TX EE Unemployment Tax 0.00 2.82 59.36
PBXX TX Withholding Tax 0.00 141.00 2,962.82

Leave Accruals
Vacation

POST-TAX DEDS
HOURS
CURRENT
YTD

LTD (EE A-TAX)
ADDED (EE A-TAX)
SUP LF (CHL A-TAX)
401K EMPLOYER

Post-Tax Deductions - 0.00 15.92- 330.94-

Hours Remaining
24.93

Net Pay Distributions
Type
Amount
Direct deposit 2,274.79
Total Current Net 2,274.79

Dal2

Benefits Confirmation

Day and Zimmermann, Inc

Padmini Thota
606 DEERBROOK DR
YARDLEY PA 19067

Date

10/18/2014

Personnel Number 00284881	Name of employee Padmini Thota		
Personnel Area DZI Corporate		Personnel Subarea Enterprise IT	
Employee Group Regular	Employee Subgroup Exempt		Payroll Area BiWk Sun-Fri Staff
Benefit area DZI Benefit Area	First program grouping Staff.Del.Val		Second program grouping Full-Time

Dental

Aetna USHC Dental/Basic Plan

07/01/2013 - 12/31/2013

Employee+1

Costs Monthly

Employee, before tax

38.54 USD

Employer

12.82 USD

Dependents

Abhiram Kummarapurugu

Child

Emp.Assistance

Employee Assistance Plan

07/01/2013 - 12/31/9999

Standard

Costs Monthly

Health Advocate

Health Advocate

07/01/2013 - 12/31/9999

Standard

Costs Monthly

Benefits Confirmation

No 13

Medical

Bronze Plus Choice Care DelVal

07/01/2013 - 12/31/2013

Employee+1

Costs Monthly

Employee, before tax

198.77 USD

Employer

730.02 USD

Dependents

Abhiram Kummarapurugu

Child

Vision

EyeMed Vision Hardware buy-up

07/01/2013 - 12/31/2013

Employee+1

Costs Monthly

Employee, before tax

8.64 USD

Dependents

Abhiram Kummarapurugu

Child

Pers Accid Ins

Supp Pers Accid Ins

07/01/2013 - 12/31/2013

Family

Total coverage

500,000.00 USD

Costs Monthly

Employee, after tax

15.00 USD

Beneficiaries

100 % Abhiram Kummarapurugu

Child

Basic Life

DZI Staff Basic Life

07/01/2013 - 12/31/2013

Total coverage

50,000.00 USD

Costs Monthly

Employee, after tax

USD

Employer

3.00 USD

Business Travel

Business Travel Accident Staff

06/17/2013 - 12/31/9999

Business Travel

Total coverage

0.00 USD

Costs Bi-weekly

Employee, before tax

USD

Benefits Confirmation

Dal4

LTD

DZI Staff LTD

07/01/2013 - 12/31/2013

60% 10,000 max \$.31/100 EE Pd.
Total coverage

62,998.80 USD

Costs Bi-weekly

Employee, after tax

12.54 USD

STD

DZI Staff STD

07/01/2013 - 12/31/9999

60% week 1-4; 50% week 5-26
Total coverage

0.00 USD

Costs Monthly

Employee, after tax

USD

Sup.Life-Self

Supplemental Life-Employee

07/01/2013 - 12/31/2013

2X Salary
Total coverage

210,000.00 USD

Costs Monthly

Employee, after tax

16.80 USD

Beneficiaries

50 % Abhiram Kummarapurugu
50 % Diya Sharma

Child
Child

Sup.Life-Child

Supplemental Life-Child(ren)

07/01/2013 - 12/31/2013

Fixed Coverage
Total coverage

10,000.00 USD

Costs Monthly

Employee, after tax

0.75 USD

Dependent Care

Dependent Care Spending

07/01/2013 - 12/31/2013

Contribution in plan year
Before tax

200.00 USD

Health Care FSA

Limited Flex Spend- HSA

07/01/2013 - 12/31/2013

Contribution in plan year
Before tax

300.00 USD

Benefits Confirmation

Da15

Personnel Number
00284881

Name of employee
Padmini Thota

Page
4

Date
10/18/2014

CRA Parking
CRA-Parking

08/01/2013 - 04/30/2014

Parking CRA

Regular contributions Monthly

140.00 USD

Benefits Confirmation

Pa16

NOVO NORDISK INC
 100 COLLEGE ROAD WEST
 PRINCETON, NEW JERSEY 08540-6213

Earnings Statement



Period Beginning: 06/03/2013
 Period Ending: 06/16/2013
 Pay Date: 06/21/2013

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0
 NJ: 0, Table A

PADMINI THOTA
 26 WORTHINGTON TER
 FLEMINGTON NJ 08822-3512

Social Security Number: XXX-XX-5763

Earnings	rate	hours	this period	year to date
Regular	3019.23		3,019.23	38,880.75
Ltd Imputed Inc			10.00	128.86
Bonus Inhouse				9,400.00
W. Surv				250.00
Gross Pay			\$3,029.23	48,659.61

Other Benefits and Information

	this period	total to date
Co Contrib 1%	30.19	482.81
Co Contrib 8%	241.54	3,862.50
G.T.L.	3.96	50.76
Hlth Plan Value	507.49	
Oe 09	10.00	
Pensable Wages	3,019.23	
Reg 09	3,019.23	

Deductions	Statutory	
Federal Income Tax	-381.69	6,721.86
Social Security Tax	-185.78	2,990.43
Medicare Tax	-43.44	699.37
NJ State Income Tax	-75.47	1,409.49
NJ SUI/SDI Tax		273.46
Other		
Checking	-1,537.13	
Dependant Life	-0.40	5.20
Eyemed	-1.75*	22.75
Life Insurance	-3.77	48.59
Ltdimputeincome	-10.00	128.86
Medical Premium	-34.99*	454.87
Pretax 401K	-754.81*	12,070.19
Net Pay	\$0.00	

EMPLOYEE ID NUMBER

00643505

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$2,237.68

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NOVO NORDISK INC
 100 COLLEGE ROAD WEST
 PRINCETON, NEW JERSEY 08540-6213

Advice number: 00000250895
 Pay date: 06/21/2013

Deposited to the account of
 PADMINI THOTA
 account number xxxxxx6960 transit ABA xxxx xxxx amount \$1,537.13

THIS IS NOT A CHECK

NON-NEGOTIABLE

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