WORK COMPLETION CERTIFICATE #0009

АКТ

выполненных работ №0009

Kiev, Ukraine

Киев, Украина

2 july 2015

2 июля 2015 г.

We the undersigned, Mynziak Dmytro (Consultancy services regarding software development) on the one side and PDFfiller Inc., (the "Customer") on the other side have drawn up this Certificate to certify that the work under the Contract № A0M001 as of October 6th, 2014 for the period 01 june 2015 – 30 june 2015 (Consultancy services regarding software development) has been fully completed. The cost of the services provided is $ 1900.

The work was performed in full. The Customer has no claims as to the quality of work.

Мы, нижеподписавшиеся, Минзяк Дмитрий Юрьевич (Консультационные услуги по вопросам разработки программного обеспечения) и "ПДФфиллер.Инк." (PDFfiller Inc.), ("Заказчик"), подписываем этот акт для подтверждения того, что работы согласно внешнеэкономическому договору № A0M001 от 6 Октября 2014 г., за период 01 июня 2015 г. – 30 июня 2015 г. (Консультационные услуги по вопросам разработки программного обеспечения) полностью завершены. Стоимость услуг составила 1900,00 долларов США.

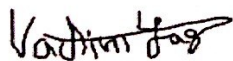Работы были выполнены в полном объеме. Заказчик не имеет претензий к качеству работ.
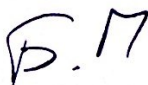
Customer/Заказчик

PDFfiller Inc.

Vadim Yasinovsky

Developer/Разработчик

Mynziak Dmytro/Минзяк Дмитрий

Минзяк Дмитро Юрійович
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тел. +3 8(066) 420 81 73
Від «2» липня 2015 р.

Начальнику Київського відділення № 3

ПУАТ «ФІДОБАНК»

Інформаційне повідомлення

ФОП Минзяк Дмитро Юрійович повідомляє, що 26 червня 2015 р. На валютний рахунок 26 00 6000 191 462, відкритий у ПУАТ «ФІДОБАНК» надійшли кошти від PDFfiller Inc. Citibank N.A. New York 399 Park Avenue New York, NY 10043 USA - SWIFT: CITIUS33 ABA 021000089 в сумі 1900$ USD (одна тисяча дев'ятсот), в якості оплати за консультіційні послуги у сфері інформатизації. Компанія PDFfiller Inc. працює без печатки на законній підставі США. Свою спроможність компанія завіряє підписом.

На підставі:

Договору № A0M001 від 06.10.2014 р.

Валютні кошти прошу перерахувати на поточний рахунок № 26 00 6000 191 462, відкритий у ПУАТ «ФІДОБАНК», МФО 300175

Б.П.

ФОП Минзяк Дмитро Юрійович

Form **37**
Regional Income Tax Agency

RITA Individual Income Tax Return
Do not use staples, tape or glue

2014

Filing Status:
☐ Single or Married Filing Separately 3
☐ Joint 2   1

Your social security number	Spouse's social security number
Your first name and middle initial	Last name
If a joint return, spouse's first name and middle initial	Last name

Home address (number and street)		Apt #
City, state, and ZIP code		
Daytime phone number	Evening phone number	

If you have an EXTENSION check here and attach a copy: ☐ EXTENSION

If this is an amended return, check here: ☐

RITA's eFile
Easy, Fast, Free & Secure
www.ritaohio.com

Move Information

☐ Check here if you moved since January 1, 2014, and indicate your change of address. If you moved more than once, supply the additional move information on a separate sheet.

Date of Move:

	Current Address (number and street)	City	State	Zip
	Prior Address (number and street)	City	State	Zip

Section A

List all W-2 wages earned in 2014 and the amount of municipal (city) tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld to your resident municipality in Column 3 only (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you or your spouse physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. DO NOT enter school district tax into columns 2 or 3.

Paperclip Local/City copy of W-2 Forms and Check or Money Order Here
Do not use staples, tape or glue

Column 1 **Wages** (see instructions for qualifying wages)	Column 2 Local/City Tax Withheld for Workplace Municipality	Column 3 Local/City Tax Withheld for Resident Municipality	Column 4 **Workplace Municipality** (Name of city or village where you worked)	Column 5 **Resident Municipality** (Name of city or village where you lived)	Column 6 Dates Wages Were Earned	
					From Date MM/DD/YY	Thru Date MM/DD/YY

Totals	0	0	0	Enter the total of Column 1 on Page 2, Line 1a; enter the total of Column 2 on Page 2, Line 4a; and enter the total of Column 3 on Page 2, Line 7a.

⚠ **Caution** To manually calculate your taxes please continue to page 2. Tax balances are due by April 15th, 2015. Submitting an incomplete form could subject you to penalty and interest if a tax balance is due. If you want RITA to calculate your taxes, please use the online eFile system at www.ritaohio.com. It is easy to use, secure and will calculate your taxes immediately.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

Your Signature	Date	Preparer's Signature	Date
Spouse's Signature if a joint return	Date	Preparer's Address	ID Number

May RITA discuss this return with the preparer shown above? ☐ Yes ☐ No **Preparer Phone #:** _____

Filing is mandatory for most residents: see "Filing Requirements" on page 1 of the Instructions for Form 37 exemptions.

Section B

1	**a**	Total W-2 wages from Page 1, Section A, Column 1	**1a**	
	b	Total self-employment, rental, partnership, and (if applicable) S corporation income as well as any other taxable income from Page 3, Schedule J, Line 31. If less than zero, enter -0-	**1b**	
2		**Total taxable income.** Add lines 1a and 1b	**2**	
3		Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: ____		**3**
4	**a**	Tax Withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. **Do not** enter estimated tax payments	**4a**	
	b	Direct payment from Page 3, Schedule K, Line 35. **Do not:** enter tax withheld from your wages and or estimated tax payments on this line	**4b**	
5	**a**	Add lines 4a and 4b	**5a**	
	b	Total tentative **credit** from Credit Rate Worksheet, Column E **located at the bottom of this page**. Your resident municipality's credit rate: __	**5b**	
	c	Enter the smaller of line 5a or line 5b	**5c**	
6		Multiply Line 5c by the **credit factor** of your resident municipality from the tax table. Your resident municipality's credit factor: ____	**6**	
7	**a**	Tax withheld for your resident municipality from Page 1, Section A, Column 3. **Do not** enter estimated tax payments. (see instructions)	**7a**	
	b	Tax paid by your partnership/S corp to any RITA municipality	**7b**	
8		**Total credits allowable.** (Add lines 6, 7a, and 7b)		**8**
9		Subtract Line 8 from Line 3	**9**	
10		Tax on non-withheld wages from Page 3, Schedule K, Line 32	**10**	
11		Tax on Schedule J Income from Page 3, Schedule K, Line 36	**11**	
12		**TAX DUE RITA AFTER WITHHOLDING.** Add lines 9, 10 and 11. If less than zero, enter -0- and file Form 10A (see instructions) ▶		**12**
13		2014 Estimated Tax Payments made to RITA by check, debit or credit card or ePayment. **Do not** enter tax withheld from your W-2s. **Only** include payments made for the 2014 tax year.	**13**	
14		Credit carried forward from 2013	**14**	
15		**TOTAL CREDITS.** Add lines 13 and 14		**15**
16		**Balance Due.** If line 15 is less than line 12, subtract line 15 from line 12. Amounts less than $1 will not be collected. ▶		**16**
17		If line 15 is GREATER than 12, subtract line 12 from line 15 and enter **OVERPAYMENT**		**17**
18		Amount you want **credited to your 2015 estimated tax**	**18**	
19		Amount to be **refunded.** You may not split an overpayment between a refund and a credit. Allow 90 days for your refund.	**19**	
20	**a**	Enter **2015 estimated tax** in full (see instructions). Estimates are due 4/15/15, 7/31/15, 10/31/15 and 1/31/16 ▶	**20a**	
	b	Enter full estimate or first quarter estimate (1/4 of line 20a)	**20b**	
21		Subtract line 18 from line 20b		**21**
22		**TOTAL DUE** by April 15, 2015. Add Lines 16 and 21		**22**

Withheld taxes shown on your W-2 forms are reported on either line 4a or 7a.

Refunds: To avoid delays in processing your refund, mail your return to the PO BOX address listed in lower right hand corner of this page.

Refunds of tax withheld from your wages must be applied for on Form 10A.

Download Form 10A at www.ritaohio .com

Estimated Taxes (Line 20a)

You must estimate your taxes and make quarterly payments of the anticipated tax due as your income is earned. See the RITA Member list at www.ritaohio.com to obtain specific estimate requirements for each municipality. If your estimated taxes are not 90% of the tax due or not equal to or greater than your prior year's total tax liability, you may be subject to penalty and interest. You may use the amount on Line 12 as your 2015 estimate or use Worksheet 2 in the instruction booklet to calculate your estimate.

Credit Rate Worksheet: (applies to Section A wages and Schedule J, Line 29 income)

A Wages/Income earned outside of resident municipality	B Credit Rate for resident municipality from tax table	C Maximum credit (multiply column A by column B)	D Workplace tax withheld/paid	E Tentative Credit Enter lesser of columns C or D

Total Tentative Credit: Enter on Section B, Line 5b, above.

Mail your return with W-2s and a copy of your federal schedules to:

With payment made payable to RITA:
Regional Income Tax Agency
PO Box 6600
Cleveland OH 44101-2004

Without payment:
Regional Income Tax Agency
PO Box 94801
Cleveland OH 44101-4801

Refund with an **amount on line 19:**
Regional Income Tax Agency
PO Box 89409
Cleveland OH 44101-6409

A COPY OF ALL APPROPRIATE FEDERAL SCHEDULES IS REQUIRED FOR INCOME REPORTED ON SCHEDULE J.

SCHEDULE J	SUMMARY OF NON W-2 INCOME (For columns 2-5 enter the Municipality where the income was earned)					
Print the name of each municipality where a profit/ (loss) was earned in the appropriate box(es) ▶	COLUMN 1 RESIDENCE MUNICIPALITY	COLUMN 2 NONTAXING MUNICIPALITY	COLUMN 3 RITA MUNICIPALITY OF	COLUMN 4 RITA MUNICIPALITY OF	COLUMN 5 TAXED BY A NON-RITA MUNICIPALITY	COLUMN 6 ADD COLUMNS 1, 2, 3, 4 and 5
	11	12	13	14	15	
23. From Federal SCHEDULE C Attached	21	22	23	24	25	
24. From Federal SCHEDULE E Attached*	31	32	33	34	35	
25. All Other Taxable Income (or Loss). Attach Schedule(s)	41	42	43	44	45	
26. TOTAL NON-WAGE INCOME (Add Lines 23, 24, 25)						
27. LESS LOSS CARRY FORWARD IF ALLOWABLE	51 ( )	52 ( )	53 ( )	54 ( )	55 ( )	
28. WORKPLACE INCOME (Line 26 minus Line 27)	61	62				
29. WORKPLACE INCOME (Line 26 minus Line 27)			63	64	65	
30. MUNICIPAL TAX DUE (NOTE: Line 30 cannot be less than zero.)					Column 6, Line 28 or Line 29 cannot be less than zero. If amount is less than zero, use zero.	

TOTAL of Column 6, place the total in Section B, Line 1b.   31. [   ]

NOTE: If any columns on Line 29 have entries complete Schedule K, Line 34.

*S-Corporation Distributions - Special Rules Apply - See the RITA Member List at www.ritaohio.com for detailed municipality information.

SCHEDULE K	To complete Schedule K, see page 6 of the instructions. If additional space is needed, use separate sheet.

32. W-2 WAGES EARNED IN A RITA MUNICIPALITY OTHER THAN YOUR RESIDENCE MUNICIPALITY FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. Complete Lines below.

Wages	Municipality	Tax Rate (see instructions)	Tax Due

Enter total tax due onto Line 32 and in Section B, Line 10.

32. _____

33. W-2 WAGES EARNED IN A NON-RITA TAXING MUNICIPALITY AND FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. (ONLY USE THIS SECTION IF YOU HAVE FILED AND PAID THE TAX DUE TO YOUR WORKPLACE MUNICIPALITY. PROOF OF PAYMENT MAY BE REQUIRED) Complete Lines Below.

Wages	Municipality	Tax Rate (see instructions)	Tax Due

Enter total tax due onto Line 33

33. _____

34. TAX DUE TO OTHER THAN RESIDENCE MUNICIPALITY ON NON W-2 INCOME REPORTED IN SCHEDULE J, LINE 29, COLUMNS 3, 4, AND 5. Complete Lines below.

Workplace Income (Line 29, Columns 3, 4, & 5)	Municipality	Tax Rate (see instructions)	Tax Due

Enter total tax due onto Line 34

34. _____

35. TOTAL LINES 32, 33 AND 34. Enter total on Line 35 and in Section B, Line 4b.

35. _____

36. FROM SCHEDULE J ABOVE, ADD LINE 30 COLUMNS 3 AND 4. Enter total on Line 36 and in Section B, Line 11.

36. _____