

**1800ACCOUNTANT LLC
260 MADISON AVE 10TH FLOOR
NEW YORK, NY 10016
(800)222-6868**

August 28, 2023

Alejandro Puglia
325 Lexington Avenue 6C
New York, NY 10016

Dear Alejandro,

Your 2022 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$16,156 will be directly deposited into your checking account.

Your 2022 New Jersey Individual Income Tax Return will be electronically filed with the State of New Jersey upon receipt of a signed Form NJ-8879 e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$221 will be directly deposited into your bank account.

Your 2022 New York Individual Income Tax Return will be electronically filed with the State of New York upon receipt of a signed NYS E-File Signature Authorization for Tax Year 2022. No tax is payable with the filing of this return. The refund of \$12,705 will be directly deposited into your bank account.

Please be sure to call if you have any questions.

Sincerely,

Donna Casey, CPA

ALEJANDRO PUGLIA

697-81-4876

	2022	2021	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	194,222	61,907	132,315
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	-55,492	0	-55,492
TOTAL INCOME.....	138,730	61,907	76,823
ADJUSTMENTS TO INCOME			
STUDENT LOAN INTEREST DEDUCTION.....	0	1,169	-1,169
TOTAL ADJUSTMENTS.....	0	1,169	-1,169
ADJUSTED GROSS INCOME.....	138,730	60,738	77,992
ITEMIZED DEDUCTIONS			
TAXES.....	7,728	2,703	5,025
TOTAL ITEMIZED DEDUCTIONS.....	7,728	2,703	5,025
TAX COMPUTATION			
STANDARD DEDUCTION.....	12,950	12,550	400
LARGER OF ITEMIZED OR STANDARD DEDUCTION	12,950	12,550	400
TAXABLE INCOME.....	125,780	48,188	77,592
TAX BEFORE CREDITS.....	24,023	6,347	17,676
CREDITS			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	24,023	6,347	17,676
OTHER TAXES			
TOTAL TAX.....	24,023	6,347	17,676
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD.....	40,179	12,797	27,382
TOTAL PAYMENTS.....	40,179	12,797	27,382
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	16,156	6,450	9,706
AMOUNT REFUNDED TO YOU.....	16,156	6,450	9,706
AMOUNT YOU OWE.....	0	0	0
TAX RATES			
MARGINAL TAX RATE.....	24.0%	22.0%	2.0%
EFFECTIVE TAX RATE.....	19.1%	13.2%	5.9%

NEW JERSEY SOURCE INCOME

WAGES, SALARIES, TIPS, ETC.....	54,557
TOTAL INCOME (NJ SOURCE).....	54,557
GROSS INCOME (NJ SOURCE).....	54,557

INCOME FROM ALL SOURCES

WAGES, SALARIES, TIPS, ETC.....	194,222
TOTAL INCOME (ALL SOURCES).....	194,222
GROSS INCOME (ALL SOURCES).....	194,222

EXEMPTIONS/DEDUCTIONS

TOTAL EXEMPTIONS.....	1,000
TOTAL EXEMPTIONS AND DEDUCTIONS.....	1,000
NEW JERSEY TAXABLE INCOME.....	193,222
TOTAL TAX.....	10,182
LIMITATION PERCENTAGE (NJ / TOTAL).....	28.09%
TAX.....	2,860

PAYMENTS AND CREDITS

BALANCE OF TAX AFTER CREDIT.....	2,860
TOTAL TAX AND PENALTY.....	2,860
NEW JERSEY INCOME TAX WITHHELD.....	3,081
TOTAL PAYMENTS/CREDITS.....	3,081

REFUND OR AMOUNT DUE

AMOUNT YOU OWE.....	0
AMOUNT OVERPAID.....	221
AMOUNT REFUNDED TO YOU.....	221

TAX RATES

MARGINAL TAX RATE.....	6.4%
EFFECTIVE TAX RATE.....	1.5%

ALEJANDRO PUGLIA

697-81-4876

	2022	2021	DIFF
NEW YORK TAX SUMMARY			
FEDERAL ADJUSTED GROSS INCOME.....	138,730	60,738	77,992
RECOMPUTED FEDERAL ADJUSTED GROSS INCOME	138,730	0	138,730
ADJUSTED GROSS INCOME			
NEW YORK ADJUSTED GROSS INCOME.....	138,730	60,738	77,992
TAXABLE INCOME			
ITEMIZED/STANDARD DEDUCTION.....	8,000	8,000	0
NEW YORK TAXABLE INCOME.....	130,730	52,738	77,992
TAX AND CREDITS			
NEW YORK STATE TAX.....	7,968	2,912	5,056
RESIDENT CREDIT.....	2,860	0	2,860
TOTAL NEW YORK STATE TAX.....	5,108	2,955	2,153
NEW YORK CITY RESIDENT TAX.....	4,942	0	4,942
TOTAL NEW YORK CITY, MCTMT, AND YONKERS.	4,942	0	4,942
TOTAL STATE & CITY TAXES & CONTRIBUTIONS	10,050	2,955	7,095
PAYMENTS			
NEW YORK CITY SCHOOL TAX CREDIT (FIXED).....	63	16	47
NEW YORK CITY SCHOOL TAX CREDIT (RATE)...	292	0	292
TOTAL NEW YORK STATE TAX WITHHELD.....	14,672	3,190	11,482
TOTAL NEW YORK CITY TAX WITHHELD.....	7,728	2,375	5,353
TOTAL PAYMENTS.....	22,755	5,581	17,174
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	12,705	2,626	10,079
AMOUNT REFUNDED TO YOU.....	12,705	2,626	10,079
AMOUNT YOU OWE.....	0	0	0
TAX RATES			
MARGINAL TAX RATE.....	6.25%	5.97%	0.28%
EFFECTIVE TAX RATE.....	7.7%	5.6%	2.1%
NEW YORK CITY MARGINAL TAX RATE.....	3.88%	0.00%	3.88%
YONKERS MARGINAL TAX RATE.....	0.00%	0.00%	0.00%

ALEJANDRO PUGLIA

697-81-4876

FEDERAL**2022 FEDERAL FORM 1040 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER WILL RECEIVE A REFUND OF \$16,156 WHICH WILL BE DEPOSITED
DIRECTLY INTO THE FOLLOWING ACCOUNT.

NAME OF BANK: BANK OF AMERICA
ROUTING TRANSIT NUMBER: 026009593
ACCOUNT NUMBER: *****9320
ACCOUNT TYPE: CHECKING

NEW JERSEY**2022 NEW JERSEY FORM NJ-1040 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER WILL RECEIVE A REFUND OF \$221 WHICH WILL BE DEPOSITED
DIRECTLY INTO THE FOLLOWING ACCOUNT.

NAME OF BANK: BANK OF AMERICA
ROUTING TRANSIT NUMBER: 026009593
ACCOUNT NUMBER: *****9320
ACCOUNT TYPE: CHECKING

NEW YORK**2022 NEW YORK FORM IT-201 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER WILL RECEIVE A REFUND OF \$12,705 WHICH WILL BE DEPOSITED
DIRECTLY INTO THE FOLLOWING ACCOUNT.

NAME OF BANK: BANK OF AMERICA
ROUTING TRANSIT NUMBER: 026009593
ACCOUNT NUMBER: *****9320
ACCOUNT TYPE: CHECKING

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, SCH 1, SCH E P2, 8879, 8995
NEW JERSEY: NJ-1040NR, NJ-BUS-1NR, NJ-BUS-2
NEW YORK: IT-201, IT-2, IT-112-R

TAX RATES

	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	24.0%	19.1%
NEW JERSEY	6.4%	1.5%
NEW YORK	6.3%	7.7%

CARRYOVERS TO 2023FEDERAL CARRYOVERS

TOTAL QUALIFIED BUSINESS LOSS CARRYFORWARD (QBI) 33,313.

NEW JERSEY CARRYOVERS

LOSS CARRYFORWARD FROM NJ-BUS-2 33,313.

Form **8879**

(Rev. January 2021)

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

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name

ALEJANDRO PUGLIA

Spouse's name

Social security number

697-81-4876

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	138,730.
2	Total tax	2	24,023.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	40,179.
4	Amount you want refunded to you	4	16,156.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize 1800ACCOUNTANT LLC to enter or generate my PIN 43275 as my
ERO firm name Enter five digits, but don't enter all zeros

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

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

Your signature ►

Date ►

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name Enter five digits, but don't enter all zeros

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

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

Spouse's signature ►

Date ►

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.

13132874920

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 ► **DONNA CASEY, CPA**

Date ►

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ 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:

Your first name and middle initial Last name **ALEJANDRO PUGLIA** Your social security number **697-81-4876**

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **325 LEXINGTON AVENUE 6C**
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code **NEW YORK, NY 10016**

Foreign country name Foreign province/state/county Foreign postal code 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.
☐ You ☐ Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
If more than four dependents, see instructions and check here. . . . <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income 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.	1 a Total amount from Form(s) W-2, box 1 (see instructions)	1a	194,222.
	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	194,222.

Attach Sch. B if required.	2 a Tax-exempt interest	2a		b Taxable interest	2b	
	3 a Qualified dividends	3a		b Ordinary dividends	3b	
	4 a IRA distributions	4a		b Taxable amount	4b	
	5 a Pensions and annuities	5a		b Taxable amount	5b	
	6 a 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"/>					

Standard Deduction for — • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	-55,492.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	138,730.
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	138,730.
	12 Standard deduction or itemized deductions (from Schedule A)	12	12,950.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	12,950.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	125,780.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814	16	24,023.
	2	<input type="checkbox"/> 4972	3	<input type="checkbox"/>
	17	Amount from Schedule 2, line 3.	17	
	18	Add lines 16 and 17.	18	24,023.
	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	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	24,023.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.	23		
24	Add lines 22 and 23. This is your total tax .	24	24,023.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	40,179.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c.	25d	40,179.
	26	2022 estimated tax payments and amount applied from 2021 return.	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	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		
33	Add lines 25d, 26, and 32. These are your total payments .	33	40,179.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	16,156.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	16,156.
	b	Routing number 026009593	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number 898085289320		
36	Amount of line 34 you want applied to your 2023 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 checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No		
	Designee's name DONNA CASEY, CPA	Phone no. 7273509637	Personal identification number (PIN) 74920

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 CONSULTANT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (203) 508-5834	Email address PAGOS@PANAMPOST.COM		

Paid Preparer Use Only	Preparer's name DONNA CASEY, CPA	Preparer's signature DONNA CASEY, CPA	Date	PTIN P01874920	Check if: <input type="checkbox"/> Self-employed
	Firm's name 1800ACCOUNTANT LLC				Phone no. (800) 222-6868
	Firm's address 260 MADISON AVE 10TH FLOOR NEW YORK, NY 10016				Firm's EIN 454608263

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

Form 1040 (2022)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

ALEJANDRO PUGLIA

Your social security number

697-81-4876

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	
4	Other gains or (losses). Attach Form 4797.	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	5	-55,492.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation.	7	
8	Other income:		
a	Net operating loss.	8a	()
b	Gambling	8b	
c	Cancellation of debt.	8c	
d	Foreign earned income exclusion from Form 2555.	8d	()
e	Income from Form 8853.	8e	
f	Income from Form 8889.	8f	
g	Alaska Permanent Fund dividends.	8g	
h	Jury duty pay.	8h	
i	Prizes and awards.	8i	
j	Activity not engaged in for profit income.	8j	
k	Stock options.	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property.	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions).	8m	
n	Section 951(a) inclusion (see instructions).	8n	
o	Section 951A(a) inclusion (see instructions).	8o	
p	Section 461(l) excess business loss adjustment.	8p	
q	Taxable distributions from an ABLE account (see instructions).	8q	
r	Scholarship and fellowship grants not reported on Form W-2.	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d.	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan.	8t	
u	Wages earned while incarcerated.	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z.	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.	10	-55,492.

Part II Adjustments to Income

11	Educator expenses.....	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.....	12	
13	Health savings account deduction. Attach Form 8889.....	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903.....	14	
15	Deductible part of self-employment tax. Attach Schedule SE.....	15	
16	Self-employed SEP, SIMPLE, and qualified plans.....	16	
17	Self-employed health insurance deduction.....	17	
18	Penalty on early withdrawal of savings.....	18	
19a	Alimony paid.....	19a	
b	Recipient's SSN.....		
c	Date of original divorce or separation agreement (see instructions):.....		
20	IRA deduction.....	20	
21	Student loan interest deduction.....	21	
22	Reserved for future use.....	22	
23	Archer MSA deduction.....	23	
24	Other adjustments:		
a	Jury duty pay (see instructions).....	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit.....	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.....	24c	
d	Reforestation amortization and expenses.....	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.....	24e	
f	Contributions to section 501(c)(18)(D) pension plans.....	24f	
g	Contributions by certain chaplains to section 403(b) plans.....	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).....	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.....	24i	
j	Housing deduction from Form 2555.....	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).....	24k	
z	Other adjustments. List type and amount:.....	24z	
25	Total other adjustments. Add lines 24a through 24z.....	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a.....	26	0.

Schedule 1 (Form 1040) 2022

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

ALEJANDRO PUGLIA

697-81-4876

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☒ **Yes** ☐ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	PANAMERICAN GROUP LLC	P		85-1564416		
B	PYA: BASIS CARRYOVER	P		85-1564416		
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		33,313.			
B		22,179.			
C					
D					
29 a Totals.....					
b Totals.....		55,492.			
30 Add columns (h) and (k) of line 29a.....				30	
31 Add columns (g), (i), and (j) of line 29b.....		SEE STATEMENT 1		31	(55,492.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.....				32	-55,492.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34 a Totals.....		
b Totals.....		
35 Add columns (d) and (f) of line 34a.....		35
36 Add columns (c) and (e) of line 34b.....		36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36.....		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.....				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below.....	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.....	41	-55,492.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.....	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all real estate activities in which you materially participated under the passive activity loss rules.....	43	

**Qualified Business Income Deduction
Simplified Computation****2022**Attachment
Sequence No. **55****Attach to your tax return.****Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

ALEJANDRO PUGLIA

Your taxpayer identification number

697-81-4876

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	PANAMERICAN GROUP LLC	85-1564416	-33,313.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).....	2	-33,313.	
3	Qualified business net (loss) carryforward from the prior year.....	3	(0.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-.....	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20).....	5		0.
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	(0.)	
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		0.
11	Taxable income before qualified business income deduction (see instructions).....	11	125,780.	
12	Net capital gain (see instructions).....	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-.....	13	125,780.	
14	Income limitation. Multiply line 13 by 20% (0.20).....	14		25,156.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions).....	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-.....	16	(33,313.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-.....	17		0.)

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2022)

STATEMENT 1
SCHEDULE E, LINE 31
BASIS LIMITATION
ACTIVITY NAME: PANAMERICAN GROUP LLC

ADJUSTED BASIS AT BEGINNING OF YEAR	91,316.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS OF MONEY	
CURRENT YEAR DISTRIBUTION OF PROPERTY	
CHANGE IN PARTNER'S SHARE OF LIABILITIES	
OTHER TAX-EXEMPT INCOME	
	35,799.
CURRENT YEAR INCOME FROM PARTNERSHIP	0.
ADJUSTED BASIS USED FOR BASIS LIMITATION	127,115.
LOSS ALLOWED BY BASIS LIMITATION	55,492.
ADJUSTED BASIS AT END OF YEAR	71,623.

	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
<u>LOSSES/DEDUCTIONS/EXPENSES</u>				
ORDINARY LOSS	33,313.	22,179.	55,492.	0.
TOTALS	<u>33,313.</u>	<u>22,179.</u>	<u>55,492.</u>	<u>0.</u>

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	91,316.
AMT INCOME	
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	35,799.
AMT BASIS USED FOR LIMITATION	127,115.
LOSS ALLOWED BY AMT BASIS	55,492.
AMT FINAL BASIS	71,623.

	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>		
AMT ORDINARY LOSS	55,492.	0.
TOTALS	<u>55,492.</u>	<u>0.</u>

2022 TAX RETURN

NEW JERSEY INDIVIDUAL

Client: 4327584

Prepared for: ALEJANDRO PUGLIA
325 LEXINGTON AVENUE 6C
NEW YORK, NY 10016
HOME : (203) 508-5834
WORK : (203) 508-5834

Prepared by: DONNA CASEY, CPA
1800ACCOUNTANT LLC
260 MADISON AVE 10TH FLOOR
NEW YORK, NY 10016
(800)222-6868

Date: AUGUST 28, 2023

Comments:

Route to: _____

NJ-8879Department of the Treasury
Division of Revenue**NJ e-file Signature Authorization**

- Do not send to New Jersey. Keep for your records.
► See instructions.

2022► **Do not mail the NJ-8879 to New Jersey**

Taxpayer's name

ALEJANDRO PUGLIA

Social security number

697-81-4876

Spouse's name or
Civil Union Prtnr's

Spouse's SSN or Civil Union Prtnr's

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Whole Dollars Only)

1	New Jersey Taxable income	1	193222
2	Total tax	2	2860
3	New Jersey income tax withheld	3	3081
4	Refund	4	221
5	Amount you owe	5	0

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, 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 shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize 1800ACCOUNTANT LLC to enter my PIN 43275 as my signature
ERO firm name do not enter all zeros
on my tax year 2022 electronically filed income tax return.

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

Your signature ► _____

Date ► _____

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

☐ I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on my tax year 2022 electronically filed income tax return.

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

Spouse's signature ► _____
or Civil Union Prtnr's

Date ► _____

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 13132874920
do not enter all zeros

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

ERO's signature ► DONNA CASEY, CPA

Date ► _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So

NJ-1040NR
2022
Page 1



2022 NJ-1040NR
New Jersey Nonresident Income Tax Return
For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2022 - December 31, 2022 or Other Tax Year
Beginning _____, 2022 Ending _____, 2023

1032

Your Social Security Number
697814876

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
PUGLIA ALEJANDRO

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
NEW YORK

Home Address (Number and Street, incl. apt. # or rural route)
325 LEXINGTON AVENUE 6C

Driver's License # (Voluntary)
414489538

State
NY

City, Town, Post Office
NEW YORK

State ZIP Code
NY 10016

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

☒ I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

From:

To:

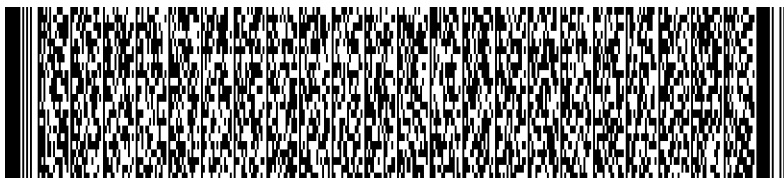
**Gubernatorial
Elections Fund**

Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes
Yes

☒

No
No





Name(s) as shown on Form NJ-1040NR
PUGLIA, ALEJANDRO

Your Social Security Number
697814876

1032

Filing Status
(Check only ONE box)

- 1 ☒ Single
2 ☐ Married/CU Couple, filing joint return
3 ☐ Married/CU Partner, filing separate return
4 ☐ Head of Household
5 ☐ Qualifying Widow(er)/Surviving CU Partner
- _____
Name and SSN of Spouse/CU Partner

Exemptions

- 6 Regular ☒ Self Spouse/CU Partner Domestic Partner 6 1
7 Age 65 or over Self Spouse/CU Partner 7
8 Blind or Disabled Self Spouse/CU Partner 8
9 Veteran Exemption Self Spouse/CU Partner 9
10 Number of your qualified dependent children 10
11 Number of other dependents 11
12 Dependents attending colleges (See Instructions) 12
13 For line 13a - Add lines 6, 7, 8, and 12. For line 13b - Add lines 10 and 11. For line 13c - Enter amount from line 9. 13a 1 13b 13c

Dependent Information

- 14 Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year
- a _____
b _____
c _____
d _____

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

- 15 Wages, salaries, tips, and other employee compensation 15 194222 . 15 54557 .
Check box if you completed lines 69 through 75
16 Interest 16 . 16 .
17 Dividends 17 . 17 .
18 Net profits from business (Schedule NJ-BUS-1, Part I, line 4) 18 . 18 .
19 Net gains or income from disposition of property (From line 68) 19 . 19 .
20 Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4) 20 . 20 .
21 Net gambling winnings (See Instructions) 21 . 21 .
22 Taxable pensions, annuities, and IRA distributions/withdrawals 22 .
23 Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4) 23 . 23 .
24 Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4) 24 . 24 .
25 Alimony and separate maintenance payments received 25 .
26 Other - State Nature and Source 26 194222 . 26 54557 .
27 TOTAL INCOME (Add lines 15 through 26) 27 194222 . 27 54557 .



Name(s) as shown on Form NJ-1040NR
PUGLIA, ALEJANDRO
Your Social Security Number
697814876

1032

28a	Pension/Retirement Exclusion (See Instructions)	28a	.	
28b	Other Retirement Income Exclusion (See Worksheet and Instructions)	28b	.	28b
28c	Total Exclusion Amount (Add line 28a and line 28b)	28c	.	28c
29	Gross Income (Subtract line 28c from line 27)	29	194222	29
30	Total Exemption Amount (See Instructions)	30	1000	
31	Medical Expenses (See Worksheet and Instructions)	31	.	
32	Alimony and separate maintenance payments	32	.	
33	Qualified Conservation Contribution	33	.	
34	Health Enterprise Zone Deduction	34	.	
35	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35	.	
36	Organ/Bone Marrow Donation Deduction (See instructions)	36	.	
37a	NJBEST Deduction	37a	.	
37b	NJCLASS Deduction	37b	.	
37c	NJ Higher Education Tuition Deduction	37c	.	
38	Total Exemptions and Deductions (Add lines 30 through 37c)	38	1000	
39	Taxable Income (Subtract line 38 from line 29, column A)	39	193222	
40	Tax on amount on line 39 (From Tax Table)	40	10182	
41	Income Percentage B. (line 29) / A. (line 29) = <u>28.09%</u>			
42	New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42		2860
43	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43	.	
44	Gold Star Family Counseling Credit (See Instructions)	44	.	
45	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45	.	
46	Total Credits (Add lines 43, 44, and 45)	46	.	
47	Balance of Tax After Credits (Subtract line 46 from line 42)	47		2860
48	Interest on Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	48	.	
49	Total Tax Due (Add line 47 and line 48)	49		2860
50	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50	3081	.
51	New Jersey Estimated Tax Payments/Credit from 2021 return	51	.	
52	Tax paid on your behalf by Partnership(s)	52	.	
53	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53	.	
54	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54	.	
55	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55	.	
56	Pass-Through Business Alternative Income Tax Credit (See instructions)	56	.	

Also enter on line 51:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder



Name(s) as shown on Form NJ-1040NR
PUGLIA, ALEJANDRO

Your Social Security Number
697814876

1032

57	Total Payments/Credits (Add lines 50 through 56)	57	3081 .
58	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F	58	.
59	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59	221 .
60	Amount from line 59 you want to credit to your 2023 tax	60	.
61	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A	.
	(B) N.J. Children's Trust Fund	61B	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C	.
	(D) N.J. Breast Cancer Research Fund	61D	.
	(E) U.S.S. N.J. Educational Museum Fund	61E	.
	(F) Designated Contribution	61F	.
	Code		
62	Total Adjustments to Tax Due/Overpayment (Add lines 60 through 61F)	62	.
63	Balance due (If line 58 is more than zero, add line 58 and 62)	63	.
64	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64	221 .

NOTE:
An entry on lines 60 through 61F will
reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

→ _____
Your Signature Date

→ _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

DONNA CASEY, CPA

P01874920

1800ACCOUNTANT LLC

Firm's Federal Employer Identification Number

260 MADISON AVE 10TH FLOOR NEW YORK, NY 1

454608263

Firm's Name

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

Net Gains or Income From Disposition of Property

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65					
66 Capital Gains Distribution				66	
67 Other Net Gains				67	
68 Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)				68	

Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey

(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

	69	Amount reported on line 15 in column A required to be allocated.....	69		
	70	Total days in taxable year.....	70		
	71	Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71		
	72	Total days worked in taxable year (subtract line 71 from line 70)	72		
	73	Deduct days worked outside New Jersey.....	73		
	74	Days worked in New Jersey (subtract line 73 from line 72).....	74		
75	Allocation Formula	(Line 74) _____ x _____ = _____ (Enter amount from line 69)			
		(Salary earned inside N.J.)			(Include this amount on line 15, col. B)

Allocation of Business Income to New Jersey

(See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____	\$ _____	X _____	% = \$ _____
From Line No. _____	\$ _____	X _____	% = \$ _____
From Line No. _____	\$ _____	X _____	% = \$ _____

Name(s) as shown on Form NJ-1040NR ALEJANDRO PUGLIA	Social Security Number 697-81-4876
---	--

Schedule NJ-BUS-1 New Jersey Gross Income Tax
(Form NJ-1040NR) Business Income Summary Schedule

2022

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)	4.	

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above Income or (Loss)
1.			
2.			
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)	4.	

Part III Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships Share of Pass-Through Business Alternative Income Tax
1.	PANAMERICAN GROUP LLC	85-1564416	-33,313.	0.
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)		-33,313.	
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.			
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)			

Part IV Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss) Share of Pass-Through Business Alternative Income Tax
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)	4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)	5.	

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 ALEJANDRO PUGLIA	Social Security Number 697-81-4876
---	--

Schedule NJ-BUS-2
(Form NJ-1040)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2022

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.		1b.	
2.	Distributive Share of Partnership Income	2a.	0.	2b.	-33,313.
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.		4b.	
5.	Loss Carryforward From Tax Year 2021			5b.	()
6.	Totals	6a.	0.	6b.	-33,313.
Part II Adjustment Calculation					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.		
Part III Loss Carryforward to Tax Year 2023					
12.	Loss Carryforward to Tax Year 2023	12.		(33,313.)

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records

2022 TAX RETURN

NEW YORK INDIVIDUAL

Client: 4327584

Prepared for: ALEJANDRO PUGLIA
325 LEXINGTON AVENUE 6C
NEW YORK, NY 10016
HOME : (203) 508-5834
WORK : (203) 508-5834

Prepared by: DONNA CASEY, CPA
1800ACCOUNTANT LLC
260 MADISON AVE 10TH FLOOR
NEW YORK, NY 10016
(800)222-6868

Date: AUGUST 28, 2023

Comments:

Route to: _____



New York State E-File Signature Authorization for Tax Year 2022

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

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

Taxpayer's name ALEJANDRO PUGLIA	Spouse's name (jointly filed return only)
--	---

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.

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*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

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

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

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

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line)	1.	138730
2 Refund	2.	12705
3 Amount you owe	3.	
4 Financial institution routing number	4.	026009593
5 Financial institution account number	5.	898085289320
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

Under penalty of perjury, I declare that I have examined the information on my 2022 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 2022 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 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

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

Under penalty of perjury, I declare that the information contained in this 2022 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 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 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 2022 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 DONNA CASEY, CPA	Print name DONNA CASEY, CPA	Date
Paid preparer's signature DONNA CASEY, CPA	Print name DONNA CASEY, CPA	Date

TR-579-IT (9/22)



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

NY1A1312L 10/27/22

IT-201

For the full year January 1, 2022, through December 31, 2022, or fiscal year beginning . . .

22

and ending . . .

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

Your first name	MI	Your last name (for a joint return , enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
ALEJANDRO		PUGLIA	07101991	697814876
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
325 LEXINGTON AVENUE			6C	NY
City, village, or post office		State	ZIP code	Country
NEW YORK		NY	10016	
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district code number
				369
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	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 2022 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? Yes ☐ No ☒

D2 Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a homeowner tax rebate credit? (see instructions) Yes ☐ No ☐
- (2) Enter the amount00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2022? Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2022 (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 2022 12

(2) Number of months **your spouse** lived in NYC in 2022

G Enter your **2-character special condition code(s)** if applicable.

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

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

201001221032



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number

697814876

NY1A1312L 10/27/22

ALEJANDRO PUGLIA

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	194222.00
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.	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	-55492.00
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	138730.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	138730.00
19a	Recomputed federal adjusted gross income (see Line 19a worksheet)	19a	138730.00

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 19a through 23	24	138730.00

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	138730.00

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	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	130730.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	130730.00

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Name(s) as shown on page 1	Your Social Security number
ALEJANDRO PUGLIA	697814876

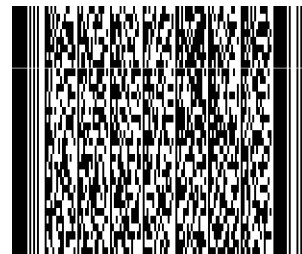
Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	130730.00
39 NYS tax on line 38 amount	39	7968.00
40 NYS household credit	40	.00
41 Resident credit	41	2860.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43 Add lines 40, 41, and 42	43	2860.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	5108.00
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	5108.00

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

47 NYC taxable income	47	130730.00
47a NYC resident tax on line 47 amount	47a	4942.00
48 NYC household credit	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	4942.00
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	4942.00
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	4942.00
54a MCTMT net earnings base	54a	.00
54b MCTMT	54b	.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 54b through 57)	58	4942.00
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	10050.00

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



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Your Social Security number

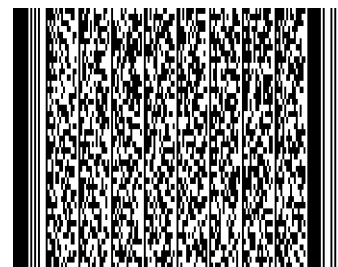
697814876

62 Enter amount from line 61.

62 10050.00

Payments and refundable credits

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	63.00
69a	NYC school tax credit (rate reduction amount)	69a	292.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	14672.00
73	Total New York City tax withheld	73	7728.00
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	22755.00



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 (if line 76 is more than line 62, subtract line 62 from line 76)	77	12705.00
78	Amount of line 77 available for refund (subtract line 79 from line 77). TIP: Use this amount to check your refund status online.	78	12705.00
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	12705.00

Mark one refund choice:



direct deposit to checking or savings account (fill in line 83)

- or -



paper check

79 Amount of line 77 that you want applied to your 2023 estimated tax (see instructions)

79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

See instructions for payment options.

80 .00

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

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.

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

83b Routing number 026009593

83c Account number 898085289320

84 Electronic funds withdrawal Date Amount .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name DONNA CASEY, CPA	Designee's phone number (727) 350-9637	Personal identification number (PIN) 74920
	Email: DCASEY@1800ACCOUNTANT.COM		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code	0	3
Preparer's signature DONNA CASEY, CPA		Preparer's printed name DONNA CASEY, CPA			
Firm's name (or yours, if self-employed) 1800ACCOUNTANT LLC		Preparer's PTIN or SSN P01874920			
Address 260 MADISON AVE 10TH FLOOR NEW YORK, NY 10016		Employer identification number 454608263			
Email: DCASEY@1800ACCOUNTANT.COM		Date			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CONSULTANT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (203) 508-5834
Email: PAGOS@PANAMPOST.COM	

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See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

NYIA6601 07/18/22

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

697814876

Box b Employer identification number (EIN)

346565596

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

ERNST & YOUNG US LLP

Employer's address (number and street)

200 PLAZA DRIVE STE 4444

City

SECAUCUS

State

NJ

ZIP code

070943699

Country**Box 1** Wages, tips, other compensation

194222.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

1049.00

Code

D

Box 12b Amount

5124.00

Code

D D

Box 12c Amount

.00

Code**Box 12d** Amount

.00

Code**Box 14a** Amount

213.00

Description

FLI

Box 14b Amount

191433.00

Description

NYSRCINC

Box 14c Amount

169.00

Description

UI/HC/WD

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

NY

Box 16a NYS wages, tips, etc.

194222.00

Box 17a NYS income tax withheld

14672.00

Other state information:**Box 15b**
other state

NJ

Box 16b Other state wages, tips, etc.

54557.00

Box 17b Other state income tax withheld

3081.00

NYC and Yonkers

information (see instr.):

Locality a

194222.00

Locality b

.00

Locality a

7728.00

Locality b

.00

Box 20 Locality name

NYC

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

NY

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.):

Locality a

.00

Locality b

.00

Locality a

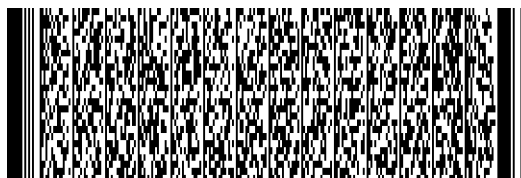
.00

Locality b

.00

Box 20 Locality name

102001221032



NO HANDWRITTEN ENTRIES ON THIS FORM



Department of Taxation and Finance

New York State Resident Credit

Tax Law – Section 620

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

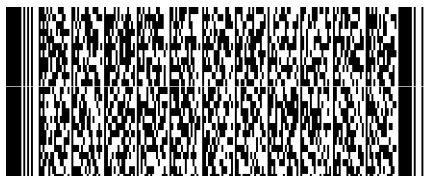
Name(s) as shown on return ALEJANDRO PUGLIA	Identifying number as shown on return 697814876
---	---

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 — Income and adjustments (see instructions)	A	B
	Amount reported on New York State return	Amount sourced to and taxed by other taxing authority
	Whole dollars only	Whole dollars only
1 Wages, salaries, tips, etc.	1 194222 .00	1 54557 .00
2 Taxable interest income.	2 .00	2 .00
3 Ordinary dividends.	3 .00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes.	4 .00	4 .00
5 Alimony received.	5 .00	5 .00
6 Business income or loss.	6 .00	6 .00
7 Capital gain or loss.	7 .00	7 .00
8 Other gains or losses.	8 .00	8 .00
9 Taxable amount of IRA distributions.	9 .00	9 .00
10 Taxable amount of pensions and annuities.	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11 -55492 .00	11 .00
12 Farm income or loss.	12 .00	12 .00
13 Unemployment compensation.	13 .00	13 .00
14 Taxable amount of Social Security benefits.	14 .00	14 .00
15 Other income.	15 .00	15 .00
16 Add lines 1 through 15.	16 138730 .00	16 54557 .00
17 Total federal adjustments to income.	17 .00	17 .00
18 Federal adjusted gross income (subtract line 17 from line 16).	18 138730 .00	18 54557 .00
18a Recomputed federal adjusted gross income (see instr.).	18a .00	18a .00
19 New York adjustments (see instructions).	19 .00	19 .00
20 New York adjusted gross income (see instructions).	20 138730 .00	20 54557 .00
21 Capital gain portion of lump-sum distributions (see instr.).	21 .00	21 .00
22 Add lines 20 and 21.	22 138730 .00	22 54557 .00

(continued on Page 2)

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NO HANDWRITTEN ENTRIES ON THIS FORM

Part 2 — Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (<i>see instructions</i>)	23	NJ
	Also enter the locality name, if applicable	Locality name:	
24	Enter the amount of income tax imposed on this year's return for the other state or local government that was paid by the:		
24a	Taxpayer	24a	2860.00
24b	Entity on behalf of the taxpayer	24b	.00
24	Total income tax imposed (add lines 24a and 24b)	24	2860.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.

☐

Enter the group's EIN

25	New York State tax payable (<i>see instructions</i>)	25	7968.00
26	Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>)	26	0.3933
27	Multiply line 25 by line 26	27	3134.00
28	Enter amount from line 24 or line 27, whichever is less (<i>see instructions</i>)	28	2860.00
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (<i>see instructions</i>)	29	.00
30	Add lines 28 and 29	30	2860.00

Part 3 — Application of Credit

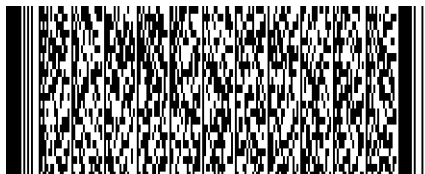
31	Tax due before credits (<i>see instructions</i>)	31	7968.00
32	Other credits that you applied before this credit (<i>see instructions</i>)	32	.00
33	Subtract line 32 from line 31	33	7968.00
34	Enter the amount from line 30 or line 33, whichever is less (<i>see instructions</i>)	34	2860.00

Part 4 — Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (<i>see instructions</i>)	35	3081.00
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>)	36	221.00
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>)	37	.00

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NO HANDWRITTEN ENTRIES ON THIS FORM