

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:

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

A quorum was present.

THE FOLLOWING NAMED PERSONS HAVE 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.

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

RECEIVED
CITY CLERK'S OFFICE
2014 DEC 24 AM 11:01
ATTEST
CITY CLERK

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:

130th District: Susan Brannelly, Enrique Torres
131st District: Jack O. Banta, Denese Taylor-Moye
132nd 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.

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),

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).**

**** 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



BILL FINCH
Mayor

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

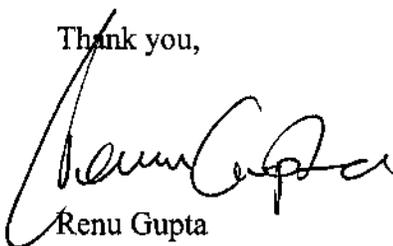
December 8, 2014

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 committee

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

RECEIVED
CITY CLERK'S OFFICE
2014 DEC - 9 P 3: 21
ATTEST
CITY CLERK



Central Grants Office
 City of Bridgeport
 999 Broad Street
 Bridgeport, CT 06604

Grant Information Sheet

Contact Information

Project Manager	Erin McDonough	Phone	203-337-2335
Grant Writer	Renu Gupta	Phone	203-576-7732

Background Information

Grant Program (Full Title)	NEA Art Works-Bridgeport Arts Fest		
Funding Agency	National Endowments for the Arts		
Program Start Date	June 1, 2015	Program End Date	June 30, 2016

Overseeing Department	CAO		
Purpose/Scope of Grant Project	<p>Purpose [Why?]: The goal of this grant is to support various forms of Arts.</p> <p>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.</p> <p>Location(s)/Address (es) [Where?]: Downtown</p>		
Project/Service Carried Out By	<input checked="" type="checkbox"/> City of Bridgeport <input checked="" type="checkbox"/> External Organization(s): DSSD		
Project/Service Location District(s) - Approx.	<input type="checkbox"/> N/A or No Specific Limits <input type="checkbox"/> Citywide <input type="checkbox"/> 130th <input type="checkbox"/> 131th	<input type="checkbox"/> 132th <input type="checkbox"/> 133th <input type="checkbox"/> 134th <input type="checkbox"/> 135th	<input type="checkbox"/> 136th <input type="checkbox"/> 137th <input type="checkbox"/> 138th <input type="checkbox"/> 139th
Nationwide or Foreign Location(s)			

Award Type	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Recognition Only		
Amount	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Requested: \$30,000 <input type="checkbox"/> Awarded: \$		
Match Amount	<input type="checkbox"/> N/A <input type="checkbox"/> Cash- \$30,000 <input type="checkbox"/> In-Kind: \$		
Match Source(s) (Account Line Project Staff/Entity)	<input checked="" type="checkbox"/> N/A \$15,000 from DSSD 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,

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:

1. 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**

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
of
Committee
on**

Public Safety and Transportation

Submitted: December 15, 2014

Adopted: _____

Fleeta S. Hudson

Attest: _____

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 It

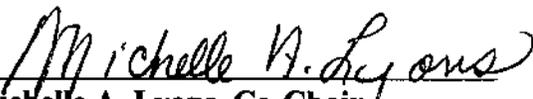
RESOLVED, that Gregory Street be given the honorary designation of **Walter's Memorial AME Zion Church Boulevard** with proper signage being placed above the street sign at the intersection of Gregory Street with Lafayette Street.

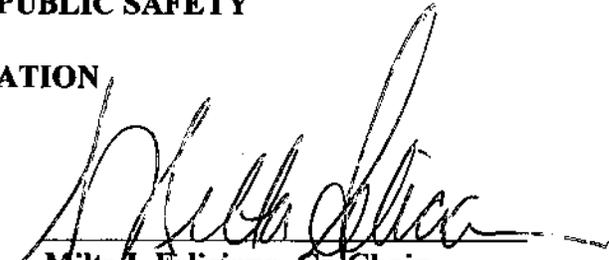


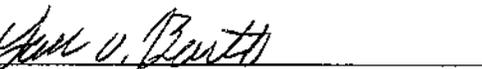
Report of Committee on Public Safety and Transportation
*179-13 Consent Calendar

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RESPECTFULLY SUBMITTED,
THE COMMITTEE ON PUBLIC SAFETY
AND
TRANSPORTATION


Michelle A. Lyons, Co-Chair

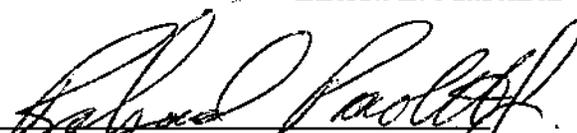

Milta I. Feliciano, Co-Chair


Jack O. Banta


Richard D. Salter, Sr.


Alfredo Castillo


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
on**

Budget & Appropriations

Submitted: December 15, 2014

Adopted: _____

Attest: _____

Fleeta L Hudson

City Clerk

Approved: _____

Mayor



City of Bridgeport, Connecticut

To the City Council of the City of Bridgeport.

The Committee on **Budget and Appropriations** 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



Report of Committee on Budget and Appropriations
*187-13 Consent Calendar

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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.



Report of Committee on Budget and Appropriations
*187-13 Consent Calendar

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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.

East 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, and various valves.

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

Clarifier Modifications: Baffles added to secondary clarifiers at Treatment Plants to enhance performance.

Interim Nitrogen Assessment: 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.



Report of Committee on Budget and Appropriations
*187-13 Consent Calendar

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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 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.

Dechlorination Equipment: 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.

Protection of Critical Infrastructure: 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



Report of Committee on Budget and Appropriations
*187-13 Consent Calendar

-5-

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.



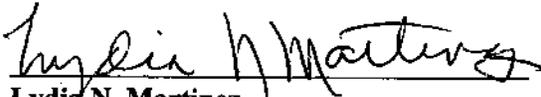
Report of Committee on Budget and Appropriations
*187-13 Consent Calendar

-6-

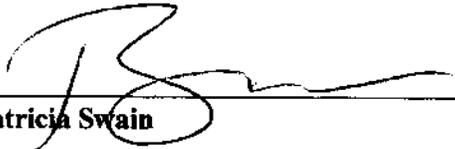
RESPECTFULLY SUBMITTED,
THE COMMITTEE ON BUDGET
AND APPROPRIATIONS


Susan T. Brannelly, Co-Chair

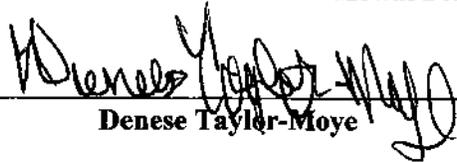
Michael J. Marella, Jr., Co-Chair


Lydia N. Martinez

AmyMarie Vizzo-Paniccia


Patricia Swain

Howard Austin, Sr.


Denese Taylor-Moye

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

RECEIVED
CITY CLERK'S OFFICE
2014 NOV 5 A 10:49
ATTEST
CITY CLERK

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; 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 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

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MAY 10 5 10:44
ATTEST
CITY CLERK

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.

East 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, and various valves.

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

Clarifier Modifications: Baffles added to secondary clarifiers Treatment Plants to enhance performance.

Interim Nitrogen Assessment: 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.

Dechlorination Equipment: 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.

ATTEST
CITY CLERK

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Protection of Critical Infrastructure: 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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CITY CLERK'S OFFICE
2014 NOV 20 10:11 AM
ATTEST
CITY CLERK

***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
of
Committee
on
Budget & Appropriations**

Submitted: December 15, 2014

Adopted: _____

Attest: _____

Fleeta L Hudson

City Clerk

Approved _____

Mayor



City of Bridgeport, Connecticut

To the City Council of the City of Bridgeport.

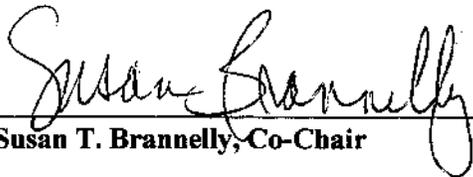
The Committee on **Budget and Appropriations** begs leave to report; and recommends for adoption the following resolution:

***08-14 Consent Calendar**

BE IT RESOLVED BY THE City Council:

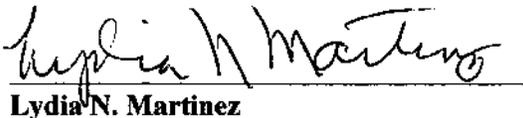
- 1). That the filing of the City of Bridgeport's Application for Land Value Taxation Pilot Program pursuant to Public Act 13-247, Sec. 329 and C.G.S. Sec 12-63h, be and it hereby is approved as amended; and
- 2). That it hereby authorizes, directs and empowers the Mayor and/or such other appropriate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



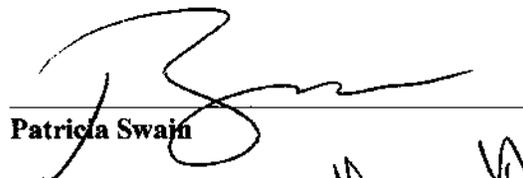
Susan T. Brannelly, Co-Chair

Michael J. Marella, Jr., Co-Chair



Lydia N. Martinez

AmyMarie Vizzo-Paniccia



Patricia Swain

Howard Austin, Sr.



Denese Taylor-Moye

City Council Date: December 15, 2014

Exhibit
08-14-12-08-2014



Application for Land Value Taxation Pilot Program

Bridgeport
Name of City/Town

RECEIVED
CITY CLERK'S OFFICE
2014 DEC - 9
9:07
ATTEST
CITY CLERK

Complete this application and return (together with a copy of the City/Town Council resolution approving the application) to: Benjamin Barnes, Secretary of the Office of Policy Management, 450 Capitol Avenue MS# 54-SEC, Hartford, CT 06106-1379.

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.

I herein certify that the (Bridgeport) City/Town Council has reviewed and approved this application which will allow for the municipality's selection for the land value taxation program that Public Act 13-247 authorizes. By resolution adopted on _____, _____ (copy attached), the Bridgeport City/Town Council voted to approve this application.
(name of city/town)

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
of
Joint Committee
on
Miscellaneous Matters and Budget & Appropriations

Submitted: December 15, 2014

Adopted: _____

Attest: *Fleeta C Hudson*
City Clerk

Approved _____

Mayor



City of Bridgeport, Connecticut

To the City Council of the City of Bridgeport.

The Joint Committee on **Budget & Appropriations and Miscellaneous Matters** 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

Patricia Swain, Co-chair

Susan T. Brannelly, Co-chair

Michael Marella, Co-chair

Milita Feliciano

Robert Halstead

Jack Banta

Denise Taylor-Moye

Lydia Martinez

Howard Austin

Thomas C. McCarthy, Council President
(Sat in to make quorum)

PETITION #189-13 Referred to Joint Committee on Miscellaneous Matters
 CITY OF BRIDGEPORT, CONNECTICUT & Budget on
 EXECUTIVE DEPARTMENT
 CITY HALL - LYON TERRACE
 TELEPHONE 876-7061
 11/17/2014

THOMAS J. MULLIGAN, JR.
 City Clerk



CANDACE A. PALMER
 Assistant City Clerk

RECEIVED
 CITY CLERK'S OFFICE
 2014 NOV -3 P 2:11
 ATTEST
 CITY CLERK

APPLICANT(S) TAX ABATEMENT CHECK LIST

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

Helen E. Pochanazy
 APPLICANT(S) SIGNATURE

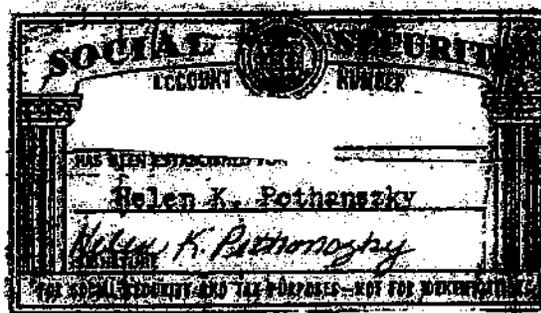
10/24/2014
 DATE

- 1) APPLICATION
- 2) FINANCIAL STATEMENT
- 3) INCOME TAX RETURNS (3 YEARS PRIOR TO DATE OF TAX ABATEMENTS - ORDINANCE #330-82)
 2010
 2011
 2012
- 4) AFFIDAVIT
- 5) QUESTIONNAIRE - TAX ABATEMENT
- 6) OTHER, LIST BELOW ✓

Please be aware that I am almost 78 years old, widow, barely mobil, and have very little income; namely, social security and a small rental. My savings are gone and im mortgaged to the hilt. We my husband owned an S Corp. and when 9/11 happened, we lost it all. We were involved in a bid to be sold the company at a substantial loss (See x returns). When my husband died, I managed

to pay most of it off (the debts) and am 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
 CITY CLERK'S OFFICE, RM. 204
 45 Lyon Terrace
 Bpt., CT 06604

REQUEST FOR ABATEMENT OF TAXES AND INTEREST

- Please check (✓) below the section of State Statutes that you are applying under:
- Sec. 8-215 Tax Abatement for Housing for Low or Moderate income persons
 - Sec. 12-124 Abatement to Poor and Unable to Pay.
 - Sec. 12-124A Municipal Option to Abate Taxes on Resident Exceeding Eight Percent 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. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.

CITY CLERK'S OFFICE
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 10/24/14
 10:13 AM

To the "Tax Abatement Committee" of Bridgeport, State of Connecticut.

I, Helen K. Pothanszky of 59 Primrose Avenue in the town of Bridgeport, Connecticut, hereby apply for abatement of taxes and/or interest on property that I own located at 59 Primrose Avenue (residence) and 83 Primrose Avenue (rented to low income people) in the amount listed on the schedule below. (Date Acquired) (acquired 1964)

(acquired 1991) (TO APPLICANT: The Tax information required below may be obtained by visiting the Tax Collector's Office in Room 121 or phone 576-7266 or 576-7267.)

Assessment Date	Payable on	Property Tax	Interest	Lien Fees	Costs Total
Oct 1, 2013	Jan 1, 2015	\$ 3657.30 (1/2)	0	0	0
Assessment \$ 173,340 59 Primrose Av. Bpt. List 2013 10023954					
Oct 1, 2013	Jan 1, 2015	\$ 3336.60 (1/2)	0	0	0
Assessment 158,140 83 Primrose Av Bpt - List 2013 100224; (2367-09A)					
* See attached (2367-12)					

GRAND TOTAL 6993.90

Tax Collector's Office - Validating Sign.

Helen K. Pothanszky 10/24/14
 (Signature of Taxpayer) Date
(203) 296-1170
 -Business/Home Phone

Taxes that were due July 1, 2014 were paid in full, but, I just don't have money to pay those that will be due in Jan 2015 and hereafter. I'm almost (cont.) 78 & have minimal income

LIST 2013-1 0023954

51-7218-2211

4827

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

4:00 PM, MONDAY - FRIDAY
on: July 28th through August 1st, 8am-4pm. Payments may also be made at
ranches during the month of July only.
You will receive a receipt.
You go to <http://www.bridgeportct.gov>
ing online.

CITY ***
in person bring this entire bill with you

as well as other collection costs, in

irect.gov for updated interest charges
accepted.

neral State Statutes and Local Ordinances

PEOPLE'S UNITED BANK
PEOPLES.COM

73 2367 9A

for 59 Primrose 9378 136

July 5 2014
Helen K. Pothanszky

provided
7/28

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
financed programs. Without this assistance your 2013 Grand List property tax would be 70.7475 mills.

REAL ESTATE TAX BILL 2014

RETURN THIS COPY
WITH PAYMENT



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

015

59 PRIMROSE AV
73 2367 9 A
8378 136

LIST NUMBER	DIST	BANK	ON GRAND LIST		TOTAL TAX DUE	PAYMENT DUE	PAYMENT DUE
2013 1 0023954			OCTOBER 1, 2013			July 1, 2014	January 1, 2014
MILL RATE	GROSS ASSESSMENT	EXEMPTION	NET ASSESSMENT		\$7,314.60	\$3,657.30	\$3,657.30
42.1980	173,340	0	173,340			DELINQUENT AFTER AUG 1, 2014	DELINQUENT AFTER FEB 1, 2015

2367-09A

POTHANSZKY HELEN K
59 PRIMROSE AVE
BRIDGEPORT CT 06606-2733



0151301002395400036573000000000003657300000000000073346018

#2013 1 0022471

51-7218-2211

4828

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

July 5 2014

to the Tax Collector - Bridgeport \$3336.60
Three thousand three hundred thirty-six and 60/100

4:00 PM, MONDAY - FRIDAY
on: July 28th through August 1st, 8am-4pm. Payments may also be made at
ranches during the month of July only.
You will receive a receipt.
You go to <http://www.bridgeportct.gov>
ing online.

CITY ***
in person bring this entire bill with you

as well as other collection costs, in

irect.gov for updated interest charges
accepted.

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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
financed programs. Without this assistance your 2013 Grand List property tax would be 70.7475 mills.

REAL ESTATE TAX BILL 2014

RETURN THIS COPY
WITH PAYMENT



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

015

83 PRIMROSE AV
73 2367 12
7928 17

LIST NUMBER	DIST	BANK	ON GRAND LIST		TOTAL TAX DUE	PAYMENT DUE	PAYMENT DUE
3 1 0022471			OCTOBER 1, 2013			July 1, 2014	January 1, 2015
MILL RATE	GROSS ASSESSMENT	EXEMPTION	NET ASSESSMENT		\$6,673.20	\$3,336.60	\$3,336.60
42.1980	158,140	0	158,140			DELINQUENT AFTER AUG 1, 2014	DELINQUENT AFTER FEB 1, 2015

-12-

POTHANSZKY HELEN
59 PRIMROSE AVE
BRIDGEPORT CT 06606-2733



015130100224713003336600000000003336600000000600066732068

Helen Pothanszky
59 Primrose Ave.
Bridgeport, CT 06606-2733

10/24/2014

Memo to:

City Clerk - Rm 304
City of Bpt
45 Lyon Terrace
Bpt Ct 06604

Re: Tax Abatement
RECEIVED
CITY CLERK'S OFFICE
NOV - 3 P 2:13
CITY CLERK

I've filled out the attached papers as I 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, loans etc. in the hopes these will make it easier for you.

I never thought I'd have to ask for help with taxes, but I've come to the point where I just don't have the money to pay them. I've been paying some taxes since the 1960's -- a very long time.

I ask for your consideration & thank you for your time.

Helen K. Pothanszky



TAX ABATEMENT COMMITTEE'S RECOMMENDATION TO THE CLAIMS COMMITTEE

To the Claims Committee; it is recommended that an abatement of property taxes and/or interest in the amount of _____ be made to the above-named taxpayer in accordance with the provisions of Section(s): _____

Dated at _____, Conn., the _____ day of _____ 19____

Chairman

City

ACTION TAKEN BY CLAIMS COMMITTEE

At a regular meeting of the Claims Committee held on the _____ day of _____ 19____ it was voted to abate or not abate Property Taxes and/or Interest amounting to \$_____ to _____ Taxpayer.

Claims Committee of the Common Council

By _____
Chairman

RECEIVED
CITY CLERK'S OFFICE
JANUARY 3 3PM 2 13
AMHERST
CITY CLERK

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

QUESTIONNAIRE - TAX ABATEMENT

RECEIVED
 CITY CLERK'S OFFICE
 JUN 11 2014
 Date
 12/11/2014
 ATTEST
 CITY CLERK

- Name of Applicant: Helen K. Pothanszky
- Principal Resident of Applicant: 59 Primrose Avenue
Bridgeport, Ct 06606-2753
- Address of Property to be Abated: 59 Primrose Avenue and
83 Primrose Avenue
- Do you own this property? yes If Yes, when did you acquire this property? #59 = 1964 (Feb) #83 = 1991 (Jan)

- Type of Property: Both Single Family Multi Family
 Apt. Building Commercial Use
 Mixed Use. (Please check one)
- Acquisition Type: (83) Administrator's Deed
(59) Warranty Deed

- Attach copy of Deed and state Volume and Page City land records. also both Mortgaged
See attached #59 Primrose - mtge recorded Vol 1281, Pg 200 2/14/64
* #83 Primrose - mtge recorded Vol 2874, Pg 054 1/31/91
as much as possible (Tax and/or Interest.)

- Total Abatement Request \$ possible (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 designated representative for either your current or back tax abatement request?
at this time taxes are paid up to date - (see attached letter from City Clerk's office) 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 with the Tax Collector.)

Please note I've owned and paid taxes on 59 Primrose since the early 1960's (over 50 years) and on 83 Primrose since 1991 (over 20 years)

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

8. If you had received any tax abatement in prior years, list the amounts and location of such property.

No

RECEIVED
CITY CLERK'S OFFICE
20th NOV - 3 P: 2:13
ATTEST
CITY CLERK

9. Is your tax account in foreclosure by the City of Bridgeport?

10. Is the subject property in foreclosure by an entity or individual (i.e. bank or mortgage company)? No

(a) Name of foreclosing party N/A

(b) Date of foreclosure action N/A

11. Is there any other action in civil court affecting your ownership of the property?

No

(a) If answer is yes, please state nature of action and parties involved?

N/A

Any additional information can be attached or itemized below:

I am almost 78 years old, a widow, barely mobil, with very little income. All my savings are gone, and both houses are mortgaged. I never thought I'd be unable to pay my taxes but I just am unable to do so. And, with the current market,

Helen K. Potkowsky
Signature of Applicant

October 24, 2014
Date

[Signature]
Notarized by

10/24/14
Date

Mark T. Stern
Commissioner of The Superior Court

cannot even sell the house at 83 Primrose for more than I owe on it. If I sell 59 Primrose, have no where to live. I really need help!



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

45 Lyon Terrace • Bridgeport, Connecticut 06604 • Telephone (203) 576-7081 • Fax (203) 332-5608

FLEETA C. HUDSON
City Clerk

FRANCES WILSON
Assistant City Clerk

April 4, 2012

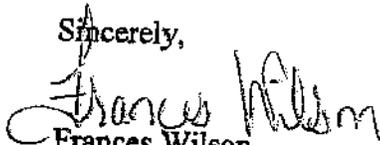
Helen K. Pothanszky
59 Primrose Avenue
Bridgeport, Connecticut 06606

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,


Frances Wilson
Assistant City Clerk

COPY

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

1st # 2001 0022471

51-7218-2211

4828

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

4:00 PM, MONDAY - FRIDAY
on: July 28th through August 1st, 8am-4pm
n. Payments may also be made at
branches during the month of July only.
ou will receive a receipt.
e go to <http://www.bridgeportct.gov>
ing online.

ITY ***
in person bring this entire bill with you.

ell as other collection costs, in

first.gov for updated interest charges
accepted.

neral State Statutes and Local Ordinances.

Handwritten: July 5 2014
Division of Tax Collector Bridgette \$3336.69
Three thousand three hundred thirty-six and 60/100

PEOPLE'S UNITED BANK 73 2367 12
PEOPLES.COM

Handwritten: 83 Primrose Av 7928 17 Helen K. Pothanszky

ANNUAL ANIMALS POLICE SCHOLAR

he fiscal year 2015 budget for the City of Bridgeport estimates that \$190,947,200 will be received from the State of Connecticut for various State
financed programs. Without this assistance your 2013 Grand List property tax would be 70.7475 mills.

REAL ESTATE TAX BILL 2014

RETURN THIS COPY
WITH PAYMENT

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

83 PRIMROSE AV
73 2367 12
7928 17

015



LIST NUMBER	DIST	BANK	ON GRAND LIST	TOTAL TAX DUE	PAYMENT DUE
2013 1 0022471			OCTOBER 1, 2013		July 1, 2014
MILL RATE	GROSS ASSESSMENT	EXEMPTION	NET ASSESSMENT		
42.1980	158,140	0	158,140	\$6,673.20	\$3,336.60
					DELINQUENT AFTER AUG 1, 2014 DELINQUENT AFTER FEB 1, 2015

Handwritten: PAID

2367-12

POTHANSZKY HELEN
59 PRIMROSE AVE
BRIDGEPORT CT 06606-2733



020112

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 26 day of January, 2006.

Signed, Sealed and Delivered in presence of

Vanette M. Richard

Vanette M. Richard (Print)

Shirley A. Belanger

Shirley A. Belanger (Print)

Mark B. Alexander
Mark B. Alexander

State of Massachusetts)

County of Worcester)

ss. Fiskdale :

January 26, 2006

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)

Paul L. Lemire
Notary Public:
My Commission Expires:

BRIDGEPORT, CONN.

LAND RECORDS

REC'D FOR RECORD FILING

JAN 26 2006 10:09 AM

NOTARY

Notary Public
Paul L. Lemire
Commonwealth of Massachusetts
My Commission Expires on June 14, 2007

Release of ... J-

From

Mark B. Alexander
Estate of Sarah
Nakashian

to

Panovia, Inc.

43-

Please return to:-

Andrew F. Pothanszky
President & Owner
Panovia, Inc
59 Primrose Avenue
Bridgeport Ct
06606-2733



Mr. Andrew F. Pothanszky
59 Primrose Ave.
Bridgeport CT 06606-2733

ST. JOHN
RECORDS
FIELD

06 FEB -6 PM 12:09

[Handwritten signature]
DIRECTOR DIAZ
TOWNSCLERK

83-801
Primrose

I hereby certify that this is a true copy of the original document received for recording in the Office of the Town Clerk of the City of Bridgeport on 1/4/06 at 12:33

QUITCLAIM DEED

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

ATTEST: *[Signature]*
TOWN CLERK

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.,

[Signature]
THOMAS J. ROSATI

By *[Signature]*
ANDREW F. POTHANSZKY
Its President, Duly Authorized

[Signature]
MARY GILL

STATE OF CONNECTICUT)
: ss. Stratford)
COUNTY OF FAIRFIELD)

January 4, 2006

On this the 4TH 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.

[Signature]
THOMAS J. ROSATI
Commissioner of the Superior Court

CONVEYANCE TAX RECEIVED
3 CITY 0 STATE
BRIDGEPORT TOWN CLERK'S OFFICE

83 Primrose

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 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 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.

BRIDGEPORT, CONN.

LAND RECORDS

REC'D FOR RECORD FILING

ON 11/4/05 AT 12:23 PM

ATTEST: *[Signature]*

RECTOR DIAZ, TOWN CLERK

To all People to Whom these Presents shall Come, Greeting

Know Ye, That I, MARK B. ALEXANDER,

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

and in consideration of the sum of ONE HUNDRED TWENTY FIVE THOUSAND (\$125,000.00)
Dollars and 00/100ths cents, received to my full satisfaction of
PANONIA, INC., a Connecticut corporation having its principal place
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 had at the time
of her decease, or which I, as such Executor,
have or ought to have, in and to a certain piece or parcel of land, with the buildings thereon,
situated in the Town of Bridgeport, County of Fairfield,
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
Page 9.

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
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 Bridge-
port Land Records.

Subject to:

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

83 Primrose

On Have and in Hold the above granted and bargained premises with the appurtenances thereof, unto the said grantee, its heirs and assigns to it and their own proper use and benefit forever. And I, the said execut or, do hereby covenant with the said grantee, its heirs and assigns, that I 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 my heirs, executors and administrators do further covenant to warrant and defend the same to the said grantee, its heirs and assigns, against the claims of any person or persons whomsoever, claiming by, from or under me, as execut or aforesaid.

In Witness Whereof. I, as such execut or, have hereunto set my hand and seal this 31th day of January A. D. 1991.

Signed, Sealed and Delivered 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,

Robert S. Tellalian

~~Notary Public~~
Commissioner of the Superior Court

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

LIST 2012 1 0023954

51-7216-2211

4827

HELEN K. POTHANSZKY
PRIMROSE AVE
BRIDGEPORT, CT 06606-2733

4:00 PM, MONDAY - FRIDAY
Hours: July 28th through August 1st, 8am-4pm
m. Payments may also be made at
branches during the month of July only.
You will receive a receipt.
Please go to <http://www.bridgeportct.gov>
for more information.

To the
Order of Tax Collector - Bridgeport \$3657.30
Three thousand six hundred fifty seven and 30/100
People's United Bank 73 2367 9A
8378 136
59 Primrose
Helen K. Pothanszky
marked 7/28

IF YOU
pay in person bring this entire bill with you.

as well as other collection costs, in

visit www.bridgeportct.gov for updated interest charges
accepted.

General State Statutes and Local Ordinances.

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
aid programs. Without this assistance your 2013 Grand List property tax would be 70.7475 mills.

REAL ESTATE TAX BILL 2014

RETURN THIS COPY
WITH PAYMENT

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

015

59 PRIMROSE AV
73 2367 9 A
8378 136

LIST NUMBER	DIST	BANK	ON GRAND LIST		TOTAL TAX DUE	PAYMENT DUE	PAYMENT DUE
31 0023954			OCTOBER 1, 2013		\$7,314.60	July 1, 2014	January 1, 2015
MILL RATE	GROSS ASSESSMENT		EXEMPTION	NET ASSESSMENT		\$3,657.30	\$3,657.30
42.1980	173,340		0	173,340			
					DELINQUENT AFTER AUG 1, 2014		DELINQUENT AFTER FEB 1, 2015

Paid

POTHANSZKY HELEN K
59 PRIMROSE AVE
BRIDGEPORT CT 06606-2733



59 Primrose

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 City of Bridgeport in the County of Fairfield and State of Connecticut,

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; and
- WESTERLY: By a portion of Lot No. 54, on said map, 62 feet.
Known as #59 Primrose Avenue.

See over

59 Primrose

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,

To all whom it may Concern:

Be it known that I, HELEN K. POTHANSZKY, of the City of Bridgeport, County of Fairfield and State of Connecticut, owning property recorded in the land records of the City of Bridgeport

State of Connecticut, in the name of HELEN M. KENNEDY

which has been changed to HELEN K. POTHANSZKY by marriage on August 6, 1966, to ANDREW POTHANSZKY

4712

and this certificate is duly acknowledged and given for record in compliance with Section 7093 the General Statutes of Connecticut Rev. 1949: 1958

Dated this 26th day of August, 1966

WITNESSES:

Helen K. Pothanszky (L.S.)

References:

Property affected by this certificate recorded in

Vol. 1381 Page 200

Bridgeport Land Records.

Gerard S. Spiegel
Lorenzo H. D. Wildman

State of Connecticut
County of Fairfield

SS Bridgeport - August 26, A. D. 19 66

Personally Appeared HELEN K. POTHANSZKY

Signer and Sealer of the foregoing Instrument, and acknowledged the same to be her free act and deed before me.

59 Primrose

Gerard S. Spiegel
Commissioner of the Superior Court
for Fairfield County

Received for Record Oct. 21, 1966 at 11:33 A.M. Attest: Mason E. Hulton Asst. Town Clerk

6M F141 J.C.P. FORM REVISED SEPT., 1963

OPEN-END MORTGAGE

Mortgage Deed

Helen M. Kennedy

To

First Federal Savings & Loan Ass'n

of New Haven

#59 Primrose Avenue

Bridgeport 6 Conn.

Received for Record

Feb. 14, 1969

at 11:30 a.m. P.M.

And Recorded in

Volume 1381 Page 200

Bridgeport Land Records

Spiegel & Nucera, Esqs., 3767 Main Street

Spiegel & Nucera, Esqs., 3767 Main Street

101

FINANCIAL STATEMENT

(Current Status - as of Date Filing for Abatement)

City Briarcliff Date 10/24/2014
 Name Helen K. Pothanszky Social Security Number _____
 Address 59 Primrose Avenue Phone _____
 Business or occupation retired Age 77 1/2 Dependents 0
 (April 13, 1937)

ASSETS

Life Ins Cashed in (A)	\$ 10,000.00
Cash on hand and in banks (A)	\$ 2000.00 ±
U. S. Government securities (B)	none
Other stocks and bonds (B)	none
Accounts and notes receivable (C):	
Due from relatives and friends	none
Due from others - good	none
Due from others - doubtful	none
Real estate (D) (Est)	490,000.00
Automobiles... 1993 Jeep	1,000.00
Cash value of life insurance (E)	cashed in
Other assets - itemize	
8 rooms furniture (Est)	25,000.00
Jewelry (Est)	5,000.00
Total assets	\$ 533,000.00

LIABILITIES AND NET WORTH

Notes due to banks (A)	\$ 11,516.33
Notes due to relatives and friends (F)	none
Notes due to others (F)	none
Accounts and bills due (F)	2,535.60
Unpaid income taxes	none
Other unpaid taxes and interest	none
Real estate mortgages payable (D)	403,797.29
Contract accounts payable (E)	none
Brokers margin accounts	none
Other debts - itemize	
Total liabilities	\$ 428,849.22
Net worth	110,150.78
Total liabilities and net worth	\$ 533,000.00

CONTINGENT LIABILITIES

As endorser, comaker, or guarantor	None
On leases or contracts	None
Legal claims	None
Federal income taxes	None
Other - list	0

ANNUAL INCOME

Salary, Social Security	\$ 18,301.20 *
Commissions and bonuses	none
Dividends	none
Rental and lease income (net of operating expenses) - 1000/mo	12,000.00
Other - list none	
Total	\$ 30,301.20
Annual	

A) CASH IN BANKS AND NOTES DUE TO BANKS

NAME OF BANK	ON DEPOSIT	DUE BANKS	COLLATERAL (IF ANY)
Bank of America - life	\$ 10,000.00		
Wells Fargo		7759 11	59 Primrose
Peoples United		8757 22	83 Primrose

(over) 11,516.33 TTL

* Soc. Sec = 19978.80 @ Part B Medicare (1258.80) & @ Part D, Presc. (418.80) = 18301.20

(B) U.S. GOVERNMENT SECURITIES AND OTHER STOCKS AND BONDS

NO. OF SHARES OR FACE VALUE (BONDS)	DESCRIPTION	COST	MARKET VALUE
	None		

(C) ACCOUNTS AND NOTES RECEIVABLE

BORROWER	WHEN DUE	BALANCE DUE	ORIGINAL AMOUNT	SECURITY (IF ANY)
	None			

(D) REAL ESTATE

DESCRIPTION	DATE ACQUIRED	TITLE IN WHOSE NAME	COST	PRESENT VALUE	MORTGAGE	
					AMOUNT	HOW PAYABLE
59 Primrose Ave	1964	Helene K. Pechansky	\$21,000 ⁰⁰	\$270,000 ⁰⁰	\$185,912	Reverse mtge (when sold or death)
83 Primrose Ave	1991	Helene K. Pechansky	38,000	220,000	217,895	Interest monthly (when sold or death)
Total owed					\$403,797 ⁴⁹	

(E) LIFE INSURANCE

AMOUNT	NAME OF COMPANY	BENEFICIARY	CASH VALUE	LOANS
\$ Cashed in - (10,000.00)	deposited to Bank of America		Reported in A	

(F) NOTES, CONTRACTS, ACCOUNTS, AND BILLS DUE

(continued below)

OWED TO	DATE	BALANCE DUE	WHEN DUE	PURPOSE OR COLLATERAL (IF ANY)
Anthem Ins	monthly	\$ 217.00	custom dtd	- Gap in Medicare Ins
Peoples United Bank	monthly	293.42	the 2nd	loan - 83 Primrose
Bank of America	monthly	802.02	custom	mtg int - 83 Primrose
U.I. Company	monthly	200.00	the 25th	EST monthly due
So Conn gas	monthly	200.00	the 25th	EST monthly due
Cable (So Conn Chlo)	monthly	150.00	the 25th	TV

For the purpose of attaining an abatement, I (we) furnish the foregoing as a true and accurate statement of my financial condition. Authorization is hereby given to the City of Bridgeport to verify in any manner it deems appropriate any and all items indicated on this application.

10/24/2014
DATE

Helene K. Pechansky
Applicant(s) Signature

r Company - monthly 50⁰⁰
 # gas monthly 400⁰⁰
 carer houses monthly 200
 eee (whatever) 23¹⁶

Notarized by
 Mark T. Stern



Statement of Line of Credit Payments

000005

HELEN K POTHANSZKY
59 PRIMROSE AVE
BRIDGEPORT CITY, CT 06606

This is a statement of your account reflecting the net principal limit after a recent line of credit payment.

Pay Plan Type:	Line of Credit	Original Credit Line:	\$0.00
Funded Date:	08/24/2011	Current Gross Credit Line:	\$0.00
Loan #:	251106025	Unsch. Credit Line Disb. Bal. (-):	\$0.00
Borrower:	HELEN K POTHANSZKY	Net Credit Line Set Aside (=):	\$0.00
Property:	59 PRIMROSE AVENUE BRIDGEPORT, CT 06606		

** Modified Term or Modified Tenure only*

Interest Rates

Interest Rate Type: Monthly (1-Mth LIBOR)

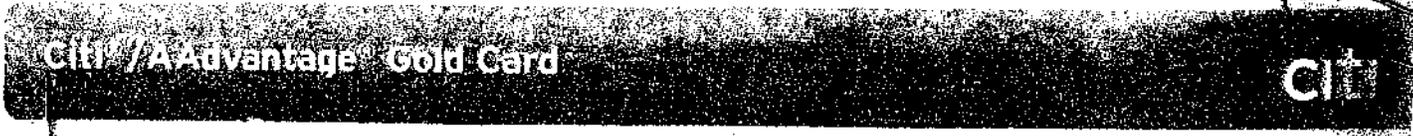
Month	Index	Margin	Int. Rate (Index+Margin)
October	0.155%	2.250%	2.405%

Your Reverse Mortgage loan has a variable-rate feature, the monthly and daily period rates may vary as a result.

Principal Limit Information

Original Principal Limit:	\$165,800.00
Loan Balance Prior to Payment:	\$161,953.47
Current Principal Limit:	\$165,800.00
Loan Balance After Payment(-):	\$161,953.47
Servicing Fee Set Aside(-):	\$0.00
Repair Set Aside(-):	\$0.00
First Year Set Aside(-):	\$0.00
Credit Line Set Aside(-):	\$0.00

Transaction Effective Date	Transaction Description	Principal Amount
10/20/2014	10/20/2014 Disb - Unscheduled from LOC	\$2,000.00
Grand Total:		\$2,000.00



Member Since 1992 Account number ending in: 9654
Billing Period: 09/20/14-10/21/14

How to reach us
www.citicards.com
1-888-765-CITICARDS
BOX 6062 SIOUX FALLS, SD 57107

(59 Primrose)

Minimum payment due: \$184.73
New balance: \$7,759.11
Payment due date: 11/17/14

Account Summary

Previous balance	\$8,759.11
Payments	\$0.00
Credits	\$0.00
Purchases	\$0.00
Cash advances	\$0.00
Fees	\$0.00
Interest	\$0.00
New balance	\$7,759.11
Credit Limit	\$165,800.00
Credit Used	\$158,040.89

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 loan.

Current Statement Balance	=	Current Fees and Finance Charges	+	Previous Fees and Finance Charges	+	Principal Balance
\$217,885.01		\$802.02		\$0.00		\$217,082.99

Mrs. Helen K Pothanszky
59 Primrose Ave
Bridgeport CT 06606-2733

83 Primrose

Payment Coupon Home Equity Line Of Credit / Account Number 00419400197553

Due Date	11-13-14
Current Payment Due	\$802.02
Amount Past Due as of 10-19-14	\$0.00
Fees	\$0.00
Total Payment Due	\$802.02

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 \$

5000090000000020000000419400197553008020200802024

Int only

CHASE
P.O. BOX 78035
PHOENIX, AZ 85062-8035

5000090224 419400197553

Peoples United Bank

Statement Date: 10/17/2014
Customer Service Phone: 800-525-1006
www.peoples.com

83 Primrose

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

Account/Note Number	[REDACTED]
Category	
Officer	NORTH MADISON AVENUE
Branch Number	247
Payment Due Date	11/02/2014
Amount Due	\$293.42
After 11/17/14 a late charge of \$29.00 will be assessed.	

Breakdown of Amount Due	
Principal	\$227.42
Interest	\$66.00
Taxes (Taxes and/or Insurance)	\$0.00
Regular Monthly Payment	\$293.42
Fees and Charges	\$0.00
Due Payment	\$0.00
Total Amount Due	\$293.42
Principal and interest estimated breakdown. Assumes the payment is made on the due date. The application of the payment will be determined on the date that it is applied.	

Payment Breakdown		
	Paid Last Stmt Cycle	Paid Year to Date
Principal	\$243.43	\$2,104.00
Interest	\$49.99	\$536.78
Escrow (Taxes and/or Insurance)	\$0.00	\$0.00
Fees	\$0.00	\$0.00
Partial Payment (Unapplied)* (see separate page for more information)	\$0.00	\$0.00
Total	\$293.42	\$2,640.78

Loan Information	
Outstanding Principal	\$8,757.22
Interest Rate	7.240000%
Prepayment Penalty	No

Property Address 83 PRIMROSE AVE
BRIDGEPORT CT 06606-2733

Handwritten initials

Memo - Just a short explanation as to the large credit being carried on the 1940's.

In the mid 70's, we formed an S¹ corp. that operated out of Sikorsky airport in Bpt. We (my husband & I) built 2 hangars & ran an Aviation business. Our went pretty well until 9/11 when it all came crashing down, with restrictions, new laws, fears of flying etc etc. We sold the business in 2005 at a substantial loss.

We did not declare bankruptcy though we should have. My husband died in 2009 & with loans, life ins. & savings, I managed to pretty much pay everyone off but with great detriment to me - all my savings are gone. I'm mortgaged to the hilt with very little income, and so far, I'm still hanging in there. -

If it comes to the day where I sell the properties at 59 & 83 Primrose, maybe I won't have to pay taxes to the feds due to the large credit-minus being carried and etc etc

FILE COPY

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning
 Your first name and initial: **HELEN K.** Last name: **POTHANSZKY**
 If a joint return, spouse's first name and initial: Last name: .20
 See separate instructions. Your social security number

Home address (number and street). If you have a P.O. box, see instructions.
59 PRIMROSE AVENUE Apt. no.
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.
BRIDGEPORT, CT 066062733
 Foreign country name Foreign province/county Foreign postal code

Make sure the SSN(s) above and on line 6c are correct.
 Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

Exemptions
 a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit
 d Total number of exemptions claimed **1**

If more than four dependents, see instructions and check here

Income	7	8a	9a	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37		
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 <input type="checkbox"/>																																				
14 Other gains or (losses). Attach Form 4797																																				
15a IRA distributions																																				
16a Pensions and annuities																																				
b Taxable amount																																				
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																																				
b Taxable amount																																				
18 Farm income or (loss). Attach Schedule F																																				
19 Unemployment compensation																																				
20a Social security benefits																																				
b Taxable amount																																				
21 Other income. List type and amount NOL CARRYOVER TO 2011 -257,794.																																				
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 1-																																				
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																																				

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

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

Declaration Control Number (DCN) ➤ **00 - 061677 - 00405 - 2**

Taxpayer's name
HELEN K. POTHANSZKY
 Social security number
 Spouse's name

Part I 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	
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	0.

Part II 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 return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 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 acknowledge 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 authorize **ORANGE & MARTORELLI, LLP CPA'S** to enter or generate my PIN  as my signature on my tax year 2011 electronically filed income tax return. **Enter five numbers, but do not enter all zeros**
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ➤ _____ Date ➤ **03/22/2012**

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN  as my signature on my tax year 2011 electronically filed income tax return. **Enter five numbers, but do not enter all zeros**
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ➤ _____ Date ➤ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  **do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 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's signature ➤ _____ Date ➤ _____

**SCHEDULE A
(Form 1040)**

Itemized Deductions

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

Attach to Form 1040. See instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2011
Attachment
Sequence No. 07

Your social security number

HELEN K. POTHANSZKY

Caution. Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions) SEE STATEMENT 3	1	1,524.
	2 Enter amount from Form 1040, line 38	2	-276,497.
	3 Multiply line 2 by 7.5% (.075)	3	0.
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	1,524.
Taxes You Paid	5 State and local (check only one box):	5	
	a <input type="checkbox"/> Income taxes, or		
	b <input type="checkbox"/> General sales taxes	6	9,664.
	6 Real estate taxes (see instructions)	7	63.
	7 Personal property taxes	8	
	8 Other taxes. List type and amount	9	9,727.
	9 Add lines 5 through 8		
Interest on Paid	10 Home mortgage interest and points reported to you on Form 1098	10	
	11 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 that person's name, identifying no., and address	11	
	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions) STMT 4	13	9,736.
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	9,736.
	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,150. STMT 2
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	200.
	18 Carryover from prior year	18	1,220.
	19 Add lines 16 through 18	19	0.
Charity	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Expenses	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21	
Certain Miscellaneous Deductions	22 Tax preparation fees	22	
	23 Other expenses - investment, safe deposit box, etc. List type and amount	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 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 -0-	27	
Miscellaneous Deductions	28 Other - from list in instructions. List type and amount	28	
Reductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	20,987.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** -276,497.

39a Check You were born before January 2, 1947, Blind. Spouse was born before January 2, 1947, Blind. Total boxes checked **1** 39a **1**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **1** 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 20,987.

41 Subtract line 40 from line 38 **41** -297,484.

42 Exemptions. Multiply \$3,700 by the number on line 6d **42** 3,700.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 0.

44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c 962 election **44** 0.

45 Alternative minimum tax. Attach Form 6251 **45**

46 Add lines 44 and 45 **46** 0.

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Education credits from Form 8863, line 23 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit (see instructions) **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**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** 0.

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** 0.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 **62**

63 2011 estimated tax payments and amount applied from 2010 return **63**

64a Earned income credit (EIC) **64a**

b Nontaxable combat pay election **64b**

65 Additional child tax credit. Attach Form 8812 **65**

66 American opportunity credit from Form 8863, line 14 **66**

67 First-time homebuyer credit from Form 5405, line 10 **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 8839 c 8801 d 8885 **71**

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments **72**

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid **73** 0.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here **74a**

b Routing number c Type: Checking Savings Account number **75** 0.

75 Amount of line 73 you want applied to your 2012 estimated tax **75** 0.

76 **76** 0.

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **76** 0.

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

Designer's name **WILLIAM L. MAINELLA, CPA** Photo ID **(203) 882-7173** Personal identification number (PIN) **98765**

Sign Here

Your signature Date Your occupation **RETIRED** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Print/Type preparer's name **WILLIAM L. MAINELLA** Preparer's signature **WILLIAM L. MAINELLA** Date Check if self-employed **P00735277**

Firm's name **ORANGE & MARTORELLI, LLP CPA'S** Firm's EIN **06-1362236**

50 CHERRY STREET Phone no. **203-882-7171**

Firm's address **MILFORD, CT 06460**

Schedule A - Charitable Contributions Worksheet

NAME

HELEN K. POTHANSZKY

AGI -276,497.
50% of AGI 0.

Year	Contributions	100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Lost C/O							
	CRP C/O							
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							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover							
	CRP C/O							
2010	Contributions		1,220.					
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover		1,220.					
	CRP C/O							1,220.
2011	Contributions		1,350.					
	Less: Allowed	0.	0.	0.	0.	0.		
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover		1,350.					
	CRP C/O							1,350.
Total charitable contributions to Schedule A, Line 19								2,570.

Schedule A

Charitable Contributions Limitation

NAME HELEN K. POTHANSZKY

50% Contributions

- 1. 50% of AGI 0.
- 2. Contributions qualifying for 50% limit 1,350.
- 3. Allowable 50% contributions 0.

30% Contributions

- 4. Remaining 50% limit (Line 1 - Line 3) 0.
- 5. Less capital gain property - special 30% limits
- 6. Balance of 50% of AGI 0.
- 7. 30% of AGI
- 8. Contributions qualifying for 30% limit
- 9. Allowable 30% contributions (lesser of Line 6, 7 or 8) 0.

30% Special Contributions

- 10. 30% of AGI
- 11. Contributions qualifying for 30% special limit
- 12. Remaining 50% limit (line 1 less lines 3 and 9) 0.
- 13. Allowable 30% special contribution (lesser of Line 10, 11 or 12) 0.

20% Contributions

- 14. 20% of AGI
- 15. 30% of AGI
- 16. Allowed 30% regular contributions
- 17. Line 15 less line 16 0.
- 18. Allowed 30% special contributions
- 19. Line 15 less line 18 0.
- 20. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22) 0.
- 21. Contributions subject to the 20% limitation
- 22. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21) 0.

50% and 100% Conservation Real Property Contributions

- 23. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)
- 24. Conservation real property contribution subject to 50% limit
- 25. Allowable 50% conservation real property contribution (lesser of Line 23 or 24) 0.
- 26. Remaining 100% of AGI
- 27. Conservation real property contribution subject to 100% limit
- 28. Allowable 100% conservation real property contribution (lesser of Line 26 or 27) 0.
- 29. Total 2011 contributions allowed on Schedule A
- 30. Total prior year carryovers allowed on Schedule A
- 31. Total charitable contributions to Schedule A, Line 19

SCHEDULE B

(Form 1040A or 1040)

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

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

See instructions.

OMB No. 1545-0074

2011

Attachment Sequence No. 08

Your social security number

HELEN K. POTHANSZKY

Part I Interest

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 list this interest first. Also, show that buyer's social security number and address if -

JOHN HANCOCK LIFE
CHASE (MORTGAGE)

Amount

160.
13.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a

173.

173.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer if -

Amount

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a
Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Signatures
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements.
b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located.
8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

Table with Yes/No columns for questions 7a, b, and 8. Question 7a has 'X' in the No column. Question 8 has 'X' in the No column.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

Department of the Treasury
Internal Revenue Service (99)

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

See separate instructions.

OMB No. 1545-0074

2011

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

HELEN K. POTHANSZKY

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?

Yes No
Yes No

Part I Income or Loss From Rental Real Estate and Royalties

Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

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) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, ZIP	Type—from list below	2	Fair Rental Days			QJV
				A	B	C	
A	EMBASSY TOWER, BRIDGEPORT, CT 06006	1	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	365			
B	83 PRIMROSE AVE, BRIDGEPORT, CT	1		365			
C							

Type of Property:

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

Income:

3a Merchant card and third party payments. For 2011, enter -0-

b Payments not reported to you on line 3a

4 Total not including amounts on line 3a that are not income (see instructions)

Expenses:

- 5 Advertising
- 6 Auto and travel (see instructions)
- 7 Cleaning and maintenance
- 8 Commissions
- 9 Insurance
- 10 Legal and other professional fees
- 11 Management fees
- 12 Mortgage interest paid to banks, etc. (see instructions)
- 13 Other interest
- 14 Repairs
- 15 Supplies
- 16 Taxes
- 17 Utilities
- 18 Depreciation expense or depletion
- 19 Other (list) **STMT 5**
- 20 Total expenses. Add lines 5 through 19
- 21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198
- 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

	Properties		
	A	B	C
3a	0.	0.	
3b	11,000.		
4	11,000.		
5			
6			
7			
8			
9			
10			
11			
12	1,483.		
13		9,443.	
14			
15			
16	4,162.	6,269.	
17			
18			
19	8,519.		
20	14,164.	15,712.	
21	-3,164.	-15,712.	
22	3,164.	15,712.	
23a			
23b			
23c	11,000.		
23d			
23e	1,483.		
23f			
23g	29,876.		
24			
25		18,876.	
26		-18,876.	

- 23a Total of all amounts reported on line 3a for all rental properties
- 23b Total of all amounts reported on line 3a for all royalty properties
- 23c Total of all amounts reported on line 4 for all rental properties
- 23d Total of all amounts reported on line 4 for all royalty properties
- 23e Total of all amounts reported on line 12 for all properties
- 23f Total of all amounts reported on line 18 for all properties
- 23g Total of all amounts reported on line 20 for all properties
- 24 Total income. Add positive amounts shown on line 21. Do not include any losses
- 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter total losses here
- 26 Total amount on line 25 that is not subject to self-employment tax. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

HELEN K. POTHANSZKY

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

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 8198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Summary table for Part II with columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes rows for Totals and summary lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes rows for Totals and summary lines 35-37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table for Part V with 2 columns: Description, Amount. Includes lines 40-43 and a final total of -18,876.

4040 PARK AVE. - EMBASSY TOWER, BRIDGE

SCHEDULE E-1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	NEW WINDOWS	05/10/32	DB	5.00	17	2,231.			2,231.	2,231.		0.
	TOTAL SCH E DEPRECIATION					2,231.			2,231.	2,231.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form 6251 - AMT Charitable Contributions Worksheet

AGI -276,497.
COM AT AGI -138,249.

HELEN K. POTHANSZKY

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Less: Lost c/o							
2007	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Less: CRP c/o							
2008	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Less: CRP c/o							
2009	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Less: CRP c/o							
2010	Contributions		1,220.					
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Less: CRP c/o		1,220.					1,220.
2011	Contributions		1,350.					
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP and MWD							
	Less: CRP c/o		1,350.					1,350.
AMT charitable contributions							<u>2,570.</u>	
Less: Charitable contributions allowed under regular tax calculation								
Charitable contributions adjustment to Form 6251, line 27								

Form **6252**

INSTALLMENT SALE NO. **1**
Installment Sale Income

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

OMB No. 1545-0028

2011

Attachment
Sequence No: **79**

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

Name(s) shown on return

Identifying number

HELEN K. POTHANSZKY

1 Description of property **524 HOWARD AVE. BRIDGEPORT, CT.**

2a Date acquired (mm/dd/yyyy) **01/01/65**

b Date sold (mm/dd/yyyy) **05/24/89**

3 Was the property sold to a related party after May 14, 1980? If "No," skip line 4

4 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 Yes No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5	Selling price including mortgages and other debts. Do not include interest, whether stated or unstated	5
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to	
7	Subtract line 6 from line 5	
8	Cost or other basis of property sold	
9	Depreciation allowed or allowable	
10	Adjusted basis. Subtract line 9 from line 8	
11	Commissions and other expenses of sale	
12	Income recapture from Form 4797, Part III	
13	Add lines 10, 11, and 12	
14	Subtract line 13 from line 5. If zero or less, do not complete the rest of this form	
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain. Otherwise, enter -0-	
16	Gross profit. Subtract line 15 from line 14	
17	Subtract line 13 from line 6. If zero or less, enter -0-	
18	Contract price. Add line 7 and line 17	

Part 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.

19	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-	90.9400%
20	Payments received during year. Do not include interest, whether stated or unstated	
21	Add lines 20 and 21	
22	Payments received in prior years. Do not include interest, whether stated or unstated	
23	Installment sale income. Multiply line 22 by line 19	144,771.
24	Enter the part of line 24 that is ordinary income under the recapture rules	0.
25	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797	
26		0.

Part III 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? Yes No

If the answer to question 28 is "Yes," complete lines 30 through 37 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 box is checked, attach an explanation.

30	Selling price of property sold by related party	
31	Enter contract price from line 18 for year of first sale	
32	Enter the smaller of line 30 or line 31	
33	Total payments received by the end of your 2011 tax year	
34	Subtract line 33 from line 32. If zero or less, enter -0-	
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	
36	Enter the part of line 35 that is ordinary income under the recapture rules	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

Name(s) shown on your income tax return

Identifying number

HELEN K. POTHANSZKY

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

	(a) Name and address of the donee organization	(b) Description of donated property <small>(For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)</small>
A	SALVATION ARMY 30 ELM STREET, BRIDGEPORT, CT 06606	CLOTHING & HOUSEHOLD
B		
C		
D		
E		

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	08/12/11	VAR.	PURCHASE	500.	200.	THRIFT SHOP VALUE
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2 a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee) _____
Address (number, street, and room or suite no.) _____
City or town, state, and ZIP code _____

d For tangible property, enter the place where the property is located or kept ▶ _____
e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

	Yes	No
f Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
g Is there a restriction limiting the donated property for a particular use?		

For Paperwork Reduction Act Notice, see separate instructions.

Schedule A - Net Operating Loss (NOL)

2011

Name

Social Security Number

HELEN K. POTHANSZKY

1	Enter the amount from your 2011 Form 1040, line 41, or Form 1040NR, line 38. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount		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		
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	0.	
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	0.	
6	Nonbusiness deductions (see instructions)	6	20,987.	
7	Nonbusiness income other than capital gains (see instructions) STATEMENT 7	7	173.	
8	Add lines 5 and 7	8	173.	
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9		20,814.
10	If line 9 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	10	0.	
11	Business capital losses before limitation. Enter as a positive number	11		
12	Business capital gains (without regard to any section 1202 exclusion)	12		
13	Add lines 10 and 12	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 (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	Subtract line 17 from line 16. If zero or less, enter -0-	18		
19	Enter the loss, if 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	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	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 Form 1041, line 15a)	23		
24	NOL deduction for losses from other years. Enter as a positive number	24		257,794.
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, this is your current year NOL. If the result is zero or more, you do not have an NOL	25		-18,876.

Alternative Tax Net Operating Loss Worksheet

Name(s) as shown on return

2011

HELEN K. POTHANSZKY

1. Loss for the current year			301,184.
2. Personal exemptions		3,700.	
3. Net operating loss deduction		257,794.	
4. Excess of nonbusiness deductions over nonbusiness income:			
(A) AMT nonbusiness itemized deductions and adjustments	11,260.		
(B) AMT nonbusiness income	173.		
(C) Net nonbusiness capital gains (without regard to any section 1202 exclusion)			
(D) Total nonbusiness income	173.		
(E) Difference (line 4(A) less 4(D)) not less than zero		11,087.	
Adjusted deduction for business capital loss			
(A) Business capital loss			
(B) Line 4(D) minus 4(A), not less than zero. Do not enter more than line 4(C)	0.		
(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.
Current year alternative tax net operating loss - (line 1 less line 10)			18,876.

NO. Detail NOL Carryover/Carryback Worksheet

2011

Name(s)

HELEN K. FOTHANSZKY

Year Carried From	Amount Available for Carryover/Carryback	Amount Used in																		
2011	18,875.																			
2010	257,794.																			
Totals	276,670.																			

Total amount available for carryover 276,670.
 Less total amounts used 0.
 Less total amounts expired 0.
 Remaining carryover 276,670.

CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2011
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2011

ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 20A.

IF YOU CHECKED BOX B: TAXPAYER AMOUNT 18,954.
 SPOUSE AMOUNT

ENTER ONE HALF OF LINE 1 9,477.
 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 INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA 1099 OR RRB 1099

ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 276,497.
 ADD LINES 2, 3, AND 4.

ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36. -267,020.
 SUBTRACT LINE 6 FROM LINE 5 0.

ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C. -267,020.
 IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [X] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2011, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A. [] YES. SUBTRACT LINE 8 FROM LINE 7 25,000.

ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C 0.
 SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-.

ENTER THE SMALLER OF LINE 9 OR LINE 10
 ENTER ONE HALF OF LINE 12.
 ENTER THE SMALLER OF LINE 2 OR LINE 13

MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-
 ADD LINES 14 AND 15.
 MULTIPLY LINE 1 BY 85% (.85)

TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B 0.

AMT NOL

Detail AMT NOL Carryover Worksheet

2011

Name(s)

ELEN K. POCHAN'SKY

Year Carried From	Amount Available for Carryover	Amount Used in										
2011	18,876.											
2010	257,794.											
Totals	276,670.											

Total amount available for carryover 276,670.
 Less total amounts used 0.
 Less total amounts expired 0.
 Remaining carryover = 276,670.

HELEN K. POTHANSZKY

SCHEDULE A		CASH CONTRIBUTIONS		STATEMENT	2
DESCRIPTION		AMOUNT 50% LIMIT	AMOUNT 30% LIMIT		
LIQUOR					
TOTALS		1,150.			
REF TO SCHEDULE A, LINE 16		1,150.			
				1,150.	

SCHEDULE A		MEDICAL AND DENTAL EXPENSES		STATEMENT	3
DESCRIPTION			AMOUNT		
HEALTH CARE PREMIUMS WITHHELD			1,158.		
SCRIPTION DRUG COVERAGE INSURANCE WITHHELD			366.		
REF TO SCHEDULE A, LINE 1					
				1,524.	

SCHEDULE A	QUALIFIED MORTGAGE INSURANCE PREMIUMS	STATEMENT	4
ENTER THE TOTAL PREMIUMS YOU PAID IN 2011 FOR QUALIFIED MORTGAGE INSURANCE FOR A CONTRACT ISSUED AFTER DECEMBER 31, 2006			9,736.
ENTER THE AMOUNT FROM FORM 1040, LINE 38		-276,497.	
ENTER \$100,000 (\$50,000 IF MARRIED FILING SEPARATELY)		100,000.	
IS THE AMOUNT ON LINE 2 MORE THAN THE AMOUNT ON LINE 3?			
<input checked="" type="checkbox"/> NO. 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.			
<input type="checkbox"/> YES. 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.			
DIVIDE LINE 4 BY \$10,000 (\$5,000 IF MARRIED FILING SEP.). ENTER THE RESULT AS A DECIMAL. IF THE RESULT IS 1.0 OR MORE, ENTER 1.0			
MULTIPLY LINE 1 BY LINE 5			
QUALIFIED MORTGAGE INSURANCE PREMIUMS DEDUCTION. SUBTRACT LINE 6 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 13			

SCHEDULE E	OTHER EXPENSES	STATEMENT	5
625 PARK AVE. - EMBASSY TOWER, BRIDGEPORT, CT 06006			
DESCRIPTION		AMOUNT	
COMMON CHARGES		7,540.	
ASSESSMENT (COOLING TOWER)		979.	
TOTAL TO SCHEDULE E, PAGE 1, LINE 19		8,519.	

HELEN K. POTHANSZKY

SCHEDULE E RECONCILIATION FOR REAL ESTATE PROFESSIONALS STATEMENT 6

AMOUNT	DESCRIPTION	AMOUNT
1 E P1	2625 PARK AVE. - EMBASSY TOWER, BRIDGEPORT, CT 06006	
1 E P1	RESIDENTIAL 03 PRIMROSE AVE, BRIDGEPORT, CT	-3,164.
	AL TO SCHEDULE E, LINE 43	-15,712.
		-18,876.

HELEN K. POTHANSZKY

SCHEDULE E NONBUSINESS INCOME STATEMENT 7

DESCRIPTION	AMOUNT
ABLE INTEREST - 1040, LINE 8A	173.
AL TO NOL SCHEDULE A, LINE 7 (NEGATIVE AMT IS LIMITED TO 0)	173.

2011

1101110193

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

Other taxable year, beginning: 2011 and ending:

Y S IN FJFC IN FJC IN FJFC IN FJC IN HH IN QW
049 26 8737

HELEN K POTRANSZKY N Dec.

N Dec.

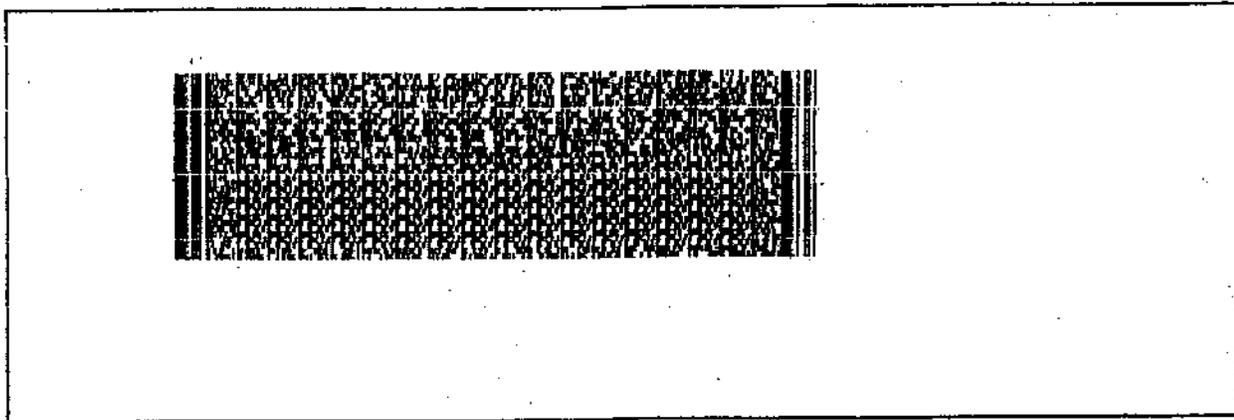
59 PRIMROSE AVENUE Y No forms N CT-2210

N CT-8379 N CT-1040GRC

BRIDGEPORT CT 06606 - 2733

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	-276497
2. Additions to federal adjusted gross income (from Schedule 1, Line 39)	2.	0
3. Add Line 1 and Line 2	3.	-276497
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	-276497
6. income tax	6.	0
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	0
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	0
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	300
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	0
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	0
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and Line 15.	16.	0

Clip check here. Do not staple.
Do not send W-2 or 1099 forms.



141101
12-08-11

1101110193

1101110193

17. Amount from Line 16

17. e 0

W-2, W-2G, and 1099 Information
 Col. A - Employer or Payer's Fed. ID# Col. B - CT Wages, Tips, etc. Col. C - CT Income Tax Withheld

18a.	-		0		0
18b.	-		0		0
18c.	-		0		0
18d.	-		0		0
18e.	-		0		0
18f.	-		0		0
18g.	-		0		0

18h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18h.

0

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	0
19. All 2011 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16)	20a.	0
21. Total payments: Add Lines 18, 19, 20, and 20a.	21.	0
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	0
23. Amount of Line 22 you want applied to your 2012 estimated tax	23.	0
24. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24.	0
25. Refund: Lines 23 and 24 subtracted from Line 22. If you have not elected to direct deposit, the refund may be issued by debit card or check.	25.	0
25a. Acct. type		
Ck.		
Sv.		
25b. Rout. #		
25c. Acct. #		
25d. Refund going to a bank account outside the U.S.	25d.	N
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.	0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27.	0
28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	28.	0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29.	0
30. Total amount due: Add Lines 26 through 29.	30.	0

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Daytime telephone number
Spouse's signature (if joint return)	Date	Daytime telephone number
Paid preparer's signature	Date	Preparer's SSN or PTIN
Firm's name, address, and ZIP code	Telephone number	FEIN
ORANGE & MARTORELLI, LLP CPA'S MILFORD, CT 06460	203 8827171	061362236

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
WILLIAM L MAINELLA,	(203) 882-717	98765

Keep a copy for your records.

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Reserved for future use.	33.	
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	0
35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	35.	0
36. Loss on sale of Connecticut state and local government bonds	36.	0
37. Domestic production activities (from federal Form 1040, Line 35)	37.	0
38. Other - specify *	38.	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 funds derived from U.S. government obligations	41.	0
42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	42.	0
43. Refunds of state and local income taxes	43.	0
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	0
45. 50% of military retirement pay	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions Acct. #:	48.	0
49. Other - specify *	49.	0
50. Total subtractions: Add Lines 40 through 49.	50.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.	0	
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52.		
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.	59.		0

Schedule 3 - Property Tax Credit

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	BRIDGEPOR	BRIDGEPOR	
Description of Property	REAL ESTA	AUTOMOBIL	
Date(s) Paid	07012011	07012011	
Amount Paid	60. 9564	61. 63	52. 0
63. Total property tax paid: Add Lines 60, 61, and 62.		63. 9727	
64. Maximum property tax credit allowed		64. 300	
65. Lesser of Line 63 or Line 64.		65. 300	
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.		66. 0.00	
67. Line 65 multiplied by Line 66		67. 0	
68. Line 67 subtracted from Line 65.		68. 300	

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69d. Use tax at 6% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	69d.	0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.	69.	0

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.	0
70b. OT	70b.	0
70c. ES/W	70c.	0
70d. BCR	70d.	0
70e. SNG	70e.	0
70f. MFRF	70f.	0
70. Total Contributions: Add Lines 70a through 70f.	70.	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.
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.)
8. Do not attach or send copies of forms W-2 or 1099.
9. 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
11. 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.

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 Last name PO

See separate instructions.

Your first name and initial HELEN

Last name K POTHANSZKY

Spouse's social security number

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

59 PRIMROSE AVENUE

Apartment no.

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

BRIDGEPORT

Foreign country name

Foreign province/state/country CT

Foreign postal code 06606-2733

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 [X] Single
2 [] Married filing jointly (even if only one had income)
3 [] Married filing separately. Enter spouse's SSN above & 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

Table with columns for exemption types (6a, b, c), dependent details (1-4), and total number of exemptions claimed (d). Total exemptions claimed is 1.

Income

Table for income reporting with rows 7 through 37. Total adjusted gross income is -272,451.

Adjusted Gross Income

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

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 -272,451.

39 a Check [X] You were born before January 2, 1948, [] Blind. Total boxes if: [] Spouse was born before January 2, 1948, [] Blind. checked 39 a 1

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 11,469.

41 Subtract line 40 from line 38 41 -283,920.

42 Exemptions. Multiply \$3,800 by the number on line 6d 42 3,800.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0.

44 Tax (see instrs). Check if any from: a [] Form(s) 8814 c [] 962 election b [] Form 4972 44 0.

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0.

46 Add lines 44 and 45 46 0.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 19 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required 51

52 Residential energy credits. Attach Form 5695 52

53 Other crs from Form: a [] 3800 b [] 8801 c [] 53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0.

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

59 a Household employment taxes from Schedule H 59 a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59 b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55-60. This is your total tax 61 0.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62

63 2012 estimated tax payments and amount applied from 2011 return 63

64 a Earned income credit (EIC) 64 a

b Nontaxable combat pay election [] 64 b

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 [] Reserved c [] 8801 d [] 8885 71

72 Add lns 62, 63, 64a, & 65-71. These are your total pmts 72

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73

74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here [] 74 a

b Routing number [XXXXXXXXXX] c Type: [] Checking [] Savings

d Account number [XXXXXXXXXXXXXXXXXXXX] 75

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 0.

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)? [X] Yes. Complete below. [] No

Designee's name [WILLIAM L MAINELLA, CPA] Phone no. [(203) 882-7173] Personal identification number (PIN) [98765]

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 [RETIRED] Daytime phone number []

Spouse's signature. If a joint return, both must sign. [] Date [] Spouse's occupation [] If the IRS sent you an Identify Protection PIN, enter it here (see instrs) []

Paid Preparer Use Only

Print/Type preparer's name [WILLIAM L MAINELLA, CPA] Preparer's signature [Signature] Date [3/21/13] Check [] if self-employed PTIN [P00735277]

Firm's name [ORANGE & MARTORELLI, LLP] Firm's address [50 CHERRY STREET MILFORD CT 06460] Firm's EIN [] Phone no. [(203) 882-7171]

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

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/form1040.
Attach to Form 1040.

2012

Attachment
Sequence No. **07**

HELEN K POTHANSZKY

Caution. Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	1,560.		
	2 Enter amount from Form 1040, line 38	2	-272,151.		
	3 Multiply line 2 by 7.5% (.075)	3	0.		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		1,560.	
Taxes You Paid	5 State and local (check only one box):				
	a <input type="checkbox"/> Income taxes, or	5			
	b <input type="checkbox"/> General sales taxes	6	9,844.		
	6 Real estate taxes (see instructions)	7			
	7 Personal property taxes	8	65.		
	8 Other taxes. List type and amount: AUTO TAX				
	9 Add lines 5 through 8	9		9,909.	
	Interest You Paid	10 Home mtg interest and points reported to you on Form 1098	10	0.	
		11 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 that person's name, identifying number, and address	11		
12 Points not reported to you on Form 1098. See instrs for spcl rules		12			
13 Mortgage insurance premiums (see instructions)		13			
14 Investment interest. Attach Form 4952 if required. (See instrs.)		14			
15 Add lines 10 through 14		15		0.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	1,000.		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	200.		
	18 Carryover from prior year	18	2,570.		
	19 Add lines 16 through 18	19	Limited	0.	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
	Other Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21		
		22 Tax preparation fees	22		
		23 Other expenses — investment, safe deposit box, etc. List type and amount	23		
		24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38	25			
	26 Multiply line 25 by 2% (.02)	26			
	27 Subtract line 26 from line 24. If line 25 is more than line 24, enter -0-	27			
28 Other — from list in instructions. List type and amount	28				
Other Miscellaneous Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29		11,469.	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

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.

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

OMB No. 1545-0074

2012

Attachment
Sequence No. **12**

HELEN K POTHANSZKY

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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				
3 Short-term totals from all Forms 8949 with box C checked in Part I				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h). If you have any long-term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2				7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round 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 to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II				
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 from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See instrs				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2				15 23,757.

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

Schedule D (Form 1040) 2012

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	23,757.
<ul style="list-style-type: none"> <input type="checkbox"/> If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. <input type="checkbox"/> If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. <input type="checkbox"/> If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> 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). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> <input type="checkbox"/> The loss on line 16 or <input type="checkbox"/> (\$3,000), or if married filing separately, (\$1,500) 	21	
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> 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). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

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 to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II 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	(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) 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) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CONDO 16J EMBASSY TOWERS	06/15/80	08/12/12	80,000.	56,243.			23,757.
4 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8 (if Box A above is checked), line 9 (if Box B above is checked), or line 10 (if Box C above is checked)				80,000.	56,243.			23,757.

e. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount the adjustment.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2012

Attachment Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

HELEN K POTHANSZKY

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 4G.

- A** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) Yes No
- B** If 'Yes,' did you or will you file required Forms 1099? Yes No

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

A EMBASSY TOWER CONDO, BRIDGEPORT, CT 06006

B 83 PRIMROSE AVE, BRIDGEPORT, CT

1 b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV
		A	B	A	B	
A 1		365		0		
B 1		360		0		
C						

Type of Property:

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

Income:	Properties:	A		B		C	
3 Rents received	3		0.		2,000.		
4 Royalties received	4						
Expenses:							
5 Advertising	5						
6 Auto and travel (see instructions)	6						
7 Cleaning and maintenance	7						
8 Commissions	8						
9 Insurance	9		1,059.				
10 Legal and other professional fees	10						
11 Management fees	11						
12 Mortgage interest paid to banks, etc (see instructions)	12				9,446.		
13 Other interest	13		834.				
14 Repairs	14						
15 Supplies	15						
16 Taxes	16		4,161.		6,384.		
17 Utilities	17						
18 Depreciation expense or depletion	18		0.				
19 Other (list)	19						
20 Total expenses. Add lines 5 through 19	20		6,063.		15,830.		
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)	22		-6,063.		-13,830.		
23 a Total of all amounts reported on line 3 for all rental properties	23 a				2,000.		
b Total of all amounts reported on line 4 for all royalty properties	23 b						
c Total of all amounts reported on line 12 for all properties	23 c				9,446.		
d Total of all amounts reported on line 18 for all properties	23 d				0.		
e Total of all amounts reported on line 20 for all properties	23 e				21,893.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24						
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25						-19,893.
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	NPA			-19,893.		-19,893.

HELEN K POTHANSZKY

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

Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

Passive Income and Loss

Nonpassive Income and Loss

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29 a Totals					
b Totals					
30 Add columns (g) and (j) of line 29a					
31 Add columns (f), (h), and (i) of line 29b					30
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below					31

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss

Nonpassive Income and Loss

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34 a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				
36 Add columns (c) and (e) of line 34b				35
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				36

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
A					
B					
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					37

Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below		40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18		41	-19,893.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), box 14, code F (see instructions)		42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules		43	-19,893.

Explanation Statement

Form/Line: Form 1040 Line 21, Other Income Statement 7

Explanation of: Net Operating Loss Carryforward

net from prior year

1201110309

Form CT-1040 - 2012, Page 1 of 4
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2012 and ending:

I S IN FJFC IN FJC IN FSC IN FSC IN HH IN QW

049 - 26 - 6737

HELEN K BOWMAN

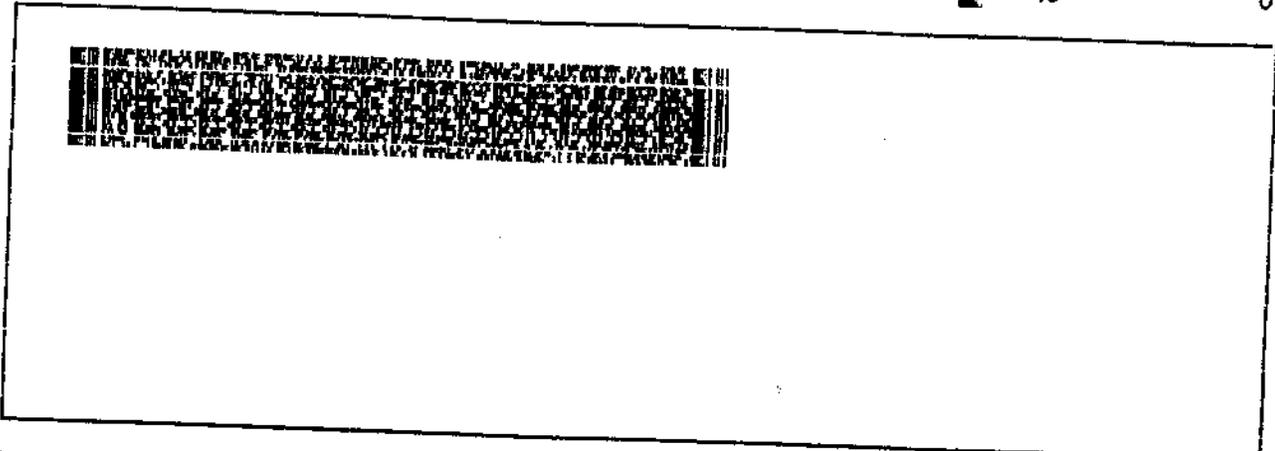
59 PRIMROSE AVE

BRIDGEPORT

CT 06606 - 2733

1	Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1	-272451
2	Additions to federal adjusted gross income (from Schedule 1, Line 2D)	2	0
3	Add Line 1 and Line 2	3	-272451
4	Subtractions from federal adjusted gross income (from Schedule 1, Line 5D)	4	0
5	Connecticut adjusted gross income: Line 4 subtracted from Line 3	5	-272451
6	Income tax	6	0
7	Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7	0
8	Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, '0' is entered	8	0
9	Connecticut alternative minimum tax (from Form CT-6251)	9	0
10	Add Line 8 and Line 9	10	0
11	Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11	300
12	Subtract Line 11 from Line 10. If less than zero, '0' is entered	12	0
13	Total allowable credits (from Schedule CT-IT Credit, Part I, Line 11)	13	0
14	Connecticut income tax: Line 13 subtracted from line 12. If less than zero, '0' is entered	14	0
15	Individual use tax (from Schedule 4, Line b9). If no tax is due, '0' is entered	15	0
16	Total tax: Add Line 14 and Line 15	16	0

Do Not Send W-2 or 1099 forms



17 Enter amount from Line 16

17^e 0

W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID No. Column B - CT Wages, Tips, etc. Column C - CT Income Tax Withheld

18a	0	0
18b	0	0
18c	0	0
18d	0	0
18e	0	0
18f	0	0
18g	0	0

18h Additional CT withholding (from Supplemental Schedule CT-1040WH, Line 3) 18h 0

18 Total Connecticut income tax withheld: Amounts in Column C	18	0
19 All 2012 estimated tax payments and any overpayments applied from a prior year	19	0
20 Payments made with Form CT-1040 EXT	20	0
20a Earned income tax credit (from Schedule CT-EITC, line 16)	20a	0
21 Total payments: Add Lines 18, 19, 20 and 20a	21	0
22 Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21	22	0
23 Amount of Line 22 overpayment you want applied to your 2013 estimated tax	23	0

24 Total Contributions of refund to designated charities (from Schedule 5, Line 70) 24 0

25 Refund: Lines 23 and 24 subtracted from Line 22 25 0

If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a Acct. type Ck. Sv. 25b Rout. # 25c Acct.#

25d Refund going to a bank account outside the U.S. 25d

26 Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17 26 0

27 If late: Penalty entered. Line 26 multiplied by 10% (.10) 27 0

28 If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01) 28 0

29 Interest on underpayment of estimated tax (from Form CT-2210) 29 0

30 Total amount due: Add Lines 26 through 29 30 0

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

CTIA0112 12/26/12

Sign Here

Your Signature	Date	Daytime Telephone Number
€	€	€

Spouse's Signature (if joint return)	Date	Daytime Telephone Number
€	€	€

Keep a copy for your records.

Paid Preparer's Signature	Date	Telephone Number	Preparer's SSN or PTIN
	2/10/13	(203) 8827171	

Firm's Name, Address, and ZIP code	FEIN
ORANGE & MARTORELLI, LLP 50 CHERRY STREET MILFORD CT 06460	061362236

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)
WILLIAM L MAINELLA CPA	(203) 8827173	98765

1201410303

Schedule 3 - Property Tax Credit

Qualifying Property

Primary Residence

Auto 1

Auto 2

Name of Connecticut Tax Town or District	BRIDGEPOR			
Description of Property	59 PRIMRO			
Date(s) Paid	06152012			
Amount Paid	60 6998	61 61	62 0	63 0

63 Total property tax paid: Add Lines 60, 61, and 62.	63 6998
64 Maximum property tax credit allowed	64 300
65 Lesser of Line 63 or Line 64.	65 300
66 Property tax credit limitation amount. If zero, the amount from Line 65 is entered on Line 66	66 0.00
67 Line 65 multiplied by Line 66.	67 0
68 Line 67 subtracted from Line 65.	68 300

Schedule 4 - Individual Use Tax

69a Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a 0
69b Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b 0
69c Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c 0
69 Individual use tax: Add lines 69a, 69b, and 69c.	69 0

Schedule 5 - Contributions to Designated Charities

70a AR	70a 0
70b OT	70b 0
70c ES/W	70c 0
70d BCR	70d 0
70e SNS	70e 0
70f MFRF	70f 0
70 Total Contributions: Add Lines 70a through 70f	70 0

Taxpayer email

1201410303

1201410303

Schedule 1 - Modifications to Federal Adjusted Gross Income

31	Interest on state and local government obligations other than Connecticut	31	0
32	Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32	0
33	Reserved for future use.	33	
34	Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34	0
35	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero	35	0
36	Loss on sale of Connecticut state and local government bonds	36	0
37	Domestic production activity deduction (from federal Form 1040, line 35)	37	0
38	Other -- specify €	38	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 funds derived from U.S. government obligations	41	0
42	Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	42	0
43	Refunds of state and local income taxes	43	0
44	Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44	0
45	50% of military retirement pay	45	0
46	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero	46	0
47	Gain on sale of Connecticut state and local government bonds	47	0
48	Connecticut Higher Education Trust (CHET) contributions Acct#:	48	0
49	Other -- specify €	49	0
50	Total subtractions: Add Lines 40 through 49.	50	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51	Modified Connecticut adjusted gross income	51	0
		Col. A	Col. B
52	Qualifying jurisdiction's name and two-letter code	52 €	
53	Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return	53	0
54	Divide Line 53 by Line 51	54	0.0000
55	Income tax liability: Line 11 subtracted from Line 6.	55	0
56	Line 54 multiplied by Line 55	56	0
57	Income tax paid to a qualifying jurisdiction	57	0
58	Lesser of Line 56 or Line 57	58	0
59	Total credit: Add Line 58, all columns.	59	0

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

, 2013, ending , 20

See separate instructions.

Your first name and initial

Last name

HELEN K

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.

59 PRIMROSE AVENUE

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).

BRIDGEPORT CT 06606-2733

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 [X] Single

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

3 [] Married filing separately. Enter spouse's SSN above and full name here. 1-

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. 1-

5 [] Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b [] Spouse

c Dependents:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Child under age 17 qualifying for child tax credit (see instructions)

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 1-

d Total number of exemptions claimed

Income

Table with 2 columns: Description (lines 7-22) and Amount. Includes wages, interest, dividends, and other income.

Attach Form(s) 1-2 here. Also attach Forms 1-2G and 99-R if tax as withheld.

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

Adjusted Gross Income

Table with 2 columns: Description (lines 23-37) and Amount. Includes deductions for education, business expenses, health savings, etc.

-295,051.

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

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

2013

Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID)

Taxpayer's name

HELEN K POTHANSZKY

Social security number

Spouse's name

Part I Tax Return Information—Tax Year Ending December 31, 2013 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	-295,051.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	0.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	0.

Part II 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 return 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 in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 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 acknowledge 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 authorize ORANGE & MARTORELLI LLP CPAS to enter or generate my PIN

8 8 7 3 7

Enter five numbers, but do not enter all zeros

as my signature on my tax year 2013 electronically filed income tax return.

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 Practitioner PIN method. The ERO must complete Part III below.

Your signature

Helen K. Pothanszky

Date

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

Enter five numbers, but do not enter all zeros

as my signature on my tax year 2013 electronically filed income tax return.

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 Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

0 6 1 6 7 7 9 8 7 6 5

Do not enter all zeros

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's signature

Date

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

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	-295,051.
	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39a <input type="checkbox"/> 1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
Standard Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,311.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	-308,362.
• All others:	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900.
Single or Married filing separately, \$6,100	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
Married filing jointly or Qualifying widow(er), \$12,200	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
Head of household, \$8,950	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
	46	Add lines 44 and 45	46	0.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required.	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Taxes from: a <input type="checkbox"/> Form 8859 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	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	
	63	2013 estimated tax payments and amount applied from 2012 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b	64b	
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 2	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 4126	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserve c <input type="checkbox"/> 9885 d <input type="checkbox"/>	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
	b	Routing number <input checked="" type="checkbox"/> X X X X X X X X X X		
	d	Account number <input checked="" type="checkbox"/> X X X X X X X X X X X X X X X X		
	75	Amount of line 73 you want applied to your 2014 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	0.
	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: **WILLIAM L MAINELLA, CPA** Phone no: **(203) 882-7171** Personal identification number (PIN): **98765**

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: **RETIRED** Daytime phone number: _____

Spouse's signature, if a joint return, both must sign. _____ Date: _____ Spouse's occupation: _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____

Print/Type preparer's name **Preparer's signature** **Date** **Check if self-employed** **PTIN**

WILLIAM L MAINELLA, CPA _____ **ORANGE & MARTORELLI, LLP** **06-1362236** **E00735277**

Firm's name **Firm's address** **Firm's EIN** **Phone no.**

ORANGE & MARTORELLI, LLP **50 CHERRY STREET MILFORD CT 06460** **06-1362236** **(203) 882 7171**

**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/schedulea.

Attach to Form 1040.

OMB No. 1545-0074

2013

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

HELEN K POTHANSZKY

Caution. Do not include expenses reimbursed or paid by others.

Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	1	1,678.	
	2	Enter amount from Form 1040, line 38	2	-295,051.	
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was 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-	4		1,678.
Taxes You Paid	5	State and local (check only one box):	5		
	a	<input type="checkbox"/> Income taxes, or			
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions)	6	10,115.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount	8	61.	
		AUTO TAX			
	9	Add lines 5 through 8	9		10,176.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10		
	11	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 that person's name, identifying no., and address	11		
Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13	1,457.	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15	Add lines 10 through 14	15		1,457.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	500.	
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	250.	
	18	Carryover from prior year	18	3,770.	
	19	Add lines 16 through 18	19	Limited	0.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21		
	22	Tax preparation fees	22		
	23	Other expenses—investment, safe deposit box, etc. List type and amount	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 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 -0-	27		
Other Miscellaneous Deductions	28	Other from list in instructions. List type and amount	28		
Total Itemized Deductions	29	Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		13,311.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

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

Your social security number

HELEN K POTHANSZKY

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

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6199. See instructions.

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

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

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals				
b Totals				
30 Add columns (g) and (i) of line 29a				30
31 Add columns (f), (h), and (j) of line 29b				31
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 >	41	-11,272.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities	43	-11,272.

HELEN K POTHANSZKY

Additional information from your 2013 Federal Tax Return

Form 1040: Individual Tax Return

Line 21

Net Operating Loss Carryforward

Explanation Statement

NOL from prior year

DUPLICATE

HELEN K POTHANSZKY

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 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.
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.)
8. Do not attach or send copies of forms W-2 or 1099.
9. 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
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 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.
14. If you wish to directly 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.

1301115554

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

Other taxable year, beginning: 2013 and ending:

Y S N FJ N FS N HH N QW

HELEN K POTHANSZKY N Dec.
N Dec.

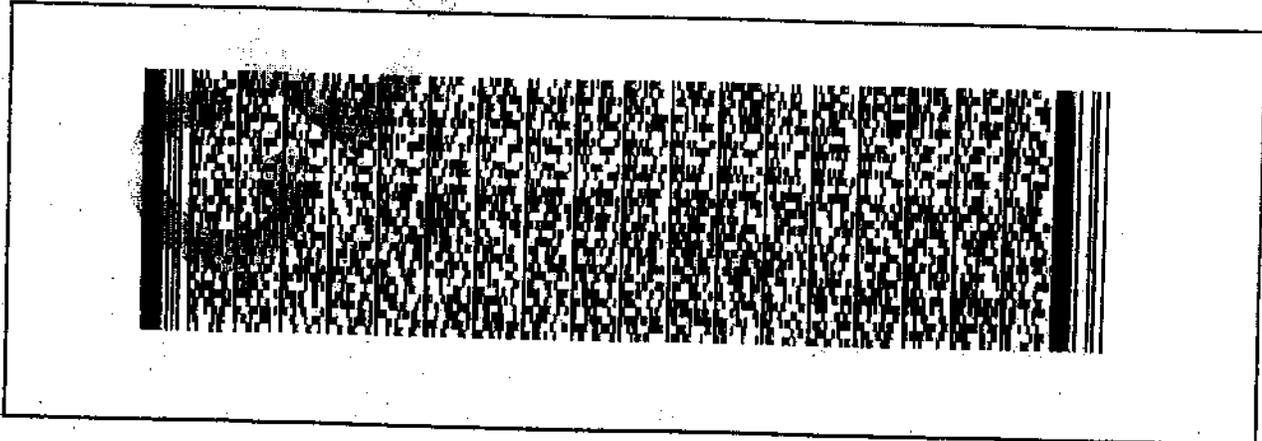
59 PRIMROSE AVE N CT-2210

N CT-8379 N CT-1040CRC

BRIDGEPORT CT 06606 - 2733

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

Do not send W-2 or 1099 forms.



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17. Amount from Line 16

17. 0

W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID #

Col. B - CT Wages, Tips, etc.

Col. C - CT Income Tax Withheld

18a.	-	0	0
18b.	-	0	0
18c.	-	0	0
18d.	-	0	0
18e.	-	0	0
18f.	-	0	0
18g.	-	0	0

18h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18h. 0

18. Total Connecticut income tax withheld: Amounts in Column C. 18. 0

19. All 2013 estimated tax payments and any overpayments applied from a prior year 19. 0

20. Payments made with Form CT-1040 EXT 20. 0

20a. Earned income tax credit (from Schedule CT-EITC, Line 16) 20a. 0

21. Total payments: Add Lines 18, 19, 20, and 20a. 21. 0

22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22. 0

23. Amount of Line 22 you want applied to your 2014 estimated tax 23. 0

24. Total contributions of refund to designated charities (from Schedule 5, Line 70) 24. 0

25. Refund: Lines 23 and 24 subtracted from Line 22. 25. 0

If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a. Acct. type Ck. Sv. 25b. Rout. # 25c. Acct. #

25d. Refund going to a bank account outside the U.S. 25d. 25e. Debit card 25e.

26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26. 0

27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27. 0

28. If late: Interest entered. 28. 0

Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).

29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0

30. Total amount due: Add Lines 26 through 29. 30. 0

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number
Spouse's signature (if joint return)	Date	Daytime telephone number
Paid preparer's signature	Date	Telephone number
Firm's name, address, and ZIP code		Preparer's SSN or PTIN
50 CHERRY STREET		FEIN
*ORANGE & MARTORELLI, MILFORD CT 06460		061362236

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
* PREPARER	* 2038827171	

Sign Here
Keep a copy for your records.

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut obligations	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Reserved for future use.	33.	
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	0
35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	35.	0
36. Loss on sale of Connecticut state and local government bonds	36.	0
37. Domestic production activities (from federal Form 1040, Line 95)	37.	0
38. Other - specify e	38.	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 funds derived from U.S. government obligations	41.	0
42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	42.	0
43. Refunds of state and local income taxes	43.	0
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	0
45. 50% of military retirement pay	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions Acct. #:	48.	0
49. Other - specify e	49.	0
50. Total subtractions: Add Lines 40 through 49.	50.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.	0	
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52.		
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.	59.		0

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Form CT-1040, Page 4 of 4

Schedule 3 - Property Tax Credit

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	BRIDGEPOR		
Description of Property	59 PRIMRO		
Date(s) Paid	07152013		
Amount Paid	60. 7191	61. 0	62. 0
63. Total property tax paid: Add Lines 60, 61, and 62.		63. 7191	
64. Maximum property tax credit allowed		64. 300	
65. Lesser of Line 63 or Line 64.		65. 300	
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.		66. 0.00	
67. Line 65 multiplied by Line 66.		67. 0	
68. Line 67 subtracted from Line 65.		68. 300	

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69. Individual use tax: Add Lines 69a, 69b, and 69c.	69.	0

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.	0
70b. OT	70b.	0
70c. ESW	70c.	0
70d. BCR	70d.	0
70e. SNS	70e.	0
70f. MFRF	70f.	0
70. Total Contributions: Add Lines 70a through 70f.	70.	0

Taxpayer email

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1301415558

03-14

Settlement of Pending Litigation with Hillary Mackenzie.

**Report
of
Committee
on
Miscellaneous Matters**

Submitted: December 15, 2014 (OFF THE FLOOR)

Adopted: _____

Attest: *Fleeta C Hudson*

City Clerk

Approved _____

Mayor



City of Bridgeport, Connecticut

To the City Council of the City of Bridgeport.

The Committee on Miscellaneous Matters 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>	<u>ATTORNEY</u>	<u>NATURE of CLAIM</u>	<u>SETTLEMENT</u>
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, Co-Chair

Denese Taylor-Moye

Susan T. Brannelly

Milta R. Feliciano

Robert E. Halstead

Jack O. Banta

07-14

Settlement of Pending Litigation with Valerie Sorrentino.

**Report
of
Committee
on
Miscellaneous Matters**

Submitted: December 15, 2014 (OFF THE FLOOR)

Adopted: _____

Attest: _____

Fleeta C. Hudson
City Clerk

Approved _____

Mayor



City of Bridgeport, Connecticut

To the City Council of the City of Bridgeport.

The Committee on Miscellaneous Matters 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>	<u>NATURE of 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

Denese Taylor-McGee

Susan T. Brannelly

Milita I. Feliciano

Robert E. Halstead

Jack O. Banta

RESOLUTION

By Councilmember(s): Thomas C. McCarthy

District: 133rd

Introduced at a meeting
of the City Council, held:

12/15/2014 (from the floor)

Referred to: Miscellaneous Matters Committee

Attest: _____
City Clerk

Referrals Made:

Referrals Made:

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.

RECEIVED
CITY CLERK'S OFFICE
2014 DEC 16 A 9:20

ATTEST _____
CITY CLERK