

2023 Tax Return

prepared by,

TaxSlayer.com

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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.

Submission Identification Number (SID) 53003220240742091711

Taxpayer's name

Social security number	
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LAKIA M FLOWERS

073-76-3781

Spouse's name

Spouse's social security number

Part I	Tax Return Information – Tax Year Ending December 31, 2023	(Enter year you are authorizing.)
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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	12145
2	Total tax	2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	900
4	Amount you want refunded to you	4	6342
5	Amount you owe	5	

Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)
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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 _____ to enter or generate my PIN _____ as my
 signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ► Date ►

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name
 signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ► Date ►

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.

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 ► TAXSLAYER

Date ▶ 04/01/2024

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____		See separate instructions.
Your first name and middle initial LAKIA M	Last name FLOWERS	Your social security number 073-76-3781
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 846 BRADLEY ST		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. WEST HEMPSTEAD		
State NY	ZIP code 11552	
Foreign country name	Foreign province/state/county	

Filing Status ☐ Single ☒ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
AYDEN	FLOWERS	392-57-9067	SON	<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"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 12145
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 12145
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	2a Tax-exempt interest 2a	2b Taxable interest 2b
	3a Qualified dividends 3a	b Ordinary dividends 3b
	4a IRA distributions 4a	b Taxable amount 4b
	5a Pensions and annuities 5a	b Taxable amount 5b
	6a Social security benefits 6a	b Taxable amount 6b
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7
	8 Additional income from Schedule 1, line 10	8
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 12145
	10 Adjustments to income from Schedule 1, line 26	10
	11 Subtract line 10 from line 9. This is your adjusted gross income	11 12145
	12 Standard deduction or itemized deductions (from Schedule A)	12 20800
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13
	14 Add lines 12 and 13	14 20800
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 0

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

Form 1040 (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
24	Add lines 22 and 23. This is your total tax	24	0	
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	900
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	900
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	3995
	28	Additional child tax credit from Schedule 8812	28	1447
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	5442
	33	Add lines 25d, 26, and 32. These are your total payments	33	6342
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6342
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6342
	b	Routing number 041215663 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1347109892996		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No			
	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.) 604347
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (954) 386-1713	Email address	BEZEL201988@GMAIL.COM	
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN
	Firm's name	Check if: <input type="checkbox"/> Self-employed		
	Firm's address	Phone no.		
	Firm's EIN			

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2023)

QNA

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

2023Attachment
Sequence No. **43**

Name(s) shown on return

LAKIA FLOWERS

Your social security number

073-76-3781

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here ☐**Before you begin:**

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child. See also Pub. 596.
- 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 your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- 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

AYDEN FLOWERS

2 Child's SSN

The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2023 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2023 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.

392-57-9067

3 Child's year of birthYear 2 0 1 5*If born after 2004 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 2004 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 2004 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 2023, 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 2023?☐

Yes.

☐

No.

Go to line 5.

The child is not a qualifying child.

☐

Yes.

☐

No.

Go to line 5.

The child is not a qualifying child.

☐

Yes.

☐

No.

Go to line 5.

The child is not a qualifying child.

5 Child's relationship to you

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

SON

6 Number of months child lived with you in the United States during 2023

- If the child lived with you for more than half of 2023 but less than 7 months, enter "7."
- If the child was born or died in 2023 and your home was the child's home for more than half the time he or she was alive during 2023, 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.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Name(s) shown on return

LAKIA FLOWERS

Your social security number

073-76-3781

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	12145
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	12145
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
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 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2000
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	200000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	2000
13	Enter the amount from Credit Limit Worksheet A	13	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2023

QNA

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 2000
b	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 1600
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17 1600
18a	Earned income (see instructions)	18a 12145
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19 9645
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input checked="" type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20 1447

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	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, or if you are a bona fide resident of Puerto Rico, see instructions.	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27 1447
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Credit Limit Worksheet A

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR.

1

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

Schedule 3, line 1 + _____
Schedule 3, line 2 + _____
Schedule 3, line 3 + _____
Schedule 3, line 4 + _____
Schedule 3, line 6d + _____
Schedule 3, line 6e + _____
Schedule 3, line 6f + _____
Schedule 3, line 6l + _____
Form 5695, line 30 + _____

Enter the total.

2

3. Subtract line 2 from line 1.

3

Complete the Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet B.

4

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13.

5

Worksheet **A**—2023 EIC—Line 27

Keep for Your Records



Before you begin: ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

Part 1**All Filers Using Worksheet A**

1. Enter your earned income from Step 5.


1

12145

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN as defined earlier. Enter the credit here.

2

3995

If line 2 is zero,  You can't take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

3. Enter the amount from Form 1040 or 1040-SR, line 11.

3

12145

4. Are the amounts on lines 3 and 1 the same?

☒ **Yes.** Skip line 5; enter the amount from line 2 on line 6.

☐ **No.** Go to line 5.

Part 2**Filers Who Answered “No” on Line 4**

5. If you have:

- No qualifying children who have a valid SSN, is the amount on line 3 less than \$9,800 (\$16,370 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$21,560 (\$28,120 if married filing jointly)?

☐ **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.

☐ **No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here. Look at the amounts on lines 5 and 2. Then, enter the **smaller** amount on line 6.

5

Part 3**Your Earned Income Credit**

6. This is your earned income credit.

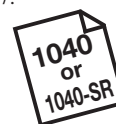
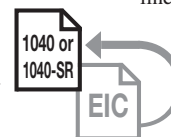
6

3995

Enter this amount on Form 1040 or 1040-SR, line 27.

Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, *earlier*, to find out if you must file Form 8862 to take the credit for 2023.

Worksheet **B**—2023 EIC—Line 27

Keep for Your Records



Use this worksheet if you answered “Yes” to Step 5, question 2.

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

Part 1
**Self-Employed,
Members of the
Clergy, and
People With
Church Employee
Income Filing
Schedule SE**

1a. Enter the amount from Schedule SE, Part I, line 3.

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Part I, line 13.

e. Subtract line 1d from line 1c.

1a	
+ 1b	
= 1c	
– 1d	
= 1e	

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.

2a	
+ 2b	
= 2c	

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

Part 3
**Statutory Employees
Filing Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3	
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Part 4
**All Filers Using
Worksheet B**

Note. If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.

4a. Enter your earned income from Step 5.

b. Combine lines 1e, 2c, 3, and 4a. **This is your total earned income.**


4a	12145
4b	12145

If line 4b is zero or less,  You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

5. If you have:

- 3 or more qualifying children who have valid SSNs, is line 4b less than \$56,838 (\$63,398 if married filing jointly)?
- 2 qualifying children who have valid SSNs, is line 4b less than \$52,918 (\$59,478 if married filing jointly)?
- 1 qualifying child who has a valid SSN, is line 4b less than \$46,560 (\$53,120 if married filing jointly)?
- No qualifying children who have valid SSNs, is line 4b less than \$17,640 (\$24,210 if married filing jointly)?

☒ **Yes.** If you want the IRS to figure your credit, see *Credit figured by the IRS*, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.

☐ **No.**  You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

Worksheet **B**—2023 EIC—Line 27—Continued


Keep for Your Records

**Part 5****All Filers Using Worksheet B**

6. Enter your total earned income from Part 4, line 4b. 6 12145

7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.

7 3995

If line 7 is zero,  You can't take the credit.
Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

8. Enter the amount from Form 1040 or 1040-SR, line 11. 8 12145

9. Are the amounts on lines 8 and 6 the same?

☒ **Yes.** Skip line 10; enter the amount from line 7 on line 11.

☐ **No.** Go to line 10.

Part 6**Filers Who Answered "No" on Line 9**

10. If you have:

- No qualifying children who have a valid SSN, is the amount on line 8 less than \$9,800 (\$16,370 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 8 less than \$21,560 (\$28,120 if married filing jointly)?

☐ **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.

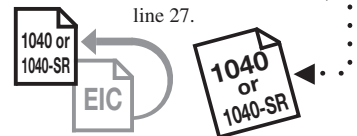
☐ **No.** Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.
Look at the amounts on lines 10 and 7.
Then, enter the **smaller** amount on line 11.

10
Part 7**Your Earned Income Credit**

11. This is your earned income credit.

11 3995
Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



Enter this amount on Form 1040 or 1040-SR, line 27.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2023.



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2023, through December 31, 2023, or fiscal year beginning ... **23**

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

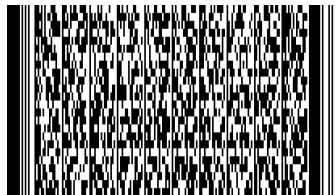
and ending ...

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
LAKIA	M	FLOWERS	09201988	073763781
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
846 BRADLEY ST				NASS
City, village, or post office		State	ZIP code	Country
WEST HEMPSTEAD		NY	11552	
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district name
				WEST HEMPSTEAD
				School district code number
				687
City, village, or post office		State	ZIP code	Decedent information
		NY		
			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

A Filing status

(mark an X in one box):

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

B Did you itemize your deductions on your 2023 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**H Dependent information**

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
AYDEN		FLOWERS	SON	392579067	12012015

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

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For office use only

D1 Did you have a financial account located in a foreign country? Yes ☐ No ☒**D2** (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? ... Yes ☐ No ☒
If Yes:(2) Number of months **you** lived in Yonkers in 2023 (3) Number of months **your spouse** lived in Yonkers in 2023

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? Yes ☐ No ☒(2) Enter the number of days spent in NYC in 2023 (any part of a day spent in NYC is considered a day) **F NYC residents and NYC part-year residents only:**(1) Number of months **you** lived in NYC in 2023 (2) Number of months **your spouse** lived in NYC in 2023 **G** Enter your **2-character special condition code(s)** if applicable N
O
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Your Social Security number

073763781

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	12145.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	12145.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	12145.00

New York additions

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	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	12145.00

New York subtractions

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	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	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	12145.00

Standard deduction or itemized deduction

34	Enter your standard deduction 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	11200.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	945.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	1 000.00
37	Taxable income (subtract line 36 from line 35)	37	.00

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Name(s) as shown on page 1
LAKIA M FLOWERS

Your Social Security number
073763781

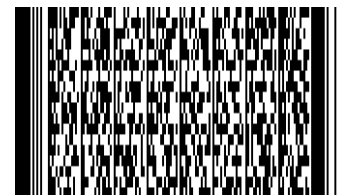
Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	.00
39 NYS tax on line 38 amount	39	.00
40 NYS household credit	40	75.00
41 Resident credit	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	75.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.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	.00

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

47 NYC taxable income	47	.00
47a NYC resident tax on line 47 amount	47a	.00
48 NYC household credit	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.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	.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	.00
54a MCTMT net earnings base for Zone 1 ..	54a	.00
54b MCTMT net earnings base for Zone 2 ..	54b	.00
54c MCTMT for Zone 1	54c	.00
54d MCTMT for Zone 2	54d	.00
54e Total MCTMT (add lines 54c and 54d)	54e	.00
55 Yonkers resident income tax surcharge	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 54e through 57) ..	58	.00
59 Sales or use tax (do not leave 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	.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges.



See instructions to compute the MCTMT for each zone.

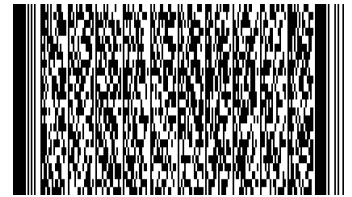


Your Social Security number

073763781

62 Enter amount from line 61 **62**00**Payments and refundable credits**

63 Empire State child credit	63	330.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC) EIC	65	1199.00
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) <i>(also complete F on page 1)</i>	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a This line intentionally left blank	70a	
71 Other refundable credits <i>(Form IT-201-ATT, line 18)</i>	71	.00
72 Total New York State tax withheld	72	166.00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments <i>(add lines 63 through 75)</i>	76	1695.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return.

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

77 Amount overpaid <i>(if line 76 is more than line 62, subtract line 62 from line 76)</i>	77	1695.00
78 Amount of line 77 available for refund <i>(subtract line 79 from line 77)</i>	78	1695.00

TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account <i>(Form IT-195, line 4) (also submit Form IT-195)</i>	78a	.00
78b Total refund after NYS 529 account deposit <i>(subtract line 78a from line 78)</i>	78b	1695.00

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 instructions for payment options.

79 Amount of line 77 that you want applied to your 2024 estimated tax <i>(see instructions)</i>	79	.00
80 Amount you owe <i>(if line 76 is less than line 62, subtract line 76 from line 62)</i> . 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	.00

See instructions for the proper assembly of your return.

81 Estimated tax penalty <i>(include this amount in line 80 or reduce the overpayment on line 77)</i>	81	.00
82 Other penalties and interest	82	.00
83 Account information for direct deposit or electronic funds withdrawal. 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..... <input type="checkbox"/>		

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal Date Amount .00

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

▼ Paid preparer must complete ▼ <i>(see instructions)</i>	
Preparer's signature	Preparer's printed name
Firm's name <i>(or yours, if self-employed)</i>	Preparer's PTIN or SSN
Address	Employer identification number
Date	04012024
Email:	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation <i>(if joint return)</i>	
Date	Daytime phone number (954) 386 1713
Email: BEZEL201988@GMAIL.COM	

201004233038

See instructions for where to mail your return.





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 on the back.

W-2 Record 1

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

073763781

Box b Employer identification number (EIN)

116003159

Box c Employer's information**Employer's name**

HERRICKS UFSD

Employer's address (number and street)

999-B HERRICKS RD

City

NEW HYDE PARK

State

NY

ZIP code

11040

Country

Box 1 Wages, tips, other compensation

12145.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

Box 16a NYS wages, tips, etc.

12145.00

Box 17a NYS income tax withheld

166.00

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

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

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

Box 16a NYS wages, tips, etc.

.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

102001233038





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.

Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
LAKIA M FLOWERS	073763781
Spouse's name	Spouse's SSN

Determine eligibility

1 Were you (and your spouse if filing a joint New York State return) New York State residents for the full year? 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 or additional child tax credit? Yes ☒ No ☐

3 Is your federal adjusted gross income on Form IT-201, line 19 (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 surviving spouse; 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 or additional child tax credit
(see instructions)

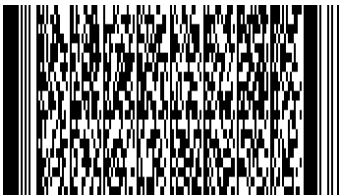
5 Enter the number of qualifying children who have an individual taxpayer identification
number (ITIN) and those without an SSN by the due date of the return (see instructions)

Enter child information

List below the name, SSN or ITIN, and date of birth for each child included on line 4 or 5.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
AYDEN		FLOWERS		392579067	12012015

Use Form IT-213-ATT if you have additional children to report.



Credit calculation

If you answered **Yes** to question 2, you must complete Worksheet A **and** Worksheet B in the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 8, and enter **0** on line 9; continue with line 10.

		Whole dollars only
6	Enter the amount from Worksheet A, line 13 (see instructions)	6 0.00
7	Enter your additional child tax credit amount from Worksheet B (see instructions)	7 1000.00
8	Add lines 6 and 7	8 1000.00
9	Multiply line 8 by 33% (.33)	9 330.00

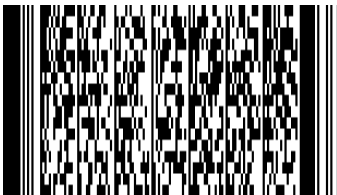
If you marked the **No** box on line 3, skip lines 10 through 13, and enter the amount from line 9 on line 14.
All others continue with line 10.

10	Enter the number of children from line 4	10 1
11	Enter the number of children from line 5	11
12	Add lines 10 and 11	12 1
13	Multiply line 12 by 100	13 100.00
14	Empire State child credit (enter the amount from line 9 or line 13, whichever is greater)	14 330.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 15 and 16. All others enter the line 14 amount on Form IT-201, line 63.

Spouses required to file separate New York State returns (see instructions)

15	Enter the full-year resident spouse's share of the line 14 amount; do not leave line 15 blank Enter here and on Form IT-201, line 63.	15 0.00
16	Enter the part-year resident or nonresident spouse's share of the line 14 amount; do not leave line 16 blank Enter the line 16 amount and code 213 on Form IT-203-ATT, line 12.	16 0.00



The spouse who is the New York State resident must complete Form IT-213 as follows:

1. Include both spouses' names and SSNs, listing the resident spouse's name and SSN first.
2. Enter **0** on line 15 if the part-year resident or nonresident spouse is claiming the entire line 14 amount.
3. Enter **0** on line 16 if the resident spouse is claiming the entire line 14 amount.

Submit a copy of Form IT-213, and, if applicable, a copy of Form IT-213-ATT, Child Information for Empire State Child Credit, with each spouse's New York State income tax return. However, if you entered **0** on line 16, you do not need to submit a copy of Form IT-213 with your spouse's part-year resident or nonresident Form IT-203, Nonresident and Part-Year Resident Income Tax Return.

Worksheet A for Form IT-213, Line 6

Worksheet A: Part 1

1. Multiply the number of children from Form IT-213, line 4 by \$1,000 and enter the result.	1.	<u>1000</u>
2. Enter your FAGI from Form IT-201, line 19.	2.	<u>12145</u>
3. If you filed federal Form 1040, enter the total of any: <ul style="list-style-type: none">• Exclusion of income from Puerto Rico, plus• Amounts from federal Forms 2555, lines 45 and 50, and 4563, line 15 If you filed federal Form 1040NR, enter 0 .	3.	<u></u>
4. Add lines 2 and 3. Enter the total.	4.	<u>12145</u>
5. Enter the amount shown below for your filing status: <ul style="list-style-type: none">• Married filing jointly - \$110,000• Single, head of household, or qualifying surviving spouse - \$75,000• Married filing separately - \$55,000	5.	<u>75000</u>

6. Is the amount on line 4 more than the amount on line 5?

☒ No. Leave line 6 blank. Enter **0** on line 7 and go to line 8.

☐ Yes. Subtract line 5 from line 4.

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.

6.

7. Multiply the amount on line 6 by 5% (.05). Enter the result.

7.

8. Is the amount on line 1 more than the amount on line 7?

☐ No. **Stop** here. Enter **0** on Form IT-213, line 6 and **0** on Form IT-213, line 7.

☒ Yes. Subtract line 7 from line 1. Enter the result and complete Part 2.

8.

_____ 1000

Worksheet A: Part 2

9. Enter your 2023 federal tax (Form 1040 or Form 1040NR, line 18).

9.

10. Enter the credits claimed on your 2023 **federal** income tax return, if applicable:

a. Form 1040, Schedule 3, line 1

a.

b. Form 1040, Schedule 3, line 2

b.

c. Form 1040, Schedule 3, line 3

c.

d. Form 1040, Schedule 3, line 4

d.

e. Form 1040, Schedule 3, line 5a

e.

f. Form 1040, Schedule 3, line 5b

f.

g. Form 1040, Schedule 3, line 6d

g.

h. Form 1040, Schedule 3, line 6f

h.

i. Form 1040, Schedule 3, line 6i

i.

Add lines a through i.

10.

11. Did you claim any of the following federal credits on your 2023 federal income tax return?

- Mortgage interest credit (federal Form 8396)
- Adoption credit (federal Form 8839)
- Residential clean energy credit (federal Form 5695, Part 1)
- District of Columbia first-time homebuyer credit (federal Form 8859)

☒ No. Enter the amount from line 10.

☐ Yes. If you filed federal Form 2555, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet below , to compute the amount to enter here.

11.

12. Subtract line 11 from line 9. Enter the result.

12.

13. Is the amount on line 8 of this worksheet more than the amount on line 12?

☐ No. **Stop** here. Enter the amount from line 8 here and on Form IT-213, line 6; and enter **0** on Form IT-213, line 7.

☒ Yes. Enter the amount from line 12 here and on Form IT-213, line 6; and complete Worksheet B: Additional child tax credit amount .

13.

Line 11 for Worksheet A

Note: You will need your completed federal worksheets contained in the federal instructions for Schedule 8812 , to complete lines 2, 6, and 9 of this worksheet.

1. Enter the amount from line 8 of Worksheet A .

1.

2. Enter your earned income from the federal instructions for Schedule 8812, *Earned Income Worksheet*, line 7.

2.

3. Is the amount on line 2 more than \$3,000?

☐ No. Leave line 3 blank. Enter **0** on line 4 and go to line 5.

☐ Yes. Subtract \$3,000 from the amount on line 2 and enter the result.

3.

4. Multiply the amount on line 3 by 15% (.15) and enter the result.

4.

You will need your completed 2023 federal Schedule 8812 , *Credits for Qualifying Children and Other Dependents*, to complete this worksheet.

1. Enter the amount from Worksheet A, line 8.	1. <div>1000</div>
2. Enter the amount from Form IT-213, line 6. <ul style="list-style-type: none">If the amount on line 2 is greater than or equal to the amount on line 1, stop here; you do not qualify for the additional child credit. Enter 0 on Form IT-213, line 7.If the amount on line 2 is less than the amount on line 1, go to line 3.	2. <div></div>
3. Subtract line 2 from line 1. Enter the result.	3. <div>1000</div>
4a. Enter your earned income from your federal instructions for Schedule 8812, <i>Earned Income Worksheet</i> , line 7.	4a. <div>12145</div>
4b. Nontaxable combat pay (from federal <u>Form W-2</u> , <i>Wage and Tax Statement</i> , box 12, with code Q).	4b. <div></div>
5. Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter 0 on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result on line 5.	5. <div>9145</div>
6. Multiply the amount on line 5 by 15% (.15). Enter the result.	6. <div>1372</div>

7. Do you have three or more children (from Form IT-213, line 4)?

☒ No. **Stop** here and enter the smaller of lines 3 or 6 on Form IT-213, line 7.

☐ Yes.

- If line 6 is equal to or more than line 3, **stop** here and enter the amount from line 3 on Form IT-213, line 7.
- If line 6 is less than line 3, enter the amount from your federal Schedule 8812, line 25 here and continue with line 8.

7.

8. Enter the larger of line 6 or line 7.

8.

9. Enter the smaller of line 3 or line 8 here and on Form IT-213, line 7.

9.



Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City
Tax Law - Section 606(d)

IT-215

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

Name(s) as shown on return	Your Social Security number
LAKIA M FLOWERS	073763781

- 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 \$11,000? If **Yes**, stop; you do not qualify for these credits. 2 Yes ☐ No ☒
- 3 Is your federal filing status *Married filing separate* and do you meet the requirements to be considered unmarried for the purposes of the earned income credit? 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.

	First name	MI	Last name	Suffix	Relationship
1st Child	AYDEN		FLOWERS		SON
	No. of months lived with you 12	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number 392579067	Date of birth (mmddyyyy) 12012015
2nd Child					
	No. of months lived with you	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number	Date of birth (mmddyyyy)
3rd Child					
	No. of months lived with you	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number	Date of birth (mmddyyyy)

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

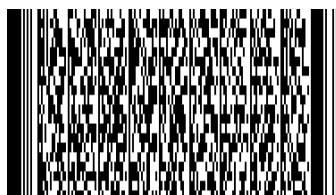
- 5 Is the IRS figuring your federal earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).
The Tax Department will compute your New York State and,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

	Whole dollars only
6 Wages, salaries, tips, etc., from Worksheet A line 3, in the instructions.	6 12145.00
7 Earned income adjustments (see instructions)	7 .00
8 Business income or loss (see instructions)	8 .00
Employer identification number (see instructions)...	
9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column)	9 12145.00
10 Amount of federal EIC claimed (from federal Form 1040, line 27)	10 3995.00
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 1199.00

Complete **Worksheet B** on the back page before continuing.

13 Enter the amount from Worksheet B , line 5, on the back of this form.....	13 .00
14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) ..	14 75.00
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 1199.00
17 Complete only if you filed your federal return as <i>Married filing joint</i> , but are required to file your New York State return as <i>Married filing separate return</i> (see instructions).	17 .00
Joint federal adjusted gross income00

215001233038



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.			
20	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	22	.00
23	Amount from line 19, Column D, of Part-year resident income allocation worksheet, in Form IT-203-I.	23	.00
24	Enter the amount from Form IT-203, line 19, Federal amount column	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	26	.00

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

27	Enter the amount from Worksheet C, here and on Form IT-201, line 70, or Form IT-203-ATT, line 11.	27	.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	.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 the front of this form.	5	.00

