

Notes about the return

2020 PAGE 1

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

- 204 W-2 AMOUNT TO SCHEDULE A: The amount on line 14 of Form W-2 has been carried to Schedule A. Verify that the amount and location are correct.
- 359 EIC DUE DILIGENCE: There is a computed Earned Income Credit on this tax return. It is important to document who did the due diligence and who provided the information used to determine EIC eligibility. Drake Tax recommends using screen DD2 to do so.
- 542 REVIEW ESTIMATED TAX PAYMENTS: Line 26, "Estimated tax payments and amount applied," of Form 1040 (or line 9, "Amount paid with request for extension to file," on Schedule 3 if filing past the due date) is blank. Verify whether or not the taxpayer made estimated tax payments in either of the following cases:
- There are no estimated tax payments entered and no entry for amount paid with extension, and the taxable income is \$200,000 or more
 - There is self-employment income on Schedule SE, there are no estimated tax payments entered, and there is no entry for amount paid with extension
- 577 CURRENT-YEAR INCOME PRODUCED MORE EIC: Calculations using the current-year earned income produced more EIC for the taxpayer than did the prior-year earned income entered on screen 8812. The program will therefore use the current-year earned income for EIC calculations for this return.

EFSTATUS	EF Transmission Status (Keep for your records)						2020																																																																						
Name(s) as shown on return NUSRAT SAHINA & KHANDAKER JAMY						Your social security number 084-02-4730																																																																							
<p>The following will be transmitted to the IRS.</p> <div> <input checked="" type="checkbox"/> 1040, 1040-SR or 1040-NR <input type="checkbox"/> 1040-X <input type="checkbox"/> 4868 <input type="checkbox"/> 2350 <input type="checkbox"/> 9465 <input type="checkbox"/> FinCEN 114 <input type="checkbox"/> Form 56 </div>																																																																													
<p>The following state returns will be transmitted:</p> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																													
<p>The following returns have been suppressed or are not eligible and will NOT be transmitted.</p> <p><u>NY201</u></p> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																													
<p>EF Notes</p>																																																																													

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

NUSRAT SAHINA & KHANDAKER JAMY

Taxpayer address (optional)

1808 MCGRAW AVE APT 2NDFL

BRONX, NY 10472

1. ☐ Your federal income tax return for **2020** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **Liberty Tax - Office 16105**.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

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	
NUSRAT		SAHINA		084-02-4730	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
KHANDAKER		JAMY		866-94-2371	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
1808 MCGRAW AVE				2NDFL	
City, town, or post office. If you have a foreign address, also complete spaces below.		State	ZIP code		
BRONX		NY	10472		
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):

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	27,743
	2a	Tax-exempt interest	2a		
	3a	Qualified dividends	3a		
	4a	IRA distributions	4a		
	5a	Pensions and annuities	5a		
	6a	Social security benefits	6a		
Standard Deduction for- • 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 <i>Standard Deduction</i> , see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8	Other income from Schedule 1, line 9		8	21,375
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	49,118
	10	Adjustments to income:			
	a	From Schedule 1, line 22	10a	266	
	b	Charitable contributions if you take the standard deduction. See instructions	10b		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	266	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	48,852
	12	Standard deduction or itemized deductions (from Schedule A).		12	24,800
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	699
14	Add lines 12 and 13		14	25,499	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.		15	23,353	

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	2,410
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,410
19	Child tax credit or credit for other dependents	19	2,410
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,410
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	532
24	Add lines 22 and 23. This is your total tax ▶	24	532

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	215
b	Form(s) 1099	25b	755
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	970

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

26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	938
28	Additional child tax credit. Attach Schedule 8812	28	1,590
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,100
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	3,628
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	4,598

Refund

Direct deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,066
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35a	4,066
▶ b	Routing number <u>2 2 6 0 7 0 1 3 1</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number <u>0 6 9 5 0 1 4 3 8 1</u> ▶		
36	Amount of line 34 you want applied to your 2021 estimated tax ▶	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now ▶	37	0
Note: 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	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☒ **Yes.** Complete below. ☐ **No**

Designee's name ▶ **Harun Ali**

Phone no. ▶ **718-684-2026**

Personal identification number (PIN) ▶ **2 1 8 4 7**

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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
97512	05-14-2021		
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.) ▶
17032	05-14-2021		
Phone no. 347-698-1331	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	09-07-2021	P01621847	
Preparer's name Harun Ali	Phone no. 718-684-2026		
Firm's name ▶ Liberty Tax - Office 16105			
Firm's address ▶ 677 Morris Park Ave Bronx, NY 10462		Firm's EIN ▶ 27-1241694	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2020)

EEA

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 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

NUSRAT SAHINA & KHANDAKER JAMY

Your social security number

084-02-4730

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) . . . ▶		
3	Business income or (loss). Attach Schedule C	3	3,762
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	38,013
8	Other income. List type and amount . ▶ <u>UCE</u>	8	(20,400)
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	21,375

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	266
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) . . . ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	266

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

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 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **02**

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

NUSRAT SAHINA & KHANDAKER JAMY

Your social security number

084-02-4730

Part I		Tax
1	Alternative minimum tax. Attach Form 6251	1
2	Excess advance premium tax credit repayment. Attach Form 8962	2
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3 0
Part II		Other Taxes
4	Self-employment tax. Attach Schedule SE	4 532
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .	5
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6
7a	Household employment taxes. Attach Schedule H	7a
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8
9	Section 965 net tax liability installment from Form 965-A	9
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10 532

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

Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to **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.

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

Name of proprietor KHANDAKER JAMY		Social security number (SSN) 866-94-2371
A Principal business or profession, including product or service (see instructions) TAXI DRIVER		B Enter code from instructions 485300
C Business name. If no separate business name, leave blank. KHANDAKER H JAMY		D Employer ID number (EIN) (see instr.) 20-8809830
E Business address (including suite or room no.) ► 1043 OLMSTEAD AVE FLOOR 1 City, town or post office, state, and ZIP code Bronx, NY 10472		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" 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"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input 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	13,552
2	Returns and allowances		2	0
3	Subtract line 2 from line 1		3	13,552
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3.		5	13,552
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	13,552

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

8	Advertising	8		18	Office expense (see instructions)	18	
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		a	Vehicles, machinery, and equipment	20a	
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	
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	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	9,790
				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		28	9,790		
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29	3,762		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: 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		30			
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		31	3,762		
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 Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Name(s)

KHANDAKER JAMY

SSN

866-94-2371

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ► _____
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

UBER YEARLY STATEMENT EXPENSES	3,472
TAXI RENTAL FROM FEB TO DECEMBER	4,550
GAS FOR TAXI	1,220
CAR WASH	76
PHONE BILL AND INTERNET FOR UBER	300
STREET PARKING	87
TREAT TO CLIENTS	85
48 Total other expenses. Enter here and on line 27a	48 9,790

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to 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)

KHANDAKER JAMY

Social security number of person
with self-employment income ►

866-94-2371

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.

1 a 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	3,762
3 Combine lines 1a, 1b, and 2	3	3,762
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	3,474
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	3,474
5 a 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	
6 Add lines 4c and 5b	6	3,474
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
8 a 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	499
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	499
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►	9	137,201
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	10	431
11 Multiply line 6 by 2.9% (0.029)	11	101
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	532
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	266

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **or (b)** your net farm profits² 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 ¹ (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 profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income⁴, **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 ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

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

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

² 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.

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

Part III **Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

SCHEDULE EIC
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

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 for the latest information.**

OMB No. 1545-0074

2020Attachment
Sequence No. **43**

Your social security number

084-02-4730**NUSRAT SAHINA & KHANDAKER JAMY****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.

CAUTION!

- 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

**ARHAM
NUBAID**

First name

Last name

**ARISHA
ALEEZA**

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.

683-55-2538**139-31-4075****3 Child's year of birth**Year **2020**

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 **2014**

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.)

SON**DAUGHTER****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 monthsDo not enter more than 12
months.**12** monthsDo not enter more than 12
months.

_____ months

Do not enter more than 12
months.

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

EEA

Schedule EIC (Form 1040) 2020

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

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**

Your social security number

084-02-4730

NUSRAT SAHINA & KHANDAKER JAMY

Part I All Filers

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

1	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.)	1	4,000
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	2,410
3	Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit	3	1,590
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit TIP: 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.	4	2,800
5	Enter the smaller of line 3 or line 4	5	1,590
6a	Earned income (see instructions)	6a	44,362
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	41,862
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. 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.	8	6,279

Part II Certain Filers Who Have Three or More Qualifying Children

9	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	9	
10	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	10	
11	Add lines 9 and 10	11	
12	1040 and Enter the total of the amounts from Form 1040 or 1040-SR, line 27. 1040-SR filers: and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	1,590
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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.

Schedule 8812 (Form 1040) 2020

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2020Department of the Treasury
Internal Revenue Service► **Attach to your tax return.**► **Go to www.irs.gov/Form8995 for instructions and the latest information.**Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

NUSRAT SAHINA & KHANDAKER JAMY**084-02-4730**

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	Schedule C: KHANDAKER H JAMY	20-8809830	3,496
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	3,496
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	3,496
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	699
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0
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	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	699
11	Taxable income before qualified business income deduction	11	24,052
12	Net capital gain (see instructions)	12	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	24,052
14	Income limitation. Multiply line 13 by 20% (0.20)	14	4,810
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	699
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2020)

EEA

Amount from Form 1040, line 11..... 48,852
 Amount from Form 1040, line 12..... 24,800

Line 11 above is the difference between these amounts..... 24,052

Paid Preparer's Due Diligence Checklist*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status***► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8867 for instructions and the latest information.****2020**Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

NUSRAT SAHINA & KHANDAKER JAMY

Taxpayer identification number

084-02-4730

Enter preparer's name and PTIN

Harun Ali**P01621847****Part I Due Diligence Requirements**Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V
for the benefit(s) claimed (check all that apply).☒ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: tax payer has all information Healthcare Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.**Form 8867 (2020)**

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - Submit Form 8867 in the manner required; **and**
 - Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

EIC Due Diligence Assistant

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Part I All Taxpayers

1 Enter preparer's name and PTIN ▶ **Harun Ali** **P01621847**

2 Is the taxpayer's filing status married filing separately?

☐ Yes ☒ No

▶ If you checked "Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See the instructions before answering

☒ Yes ☐ No

▶ If you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)?

☐ Yes ☒ No

▶ If you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2020?

☐ Yes ☒ No

▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly?

☐ Yes ☐ No

▶ If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

6 Is the taxpayer's **investment income** more than \$3,650?

☐ Yes ☒ No

▶ If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

7 Could the taxpayer be a **qualifying child** of another person for 2020? If the taxpayer's filing status is married filing jointly, check "No."

☐ Yes ☒ No

▶ If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date 09-07-2021		

EIC Due Diligence Assistant

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Part II Taxpayers With a Child

	Child 1	Child 2	Child 3
	ARHAM NUBAID	ARISHA ALEEZA	
8 Child's name	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them? . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Was the child unmarried at the end of 2020? If " No " and the child filed a return for any reason other than to claim a refund, the child is not the taxpayer's qualifying child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of 2020? . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of 2020) - • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a student (defined in the instructions), and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? ▶ If you checked " Yes " on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked " No " on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a Do you or the taxpayer know of another person who could check " Yes " on lines 9, 10, 11, and 12 for the child? ▶ If you checked " No " on line 13a, go to line 14. Otherwise, go to line 13b.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? ▶ If you checked " Yes " on line 13c, go to line 14. If you checked " No ," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If you checked " Don't know ," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes? ▶ If you checked " No " on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). If you checked " Yes " on line 14, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 If the qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
16 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2020? ▶ If you checked " No " on line 16, stop ; the taxpayer cannot take the EIC. If you checked " Yes " on line 16, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date 09-07-2021		

EIC Due Diligence Assistant

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Part III Taxpayers Without a Qualifying Child

<p>17 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.)</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p> <p>18 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2020?</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p> <p>19 Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2020? If the taxpayer's filing status is married filing jointly, check "No".</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 19, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p> <p>20 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2020?</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 20, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 20, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

Part IV Documents Provided to You

21 Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box **a**. If there is no disabled child, check box **o**.

Residency of Qualifying Child(ren)

- | | |
|---|--|
| <p><input type="checkbox"/> a No qualifying child</p> <p><input type="checkbox"/> b School records or statement</p> <p><input type="checkbox"/> c Landlord or property management statement</p> <p><input checked="" type="checkbox"/> d Healthcare provider statement</p> <p><input type="checkbox"/> e Medical records</p> <p><input type="checkbox"/> f Childcare provider records</p> <p><input type="checkbox"/> g Placement agency statement</p> <p><input type="checkbox"/> h Social services records or statement</p> | <p><input type="checkbox"/> i Place of worship statement</p> <p><input type="checkbox"/> j Indian tribal official statement</p> <p><input type="checkbox"/> k Employer statement</p> <p><input type="checkbox"/> l Other (specify) ▼</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> m Did not rely on any documents, but made notes in file</p> <p><input type="checkbox"/> n Did not rely on any documents</p> |
|---|--|

Disability of Qualifying Child(ren)

- | | |
|---|--|
| <p><input checked="" type="checkbox"/> o No disabled child</p> <p><input type="checkbox"/> p Doctor statement</p> <p><input type="checkbox"/> q Other healthcare provider statement</p> <p><input type="checkbox"/> r Social services agency or program statement</p> | <p><input type="checkbox"/> s Other (specify) ▼</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> t Did not rely on any documents, but made notes in file</p> <p><input type="checkbox"/> u Did not rely on any documents</p> |
|---|--|

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date		
09-07-2021			

Due Diligence

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Income

Does the income appear to be sufficient to support the taxpayer and qualifying children?

If "No," some additional inquiries might be needed ☒ Yes ☐ No

Taxpayers with self-employment income:

☐ Not applicable

1. How long have you owned your business? LONG TIME

2. Can you provide any documentation to substantiate your business?

- | | |
|---|--|
| <input type="checkbox"/> Business cards | <input type="checkbox"/> Business/occupational license (if required) |
| <input type="checkbox"/> Business stationary | <input type="checkbox"/> Other tax returns (sales/excise, employment, etc.) |
| <input type="checkbox"/> Receipts or receipt book (with company header) | <input type="checkbox"/> Advertisements (newspaper, flyer, yellow pages, etc.) |

Other (list any other documentation you can provide to substantiate your business):

UBER STATEMENT

3. Who maintains the business records? TAX PAYER

4. Do you maintain separate banking accounts for personal and business transactions? ☐ Yes ☒ No

a. If "Yes," what form of records were provided?

b. If "No," how do you differentiate between personal and business transactions and monetary assets?

5. Were satisfactory records of income and expense provided? ☒ Yes ☐ No

a. If "Yes," in what form were these records provided?

- | | |
|---|---|
| <input type="checkbox"/> Accounting records | <input type="checkbox"/> Car/truck expenses |
| <input type="checkbox"/> Paid invoices/receipts | <input type="checkbox"/> Ledgers |
| <input type="checkbox"/> Log books | <input type="checkbox"/> Business bank accounts |
| <input type="checkbox"/> Computer records | |

Other (list any other forms of documentation you can provide to support your business):

UBER

b. If "No," how did you determine:

The amount of income? _____

The amount of expense? _____

6. Form 1099-NEC:

a. Do you have any Forms 1099-NEC to support the income? ☐ Yes ☒ No

b. If not, is it reasonable that the business type would not receive Form 1099-NEC? ☒ Yes ☐ No

7. Are the expenses consistent with the type of business? ☒ Yes ☐ No

8. Are the amounts of expense reasonable? ☒ Yes ☐ No

9. Are any expenses that are typical for this type of business missing? ☐ Yes ☒ No

10. List any other information you can provide related to your business:

Your signature

Date

Spouse's signature. If joint return, BOTH must sign.

Date

Paid preparer's signature

Date

09-07-2021

IRS e-file Signature Authorization

OMB No. 1545-0074

2020

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

Submission Identification Number (SID) **00-138113-024021**

Taxpayer's name

NUSRAT SAHINA

Spouse's name

KHANDAKER JAMY

Social security number

084-02-4730

Spouse's social security number

866-94-2371

Part I Tax Return Information - Tax Year Ending December 31, 2020 (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	1	48,852
2	Total tax	2	532
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	970
4	Amount you want refunded to you	4	4,066
5	Amount you owe	5	

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 Liberty Tax - Office 16105 to enter or generate my PIN 97512 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ 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 ► _____

Spouse's PIN: check one box only

- ☒ I authorize Liberty Tax - Office 16105 to enter or generate my PIN 17032 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ 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 ► _____

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. 138113-21847
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 ► _____ Date ► 09-07-2021

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

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

Form **8879** (Rev. 01-2021)

1040**Overflow Statement****2020**
Page 1

Name(s) as shown on return

NUSRAT SAHINA & KHANDAKER JAMY

Your Social Security Number

084-02-4730

Gross Receipts Sales

Description	Amount
UBER GROSS TRIP EARNINGS	\$ 13,518
UBER ADDITIONAL EARNINGS	34
Total:	\$ 13,552

Federal Income Tax Withheld**2020 PG01**

Name(s) as shown on return

Your Social Security Number

NUSRAT SAHINA & KHANDAKER JAMY084-02-4730

Description	Amount
W2 - 116 DONUT KITCHEN CORP	14
W2 - M AND N HOME CARE SERVICE LLC	<u>201</u>
W-2 Subtotal	215
1099G - NEW YORK DEPARTMENT OF LABOR	<u>755</u>
1099 Subtotal	755
<u>Total Withholdings</u>	<u>970</u>

W-2 Detail Listing

Name(s) as shown on return					Social Security No.				
NUSRAT SAHINA & KHANDAKER JAMY					084-02-4730				

FEDERAL					STATE		CITY/LOCAL		
T/S	Employer Name	Gross	W/H	STATE CODE	Gross	W/H	CITY CODE	Gross	W/H
T 116	DONUT KITCHEN CORP	4,348	14	NY	4,348	64	NY	4,348	50
S MV	WAV SERVICE INC	499		NY	499	8	NY	499	6
T M	AND N HOME CARE SERVICE LL	22,896	201	NY	22,896	537	NY	22,896	395
Taxpayer Totals		27,244	215		27,244	601		27,244	445
Spouse Totals		499			499	8		499	6
Totals		27,743	215		27,743	609		27,743	451

Unemployment Compensation Exclusion Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

1. If you are filing Form 1040 or 1040-SR, enter the total of lines 1 through 7 of Form 1040 or 1040-SR.
If you are filing Form 1040-NR, enter the total of lines 1a, 1b, and lines 2 through 7. 1. 27,743
2. Enter the amount from Schedule 1, lines 1 through 6. Don't include any amount of unemployment compensation from Schedule 1, line 7 on this line. 2. 3,762
3. Use the line 8 instructions to determine the amount to include on Schedule 1, line 8 and enter here. Do not reduce this amount by the amount of unemployment compensation you may be able to exclude. 3. _____
4. Add lines 1, 2, and 3. 4. 31,505
5. If you are filing Form 1040 or 1040-SR, enter the amount from line 10c. If you are filing Form 1040-NR, enter the amount from line 10d 5. 266
6. Subtract line 5 from line 4. This is your modified adjusted gross income. 6. 31,239
7. Is the amount on line 6 \$150,000 or more? The \$150,000 threshold applies to all filing statuses even if your filing status is married filing jointly.
☐ **Yes.** Stop. You can't exclude any of your unemployment compensation.
☒ **No.** Go to line 8.
8. Enter the amount of unemployment compensation paid to you in 2020. Don't enter more than \$10,200. 8. 10,200
9. If married filing jointly, enter the amount of unemployment compensation paid to your spouse in 2020. Don't enter more than \$10,200. 9. 10,200
10. Add lines 8 and 9 and enter the amount here. This is the amount of unemployment compensation excluded from your income. 10. 20,400
11. Subtract line 10 from line 3 and enter the amount on Schedule 1, line 8. If the result is less than zero, enter it in parentheses. On the dotted line next to Schedule 1, line 8, enter "UCE" and show the amount of unemployment compensation exclusion in parentheses on the dotted line. Complete the rest of Schedule 1 and Form 1040, 1040-SR, or 1040-NR. 11. (20,400)

Computation of Regular Tax

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Statement for line 16 of Form 1040

Tax per Tax Table \$ 2,410

\$ 2,410 Tax computed using only available method

Earned Income Credit Worksheet - Form 1040 or 1040-SR, line 27

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

1. Enter the amount from Form 1040 or 1040-SR, line 1 plus any nontaxable combat pay elected to be included in earned income 1. 27,743
2. If you received a taxable scholarship or fellowship grant that was not reported on a W-2 form, enter that amount here; plus any amounts received for work performed while an inmate in a penal institution; plus any amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 2. _____
3. Subtract line 2 from line 1 3. 27,743
4. If you were self-employed or used Schedule C as a statutory employee, enter the amount from Worksheet B, line 4 4. 3,496
5. Add lines 3 and 4 5. 31,239
6. Look up the amount on **line 5** above in the **EIC Table** right after Worksheet B in the instructions to find your credit. Enter the credit here. If line 6 is zero, **stop**. You **cannot** take the credit. Enter "**No**" directly to the left of Form 1040 or 1040-SR, line 27 6. 4,655
7. Enter your **AGI** from Form 1040 or 1040-SR, line 11 7. 48,852
8. **Is line 7 less than -**
 - \$8,800 if you do not have a qualifying child? (\$14,700 if married filing joint)
 - \$19,350 if you have at least one qualifying child? (\$25,250 if married filing joint)

☐ Yes. Go to line 9 now.
☒ No. Look up the amount on **line 7** above in the **EIC Table** to find your credit.

Enter the credit here 8. 938
9. **Earned income credit.**
 - If you checked "Yes" on line 8, enter the amount from line 6.
 - If you checked "No" on line 8, enter the **smaller** of line 6 or line 8. 9. 938

For additional information on the EIC calculation see the form instructions or IRS Publication 596.

**Worksheet B
Form 1040**

Name(s) as shown on return

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2020

Tax ID Number

KHANDAKER JAMY**866-94-2371****Use this worksheet if you answered "Yes" to Step 5, question 2.**

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1**Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE****1a.** Enter the amount from Schedule SE, Part I, line 3.**1a****3,762****b.** Enter any amount from Schedule SE, Part I, line 4b and line 5a.

+

1b**c.** Combine lines 1a and 1b.

=

1c**3,762****d.** Enter the amount from Schedule SE, Part I, line 13.

-

1d**266****e.** Subtract line 1d from line 1c.

=

1e**3,496****Part 2****Self-Employed
NOT Required
To File
Schedule SE**For example, your
net earnings from
self-employment
were less than \$400.**2.** Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.**a.** Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.**2a****b.** Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

+

2b**c.** Combine lines 2a and 2b.

=

2c

**If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.*

Part 3**Statutory
Employees
Filing
Schedule C****3.** Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.**3****Part 4****All Filers Using
Worksheet B****4.** Combine lines 1e, 2c, and 3 **This is your total self-employed income.****4****3,496****Need more information or forms? Visit IRS.gov.**

WK_EIC2.LD

Recovery Rebate Credit Worksheet

(keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

<p>1. Can you (or your spouse if filing a joint return) be claimed as a dependent on another person's 2020 return?</p> <p><input checked="" type="checkbox"/> No. Go to line 2.</p> <p><input type="checkbox"/> Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>2. Does your 2020 return include a valid social security number (defined under <i>Valid social security number</i>, earlier) for you and, if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> Yes. Skip lines 3 and 4, and go to line 5.</p> <p><input type="checkbox"/> No. If you are filing a joint return, go to line 3.</p> <p style="padding-left: 40px;">If you aren't filing a joint return, STOP you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under <i>Valid social security number</i>, earlier)?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 5.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4. Does one of you have a valid social security number (defined under <i>Valid social security number</i>, earlier)?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 5.</p> <p><input type="checkbox"/> No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:</p> <ul style="list-style-type: none"> • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3 <p style="text-align: right;">5. <u>2,400</u></p> <p>6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p style="text-align: right;">6. <u>1,000</u></p> <p>7. Add lines 5 and 6</p> <p style="text-align: right;">7. <u>3,400</u></p> <p>8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:</p> <ul style="list-style-type: none"> • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3 <p style="text-align: right;">8. <u>1,200</u></p> <p>9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p style="text-align: right;">9. <u>1,200</u></p> <p>10. Add lines 8 and 9</p> <p style="text-align: right;">10. <u>2,400</u></p> <p>11. Enter the amount from line 11 of Form 1040 or 1040-SR</p> <p style="text-align: right;">11. <u>48,852</u></p> <p>12. Enter the amount shown below for your filing status:</p> <div style="display: flex; align-items: center; margin-left: 40px;"> <ul style="list-style-type: none"> • \$150,000 if married filing jointly or qualifying widow(er) • \$112,500 if head of household • \$75,000 if single, married filing separately <div style="margin-left: 20px;"> <div style="border-left: 1px solid black; height: 40px; margin-left: 10px;"></div> <div style="margin-left: 10px;">12. <u>150,000</u></div> </div> </div> <p>13. Is the amount on line 11 more than the amount on line 12?</p> <p><input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.</p> <p><input type="checkbox"/> Yes. Subtract line 12 from line 11.</p> <p style="text-align: right;">13. <u> </u></p> <p>14. Multiply line 13 by 5% (0.05)</p> <p style="text-align: right;">14. <u> </u></p> <p>15. Subtract line 14 from line 7. If zero or less, enter -0-</p> <p style="text-align: right;">15. <u>3,400</u></p> <p>16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here</p> <p style="text-align: right;">16. <u>2,900</u></p> <p>17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference</p> <p style="text-align: right;">17. <u>500</u></p> <p>18. Subtract line 14 from line 10. If zero or less, enter -0-</p> <p style="text-align: right;">18. <u>2,400</u></p> <p>19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here</p> <p style="text-align: right;">19. <u>1,800</u></p> <p>20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference</p> <p style="text-align: right;">20. <u>600</u></p> <p>21. Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR</p> <p style="text-align: right;">21. <u>1,100</u></p>	<p>5. <u>2,400</u></p> <p>6. <u>1,000</u></p> <p>7. <u>3,400</u></p> <p>8. <u>1,200</u></p> <p>9. <u>1,200</u></p> <p>10. <u>2,400</u></p> <p>11. <u>48,852</u></p> <p>12. <u>150,000</u></p> <p>13. <u> </u></p> <p>14. <u> </u></p> <p>15. <u>3,400</u></p> <p>16. <u>2,900</u></p> <p>17. <u>500</u></p> <p>18. <u>2,400</u></p> <p>19. <u>1,800</u></p> <p>20. <u>600</u></p> <p>21. <u>1,100</u></p>
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Child Tax Credit and Credit for Other
Dependents Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Before you begin:

- Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 1

1. Number of qualifying children under 17 with the required social security number:
_____ 2 x \$2,000. Enter the result 1. 4,000
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ x \$500. Enter the result 2. _____
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.
3. Add lines 1 and 2 3. 4,000
4. Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 4. 48,852
5. **1040 and 1040-SR Filers.** Enter the total of any -
 - Exclusion of income from Puerto Rico; and
 - Amounts from Form 2555, lines 45 and 50, and Form 4563, line 15.1040-NR filers. Enter -0-.
5. _____
6. Add lines 4 and 5. Enter the total 6. 48,852
7. Enter the amount shown below for your filing status.
 - Married filing jointly - \$400,000
 - All other filing statuses - \$200,0007. 400,000
8. Is the amount on line 6 more than the amount on line 7?
☒ **No.** Leave line 8 blank. Enter -0- on line 9.
☐ **Yes.** Subtract line 7 from line 6 8. _____
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.
9. Multiply the amount on line 8 by 5% (0.05). Enter the result 9. 0
10. Is the amount on line 3 more than the amount on line 9?
☐ **No. STOP**
You cannot take the child tax credit or credit for other dependents on line 19 of your Form 1040, 1040-SR, or 1040-NR. You also cannot take the additional child tax credit on line 28 of your Form 1040, 1040-SR, or 1040-NR. Complete the rest of your Form 1040, 1040-SR, or 1040-NR.
☒ **Yes.** Subtract line 9 from line 3. Enter the result 10. 4,000
Go to Part 2 on the next page.

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4;
Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 2

11. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **11.** 2,410

12. Add the following amounts (if applicable) from:

Schedule 3, Line 1	+	_____
Schedule 3, Line 2	+	_____
Schedule 3, Line 3	+	_____
Schedule 3, Line 4	+	_____
Form 5695, line 30	+	_____
Form 8910, line 15	+	_____
Form 8936, line 23	+	_____
Schedule R, line 22	+	_____

Enter the total. **12.** _____

13. Subtract line 12 from line 11 **13.** 2,410

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

☒ **No.** Enter -0-.

☐ **Yes.** If you are filing Form 2555, enter -0-.

Otherwise, complete the Line 14 Worksheet, later, to figure
the amount to enter here.

14. 0

15. Subtract line 14 from line 13. Enter the result **15.** 2,410

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

☐ **No.** Enter the amount from line 10.

☒ **Yes.** Enter the amount from line 15.

See the **TIP** below.

**This is your child tax
credit and credit for
other dependents.**

16. 2,410

Enter this amount on
Form 1040, line 19;
Form 1040-SR, line 19; or
Form 1040-NR, line 19.

TIP You may be able to take the **additional child tax** credit on Line 28
of your Form 1040, 1040-SR, or 1040-NR, only if you answered
"Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040, 1040-SR, or 1040-NR
through line 27 (also complete Schedule 3, line 10).
- Then, use Schedule 8812 to figure any additional
child tax credit.

QBI Explanation Worksheet

Form 1040

(Do not file. Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Name of business activity Schedule C: KHANDAKER H JAMY

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	3,762	3,762
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		266
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		3,496
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBIA of qualified property carried to Form 8995 / 8995-A		
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- ☒ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet

List of items that will carryover to the 2021 tax return

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2021 to flow to the Schedule A	2,567
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense	AMT _____ Reg. Tax _____
Section 179 expense	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	

Losses

Short-term capital loss	AMT _____ Reg. Tax _____
Long-term capital loss	AMT _____ Reg. Tax _____
Net operating loss	AMT _____ Reg. Tax _____
Excess business loss from Form 461 (becomes part of NOL next year)	AMT _____ Reg. Tax _____
Qualified REIT and PTP loss carryover	
QBI loss carryover	
Nonrecaptured net section 1231 losses from WK_1231C	AMT _____ Reg. Tax _____

Credits

Mortgage interest credit	
Credit for prior year minimum tax	
Foreign Tax credit	AMT _____ Reg. Tax _____
District of Columbia first time home owner's credit	
Res. energy efficient property credit	

Other

Preparer Fee	
Overpayment applied to next year's estimates	
Estimated Tax Payment 1 _____	Estimated Tax Payment 2 _____
Estimated Tax Payment 3 _____	Estimated Tax Payment 4 _____
Federal tax liability for 2210 calculation	0
State tax liability for state 2210 calculation	4,375
IRA basis	Taxpayer _____ Spouse _____
Amount from 8915-E taxable in 2021	Taxpayer _____ Spouse _____
Amount from 8915-E taxable in 2022	Taxpayer _____ Spouse _____
Excess repayment from 8915-E	Taxpayer _____ Spouse _____
Deferred SE tax to be repaid by 12/31/2021	
Deferred SE tax to be repaid by 12/31/2022	

Passive Activity

At Risk Limitations

2020 Filing Instructions
NUSRAT SAHINA & KHANDAKER JAMY

Form filed:

Form 1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed once your signed and dated Form 8879 has been received by this office. Do not mail your return to the IRS.

Due date:

05-17-2021

Refund:

\$4,066

Transaction method:

An amount of \$4,066 will be deposited into your checking account ending in 4381.

Other information:

To check the status of your refund, go to [IRS.gov](https://www.irs.gov) and click the "Where's My Refund" link. You will be asked to enter the primary SSN or ITIN, your filing status, and the amount of your refund.



2020 Tax Return

NUSRAT SAHINA & KHANDAKER JAMY
1808 MCGRAW AVE APT 2NDFL, BRONX, NY 10472

Dear NUSRAT SAHINA & KHANDAKER JAMY:

We appreciate your choosing Liberty Tax and our professional service to prepare your 2020 Tax Return. It is our goal to make the process easy and less stressful for you. We look forward to seeing you next year!

Federal

Your Federal tax return has been electronically filed.

Your Federal refund is **\$4,066**.

You have selected to receive your Federal refund by **Electronic method**.

New York - Income Tax

Your New York tax return has been electronically filed.

Your New York balance due is **\$2,567**.

We have provided a copy of your tax return to keep for your records.

Thank you for choosing Liberty Tax!

1040

Individual Diagnostic Summary

2020

Name(s)

NUSRAT SAHINA & KHANDAKER JAMY

Social Security No.

084-02-4730

Spouse SSN No.

866-94-2371

Mailing Address:

1808 MCGRAW AVE APT 2NDFL
BRONX, NY 10472

Taxpayer

Daytime Phone: 347-698-1331
Evening Phone: 240-665-0629
Cell Phone: 347-698-1331
TP email:
SP email:

Spouse

347-698-1331
347-698-1331

Resident State: NY

Date of Birth: Taxpayer 03-02-1990

Spouse 02-09-1984

Dependent Information: (*If more than 5 dependents see last page of summary)

Name	SSN	Relationship	Date of Birth	Dependent Status
ARISHA ALEEZA	139-31-4075	DAUGHTER	01-11-2014	Dependent
ARHAM NUBAID	683-55-2538	SON	07-04-2020	Dependent

Preparer: Harun Ali

Invoice:

Date: 09-07-2021

Return Information Form Type: 1040

Item on Return	2020 Federal	2019 Federal (If available)
Filing Status	2	2
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	49,118	45,370
AGI	48,852	44,362
Deductions	24,800	24,400
Taxable Income	23,353	17,312
Tax (before credits)	2,410	1,733
Tax (after credits)		
Tax Rate Percentage	12	10
EIC	938	401
Additional CTC	1,590	
Overpayment	4,066	
Refund	4,066	
Refund Applied to ES		
Balance Due		833

Form of Refund/Payment: The client will receive the refund by direct deposit.

State/City Information (* If more than 8 states see last page of summary)

T/S/J	State/City	AGI	Taxable Income	Tax	Refund/ (Balance Due)
J	NY201	69,252	51,202	4,375	(2,567)

**TAX RETURN COMPARISON
2018 / 2019 / 2020**

2020

Name(s) as shown on return
NUSRAT SAHINA & KHANDAKER JAMY

Identifying number
084-02-4730

	2018	2019	2020	Difference 2019-2020
Filing Status		Married Joint	Married Joint	
Number of Dependents		1	2	1
Income				
Wages, salaries, tips, etc.		31,111	27,743	(3,368)
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)		14,259	3,762	(10,497)
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)				
Unemployment compensation			38,013	38,013
Total SS benefits received				
Taxable SS benefits				
Other income (loss)			(20,400)	(20,400)
Total Income		45,370	49,118	3,748
Adjusted Gross Income				
Half of self-employment tax		1,008	266	(742)
IRA deduction				
Other adjustments				
Total Adjusted Gross Income		44,362	48,852	4,490
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions		24,400	24,800	400
Total Itemized or Standard Ded . . .		24,400	24,800	400
Qualified Business Income Deduction .		2,650	699	(1,951)
Tax and Credits				
Taxable Income		17,312	23,353	6,041
Tax		1,733	2,410	677
Credits		1,733	2,410	677
Self-employment tax		2,015	532	(1,483)
Other taxes				
Total Tax		2,015	532	(1,483)
Payments				
Withholdings		514	970	456
Estimated tax payments				
Earned income credit		401	938	537
Other payments and credits		267	2,690	2,423
Estimated tax penalty				
Overpayment			4,066	4,066
Overpayment Applied				
Refund			4,066	4,066
Balance Due		833		(833)
Marginal tax rate		10.00	12.00	2.00
Effective tax rate		10.01	10.32	0.31

Account Transaction Summary**2020**

Name(s) as shown on return

Your ID Number

NUSRAT SAHINA & KHANDAKER JAMY

XXX-XX-4730

Account #1

Financial Institution**Routing Transit Number** 226070131**Account Number** 0695014381**Account Type** checking

Federal Main Form

Federal Deposit 4,066

Net Deposit 4,066

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize Liberty Tax - Office 16105 to use this account.

Your Signature_____
Date_____
Spouse's Signature (If Married Filing Jointly)_____
Date

NY-MSG

NY ELECTRONIC FILING MESSAGES
MUST be corrected before electronic filing is allowed.

PAGE 1

Name(s) as shown on return

SSN/FEIN

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

2019 Invalid electronic funds withdrawal date

(1) FILING ON OR BEFORE THE RETURN DUE DATE - The 'State Direct Debit Date' date must be on or before the return due date; and on or after the start of the accounting period (or the date allowed by NYS)); and on or after today's date.

(2) FILING AFTER THE RETURN DUE DATE - The 'State Direct Debit Date' should be blank or match today's date; and the direct debit will be initiated when the return is received. However, weekend payments will be initiated on the following business day.

NYNOTES	Notes about the return	2020 PAGE 1									
Name(s) as shown on return NUSRAT SAHINA & KHANDAKER JAMY		SSN/FEIN 084-02-4730									
<p>140 BALANCE DUE WITH PARTIAL OR NO PAYMENT WITH RETURN INDICATED: You can indicate to the NY DTF that you'd like to request an installment payment agreement by selecting Special Condition Code "C2" on NY screen 8.</p> <p>IMPORTANT NOTE FROM THE NY DTF: Including Special Condition Code "C2" on your filing will not automatically set up an installment payment agreement. It will enable you to receive a bill sooner with instructions on how to set up an installment payment agreement.</p> <p>143 NY - Filing your return on paper is not recommended. If it is necessary to file a paper return, do not write on the return. Only signatures are allowed. Other handwritten information will not be used in tax computation or for processing your return.</p> <p>145 NY - Printing of 2D Barcode forms</p> <p>On the following Forms IT-201, IT-201-X, IT-203, IT-203-X, and IT-214, these fields are captured on a valid driver license and non-driver ID for both the primary taxpayer and spouse:</p> <ul style="list-style-type: none"> - Valid driver license/non-driver ID - State code - Expiration date - Issued date - Document (PIN) Number (NY State only), and - Check box to verify that the Primary taxpayer or spouse has never been issued a valid driver license or non-driver ID <p>304 Payment Options:</p> <p>The return has a balance due. If the taxpayer chooses to pay their balance due with a debit card or credit card, you can use the Drake E-Payment Center website to make the payment: http://www.tax.ny.gov/pay/all/pay_a_bill.htm</p> <p>Note: You can also provide the taxpayer this website address so they can make the payment when it is convenient for them.</p> <p>493 FORM IT-215, EARNED INCOME CREDIT DISALLOWED: because the taxpayer's recomputed FAGI is NOT LESS than the federal EIC threshold shown below:</p> <p>Maximum AGI for tax year 2020</p> <table border="1"> <thead> <tr> <th>Children/Relatives Claimed</th> <th>Maximum AGI (filing as (Single, HOH, or QW)</th> <th>Maximum AGI (filing as MFJ)</th> </tr> </thead> <tbody> <tr> <td>Zero</td> <td>\$15,820</td> <td>\$21,710</td> </tr> <tr> <td>One</td> <td>\$41,756</td> <td>\$47,646</td> </tr> </tbody> </table>			Children/Relatives Claimed	Maximum AGI (filing as (Single, HOH, or QW)	Maximum AGI (filing as MFJ)	Zero	\$15,820	\$21,710	One	\$41,756	\$47,646
Children/Relatives Claimed	Maximum AGI (filing as (Single, HOH, or QW)	Maximum AGI (filing as MFJ)									
Zero	\$15,820	\$21,710									
One	\$41,756	\$47,646									

NYNOTES	Notes about the return	2020 PAGE 2						
Name(s) as shown on return NUSRAT SAHINA & KHANDAKER JAMY		SSN/FEIN 084-02-4730						
<div data-bbox="217 317 1230 384"> <table> <tr> <td>Two</td> <td>\$47,440</td> <td>\$53,330</td> </tr> <tr> <td>Three</td> <td>\$50,954</td> <td>\$56,844</td> </tr> </table> </div> <p data-bbox="217 447 1385 478">Note: The recomputed FAGI flows from Form IT-201/203 Line 19a</p> <div data-bbox="115 510 1479 699"> <p>504 FORM IT-558 LINE 1 CODE A-011: New York is decoupled from the unemployment compensation income exclusion (UCE) and an adjustment to income for New York is required. The "UCE" from federal Schedule 1 line 8 has been added back to the federal adjusted gross income (FAGI) on NY Form IT-558 (refer to worksheet NYWK_19A, form NY558, and NY return line 19a).</p> </div> <p data-bbox="217 737 537 762">ADDITIONAL NOTES:</p> <div data-bbox="217 800 1401 1115"> <p>(1) NY 201/203 Line 16 shows the UCE being subtracted from the FAGI in the same manner as on the federal return</p> <p>(2) NY 558 line 1 shows the UCE addback using code A-011.</p> <p>(3) NYWK_19a line 2 includes the UCE addback reported on NY 558 line 1</p> <p>(4) NY 201/203 line 19a shows the NY 'recomputed FAGI' which includes the addback of the UCE (refer to worksheet NYWK_19a)</p> </div>			Two	\$47,440	\$53,330	Three	\$50,954	\$56,844
Two	\$47,440	\$53,330						
Three	\$50,954	\$56,844						

**2020 IT-201 Filing Instructions
NUSRAT SAHINA & KHANDAKER JAMY**

Form filed:

IT-201 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

05-17-2021

Payment:

\$2,567.00

Transaction method:

If the full amount due is not paid electronically with the return, mail the unpaid amount before the due date using the payment voucher, Form IT-201-V. Make the payment payable to NEW YORK STATE INCOME TAX. Be sure to write the last four digits of Social Security number, the tax year, and Income Tax on your payment.

New York Return Summary

(Keep for your records)

2020

Your Name NUSRAT SAHINA		Your social security number 084 02 4730
Spouse's Name KHANDAKER JAMY		Spouse's social security number 866 94 2371
Mailing address 1808 MCGRAW AVE	Apartment number 2NDFL	Daytime Phone # 347-698-1331
City State Zip BRONX NY 10472	Email	

New York State Income Tax Return

Form Filed	IT-201
Filing Status	MARRIED FILING JOINT
NYS Residency	FULL-YEAR RESIDENT
NYC Residency	RESIDENT/SP-RESIDENT
Yonkers Residency	NONRESIDENT/SP-NONRES

Advanced Payments Received

Property tax freeze credit **0.**

Income, Adjustments and Deductions

Federal adjusted gross income (FAGI)	69252.
FAGI (NYS Column - IT-203 filers)	
Total additions	
Total Subtractions	
New York AGI	69252.
NY AGI (NYS Col - IT-203 filers)	
Itemized <input type="checkbox"/> or standard <input checked="" type="checkbox"/> deduction	16050.
Dependent Exemptions	2000.
Taxable income	51202.

MCTMT net earnings base

Tax, Payments, and Credits

New York State tax	2593.
Nonrefundable state credits	
Net other state taxes	
Total NYS tax	2593.
New York City taxes	1782.
New York City nonrefundable credits	
MCTMT	
Yonkers taxes	
Use tax and contributions	0.
Total tax and contributions	4375.
Total refundable credits	455.
Income tax withheld	1249.
Estimate and extension payments	
Total payments and credits	1808.
Penalties and Interest	
Refund	0.
Overpayment applied to next year	0.
Amt as a NYS 529 account deposit	
Amount refunded	0.
Amount due	2567.

Other New York and New York City Returns

Unincorporated Business Tax (NYC-202)

	Taxpayer	Spouse
Taxable income		
Tax		
Credits		
Estimate and extension payments		
Amount due or -refund		
Amount refunded		
Overpayment applied		
Underpayment of estimates		
Failure to pay penalty		
Failure to file penalty		
Late filing interest		
Total balance due		

LLC and LLP Filing Fee

Form IT-204-LL, amount due

Nonresident Employee of the City of New York (NYC 1127)

Taxable income		
Tax		
Credits and withholdings		
Balance due		
Refund		

Miscellaneous Information

Refundable Credits claimed

Empire State child credit (IT-213)	330.
NYS/NYC Child Dep (IT-216)	
NYS EIC (IT-215 or IT-209)	
NYS noncustodial EIC (IT-209)	
NYC EIC IT-215 or IT-209)	
Real property tax credit (IT-214)	
College tuition credit (IT-272)	
NYC school tax credit (fixed amount)	125.
NYC school tax credit (rate reduction amount)	104.



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V
(12/20)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address - Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns

**IT-201-V**
(12/20)

Tax year (yyyy) **2020** Make your check or money order payable in U.S. funds to **New York State Income Tax**. Write on your check or money order the last four digits of your SSN, the tax year, and **Income Tax**.

Your first name and middle initial NUSRAT		Your last name (for a joint return, enter spouse's name on line below) SAHINA		Your full SSN 084 02 4730	
Spouse's first name and middle initial KHANDAKER		Spouse's last name JAMY		Spouse's full SSN (only if filing a joint return) 866 94 2371	
Mailing address 1808 MCGRAW AVE			Apartment number 2NDFL		Country (if not United States)
City, village or post office BRONX		State NY	ZIP code 10472		
Email:					

Payment
amount

Dollars

2567

Cents

00

040001201024



For office use only

0401201024 084024730 9



**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.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **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 ...

20

and ending ...

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
NUSRAT		SAHINA	03021990	084 02 4730
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
KHANDAKER		JAMY	02091984	866 94 2371
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York State county of residence
1808 MCGRAW AVE			2NDFL	BRONX
City, village, or post office		State	ZIP code	Country (if not United States)
BRONX		NY	10472	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district code number
				068
City, village, or post office		State	ZIP code	Decedent information
		NY		
			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

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) **H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
ARHAM	K	NUBAID	SON	683 55 2538	07042020
ARISHA	K	ALEEZA	DAUGHTER	139 31 4075	01112014

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

201001201024



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Your Social Security number

084 02 4730

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	27743 .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	3762 .00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040).	7	.00
8	Other gains or losses (submit a copy of federal Form 4797).	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an 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	38013 .00
15	Taxable amount of Social Security benefits (also enter on line 27).	15	.00
16	Other income (see page 16) Identify: SEE NY OINC	16	-20400 .00
17	Add lines 1 through 11 and 13 through 16	17	49118 .00
18	Total federal adjustments to income (see page 16) Identify: 1 / 2 SE TAX 266	18	266 .00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	48852
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	69252

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	69252 .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	69252 .00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	53202 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	2000.00
37	Taxable income (subtract line 36 from line 35)	37	51202 .00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Name(s) as shown on page 1
NUSRAT SAHINA AND KHANDAKER JAMY

Your Social Security number
084 02 4730

IT-201 (2020) Page 3 of 4

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	51202 .00
39	NYS tax on line 38 amount (see page 22)	39	2593 .00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	2593 .00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	2593 .00

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

47	NYC taxable income (see page 23)	47	51202 .00
47a	NYC resident tax on line 47 amount (see page 23)	47a	1782 .00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	1782 .00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	1782 .00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	1782 .00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 26)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	1782 .00
59	Sales or use tax (see page 27; do not leave line 59 blank)	59	0 .00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	4375 .00

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



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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

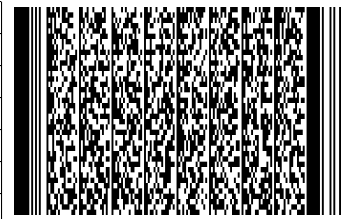
Your Social Security number

084 02 4730

62 Enter amount from line 61 62 4375 .00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	330 .00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.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	125 .00
69a	NYC school tax credit (rate reduction amount)	69a	104 .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	798 .00
73	Total New York City tax withheld	73	451 .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	1808 .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	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.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	.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 <input type="checkbox"/> 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	2567 .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

See page 36 for the proper assembly of your return.

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 83c Account number

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

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name HARUN ALI	Designee's phone number 718 684 2026	Personal identification number (PIN) 21847
	Email: NIPAVILLA@GMAIL.COM		

▼ Paid preparer must complete (see instructions)		Preparer's NYTPRIN 12538782	NYTPRIN excl. code
Preparer's signature		Preparer's printed name HARUN ALI	
Firm's name (or yours, if self-employed) LIBERTY TAX OFFICE 16105		Preparer's PTIN or SSN P01621847	
Address 677 MORRIS PARK AVE		Employer identification number 27 1241694	
BRONX NY 10462		Date 05142021	
Email: NIPAVILLA@GMAIL.COM			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number 347 698 1331
Email:	

See instructions for where to mail your return.

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.



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
NUSRAT SAHINA AND KHANDAKER JAMY	084 02 4730

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
1a	A - 0 1 1	20400 .00	.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total (add column A, lines 1a through 1g)	2	20400.00
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-558, if any . . .	3	.00
4 Add lines 2 and 3	4	20400.00

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

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

6 Total (add column A, lines 5a through 5g)	6	.00
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-558, if any . . .	7	.00
8 Add lines 6 and 7	8	.00
9 Total additions (add lines 4 and 8; see instructions)	9	20400.00

(continued)

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NO HANDWRITTEN ENTRIES ON THIS FORM.

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.





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)
NUSRAT SAHINA	084 02 4730
Spouse's name	Spouse's SSN
KHANDAKER JAMY	866 94 2371

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? 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? 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? 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*)
- 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)
ARHAM	K	NUBAID		683 55 2538	07042020
ARISHA	K	ALEEZA		139 31 4075	01112014

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

213001201024



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 from 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	2000 .00
7	Enter your additional child tax credit amount from Worksheet C (see instructions)	7	.00
8	Add lines 6 and 7	8	2000 .00
<p>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.</p>			
9	Enter the number of children from line 4	9	2
10	Divide line 8 by line 9	10	1000 .00
11	Enter the number of children from line 5	11	1
12	Multiply line 10 by line 11	12	1000 .00
13	Multiply line 12 by 33% (.33)	13	330 .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	1
15	Multiply line 14 by 100	15	100 .00
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16	330 .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; do not leave line 17 blank. 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; do not leave line 18 blank Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.	18	.00

NO HANDWRITTEN ENTRIES ON THIS FORM.

213002201024





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

084 02 4730

Box b Employer identification number (EIN)

13 4200100

Box c Employer's information

Employer's name

116 DONUT KITCHEN CORP

Employer's address (number and street)

218-14 JAMAICA AVE

City

QUEENS VILLAGE

State

NY

ZIP code

11428

Country (if not United States)

Box 1 Wages, tips, other compensation

4348.00

Box 12a Amount

.00

Code

Box 14a Amount

9 .00

Description

NYS DI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

12 .00

Description

NYPFL

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

1240 .00

Description

ESLI

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

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

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

4348.00

Box 17a NYS income tax withheld

64.00

Other state information:

Box 15b
other state**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

4348.00

Locality b

.00

Locality a

Box 19 Local income tax withheld

50.00

Locality b

.00

Box 20 Locality name

Locality a

NYC

Locality b

Do not detach.

W-2 Record 2

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

866 94 2371

Box b Employer identification number (EIN)

83 0590884

Box c Employer's information

Employer's name

MV WAV SERVICE INC

Employer's address (number and street)

2711 N HASKELL AVE

City

DALLAS

State

TX

ZIP code

75204

Country (if not United States)

Box 1 Wages, tips, other compensation

499.00

Box 12a Amount

.00

Code

Box 14a Amount

1.00

Description

NYS DI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

1.00

Description

NYPFMA

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

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

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

499.00

Box 17a NYS income tax withheld

8.00

Other state information:

Box 15b
other state**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

499.00

Locality b

.00

Locality a

Box 19 Local income tax withheld

6.00

Locality b

.00

Box 20 Locality name

Locality a

NYC

Locality b

102001201024



NO HANDWRITTEN ENTRIES ON THIS FORM.



Department of Taxation and Finance

Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

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

W-2 Record 1

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

084 02 4730

Box b Employer identification number (EIN)

81 2292939

Box c Employer's information

Employer's name

M AND N HOME CARE SERVICE LLC

Employer's address (number and street)

6138 233RD STREET

City

State

ZIP code

Country (if not United States)

OAKLAND GARDENS

NY

11364

Box 1 Wages, tips, other compensation

22896.00

Box 12a Amount

.00

Code

Box 14a Amount

31 .00

Description

SDI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

62 .00

Description

NYPFL

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

22896.00

Box 17a NYS income tax withheld

537.00

Other state information:

Box 15b
other state☐**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

22896.00

Locality b

.00

Locality a

Box 19 Local income tax withheld

395.00

Locality b

.00

Locality a

Box 20 Locality name

NYC

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state☐**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

Locality a

Box 19 Local income tax withheld

.00

Locality b

.00

Locality a

Box 20 Locality name

Locality b

102001201024



NO HANDWRITTEN ENTRIES ON THIS FORM.

	Recomputed Federal Adjusted Gross Income	2020
	(Keep for your records.)	
Your first name		Your Social Security number
NUSRAT SAHINA AND KHANDAKER JAMY		084 02 4730

Form IT-201 Filers:

Line 19a - Recomputed federal adjusted gross income

Were you required to report any adjustments on Form IT-558?

If **No**, enter the line 19 amount on line 19a.

If **Yes**, complete the first worksheet below.

Do not leave line 19a blank.

Form IT-203 Filers:

Were you required to report any adjustments on Form IT-558?

If **No**, enter the line 19 amount, *Federal amount* column, on the

line 19a, *Federal amount* column. Enter the line 19 amount,

New York State amount column, on the line 19a, *New York State amount* column.

If **Yes**, complete the *Line 19a Federal amount column worksheet*

and the *Line 19a New York State column worksheet* below.

Do not leave line 19a blank.

Line 19a - Recomputed Federal Adjusted Gross Income

1	Federal adjusted gross income as reported (<i>Form IT-201, line 19; or Form IT-203, line 19</i>)	1	48852	
2	Total addition adjustments (<i>Form IT-558, line 9</i>)	2	20400	
3	Add lines 1 and 2	3		69252
4	Total subtraction adjustments (<i>Form IT-558, line 18</i>)	4		
5	Recomputed federal adjusted gross income. Subtract lines 4 from 3. Enter here and on Form IT-201, line 19a or Form IT-203, line 19a, <i>Federal amount</i> column.	5		69252

Line 19a New York State amount column worksheet

1	Federal adjusted gross income as reported (<i>Form IT-203, line 19</i>)	1	
2	NYS allocated amount of total additions (<i>The sum of the entries from Form(s) IT-558, line 1 and line 5, column B</i>)	2	
3	Add lines 1 and 2	3	
4	NYS allocated amount of total subtractions (<i>The sum of the entries from Form(s) IT-558, line 10 and line 14, column B</i>)	4	
5	Recomputed federal adjusted gross income. Subtract lines 4 from 3. Enter here and on Form IT-203, line 19a, <i>New York State amount</i> column	5	

(Keep for your records)

Your name as shown on return

NUSRAT SAHINA AND KHANDAKER JAMY

Your social security number

084 02 4730

Do not use Worksheet A, but use Worksheet B instead, if on your 2020 **federal** income tax return you:

- claimed any of the following **federal** tax credits: adoption credit, mortgage interest credit, carryforward of District of Columbia first-time homebuyer credit, or residential energy efficient property credit; or
- excluded income from Puerto Rico; or
- were required to attach federal Form 2555 or Form 4563.

Part 1

- 1 Multiply the number of children from Form IT-213, line 4 by \$1,000 and enter the result here 1 2000
- 2 Enter your NY recomputed FAGI from Form IT-201, line 19a 2 69252
- 3 Enter the amount shown below for your filing status 3 110000
- Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,000
- 4 Is the amount on line 2 more than the amount on line 3?
- ☒ No. Leave line 4 blank. Enter **0** on line 5 and go to line 6.
- ☐ Yes. Subtract line 3 from line 2.
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000 4
- 5 Multiply the amount on line 4 by 5% (.05). Enter the result 5 0
- 6 Is the amount on line 1 more than the amount on line 5?
- ☐ No. **Stop** here and enter **0** on Form IT-213, line 6 and **0** on Form IT-213, line 7.
- ☒ Yes. Subtract line 5 from line 1. Enter the result and complete Part 2 6 2000

Part 2

- 7 Enter your 2020 federal tax (Form 1040 or Form 1040NR, line 18) 7 2410
- 8 Are the amounts on Form IT-201 lines 19 and 19a the same?
- ☐ Yes. Enter the following amounts from your 2020 **federal** income tax return, if applicable:
- ☒ No. Recalculate the following credits claimed on your 2020 **federal** income tax return using your NY recomputed FAGI from Form IT-201, line 19a, instead of your federal adjusted gross income and enter the recalculated amounts, if applicable:
- a Form 1040, Schedule 3, line 1 a
- b Form 1040, Schedule 3, line 2 b
- c Form 1040, Schedule 3, line 3 c
- d Form 1040, Schedule 3, line 4 d
- e Form 8910, *Alternative Motor Vehicle Credit*, line 15 . . . e
- f Form 8936, *Qualified Plug-in Electric Drive Motor Vehicle Credit*, line 23 f
- g Schedule R, *Credit for the Elderly or the Disabled*, line 22 g
- Add lines a through g 8
- 9 Are the amounts on lines 7 and 8 the same?
- ☐ Yes. **Stop** here. Enter **0** on Form IT-213, line 6.
- ☒ No. Subtract line 8 from line 7. Enter the result here 9 2410
- 10 Is the amount on line 6 more than the amount on line 9?
- ☐ Yes. Enter the amount from line 9 here and on Form IT-213, line 6.
- ☒ No. Enter the amount from line 6 here and on Form IT-213, line 6. 10 2000

If you answered **Yes** on line 9 or 10 above, complete *Worksheet C – Additional child tax credit amount*.

**New York
Worksheet**

New York City school tax credit (NYC residents only)

2020

(Keep for your records)

Name(s) as shown on return

Your social security number

NUSRAT SAHINA AND KHANDAKER JAMY

084 02 4730

**Table 1 - Full-year New York City residents:
New York City school tax credit table**

Filing status:	If your income (see below) is:	Your credit* is:
— Single, filing status (1), or — Married filing separate return, filing status (3), or — Head of household, filing status (4)	\$250,000 or less	\$ 63
— Married filing joint return, filing status (2) — Qualifying widow(er) filing status (5)	\$250,000 or less	\$ 125

* The statutory credit amounts have been rounded.

**Table 2 - Part-year New York City residents:
New York City school tax credit proration chart**

Resident period (number of months)	If your income (see below) is \$250,000 or less, and	
	Your filing status is (1), (3) or (4), your credit* is:	Your filing status is (2) or (5), your credit* is:
1	\$ 5	\$ 10
2	10	21
3	16	31
4	21	42
5	26	52
6	31	63
7	36	73
8	42	83
9	47	94
10	52	104
11	57	115
12	63	125

* The statutory credit amounts have been rounded.

*** Income**, for purposes of determining your New York City school tax credit, means your recomputed federal AGI from Form IT-201, line 19a, (or IT-203, line 19a, Federal amount column), minus distributions from an individual retirement account and an individual retirement annuity, from Form IT-201, line 9, if they were included in your recomputed federal AGI.

New York City school tax credit worksheet

- Full-year resident's credit from Table 1 above. 1 125.
- Part-year resident's allowable credit from Table 2 above 2
- Add lines 1 and 2. **This is** your New York City school **tax credit**. Enter here and on Form IT-201, line 69. . . . 3 125.

**New York
Worksheet**

NYC School Tax Credit (Rate Reduction Amount) Worksheet:

- Must be a NYC Full or Part Year Resident.
- Taxable income must not be more than \$500,000

2020

Name(s) as shown on return

NUSRAT SAHINA AND KHANDAKER JAMY

Your social security number

084 02 4730

Calculation of NYC school tax credit (rate reduction amount) for married filing jointly and qualifying widow(er)		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 21,600	.171% of taxable income
21,600	500,000	\$37 plus .228% of the excess over \$21,600

Calculation of NYC school tax credit (rate reduction amount) for single and married filing separately		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 12,000	.171% of taxable income
12,000	500,000	\$21 plus .228% of the excess over \$12,000

Calculation of NYC school tax credit (rate reduction amount) for head of household		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 14,400	.171% of taxable income
14,400	500,000	\$25 plus .228% of the excess over \$14,400

- NYC Taxable Income, from IT-201, Line 47 (NYC full year resident),
or from IT-360.1 Line 47 (Part year NYC residents), or from NYC-1127, line 1 (NYC
full year employment) **1** 51202.
- If only one spouse was a full-year resident of NYC:**
NYC Taxable Income of the full-year NYC resident spouse **2** _____
- Add lines 1 and 2 **3** 51202.
- NYC School Tax Credit, rate reduction amount, include on Form IT-201, Line 69a
(Or Form IT-203, Line 60a), or NYC-1127, Schedule B, line A1 **4** 104.



New York State E-File Signature Authorization for Tax Year 2020

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name NUSRAT SAHINA	Spouse's name <i>(jointly filed return only)</i> KHANDAKER JAMY
---	---

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2020 Form IT-370 and Tax Year 2021 Form IT-2105*.

Part A - Tax return information

FORM IT-201

1 Federal adjusted gross income <i>(from applicable line)</i>	1.	69252.
2 Refund	2.	
3 Amount you owe	3.	2567.
4 Financial institution routing number	4.	
5 Financial institution account number	5.	
6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2020 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2020 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2020 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature <i>(jointly filed return only)</i>	Date

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name	Date
Paid preparer's signature	Print name HARUN ALI	Date

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2020 AGI FD / ST Summary		
Name(s) as shown on state return NUSRAT SAHINA & KHANDAKER JAMY			Social Security Number 084-02-4730		
Federal 1040 Income and Adjustments	Federal		State		
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse	
Federal 1040					
1 Wages, salaries, tips, etc.	1	27,244	499	27,244	499
2b Taxable interest	2b				
3b Ordinary dividends	3b				
4b Taxable amount of IRA distributions	4b				
5b Taxable amount of Pensions and annuities	5b				
6 Taxable amount of Social security benefits	6				
7 Capital gain or (loss)	7				
Schedule 1 - Additional Income					
1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss)	3		3,762		3,762
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5				
6 Farm income or (loss)	6				
7 Unemployment compensation	7	12,675	25,338	12,675	25,338
8 Other income.	8	(10,200)	(10,200)	(10,200)	(10,200)
9 Add the amounts in each column for Federal 1040 Lines 1-7 and Schedule 1 lines 1-8. This is your total income	9	29,719	19,399	29,719	19,399
Schedule 1 - Adjustments to Income					
10 Educator Expenses	10				
11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	11				
12 Health savings account deduction	12				
13 Moving expenses	13				
14 Deductible part of self-employment tax	14		266		266
15 Self-employed SEP, SIMPLE, and qualified plans	15				
16 Self-employed health insurance deduction	16				
17 Penalty on early withdrawal of savings	17				
18a Alimony paid	18a				
19 IRA deduction	19				
20 Student loan interest deduction	20				
21 Tuition and fees	21				
22 Line 22 other adjustments	22				
Charitable Contributions (Standard Deduction Only)					
Add lines 10 through 22 plus Charitable Contributions			266		266
Line 9 less Line 22. This is your AGI		29,719	19,133	29,719	19,133

NYWK_SE	For your records only. Self-Employment Tax Worksheet	2020 SE Tax STATE Summary
Name(s) as shown on state return KHANDAKER JAMY		Social Security Number 866-94-2371

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.

1 a 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	3,762
3 Combine lines 1a, 1b, and 2	3	3,762
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	3,474
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 <input type="checkbox"/>	4c	3,474

5 a 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	

6 Add lines 4c and 5b	6	3,474
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

8 a 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	499
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	499

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 <input type="checkbox"/>	9	137,201
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	431
11 Multiply line 6 by 2.9% (0.029)	11	101
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	532

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 14	13	266
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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 ¹ wasn't more than \$8,460, or (b) your net farm profits ² 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 ¹ (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 ³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income, ⁴ 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 ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

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

² 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.

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

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

NYWK_A5

State / Local tax payments made after 12/31/2020 that
will be deductible on 2021 Federal Schedule A

2020

Name(s) as shown on return

NUSRAT SAHINA & KHANDAKER JAMY

Your Social Security Number

084-02-4730

A. 2020 Income taxes due that were paid after 12/31/2020

A1. 4th quarter estimate/extension (may be adj. by refund)
A2. Amount paid with return 2,567
A3. Total payments made in 2021 **A.** 2,567

B. Adjustments made to payments

B1. Interest & Penalty
B2. Contributions, Donations, Checkoffs
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)
B4. Total adjustments **B.** _____

C. Total tax payments potentially deductible in 2021 (Line A less line B) **C.** 2,567

NY-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return NUSRAT SAHINA & KHANDAKER JAMY				Taxpayer ID Number 084-02-4730
[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status		MFJ	MFJ	
Gross Income		45,370	49,118	3,748
Standard Deduction		16,050	16,050	
Itemized Deduction				
Deductions				
Taxable Income		27,312	51,202	23,890
Actual State Income		27,312	51,202	23,890
State Income Tax		2,051	4,375	2,324
Local Taxes		880	1,782	902
Use Tax				
Contributions				
Income Tax Withheld		1,353	1,249	(104)
Estimates and Extension payments . . .				
Underpayment Penalty				
Overpayment Applied to Next Year . . .				
Refund				
Balance Due		53	2,567	2,514
Marginal tax rate		5.250000	6.090000	0.840000
Effective tax rate		7.510000	8.540000	1.030000