

2022 TAX RETURN

INDIANA INDIVIDUAL

Client: MAZELADA

Prepared for: ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS
914 N FAIRVIEW ST
BLOOMINGTON, IN 47404
WORK : (212) 301-6954

Prepared by: NISSAN A. LEBOWITZ
LEVINE & SCHMUTTER CPA LLP
666 OLD COUNTRY ROAD #510
GARDEN CITY, NY 11530
(212) 244-6611

Date: APRIL 10, 2023

Comments:

Route to: _____

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- ERO must obtain and retain completed Form 8879.
- Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name ADAM M MAZEL	Social security number 100-62-7425
Spouse's name ELIZABETH SARAH KAZIUNAS	Spouse's social security number 197-64-3632

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income.....	168,194.
2	Total tax.....	22,539.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099.....	23,840.
4	Amount you want refunded to you.....	1,301.
5	Amount you owe.....	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

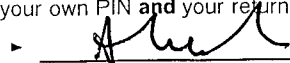
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize LEVINE & SCHMUTTER CPA LLP to enter or generate my PIN 31652 as my
ERO firm name Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

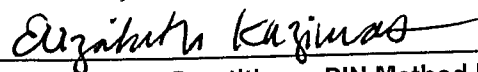
☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Date ► 12 April 2023**Spouse's PIN: check one box only**

☒ I authorize LEVINE & SCHMUTTER CPA LLP to enter or generate my PIN 43997 as my
ERO firm name Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

☒ Spouse's signature ► 

Date ► 4/12/23**Practitioner PIN Method Returns Only – continue below****Part III Certification and Authentication – Practitioner PIN Method Only**

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

13228111230
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► NISSAN A. LEBOWITZ

Date ►

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form 8879 (Rev. 01-2021)

Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax for the Tax Year January 1 - December 31, 2022

**Do Not Mail
This Form
To DOR**

Submission ID _____

First Name and Middle Initial
ADAM M

Last Name
MAZEL

Your Social Security Number
100-62-7425

Spouse's First Name and Middle Initial
ELIZABETH SARAH

Spouse's Last Name
KAZIUNAS

Spouse's Social Security Number
197-64-3632

Street Address
914 N FAIRVIEW ST

City
BLOOMINGTO

State
IN

ZIP Code
47404

Daytime Telephone Number
(212) 301-6954

Part I. Tax Return Information (See instructions on next page)

1	Federal Adjusted Gross Income	1	168194.
2	Indiana Adjusted Gross Income	2	60013.
3	Total Indiana Tax	3	2849.
4	Total State Tax Withheld	4	2041.
5	Total County Tax Withheld	5	
6	Total Indiana Tax Credits	6	2041.
7	Refund	7	
8	Amount You Owe	8	808.

Part II. Electronic Settlement

9 Type of settlement: Direct Deposit of Refund
☒ Direct Debit of Amount Owed Amount 808. Date of Withdrawal 20230418

10 Routing number: 074000010

Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.

11 Account number: 865278029

12 Type of account: ☒ Checking Savings Hoosier Works MC

13 Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund, or direct debit of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

Part III. Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2022 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Your PIN: Check one box only

☒ I authorize LEVINE & SCHMUT to enter my PIN 31652 as my signature on my tax year 2022 electronically filed income tax return. Do not enter all zeros

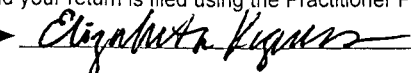
I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature  Date 12-Apr-2023

Spouse's PIN: Check one box only

☒ I authorize LEVINE & SCHMUT to enter my PIN 43997 as my signature on my tax year 2022 electronically filed income tax return. Do not enter all zeros

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

☒ Spouse's signature  Date 4/12/23

Part IV. Practitioner Certification and Authentication - Practitioner PIN Method ONLY

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

13228111230

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature _____ Date _____

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return**

2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 18, 2023

Place "X" in box
if amending

Your Social
Security Number

100 62 7425

Spouse's Social
Security Number

197 64 3632

☐ Place "X" in box if applying for ITIN

☐ Place "X" in box if applying for ITIN

Your first name

Initial

Last name

Suffix

ADAM

M

MAZEL

If filing a joint return, spouse's first name

Initial

Last name

Suffix

ELIZABETH

S

KAZIUNAS

Present address (number and street or rural route)

914 N FAIRVIEW ST

Place "X" in box if you are
married filing separately.

City

State

ZIP/Postal code

BLOOMINGTON

IN

47404

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2022.

County where
you lived

53

County where
you worked

53

County where
spouse lived

53

County where
spouse worked

53

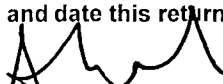
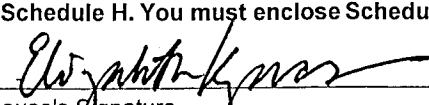
Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A **Indiana Income** 1 63771.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 3 63771.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C **Indiana Deductions** 4 3000.00
5. Subtract line 4 from line 3 5 60771.00
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D **Indiana Exemptions** 6 758.00
7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income** 7 60013.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323)
(if answer is less than zero, leave blank) 8 1938.00
9. County tax. Enter county tax due from Schedule CT-40PNR
(if answer is less than zero, leave blank) 9 911.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes** 11 2849.00

12. Enter credits from Schedule F, line 12 (enclose schedule) _____	12	2041	.00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00	
14. Add lines 12 and 13 _____ Indiana Credits	14	2041	.00	
15. Enter amount from line 11 _____ Indiana Taxes	15	2849	.00	
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	.	.00	
18. Subtract line 17 from line 16 _____ Overpayment	18		.00	
19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).				
Enter your county code <input type="text"/> county tax to be applied \$	a		.00	
Spouse's county code <input type="text"/> county tax to be applied \$	b		.00	
Indiana adjusted gross income tax to be applied \$	c		.00	
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00	
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		.00	
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund	21		.00	
22. Direct Deposit (see instructions)				
a. Routing Number <input type="text"/>				
b. Account Number <input type="text"/>				
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC				
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>				
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	808	.00	
24. Penalty if filed after due date (see instructions) _____	24		.00	
25. Interest if filed after due date (see instructions) _____	25		.00	
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26	808	.00	

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. See instructions if paying by credit card

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

 Your Signature	12 April 2023 Date	 Spouse's Signature	4/12/23 Date
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- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Schedule A Section 1: Income or Loss
(Complete Proration, Section 2 and Section 3 on back)

2022

Name(s) shown on Form IT-40PNR

Your Social Security Number

ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS

100

62

7425

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	43939.00	1B	15462.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	124411.00	2B	48378.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C _____	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Taxable IRA distribution _____	10A	.00	10B	.00
11. Taxable pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00

List source(s). (Do not include federal net operating loss in Column B. See instructions.)

21. Subtotal: add lines 1 through 20 _____

21A

168350.00

21B

63840.00





Schedule A Proration;
Section 2: Adjustments to Income

2022

Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____

21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 _____

21D 0.379

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

Column A
Federal Adjustments

Column B
Indiana Adjustments

22. Educator expenses (see instructions) _____	22A <input type="text"/> .00	22B <input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A <input type="text"/> .00	23B <input type="text"/> .00
24. Health savings account deduction _____	24A <input type="text"/> .00	24B <input type="text"/> .00
25. Moving expenses (see instructions) _____	25A <input type="text"/> .00	25B <input type="text"/> .00
26. Deductible part of self-employment tax _____	26A <input type="text"/> .00	26B <input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A <input type="text"/> .00	27B <input type="text"/> .00
28. Self-employed health insurance deduction _____	28A <input type="text"/> .00	28B <input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A <input type="text"/> .00	29B <input type="text"/> .00
30. Alimony paid _____	30A <input type="text"/> .00	30B <input type="text"/> .00
31. IRA deduction _____	31A <input type="text"/> .00	31B <input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A <input type="text"/> 156 .00	32B <input type="text"/> .69 .00
33. Reserved for future use _____	33A <input type="text"/> .00	33B <input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A <input type="text"/> .00	34B <input type="text"/> .00
35. Add lines 22 through 34 _____	35A <input type="text"/> 156 .00	35B <input type="text"/> 69 .00

Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 _____

36A 168194 .00

36B 63771 .00





Name(s) shown on Form IT-40PNR

Your Social Security Number

ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS

100

62

7425

1. Renter's deduction

Indiana address where rented if different from the one on the front page (enter below)

SAME

Amount of rent paid

Landlord's name and address (enter below)

JULIE HOROHO

914 N FAIRVIEW ST BLOOMINGTON IN 47404

\$ 8370 .00

Round all entries

Number of months rented

6

Enter the lesser of \$3,000 (\$1,500 if married filing separately) or amount of rent paid

1

3000

.00

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

Number of months lived there

Amount of property tax paid \$

.00

Enter the lesser of \$2,500 (\$1,250 if married filing separately) or the amount of Indiana property tax paid

2

.00

3. State tax refund reported on federal return

3

.00

4. Interest on U.S. government obligations

4

.00

5. Taxable Social Security benefits

5

.00

6. Taxable railroad retirement benefits

6

.00

7. Military service deduction: \$5,000 maximum for qualifying person

7

.00

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions)

8

.00

9. Indiana net operating loss deduction

9

.00

10. Nontaxable portion of unemployment compensation (from Unemployment Comp. Worksheet)

10

.00

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name

code no.

11a

.00

b. Enter deduction name

code no.

11b

.00

c. Enter deduction name

code no.

11c

.00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40PNR.

Total Deductions

12

3000

.00





Name(s) shown on Form IT-40PNR

Your Social Security Number

ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS

100

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7425 •

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000

1

2000

.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000

2

.00

You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
- who was under the age of 19 by Dec. 31, 2022; or
- who is a full-time student who was under the age of 24 by Dec. 31, 2022; and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.

x \$1500

3

.00

4. Place "X" in box(es) below if, by December 31, 2022

You were age 65 or older

☐

and/or blind

☐

Spouse was 65 or older

☐

and/or blind

☐

Total number of boxes with Xs

x \$1000

4

.00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

☐

Spouse was 65 or older

☐

Total number of boxes with Xs

x \$500

5

.00

6 Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6

x \$3000

6

.00

You **MUST** enclose Schedule IN-DEP-A.

7 Add lines 1, 2, 3, 4, 5 and 6

7

2000

.00

8 Enter the number from Schedule A, Proration Section, line 21D

8

.379

9 Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6

Total Exemptions

9

758

.00





Name(s) shown on Form IT-40PNR

Your Social Security Number

ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS

100 62 7425

Round all entries

1. Indiana state tax withheld: See instructions 1 2041.00
2. Indiana county tax withheld: See instructions 2 .00
3. Estimated tax paid for 2022: include any extension payment made with Form IT-9 3 .00
4. Unified tax credit for the elderly 4 .00
5. Earned income credit: see instructions
Enter earned income credit from
Schedule IN-EIC, line A-3 Box A .00
- Enter number from Schedule A, Proration Section, line 21D Box B
- Multiply Box A by Box B, enter total here 5 .00
6. Lake County residential income tax credit 6 .00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE,
line 19 (enclose schedule) 7 .00
8. Economic development for a growing economy retention credit. Enter amount from
Schedule IN-EDGE-R, line 19 (enclose schedule) 8 .00
9. Headquarters relocation credit (refundable portion - see instructions) 9 .00
10. Adoption Credit 10 .00
11. 2022 Additional Automatic Taxpayer Refund: See instructions 11 .00
12. Add lines 1 through 11. Enter total here and on Form IT-40PNR, line 12 **Total Credits** 12 2041.00

Schedule IN-DONATE

Important: The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name

code no.

1a

 .00

b. Enter fund name

code no.

1b

 .00

c. Enter fund name

code no.

1c

 .00

2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 **Total Donations**

2 .00





Schedule H Section 1: Residency Information
(Complete Section 2: Additional Information on back)

2022

Name(s) shown on Form IT-40PNR

Your Social Security Number

ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS

100

62

7425

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2022. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2022	06 01 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2022	12 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	IN	07 15 2022	12 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B				Yes <input type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A	IN	07 15 2022	12 31 2022	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2





Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2022? Place "X" in appropriate box. Yes ☒ No ☐

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment. ☐

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online. ☐

3. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing. ☐

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box. ☐

5. Date of death

If any individual listed at the top of the IT-40PNR died *during* 2022, enter date of death (MM/DD).

Taxpayer's date of death 2022 Spouse's date of death 2022

Authorization: Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime

telephone number 212 301 6954

Your email
address

AMAZEL@PROTONMAIL.COM

I authorize the Department to discuss my return with my personal representative.

Yes ☒ No ☐ If yes, complete the information below.

Personal Representative's Name (please print)

NISSAN A LEBOWITZ

Telephone number 212 244661

Address 666 OLD COUNTRY ROAD 510

City GARDEN CITY

State NY ZIP Code 11530

Paid Preparer: Firm's Name (or yours if self-employed)

LEVINE SCHMUTTER CPA LLP

☐ IN-OPT on file with paid preparer if not filing electronically

PTIN P01405432

Address 666 OLD COUNTRY ROAD 510

City GARDEN CITY

State NY ZIP Code 11530

Preparer's
signature





County Tax Schedule for Part-Year and Full-Year Indiana Nonresidents **2022**

Name(s) shown on Form IT-40PNR

Your Social Security Number

ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS

100

62

7425

SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2022.

- Enter the amount from IT-40PNR, line 7 (see instructions if you lived in a reciprocal state but worked in Indiana). **Note:** If both you and your spouse lived in the same county on January 1, enter the entire amount on line 1A only (see instructions)

Column A - Yourself	Column B - Spouse's
1A 60013.00	1B .00
- Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022

2A 015175	2B .00
--	---
- Multiply line 1 by the rate on line 2 (leave blank if less than zero)

3A 911.00	3B .00
--	---
- Add lines 3A and 3B. Enter the total here. **Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below.

4 911.00

- Enter the amount of income that was taxed by certain Kentucky localities (see instructions)

5 .00
--
- Multiply line 5 by .0181 and enter total here

6 .00
--
- Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR

7 911.00

SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2022, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2022.

- | | Column A - Yourself | Column B - Spouse's |
|---|---|---|
| 1. Enter your principal employment income (see instructions) | 1A .00 | 1B .00 |
| 2. Enter deductions. See the complete list of allowable deductions in the instructions | 2A .00 | 2B .00 |
| 3. Subtract line 2 from line 1 | 3A .00 | 3B .00 |
| 4. Enter some or all of the exemptions from line 9 of Schedule D (see instructions) | 4A .00 | 4B .00 |
| 5. Subtract line 4 from line 3 (if less than zero, leave blank) | 5A .00 | 5B .00 |
| 6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2022 | 6A .00 | 6B .00 |
| 7. Multiply the income on line 5 by the rate on line 6 | 7A .00 | 7B .00 |
| 8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) | 8 .00 | 8 .00 |

