

ETD ELECTRONIC FILING MESSAGES
MUST be corrected before electronic filing of extensions is allowed.

2019

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

5090 INCORRECT OR MISSING SIGNATURE DATE: Either no date was entered on the PIN screen or the date entered is invalid. The IRS requires the PIN signature date to occur during the current processing year. Return to the PIN screen and entered a valid date for the "PIN signature date."
- Keyed PIN signature year [2020] must match IRS current processing year [2021].

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

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

5090 PIN SCREEN DATE. Either no date or an invalid date has been entered on the PIN screen. The IRS requires the PIN signature date to be during the current processing year.

- Keyed PIN signature year [2020] must match IRS current processing year [2021].

Notes about the return

2019 PAGE 1

Name(s) as shown on return

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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. Please verify that the amount and location are correct.

277 INCOME DATA MAY NOT BE ADEQUATE FOR EIC DUE DILIGENCE: Answers to question 2, 5, 7, 8, or 9 on the income tab of screen DD1 indicate that the reasonableness of income and expense to substantiate self-employment income or documentation to substantiate a legitimate business may not be adequate. Make any necessary inquiries to determine if the amounts provided by the taxpayer are reliable. You can record additional inquiries on screen DD2.

NOTE: This diagnostic NOTE does not prevent the program from calculating EIC. It is, instead, a strong recommendation that you review your entries and be sure you document your EIC due diligence.

542 REVIEW ESTIMATED TAX PAYMENTS: Schedule 3, line 8 (or line 10 if filing past the due date) is blank. Verify whether or not the taxpayer made estimated tax payments in either of these two cases:

- If there are no estimated tax payments entered and no entry for amount paid with extension and the taxable income is \$200,000 or more
- If there is self-employment income on Schedule SE and there are no estimated tax payments entered and there is no entry for amount paid with extension

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 **2019** 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 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 NUSRAT	Last name SAHINA	Your social security number 084-02-4730
If joint return, spouse's first name and middle initial KHANDAKER	Last name JAMY	Spouse's social security number 866-94-2371
Home address (number and street). If you have a P.O. box, see instructions. 1808 MCGRAW AVE		Apt. no. 2NDFL
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BRONX, NY 10472		<div>Presidential Election Campaign</div> <div>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.</div> <div>Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse</div>
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1955
☐ Are blind

Spouse:

☐ Was born before January 2, 1955
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ARISHA	ALEEZA	139-31-4075	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	31,111
	2a	Tax-exempt interest	2a	
			b	Taxable interest
	2b		2b	
	3a	Qualified dividends	3a	
			b	Ordinary dividends.
	3b		3b	
	4a	IRA distributions	4a	
			b	Taxable amount
	4b		4b	
	c	Pensions and annuities	4c	
			d	Taxable amount
	4d		4d	
	5a	Social security benefits.	5a	
			b	Taxable amount
	5b		5b	
	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
	7a	Other income from Schedule 1, line 9	7a	14,259
	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	45,370
	8a	Adjustments to income from Schedule 1, line 22	8a	1,008
	b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	44,362
	9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A. . .	10	2,650
	11a	Add lines 9 and 10	11a	27,050
	b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	17,312

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ **12a** 1,733**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 1,733**13a** Child tax credit or credit for other dependents **13a** 1,733**b** Add Schedule 3, line 7, and line 13a and enter the total **13b** 1,733**14** Subtract line 13b from line 12b. If zero or less, enter -0- **14** 0**15** Other taxes, including self-employment tax, from Schedule 2, line 10 **15** 2,015**16** Add lines 14 and 15. This is your **total tax** **16** 2,015**17** Federal income tax withheld from Forms W-2 and 1099 **17** 514**18** Other payments and refundable credits:**a** Earned income credit (EIC) **18a** 401**b** Additional child tax credit. Attach Schedule 8812 **18b** 267**c** American opportunity credit from Form 8863, line 8 **18c****d** Schedule 3, line 14. **18d****e** Add lines 18a through 18d. These are your **total other payments and refundable credits** **18e** 668**19** Add lines 17 and 18e. These are your **total payments** **19** 1,182**Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20****21 a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a**Direct deposit?
See
instructions.**b** Routing number **c** Type: ☐ Checking ☐ Savings**d** Account number **22** Amount of line 20 you want **applied to your 2020 estimated tax**. **22****Amount
You Owe****23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions. **23** 833**24** Estimated tax penalty (see instructions) **24****Third Party
Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.

☐ **Yes**. Complete below.☐ **No**(Other than
paid preparer)Designee's
name ▶Phone
no. ▶Personal identification
number (PIN) ▶**Sign
Here**

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

Your signature

Date

Your occupation

If the IRS sent you an Identity
Protection PIN, enter it here
(see inst.) Joint return?
See instructions.
Keep a copy for
your records.**21503**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.) **52957**Phone no. **347-698-1331**

Email address

**Paid
Preparer
Use Only**

Preparer's signature

Date

PTIN

Check if:

05-06-2021**P01621847**☒ 3rd Party DesigneePreparer's name **Harun Ali**Phone no. **718-684-2026**☐ Self-employedFirm'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.

EEA

Form **1040** (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

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

Your social security number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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	14,259
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	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	14,259

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	1,008
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. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	1,008

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

Your social security number

NUSRAT SAHINA & KHANDAKER JAMY

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 include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	2,015
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 15	10	2,015

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

► 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.

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 2019? 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 2019, check here.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 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	1	50,630
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	50,630
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	50,630
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	50,630

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	36,371
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28	36,371
29 Tentative profit or (loss). Subtract line 28 from line 7	29	14,259

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	
----	--

31 **Net profit or (loss).** Subtract line 30 from line 29.
• If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) 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	14,259
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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 or 1040-SR), line 3**, (or **Form 1040-NR, line 13**) 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 or 1040-SR) 2019

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 2019, 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	9,123
TAXI RENTAL FROM FEB TO DECEMBER	17,600
GAS FOR TAXI	8,640
CAR WASH	462
EXTRA TOLL	106
PHONE BILL AND INTERNET FOR UBER	440
48 Total other expenses. Enter here and on line 27a	48 36,371

SCHEDULE SE
(Form 1040 or 1040-SR)

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

2019

Attachment
Sequence No. 17

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

KHANDAKER JAMY

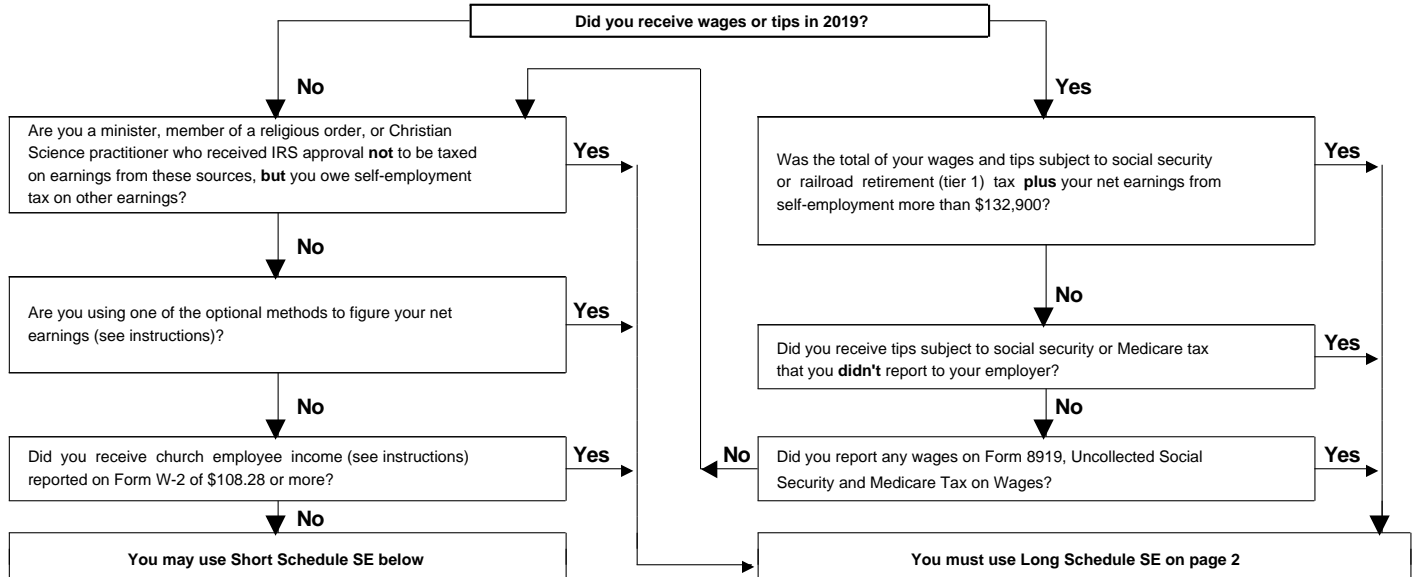
Social security number of person
with self-employment income ►

866-94-2371

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	14,259
3	Combine lines 1a, 1b, and 2	3	14,259
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ►	4	13,168
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions			
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.• More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	2,015
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	1,008

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

Schedule SE (Form 1040 or 1040-SR) 2019

SCHEDULE EIC
(Form 1040 or 1040-SR)

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

2019

Attachment
Sequence No. **43**

Your social security number

084-02-4730

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 18a, 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

**ARISHA
ALEEZA**

First name

Last name

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 18a, unless the child was born and died in 2019. If your child was born and died in 2019 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.

139-31-4075

3 Child's year of birth

Year **2014**

If born after 2000 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 2000 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 2000 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 2019, 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 2019?

☐ **Yes.**

☐ **No.**

**Go to
line 5.**

The child is not a
qualifying child.

☐ **Yes.**

☐ **No.**

**Go to
line 5.**

The child is not a
qualifying child.

☐ **Yes.**

☐ **No.**

**Go to
line 5.**

The child is not a
qualifying child.

5 Child's relationship to you

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

DAUGHTER

6 Number of months child lived with you in the United States during 2019

• If the child lived with you for more than half of 2019 but less than 7 months, enter "7."

• If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."

12 months

Do not enter more than 12 months.

months

Do not enter more than 12 months.

months

Do not enter more than 12 months.

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

EEA

Schedule EIC (Form 1040 or 1040-SR) 2019

SCHEDULE 8812
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Additional Child Tax Credit

▶ **Attach to Form 1040, 1040-SR, or Form 1040-NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

OMB No. 1545-0074

2019

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: 1040 and 1040-SR filers: 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 13a). 1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	1	2,000
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	1,733
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	267
4	Number of qualifying children under 17 with the required social security number: <u>1</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	1,400
5	Enter the smaller of line 3 or line 4	5	267
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	1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	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	267
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Enter this amount on
Form 1040, line 18b;
Form 1040-SR, line 18b; or
Form 1040-NR, line 64.

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Department 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**

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	13,251
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	13,251	
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	13,251	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		2,650
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		2,650
11	Taxable income before qualified business income deduction	11	19,962	
12	Net capital gain (see instructions)	12	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	19,962	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		3,992
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		2,650
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** (2019)

EEA

Amount from Form 1040, line 8b..... 44,362

Amount from Form 1040, line 9..... 24,400

Line 11 above is the difference between these amounts 19,962

Form **8867**Department of the Treasury
Internal Revenue Service**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.**

OMB No. 1545-0074

2019Attachment
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 2019 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 compute 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 compute the amount(s) of the credit(s) List those documents, if any, that you relied on. PERSON HAVE W-2, 1099K AND OTHERS STUFF FOR INCOME AND EXPENSES. Social Services 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 or 1040-SR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.**Form 8867 (2019)**

EEA

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, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<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 compute 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 compute 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 compute the amount(s) of the credit(s).
- **If you have not complied with all due diligence requirements, you may have to pay a \$530 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"/>

2019 Form 1040-V Payment Voucher and Filing Instructions
NUSRAT SAHINA & KHANDAKER JAMY

Due date:

Payment was due 07-15-2020. To avoid further penalties and interest, pay as soon as possible.

Balance due:

\$833

Transaction method:

To pay by check or money order, write "2019 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Mail-to address:

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

Form 1040-V (2019)

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V Department of the Treasury Internal Revenue Service (99)	Payment Voucher		OMB No. 1545-0074
	▶ Do not staple or attach this voucher to your payment or return.		2019
1 Your social security number (SSN) (if a joint return, SSN shown first on your return)	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	833
084-02-4730	866-94-2371		

EEA

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

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

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

084024730 ZL SAHI 30 0 201912 610

EIC Due Diligence Assistant

(Keep for your records)

2019

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 2019?

☐ 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 \$3,600?

☐ 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 2019? 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

05-06-2021

EIC Due Diligence Assistant

(Keep for your records)

2019

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
Caution: If there is more than one child, complete lines 8 through 14 for one child before going to the next column.	ARISHA		
8 Child's name	ALEEZA		
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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Was the child unmarried at the end of 2019? 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 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 2019? . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of 2019) - • 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 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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 2019? ▶ If you checked " No " on line 15, stop ; the taxpayer cannot take the EIC. If you checked " Yes " on line 15, 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		
	05-06-2021		

EIC Due Diligence Assistant

(Keep for your records)

2019

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 2019?</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 2019? 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 2019?</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 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 checked="" 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		
05-06-2021			

Due Diligence

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Age - Qualifying Child (complete only if qualifying child is over age 18)

For children over age 18 who are students or permanently and totally disabled, the following additional information and documentation should be available:

	Child 1	Child 2	Child 3
1. Children who are students	<input type="checkbox"/> Not a student	<input type="checkbox"/> Not a student	<input type="checkbox"/> Not a student
a. What school does the child attend?	Child 1 <u>SUCCESS ACADEMY</u> Child 2 _____ Child 3 _____		
b. Can you provide documentation showing that the child was a full-time student for at least 5 months? The school records need to show the dates of attendance. The months don't have to be consecutive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Children with a permanent and total disability	<input type="checkbox"/> Not disabled	<input type="checkbox"/> Not disabled	<input type="checkbox"/> Not disabled
a. What type of disability does the child have?	Child 1 _____ Child 2 _____ Child 3 _____		
b. Does the child receive SSI or other disability payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have a letter from the child's doctor, other healthcare provider, or any social service program or agency verifying that the child is permanently and totally disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship - Qualifying Child (complete only if relationship is other than son or daughter)

For relationships with children other than son or daughter, the following additional information and documentation should be available:

	Child 1	Child 2	Child 3
1. If the biological parent is NOT living with the child, where is the parent?	Mother _____ Father _____		
2. Adopted children:			
a. Is the adoption final or pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If the adoption is pending, do you have a letter from an authorized adoption agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Foster children:			
a. Do you have a letter from the authorized placement agency or applicable court document?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Brother, sister, niece, nephew, grandchild, great-grandchild:			
a. Can you provide a birth certificate that verifies your relationship to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Stepchildren or descendent of them, step-grandchildren, step-great-grandchildren:			
a. Can you provide a birth certificate & marriage certificate verifying the relationship to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Residency - Qualifying Child

Can you provide any of the following documentation to prove that your child lived with you for more than half of the year? More than one type of documentation may be required by the IRS.

Child 1	Child 2	Child 3
<input type="checkbox"/> School records	<input type="checkbox"/> School records	<input type="checkbox"/> School records
<input checked="" type="checkbox"/> Medical records	<input type="checkbox"/> Medical records	<input type="checkbox"/> Medical records
<input type="checkbox"/> Letter*	<input type="checkbox"/> Letter*	<input type="checkbox"/> Letter*
<input type="checkbox"/> Social service records	<input type="checkbox"/> Social service records	<input type="checkbox"/> Social service records
<input type="checkbox"/> Daycare records	<input type="checkbox"/> Daycare records	<input type="checkbox"/> Daycare records
Daycare provider	Daycare provider	Daycare provider

*The letter must be on official letterhead from one of the following: school, medical provider, social service agency, place of worship, or other acceptable entity. The letter must include the name of the child, name of the child's parent or guardian, child's address, and dates during the year child lived with taxpayer.

Adjusted Gross Income - Qualifying Child

For tax years beginning after December 31, 2018 a taxpayer other than the parents of a qualifying child can claim the child, but only if the adjusted gross income (AGI) of the taxpayer is higher than the AGI of any parent of the child. If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?

	Child 1	Child 2	Child 3
For tax years beginning after December 31, 2018 a taxpayer other than the parents of a qualifying child can claim the child, but only if the adjusted gross income (AGI) of the taxpayer is higher than the AGI of any parent of the child. If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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		

05-06-2021

Due Diligence

(Keep for your records)

2019

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? MORE THEN 5 YEA

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

- ☐ Business cards ☒ Business/occupational license (if required)
☐ Business stationary ☐ Other tax returns (sales/excise, employment, etc.)
☐ Receipts or receipt book (with company header) ☐ Advertisements (newspaper, flyer, yellow pages, etc.)

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

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?

FROM NOTE BOOK INCOME EXPENSES

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

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

- ☐ Accounting records ☐ Car/truck expenses
☐ Paid invoices/receipts ☐ Ledgers
☒ Log books ☐ Business bank accounts
☐ Computer records

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

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

The amount of income?

The amount of expense?

6. Form 1099-MISC:

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

b. If not, is it reasonable that the business type would not receive Form 1099-MISC? ☐ 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:

1099 MISC UBER YEARLY STATEMENT W-2 1099K AND OTH

Your signature

Date

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

Date

Paid preparer's signature

Date

05-06-2021

Due Diligence - Notes

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Use the notes fields below to document any additional inquiries made by the tax return preparer to help determine if the information furnished by the taxpayer is complete and correct.

Date of interview

Name of taxpayer interviewed

Taxpayer interviewed by

11-17-2020

KHANDAKER JAMY

HARUN ALI

Note:

Note:

Note:

Note:

Your signature

Date

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

Date

Paid preparer's signature

Date

05-06-2021

IRS e-file Signature Authorization

OMB No. 1545-0074

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

2019

Submission Identification Number (SID) **00-138113-024400**

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, 2019 (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	44,362
2	Total tax	2	2,015
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	514
4	Amount you want refunded to you	4	
5	Amount you owe	5	833

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 21503 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 52957 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 ► 05-06-2021

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****2019**
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 1099 K INCOME	\$ 49,678
UBER NON CARD INCOME	111
Total:	\$ 49,789

Federal Income Tax Withheld**2019 PG01**

Name(s) as shown on return

Your Social Security Number

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

Description	Amount
W2 - 116 DONUT KITCHEN CORP	38
W2 - 39 FLUSHING LLC	89
W2 - MV WAV SERVICE INC	339
W2 - M AND N HOME CARE SERVICE LLC	48
Total Withholdings	514

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	DEPENDABLE CARE LLC	720		NY	720	14	NY	720	10
T	116 DONUT KITCHEN CORP	11,809	38	NY	11,809	165	NY	11,809	129
T	39 FLUSHING LLC	4,439	89	NY	4,439	124	NY	4,439	90
S	MV WAV SERVICE INC	9,391	339	NY	9,391	370	NY	9,391	258
T	M AND N HOME CARE SERVICE LL	4,752	48	NY	4,752	111	NY	4,752	82
Taxpayer Totals		21,720	175		21,720	414		21,720	311
Spouse Totals		9,391	339		9,391	370		9,391	258
Totals		31,111	514		31,111	784		31,111	569

Computation of Regular Tax

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

NUSRAT SAHINA & KHANDAKER JAMY

084-02-4730

Statement for line 12a of Form 1040

Tax per Tax Table \$ 1,733

\$ 1,733 Tax computed using only available method

Earned Income Credit Worksheet - Form 1040 or 1040-SR, line 18a

(Keep for your records)

2019

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. 31,111
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. 31,111
4. If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from Worksheet B, line 4 4. 13,251
5. Add lines 3 and 4 5. 44,362
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 18a 6. 401
7. Enter your **AGI** or Form 1040 or 1040-SR, line 8b 7. 44,362
8. **Is line 7 less than -**
 - \$8,650 if you do not have a qualifying child? (\$14,450 if married filing joint)
 - \$19,050 if you have at least one qualifying child? (\$24,850 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. 401
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. 401

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 18a

(Keep for your records)

2019

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, Section A, line 3, or Section B, line 3, whichever applies. 1b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a. 1c. Combine lines 1a and 1b. 1d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. 1e. Subtract line 1d from 1c.	<div>1a14,259</div> <div>1b</div> <div>1c14,259</div> <div>1d1,008</div> <div>1e13,251</div>
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*. 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)*. c. Combine lines 2a and 2b. <i>*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. 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.</i>	<div>2a</div> <div>2b</div> <div>2c</div>
Part 3 Statutory Employees Filing Schedule C	3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.	<div>3</div>
Part 4 All Filers Using Worksheet B	4. Combine lines 1e, 2c, and 3 This is your total self-employed income.	<div>413,251</div>

Need more information or forms? Visit IRS.gov.

Child Tax Credit and Credit for Other
Dependents Worksheet

(Keep for your records)

2019

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:
_____ 1 _____ x \$2,000. Enter the result 1. _____ 2,000
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. _____ 2,000
4. Enter the amount from Form 1040 or 1040-SR, line 8b, or Form 1040-NR, line 35 4. _____ 44,362
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. _____ 44,362
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 Form 1040 or 1040-SR, line 13a, or Form 1040-NR, line 49. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. Complete the rest of your Form 1040, Form 1040-SR, or Form 1040-NR.
☒ **Yes.** Subtract line 9 from line 3. Enter the result 10. _____ 2,000
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 Form 1040 or 1040-SR, line 12b, or Form 1040-NR, line 45 **11.** 1,733

12. Add the following amounts from:

Form 1040 or 1040-SR or **Form 1040-NR**

Schedule 3, Line 1	Line 46	+	_____
Schedule 3, Line 2	Line 47	+	_____
Schedule 3, Line 3	-----	+	_____
Schedule 3, Line 4	Line 48	+	_____
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.** 1,733

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.** 1,733

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. 1,733

Enter this amount on
Form 1040, line 13a;
Form 1040-SR, line 13a;
or Form 1040-NR, line 49.

TIP You may be able to take the **additional child tax** credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 or Form 1040-SR through line 18a (also complete Schedule 3, line 11) or Form 1040-NR through line 63 (also, complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

QBI Explanation Worksheet

Form 1040

(Do not file. Keep for your records)

2019

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)	14,259	14,259
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Charitable contributions		
8. Other deductions		
9. Deduction for half of SE tax		1,008
10. Self-employed health insurance deduction		
11. Self-employed pension deduction		
12. QBI amount carried to Form 8995 / 8995-A		13,251
13. W-2 wages carried to Form 8995 / 8995-A		
14. UBIA of qualified property carried to Form 8995 / 8995-A		
15. Section 199A REIT dividends		
16. 199(A)(g) deduction		
17. QBI allocable to cooperative payments		
18. W-2 wages allocable to cooperative payments		

The income amount from line 12 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 2020 tax return

(Keep for your records)

2019

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 Form 1040, line 10	
State/local taxes paid in 2020 to flow to the Schedule A	53
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	1,347
State tax liability for state 2210 calculation	2,051
IRA basis	Taxpayer _____ Spouse _____

Passive Activity

At Risk Limitations

**2019 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:

07-15-2020

Balance due:

\$833

Transaction method:

To pay by check or money order, write "2019 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to [IRS.gov/Payments](https://www.irs.gov/Payments). To pay by credit or debit card (for a fee), go to [1040paytax.com](https://www.1040paytax.com).

Other information:

To avoid penalties and interest, make your payment as soon as possible.

Mail-to address:

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000



2019 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 2019 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 balance due is **\$833**.

New York - Income Tax

Your New York tax return has been electronically filed.

Your New York balance due is **\$53**.

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

Thank you for choosing Liberty Tax!

1040

Individual Diagnostic Summary

2019

Name(s)

NUSRAT SAHINA & KHANDAKER JAMY

Social Security No.

084-02-4730

Spouse SSN No.

866-94-2371

Mailing Address:TaxpayerSpouse1808 MCGRAW AVE APT 2NDFL
BRONX, NY 10472

Daytime Phone: 347-698-1331

347-698-1331

Evening Phone: 240-665-0629

Cell Phone: 347-698-1331

347-698-1331

TP email:

SP email:

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
ARISHA ALEEZA	139-31-4075	DAUGHTER	01-11-2014

Preparer: Harun Ali

Invoice:

Date: 05-06-2021

Return Information Form Type: 1040

Item on Return	2019 Federal	2018 Federal (If available)
Filing Status	2	
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	45,370	
AGI	44,362	
Deductions	24,400	
Taxable Income	17,312	
Tax (before credits)	1,733	
Tax (after credits)		
Tax Rate Percentage	10	
EIC	401	
Additional CTC	267	
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	833	

Form of Refund/Payment: The client will be sending a check to the IRS.

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	44,362	27,312	2,051	(53)

**TAX RETURN COMPARISON
2017 / 2018 / 2019**

2019

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

Identifying number
084-02-4730

	2017	2018	2019	Difference 2018-2019
Filing Status			Married Joint	
Number of Exemptions		N/A	N/A	N/A
Number of Dependents	N/A		1	1
Income				
Wages, salaries, tips, etc.			31,111	31,111
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)			14,259	14,259
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income			45,370	45,370
Adjusted Gross Income				
Half of self-employment tax			1,008	1,008
IRA deduction				
Other adjustments				
Total Adjusted Gross Income			44,362	44,362
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions			24,400	24,400
Total Itemized or Standard Ded			24,400	24,400
Exemption Amount		N/A	N/A	N/A
Qualified Business Income Deduction .	N/A		2,650	2,650
Tax and Credits				
Taxable Income			17,312	17,312
Tax			1,733	1,733
Credits			1,733	1,733
Self-employment tax			2,015	2,015
Other taxes				
Total Tax			2,015	2,015
Payments				
Withholdings			514	514
Estimated tax payments				
Earned income credit			401	401
Other payments and credits			267	267
Overpayment				
Overpayment Applied				
Refund				
Balance Due			833	833
Marginal tax rate			10.00	10.00
Effective tax rate			10.01	10.01

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

4004 NY Electronic Filing NOT Allowed

Federal rejects have been identified; the rejects disallow transmittal of the state file.

Drake Software Tip:

- * Return to data entry
- * Make necessary changes to correct rejects
- * Recalculate the return

NYNOTES	Notes about the return	2019 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, IT-214, and NYC-208, 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 		

**2019 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:

07-15-2020

Payment:

\$53.00

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)

2019

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) 44362.
 FAGI (NYS Column - IT-203 filers) _____
 Total additions _____
 Total Subtractions _____
 New York AGI 44362.
 NY AGI (NYS Col - IT-203 filers) _____
 Itemized ☐ or standard ☒ deduction 16050.
 Dependent Exemptions 1000.
Taxable income 27312.

MCTMT net earnings base _____

Tax, Payments, and Credits

New York State tax 1171.
 Nonrefundable state credits _____
 Net other state taxes _____
 Total NYS tax 1171.
 New York City taxes 880.
 New York City nonrefundable credits _____
MCTMT _____

Yonkers taxes _____
 Use tax and contributions 0.
 Total tax and contributions 2051.
Total refundable credits 595.

Income tax withheld 1353.
 Estimate and extension payments _____
 Total payments and credits 1998.
 Penalties and Interest _____
Refund 0.
Overpayment applied to next year 0.
Amt as a NYS 529 account deposit _____
Amount refunded 0.
Amount due 53.

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)

	Taxpayer	Spouse
Taxable income	_____	_____
Tax	_____	_____
Credits and withholdings	_____	_____
Balance due	_____	_____
Refund	_____	_____

Miscellaneous Information

Refundable Credits claimed

Empire State child credit (IT-213)	<u>330.</u>
NYS/NYC Child Dep (IT-216)	_____
NYS EIC (IT-215 or IT-209)	<u>120.</u>
NYS noncustodial EIC (IT-209)	_____
NYC EIC IT-215 or IT-209	<u>20.</u>
Real property tax credit (IT-214)	_____
College tuition credit (IT-272)	_____
NYC school tax credit (fixed amount)	<u>125.</u>
NYC school tax credit (rate reduction amount)	<u>50.</u>
NYC enhanced real property tax credit	_____



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V

(12/19)

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**

(12/19)

Tax year (yyyy) **2019** 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 084024730	
Spouse's first name and middle initial KHANDAKER		Spouse's last name JAMY		Spouse's full SSN (only if filing a joint return) 866942371	
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:					

040001191024

Payment
amount

Dollars

53

Cents

00

For office use only

0401191024 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, 2019, through December 31, 2019, or fiscal year beginning ...

19

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

and ending ...

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		084024730	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
KHANDAKER			JAMY		02091984		866942371	
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)		School district name	
BRONX			NY	10472			BRONX	
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	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

- A Filing status**
(mark an **X** in one box):
- (1) ☐ Single
- (2) ☒ Married filing joint return
(enter spouse's Social Security number above)
- (3) ☐ Married filing separate return
(enter spouse's Social Security number above)
- (4) ☐ Head of household (with qualifying person)
- (5) ☐ Qualifying widow(er)

B Did you itemize your deductions on your 2019 federal income tax return? Yes ☐ No ☒

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

D1 Did you have a financial account located in a foreign country? (see page 15) Yes ☐ No ☒

D2 Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes ☐ No ☒

E (1) Did you or your spouse **maintain living quarters in NYC** during 2019? (see page 15) Yes ☐ No ☐

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

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

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

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)
ARISHA	K	ALEEZA	DAUGHTER	139314075	01112014

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

201001191024



For office use only

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

Your Social Security number

084024730

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	31111 .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	14259 .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	.00
15	Taxable amount of Social Security benefits (also enter on line 27).	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	45370 .00
18	Total federal adjustments to income (see page 16) Identify: 1/2 SE TAX 1008	18	1008 .00
19	Federal adjusted gross income (subtract line 18 from line 17).	19	44362 .00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17).	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	44362 .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	44362 .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	28312 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	1000.00
37	Taxable income (subtract line 36 from line 35)	37	27312 .00

201002191024



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
084024730

IT-201 (2019) Page 3 of 4

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	27312 .00
39	NYS tax on line 38 amount (see page 22)	39	1171 .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	1171 .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	1171 .00

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

47	NYC taxable income (see instructions)	47	27312 .00
47a	NYC resident tax on line 47 amount (see page 23)	47a	880 .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	880 .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	880 .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	880 .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	880 .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	2051 .00

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



201003191024



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

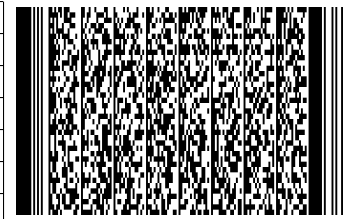
Your Social Security number

084024730

62 Enter amount from line 61 62 2051 .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	120 .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	50 .00
70	NYC earned income credit	70	20 .00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	784 .00
73	Total New York City tax withheld	73	569 .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	1998 .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 2020 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	53 .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 271241694	
BRONX NY 10462		Date 11172020	
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.

201004191024



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, 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	084024730
Spouse's name	Spouse's SSN
KHANDAKER JAMY	866942371

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 2019? 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 2019? Yes ☒ No ☐
- 3 Is your federal adjusted gross income (*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, 2019
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)
ARISHA	K	ALEEZA		139314075	01112014

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

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NO HANDWRITTEN ENTRIES ON THIS FORM.

Step 4 - Compute credit

If you answered **Yes** to question 2, you must complete Worksheet A **or** B **and** Worksheet C in 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	1000 .00
7	Enter your additional child tax credit amount from Worksheet C (see instructions)	7	.00
8	Add lines 6 and 7	8	1000 .00

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

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

9	Enter the number of children from line 4	9	1
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.

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Department of Taxation and Finance

Claim for Earned Income CreditNew York State • New York City
Tax Law - Section 606(d)**IT-215**

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

Name(s) as shown on return	Your Social Security number
NUSRAT SAHINA AND KHANDAKER JAMY	084024730

- 1 Did you claim the federal earned income credit? If **No, stop; you do not qualify for these credits.** **1** Yes ☒ No ☐
- 2 Is your investment income (see instructions) greater than \$3,600? If **Yes, stop; you do not qualify for these credits.** **2** Yes ☐ No ☒
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return . . . **3** Yes ☐ No ☒
- 4 Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC **4** Yes ☒ No ☐
If you claimed more than three, see instructions.

1st Child	First name	MI	Last name	Suffix	Relationship
	ARISHA	K	ALEEZA		DAUGHTER
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
	12	<input type="checkbox"/>	<input type="checkbox"/>	139314075	01112014
2nd Child	First name	MI	Last name	Suffix	Relationship
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
		<input type="checkbox"/>	<input type="checkbox"/>		
3rd Child	First name	MI	Last name	Suffix	Relationship
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
		<input type="checkbox"/>	<input type="checkbox"/>		

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

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on page 2 of this claim form **5** Yes ☐ No ☒
- Whole dollars only
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, in the instructions, Form IT-215-I **6** 31111 .00
- 7 Earned income adjustments (see instructions) **7** .00
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) Employer identification number (see instructions) 208809830 **8** 13251 .00
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) **9** 44362 .00
- 10 Amount of federal EIC claimed (from federal Form 1040, line 18a) **10** 401 .00
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) **11** .30
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) **12** 120 .00

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

- 13 Enter the amount from **Worksheet B**, line 5, on page 2 of this form. **13** 1171 .00
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) **14** .00
- 15 Enter the smaller of line 13 or line 14 **15** .00
- 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) **16** 120 .00
- 17 If your New York State filing status is (3), **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below **17** .00
- Federal adjusted gross income (from federal Form 1040, line 8b)00

NO HANDWRITTEN ENTRIES ON THIS FORM.

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Part-year New York State resident earned income credit

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

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

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

27	From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11 27		20	.00
	Part-year New York City residents must also complete line 28 below.			
28	Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7 28A			.00
		28B		.00

Worksheet B

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1		1171	.00
2	Resident credit (see instructions) 2			.00	
3	Accumulation distribution credit (see instructions) 3			.00	
4	Add lines 2 and 3 4			.00	
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on page 1 of this form 5			1171	.00

NO HANDWRITTEN ENTRIES ON THIS FORM.





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

084024730

Box b Employer identification number (EIN)

651282801

Box c Employer's information

Employer's name			
DEPENDABLE CARE LLC			
Employer's address (number and street)			
1122 CONEY ISLAND AVE			
City	State	ZIP code	Country (if not United States)
BROOKLYN	NY	11230	

Box 1 Wages, tips, other compensation

720.00

Box 12a Amount

.00

Code**Box 14a** Amount

1.00

Description

EE SDIS

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.

720.00

Box 17a NYS income tax withheld

14.00

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	720.00
Locality b	.00

Box 19 Local income tax withheld

Locality a	10.00
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

084024730

Box b Employer identification number (EIN)

134200100

Box c Employer's information

Employer's name			
116 DONUT KITCHEN CORP			
Employer's address (number and street)			
218-14 JAMAICA AVE			
City	State	ZIP code	Country (if not United States)
QUEENS VILLAGE	NY	11428	

Box 1 Wages, tips, other compensation

11809.00

Box 12a Amount

.00

Code**Box 14a** Amount

27.00

Description

NYS DI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code**Box 14b** Amount

18.00

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.

11809.00

Box 17a NYS income tax withheld

165.00

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	11809.00
Locality b	.00

Box 19 Local income tax withheld

Locality a	129.00
Locality b	.00

Box 20 Locality name

Locality a	NYC
Locality b	

102001191024



NO HANDWRITTEN ENTRIES ON THIS FORM.



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

084024730

Box b Employer identification number (EIN)

455070250

Box c Employer's information

Employer's name

39 FLUSHING LLC

Employer's address (number and street)

195 EAST AVE

City

NORWALK

State

CT

ZIP code

06855

Country (if not United States)

Box 1 Wages, tips, other compensation

4439.00

Box 12a Amount

.00

Code

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14a Amount

7.00

Description

NYS DI

Box 14b Amount

7.00

Description

NYPFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

4439.00

Box 17a NYS income tax withheld

124.00

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

4439.00

Locality b

.00

Locality a

Box 19 Local income tax withheld

90.00

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

866942371

Box b Employer identification number (EIN)

830590884

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

9391.00

Box 12a Amount

.00

Code

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14a Amount

9.00

Description

NYS DI

Box 14b Amount

14.00

Description

NYPFMA

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

9391.00

Box 17a NYS income tax withheld

370.00

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

9391.00

Locality b

.00

Locality a

Box 19 Local income tax withheld

258.00

Locality b

.00

Box 20 Locality name

Locality a

NYC

Locality b

102001191024



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

084024730

Box b Employer identification number (EIN)

812292939

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

4752.00

Box 12a Amount

.00

Code

Box 14a Amount

7.00

Description

SDI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

7.00

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.

4752.00

Box 17a NYS income tax withheld

111.00

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

4752.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

82.00

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**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

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001191024



NO HANDWRITTEN ENTRIES ON THIS FORM.

(Keep for your records)

Your name as shown on return

NUSRAT SAHINA AND KHANDAKER JAMY

Your social security number

084024730

Do not use Worksheet A, but use Worksheet B instead, if on your 2019 **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 1000
- 2 Enter your federal adjusted gross income from Form IT-201, line 19 2 44362
- 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 1000

Part 2

- 7 Enter your federal tax from your 2019 federal Form 1040, line 12b, or 2019 Form 1040NR, line 45 7 1733
- 8 Enter the following amounts from your 2019 **federal** income tax return, if applicable:
- a Form 1040, Schedule 3, line 1 or Form 1040NR, line 46 . a
 - b Form 1040, Schedule 3, line 2 or Form 1040NR, line 47 . b
 - c Form 1040, Schedule 3, line 3 c
 - d Form 1040, Schedule 3, line 4 or Form 1040NR, line 48 . 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 1733
- 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 1000

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)

2019

(Keep for your records)

Name(s) as shown on return

Your social security number

NUSRAT SAHINA AND KHANDAKER JAMY

084024730

**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), or — Qualifying widow(er) with dependent child filing status (5)	\$ 250,000 or less	\$ 125

**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

* **Income**, for purposes of determining your New York City school tax credit, means your federal adjusted gross income (FAGI) from Form IT-201, line 19, (or IT-203, line 19, 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 FAGI.

New York City school tax credit worksheet

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

**New York
Worksheet**

Worksheets A and C - Form IT-215

2019

(Keep for your records)

Name(s) as shown on return

NUSRAT SAHINA AND KHANDAKER JAMY

Your social security number

084024730

Worksheet A - Wages, salaries, tips, etc.

1 Enter the amount from federal Form 1040, line 1;

or

if you are a **member of the clergy or a church employee** who checked the **Yes** box in step 5, line 1, of the federal Form 1040 instructions for line 18a, enter the amount from step 5, line 1, of the federal Form 1040 instructions

1 31111.

2 Enter the amount, **if any**, from step 5, line 7 of the federal Form 1040 instructions for line 18a

2

3 **Add lines 1 and 2. Enter here and on Form IT-215, line 6**

3 31111.

Worksheet C - New York City earned income credit

1 Amount of federal EIC claimed (from Form IT-215, line 10; see instructions). 1 401.

2 NYC EIC rate 5% (.05) 2 .05

3 Allowable NYC EIC (multiply line 1 by line 2). 3 20.

- If your New York City filing status is **Married filing separate return**, also complete line 4 below.
- Part-year New York City residents must also complete lines 5 through 9 below.
- All others enter the line 3 amount on Form IT-215, line 27; also enter on Form IT-201, line 70.

4 If your New York City filing status is **Married filing separate return**, the NYC EIC credit on line 3 above can be divided between spouses in any manner you wish.

Enter on line 4 the amount of credit you are claiming 4

- Part-year New York City residents must also complete lines 5 through 9 below.
- All others enter the line 4 amount on Form IT-215, line 27, and on Form IT-201, line 70.

Part-year New York City residents only

(If your filing status is (2) and you and your spouse had different New York City periods of residency, see the Worksheet C instructions.)

5 NYC EIC (from line 3 or line 4 above) 5

6 Enter the amount from Form IT-360.1, line 20, **Column B**; also enter this amount on Form IT-215, line 28B 6

7 Enter the amount from Form IT-360.1, line 20, **Column A**; also enter this amount on Form IT-215, line 28A 7

8 Divide line 6 by line 7 (round the result to four decimal places; cannot exceed 1.000) 8

9 Part-year NYC resident EIC (multiply line 5 by line 8). Enter this amount on Form IT-215, line 27; also enter on Form IT-201, line 70, or on Form IT-203-ATT, line 11 9
Also complete line 28 on Form IT-215.

**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

2019

Name(s) as shown on return

NUSRAT SAHINA AND KHANDAKER JAMY

Your social security number

084024730

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

- 1 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-1227, line 1 (NYC
full year employment) 1 27312.
- 2 **If only one spouse was a full-year resident of NYC:**
NYC Taxable Income of the full-year NYC resident spouse 2 _____
- 3 Add lines 1 and 2 3 27312.
- 4 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 50.



New York State E-File Signature Authorization for Tax Year 2019

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, 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 (jointly filed return only) 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, NYC-208, and NYC-210).

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. Please 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 2019 Form IT-370 and Tax Year 2020 Form IT-2105*.

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*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

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

FORM IT-201

Part A - Tax return information

1 Federal adjusted gross income (from applicable line)	1.	44362.
2 Refund	2.	
3 Amount you owe	3.	53.
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, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2019 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 2019 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 2019 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 11172020
Spouse's signature (jointly filed return only)	Date 11172020

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

Under penalty of perjury, I declare that the information contained in this 2019 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 2019 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2019 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 2019 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 11172020

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2019 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	21,720	9,391	21,720	9,391
2b Taxable interest	2b				
3b Ordinary dividends	3b				
4b Taxable amount of IRA distributions	4b				
4d Taxable amount of Pensions and annuities	4d				
5b Taxable amount of Social security benefits	5b				
6 Capital gain or (loss)	6				
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		14,259		14,259
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				
8 Other income.	8				
9 Add the amounts in each column for Federal 1040 Lines 1-6 and Schedule 1 lines 1-9. This is your total income	9	21,720	23,650	21,720	23,650
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		1,008		1,008
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				
Add lines 10 through 22			1,008		1,008
Line 9 less Line 22. This is your AGI		21,720	22,642	21,720	22,642

NYWK_SE

For your records only.
Self-Employment Tax Worksheet

2019 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. Also see instructions for the definition of church employee income.

<p>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. <input type="checkbox"/></p>		
<p>1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)</p>	1a	
<p>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</p>	1b	()
<p>2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions)</p>	2	14,259
<p>3 Combine lines 1a, 1b, and 2</p>	3	14,259
<p>4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.</p>	4a	13,168
<p>b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here</p>	4b	
<p>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"/></p>	4c	13,168
<p>5a Enter your church employee income from Form W-2. See instructions for definition of church employee income</p>	5a	
<p>b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-</p>	5b	
<p>6 Add lines 4c and 5b</p>	6	13,168
<p>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 2019</p>	7	132,900
<p>8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11</p>	8a	9,391
<p>b Unreported tips subject to social security tax (from Form 4137, line 10)</p>	8b	
<p>c Wages subject to social security tax (from Form 8919, line 10)</p>	8c	
<p>d Add lines 8a, 8b, and 8c</p>	8d	9,391
<p>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"/></p>	9	123,509
<p>10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)</p>	10	1,633
<p>11 Multiply line 6 by 2.9% (0.029)</p>	11	382
<p>12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55</p>	12	2,015
<p>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 or 1040-SR), line 14, or Form 1040-NR, line 27</p>	13	1,008

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

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,160, or (b) your net farm profits² were less than \$5,891.</p>		
<p>14 Maximum income for optional methods</p>	14	5,440
<p>15 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,440. Also include this amount on line 4b above</p>	15	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,891 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.</p>		
<p>16 Subtract line 15 from line 14</p>	16	
<p>17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above</p>	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 12/31/2019 that
will be deductible on 2020 Federal Schedule A

2019

Name(s) as shown on return

NUSRAT SAHINA & KHANDAKER JAMY

Your Social Security Number

084-02-4730

A. 2019 Income taxes due that were paid after 12/31/2019

A1. 4th quarter estimate/extension (may be adj. by refund)
A2. Amount paid with return 53
A3. Total payments made in 2020 A. 53

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 2020 (Line A less line B) C. 53

NY-COMP	Three-year State Tax Return Comparison			2019
Name(s) as shown on return NUSRAT SAHINA & KHANDAKER JAMY				Taxpayer ID Number 084-02-4730
[State] Income Tax Return	2017	2018	2019	Difference 2018-2019
Filing Status			MFJ	
Gross Income			45,370	45,370
Deductions			16,050	16,050
Taxable Income			27,312	27,312
Actual State Income			27,312	27,312
State Income Tax			2,051	2,051
Local Taxes			880	880
Use Tax				
Contributions				
Income Tax Withheld			1,353	1,353
Estimates and Extension payments . . .				
Underpayment Penalty				
Overpayment Applied to Next Year . . .				
Refund				
Balance Due			53	53
Marginal tax rate			5.250000	5.250000
Effective tax rate			7.510000	7.510000