

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 your 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	Last name	Your social security number
Jessica	Salazar	134-74-8871
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.		Apt. no.	<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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
496 New York Ave			
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	
Baldwin	NY	11510	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes
☒ No

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, 1956
☐ Are blind

Spouse:

☐ Was born before January 2, 1956
☐ Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					Child tax credit
	Ariana Walker		088-96-1445	Daughter	<input checked="" type="checkbox"/>
	Jonathan Walker		776-42-2786	Son	<input checked="" type="checkbox"/>
	Justin O'Neill		771-05-0591	Son	<input type="checkbox"/>
					<input type="checkbox"/>
					Credit for other dependents
					<input type="checkbox"/>
					<input checked="" type="checkbox"/>
					<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1		
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
<b>Standard Deduction for -</b> • Single or married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>		7	-38.	
	8	Other income from Schedule 1, line 9		8	12,817.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		9	12,779.	
	10	Adjustments to income:				
	a	From Schedule 1, line 22.	10a	251.	10c	251.
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your <b>total adjustments to income</b>				
	11	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>		11	12,528.	
	12	<b>Standard deduction or itemized deductions</b> (from Schedule A)		12	18,650.	
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13		
14	Add lines 12 and 13		14	18,650.		
15	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-		15	0.		

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	502.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	502.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	1,692.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,692.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	5,650.
28	Additional child tax credit. Attach Schedule 8812	28	1,742.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	1,950.
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	9,342.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	11,034.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	10,532.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	10,532.
b	Routing number <b>XXXXXX279</b>	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <b>XXXXXX952597</b>		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	
37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	0.
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

**Refund**Direct deposit?  
See instructions.**Amount You Owe**For details on  
how to pay, see  
instructions.**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS?

See instructions

☐ Yes. Complete below. ☐ NoDesignee's  
name ▶Phone  
no. ▶Personal identification  
number (PIN) ▶**Sign Here**

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

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, **both** must sign.

Date

Spouse's occupation

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

Phone no. **(516) 522-4234**

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶

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.Form **1040** (2020)

UYA

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**Jessica Salazar**

Your social security number

**134-74-8871**

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>3</b>	Business income or (loss). Attach Schedule C. . . . .	<b>3</b>	<b>3,555.</b>
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	<b>19,462.</b>
<b>8</b>	Other income. List type and amount ►		
	<b>See Attached</b>	<b>8</b>	<b>-10,200.</b>
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	<b>12,817.</b>

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	<b>251.</b>
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN. . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a. . . . .	<b>22</b>	<b>251.</b>

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

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Schedule 1 (Form 1040) 2020

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

► Attach to Form 1040, 1040-SR, or 1040-NR.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**Jessica Salazar**

Your social security number

**134-74-8871**

**Part I Tax**

<b>1</b>	Alternative minimum tax. 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 on Form 1040, 1040-SR, or 1040-NR, line 17. . . . .	<b>3</b>	<b>0.</b>

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE. . . . .	<b>4</b>	<b>502.</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 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</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 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	<b>502.</b>

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

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Schedule 2 (Form 1040) 2020

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

► Attach to Form 1040, 1040-SR, or 1040-NR.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**Jessica Salazar**

Your social security number

**134-74-8871**

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> . . . . .	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 20. . . . .	<b>7</b>	<b>0.</b>

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962. . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	<b>1,950.</b>
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: . . . . .	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	<b>1,950.</b>
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .	<b>13</b>	<b>1,950.</b>

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

UYA

Schedule 3 (Form 1040) 2020

**SCHEDULE C**  
(Form 1040)

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>Jessica Salazar</b>	Social security number (SSN) <b>134-74-8871</b>
A Principal business or profession, including product or service (see instructions) <b>Technical Services, Technical Services</b>	B Enter code from instructions ▶ <b>541510</b>
C Business name. If no separate business name, leave blank. <b>DJs Technicians llc</b>	D Employer ID number (EIN) (see instr.) <b>84-2039826</b>
E Business address (including suite or room no.) ▶ <b>496 NEW YORK AVE</b> City, town or post office, state, and ZIP code <b>BALDWIN, NY 11510</b>	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2020, check here . . . . . <input type="checkbox"/>	
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
J If "Yes," did you or will you file required Form(s) 1099? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	1	<b>17,766.</b>
2 Returns and allowances . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	<b>17,766.</b>
4 Cost of goods sold (from line 42) . . . . .	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	<b>17,766.</b>
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	6	
7 <b>Gross income.</b> Add lines 5 and 6 . . . . .	7	<b>17,766.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising . . . . .	8	<b>400.</b>	18 Office expense (see instructions) . . . . .	18	<b>500.</b>
9 Car and truck expenses (see instructions) . . . . .	9		19 Pension and profit-sharing plans . . . . .	19	
10 Commissions and fees . . . . .	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions) . . . . .	11	<b>8,000.</b>	a Vehicles, machinery, and equipment . . . . .	20a	<b>800.</b>
12 Depletion . . . . .	12		b Other business property . . . . .	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13		21 Repairs and maintenance . . . . .	21	
14 Employee benefit programs (other than on line 19) . . . . .	14		22 Supplies (not included in Part III) . . . . .	22	<b>800.</b>
15 Insurance (other than health) . . . . .	15		23 Taxes and licenses . . . . .	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.) . . . . .	16a		a Travel . . . . .	24a	<b>2,000.</b>
b Other . . . . .	16b		b Deductible meals (see instructions) . . . . .	24b	<b>800.</b>
17 Legal and professional services . . . . .	17		25 Utilities . . . . .	25	
			26 Wages (less employment credits) . . . . .	26	
			27a Other expenses (from line 48) . . . . .	27a	
			b Reserved for future use . . . . .	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28	<b>13,300.</b>			
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	<b>4,466.</b>			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	30	<b>911.</b>			
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	<b>3,555.</b>			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

- ▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2020**Attachment  
Sequence No. **12**

Name(s) shown on return

**Jessica Salazar**

Your social security number

**134-74-8871**Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .	<b>3,128.</b>	<b>3,166.</b>		<b>-38.</b>
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions. . . . .			<b>6</b> ( )	
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .			<b>7</b>	<b>-38.</b>

**Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions . . . . .			<b>13</b>	
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>14</b> ( )	
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 . . . . .			<b>15</b>	<b>0.</b>

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

Schedule D (Form 1040) 2020

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	<b>-38.</b>
	<ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	<b>0.</b>
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	<b>0.</b>
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> <li>● The loss on line 16; or</li> <li>● (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <div style="font-size: 3em; margin: 0 10px;">}</div> </div>	<b>21</b>	<b>( 38. )</b>
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



## Capital Loss Carryover Worksheet

Keep for Your Records

Use this worksheet to figure your capital loss carryovers from 2020 to 2021 if your 2020 Schedule D, line 21, is a loss and **(a)** that loss is a smaller loss than the loss on your 2020 Schedule D, line 16, **or (b)** if the amount on your 2020 Form 1040, line 15 (or your 2020 Form 1040-NR, line 15, if applicable) would be less than zero if you could enter a negative amount on that line. Otherwise, you don't have any carryovers.

If you and your spouse once filed a joint return and are filing separate returns for 2021, any capital loss carryover from the joint return can be deducted only on the return of the spouse who actually had the loss.

If you excluded canceled debt from income in 2021, see Pub. 4681.

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. . . . .	1.	<u>-6,122.</u>
2. Enter the loss from Schedule D, line 21, as a positive amount . . . . .	2.	<u>38.</u>
3. Combine lines 1 and 2. If zero or less, enter -0- . . . . .	3.	<u>          </u>
4. Enter the smaller of line 2 or line 3 . . . . .	4.	<u>          </u>
<b>If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</b>		
5. Enter the loss from Schedule D, line 7, as a positive amount . . . . .	5.	<u>38.</u>
6. Enter any gain from Schedule D, line 15. If a loss, enter -0- . . . . .	6.	<u>          </u>
7. Add lines 4 and 6 . . . . .	7.	<u>          </u>
8. <b>Short-term capital loss carryover to 2021.</b> Subtract line 7 from line 5. If zero or less, enter -0- . . . . .	8.	<u>38.</u>
<b>If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.</b>		
9. Enter the loss from Schedule D, line 15, as a positive amount . . . . .	9.	<u>          </u>
10. Enter any gain from Schedule D, line 7 . . . . .	10.	<u>          </u>
11. Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	11.	<u>          </u>
12. Add lines 10 and 11 . . . . .	12.	<u>          </u>
13. <b>Long-term capital loss carryover to 2021.</b> Subtract line 12 from line 9. If zero or less, enter -0- . . . . .	13.	<u>          </u>

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

**Jessica Salazar**

Social security number of person  
with self-employment income ►

**134-74-8871**

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I. . . . . ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . . **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . . **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order . . . . . **2** **3,555.**

**3** Combine lines 1a, 1b, and 2 . . . . . **3** **3,555.**

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** **3,283.**

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax.

**Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue . . . ► **4c** **3,283.**

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income . . . . . **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . . **5b** **0.**

**6** Add lines 4c and 5b . . . . . **6** **3,283.**

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 . . . . . **7** **137,700**

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 . . . . . **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10. . . . . **8b**

**c** Wages subject to social security tax from Form 8919, line 10 . . . . . **8c**

**d** Add lines 8a, 8b, and 8c. . . . . **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** **137,700.**

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** **407.**

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** **95.**

**12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . **12** **502.**

**13 Deduction for one-half of self-employment tax.**  
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** . . . . . **13** **251.**

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$8,460, **or** (b) your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods . . . . . **14** **5,640**

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,640. Also, include this amount on line 4b above. . . . . **15**

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and** (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14. . . . . **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

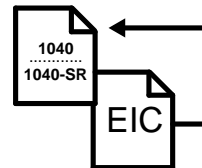
**SCHEDULE EIC**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Earned Income Credit**  
**Qualifying Child Information**

▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**

▶ **Go to [www.irs.gov/scheduleEIC](http://www.irs.gov/scheduleEIC) for the latest information.**



OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **43**

Name(s) shown on return

**Jessica Salazar**

Your social security number

**134-74-8871**

**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

**1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name Last name

**Ariana Walker**

First name Last name

**Jonathan Walker**

First name Last name

**2 Child's SSN**

The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.

**088-96-1445**

**776-42-2786**

**3 Child's year of birth**

Year **2 0 0 7**  
If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year **2 0 1 1**  
If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year \_\_\_\_\_  
If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

**4a** Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?

☐ **Yes.** ☐ **No.**  
Go to line 5. Go to line 4b.

☐ **Yes.** ☐ **No.**  
Go to line 5. Go to line 4b.

☐ **Yes.** ☐ **No.**  
Go to line 5. Go to line 4b.

**b** Was the child permanently and totally disabled during any part of 2020?

☐ **Yes.** ☐ **No.**  
Go to line 5. The child is not a qualifying child.

☐ **Yes.** ☐ **No.**  
Go to line 5. The child is not a qualifying child.

☐ **Yes.** ☐ **No.**  
Go to line 5. The child is not a qualifying child.

**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

**Daughter**

**Son**

**6 Number of months child lived with you in the United States during 2020**

- If the child lived with you for more than half of 2020 but less than 7 months, enter "7."
- If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."

**12** months  
Do not enter more than 12 months.

**12** months  
Do not enter more than 12 months.

\_\_\_\_\_ months  
Do not enter more than 12 months.

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

**Schedule EIC (Form 1040) 2020**

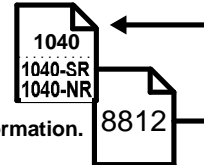
**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Additional Child Tax Credit**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**

▶ Go to **www.irs.gov/Schedule8812** for instructions and the latest information.



OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **47**

Name(s) shown on return

**Jessica Salazar**

Your social security number

**134-74-8871**

**Part I All Filers**

**Caution:** If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

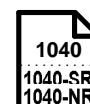
<b>1</b>	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.) . . . . .	<b>1</b>	<b>4,500.</b>
<b>2</b>	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>3</b>	<b>4,500.</b>
<b>4</b>	Number of qualifying children under 17 with the required social security number: <b>2</b> X \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit . . . . . <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	<b>4</b>	<b>2,800.</b>
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>	<b>2,800.</b>
<b>6a</b>	Earned income (see instructions) . . . . .	<b>6a</b>	<b>14,114.</b>
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>6b</b>	
<b>7</b>	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .	<b>7</b>	<b>11,614.</b>
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	<b>8</b>	<b>1,742.</b>

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . .	<b>9</b>	
<b>10</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8 . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	
<b>12</b>	<b>1040 and</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, <b>1040-SR filers:</b> and Schedule 3 (Form 1040), line 10. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 10. } . . . . .	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>	

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit . . . . .	<b>15</b>	<b>1,742.</b>
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Enter this amount on  
Form 1040, line 28;  
Form 1040-SR, line 28; or  
Form 1040-NR, line 28.

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

UYA

Schedule 8812 (Form 1040) 2020

**Qualified Business Income Deduction  
Simplified Computation****2020**Department of the Treasury  
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**Attachment  
Sequence No. **55**

Name(s) shown on return

**Jessica Salazar**

Your taxpayer identification number

**134-74-8871**

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	DJs Technicians llc	84-2039826	3,304.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . . .	2	3,304.	
3	Qualified business net (loss) carryforward from the prior year . . . . .	3	( 6,002. )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . . . .	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .			5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . . . .	7	( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .			9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .			10
11	Taxable income before qualified business income deduction . . . . .	11		
12	Net capital gain (see instructions). . . . .	12		
13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	13		
14	Income limitation. Multiply line 13 by 20% (0.20) . . . . .			14
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return . . . . . ▶			15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .			16
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .			17

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

Form **8995** (2020)

# Expenses for Business Use of Your Home

► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**  
► **Go to [www.irs.gov/Form8829](http://www.irs.gov/Form8829) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **176**

Name(s) of proprietor(s) **Jessica Salazar** Your social security number **134-74-8871**

## Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	65
2	Total area of home	2	1113
3	Divide line 1 by line 2. Enter the result as a percentage	3	05.84%
<b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	4	0 hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784	5	8784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	05.84%

## Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home. See instructions.	8	4,466.
<b>See instructions for columns (a) and (b) before completing lines 9-22.</b>			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	4,466.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	12,000.
20	Repairs and maintenance	20	
21	Utilities	21	3,600.
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	15,600.
24	Multiply line 23, column (b), by line 7	24	911.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	911.
27	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 26	27	911.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	3,555.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	911.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to <b>Form 4684</b> . See instructions.	35	
36	<b>Allowable expenses for business use of your home.</b> Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions.	36	911.

## Part III Depreciation of Your Home

37	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	2.564%
42	Depreciation allowable (see instr.). Multiply line 40 by line 41. Enter here and on line 30 above	42	0.

## Part IV Carryover of Unallowed Expenses to 2021

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

**Credits for Sick Leave and Family Leave  
for Certain Self-Employed Individuals**

► Attach to Form 1040, 1040-SR, or 1040-NR.  
► Go to [www.irs.gov/Form7202](http://www.irs.gov/Form7202) for instructions and the latest information.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

**Jessica Salazar**Social security number of person with  
self-employment income**134-74-8871****Part I Credit for Sick Leave for Certain Self-Employed Individuals**

<b>1</b>	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions . . . . .	<b>1</b>	<b>0</b>
<b>2</b>	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Do not include days you included in line 1.) See instructions . . . . .	<b>2</b>	<b>0</b>
<b>3</b>	If you are filing a fiscal year return, see instructions; otherwise enter 10 . . . . .	<b>3</b>	<b>10</b>
<b>4</b>	Enter the smaller of line 1 or line 3 . . . . .	<b>4</b>	<b>0</b>
<b>5</b>	Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>10</b>
<b>6</b>	Enter the smaller of line 2 or line 5 . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	Net earnings from self-employment (see instructions) . . . . .	<b>7</b>	
<b>8</b>	Divide line 7 by 260 (round to nearest whole number) . . . . .	<b>8</b>	
<b>9</b>	Enter the smaller of line 8 or \$511 . . . . .	<b>9</b>	
<b>10</b>	Multiply line 4 by line 9 . . . . .	<b>10</b>	
<b>11</b>	Multiply line 8 by 67% (0.67) . . . . .	<b>11</b>	
<b>12</b>	Enter the smaller of line 11 or \$200 . . . . .	<b>12</b>	
<b>13</b>	Multiply line 6 by line 12 . . . . .	<b>13</b>	
<b>14</b>	Add lines 10 and 13 . . . . .	<b>14</b>	
<b>15</b>	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer (see instructions) . . . . .	<b>15</b>	
<b>16</b>	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer (see instructions) . . . . .	<b>16</b>	
	<b>If line 15 and line 16 are both zero, skip to line 24 and enter the amount from line 14.</b>		
<b>17</b>	Add line 13 and line 16 . . . . .	<b>17</b>	
<b>18</b>	Enter the smaller of line 17 or \$2,000 . . . . .	<b>18</b>	
<b>19</b>	Subtract line 18 from line 17 . . . . .	<b>19</b>	
<b>20</b>	Add lines 10, 15, and 18 . . . . .	<b>20</b>	
<b>21</b>	Enter the smaller of line 20 or \$5,110 . . . . .	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20 . . . . .	<b>22</b>	
<b>23</b>	Add line 19 and line 22 . . . . .	<b>23</b>	
<b>24</b>	Subtract line 23 from line 14. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 12b . . . . .	<b>24</b>	

**Part II Credit for Family Leave for Certain Self-Employed Individuals**

<b>25</b>	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to a son or daughter. (Do not enter more than 50 days.) See instructions . . . . .	<b>25</b>	<b>50</b>
<b>26</b>	Net earnings from self-employment (see instructions) . . . . .	<b>26</b>	<b>15,187.</b>
<b>27</b>	Divide line 26 by 260 (round to nearest whole number) . . . . .	<b>27</b>	<b>58.</b>
<b>28</b>	Multiply line 27 by 67% (0.67) . . . . .	<b>28</b>	<b>39.</b>
<b>29</b>	Enter the smaller of line 28 or \$200 . . . . .	<b>29</b>	<b>39.</b>
<b>30</b>	Multiply line 25 by line 29 . . . . .	<b>30</b>	<b>1,950.</b>
<b>31</b>	Amount of qualified family leave wages you received from an employer (see instructions) . . . . .	<b>31</b>	
	<b>If line 31 is zero, skip to line 35 and enter the amount from line 30.</b>		
<b>32</b>	Add line 30 and line 31 . . . . .	<b>32</b>	
<b>33</b>	Enter the smaller of line 32 or \$10,000 . . . . .	<b>33</b>	
<b>34</b>	Subtract line 33 from line 32 . . . . .	<b>34</b>	
<b>35</b>	Subtract line 34 from line 30. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 12b . . . . .	<b>35</b>	<b>1,950.</b>

**2020 Other Income - Supporting Details for Schedule 1 (Form 1040), Line 8**

Name(s) shown on Form 1040 <b>Jessica Salazar</b>	Your social security number <b>134-74-8871</b>
--	---

Enter sources of other income below:	Jessica	Not Applicable
1. _____		
2. _____		
3. Gambling Winnings reported on Form W-2G . . . . .		
Other winnings where a Form W-2G not received . . . . .		
4. Jury Pay . . . . .		
5. Net Operating Loss carry forward from 2019 . . . . .		
6. Foreign earned income exclusion from Form 2555 . . . . .		
7. Other Income from Schedule K-1 . . . . .		
8. Income from personal property rental . . . . .		
9. Child's income amount from Form 8814, line 12 . . . . .		
10. MSA Distributions, Form 8853 . . . . .		
11. Medicare Advantage MSA Distributions, Form 8853 . . . . .		
12. Long-term Care Distribution, Form 8853 . . . . .		
13. Form 1099-MISC, Boxes 3 and 8 . . . . .		
14. Alaska Permanent Fund dividends . . . . .		
15. Coverdell ESA or Qualified Tuition Program . . . . .		
16. Cancellation of a nonbusiness debt, Form 1099-C . . . . .		
17. Cancellation of a business debt, Partnership Sch K-1 . . . . .		
18. HSA distributions and excess contributions, Form 8889 . . . . .		
19. Reemployment trade adjustment assistance (RTAA) . . . . .		
20. Recapture of prior year tuition and fees deduction . . . . .		
21. Recapture of charitable contribution deduction of a fractional interest in tangible personal property . . . . .		
22. Recapture of charitable contribution deduction if no exempt use . . . . .		
23. Income from Foreign Corporation, Form 5471 . . . . .		
24. Hobby income . . . . .		
25. Income or loss, Form 8621 . . . . .		
26. Loss on excess deferral distribution . . . . .		
27. Disaster relief payments . . . . .		
28. Medicaid waiver payments to care provider (NOTICE 2014-07) . . . . .		
29. Credit adjustment from regular income, Form 6478 and Form 8864 . . . . .		
30. Indian gaming proceeds (from 1099-MISC) . . . . .		
31. Indian tribal distrib (from 1099-MISC) . . . . .		
32. Native American distrib (from 1099-MISC) . . . . .		
33. Taxable distributions from ABLE accounts, Form 1099-QA . . . . .		
34. Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number . . . . .		
35. Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B) . . . . .		
36. Net section 965(a) inclusion . . . . .		
37. Section 965(n) election - reduction of NOL . . . . .		
38. Section 951A. Share of GILTI, Form 8992, Part II, Line 3 . . . . .		
39. Credits for sick and family leave wages (Schedule H) . . . . .		
40. Unemployment compensation exclusion . . . . .	-10,200.	
<b>Total Other Income . . . . .</b>	<b>-10,200.</b>	





## Department of Taxation and Finance

Office of Processing and Taxpayer Services  
W A Harriman Campus, Albany NY 12227-0865

### **New York State requires this income tax return to be filed electronically.**

New York State law requires income tax returns prepared using software to be e-filed. Because this New York State tax return was prepared using software, you **MUST** file it electronically.

Besides being the law, e-filing has many advantages:

- Taxpayers using e-file get their New York State refunds **twice** as fast as paper filers.
- E-filing is fast, easy, and secure.
- There are no additional costs for e-filing. Once you've paid for your New York State tax preparation software, you're entitled to FREE e-filing of your New York State return.

### **Most New Yorkers enjoy the benefits of e-filing.**

#### **Questions?**

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

**IT-201**

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning . . . and ending . . .

20

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

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your Social Security number	
JESSICA			SALAZAR		04051982		134748871	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number		New York State county of residence	
496 NEW YORK AVE							NASSAU	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
BALDWIN			NY	11510			BALDWIN	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number . . . . .	
							032	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY					
Decedent information								

**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 2020 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** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15). . . . . Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2020? (see page 15) . . . . . Yes ☐ No ☒(2) Enter the number of days spent in NYC in 2020  
(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 2020 . . . . .(2) Number of months **your spouse** lived in NYC in 2020 . . . . .**G** Enter your **2-character special condition code(s)** if applicable (see page 15) . . . . . P3**H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
ARIANA		WALKER	DAUGHTER	088961445	01082007
JONATHAN		WALKER	SON	776422786	12182011
JUSTIN		O'NEILL	SON	771050591	08292001

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

201001201064



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Your Social Security number

134748871

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

Whole dollars only

1	Wages, salaries, tips, etc.	1	.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	3555.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-38.00
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 X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	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	19462.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify: WKST. ATT.	16	-10200.00
17	Add lines 1 through 11 and 13 through 16	17	12779.00
18	Total federal adjustments to income (see page 16) Identify: WKST. ATT.	18	251.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	12528.00
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	22728.00

**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	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	22728.00

**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	New York's 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	New York adjusted gross income (subtract line 32 from line 24)	33	22728.00

**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 X in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	11200.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	11528.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	3000.00
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	8528.00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Name(s) as shown on page 1  
JESSICA SALAZAR

Your Social Security number  
134748871

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

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2)	<b>38</b>	8528.00
<b>39</b>	NYS tax on line 38 amount (see page 22)	<b>39</b>	341.00
<b>40</b>	NYS household credit (page 22, table 1, 2, or 3)	<b>40</b>	80.00
<b>41</b>	Resident credit (see page 23)	<b>41</b>	.00
<b>42</b>	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>	.00
<b>43</b>	Add lines 40, 41, and 42.	<b>43</b>	80.00
<b>44</b>	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	<b>44</b>	261.00
<b>45</b>	Net other NYS taxes (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>	261.00

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

<b>47</b>	NYC taxable income (see page 23)	<b>47</b>	.00
<b>47a</b>	NYC resident tax on line 47 amount (see page 23)	<b>47a</b>	.00
<b>48</b>	NYC household credit (page 23)	<b>48</b>	.00
<b>49</b>	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	<b>49</b>	.00
<b>50</b>	Part-year NYC resident tax (Form IT-360.1)	<b>50</b>	.00
<b>51</b>	Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>	.00
<b>52</b>	Add lines 49, 50, and 51.	<b>52</b>	.00
<b>53</b>	NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>	.00
<b>54</b>	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>	.00
<b>54a</b>	MCTMT net earnings base	<b>54a</b>	.00
<b>54b</b>	MCTMT	<b>54b</b>	.00
<b>55</b>	Yonkers resident income tax surcharge (see page 26)	<b>55</b>	.00
<b>56</b>	Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>	.00
<b>57</b>	Part-year Yonkers resident income tax surcharge (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>	.00

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



<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>	20.00
<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>	281.00

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Your Social Security number

134748871

62 Enter amount from line 61

62

281.00

**Payments and refundable credits** (see pages 28 through 31)

63	Empire State child credit	63	550.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	1482.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	2032.00



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 more than line 62, subtract line 62 from line 76; see page 32)	77	1751.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	1751.00
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)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1751.00

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 2021 estimated tax (see instructions)

79 .00

80 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 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33)

81 .00

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 031101279

83c Account number 156126952597

84 Electronic funds withdrawal (see page 34)

Date

Amount .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:		

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

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
APPLICATION SUPPORT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number
	516 522 4234
Email:	

See instructions for where to mail your return.

201004201064



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Department of Taxation and Finance

**Claim for Empire State Child Credit**

Tax Law - Section 606(c-1)

**IT-213**

Submit this form with Form IT-201 or IT-203.

**Step 1 - Enter identifying information**

Your name as shown on return	Your Social Security number (SSN)
JESSICA SALAZAR	134748871
Spouse's name	Spouse's SSN

**Step 2 - Determine eligibility**

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for all of 2020? . . . . . **1** Yes ☒ No ☐  
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2020? . . . . . **2** Yes ☒ No ☐
- 3 Is your NY recomputed federal adjusted gross income on Form IT-201, line 19a (see instructions)  
- \$110,000 or less and your filing status is ② married filing joint return;  
- \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); or  
- \$55,000 or less and your filing status is ③ married filing separate return? . . . . . **3** Yes ☒ No ☐  
If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (see instructions) . . . . . **4**
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2020   
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

**Step 3 - Enter child information**

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
ARIANA		WALKER		088961445	01082007
JONATHAN		WALKER		776422786	12182011

Use Form IT-213-ATT if you have additional children to report (see instructions).

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NO HANDWRITTEN ENTRIES ON THIS FORM

**Step 4 - Compute credit**

If you answered **Yes** to question 2, you must complete Worksheet A **or** B **and** Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

6	Enter the amount from Worksheet A, line 10 or Worksheet B, line 13 (see instructions) . . . . .	6	.00
7	Enter your additional child tax credit amount from Worksheet C (see instructions) . . . . .	7	1 6 6 7.00
8	Add lines 6 and 7. . . . .	8	1 6 6 7.00

If the amount on line 8 is zero, skip lines 9 through 12, and enter **0** on line 13; continue with line 14.

If the amount on line 8 is more than zero, continue with line 9.

9	Enter the number of children from line 4 . . . . .	9	2
10	Divide line 8 by line 9 . . . . .	10	8 3 4.00
11	Enter the number of children from line 5 . . . . .	11	2
12	Multiply line 10 by line 11 . . . . .	12	1 6 6 7.00
13	Multiply line 12 by 33% (.33) . . . . .	13	5 5 0.00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

**All others continue with line 14.**

14	Enter the number of children from line 5 . . . . .	14	2
15	Multiply line 14 by 100 . . . . .	15	2 0 0.00
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater) . . . . .	16	5 5 0.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

**Step 5 - Spouses required to file separate New York State returns (see instructions)**

17	Enter the full-year resident spouse's share of the line 16 amount; <b>do not leave line 17 blank</b> . . . Enter here and on Form IT-201, line 63.	17	.00
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; <b>do not leave line 18 blank</b> . . . . . Enter the line 18 amount and code <b>213</b> on Form IT-203-ATT, line 12.	18	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

# Claim for Earned Income Credit

New York State • New York City

Tax Law - Section 606(d)

**IT-215**

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your Social Security number
JESSICA SALAZAR	134748871

- 1 Did you claim the federal earned income credit? . . . . . **1** Yes ☒ No ☐
- 1a Did you file a NYS Form IT-558? . . . . . **1** Yes ☒ No ☐  
If **No**, on lines 1 and 1a, **stop; you do not qualify for these credits.**  
**All others:** See instructions.
- 2 Is your investment income (see instructions) greater than \$3,650? If **Yes**, **stop; you do not qualify for these credits.** . . . **2** Yes ☐ No ☒
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return. . . . . **3** Yes ☐ No ☒
- 4 Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5. . . . . **4** Yes ☒ No ☐  
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. . . . .  
If you claimed more than three, see instructions.

	First name	MI	Last name	Suffix	Relationship
1st Child	ARIANA		WALKER		DAUGHTER
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
	12	<input type="checkbox"/>	<input type="checkbox"/>	088961445	01082007
2nd Child	JONATHAN		WALKER		SON
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
	12	<input type="checkbox"/>	<input type="checkbox"/>	776422786	12182011
3rd Child					
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
		<input type="checkbox"/>	<input type="checkbox"/>		

\* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).  
The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on page 2 of this claim form. . . . . **5** Yes ☐ No ☒

Whole dollars only

6 Wages, salaries, tips, etc., from <b>Worksheet A</b> line 4, in the instructions, Form IT-215-I . . . . .	<b>6</b>	14114.00
7 Earned income adjustments (see instructions) . . . . .	<b>7</b>	.00
8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3). Employer identification number (see instructions) . . . . . 842039826	<b>8</b>	.00
9 Enter your recomputed federal adjusted gross income (from Form IT-201, line 19a, or Form IT-203, line 19a, Federal amount column)	<b>9</b>	22728.00
10 Amount of federal EIC claimed or recomputed federal EIC (see instructions) . . . . .	<b>10</b>	5205.00
11 New York State earned income credit (NYS EIC) rate 30% (.30) . . . . .	<b>11</b>	.30
12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) . . . . .	<b>12</b>	1562.00

**Complete Worksheet B on page 2 before continuing.**

13 Enter the amount from <b>Worksheet B</b> , line 5, on page 2 of this form . . . . .	<b>13</b>	341.00
14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39). . . . .	<b>14</b>	80.00
15 Enter the smaller of line 13 or line 14 . . . . .	<b>15</b>	80.00
16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions). . . . .	<b>16</b>	1482.00
17 If your New York State filing status is ③, <b>Married filing separate return</b> , complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint recomputed federal adjusted gross income below. . . . .	<b>17</b>	.00
Recomputed federal adjusted gross income . . . . .		.00

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NO HANDWRITTEN ENTRIES ON THIS FORM



**Part-year New York State resident earned income credit**

**Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.**

<b>18</b>	Enter your New York State earned income credit (from line 16 or line 17) . . . . .	<b>18</b>		.00
<b>19</b>	Enter the amount from Form IT-203, line 42. . . . .	<b>19</b>		.00
	- If line 19 is equal to or more than line 18, <b>stop. You do not have excess New York State earned income credit.</b>			
	- If line 19 is less than line 18, <b>continue on line 20 below.</b>			
<b>20</b>	<b>Excess New York State earned income credit</b> (subtract line 19 from line 18) . . . . .	<b>20</b>		.00
<b>21</b>	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.) . . . . .	<b>21</b>		.00
	- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, <b>stop. Do not continue with this computation.</b> Enter the amount from line 20 above on Form IT-203-ATT, line 32.			
	- If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.			
<b>22</b>	Subtract line 21 from line 20. <b>This is your remaining excess New York State earned income credit.</b> . . . . .	<b>22</b>		.00
<b>23</b>	Amount from line 19, Column D, of <i>Part-year resident income allocation worksheet</i> , in Form IT-203-I. . . . .			
	- If you did not file NYS Form IT-558, enter this amount (see instructions)			
	- If you filed NYS Form IT-558, add to or subtract from this amount any amounts on line 2 and line 4 of <i>Line 19a New York State amount column worksheet</i> , in Form IT-203-I (that is related to your NYS resident period), and enter the result (see instructions) .			
	<b>23</b>			.00
<b>24</b>	Enter the amount from Form IT-203, line 19a, <i>Federal amount</i> column . . . . .	<b>24</b>		.00
<b>25</b>	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) (see instructions). . . . .	<b>25</b>		
<b>26</b>	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. <b>This is the refundable portion of your part-year New York State resident earned income credit.</b> . . . . .	<b>26</b>		.00

**New York City earned income credit** (full-year and part-year New York City residents)

<b>27</b>	From <b>Worksheet C, New York City earned income credit</b> , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on <b>Form IT-201, line 70</b> , or <b>Form IT-203-ATT, line 11</b> . . . . .	<b>27</b>		.00
	Part-year New York City residents must also complete line 28 below.			
<b>28</b>	<b>Part-year New York City adjusted gross income</b>			
	Enter the amounts from Worksheet C, lines 6 and 7 . . . . .	<b>28A</b>		.00
		<b>28B</b>		.00

**Worksheet B**

<b>1</b>	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) . . . . .	<b>1</b>		341.00
<b>2</b>	Resident credit (see instructions) . . . . .	<b>2</b>		.00
<b>3</b>	Accumulation distribution credit (see instructions). . . . .	<b>3</b>		.00
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>		.00
<b>5</b>	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on page 1 of this form . . . . .	<b>5</b>		341.00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

**New York State Voluntary Contributions**

Attachment to Form IT-201 or IT-203

**IT-227**

Submit this form with Form IT-201 or IT-203. See instructions.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
JESSICA SALAZAR	134748871

**Part 1 - Voluntary contributions**

Whole dollars only

1	Return a Gift to Wildlife . . . . .	1	.00	26	Leukemia, Lymphoma, and Myeloma Fund . . . . .	26	.00
2	Missing and Exploited Children . . . . .	2	.00	27	New York State Campaign Finance Fund (see instr.) . . . . .	27	.00
3	Breast Cancer Research . . . . .	3	.00				
4	Alzheimer's Fund . . . . .	4	10.00				
5	Olympic Fund (see instructions) . . . . .	5	.00				
6	Prostate Cancer . . . . .	6	.00				
7	9/11 Memorial . . . . .	7	.00				
8	Volunteer Firefighting . . . . .	8	.00				
9	Teen Health Education . . . . .	9	.00				
10	Veterans Remembrance . . . . .	10	.00				
11	Homeless Veterans . . . . .	11	.00				
12	Mental Illness Anti-Stigma . . . . .	12	.00				
13	Women's Cancers Fund . . . . .	13	.00				
14	Autism Fund . . . . .	14	.00				
15	Veterans' Homes . . . . .	15	.00				
16	Love Your Library Fund . . . . .	16	.00				
17	Lupus Fund . . . . .	17	.00				
18	Military Family Fund . . . . .	18	.00				
19	CUNY Fund . . . . .	19	.00				
20	Life Pass It On Fund . . . . .	20	.00				
21	ALS Research and Education . . . . .	21	.00				
22	School-Based Health Centers . . . . .	22	.00				
23	Gifts to Food Banks Fund . . . . .	23	.00				
24	Home Delivered Meals for Seniors . . . . .	24	10.00				
25	Gift to The Arts Fund . . . . .	25	.00				

**Part 2 - Total voluntary contributions**

1 Total (add Part 1, lines 1 through 27); enter here and on Form IT-201, line 60, or Form IT-203, line 57 . . . . .

1	20.00
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Department of Taxation and Finance

# New York State Adjustments due to Decoupling from the IRC

Attachment to Form IT-201, IT-203, IT-204, or IT-205

**IT-558**

Name(s) as shown on return	Identifying number as shown on return
JESSICA SALAZAR	134748871

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an **X** in the box identifying the return you are filing: IT-201 ☒ IT-203 ☐ IT-204 ☐ IT-205 ☐**Schedule A - New York State addition adjustments to recompute federal amounts** (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts****1** New York State additions

	Number	A - Total amount	B - NYS allocated amount
<b>1a</b>	<b>A - 011</b>	10200.00	.00
<b>1b</b>	<b>A -</b>	.00	.00
<b>1c</b>	<b>A -</b>	.00	.00
<b>1d</b>	<b>A -</b>	.00	.00
<b>1e</b>	<b>A -</b>	.00	.00
<b>1f</b>	<b>A -</b>	.00	.00
<b>1g</b>	<b>A -</b>	.00	.00

<b>2</b> Total (add column <b>A</b> , lines 1a through 1g) . . . . .	<b>2</b>	10200.00
<b>3</b> Total of Schedule A, Part 1, column <b>A</b> amounts from additional Form(s) IT-558, if any . . . . .	<b>3</b>	.00
<b>4</b> Add lines 2 and 3 . . . . .	<b>4</b>	10200.00

**Part 2 - Partners, shareholders, and beneficiaries****5** New York State additions

	Number	A - Total amount	B - NYS allocated amount
<b>5a</b>	<b>EA -</b>	.00	.00
<b>5b</b>	<b>EA -</b>	.00	.00
<b>5c</b>	<b>EA -</b>	.00	.00
<b>5d</b>	<b>EA -</b>	.00	.00
<b>5e</b>	<b>EA -</b>	.00	.00
<b>5f</b>	<b>EA -</b>	.00	.00
<b>5g</b>	<b>EA -</b>	.00	.00

<b>6</b> Total (add column <b>A</b> , lines 5a through 5g) . . . . .	<b>6</b>	.00
<b>7</b> Total of Schedule A, Part 2, column <b>A</b> amounts from additional Form(s) IT-558, if any . . . . .	<b>7</b>	.00
<b>8</b> Add lines 6 and 7 . . . . .	<b>8</b>	.00
<b>9</b> Total additions (add lines 4 and 8; see instructions) . . . . .	<b>9</b>	10200.00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

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**Schedule B - New York State subtraction adjustments to recompute federal amounts** (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts****10** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
10a	S -	.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11 Total (add column A, lines 10a through 10g) . . . . . **11** .00

12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-558, if any . . . **12** .00

13 Add lines 11 and 12 . . . . . **13** .00

**Part 2 - Partners, shareholders, and beneficiaries****14** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15 Total (add column A, lines 14a through 14g) . . . . . **15** .00

16 Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-558, if any . . . **16** .00

17 Add lines 15 and 16 . . . . . **17** .00

**18 Total subtractions** (add lines 13 and 17; see instructions) . . . . . **18** .00

NO HANDWRITTEN ENTRIES ON THIS FORM



**Other Income****Supporting Details for Form IT-201, line 16**

Enter sources of other income below:

Taxpayer

Spouse

1.		
2.		
3.	Gambling Winnings . . . . .	
4.	Jury Pay. . . . .	
5.	Net Operating Loss carry forward from 2013. Enter the loss as a negative amount . . . . .	
6.	Foreign earned income exclusion from Form 2555 . . . . .	
7.	Other Income from Schedule K-1 . . . . .	
8.	Income from personal property rental. . . . .	
9.	Child's income amount from Form 8814, line 12. . . . .	
10.	MSA Distributions, Form 8853 . . . . .	
11.	Medicare+Choice MSA Distribution, Form 8853 . . . . .	
12.	Long-term Care Distribution, Form 8853 . . . . .	
13.	Form 1099-MISC, Boxes 3 and 8 . . . . .	
14.	Alaska Permanent Fund dividends . . . . .	
15.	Coverdell ESA or Qualified Tuition Program . . . . .	
16.	Cancellation of a nonbusiness debt, Form 1099-C . . . . .	
17.	Cancellation of a business debt, Partnership Sch K-1 . . . . .	
18.	HSA Distributions, Form 8889. . . . .	
19.	Reemployment trade adjustment assistance (RTAA) . . . . .	
20.	Recapture of prior year tuition and fees deduction. . . . .	
21.	Recapture of charitable contribution deduction of a fractional interest in tangible personal property . . . . .	
22.	Recapture of charitable contribution deduction if no exempt use . . . . .	
23.	Income from Foreign Corporation, Form 5471 . . . . .	
24.	Hobby Income . . . . .	
25.	Income or loss from Section 1291, Form 8621. . . . .	
26.	Loss on excess deferral distribution. . . . .	
27.	Disaster relief payments . . . . .	
28.	Scholarship and fellowship grants (federal Form 1040NR) . . . . .	
29.	Medicaid waiver payments to care providers. . . . .	
30.	Credit adjustment from regular income, Form 6478 and Form 8864 . . . . .	
31.	Indian gaming proceeds (Form 1099-Misc) . . . . .	
32.	Indian tribal distributions (Form 1099-Misc) . . . . .	
33.	Native American distributions (Form 1099-Misc) . . . . .	
34.	Distributions from ABLE account (Form 1099-QA) . . . . .	
35.	Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number. . . . .	
36.	Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B) . . . . .	
37.	Net section 965(a) inclusion . . . . .	
38.	Section 965(n) election-reduction of NOL . . . . .	
39.	Section 951A. Share of GILTI, Form 8992, Part II, Line 3 . . . . .	
40.	Credits for sick and family leave wages (Schedule H). . . . .	
41.	Unemployment compensation exclusion . . . . .	-10,200.
	<b>Total Other Income . . . . .</b>	<b>-10,200.</b>

Name(s) shown on Form IT-201

Your social security number

Jessica Salazar

134748871

**Adjustments to  
Supporting Details for Form IT-201, line 18**

Educator expenses . . . . .	_____
Certain business expenses from Form 2106 . . . . .	_____
Health savings account deduction from Form 8889 . . . . .	_____
Moving expenses . . . . .	_____
Deductible part of self-employment tax . . . . .	251 .
Self-employed health insurance deduction . . . . .	_____
Self-employed SEP, SIMPLE and qualified plans . . . . .	_____
Penalty on early withdrawal of savings . . . . .	_____
Alimony paid . . . . .	_____
IRA deduction . . . . .	_____
Student loan interest deduction . . . . .	_____
Tuition and fees deduction . . . . .	_____
Scholarship and fellowship grants excluded . . . . .	_____
Foreign housing deduction from Form 2555 . . . . .	_____
Archer MSA deduction from Form 8853 . . . . .	_____
Jury pay repayment to employer . . . . .	_____
Reforestation amortization . . . . .	_____
Repayment of supplemental unemployment benefits . . . . .	_____
Contributions to a 501(c)(18) plan . . . . .	_____
Expenses for personal property rental . . . . .	_____
Contributions by certain chaplains to a 403(b) plan . . . . .	_____
Certain qualified attorney fees, court costs paid after 10/22/2004 for actions involving unlawful discrimination . . . . .	_____
Qualified whistleblower fees . . . . .	_____
Extraterritorial Income Exclusion from Form 8873 . . . . .	_____
Nontaxable amount of Olympic and Paralympic medals and USOC prize money reported on line 21 . . . . .	_____
Excess deductions on termination of an estate or trust . . . . .	_____
Charitable contributions if you take the standard deduction . . . . .	_____
Total Other Adjustments . . . . .	251 .