

Review your print out for checklist items.

**Filing Status** ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Hector M	Last name Castro Garcia	Your social security number 068-02-1862
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 6917 179th St		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Fresh Meadows NY 11365-3542		<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

**Standard Deduction** **Someone can claim:** ☒ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 9,541.
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .		<b>7a</b>
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶		<b>7b</b> 9,541.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .		<b>8a</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶		<b>8b</b> 9,541.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b> 9,891.	
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>	
<b>11a</b> Add lines 9 and 10 . . . . .		<b>11a</b> 9,891.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .		<b>11b</b> 0.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	0 .
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . .	<b>12b</b>	0 .
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . .	<b>13b</b>	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	0 .
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	0 .
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . .	<b>16</b>	0 .
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	635 .

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

<b>18</b>	Other payments and refundable credits:	
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .	<b>18e</b>
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . .	<b>19</b>

**Refund**

Direct deposit?  
See instructions.

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	635 .
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>21a</b>	635 .
<b>b</b>	Routing number 0 2 1 0 0 0 0 2 1 . . . . .	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 3 3 7 2 8 7 8 5 5 . . . . .		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . .	<b>22</b>	

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions) . . . . .	<b>24</b>	

**Third Party Designee**

(Other than  
paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes**. Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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**Sign Here**

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

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶	Self-Prepared		Phone no.	
Firm's address ▶			Firm's EIN ▶	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

BAA

REV 08/20/20 Intuit.cq.cfp.sp

Form **1040** (2019)

**Tax History Report**

► Keep for your records

**2019**

Name(s) Shown on Return

Hector M Castro Garcia

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status . . . . .					Single
Total income . . . . .					9,541.
Adjustments to income					
Adjusted gross income					9,541.
Tax expense . . . . .					276.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					9,891.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . .					0.
Tax . . . . .					
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					635.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					635.
Effective tax rate % . .					0.00
**Tax bracket % . . . .					10.0

\*\*Tax bracket % is based on Taxable income.

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.  
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your debit card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$40.00 <sup>3</sup>

<sup>1</sup>You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

<sup>2</sup>However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

<sup>3</sup>This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.  
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

**Form 1040 or Form 1040SR Worksheet Navigation QuickZooms**

**QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income . . . . . ► \_\_\_\_\_  
**QuickZoom** to Schedule 2 — Additional Taxes . . . . . ► \_\_\_\_\_  
**QuickZoom** to Schedule 3 — Additional Credits and Payments . . . . . ► \_\_\_\_\_

**Form 1040 or Form 1040-SR - Personal Info, Filing Status, Dependent Info**

For the year January 1 - December 31, 2019, or other tax year  
beginning \_\_\_\_\_, 2019, ending \_\_\_\_\_, 20 \_\_\_\_.

Your First Name MI Last Name Your Social Security No.  
Hector M Castro Garcia 068-02-1862  
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.  
\_\_\_\_\_  
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.  
6917 179th St \_\_\_\_\_  
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code  
Fresh Meadows NY 11365-3542  
Foreign country name Foreign province/state/county Foreign postal code  
\_\_\_\_\_  
\_\_\_\_\_

**QuickZoom** to explanation statement for overseas extension . . . . . ►

**Presidential Election Campaign**

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

**Filing Status**

Check only one box.  
All entries for filing status and dependents should be made on the Federal Information Worksheet.

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

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

Dependents: (1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit Credit for other dependents	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**QuickZoom** to the Federal Information Worksheet . . . . .  
**QuickZoom** to the Dependent and Nondependent Information Worksheet . . . . .

<input checked="checked" type="checkbox"/>	Someone can claim you as a dependent
<input type="checkbox"/>	Someone can claim your spouse as a dependent

**a** Check if: ☐ **You** were born before January 2, 1955, ☐ Blind.  
☐ **Spouse** was born before January 2, 1955, ☐ Blind.  
**Total boxes checked** . . . . . ▶ **a**

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

**Form 1040 or Form 1040-SR, Lines 1 - 6**

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	9,541.
<b>2 a</b> Tax-exempt interest . . . . . <b>2a</b> <input type="text"/>		
<b>b</b> Taxable interest . . . . .	<b>2b</b>	
<b>3 a</b> Qualified dividends (see instructions) . . . . . <b>3a</b> <input type="text"/>		
<b>b</b> Ordinary dividends. Attach Schedule B if required . . . . .	<b>3b</b>	
<b>4</b> IRA distributions . . . . . <b>4a</b> <input type="text"/>		
Taxable amount (see instructions) . . . . .	<b>4b</b>	
Pensions and annuities . . . . . <b>4c</b> <input type="text"/>		
Taxable amount (see instructions) . . . . .	<b>4d</b>	
<b>5 a</b> Social security benefits . . . . . <b>5a</b> <input type="text"/>		
<b>b</b> Taxable amount (see instructions) . . . . .	<b>5b</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . . ▶ <input type="checkbox"/>	<b>6</b>	
<b>QuickZoom</b> to Schedule 1 — Additional Income and Adjustments to Income. . . . . ▶ <input type="text"/>		

**Form 1040 or Form 1040-SR, Lines 7 and 8**

<b>7 a</b> Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your <b>total income</b> . . . . .	<b>7b</b>	9,541.
<b>8 a</b> Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . AGI including excludable Puerto Rico Income. . . . .	<b>8b</b>	9,541.
		9,541.

**Form 1040 or Form 1040-SR, Line 9 — Standard or Itemized Deduction**

<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) <b>Standard Deduction for —</b> <ul style="list-style-type: none"> <li>● People who checked blind or over 65 or who can be claimed as a dependent, see instructions.</li> <li>● All others: <ul style="list-style-type: none"> <li>● Single or Married filing separately: \$12,200</li> <li>● Married filing jointly or Qualifying widow(er): \$24,400</li> <li>● Head of household: \$18,350</li> </ul> </li> </ul> <b>QuickZoom</b> to the Standard Deduction Worksheet . . . . . <input type="text"/> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> , see above . . . . . Subtract itemized or standard deduction from adjusted gross income amount . . . . .	<b>9</b>	9,891. -350.
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**Form 1040 or Form 1040-SR, Lines 10 - 12**

<b>10</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>	
<b>11 a</b>	Add lines 9 and 10 . . . . .	<b>11a</b>	9,891.
<b>b</b>	<b>Taxable Income.</b> Subtract line 11a from line 8b . . . . .	<b>11b</b>	0.

<b>12 a</b>	<b>Tax.</b> (see instructions). Check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/>		
<b>b</b>	Add Schedule 2, line 3 and line 12a and enter total . . . . .	<b>12b</b>	0.
QuickZoom to Schedule 2 - Additional Tax section . . . . .			0.

**Form 1040 or Form 1040-SR, Line 13 - 16**

<b>13 a</b>	Child tax credit/credit for other dependents . . . . .	<b>13a</b>	
<b>b</b>	Add Schedule 3, line 7 and line 13a and enter the total. . . . .	<b>13b</b>	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0- . . . . .	<b>14</b>	0.
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10. . . . .	<b>15</b>	0.
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . .	<b>16</b>	0.
QuickZoom to Schedule 3 — Additional Credits and Payments . . . . .			

**Form 1040 or Form 1040-SR, Lines 17 - 19**

<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	635.
<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) . . . . . No		
	Nontaxable combat pay election . . . . .		
<b>b</b>	Add'l child tax credit. Attach Schedule 8812 . . . . .		
<b>c</b>	American opportunity credit from Form 8863, line 8. . . . .		
<b>d</b>	Schedule 3, line 14. . . . .		
<b>e</b>	Add lines 18a through 18d.		
	<b>These are your other payments and refundable credits</b> . . . . .	<b>18e</b>	
<b>19</b>	Add Lines 17 and 18e.		
	<b>These are your total payments</b> . . . . .	<b>19</b>	635.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated . . . . .			
QuickZoom to "due diligence checklist" substitute for Form 8867 . . . . .			
QuickZoom to Schedule 3 — Additional Credits and Payments . . . . .			

**Form 1040 or Form 1040-SR, Lines 20 - 22**

<b>Refund:</b>			
<b>20</b>	If total Payments is more than total tax, subtract <b>total tax</b> from <b>payments</b> . This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	635.
<b>21 a</b>	Amount of overpayment you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . .	<b>21</b>	635.
<b>b</b>	Routing number . . . . .		021000021
<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number . . . . .		337287855
<b>22</b>	Amount of overpayment on line 20 you want <b>applied to</b> <b>your 2020 estimated tax</b> . . . . .		

**Form 1040 or Form 1040SR, Lines 23 - 24**

<b>Amount You Owe:</b>			
<b>23</b>	Subtract line total payments from total tax . . . . .	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions) . . . . .	<b>24</b>	
QuickZoom to Late Penalties and Interest Worksheet . . . . .			QuickZoom. . .



**Schedule 2 - Additional Taxes****Part I Tax**

<b>1</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or Form 1040SR, line 12b . . . . . ►	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 Explain underreported tips . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7 a</b>	Household employment taxes from Schedule H . . . . .	<b>7 a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required . . . . .	<b>b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) . . ► _____ _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A. . . . . <b>9</b>   _____		
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> Enter here and on Form 1040 or 1040-SR, line 15 . . . . . ►	<b>10</b>	0.
	<b>Total tax</b> (add line 10 and Schedule 3, line 7b) . . . . .		0.

**Schedule 3 - Additional Credits and Payments****Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	2	
3	Education credits from Form 8863, line 19 . . . . .	3	
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	
5	Residential Energy Credit. Attach Form 5695 . . . . .	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c	<input type="checkbox"/>	6	
7	Add lines 1 through 6 plus child tax credit/credit for other dependents line 13a		
	Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	7	
a	Total non-refundable credits . . . . .		
b	Subtract total credits on line 7 from tax on line 12b above . . . . .		0.
<b>Quickzoom to 1040 Worksheet, line 16 — Total Tax . . . . .</b>		<b>QuickZoom. . .</b>	

**Part II Other Payments and Refundable Credits**

8	2019 estimated tax payments . . . . .	8	
	and amount applied from 2018 return . . . . .		
9	Net premium tax credit. Attach Form 8962 . . . . .	9	
10	Amount paid with request for extension to file . . . . .	10	
11	Excess social security and tier 1 RRTA tax withheld . . . . .	11	
12	Credit for federal tax on fuels. Attach Form 4136 . . . . .	12	
13	Credits from Form:		
a	<input type="checkbox"/> 2439		
b	<input type="checkbox"/> <b>Reserved</b>		
c	<input type="checkbox"/> 8885		
d	<input type="checkbox"/>	13	
14	<b>Total Payments (Part II, lines 8-13) and Withholding (Form 1040, line 17). . . . .</b>	14	635.
<b>Other Payments and Refundable Credits (Form 1040, line 18e) ▶</b>			

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . . . ☐ **Yes.** Complete the following. ☒ **No**

Designee's Name . . . . . ▶

Phone No. . . . . ▶ Personal Identification Number (PIN) . . . . . ▶

**Signature and Paid Preparer****Sign Here**

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

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 accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, <b>both</b> must sign.	Date	Student Spouse's Occupation	
Daytime Phone No. (929) 326-8981			

**Paid Preparer's Use Only**

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature	Date	<input type="checkbox"/> 3rd Party Designee
Firm's Address (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	State	ZIP Code

**Filing Address Information**

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Hector M Castro Garcia	Your SSN 068-02-1862
---	-------------------------

**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2018 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

1	Net capital loss not included in net investment income . . . . .	1	0 .
2	Capital loss carryover to next year . . . . .	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

**Line 7 - Other modifications to investment income**

1	Casualty and theft losses reported on Schedule A, line 15. . . . .	1	
2	Amounts reported on Form 8814, line 12 . . . . .	2	
3	Adjustment for distributions from estates and trusts . . . . .	3	
4	Schedules C and F income/loss included in net investment income. . . . .	4	
5	Substitute interest and dividend payments . . . . .	5	
6	Recovery of a prior year deduction . . . . .	6	
7		7	
8	Total other modifications to investment income . . . . .	8	

**Line 9b - State, local, and foreign income taxes allocable to net investment income**

1	State and local income taxes . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e) . . . . .	6	
7	Lesser of line 5 or line 6. . . . .	7	
8	Foreign income taxes . . . . .	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4. . . . .	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income . . . . .	10	

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet****Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8 . . . . .	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	
7	Subtract line 6 from line 5. . . . .	7	
8	Enter the lesser of line 7 or line 4 . . . . .	8	

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
<b>1</b> Reserved. . . . .		
<b>2</b> State, local, and foreign income taxes. . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings . . . . .		
Other modifications:		
_____		
Total additional modifications to Form 8960, line 10 . . . . .		

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII****1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

## Federal Information Worksheet

► Keep for your records

2019

**Part I – Personal Information**Information in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name . . . . . Hector  
 Middle initial . . . . . M Suffix . . . . .  
 Last name . . . . . Castro Garcia  
 Social security no. . . . . 068-02-1862  
 Occupation . . . . . Student  
 Date of birth . . . . . 09/15/1998 (mm/dd/yyyy)  
 Age as of 1-1-2020 . . . . . 21  
 Daytime phone . . . . . (929) 326-8981 Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☒ Yes ☐ No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . ☒ Yes ☐ No

**Credit for the Elderly or Disabled (Schedule R):**

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

**Presidential Election Campaign Fund:**

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

**Spouse:**

First name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 Last name . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2020 . . . . .  
 Daytime phone . . . . . Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No  
 If yes, **was** spouse claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

**Credit for the Elderly or Disabled (Schedule R):**

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

**Presidential Election Campaign Fund:**

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

**Part II – Address and Federal Filing Status** (enter information in this section)**US Address:**

Address . . . . . 6917 179th St Apt no. . . . .  
 City . . . . . Fresh Meadows State . . . . . NY ZIP code . . . . . 11365-3542

**Foreign Address:** Check this box to use foreign address . . ☐

Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/county . . . . . Foreign postal code . . . . .

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

Home phone . . . . .

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 . . . . . ☐ Yes ☒ No

**Federal filing status:**

☒ 1 Single  
☐ 2 Married filing jointly  
☐ 3 Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year. . . . . ☐  
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). . . . . ☐  
☐ 4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name . . . . . MI . . . . . Last Name . . . . . Suff . . . . .  
 Child's social security number . . . . .  
☐ 5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2017 ☐ 2018 ☐  
 Are you a dependent with a qualifying child . . . . . Yes ☐ No ☐  
 Enter qualifying person's name:  
 Child's First name . . . . . MI . . . . . Last Name . . . . . Suff . . . . .  
 Child's social security number . . . . .

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2019					

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent



**Part IV – Earned Income Credit Information** (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No  
Was the taxpayer's (and spouse's if married filing jointly) home in the United States  
for more than half of 2019? . . . . . ☐ Yes ☐ No  
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to  
get a federally funded benefit, such as Medicaid, and the Social Security card  
contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐  
Check if you are filing head of household **and** your spouse is a nonresident alien  
**and** you lived with your spouse during the last six months of 2019 . . . . . ☐  
Check if you were notified by the IRS that EIC cannot be claimed in 2019 or  
if you are ineligible to claim the EIC in 2019 for any other reason . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . ☒ JP Morgan Chase

Check the appropriate box . . . . . ☒ Checking ☐ Savings

Routing number . . . . .  Account number . . . . .

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . .

Balance-due amount from this return . . . . .

**Amended Returns:**

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No

Enter the payment date to withdraw from the account above . . . . .

Balance-due amount from this **amended** return . . . . .

**Part VI – Additional Information for Your Federal Return****Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized  
deductions are less than your standard deduction . . . . . ☐

Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐

Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

**Real Estate Professionals:**

Do you or your spouse qualify for the special passive activity rules for  
taxpayers in real property business? (see Help) . . . . . ☐ Yes ☐ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? . . . . . ☐ Yes ☐ No

Is the spouse a full-time student? . . . . . ☐ Yes ☐ No

**American Opportunity and Lifetime Learning Credit (Form 8863)**

For 2019, were you (or your spouse if married) a nonresident alien for any part  
of the year, and did not elect to be treated as a resident alien? . . . . . ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 . . . . . ☐

Resident country . . . . .

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the  
Commonwealth of the Northern Mariana Islands . . . . .

Excludable income from Puerto Rico . . . . .

**Dual Status Alien Return:**

Check this box if you are a dual-status alien . . . . . ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 . . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . .

Third party designee phone number . . .

Personal Identification number (enter any 5 numbers) . .

**Part VI – Additional Information for Your Federal Return - Continued****Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed  
returns when Form 1310 is not filed or it is not the  
surviving spouse . . . . . ▶ \_\_\_\_\_

**Part VII – State Filing Information****Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2019 . . . . . ▶ NY

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒

Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☐

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse's state of residence as of December 31, 2019 . . . . . ▶ \_\_\_\_\_

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☐

Spouse is a resident of the state above for only part of year . . . . . ▶ ☐

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 10151

Spouse's PIN used to sign the return \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number \_\_\_\_\_

Issued by what state

License or ID

license . ▶ ☐

ID . ▶ ☐

neither . ▶ ☒

decline. ▶ ☐

**Spouse**

Drivers license or state ID number \_\_\_\_\_

Issued by what state

License or ID

license . ▶ ☐

ID . ▶ ☐

neither . ▶ ☐

decline. ▶ ☐

**Personal Information Worksheet  
For the Taxpayer**

**2019**

► Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

**Part I – Taxpayer's Personal Information**

First name . . . Hector Middle initial . M Last name . . Castro Garcia  
Suffix . . . . .

Social security no. . . 068-02-1862 Member of U.S. Armed Forces in 2019? . . ☐ Yes ☒ No

Date of birth . . . . . 09/15/1998 (mm/dd/yyyy) age as of 1-1-2020 . . . . . 21

Occupation . . . Student Daytime phone . . . (929) 326-8981 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2019 ► ☐ 2019 . ► ☐ 2018 . ► ☐ 2017 . ► ☐ Before 2017 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ► ☐ Yes ☐ No

Check if this person is legally blind . . . . . ► ☐ Yes ☒ No

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2020 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ► ☐ Yes ☒ No

**Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer**

**1** Can someone (such as your parent) claim you as a dependent? . . . . . ► ☒ Yes ☐ No

**2** If you answered 'Yes' to question 1, are you actually claimed as a dependent  
on that person's tax return? . . . . . ► ☒ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the  
American Opportunity Credit.*

**3** Were you a full-time student during any part of five months during 2019? . . . . . ► ☒ Yes ☐ No

**4** Did your earned income exceed one-half of your support? . . . . . ► ☒ Yes ☐ No

**5** Was at least one of your parents alive on December 31, 2019? . . . . . ► ☐ Yes ☐ No

**Part III – Taxpayer's State Residency Information**

Enter this person's state of residence as of December 31, 2019 . . . . . NY

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ►

In which state (or foreign country) did this person reside before this change? . . . . . ►

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2019 . . . . .

Unreimbursed medical expenses paid for qualifying person in 2019 . . . . .

Employment taxes paid for dependent care providers in 2019 . . . . .

Full-time student for 5 calendar months during 2019? . . . . . ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? . . . . . ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit . . . . . ► ☐ Yes ☒ No

► Keep for your records

Name(s) Shown on Return

Hector M Castro Garcia

Social Security Number

068-02-1862

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	9,541.		9,541.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	635.		635.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	9,541.		9,541.
<b>4</b>	Total social security tax withheld . . . . .	591.		591.
<b>5</b>	Total Medicare wages and tips . . . . .	9,541.		9,541.
<b>6</b>	Total Medicare tax withheld . . . . .	138.		138.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .	10.		10.
<b>16</b>	Total state wages and tips . . . . .	9,541.		9,541.
<b>17</b>	Total state tax withheld . . . . .	151.		151.
<b>19</b>	Total local tax withheld. . . . .	125.		125.

Name  
Hector M Castro GarciaSocial Security Number  
068-02-1862**Spouse's W-2**  
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

**a** Employee's social security no. . . 068-02-1862  
**b** Employer ID number (EIN). . . 13-6400434  
**c** Employer's name, address, and ZIP code  
 City of New York  
 Street 450 W 33RD ST 4TH FL  
 City NEW YORK  
 State NY ZIP Code 10001  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
2,700.00  
**3** Social security wages  
2,700.00  
**5** Medicare wages and tips  
2,700.00  
**7** Social security tips

**2** Federal income tax withheld  
148.96  
**4** Social security tax withheld  
167.40  
**6** Medicare tax withheld  
39.15  
**8** Allocated tips

► Enter unreported tips in Part VII on Page 2 below.

**d** Control number 462C600**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Hector M.I. M  
 Last Castro Garcia Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 6917 179th St  
 City Fresh Meadows  
 State NY ZIP Code 11365-3542  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**9** \_\_\_\_\_  
**11** Nonqualified plans  
**12** Enter box 12 below

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

**13** ☐ Statutory employee  
☒ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . .	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . .	_____
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
NY	136400434	2,700.00	18.42
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate . . . . . ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
NYC	2,700.00	23.57	NY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name  
Hector M Castro GarciaSocial Security Number  
068-02-1862**Spouse's W-2**  
**Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

**a** Employee's social security no. . . 068-02-1862  
**b** Employer ID number (EIN). . . 47-3211102  
**c** Employer's name, address, and ZIP code  
 SUPERDRY RETAIL LLC  
 Street 1209 North Orange Street  
 City Wilmington  
 State DE ZIP Code 19801  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 6,840.81  
**3** Social security wages 6,840.81  
**5** Medicare wages and tips 6,840.81  
**7** Social security tips

**2** Federal income tax withheld 486.03  
**4** Social security tax withheld 424.13  
**6** Medicare tax withheld 99.19  
**8** Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number 8131-00087902**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Hector M.I. M  
 Last Castro Garcia Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 6917 179th St  
 City Fresh Meadows  
 State NY ZIP Code 11365-3542  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**9**

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

**11** Nonqualified plans**12** Enter box 12 below

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . . .	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . . .	_____
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
NY	473211102	6,840.81	133.25
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate . . . . . ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
NYC	6,840.81	101.19	NY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
NYPFL	10.47	Other (not classified)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Wages, Salaries, & Tips Worksheet****2019**

► Keep for your records

Name(s) Shown on Return

Hector M Castro Garcia

Social Security Number

068-02-1862

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2 . . . . .	9,541.		9,541.
2 Miscellaneous income, from Form 8919 . . . . .			
3 Items from Form 1099-R:			
a Disability before minimum retirement age . . . . .			
b Return of contributions . . . . .			
4 Excess reimbursement, from Form 2106 . . . . .			
5 a Taxable tips, from Form 4137. . . . .			
b Noncash tips . . . . .			
6 Excess moving expense reimbursement, from Form 3903 . . . . .			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . . . . .			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments . . . . .			
b Total foreign source income . . . . .			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
9 Other earned income:			
a Non-gov unemployment received/repaid 2019			
b			
10 <b>Subtotal.</b>			
<b>Add lines 1 through 9 . . . . .</b>	9,541.		9,541.
11 Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
13 Scholarship/fellowship income not on Form W-2. . . . .			
14 Other non-earned income:			
15 <b>Total of lines 10 through 14. . . . .</b>	9,541.		9,541.



**Schedule D**  
**Line 19**

**Unrecaptured Section 1250 Gain Worksheet**

**2019**

► Keep for your records

Name(s) Shown on Return  
Hector M Castro Garcia

Social Security Number  
068-02-1862

		Regular Tax	Alternative Minimum Tax																								
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>																											
<b>1</b>	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>																									
<b>2</b>	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>																									
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>																									
<b>4</b>	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year . . . . .	<b>4</b>																									
<b>5</b>	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>																									
<b>6</b>	Add lines 3 through 5 . . . . .	<b>6</b>																									
<b>7</b>	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>																									
<b>8</b>	Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>																									
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>																									
<b>10</b>	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>																									
<b>11</b>	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td><b>Regular</b></td> <td><b>AMT</b></td> </tr> <tr> <td><b>a</b></td> <td>On Form 1099-DIV . . . . .</td> <td></td> </tr> <tr> <td><b>b</b></td> <td>On Form 2439 . . . . .</td> <td></td> </tr> <tr> <td><b>c</b></td> <td>On Schedule(s) K-1 . . . . .</td> <td></td> </tr> <tr> <td><b>d</b></td> <td>On Form 1099-R . . . . .</td> <td></td> </tr> <tr> <td><b>e</b></td> <td>From Form 8814 . . . . .</td> <td></td> </tr> <tr> <td><b>f</b></td> <td>Other. . . . .</td> <td></td> </tr> <tr> <td></td> <td><b>Total</b> . . . . .</td> <td></td> </tr> </table>		<b>Regular</b>	<b>AMT</b>	<b>a</b>	On Form 1099-DIV . . . . .		<b>b</b>	On Form 2439 . . . . .		<b>c</b>	On Schedule(s) K-1 . . . . .		<b>d</b>	On Form 1099-R . . . . .		<b>e</b>	From Form 8814 . . . . .		<b>f</b>	Other. . . . .			<b>Total</b> . . . . .		<b>11</b>	
	<b>Regular</b>	<b>AMT</b>																									
<b>a</b>	On Form 1099-DIV . . . . .																										
<b>b</b>	On Form 2439 . . . . .																										
<b>c</b>	On Schedule(s) K-1 . . . . .																										
<b>d</b>	On Form 1099-R . . . . .																										
<b>e</b>	From Form 8814 . . . . .																										
<b>f</b>	Other. . . . .																										
	<b>Total</b> . . . . .																										
<b>12</b>	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale . . . . .	<b>12</b>																									
<b>13</b>	Add lines 9 through 12. . . . .	<b>13</b>																									
<b>14</b>	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0.																								
<b>15</b>	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	0.																								
<b>16</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>16</b>																									
<b>a</b>	Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>	0.																								
<b>17</b>	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- . . . . .	<b>17</b>	0.																								
<b>18</b>	<b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. . . . .	<b>18</b>																									

**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

► Keep for your records

**2019**

Name(s) Shown on Return  
Hector M Castro Garcia

Social Security Number  
068-02-1862

				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .	<b>1</b>			
<b>2</b>	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
<b>a</b>	Schedule D . . .				
<b>b</b>	Form 8814 . . .				
<b>c</b>	Schedule B . . .				
<b>d</b>	Form 6252 . . .				
<b>e</b>	Form 2439 . . .				
<b>f</b>	Other . . . . .				
	Total . . . . .	<b>2</b>			
<b>3</b>	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .				
<b>b</b>	Form 6252 . . . . .				
<b>c</b>	Form 6781, Part II . . . . .				
<b>d</b>	Form 8824 . . . . .				
	Total . . . . .	<b>3</b>			
<b>4</b>	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 1099-DIV, box 2d . . .				
<b>b</b>	Form 2439, box 1d . . . . .				
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .				
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .				
<b>e</b>	Other . . . . .				
	Total . . . . .	<b>4</b>			
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>5</b>			
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. . . . .	<b>6</b>			
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .	<b>7</b>			
<b>8</b>	Enter the amount of any capital gain excess . . . . .	<b>8</b>			0.
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .	<b>9</b>	0.		0.

Name(s) Shown on Return  
Hector M Castro GarciaSocial Security Number  
068-02-1862

1 a	Enter your taxable income from Form 1040, line 11b . . . . .	1 a	0.
b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50 . . . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 3a . . . . .	2 a	
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	
3	Amount from Form 4952, line 4g . . . . .	3	
4 a	Amount from Form 4952, line 4e . . . . .	4 a	
b	Amount from the dotted line next to Form 4952, line 4e . . . . .	b	
c	Line 4b, if applicable, 4a, if not . . . . .	c	
5	Subtract line 4c from line 3 . . . . .	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0- . . . . .	6	0.
7 a	Enter line 15 of Schedule D . . . . .	7 a	
b	Enter line 16 of Schedule D . . . . .	b	
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	0.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	0.
15	Enter: <ul style="list-style-type: none"><li>• \$39,375 if single or married filing separately,</li><li>• \$78,750 if married filing jointly or qualifying widow(er), or</li><li>• \$52,750 if head of household.</li></ul>	15	39,375.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	0.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	0.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0- . . . . .	18	0.
19	Enter the <b>smaller</b> of line 1c or: <ul style="list-style-type: none"><li>• \$160,725 if single or married filing sep,</li><li>• \$321,450 if MFJ or qual widow(er), or</li><li>• \$160,700 if head of household.</li></ul>	19	0.
20	Enter the <b>smaller</b> of line 14 or line 19 . . . . .	20	0.
21	Enter the <b>larger</b> of line 18 or line 20 . . . . .	21	0.
22	Subtract line 17 from line 16. This amount is taxed at 0% . . . . .	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-) . . . . .	24	
25	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	25	
26	Enter: <ul style="list-style-type: none"><li>• \$434,550 if single,</li><li>• \$244,425 if married filing separately,</li><li>• \$488,850 if married filing jointly or qualifying widow(er), or</li><li>• \$461,700 if head of household.</li></ul>	26	
27	Enter the smaller of line 1c or line 26 . . . . .	27	
28	Add lines 21 and 22 . . . . .	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	
30	Enter the <b>smaller</b> of line 25 or line 29 . . . . .	30	
31	Multiply line 30 by 15% (0.15) . . . . .	31	
32	Add lines 24 and 30 . . . . .	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23 . . . . .	33	
34	Multiply line 33 by 20% (0.20) . . . . .	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	35	
36	Add lines 10 and 21 . . . . .	36	
37	Enter the amount from line 1c above . . . . .	37	

38	Subtract line 37 from line 36. If zero or less, enter -0- . . . . .	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0- . . . . .	39	_____
40	Multiply line 39 by <b>25%</b> (0.25) . . . . .	40	_____
<b>If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.</b>			
41	Add lines 21, 22, 30, 33, and 39 . . . . .	41	_____
42	Subtract line 41 from line 1c . . . . .	42	_____
43	Multiply line 42 by <b>28%</b> (0.28) . . . . .	43	_____
44	Figure the tax on the amount on <b>line 21</b> . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	44	_____
45	Add lines 31, 34, 40, 43, and 44 . . . . .	45	_____ 0 .
46	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	46	_____
47	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 45 or line 46. Also include this amount on Form 1040, line 12a . . . . .	47	_____

---

**Form 1040**      **Qualified Dividends and Capital Gain Tax Worksheet**  
**Line 12a**      ► Keep for your records

**2019**

Name(s) Shown on Return <u>Hector M Castro Garcia</u>	Social Security Number <u>068-02-1862</u>
--	--

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 11b . . . . .	<b>1</b>	_____
<b>2</b>	Enter the amount from Form 1040 or 1040-SR, line 3a . . . . .	<b>2</b>	_____
<b>3</b>	Are you filing Schedule D?		
<input type="checkbox"/>	<b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	_____
<input type="checkbox"/>	<b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 6.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	_____
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .		
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	_____
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	_____
<b>8</b>	Enter:		
	\$39,375 if single or married filing separately,	}	<b>8</b> _____
	\$78,750 if married filing jointly or qualifying widow(er),		
	\$52,750 if head of household.		
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	_____
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	_____
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	_____
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	_____
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	_____
<b>15</b>	Enter:		
	\$434,550 if single,	}	<b>15</b> _____
	\$244,425 if married filing separately,		
	\$488,850 if married filing jointly or qualifying widow(er),		
	\$461,700 if head of household.		
<b>16</b>	Enter the smaller of line 1 or line 15 . . . . .	<b>16</b>	_____
<b>17</b>	Add lines 7 and 11 . . . . .	<b>17</b>	_____
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	<b>18</b>	_____
<b>19</b>	Enter the smaller of line 14 or line 18 . . . . .	<b>19</b>	_____
<b>20</b>	Multiply line 19 by 15% (0.15) . . . . .	<b>20</b>	_____
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	_____
<b>22</b>	Subtract line 21 from line 12 . . . . .	<b>22</b>	_____
<b>23</b>	Multiply line 22 by 20% (0.20) . . . . .	<b>23</b>	_____
<b>24</b>	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	_____
<b>26</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a. . . . .		
		<b>27</b>	_____

# IRA Contributions Worksheet

2019

► Keep for your records

Name(s) Shown on Return Hector M Castro Garcia	Social Security Number 068-02-1862
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## Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter <b>traditional</b> IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .		
2	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
3	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
4	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
7	Excess traditional IRA contribution credit. . . . .		
8	Repayments of qualified reservist distributions . . . . .		
9	Total <b>traditional</b> IRA contributions. . . . .		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2020 to 7/15/2020 ( <i>See Help</i> ). . . . .		
12	Age 70-1/2 or older in tax year . . . . .		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible <b>traditional</b> IRA contributions from worksheet. . . . .		
14	Nondeductible <b>traditional</b> IRA contributions from worksheet. . . .		
	<b>QuickZoom</b> to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet . . . . . ► <input type="checkbox"/> Worksheet for social security recipients . . . . . ►		
15	Amount on line 13 you elect to make nondeductible . . . . .		
16	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible <b>traditional</b> IRA contributions, to Schedule 1 (Form 1040), Line 19. . . . .		
18	Qualified reservist repayments . . . . .		
19	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. . .		

# IRA Contributions Worksheet

2019

► Keep for your records

Hector M Castro Garcia

068-02-1862

Page 2

## Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular <b>Roth</b> IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .		
21	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .		
22	<b>Roth</b> IRA contributions, from Schedule(s) K-1 . . . . .		
23	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed <b>Roth</b> IRA conversions . . . . .		
25	<b>Roth</b> IRA contributions. Combine lines 20 through 24 . . . . .		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
27	Excess Roth IRA contribution credit . . . . .		
28	Total <b>Roth</b> IRA contributions . . . . .		
29	Repayments of qualified Roth reservist distributions . . . . .		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	<b>Roth</b> IRA contributions after limitation . . . . .		
31	Excess <b>Roth</b> IRA contributions, to Form(s) 5329, line 23 . . . . .		
	<b>Note:</b> You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.		

## Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any <b>excess</b> contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. . . . .		
	<b>Note:</b> You do not need to report any Coverdell ESA contributions which are not excess contributions..		

## 2019

Name(s) Shown on Return  
Hector M Castro Garcia

Social Security Number  
068-02-1862

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/19		04/15/19			04/15/19		
2	06/17/19		06/17/19			06/17/19		
3	09/16/19		09/16/19			09/16/19		
4	01/15/20		01/15/20			01/15/20		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2019 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2019 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				635.	151.	125.
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .						
13	Forms 1099-MISC, 1099-K and 1099-G . . . . .						
14	Schedules K-1 . . . . .						
15	Forms 1099-INT, DIV and OID . . . . .						
16	Social Security and Railroad Benefits . . . . .						
17	Form 1099-B . . . . .	St		Loc			
18 a	Other withholding . . . . .	St		Loc			
b	Other withholding . . . . .	St		Loc			
c	Other withholding . . . . .	St		Loc			
d	Positive Adjustment . . . . .	St		Loc			
e	Negative Adjustment . . . . .	St		Loc			
f	Additional Medicare Tax . . . . .						
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .				635.	151.	125.
20	<b>Total Tax Payments for 2019</b> . . . . .				635.	151.	125.

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
<b>21</b>	Tax paid with 2018 extensions . . . . .				
<b>22</b>	2018 estimated tax paid after 12/31/2018 . . . . .				
<b>23</b>	Balance due paid with 2018 return . . . . .				
<b>24</b>	Other (amended returns, installment payments, etc) . .				



**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2019**

► Keep for your records

Name(s) Shown on Return Hector M Castro Garcia	Social Security Number 068-02-1862
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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 7 . . . . .	9,541.
(2) Nontaxable income entered elsewhere on return . . . . .	
(3) Available income: 2018 refundable credits in excess of tax . . . . .	0.
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	9,541.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 276.00

**i State and Local Tax Deduction to Schedule A, line 5a:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). . . . . 276.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

**2 State and local real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . .

<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Foreign real property taxes included in lines 2a-2f above . . . . .	_____
<b>h</b>	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) . . . . .	_____
<b>3</b>	<b>State and local personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2018 Amount                      Enter 2019 description:	
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 5c) . . . . .	_____
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit). . . . .	_____
<b>e</b>	Other taxes.	
	2018 Amount                      Enter 2019 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Foreign real property taxes included in lines 4a-4e above . . . . .	_____
<b>g</b>	Add lines 4a through 4e, less line 4f (to Schedule A, line 6) . . . . .	_____

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## Interest Deductions

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<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	_____
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	_____
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	_____
<b>e</b>	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above. . . . .	_____
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet. . . . .	_____
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	_____
<b>c</b>	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above . . . . .	_____
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	_____
<b>c</b>	Less points deducted on Form 8829 . . . . .	_____
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above. . . . .	_____

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**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2019**

► Keep for your records

Name(s) Shown on Return  
Hector M Castro Garcia

Social Security Number  
068-02-1862

**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	151.
2	2019 state estimated taxes paid in 2019 . . . . .	
3	2018 state estimated taxes paid in 2019 . . . . .	
4	Amount paid with 2018 state application for extension . . . . .	
5	Amount paid with 2018 state income tax return . . . . .	
6	Overpayment on 2018 state income tax return applied to 2019 tax . . . . .	
7	Other amounts paid in 2019 (amended returns, installment payments, etc.) . . . .	
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Local income taxes:</b>		
9	Local income tax withheld . . . . .	125.
10	2019 local estimated taxes paid in 2019 . . . . .	
11	2018 local estimated taxes paid in 2019 . . . . .	
12	Amount paid with 2018 local application for extension . . . . .	
13	Amount paid with 2018 local income tax return . . . . .	
14	Overpayment on 2018 local income tax return applied to 2019 tax . . . . .	
15	Other amounts paid in 2019 (amended returns, installment payments, etc.) . . . .	
16	Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Other:</b>		
17		
18	<b>Total</b> Add lines 1 through 17 . . . . .	276.
19	State and local refund allocated to 2019 . . . . .	
20	Nondeductible state income tax from line 28 . . . . .	
21	<b>Total reductions</b> Add lines 19 and 20. . . . .	
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	276.

**Nondeductible State Income Tax (Hawaii Only)**

23	Nontaxable federal employee cost of living allowance . . . . .	23	
24	Adjusted gross income . . . . .	24	
25	Add lines 23 and 24 . . . . .	25	
26	Nondeductible percent. Line 23 divided by line 25 . . . . .	26	%
27	Hawaii state income tax included in line 18 . . . . .	27	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27. . . . .	28	

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2019**

► Keep for your records

Name(s) Shown on Return <u>Hector M Castro Garcia</u>	Social Security Number <u>068-02-1862</u>
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**Step 1 — Enter your other charitable contributions made during the year.**

<b>1</b>	Enter your cash contributions for qualified disaster relief . . . . .	<b>1</b>	
<b>2</b>	Enter your contributions of capital gain property "for the use of" any qualified organization . . . . .	<b>2</b>	
<b>3</b>	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line . . . . .	<b>3</b>	
<b>4</b>	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line . . . .	<b>4</b>	
<b>5</b>	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line. . . . .	<b>5</b>	
<b>6</b>	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line . . . . .	<b>6</b>	
<b>7</b>	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	<b>7</b>	

**Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)**

<b>8</b>	Enter your adjusted gross income (AGI) . . . . .	<b>8</b>	<u>9,541.</u>
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**A Cash contributions subject to the limit based on 60% of AGI**

(If line 7 is zero, leave lines 9 through 11 blank)

<b>9</b>	Multiply line 8 by 0.6 . . . . .	<b>9</b>	
<b>10</b>	<b>Deductible amount.</b> Enter the smaller of line 7 or line 9. . . . .	<b>10</b>	
<b>11</b>	Carryover. Subtract line 10 from line 7. . . . .	<b>11</b>	

**B Noncash contributions subject to the limit based on 50% of AGI**

(If line 6 is zero, leave lines 12 through 15 blank)

<b>12</b>	Multiply line 8 by 0.5 . . . . .	<b>12</b>	
<b>13</b>	Subtract line 10 from line 12 . . . . .	<b>13</b>	
<b>14</b>	<b>Deductible amount.</b> Enter the smaller of line 6 or line 13. . . . .	<b>14</b>	
<b>15</b>	Carryover. Subtract line 14 from line 6. . . . .	<b>15</b>	

**C Contributions (other than capital gain property) subject to limit based on 30% of AGI**

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

<b>16</b>	Multiply line 8 by 0.5 . . . . .	<b>16</b>	
<b>17</b>	Add lines 5, 6, and 7. . . . .	<b>17</b>	
<b>18</b>	Subtract line 17 from line 16 . . . . .	<b>18</b>	
<b>19</b>	Multiply line 8 by 0.3 . . . . .	<b>19</b>	
<b>20</b>	Add lines 3 and 4 . . . . .	<b>20</b>	
<b>21</b>	<b>Deductible amount.</b> Enter the smallest of line 18, 19, or 20 . . . . .	<b>21</b>	
<b>22</b>	Carryover. Subtract line 21 from line 20 . . . . .	<b>22</b>	

**D Contributions of capital gain property subject to limit based on 30% of AGI**

(If line 5 is zero, leave lines 23 through 28 blank)

<b>23</b>	Multiply line 8 by 0.5 . . . . .	<b>23</b>	
<b>24</b>	Add lines 6 and 7 . . . . .	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23 . . . . .	<b>25</b>	
<b>26</b>	Multiply line 8 by 0.3 . . . . .	<b>26</b>	
<b>27</b>	<b>Deductible amount.</b> Enter the smallest of line 5, 25, or 26 . . . . .	<b>27</b>	
<b>28</b>	Carryover. Subtract line 27 from line 5. . . . .	<b>28</b>	

**E Contributions subject to the limit based on 20% of AGI**

(If line 2 is zero, leave lines 29 through 37 blank)

<b>29</b>	Multiply line 8 by 0.5 . . . . .	<b>29</b>	
<b>30</b>	Add lines 10, 14, 21, and 27 . . . . .	<b>30</b>	

31	Subtract line 30 from line 29 . . . . .	31		
32	Multiply line 8 by 0.3 . . . . .	32		
33	Subtract line 21 from line 32 . . . . .	33		
34	Subtract line 27 from line 32 . . . . .	34		
35	Multiply line 8 by 0.2 . . . . .	35		
36	<b>Deductible amount.</b> Enter the smallest of line 2, 31, 33, 34, or 35 . . . . .	36		
37	Carryover. Subtract line 36 from line 2 . . . . .	37		

**F Qualified contributions for certain disaster relief efforts**

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8 . . . . .	38		
39	Add lines 10, 14, 21, 27, and 36 . . . . .	39		
40	Subtract line 39 from line 38 . . . . .	40		
41	<b>Deductible amount.</b> Enter the smaller of line 1 or line 40 . . . .	41		
42	Carryover. Subtract line 41 from line 1 . . . . .	42		

**G Deduction for the year**

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. . . . .	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

**Note:** Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

# Charitable Deduction Limits Worksheet For Carryover Contributions

2019

► Keep for your records

Name(s) Shown on Return Hector M Castro Garcia	Social Security Number 068-02-1862
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## Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions for qualified disaster relief . . . . .	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization . . . . .	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line . . . . .	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line . . . . .	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line . . . . .	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	7	

## Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI) . . . . .	8	9,541.
	Percentage of line 8	Used in Current Year	
a	60% AGI limit to line 9 . . . . .	5,725. Less 0.	a 5,725.
b	50% AGI limit to line 12 . . . . .	4,771. Less 0.	b 4,771.
c	30% AGI limit, Section C to line 19 . . . . .	2,862. Less 0.	c 2,862.
d	30% AGI limit, Section D to line 26 . . . . .	2,862. Less 0.	d 2,862.
e	20% AGI limit to line 35 . . . . .	1,908. Less 0.	e 1,908.

### A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6 . . . . .	9	
10	<b>Deductible amount.</b> Enter the smaller of line 7 or line 9 . . . . .	10	
11	Carryover. Subtract line 10 from line 7 . . . . .	11	

### B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5 . . . . .	12	
13	Subtract line 10 from line 12 . . . . .	13	
14	<b>Deductible amount.</b> Enter the smaller of line 6 or line 13 . . . . .	14	
15	Carryover. Subtract line 14 from line 6 . . . . .	15	

### C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5 . . . . .	16	
17	Add lines 5, 6, and 7 . . . . .	17	
18	Subtract line 17 from line 16 . . . . .	18	
19	Multiply line 8 by 0.3 . . . . .	19	
20	Add lines 3 and 4 . . . . .	20	
21	<b>Deductible amount.</b> Enter the smallest of line 18, 19, or 20 . . . . .	21	
22	Carryover. Subtract line 21 from line 20 . . . . .	22	

### D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5 . . . . .	23	
24	Add lines 6 and 7 . . . . .	24	
25	Subtract line 24 from line 23 . . . . .	25	
26	Multiply line 8 by 0.3 . . . . .	26	
27	<b>Deductible amount.</b> Enter the smallest of line 5, 25, or 26 . . . . .	27	
28	Carryover. Subtract line 27 from line 5 . . . . .	28	

### E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5 . . . . .	29	
30	Add lines 10, 14, 21, and 27 . . . . .	30	

31	Subtract line 30 from line 29 . . . . .	31		
32	Multiply line 8 by 0.3 . . . . .	32		
33	Subtract line 21 from line 32 . . . . .	33		
34	Subtract line 27 from line 32 . . . . .	34		
35	Multiply line 8 by 0.2 . . . . .	35		
36	<b>Deductible amount.</b> Enter the smallest of line 2, 31, 33, 34, or 35 . . . . .	36		
37	Carryover. Subtract line 36 from line 2 . . . . .	37		

**F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)**

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8 . . . . .	38		
39	Add lines 10, 14, 21, 27, and 36 . . . . .	39		
40	Subtract line 39 from line 38 . . . . .	40		
41	<b>Deductible amount.</b> Enter the smaller of line 1 or line 40 . . . .	41		
42	Carryover. Subtract line 41 from line 1 . . . . .	42		

**G Deduction for the year**

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. . . . .	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

**Note:** Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

- Keep for your records

Social Security Number  
068-02-1862

- |   |   |                                     |     |                                     |    |
|---|---|-------------------------------------|-----|-------------------------------------|----|
| 1 | Was the <b>entire interest</b> given for all property donated to all charities? . . . . .   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| 2 | Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .                                | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| 3 | Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| 4 | Was any charity other than a 60%/50% charity?   | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |



Name(s) Shown on Return

Hector M Castro Garcia

Social Security Number

068-02-1862

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<b>1</b> Is your <b>earned income*</b> more than \$750? <input checked="checked" type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total <input type="checkbox"/> <b>No.</b> Enter \$1,100	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> — ► . . .	<b>1</b>	<div style="border-bottom: 1px solid black; width: 100px;"></div> 9,891.
<b>2</b> Enter the amount shown below for your filing status. • Single or married filing separately — \$12,200 • Married filing jointly — \$24,400 • Head of household — \$18,350	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> — ► . . .	<b>2</b>	<div style="border-bottom: 1px solid black; width: 100px;"></div> 12,200.
<b>3 Standard deduction.</b>			
<b>3 a</b> Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1955, and not blind, <b>stop here</b> and enter this amount on Form 1040 or 1040-SR, line 9. Otherwise, go to line 3b . . . . .		<b>3 a</b>	<div style="border-bottom: 1px solid black; width: 100px;"></div> 9,891.
<b>3 b</b> If born before January 2, 1955, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household) . . . .		<b>3 b</b>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
<b>3 c</b> Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, ln 9 . . . .		<b>3 c</b>	<div style="border-bottom: 1px solid black; width: 100px;"></div> 9,891.

**\*Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.

**Earned Income Worksheet****2019**

► Keep for your records

Name(s) Shown on Return

Hector M Castro Garcia

Social Security Number

068-02-1862

**Part I – Earned Income Credit Worksheet Computation**

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C as a statutory employee,</b> enter the amount from line 1 of that Schedule C . . . . .			
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .			

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	9,541.		9,541.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	9,541.		9,541.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	9,541.		9,541.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	9,541.		9,541.

**Part III – IRA Deduction Worksheet Computation**

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	9,541.		9,541.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	9,541.		9,541.

**Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations**

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	9,541.		9,541.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. . . . .	9,541.		9,541.

Enter line 11 amount on Form 1040, line 18a.

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**If one or more of the boxes below are checked, the earned income credit is not allowed.**

---

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- ☐ \$15,570 (\$21,370 if married filing jointly) without a qualifying child.
- ☐ \$41,094 (\$46,884 if married filing jointly) with one qualifying child.
- ☐ \$46,703 (\$52,493 if married filing jointly) with two qualifying children.
- ☐ \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- ☐ \$15,570 (\$21,370 if married filing jointly) without a qualifying child.
- ☐ \$41,094 (\$46,884 if married filing jointly) with one qualifying child.
- ☐ \$46,703 (\$52,493 if married filing jointly) with two qualifying children.
- ☐ \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children.
- 3 ☐ Investment income is more than \$3,600.  
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.  
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.  
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.  
(Information Worksheet, Part IV)
- 7 ☒ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.  
(Information Worksheet, Part I)
- 8 ☒ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.  
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).  
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a ☐ qualifying children of another person, or
- b ☐ invalid social security numbers for EIC purposes.  
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2019.  
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.  
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.  
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2019?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2019?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2019.

Compliance and Due Diligence Indicator . . . . .☐ X

Disqualified from Earned Income Credit. . . . .☒ Yes ☐ No

Potential qualifying child count . . . . .▶ 0

Non dependent potential qualifying child count . . . . .▶ 0

Qualifying child count (max 3) . . . . .▶ 0

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

Hector M Castro Garcia

Social Security No.

068-02-1862

**Part I Casualty or Theft Event Information**

- 1 Description of this casualty or theft event . . . . .► \_\_\_\_\_
- 2 Date of casualty or theft event ► \_\_\_\_\_
- 3 Use of property, check one if not a Ponzi loss (line 5c):
- a Personal (includes home office deducted under simplified method, see tax help) . . . . .► ☐
- b Business, employment, or income-producing . . . . .► ☐
- 4 If box 3a is checked, check one:
- a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster . . . . .► ☐
- b This event qualifies as a Hurricane Irma Disaster . . . . .► ☐
- c This event qualifies as a Hurricane Maria Disaster . . . . .► ☐
- d This event qualifies as a **2017** California Wildfire Disaster (01/01/2017-01/18/2018) . . . . .► ☐
- e This event is a qualified federally declared major disaster . . . . .► ☐
- f This event is a federally declared disaster (not "qualified") . . . . .► ☐
- g This event qualifies as a **2016** federally declared disaster area . . . . .► ☐
- h This event **does not** qualify as a federally declared disaster . . . . .► ☐
- i Enter the FEMA disaster decl. number if any line 4a-g is checked (ex. DR-1234) . . . . .► \_\_\_\_\_
- 5 If box 3b is checked, check one:
- a Check if the property was used in a passive activity . . . . .► ☐
- b Check if the property was **not** used in a passive activity . . . . .► ☐
- c Check if this is a Rev Proc 2009-20 Ponzi-Type loss . . . . .► ☐
- 6 Worksheet Copy Number . . . . . 1

**Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event**

- a **Description** including type of property . . .► \_\_\_\_\_
- b For personal use property, enter the address, city, state and ZIP code  
\_\_\_\_\_
- c Date acquired . . . . .► \_\_\_\_\_ d Cost or other basis . . .► \_\_\_\_\_
- e Insurance or other reimbursement . . . . .► \_\_\_\_\_
- f FMV before event . . . . .► \_\_\_\_\_ g FMV after event . . .► \_\_\_\_\_
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

- a **Description** including type of property . . .► \_\_\_\_\_
- b For personal use property, enter the address, city, state and ZIP code  
\_\_\_\_\_
- c Date acquired . . . . .► \_\_\_\_\_ d Cost or other basis . . .► \_\_\_\_\_
- e Insurance or other reimbursement . . . . .► \_\_\_\_\_
- f FMV before event . . . . .► \_\_\_\_\_ g FMV after event . . .► \_\_\_\_\_
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

**Schedule D Tax Worksheet**  
**as refigured for the**  
**Alternative Minimum Tax**

**2019**

► Keep for your records

Name(s) Shown on Return Hector M Castro Garcia		Social Security Number 068-02-1862	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 6. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13. . . . .			0.

\* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Hector M Castro Garcia

Social Security Number

068-02-1862

**Taxable Income – Line 1**

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) . . . . .	<b>1</b>	<u>-350.</u>
<b>2</b>	Additions to income . . . . .	<b>2</b>	<u>          </u>
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	<u>-350.</u>
<b>4</b>	Subtractions from income . . . . .	<b>4</b>	<u>          </u>
<b>5</b>	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	<b>5</b>	<u>-350.</u>

**Taxes – Line 2a**

<b>1</b>	Generation skipping transfer taxes included on Schedule A, line 6 . . . . .	<b>1</b>	<u>          </u>
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**Refund of Taxes – Line 2b**

<b>1</b>	Taxable refund of state and local income tax . . . . .	<b>1</b>	<u>          </u>
<b>2</b>	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	<b>2</b>	<u>          </u>
<b>3</b>	Total tax refund adjustment. Enter on Form 6251, line 2b . . . . .	<b>3</b>	<u>          </u>

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f**

<b>1</b>	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	<b>1</b>	<u>9,541.</u>
<b>2</b>	Enter adjustments . . . . .	<b>2</b>	<u>          </u>
<b>3</b>	Adjustment for domestic production activities deduction . . . . .	<b>3</b>	<u>          </u>
<b>4</b>	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	<b>4</b>	<u>9,541.</u>
<b>5</b>	ATNOLD limitation. Multiply line 4 by 90%. . . . .	<b>5</b>	<u>8,587.</u>
<b>6</b>	Enter ATNOL carried to 2018 from other year(s) . . . . .	<b>6</b>	<u>          </u>
<b>7</b>	Enter ATNOL included above attributable to qualified disaster losses . . . . .	<b>7</b>	<u>          </u>
<b>8</b>	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	<b>8</b>	<u>          </u>
<b>9</b>	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	<b>9</b>	<u>          </u>
<b>10</b>	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	<b>10</b>	<u>          </u>
<b>11</b>	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg . . . . .	<b>11</b>	<u>          </u>

**Incentive Stock Options – Line 2i**

<b>1</b>	Incentive stock options adjustment from Schedule K-1 worksheets . . . . .	<b>1</b>	<u>          </u>
<b>2</b>	Incentive stock options from Employer Stock Transaction Worksheets . . . . .	<b>2</b>	<u>          </u>
<b>3</b>	Incentive stock options from Exercise of Stock Options Worksheets . . . . .	<b>3</b>	<u>          </u>
<b>4</b>	Other incentive stock options . . . . .	<b>4</b>	<u>          </u>
<b>5</b>	Total incentive stock options. Enter on Form 6251, line 2i. . . . .	<b>5</b>	<u>          </u>



**Alternative Minimum Taxable Income – Line 4**

If married filing separately and Form 6251, line 4, is more than \$733,700:		
1 Alternative minimum taxable income, Form 6251 . . . . .	1	
2 Threshold amount . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	
4 Multiply line 3 by 25% (.25) . . . . .	4	
5 <b>Smaller</b> of line 4 or \$55,850 . . . . .	5	
6 Add line 1 and line 5. Enter on Form 6251, line 4 . . . . .	6	

**Exemption – Line 5**

1 Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately . . . . .	1	71,700.
2 Enter your alternative minimum taxable income from Form 6251, line 4 . . . . .	2	9,541.
3 Enter \$510,300 if single or head of household, \$1,020,600 if married filing jointly or qualifying widow(er), \$510,300 if married filing separately . . . . .	3	510,300.
4 Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0.
5 Multiply line 4 by 25% (.25) . . . . .	5	0.
6 Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5 . . . . .	6	71,700.

**Form 6251**  
**Line 7**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2019**

► Keep for your records

Name(s) Shown on Return Hector M Castro Garcia		Social Security Number 068-02-1862	
<b>1</b>	Enter the amount from Form 6251, line 6 . . . . .	<b>1</b>	
<b>2 a</b>	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50. . . . .	<b>2a</b>	
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income . . . . .	<b>2b</b>	
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	
<b>3</b>	Add line 1 and line 2c . . . . .	<b>3</b>	
<b>4</b>	<b>Tax on the amount on line 3.</b> • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; <b>or</b> you reported qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i> , later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • <b>All Others:</b> If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. . . . .	<b>4</b>	
<b>5</b>	<b>Tax on amount on line 2c.</b> If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7. . . . .	<b>6</b>	

# Federal Carryover Worksheet

2019

► Keep for your records

Name(s) Shown on Return Hector M Castro Garcia	Social Security Number 068-02-1862
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## 2018 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

## 2018 State Extension Information

(a) State	(b) Paid With Extension

## 2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

## 2018 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

## 2018 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

## 2018 State Taxes Due Information

(a) State	(e) Paid With Return

## 2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

## 2018 State Refund Applied Information

(a) State	(g) Applied Amount

## 2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

## 2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

## 2018 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Hector M Castro Garcia

068-02-1862

Other Tax and Income Information			2018	2019
1	Filing status . . . . .	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3		276.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5		9,541.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6		0.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions			2018	2019
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

Loss and Expense Carryovers			2018	2019
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2019 . . . . .	a		
	b 2018 . . . . .	b		
	c 2017 . . . . .	c		
	d 2016 . . . . .	d		
	e 2015 . . . . .	e		
	f 2014 . . . . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2019 . . . . .	a		
	b 2018 . . . . .	b		
	c 2017 . . . . .	c		
	d 2016 . . . . .	d		
	e 2015 . . . . .	e		
	f 2014 . . . . .	f		

**Form 8582**  
**Line 7**

**Modified Adjusted Gross Income Worksheet**

**2019**

► Keep for your records

Name(s) Shown on Return  
Hector M Castro Garcia

Social Security Number  
068-02-1862

Description	Amount
<b>Income</b>	
Wages . . . . .	9,541.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	9,541.
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
Total adjustments . . . . .	
<b>Modified adjusted gross income . . . . .</b>	<b>9,541.</b>

## Two-Year Comparison

2019

Name(s) Shown on Return

Hector M Castro Garcia

Social Security Number

Income	2018	2019	Difference	%
Wages, salaries, tips, etc . . . . .		9,541.	9,541.	
Interest and dividend income . . . . .				
State tax refund . . . . .				
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .		9,541.	9,541.	
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .		9,541.	9,541.	
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .		276.	276.	
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
<b>Total Itemized Deductions</b> . . . . .	0.	276.	276.	
<b>Standard or Itemized Deduction</b> . . . . .		9,891.	9,891.	
<b>Qualified Business Income Deduction</b> . . . . .				
<b>Taxable Income</b> . . . . .		0.	0.	
Income tax . . . . .		0.	0.	
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .		0.	0.	
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax After Credits</b> . . . . .		0.	0.	
Withholding . . . . .		635.	635.	
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .		635.	635.	
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .		635.	635.	
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . 0.00 %

**Tax Summary**  
► Keep for your records

**2019**

Name (s)

Hector M Castro Garcia

<b>Total income</b> .....	9,541.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	9,541.
<b>Itemized/standard deduction</b> .....	9,891.
<b>Qualified business income deduction</b> .....	
<b>Taxable income</b> .....	0.
<b>Tentative tax</b> .....	0.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	
<b>Total tax</b> .....	0.
<b>Total payments</b> .....	635.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	635.
<b>Refund</b> .....	635.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

# Compare to U. S. Averages

► Keep for your records

2019

Name(s) Shown on Return Hector M Castro Garcia	Social Security No 068-02-1862
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Your 2019 adjusted gross income (AGI) . . . . . 9,541.  
National adjusted gross income range used below . . . . . from 0. to 14,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	9,541.	8,927.
Taxable interest . . . . .		1,243.
Tax-exempt interest . . . . .		6,370.
Dividends . . . . .		2,632.
Business net income . . . . .		8,185.
Business net loss . . . . .		25,054.
Net capital gain . . . . .		10,357.
Net capital loss . . . . .		2,359.
Taxable IRA . . . . .		6,176.
Taxable pensions and annuities . . . . .		7,410.
Rent and royalty net income . . . . .		7,308.
Rent and royalty net loss . . . . .		16,591.
Partnership and S corporation net income . . . . .		21,408.
Partnership and S corporation net loss . . . . .		117,548.
Taxable social security benefits . . . . .		2,727.
Medical and dental expenses deduction . . . . .		9,604.
Taxes paid deduction . . . . .	276.	3,920.
Interest paid deduction . . . . .		6,508.
Charitable contributions deduction . . . . .		1,625.
Total itemized deductions . . . . .	276.	16,454.
Child care credit . . . . .		96.
Education tax credits . . . . .		248.
Child tax credit . . . . .		232.
Retirement savings contributions credit . . . . .		153.
Earned income credit . . . . .		1,935.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	9,541.	1,698.
Taxable income . . . . .	0.	2,749.
Income tax . . . . .	0.	311.
Alternative minimum tax . . . . .		29,540.
Total tax liability . . . . .	0.	539.



## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Hector M Castro Garcia

**Primary SSN:** 068-02-1862

**Federal Return Submitted:** April 01, 2020 06:43 PM PDT

**Federal Return Acceptance Date:** 04/01/2020

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight July 15, 2020. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on July 15, 2020, your Intuit electronic postmark will indicate July 15, 2020, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before July 15, 2020, and a corrected return is submitted and accepted before July 20, 2020. If your return is submitted after July 20, 2020, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2020. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2020, and the corrected return is submitted and accepted by October 20, 2020.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

## We need your consent - Early Access

This is an IRS requirement

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>
-------------------------

First Name

Last Name

Please type the date below:

Date

---

F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

---

### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.  
The terms of the arbitration provision appear in section 10.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your debit card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup>You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

<sup>2</sup>This fee consists of a TurboTax Fee, the cost of TurboTax Premium Services or TurboTax MAX and any fees for additional products and services purchased. Note that the cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 4 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

<sup>3</sup>However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

Questions? Call 877-908-7228

# Pro Delegation Worksheet

2019

Check this box if you are preparing this return as a PRO preparer . . . . . ☐

## Preparer / Electronic Return Originator (ERO) Information

Preparer Name \_\_\_\_\_ Print name in signature area? ☐  
Preparer Tax ID # (PTIN) \_\_\_\_\_  
NY Tax Preparer Registration # \_\_\_\_\_ or NY Exclusion Code \_\_\_\_\_  
For NM, OR Preparers Only: State ID# \_\_\_\_\_  
Preparer E-mail \_\_\_\_\_ Print date on return? ☐  
Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_  
**Electronic Filing Only:** ERO Practitioner PIN \_\_\_\_\_

## Electronic Filing and Printing of Tax Return Information

### Original Returns:

- ☐ File **federal** return electronically  
☐ File **state** returns electronically

Select state returns to file electronically:

State(s)

### Amended Returns:

- ☐ File **federal** amended return(s) electronically  
☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

### New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

### Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS  
☐ State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

### Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

#### Choose one:

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)  
☐ Taxpayer(s) entered own PIN(s)  
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_

Spouse's PIN filing a joint return (enter any 5 numbers) . . . . . \_\_\_\_\_

Date PIN entered. . . . . \_\_\_\_\_



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## Identity Verification Information

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### Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

### Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license
  - ☐ State issued identification card
  - ☐ Passport
  - ☐ Account statement from financial institution
  - ☐ Utility billing statement
  - ☐ Credit card billing statement
- 

### Finish and File Info:

- ☐ To indicate a client return download in FnF

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

[illegible]

Suggestion ID	Suggestion
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[illegible]

## Smart Worksheets from your 2019 Federal Tax Return

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . 0.
Check if from:	
1	Tax table . . . . . <input checked="checked" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
3	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
5	Schedule J . . . . . <input type="checkbox"/>
6	Form 8615 . . . . . <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . .
<b>C</b>	Additional tax from Form 4972 . . . . .
<b>D</b>	Tax from additional Form(s) 4972 . . . . .
<b>E</b>	Recapture tax from Form 8863 . . . . .
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .
<b>H</b>	Additional tax from Form 8621 . . . . .
<b>I</b>	<b>Tax.</b> Add lines A through G. Enter the result here and include in tax below. . . . . 0.

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

<b>Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet</b>	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
<b>A</b>	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

SMART WORKSHEET FOR: Federal Information Worksheet

<p><b>2017 Tax Cuts &amp; Jobs Act</b></p> <p><b>Apply 15-year recovery period to qualified improvement property</b></p> <p><b>(asset types J2, J3, J4 and J5)</b></p> <p><b>placed in service after December 31, 2017?</b></p> <p>Yes <input type="checkbox"/> No <input checked="checked" type="checkbox"/></p> <p><b>IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property.</b></p> <p>Refer to Tax Help</p>
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## SMART WORKSHEET FOR: Earned Income Credit Worksheet

<b>Nontaxable Combat Pay Election Smart Worksheet</b>	
<b>QuickZoom</b> to enter nontaxable combat pay on Form W-2 . . . . . ►	
<b>A Taxpayer:</b>	
1 Taxpayer, nontaxable combat pay . . . . .	_____
1a Taxpayer, prior year nontaxable combat pay from 2018 . . . . .	_____
<b>2 Election for earned income credit (EIC):</b>	
Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3 Election for dependent care benefits (DCB):</b>	
Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4 Election for child and dependent care credit:</b>	
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B Spouse:</b>	
1 Spouse, nontaxable combat pay . . . . .	_____
1a Spouse, prior year nontaxable combat pay from 2018 . . . . .	_____
<b>2 Election for earned income credit (EIC):</b>	
Elect spouse's nontaxable combat pay as earned income for EIC? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3 Election for dependent care benefits (DCB):</b>	
Elect spouse's nontaxable combat pay as earned income for DCB? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4 Election for child and dependent care credit:</b>	
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? . . . . .	► <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C</b> You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment _____	635. Amount due _____

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

<b>Eligible Hurricane and Wildfire Victims Smart Worksheet</b>	
Election to use 2018 earned income for EIC and Additional Child Tax Credit	
The "Yes" box must be marked on Line A and Line B for 2018 earned income to be used for EIC and Additional Child Tax Credit calculations.	
<b>A Elect to use 2018 earned income for EIC and Additional Child Tax Credit.</b> . . . . .	
► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>B</b> Taxpayer is eligible to elect to use 2018 earned income (see Publication 4492 for details) . . . . .	
► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>C</b> Earned income for EIC from your 2018 return . . . . .	
_____	
<b>D</b> Current year earned income for EIC . . . . .	
_____ 9,541.	
If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2018 earned income for EIC and Additional Child Tax Credit calculations.	
<b>E</b> You may compare the tax benefit of electing to use 2019 Earned Income by checking the boxes on line A and B	
Overpayment _____	635. Amount due _____

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Investment Income Smart Worksheet**

<b>A</b>	Taxable and tax exempt interest . . . . .	_____
<b>B</b>	Dividend income . . . . .	_____
<b>C</b>	Capital gain net <b>income</b> . . . . .	_____
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . .	_____
<b>E</b>	Passive activity net <b>income</b> :	
<b>1</b>	Rental real estate net income or loss . . . . .	_____
<b>2</b>	Farm rental net income or loss . . . . .	_____
<b>3</b>	Partnerships and S corporations net income or loss . . . . .	_____
<b>4</b>	Estates and trusts net income or loss . . . . .	_____
<b>5</b>	Total of lines 1 through 4 . . . . .	_____
<b>6</b>	Total passive activity net <b>income</b> , line 5 if greater than zero . . . . .	_____
<b>F</b>	Interest and dividends from Forms 8814 . . . . .	_____
<b>G</b>	Adjustments . . . . .	_____
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . .	_____ 0 .

Is line H, **total investment income** over \$3,600?

- ☒ **No.** You may take the credit.
- ☐ **Yes. Stop.** You **cannot** take the credit.

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

**IT-201**For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... **19**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

<b>Your first name</b>	MI	<b>Your last name (for a joint return, enter spouse's name on line below)</b>	<b>Your date of birth (mmddyyyy)</b>	<b>Your Social Security number</b>
HECTOR	M	CASTRO GARCIA	09151998	068021862
<b>Spouse's first name</b>	MI	<b>Spouse's last name</b>	<b>Spouse's date of birth (mmddyyyy)</b>	<b>Spouse's Social Security number</b>
<b>Mailing address (see instructions, page 14) (number and street or PO box)</b>			<b>Apartment number</b>	<b>New York State county of residence</b>
6917 179TH ST				KINGS
<b>City, village, or post office</b>		<b>State</b>	<b>ZIP code</b>	<b>Country (if not United States)</b>
FRESH MEADOWS		NY	11365-3542	
<b>Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)</b>			<b>Apartment number</b>	<b>School district name</b>
				BROOKLYN
<b>City, village, or post office</b>			<b>State</b>	<b>ZIP code</b>
NY				
<b>Decedent information</b>			<b>Taxpayer's date of death (mmddyyyy)</b>	<b>Spouse's date of death (mmddyyyy)</b>

**A Filing status**

(mark an X in one box):

- ① ☒ Single
- ② ☐ Married filing joint return  
(enter spouse's Social Security number above)
- ③ ☐ Married filing separate return  
(enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

**B Did you itemize** your deductions on your 2019 federal income tax return? ..... Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☒ No ☐**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) ..... Yes ☐ No ☐
- (2) Enter the amount ...  .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) ..... Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2019? (see page 15) .. Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only (see page 15):**

- (1) Number of months **you** lived in NYC in 2019 .....  12
- (2) Number of months **your spouse** lived in NYC in 2019 .....

**G** Enter your **2-character special condition code(s)** if applicable (see page 15) .....  **H Dependent information (see page 16)**

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

201001191555

For office use only

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Your Social Security number
068021862

**Federal income and adjustments** (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	9541.00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	.00
12	Rental real estate included in line 11 .....	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 16) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	9541.00
18	Total federal adjustments to income (see page 16) Identify: .....	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	9541.00

**New York additions** (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) .....	21	.00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	9541.00

**New York subtractions** (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18) .....	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 19) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31	Other (Form IT-225, line 18) .....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	9541.00

**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	3100.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	6441.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	6441.00

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Name(s) as shown on page 1  
HECTOR M CASTRO GARCIA

Your Social Security number  
068021862

**Tax computation, credits, and other taxes**

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2) .....	<b>38</b>	6441.00
<b>39</b>	<b>NYS tax on line 38 amount</b> (see page 22) .....	<b>39</b>	257.00
<b>40</b>	<b>NYS household credit</b> (page 22, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b>	<b>Resident credit</b> (see page 23) .....	<b>41</b>	.00
<b>42</b>	<b>Other NYS nonrefundable credits</b> (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b>	<b>Add lines 40, 41, and 42</b> .....	<b>43</b>	.00
<b>44</b>	<b>Subtract line 43 from line 39</b> (if line 43 is more than line 39, leave blank) .....	<b>44</b>	257.00
<b>45</b>	<b>Net other NYS taxes</b> (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45) .....	<b>46</b>	257.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>47</b>	<b>NYC taxable income</b> (see instructions) .....	<b>47</b>	6441.00
<b>47a</b>	<b>NYC resident tax on line 47 amount</b> (see page 23) .....	<b>47a</b>	198.00
<b>48</b>	<b>NYC household credit</b> (page 23) .....	<b>48</b>	.00
<b>49</b>	<b>Subtract line 48 from line 47a</b> (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	198.00
<b>50</b>	<b>Part-year NYC resident tax</b> (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b>	<b>Other NYC taxes</b> (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b>	<b>Add lines 49, 50, and 51</b> .....	<b>52</b>	198.00
<b>53</b>	<b>NYC nonrefundable credits</b> (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b>	<b>Subtract line 53 from line 52</b> (if line 53 is more than line 52, leave blank) .....	<b>54</b>	198.00
<b>54a</b>	<b>MCTMT net earnings base</b> ....	<b>54a</b>	.00
<b>54b</b>	<b>MCTMT</b> .....	<b>54b</b>	.00
<b>55</b>	<b>Yonkers resident income tax surcharge</b> (see page 26) .....	<b>55</b>	.00
<b>56</b>	<b>Yonkers nonresident earnings tax</b> (Form Y-203) .....	<b>56</b>	.00
<b>57</b>	<b>Part-year Yonkers resident income tax surcharge</b> (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57) ..	<b>58</b>	198.00
<b>59</b>	<b>Sales or use tax</b> (see page 27; do not leave line 59 blank) .....	<b>59</b>	0.00
<b>60</b>	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1) .....	<b>60</b>	.00
<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60) .....	<b>61</b>	455.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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Your Social Security number

068021862

62 Enter amount from line 61 ..... **62** 455 .00**Payments and refundable credits** (see pages 28 through 31)

63 Empire State child credit .....	<b>63</b>	.00
64 NYS/NYC child and dependent care credit .....	<b>64</b>	.00
65 NYS earned income credit (EIC) .....	<b>65</b>	.00
66 NYS noncustodial parent EIC .....	<b>66</b>	.00
67 Real property tax credit .....	<b>67</b>	.00
68 College tuition credit .....	<b>68</b>	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1) .....	<b>69</b>	.00
69a NYC school tax credit (rate reduction amount) .....	<b>69a</b>	.00
70 NYC earned income credit .....	<b>70</b>	.00
70a NYC enhanced real property tax credit .....	<b>70a</b>	.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	<b>71</b>	.00
72 Total <b>New York State</b> tax withheld .....	<b>72</b>	151 .00
73 Total <b>New York City</b> tax withheld .....	<b>73</b>	125 .00
74 Total <b>Yonkers</b> tax withheld .....	<b>74</b>	.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	<b>75</b>	.00
76 Total payments (add lines 63 through 75) .....	<b>76</b>	276 .00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).**Do not send federal Form W-2 with your return.****Your refund, amount you owe, and account information** (see pages 32 through 34)

77 Amount overpaid (if line 76 is <b>more than</b> line 62, subtract line 62 from line 76; see page 32) .....	<b>77</b>	.00
78 Amount of line 77 available for refund (subtract line 79 from line 77) .....	<b>78</b>	.00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) .....	<b>78a</b>	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) .....	<b>78b</b>	.00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 83) - or - ☐ paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 33 for payment options.

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions) ..... **79** .0080 Amount you **owe** (if line 76 is **less than** line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☒ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. ....**80** 179 .0081 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) ..... **81** .00

See page 36 for the proper assembly of your return.

82 Other penalties and interest (see page 33) ..... **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 34) ☐83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 021000021 83c Account number 337287855

84 Electronic funds withdrawal (see page 34) ..... Date 04212020 Amount 179 .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature <b>SELF-PREPARED</b>		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
Email:		Date	

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation <b>STUDENT</b>	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 929 ) 326 8981
Email: HCASTRO1015@GMAIL.COM	

201004191555

See instructions for where to mail your return.



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## Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

068021862

Box b Employer identification number (EIN)

136400434

## Box c Employer's information

Employer's name

CITY OF NEW YORK

Employer's address (number and street)

450 W 33RD ST 4TH FL

City

NEW YORK

State

NY

ZIP code

10001

Country (if not United States)

Box 1 Wages, tips, other compensation

2700.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

2700.00

Box 17a NYS income tax withheld

18.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 2700.00

Locality b .00

Box 19 Local income tax withheld

Locality a 24.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

068021862

Box b Employer identification number (EIN)

473211102

## Box c Employer's information

Employer's name

SUPERDRY RETAIL LLC

Employer's address (number and street)

1209 NORTH ORANGE STREET

City

WILMINGTON

State

DE

ZIP code

19801

Country (if not United States)

Box 1 Wages, tips, other compensation

6841.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

10.00

Description

NYPFL

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

6841.00

Box 17a NYS income tax withheld

133.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 6841.00

Locality b .00

Box 19 Local income tax withheld

Locality a 101.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

102001191555



NO HANDWRITTEN ENTRIES ON THIS FORM

**IT-196**  
**Line 40**

**Itemized Deductions Worksheet**

**2019**

► Keep for your records

Name(s) Shown on Return HECTOR M CASTRO GARCIA		Social Security Number 068-02-1862	
<b>1</b>	Enter the amounts on Form IT-196, lines 4, 9, 15, 19, 20, 28 and 39 . . . . .	<b>1</b>	276.
<b>2</b>	Enter the amounts on Form IT-196, lines 4, 14, 20, 29 and 38, plus any qualified contributions included on line 16. . . . .	<b>2</b>	
<b>3</b>	Is the amount on line 2 less than the amount on line 1? If <b>No</b> , stop here. Your deduction is <b>not</b> limited. Enter the amount from line 1 above on Form IT-196, line 40. If <b>Yes</b> , subtract line 2 from line 1 . . . . .	<b>3</b>	276.
<b>4</b>	Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	221.
<b>5</b>	Enter the amount from Form IT-201 or IT-203, line 19 . . . . .	<b>5</b>	9,541.
<b>6</b>	Enter \$273,150 if single; \$327,750 if married filing jointly or qualifying widow(er); \$300,450 if head of household, \$163,850 if married filing separately . . . . .	<b>6</b>	273,150.
<b>7</b>	Is the amount on line 6 less than the amount on line 5? If <b>No</b> , stop here. Your deduction is not limited. Enter the amount from line 1 above on Form IT-196, line 40. If <b>Yes</b> , subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b>	Multiply line 7 by 3% (.03). . . . .	<b>8</b>	
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. Enter the result on Form IT-196, line 40 . . . . .	<b>10</b>	

► Keep for your records

Name(s) Shown on Return  
HECTOR M CASTRO GARCIASocial Security Number  
068-02-1862**Part 1 - Home Mortgage Loan Information**

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2019 . . . . .					
Points paid in 2019 . . . . .					
Months loan outstanding . . . . .	12	12	12	12	12
Principal paid on loan in 2019 . . . . .					
Mortgage origination date . . . . .					
Amortized points allow. in 2019 . . . . .					
Is this a <b>home equity</b> loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Was all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan? . . . . .	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

**Home Debt Originating on or after December 15, 2017**

Beginning of year balance . . . . .					
Borrowed in 2019 . . . . .					
Principal applied . . . . .					
Ending balance . . . . .					

**Home Debt Originating after October 13, 1987 and Before December 15, 2017**

Beginning of year balance . . . . .					
Principal applied . . . . .					
Ending balance . . . . .					

**Home Debt Originating before October 14, 1987 (Grandfathered Debt)**

Beginning of year balance . . . . .					
Principal applied . . . . .					
Ending balance . . . . .					

**Above Debt Categorized for pre Tax Cuts and Jobs Act of 2017 rules below:****Home Acquisition Debt**

Beginning of year balance . . . . .					
Borrowed in 2019 . . . . .					
Principal applied . . . . .					
Ending balance . . . . .					
Average balance . . . . .					
Allocated interest . . . . .					

**Home Equity Debt (if not all used to buy, build or improve the home)**

Beginning of year balance . . . . .					
Borrowed in 2019 . . . . .					
Principal applied . . . . .					
Ending balance . . . . .					
Average balance . . . . .					
Allocated interest . . . . .					

**Grandfathered Debt**

Beginning of year balance . . . . .					
Principal applied . . . . .					
Ending balance . . . . .					
Average balance . . . . .					
Allocated interest . . . . .					

**Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt**

Fair market value of homes on date debt was last secured by home . . . . . ►

Home acquisition debt and grandfathered debt on date debt was last secured by home . . . . . ►

# Deductible Home Mortgage Interest Worksheet

2019

► Keep for your records

HECTOR M CASTRO GARCIA

068-02-1862

Page 2

## Part 2 – Qualified Loan Limit

1	Average balance of all grandfathered debt . . . . .	1	
2	Average balance of all home acquisition debt . . . . .	2	
3	Enter \$1,000,000 (\$500,000 if married filing separately) . . . . .	3	1,000,000.
4	Enter the larger of line 1 or line 3 . . . . .	4	1,000,000.
5	Add the amounts on lines 1 and 2 . . . . .	5	
6	Enter the smaller of line 4 or line 5 . . . . .	6	0.
7	For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount . . . . .	7	0.
8	Qualified loan limit (add lines 6 and 7) . . . . .	8	0.

## Part 3 – Deductible Home Mortgage Interest

9	Average balances of all mortgages on all qualified homes . . . . .	9	
10	Total amount of interest paid . . . . .	10	
11	Divide line 8 by line 9 . . . . .	11	
12	Multiply line 10 by line 11. <b>This is deductible home mortgage interest</b> . . . . .	12	
13	Subtract line 12 from line 10. <b>This is not home mortgage interest</b> . . . . .	13	

Was the mortgage interest limited on federal return?

Yes . . .

☐

No . . .

☐

Does your mortgage interest need to be limited/adjusted for state:

Yes . . .

☐

No . . .

☐

Total interest above reported on 1098 . . . . . x line 11

Total points above reported on 1098 . . . . . x line 11

Qualified mortgage interest (reported on Form 1098) from Schedule E Worksheet . . . . .

Less home mortgage interest/points (reported on Form 1098) deducted on form 8829 . . . . .

Less home mortgage interest (reported on Form 1098) from Form 8396, line 3. . . . .

Adjusted total interest/points reported on Form 1098 . . . . .

Total interest above **not** reported on 1098. . . . . x line 11

Less home mortgage interest (**not** reported on Form 1098) deducted on Form 8829 . . . . .

Adjusted total interest **not** reported on Form 1098 . . . . .

Total points above **not** reported on 1098 . . . . . x line 11

Less points (**not** reported on Form 1098) deducted on Form 8829 . . . . .

Adjusted total points **not** reported on Form 1098 . . . . .

# New York State Information Worksheet

2019

► Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . HECTOR  
 Middle Initial . . . . . M Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . CASTRO GARCIA  
 Social Security No. . . 068-02-1862  
 Occupation . . . . . Student  
 Date of Birth . . . . . 09-15-1998  
 Age as of 1-1-2020 . . 21  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . \_\_\_\_\_  
 Email Address . . . . . Hcastro1015@gmail.com  
 Daytime Phone . . . . . (929) 326-8981  
 Extension . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_

### Spouse:

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Age as of 1-1-2020 . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . \_\_\_\_\_  
 Email Address . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_  
 Extension . . . . . \_\_\_\_\_

Check to print phone number on main form . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

### Mailing Address

Street Address . . . . . 6917 179TH ST Apartment No. . . . . \_\_\_\_\_  
 City . . . . . Fresh Meadows State . . NY ZIP Code . . 11365-3542  
 Foreign code \_\_\_\_\_ Foreign country . . \_\_\_\_\_ Foreign postal code . . \_\_\_\_\_  
 Foreign province/county . . \_\_\_\_\_ Foreign province/county abbreviation . . \_\_\_\_\_

### Permanent Home Address (if different from mailing address above)

Street Address . . . . . \_\_\_\_\_ Apartment No. . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP Code . . . . . \_\_\_\_\_  
 (Below should be used by New York nonresidents only)  
 Foreign code \_\_\_\_\_ Foreign country . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign province/county . . \_\_\_\_\_ Foreign province/county abbreviation . . \_\_\_\_\_

### New York County and School District Information

County . . . . . Kings  
 School District . . . . . Brooklyn School District Code . . . . . 071

## Part II – Main Form

- ☒ Full-year resident: Form IT-201, Resident Income Tax Return . . . . . ►  
☐ Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax  
 Return . . . . . ►  
☐ Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►

### Taxpayer Spouse

☐
☐

If **only one spouse** has New York source income, check the box related to that spouse

**New York City and City of Yonkers Residency Information:**

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year residents dates of residency:				
From: . . . . .	_____	_____	_____	_____
To: . . . . .	_____	_____	_____	_____
If a City of Yonkers nonresident:				
Did you receive income or withholding from Yonkers sources during your period of nonresidence? . . . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>

**New York City Residents:**

- ☒ **Yes**   ☐ **No**  
☒ Did you or your spouse maintain living quarters in New York City during 2019?
- ☐ ☒ If married, did you or your spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

**Filing only IT-214, NYC-208 and/or NYC-210:**

- ☐ Check here if you are **only** filing the IT-214, NYC-208 and/or NYC-210 **(Caution: See Tax Help)**  
 Form IT-214, Claim for Real Property Tax Credit for Homeowners and Renters . . . . . ▶ \_\_\_\_\_  
 Form NYC-208, Claim for NYC Enhanced Real Property Tax Credit for Homeowners and Renters . . . . . ▶ \_\_\_\_\_  
 Form NYC-210, Claim for NYC School Tax Credit . . . . . ▶ \_\_\_\_\_

**Part III – Filing Status**

- ☒ Single  
☐ Married, filing joint  
☐ Married, filing separate  
☐ You **did not** live with your spouse at any time during the year  
 If both you and your spouse itemized deductions on your federal tax return:  
☐ Both you and your spouse will itemize deductions on your New York State tax returns  
☐ Both you and your spouse will take the New York standard deduction  
☐ Head of household  
☐ Qualifying widow(er)

**Part IV – Credits****New York State Charitable Gifts Trust Fund**

Yes No

- ☐ ☒ Did you make a contribution to one of the New York Charitable Gifts Trust Funds below in **2019**? If yes, enter amount:

Health Charitable Account . . . . . ▶ \_\_\_\_\_  
 Elementary and Secondary Education Account . . . . . ▶ \_\_\_\_\_

**New York City Accumulation Distribution Credit:**

Taxpayer. . . \_\_\_\_\_ Spouse . . . . . \_\_\_\_\_

**New York State and New York City Household Credit for Married Filing Separate Taxpayers:**

Number of exemptions claimed on spouse's return . . . . . \_\_\_\_\_  
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return . . . . . \_\_\_\_\_  
 Total Build America Bond (BAB) interest included on spouse's federal income tax return . . . . . \_\_\_\_\_

**Refundable Credits Paid in Advance:**

Yes No

- ☐ ☒ Did you receive a check from the NY Tax Department for the property tax relief credit? (do **not** include any STAR credit received here)  
 If Yes, enter the amount . . . . . ▶ \_\_\_\_\_

Check received for STAR credit . . . . . ▶ \_\_\_\_\_

**New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):**

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? . . . . . Yes ☐ No ☐  
**Note:** Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

**Part V – New York City Unincorporated Business Tax Return**

	Taxpayer	Spouse
<b>1 a</b> File NYC-202S . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> File NYC-202. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Do not file NYC-202/NYC-202S . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Gain (loss) from sale of business assets. . . . .	_____	_____
<b>3</b> Net rent/royalty income from business property. . . . .	_____	_____
<b>4</b> Other business income (loss). . . . .	_____	_____
<b>5</b> Income taxes/unincorporated business taxes paid and deducted on federal Schedule C . . . . .	_____	_____
<b>6</b> Number of months in business in New York City during the year . . . . .	_____	_____
<b>7 a</b> Use <b>direct deposit</b> for <b>NYC-202/NYC-202S tax refund</b> . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>b</b> Will the funds for this refund go to an account outside the U.S.? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>c</b> Routing number . . . . .	_____	_____
<b>d</b> Account number . . . . .	_____	_____
<b>e 1</b> Account Type: Checking . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Account Type: Savings . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Check to print <b>COVID-19</b> on top of printed return . . . . . ▶ <input type="checkbox"/>		
A waiver of penalties for late filing, late payment or underpayment penalties is being allowed if affected by the COVID-19 outbreak. <b>Interest</b> on any late tax payments still applies, is <b>not</b> subject to this waiver.		

**Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet**

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
<b>1</b> Complete MCTM Tax Worksheet . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



**Part VII – Sales or Use Tax and Voluntary Gifts or Contributions**

**Sales or Use Tax**

- 1 a** If you do not owe any sales or use tax with the return, check this box . . . . .
- b** To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box . . . . .
- c** If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below . . . . .
- 2** If line 1b is checked and you maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months you maintained a permanent place of abode in New York State . . . . .
- 3** Sales tax due based on the sales and use tax chart . . . . .
- 4** Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax . .
- 5** Total sales or use tax due (line 2 plus line 3) . . . . .

☒
☐
☐



0.

**Voluntary Gifts or Contributions**

Return a Gift to Wildlife . . . . .	_____	Autism Fund . . . . .	_____
Missing/Exploited Children Fund . . . . .	_____	Veterans' Homes . . . . .	_____
Breast Cancer Research Fund . . . . .	_____	Love Your Library Fund . . . . .	_____
Alzheimer's Fund . . . . .	_____	Lupus Educ and Prevention Fund . . . . .	_____
Olympic Fund (\$2 or \$4) . . . . .	_____	Military Family Relief Fund . . . . .	_____
Prostate/Testicular Cancer Fund . . . . .	_____	City Univ NY Constr Fund . . . . .	_____
9/11 Memorial . . . . .	_____	Life Pass It On Fund . . . . .	_____
Volunteer Firefighting & EMS . . . . .	_____	ALS Research and Education . . . . .	_____
Teen Health Education Fund . . . . .	_____	School-Based Health Centers . . . . .	_____
Veterans Remembrance Fund . . . . .	_____	Gifts to Food Banks Fund . . . . .	_____
Homeless Veterans Fund . . . . .	_____	Meals On Wheels For Seniors . . . . .	_____
Mental Illness Anti-Stigma Fund . . . . .	_____	Gift to The Arts Fund . . . . .	_____
Women's Cancers Educ Prev Fd . . . . .	_____		

**Part VIII – Additional Information for E-Filed returns**

\_\_\_ W-2 Verification Indicator given by NYS (See Help).

☐ Tax Shelter Reportable Transaction Attachment Required (Form DTF-686)

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

**Part IX - Direct Deposit or Direct Debit Information****Yes No**
☐  
☒  
☐
☒  
☐  
☐
Use **direct deposit** for **New York tax refund**?Use electronic funds withdrawal of New York tax payment for the **tax return**?Use electronic funds withdrawal of New York tax payment for the **amended return**? (EF Only)**Bank Information**

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional) . . . . . JP Morgan ChaseAccount Type . . . . . Checking ☒ Savings ☐Personal or business account . . . . . Personal ☒ Business ☐Routing number . . . . . 021000021Account number. . . . . 337287855**Enter the following information only if you elect direct debit of your state tax payment:**Enter the payment date to withdraw from the account above . . . . . 04/21/2020State balance-due amount from this return . . . . . 179.**Electronic funds withdrawal amount due with amended return information:**

Enter settlement date to withdraw the tax due amount from the account above . . . . . \_\_\_\_\_

State balance-due amount paid with this amended return . . . . . \_\_\_\_\_

**International ACH Transactions****Yes No**
☐  
☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Electronic Filing of Estimated Payments**☐ File **Form(s) IT-2105** electronically (Check the boxes below next to the quarters you would like to file)

	Qtr	Payment Amount	Payment Due Date	Date to Withdraw	Date Scheduled	Date Signed	Date Transmitted	Date Accepted	Completed
	1		07/15/20		Not scheduled				
	2		06/15/20		Not scheduled				
	3		09/15/20		Not scheduled				
	4		01/15/21		Not scheduled				

**Bank Information for Estimated Payments**

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional) . . . . . \_\_\_\_\_

Account Type . . . . . Checking ☐ Savings ☐Personal or business account . . . . . Personal ☐ Business ☐

Routing number . . . . . \_\_\_\_\_

Account number. . . . . \_\_\_\_\_

**International ACH Transactions for Estimated Payments****Yes No**
☐  
☐

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part X – Extension Status****New York State Income Tax Return (IT-201 or IT-203)****Yes No**☐ ☒ Tax return due date extended?

Extended due date . . . . . \_\_\_\_\_

Amount paid with IT-370 . . . . . \_\_\_\_\_

**New York City Unincorporated Business Tax Return (NYC-202 or NYC-202S)****Yes No**☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the taxpayer?

Extended due date . . . \_\_\_\_\_

☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the spouse?

Extended due date . . . \_\_\_\_\_

**Part XI – Form NYC-1127, Nonresident Employees of the City of New York**

	<b>Taxpayer</b>	<b>Spouse</b>
<b>1</b> Check the box to indicate the individual(s) who were employed by the city of New York . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> New York City department or agency where employed. . . . .	_____	_____
<b>3</b> Date current employment with the city of New York began. . . . .	_____	_____
<b>4</b> If employment ended in 2019, enter final date of employment . . . . .	_____	_____
<b>5</b> For married filing joint taxpayers, file NYC-1127: <input type="checkbox"/> Separately, considering only the income/adjustments of the New York City employee <input type="checkbox"/> Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due		

**Part XII – Other Information for Your Tax Return****2-digit special condition code number:**

- ☐ **Code A6 Build America Bond Interest** — You (or your spouse if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)  
 \* Enter total BAB interest included on Form 1040, line 8a . . . . . \_\_\_\_\_  
 \* Enter BAB interest entered above from NY state or local governments . . . . . \_\_\_\_\_
- ☐ **Code C7 Combat zone** — You (or your spouse if married) qualify for an extension of time to file and pay your tax due under the combat zone or contingency operation relief provisions
- ☐ **Code D9 Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- ☐ **Code K2 Combat zone, killed in action (KIA)** — You are filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- ☐ **Code M2 Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- ☐ **Code E3 Out of the country** — You (or your spouse if married) qualify for an automatic two-month extension of time to file your federal return because you are out of the country
- ☐ **Code E4 Nonresident aliens** — You (or your spouse if married) are a federal nonresident alien
- ☐ **Code E5 Extension of time to file beyond six months** — You (or your spouse if married):
- Qualify for an extension of time to file beyond six months because you are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
  - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*

**Part XII – Other Information for Your Tax Return (continued)**

- ☐ **Code 56 Ponzi-type fraudulent investment** - You (or your spouse if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the New York tax returns using the federal safe harbor rules
- ☐ **Code P2 Protective Claim** - You (or your spouse if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- ☐ **Code N3 NOL Carryback** - You (or your spouse if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback
- ☐ **Code C2 Request an installment payment agreement** - You are unable to pay your tax due in full and would like to request an installment payment agreement (IPA). Once you receive a bill for the amount you owe, follow the payment instructions included on the billing document. Note: You will continue to accrue penalties and interest (if applicable) on any unpaid balance of tax due for the duration of your IPA.
- ☐ **Code M4 Veterans Benefits and Transition Act of 2018 election** - As a civilian spouse of a military servicemember you are making an election to use the same state of legal residence as the servicemember for state income tax purposes.

\_\_\_\_ If you (or your spouse if married) qualify under a special condition for filing your 2019 tax return not listed above, enter your 2-digit special condition code number

\_\_\_\_ If applicable, also enter the second 2-digit special condition code number

**Third Party Designee:****Yes No**

☐ ☐ May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Designee's name . . . . . \_\_\_\_\_

Designee's email address . . . . . \_\_\_\_\_

Designee's phone number . . . . . \_\_\_\_\_

Personal identification number . . . . . \_\_\_\_\_

**New York State Underpayment Penalty:**

- ☒ Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
- ☐ The taxpayer qualified for a 90 day extension of time to pay their first **2019** estimated tax payment

**Other Penalties and Interest:**

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) . . . . . \_\_\_\_\_

**Long-term Residential Care Deduction (IT-201 and IT-203 Filers):****Yes No**

☐ ☐ Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

☐ ☐ Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract . . . .
- 2 Long-term care insurance deduction age limitation . . . . .

Taxpayer	Spouse
_____	_____
_____	_____

**IT-201 or IT-203 Question D3, regarding Nonqualified deferred compensation required by Section 457A:****Yes No**

☐ ☒ Were you required to report, under Section 457A, any nonqualified deferred compensation on your 2019 federal return?

**Part XIII— Amended Return**

☐ You are filing a current year New York amended income tax return

Payment made with original return . . . . \_\_\_\_\_

Refund received from original return . . . . \_\_\_\_\_

# Tax Payments Worksheet

**2019**

► Keep for your records.

Name HECTOR M CASTRO GARCIA	Social Security Number 068-02-1862
--------------------------------	---------------------------------------

## Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment . . . . .				
2 Second Payment . . . . .				
3 Third Payment . . . . .				
4 Fourth Payment . . . . .				
<b>Additional Payments</b>				
5 Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer . . . . .			5 a	
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse . . . . .			5 b	
6 Overpayment from previous year applied to current year . . . . .			6	
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer . . . . .			6 a	
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse . . . . .			6 b	
7 Amount paid with current year extension . . . . .			7	
8 <b>Total tax payments</b> . . . . .			8	

## New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2 . . . . .	9	151.
10 State withholding on Forms W-2G . . . . .	10	
11 State withholding on Forms 1099-R . . . . .	11	
12 a State withholding on Forms 1099-MISC . . . . .	12 a	
12 b State withholding on Forms 1099-G . . . . .	12 b	
12 c State withholding on Forms 1099-K . . . . .	12 c	
13 Other state tax withholding . . . . .	13	
14 <b>Total state income tax withheld</b> . . . . .	14	151.

## City Income Tax Withheld for the Current Year

15 Total City of New York withholding . . . . .	15	125.
16 Total Yonkers withholding . . . . .	16	
17 Section 1127 withholding . . . . .	17	

## Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax . . . . .	18	
19 Public employee 414(h) retirement contributions - <b>not</b> subject to New York Tax . . . . .	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax . . . . .	20	
21 Total City of New York withholding (IRC 125) - <b>not</b> subject to New York Tax . . . . .	21	
22 Date return will be filed and balance paid . . . . .	22	

# New York State School District/County Selection Worksheet

2019

► Keep for your records

Name as Shown on Return

HECTOR M CASTRO GARCIA

Social Security No.

068-02-1862

Listed below are the counties in New York state. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code.

## New York Counties

Albany . . . . .	_____	Niagara . . . . .	_____
Allegany . . . . .	_____	Oneida . . . . .	_____
Broome . . . . .	_____	Onondaga . . .	_____
Cattaraugus . . .	_____	Ontario . . . . .	_____
Cayuga . . . . .	_____	Orange . . . . .	_____
Chautauqua . . .	_____	Orleans . . . . .	_____
Chemung . . . . .	_____	Oswego . . . . .	_____
Chenango . . . . .	_____	Otsego . . . . .	_____
Clinton . . . . .	_____	Putnam . . . . .	_____
Columbia . . . . .	_____	Rensselaer . . .	_____
Cortland . . . . .	_____	Rockland . . . .	_____
Delaware . . . . .	_____	St. Lawrence . .	_____
Dutchess . . . . .	_____	Saratoga . . . . .	_____
Erie . . . . .	_____	Schenectady . .	_____
Essex . . . . .	_____	Schoharie . . . .	_____
Franklin . . . . .	_____	Schuyler . . . . .	_____
Fulton . . . . .	_____	Seneca . . . . .	_____
Genesee . . . . .	_____	Steuben . . . . .	_____
Greene . . . . .	_____	Suffolk . . . . .	_____
Hamilton . . . . .	_____	Sullivan . . . . .	_____
Herkimer . . . . .	_____	Tioga . . . . .	_____
Jefferson . . . . .	_____	Tompkins . . . .	_____
Lewis . . . . .	_____	Ulster . . . . .	_____
Livingston . . . .	_____	Warren . . . . .	_____
Madison . . . . .	_____	Washington . . .	_____
Monroe . . . . .	_____	Wayne . . . . .	_____
Montgomery . . .	_____	Westchester . . .	_____
Nassau . . . . .	_____	Wyoming . . . . .	_____
New York City . .	<u>Brooklyn</u>	Yates . . . . .	_____

**New York State**  
**Wages/Self-Employment Income Allocation**

**2019**

► Keep for your records

Name as Shown on Return	Social Security No.
-------------------------	---------------------

**Part I – New York Wage Allocation**  
**Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		CITY OF NEW YORK	2,700.
		SUPERDRY RETAIL LLC	6,841.

**Spouse**

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

**Part II – State Self-Employment Income Allocation**  
**Taxpayer**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

**Spouse**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

See Tax Help for details.

**New York City/Yonkers  
Wages/Self-Employment Income Allocation**

**2019**

► Keep for your records

Name as Shown on Return	Social Security No.
-------------------------	---------------------

**Part I – City Wage Allocation  
Taxpayer**

City Code	Alloc. Method	%		City Wages
NYC			CITY OF NEW YORK	2,700.
NYC			SUPERDRY RETAIL LLC	6,841.

**Spouse**

City Code	Alloc. Method	%		City Wages

See Tax Help for details.

**Part II – City Self-Employment Income Allocation  
Taxpayer**

Type	City Code	Alloc. Method	%		City Self-Employment Income

**Spouse**

Type	City Code	Alloc. Method	%		City Self-Employment Income

See Tax Help for details.



# New York 529 College Savings Program Worksheet

**2019**

► Keep for your records

Name as Shown on Return  
HECTOR M CASTRO GARCIA

Social Security No.  
068-02-1862

## Part I – New York’s 529 College Savings Program Deduction/Earnings Distributions (Form IT-201, Line 30)

<b>1</b> Amount of contributions you made in 2019 to an account established under New York’s 529 college savings program * (cannot exceed \$5,000 for an individual, head of household, married taxpayers filing separately, or qualifying widow(er), or \$10,000 for married taxpayers filing a joint return) . . . . .	<b>1</b>	
<b>2</b> Amount of Qualified Tuition Program distribution included in your federal AGI *		
	Federal	New York
<b>a</b> Taxable amount of earnings . . . . . Earnings on non-family member transfer:		
<b>b 1</b> State . . . . .		
<b>2</b> Private . . . . .		
<b>c</b> Other adjustments . . . . .		
<b>d</b> Total federal (Sum of Federal column) . . . . .		
<b>e</b> Total New York (Sum of New York column) . . . . .		
<b>3</b> Add line 1 and line 2. Enter here and on Form IT-201, line 30 . . . . .	<b>2</b> <b>3</b>	

\* In determining the amount to enter on lines 1 and 2, also include your share of any amounts contributed or withdrawn by a partnership of which you are a member partner.

**Note:** Retain this worksheet for future-year computations of the New York 529 College Savings Program Worksheet.

## Part II – New York’s 529 College Savings Program Distributions (Form IT-201, Line 22)

<b>1</b> Total current and prior years’ nonqualified withdrawals from your account(s) . . . . .	<b>1</b>	
<b>2</b> Total current and prior years’ contributions to your account(s) . . . . .	<b>2</b>	
<b>3 a</b> Current year’s subtraction modification (from Part I, line 1) and prior years’ subtraction modifications		
	Year	Amount
	1998	0.
	1999	0.
	See SUBTRACTIONS	0.
	2019	
<b>3 b</b> Total subtraction modifications . . . . .	<b>3</b>	
<b>4</b> Subtract line 3 from line 2 . . . . .	<b>4</b>	
<b>5 a</b> Prior years’ addition modifications		
	Year	Amount
	1998	0.
	1999	0.
	See ADDITIONS	0.
<b>5 b</b> Total addition modifications . . . . .	<b>5</b>	
<b>6</b> Add line 4 and line 5 . . . . .	<b>6</b>	
<b>7</b> Subtract line 6 from line 1. This is your current year addition modification. Enter this amount on Form IT-201, line 22. . . . .	<b>7</b>	

If line 7 is 0 (zero) or less, there is no addback.

Also include on lines 1 and 2 your share of any amounts withdrawn or contributed by a partnership of which you are a member partner. The partnership should provide this information to you.

# College Tuition Qualified Expenses Optimization Worksheet

2019

► Keep for your records

Name as Shown on Return <b>HECTOR M CASTRO GARCIA</b>	Social Security No. <b>068-02-1862</b>
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**Part I – Complete columns A through G below for each eligible student for whom you paid qualified college tuition expenses.**

- Do not list the same student more than once
- List the EIN and name of the college that was last attended
- Tuition payments for enrollment or attendance in a course of study leading to the granting of a post baccalaureate or other graduate degree do **not** qualify for the college tuition credit

1

A Student's name B Student's SSN	C Date of birth D Student Type	E EIN of college F College name	G Under-graduate expense?	H Qualified college tuition expenses paid in 2019
			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
2 Total tuition (sum of column G) . . . . .			2	
3 Total tuition eligible for the College Tuition Credit or Itemized Deduction . . . . .			3	

**Part II – Optimization of College Tuition Credit vs College Tuition Itemized Deduction (IT-201 Filers Only)**

Taxpayers who file IT-201, Resident Income Tax Return **and** itemize deductions can use college tuition expenses as an itemized deduction or used to calculate a tax credit.

- 1 **Check this box to launch the optimizer now.** This will automatically determine whether the deduction or the credit generates the lowest tax ☐

**Caution:** A. If you make any changes to this return after launching the automatic optimization above, you **MUST** optimize again by rechecking the box on Line 1 above.  
 B. If you check the Optimizer box on Line 1 above, wait until the calculations are done before you continue. Refer to the calculation indicator at the bottom right. It will indicate refund or tax due when calculations are done.

- 2 Automatic - Check to use the Deduction or Credit choices calculated in column (b) below . . . . . ► ☒ X  
 OR  
 3 Manual - Check to use the Deduction or Credit choices you entered in column (a) below. . . . . ► ☐

	(a) <b>Manual:</b> Choose Credit or Deduction	(b) <b>Automatic:</b> Program Choice
Check the box to use your qualified college tuition expenses to calculate a credit . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
Check the box to use your qualified college tuition expenses as an itemized deduction . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part III – Net Refund/Balance Due**

Refund . . . . .	
Balance Due . . . . .	179

# Tax Computation Worksheet

2019

► Keep for your records

Name as Shown on Return

HECTOR M CASTRO GARCIA

Social Security No.

068-02-1862

## Married filing jointly and qualifying widow(er) Worksheets 1 through 4

- If your New York adjusted gross income is more than \$107,650, but not more than \$2,155,350, and taxable income is \$161,550 or less, then you must compute your tax using worksheet 1

### Tax Computation Worksheet 1

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.21% (.0621). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter the excess of line 1 over \$107,650 . . . . .	6	
7	Divide line 6 by \$50,000 and round to the fourth decimal place . . . . .	7	
8	Multiply line 5 by line 7 . . . . .	8	
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	9	

- If your New York adjusted gross income is more than \$161,550, but not more than \$2,155,350 and your taxable income is more than \$161,550 but not more than \$323,200, compute your tax using worksheet 2

### Tax Computation Worksheet 2

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.49% (.0649). If line 1 is \$211,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter \$577 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$161,550 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

- If your New York adjusted gross income is more than \$323,200, but not more than \$2,155,350 and your taxable income is more than \$323,200, compute your tax using worksheet 3 on page 2.

**Tax Computation Worksheet 3**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$373,200 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter \$1,030 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$323,200 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

- If your New York adjusted gross income is more than \$2,155,350, compute tax using worksheet 4 below.

**Tax Computation Worksheet 4**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$2,205,350 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	If line 2 is \$160,500 or less, enter \$577 on line 6. If line 2 is more than \$161,550 but not more than \$323,200, enter \$1,030 on line 6. If line 2 is more than \$323,200, enter \$2,193 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$2,155,350 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

**Single and married filing separately** Worksheets 5 through 7

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,077,550, and taxable income is \$215,400 or less, then you must compute your tax using worksheet 5 on page 3.

**Tax Computation Worksheet 5**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.49% (.0649). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter the excess of line 1 over \$107,650 . . . . .	6	
7	Divide line 6 by \$50,000 and round to the fourth decimal place . . . . .	7	
8	Multiply line 5 by line 7 . . . . .	8	
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	9	

- If your New York adjusted gross income is more than \$215,400, but not more than \$1,077,550, and taxable income is more than \$215,400, then you must compute your tax using worksheet 6 below.

**Tax Computation Worksheet 6**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$265,400 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter \$513 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$215,400 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

- If your New York adjusted gross income is more than \$1,077,550, compute your tax using worksheet 7 on page 4.

**Tax Computation Worksheet 7**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,127,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	If line 2 is \$215,400 or less, enter \$513 on line 6. If line 2 is more than \$215,400, enter \$1,288 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$1,077,550 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

**Head of household** Worksheets 8 through 10

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,616,450, and taxable income is \$269,300 or less, then you must compute your tax using worksheet 8 below.

**Tax Computation Worksheet 8**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.49% (.0649). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter the excess of line 1 over \$107,650 . . . . .	6	
7	Divide line 6 by \$50,000 and round to the fourth decimal place . . . . .	7	
8	Multiply line 5 by line 7 . . . . .	8	
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	9	

- If your New York adjusted gross income is more than \$269,300, but not more than \$1,616,450, and taxable income is more than \$269,300, then you must compute your tax using worksheet 9 on page 5.

**Tax Computation Worksheet 9**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$319,300 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter \$733 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$269,300 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

- If your New York adjusted gross income is more than \$1,616,450, compute your tax using worksheet 10 below.

**Tax Computation Worksheet 10**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,666,450 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	If line 2 is \$269,300 or less, enter \$733 on line 6. If line 2 is more than \$269,300, enter \$1,703 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$1,616,450 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

Name as Shown on Return  
HECTOR M CASTRO GARCIASocial Security No.  
068-02-1862**Part I** 2020 Estimated Tax Amount Options**Note:** MCTMT estimate information on separate worksheets, payment amounts flow to bottom of this worksheet, paid on form IT-2105**1 Select One of Five Ways to Calculate the Required Annual Payment for 2020 Estimates:**

		State	New York City	Yonkers
a 100% (110%) of <b>2019</b> taxes . . . . .	<input checked="" type="checkbox"/>	257.	198.	
b 100% of tax on <b>2020</b> estimated taxable income . . . . .	<input type="checkbox"/>	258.	198.	
c 90% of tax on <b>2020</b> estimated taxable income . . . . .	<input type="checkbox"/>	232.	178.	
d 66-2/3% of tax on <b>2020</b> estimated taxable income (farmers and fishermen) . . . . .	<input type="checkbox"/>	172.	132.	
e Fixed total amount (not program calculated) . . . . .	<input type="checkbox"/>			

**2 Selected estimated tax amount:**

a 2020 Required Annual Payment based on your choice above. . . . .	455.
b Estimated amount of 2020 state income tax withholding . . . . .	276.
c <b>Total of estimated tax payments required for 2020</b> (line 2a less line 2b) . . . . .	179.

**3 Select Estimated Tax Payment option:**

a Calculate estimates if New York State, New York City or Yonkers tax is \$300 or more . . . . .	<input checked="" type="checkbox"/>
b Calculate estimates if _____ (specify amount) or more . . . . .	<input type="checkbox"/>
c Calculate estimates regardless of amount. . . . .	<input type="checkbox"/>
d Do <b>not</b> calculate estimates . . . . .	<input type="checkbox"/>

**4 Other Options:**

a Enter the number of vouchers to be prepared (default 4 payments) . . . . .	4
--	---

**Part II** Overpayment Application Options

1 Amount of overpayment available . . . . .	0.
Check to apply overpayment and refund excess . . . . .	<input type="checkbox"/>
or enter amount to apply . . . . .	
A Apply consecutively to all quarters . . . . .	<input checked="" type="checkbox"/>
B Apply to first quarter only . . . . .	<input type="checkbox"/>
C Apply evenly to state estimated amounts only . . . . .	<input type="checkbox"/>



**Part III Rounding and Printing Options****1 Select Rounding Option:**

- a ☒ Round up to next \$1      b ☐ Round up to next \$10      c ☐ Round up to next \$50      ☐ Round up to next \$100

**2 Select Voucher Printing Option:**

- a ☒ Print (per Part I, lines 3a - c)      b ☐ Print only name, etc.      c ☐ Do not print vouchers

**Part IV Filing Status and Dependent Exemptions for 2020 Calculations****A 1 Choose 2020 filing status:**

- ☒ Single      ☐ Married filing jointly  
☐ Married filing separately      ☐ Head of household      ☐ Qualifying widow(er)

**B** Check if dependent of another in 2020. . . . . Yes ☒ No ☐

**C** Enter the number of dependent exemptions in 2020 . . . . . \_\_\_\_\_

**Part V Changes to Income, Deductions, Credits and Withholding for 2020**

Your 2019 income and deductions are entered in the '2019 Actual' column.

\*For each line in the '2020 Estimated' column, enter estimated 2020 amount if **different** from 2019; otherwise, the '2019 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2019 Actual	*2020 Estimated
<b>A 1</b> New York adjusted gross income. . . . .	9,541.	
<b>2</b> New York City taxable income (see IT-201 line 47 instructions) . . . .	6,441.	
<b>B</b> Enter either your standard or estimated itemized deduction . . . . .	3,100.	3,100.
<b>C</b> Dependent exemption ( <i>number of dependents times \$1,000</i> ) . . . . .		
<b>D</b> New York City Household Credit/Accum Distribution Credit . . . . .		
<b>E</b> New York City tax on ordinary income portion of lump-sum distribution . . . . .		
<b>F 1</b> New York City Unincorporated Business Tax Credit . . . . .		
<b>2</b> New York City General Corporation Tax Credit . . . . .		
<b>G</b> New York State Household Credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit . . . . .		
<b>H Nonresidents and Part-Year residents:</b>		
<b>(1)</b> New York adjusted gross income (Form IT-203, line 45, New York State amount) . . . . .		
<b>(2)</b> New York adjusted gross income (Form IT-203, line 45, federal amount) . . . . .		
<b>I</b> Nonresident and part-year resident income percentage . . . . .		
<b>J</b> Additional taxes — New York State . . . . .		
<b>K</b> Additional taxes — New York City . . . . .		
<b>L</b> Resident credit and other nonrefundable credits — New York State . . . . .		
<b>M</b> Refundable credits — New York State . . . . .	0.	
<b>N</b> Refundable credits — New York City . . . . .		
<b>O</b> Gross wages subject to the Yonkers nonresident tax (Form Y-203) . . . . .		
<b>P</b> Net earnings from self-employment subject to the Yonkers nonresident tax (Form Y-203) . . . . .		
<b>Q</b> Yonkers nonresident earnings tax (Form Y-203) . . . . .		
<b>R</b> New York State income tax withheld . . . . .	151.	
<b>S</b> New York City income tax withheld . . . . .	125.	
<b>T</b> Yonkers income tax withheld . . . . .		

**Part VI 2020 Estimated Taxable Income and Tax**

	New York State	City of New York	City of Yonkers
1 Estimated New York adjusted gross income expected in 2020. . . . .	9,541.		
2 Enter either your standard deduction or estimated itemized deduction. . . . .	3,100.		
3 Subtract line 2 from line 1. . . . .	6,441.		
4 Dependent exemption ( <i>number of dependents times \$1,000</i> ) . . . . .			
5 Estimated New York State taxable income (line 3 less line 4) . . . . .	6,441.		
6 New York State tax . . . . .	258.		
7 Estimated NYC taxable income. . . . .		6,441.	
7 a New York City resident tax on line 7 amount . . .		198.	
8 New York City Household Credit and New York City Accumulation Distribution Credit . . . . .			
9 Subtract line 8 from line 7a . . . . .		198.	
10 New York City tax on ordinary income portion of lump-sum distribution . . . . .			
11 Add lines 9 and 10. . . . .		198.	
12 New York City Unincorporated Business Tax Credit . . . . .			
12 a New York City General Corporation Tax Credit . .			
12 b Add lines 12 and 12a . . . . .			
13 Subtract line 12b from line 11. . . . .		198.	
14 Enter household credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit . . . . .			
a Nonresident and part-year resident income percentage . . . . .			
15 Subtract line 14 from line 6 . . . . .	258.		
16 Other taxes. . . . .			
17 Add lines 15 and 16 ( <i>in New York City column: add lines 13 and 16</i> ) . . . . .	258.	198.	
18 Resident credit and other nonrefundable credits . . . . .			
19 Total estimated New York State and New York City tax (New York State column: line 17 less line 18; City of New York column: enter amount from line 17) . . . . .	258.	198.	
20 Refundable credits. . . . .	0.		
21 New York State/City estimated tax (line 19 less line 20) . . . . .	258.	198.	
22 City of Yonkers:			
a Resident tax surcharge (line 21 times 16.75% (.1675)) . . . . .			
b Nonresident earnings tax (Form Y-203) . . . . .			
c Total (add lines 22a and 22b). . . . .			
23 Totals (New York State column, line 21; New York City column, line 21; City of Yonkers column, line 22c). . . . .	258.	198.	

<b>23 a</b>	Check this box if farmer or fisherman . . . . .	<input type="checkbox"/>			
<b>24</b>	Multiply line 23 by 90% (66-2/3% for farmers and fishermen) . . . . .		232.	178.	
<b>24 a</b>	100% of line 23 (tax calculated on 2020 estimated taxable income) . . . . .		258.	198.	
<b>25</b>	Enter 100% of the tax shown on your 2019 income tax return. (110% of that amount if you are not a farmer or a fisherman and the New York adjusted gross income shown on that return is more than \$150,000; or, if married filing separately for 2020, more than \$75,000) . .		257.	198.	
<b>26</b>	2020 required annual payment based on your choice of options . . . . .		257.	198.	
<b>27</b>	Estimate of income tax to be withheld . . . . .		151.	125.	
<b>28</b>	<b>Total estimated tax payments required for 2020</b> . . . . .		106.	73.	
<b>29</b>	Application of 2019 overpayment. Total . .	<b>29</b>			

	<b>a</b> Due Date	<b>b</b> Amount to Pay	<b>c</b> 2019 Overpayment Applied	<b>d</b> Total Amount
<b>30 Payment</b>				
<b>New York State</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>City of New York</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>City of Yonkers</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>Totals</b> . . . . .				

**Voucher amounts:**

New York State . . . . .

City of New York . . . . .

City of Yonkers . . . . .

MCTMT - Taxpayer . . . . .

MCTMT - Spouse . . . . .

Voucher Totals: . . . . .

1st Quarter

2nd Quarter

3rd Quarter

4th Quarter

**Tax Summary**  
 ► Keep for your records

**2019**

Name(s) HECTOR M CASTRO GARCIA	
<b>Federal Adjusted Gross Income</b> . . . . .	9,541.
<b>New York Additions</b> . . . . .	
<b>New York Subtractions</b> . . . . .	
<b>New York Adjusted Gross Income</b> . . . . .	9,541.
<b>Itemized or Standard Deduction</b> . . . . .	3,100.
<b>Dependent Exemptions</b> . . . . .	
<b>New York Taxable Income</b> . . . . .	6,441.
<b>Tax</b> . . . . .	257.
<b>New York State Credits</b> . . . . .	
<b>Other New York State Taxes</b> . . . . .	
<b>Total New York State Taxes</b> . . . . .	257.
<b>New York City Taxes</b> . . . . .	198.
<b>MCTMT</b> . . . . .	
<b>Yonkers City Taxes</b> . . . . .	
<b>Sales or Use Tax</b> . . . . .	0.
<b>Voluntary Gifts/Contributions</b> . . . . .	
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	455.
<b>Total Payments and Credits</b> . . . . .	276.
<b>Penalty Amount</b> . . . . .	
<b>Refund</b> . . . . .	
<b>Amount Owed</b> . . . . .	179.

# New York Pro Delegation Worksheet

2019

Check this box if you are PRO

☐

Enter preparer code from Firm/Preparer Info (See Help) . . . \_\_\_\_\_

## PDF ATTACHMENTS

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Attachment	Type	File Name	PDF Name	Entity	Version	
Description				Key		

## Important information for New York

**All returns must: Include the following paid preparer information on all paper and electronically filed returns, if applicable:**

- Preparer's name
- Firm's name (or yours, if self-employed)
- Address
- Preparer's NYTPRIN or NYTPRIN exclusion code (as applicable)
- Preparer's PTIN or SSN
- Firm's EIN
- Preparer's signature

**Sign up with the NYS Tax Department to receive an email notification when your New York State income tax refund is issued.**

The New York State Tax Department provides email notifications to taxpayers about their personal tax accounts.

Visit Online Services at the NYS Tax Department website.

### New York State E-File Mandate

**Taxpayers and tax return preparers using approved e-file tax software to prepare taxpayer returns are required, to electronically file (e-file) authorized tax documents.**

Visit the Tax Department's Web site to learn more about the e-file mandate for tax professionals:  
[www.tax.ny.gov](http://www.tax.ny.gov)

If you don't file and pay electronically when required to do so, you will be subject to penalties from the New York State Tax Department.

# Smart Worksheets from your 2019 New York Tax Return

SMART WORKSHEET FOR: IT-201: Resident Income Tax Return - Long Form

Line 47 - New York City Taxable Income Smart Worksheet	
(Full year New York City residents only)	
If contribution to Charitable Gifts Trust Fund made <b>and</b> claimed as itemized deduction. Otherwise enter IT-201 line 38 on line 47 below.	
1	New York AGI (Form IT-201, line 33) . . . . . _____
2	Amount of contribution(s) to Charitable Gifts Trust Fund accounts . . . . . _____
3	New York City AGI, add lines 1 and 2 . . . . . _____
4	Itemized deduction amount (Form IT-201, line 34) . . . . . _____
5	Subtract line 4 from line 3 . . . . . _____
6	Dependent exemptions (Form IT-201, line 36) . . . . . _____
7	<b>New York City taxable income.</b> Subtract line 6 from line 5. Enter on line 47 . . . . . <u>6,441.</u>

**Additional information from your 2019 New York Tax Return****New York 529 College Savings Program Wk****SUBTRACTIONS****Continuation Statement**

2000	0.
2001	0.
2002	0.
2003	0.
2004	0.
2005	0.
2006	0.
2007	0.
2008	0.
2009	0.
2010	0.
2011	0.
2012	0.
2013	0.
2014	0.
2015	0.
2016	0.
2017	0.
2018	0.
Total	0.

**New York 529 College Savings Program Wk****ADDITIONS****Continuation Statement**

2000	0.
2001	0.
2002	0.
2003	0.
2004	0.
2005	0.
2006	0.
2007	0.
2008	0.
2009	0.
2010	0.
2011	0.
2012	0.
2013	0.
2014	0.
2015	0.
2016	0.
2017	0.
2018	0.
Total	0.