

**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

**2022****FEDERAL INCOME TAX SUMMARY****PAGE 1**

ALEJANDRO PUGLIA

697-81-4876

	2022	2021	DIFF
<b>INCOME</b>			
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
<b>ADJUSTMENTS TO INCOME</b>			
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
<b>ITEMIZED DEDUCTIONS</b>			
TAXES.....	7,728	2,703	5,025
TOTAL ITEMIZED DEDUCTIONS.....	7,728	2,703	5,025
<b>TAX COMPUTATION</b>			
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
<b>CREDITS</b>			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	24,023	6,347	17,676
<b>OTHER TAXES</b>			
TOTAL TAX.....	24,023	6,347	17,676
<b>PAYMENTS &amp; REFUNDABLE CREDITS</b>			
FEDERAL INCOME TAX WITHHELD.....	40,179	12,797	27,382
TOTAL PAYMENTS.....	40,179	12,797	27,382
<b>REFUND OR AMOUNT DUE</b>			
AMOUNT OVERPAID.....	16,156	6,450	9,706
AMOUNT REFUNDED TO YOU.....	16,156	6,450	9,706
AMOUNT YOU OWE.....	0	0	0
<b>TAX RATES</b>			
MARGINAL TAX RATE.....	24.0%	22.0%	2.0%
EFFECTIVE TAX RATE.....	19.1%	13.2%	5.9%

2022

**NEW JERSEY INCOME TAX SUMMARY****PAGE 1**

ALEJANDRO PUGLIA

697-81-4876

**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%

2022

## NEW YORK INCOME TAX SUMMARY

PAGE 1

ALEJANDRO PUGLIA

697-81-4876

	2022	2021	DIFF
<b>NEW YORK TAX SUMMARY</b>			
FEDERAL ADJUSTED GROSS INCOME.....	138,730	60,738	77,992
RECOMPUTED FEDERAL ADJUSTED GROSS INCOME	138,730	0	138,730
<b>ADJUSTED GROSS INCOME</b>			
NEW YORK ADJUSTED GROSS INCOME.....	138,730	60,738	77,992
<b>TAXABLE INCOME</b>			
ITEMIZED/STANDARD DEDUCTION.....	8,000	8,000	0
NEW YORK TAXABLE INCOME.....	130,730	52,738	77,992
<b>TAX AND CREDITS</b>			
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
<b>PAYMENTS</b>			
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
<b>REFUND OR AMOUNT DUE</b>			
AMOUNT OVERPAID.....	12,705	2,626	10,079
AMOUNT REFUNDED TO YOU.....	12,705	2,626	10,079
AMOUNT YOU OWE.....	0	0	0
<b>TAX RATES</b>			
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%

**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

2022

**GENERAL INFORMATION**

**PAGE 1**

ALEJANDRO PUGLIA

697-81-4876

**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 2023**

FEDERAL CARRYOVERS

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

NEW JERSEY CARRYOVERS

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

**IRS e-file Signature Authorization**

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.
- Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

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

**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**

Form **1040** Department of the Treasury — Internal Revenue Service  
**U.S. Individual Income Tax Return** **2022** | OMB No. 1545-0074 | IRS Use Only — Do not write or staple in this space.

<b>Filing Status</b>	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> Head of household (HOH)	<input type="checkbox"/> 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		Your social security number																																																	
<b>ALEJANDRO PUGLIA</b>				<b>697-81-4876</b>																																																	
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.		Presidential Election Campaign																																																	
<b>325 LEXINGTON AVENUE 6C</b>				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.																																																	
City, town, or post office. If you have a foreign address, also complete spaces below.		State	ZIP code																																																		
<b>NEW YORK, NY 10016</b>																																																					
Foreign country name		Foreign province/state/county	Foreign postal code	<input type="checkbox"/> You <input type="checkbox"/> Spouse																																																	
<b>Digital Assets</b>	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.)																																																				
<b>Standard Deduction</b>	<b>Someone can claim:</b> <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien																																																				
<b>Age/Blindness</b>	<b>You:</b> <input type="checkbox"/>	Were born before January 2, 1958	<b>Spouse:</b> <input type="checkbox"/>	Was born before January 2, 1958	<input type="checkbox"/> Is blind																																																
<b>Dependents</b> (see instructions): If more than four dependents, see instructions and check here. . . . <input type="checkbox"/> <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Social security number</th> <th>(3) Relationship to you</th> <th colspan="2">(4) Check the box if qualifies for (see instructions):</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th>Child tax credit</th> <th>Credit for other dependents</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>						(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):						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"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):																																																	
				Child tax credit	Credit for other dependents																																																
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<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . . <b>b</b> Household employee wages not reported on Form(s) W-2 . . . . . <b>c</b> Tip income not reported on line 1a (see instructions) . . . . . <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . <b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . . <b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . . <b>g</b> Wages from Form 8919, line 6 . . . . . <b>h</b> Other earned income (see instructions) . . . . . <b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>z</b> Add lines 1a through 1h . . . . .					<b>1a</b> <b>194,222.</b>																																															
<b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>	<b>1b</b> <b>1c</b> <b>1d</b> <b>1e</b> <b>1f</b> <b>1g</b> <b>1h</b> <b>1z</b> <b>194,222.</b>																																																				
If you did not get a Form W-2, see instructions.	<b>2a</b> Tax-exempt interest . . . . . <b>3a</b> Qualified dividends . . . . . <b>4a</b> IRA distributions . . . . . <b>5a</b> Pensions and annuities . . . . . <b>6a</b> Social security benefits . . . . .					<b>2b</b> <b>3b</b> <b>4b</b> <b>5b</b> <b>6b</b>																																															
Attach Sch. B if required.	<b>2a</b> <b>2a</b> <b>3a</b> <b>3a</b> <b>4a</b> <b>4a</b> <b>5a</b> <b>5a</b> <b>6a</b> <b>6a</b>					<b>b</b> Taxable interest . . . . . <b>b</b> Ordinary dividends . . . . . <b>b</b> Taxable amount . . . . . <b>b</b> Taxable amount . . . . . <b>b</b> Taxable amount . . . . .																																															
	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .					<b>7</b>																																															
	<b>8</b> Other income from Schedule 1, line 10 . . . . . <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .					<b>8</b> <b>-55,492.</b>																																															
<b>Standard Deduction for —</b>	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .					<b>9</b> <b>138,730.</b>																																															
• Single or Married filing separately, \$12,950	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .					<b>10</b>																																															
• Married filing jointly or Qualifying surviving spouse, \$25,900	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .					<b>11</b> <b>138,730.</b>																																															
• Head of household, \$19,400	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .					<b>12</b> <b>12,950.</b>																																															
• If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>14</b> Add lines 12 and 13 . . . . .					<b>13</b>																																															
	<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . .					<b>14</b> <b>12,950.</b>																																															
						<b>15</b> <b>125,780.</b>																																															

<b>Tax and Credits</b>	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 24,023.			
	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 <b>total tax</b> .....	24 24,023.			
<b>Payments</b>	25 Federal income tax withheld from: a Form(s) W-2..... b Form(s) 1099..... c Other forms (see instructions)..... d Add lines 25a through 25c.....	25a 40,179. 25b 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 <b>total other payments and refundable credits</b> .....	32			
	33 Add lines 25d, 26, and 32. These are your <b>total payments</b> .....	33 40,179.			
<b>Refund</b>	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . 35a Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here. <input type="checkbox"/> b Routing number ..... 026009593    c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number ..... 898085289320	34 16,156. 35a 16,156.			
	36 Amount of line 34 you want <b>applied to your 2023 estimated tax</b> ..... 36				
<b>Amount You Owe</b>	37 Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions..... 38 Estimated tax penalty (see instructions)..... 38	37			
<b>Third Party Designee</b>	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		
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation CONSULTANT		
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation		
	Phone no. (203) 508-5834	Email address PAGOS@PANAMPOST.COM	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
<b>Paid Preparer Use Only</b>	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](http://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](http://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 <b>-55,492.</b>
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 <b>-55,492.</b>

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

FDIA0103L 07/29/22

Schedule 1 (Form 1040) 2022

**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 8I 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 <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a.....	26	0.

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				
<b>29a</b> Totals.....				
<b>b</b> Totals.....		55,492.		
<b>30</b> Add columns (h) and (k) of line 29a.....				<b>30</b>
<b>31</b> Add columns (g), (i), and (j) of line 29b.....		SEE STATEMENT 1		<b>31</b> ( 55,492.)
<b>32</b> Total partnership and S corporation income or (loss). Combine lines 30 and 31.....				<b>32</b> -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	(f) Other income from Schedule K-1	
A				
B				
<b>34a</b> Totals.....				
<b>b</b> Totals.....				
<b>35</b> Add columns (d) and (f) of line 34a.....				<b>35</b>
<b>36</b> Add columns (c) and (e) of line 34b.....				<b>36</b> ( )
<b>37</b> Total estate and trust income or (loss). Combine lines 35 and 36.....				<b>37</b>

**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	

<b>Part V Summary</b>	
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 rental 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. 55Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

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			
<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).....	<b>2</b> -33,313.	
<b>3</b>	Qualified business net (loss) carryforward from the prior year.....	<b>3</b> ( 0.)	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b> 0.	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20).....		<b>5</b> 0.
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).....	<b>6</b> 0.	
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.....	<b>7</b> ( 0.)	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-.....	<b>8</b> 0.	
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20).....		<b>9</b> 0.
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9.....		<b>10</b> 0.
<b>11</b>	Taxable income before qualified business income deduction (see instructions).	<b>11</b> 125,780.	
<b>12</b>	Net capital gain (see instructions).....	<b>12</b> 0.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-.....	<b>13</b> 125,780.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20).....		<b>14</b> 25,156.
<b>15</b>	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).....		<b>15</b> 0.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-.....		<b>16</b> ( 33,313.)
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-.....		<b>17</b> ( 0.)

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

Form 8995 (2022)

2022

## FEDERAL STATEMENTS

PAGE 1

ALEJANDRO PUGLIA

697-81-4876

**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	33,313.	22,179.	55,492.	0.

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	55,492.	0.

**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 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 <b>ALEJANDRO PUGLIA</b>	Social security number <b>697-81-4876</b>
Spouse's name or Civil Union Prtnr's	Spouse's SSN or Civil Union Prtnr's

<b>Part I Tax Return Information – Tax Year Ending December 31, 2022 (Whole Dollars Only)</b>	
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 ► \_\_\_\_\_

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

**1032**

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

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  
**NY** ZIP Code  
**10016**

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

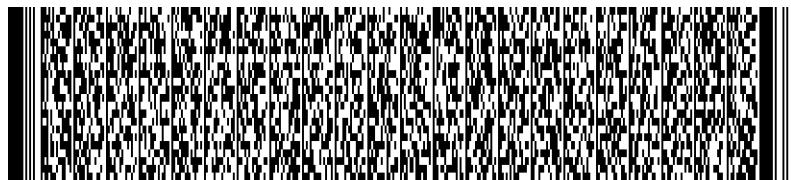
The address above is a foreign address

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

<b>NJ Residency Status</b>	If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.	From:	To:
<b>Gubernatorial Elections Fund</b>	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	<input checked="" type="checkbox"/> X No



NJ-1040NR  
2022  
Page 2



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	X	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 Check box if you completed lines 69 through 75	15	194222	. 15	54557	.
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		. 26		.
27	TOTAL INCOME (Add lines 15 through 26)	27	194222	. 27	54557	.

NJ-1040NR  
2022  
Page 3



040NV03220

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	54557
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	<b>Taxable Income</b> (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	<b>New Jersey Tax</b> (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.	48	.	.	.
	Check box if Form NJ-2210NR is enclosed				
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	.	Also enter on line 51:	
52	Tax paid on your behalf by Partnership(s)	52	.	• Payments made in connection with sale of NJ real property	
53	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53	.	• Payments by S corporation for nonresident shareholder	
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	.		

NJ-1040NR  
2022  
Page 4



040NV04220

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	Code	61F
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](http://nj.gov/taxation)

Division Use: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

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

Your Social Security Number

PUGLIA, ALEJANDRO

697814876

**Schedule NJ-BUS-1** New Jersey Gross Income Tax  
 (Form NJ-1040NR) Business Income Summary Schedule
**2022**

<b>Part I</b> 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.	
<b>Part II</b> 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.	
<b>Part III</b> 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
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.)			
<b>Part IV</b> 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**

<b>Part I</b> 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 .
<b>Part II</b> 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 .		
<b>Part III</b> 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**

NJIA0902L 11/15/22

**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 ( <i>jointly filed return only</i> )
-------------------------------------	--

### 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), *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 ( <i>from applicable line</i> ) .....	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 ( <i>jointly filed return only</i> )	Date

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

Under penalty of perjury, I declare that the information contained in this 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



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

**IT-201**

For the full year January 1, 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	MANHATTAN	
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)	Spouse's date of death (mmddyyyy)
		NY		Decedent information	

**A Filing status**

(mark an X in one box):

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

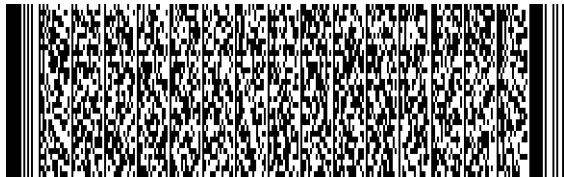
- (1) Did you receive a homeowner tax rebate credit? (see instructions) . . . . . Yes  No
- (2) Enter the amount . . . . . .00

**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) . . . . . .00

**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 .00

**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.



For office use only

201001221032

69 781 48 76

ALEJANDRO PUGLIA

**Federal income and adjustments**

- 1 Wages, salaries, tips, etc. ....
- 2 Taxable interest income. ....
- 3 Ordinary dividends. ....
- 4 Taxable refunds, credits, or offsets of state and local income taxes (*also enter on line 25*). ....
- 5 Alimony received. ....
- 6 Business income or loss (*submit a copy of federal Schedule C, Form 1040*). ....
- 7 Capital gain or loss (*if required, submit a copy of federal Schedule D, Form 1040*). ....
- 8 Other gains or losses (*submit a copy of federal Form 4797*). ....
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box. ....
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box. ....
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (*submit copy of federal Schedule E, Form 1040*). ....

Whole dollars only

1	19 4222.00
2	.00
3	.00
4	.00
5	.00
6	.00
7	.00
8	.00
9	.00
10	.00
11	-55 492.00

- 12 Rental real estate included in line 11. .... **12** .00
- 13 Farm income or loss (*submit a copy of federal Schedule F, Form 1040*). ....
- 14 Unemployment compensation. ....
- 15 Taxable amount of Social Security benefits (*also enter on line 27*). ....
- 16 Other income **Identify:**
- 17 Add lines 1 through 11 and 13 through 16. ....
- 18 Total federal adjustments to income **Identify:**
- 19 Federal adjusted gross income (*subtract line 18 from line 17*). ....
- 19a Recomputed federal adjusted gross income (*see Line 19a worksheet*). ....

13	.00
14	.00
15	.00
16	.00
17	138 730.00
18	.00
19	138 730.00
19a	138 730.00

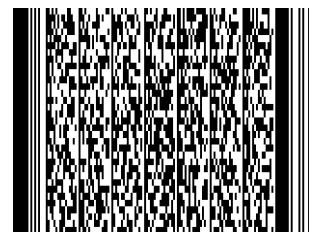
**New York additions**

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) ....
- 21 Public employee 414(h) retirement contributions from your wage and tax statements ....
- 22 New York's 529 college savings program distributions ....
- 23 Other (*Form IT-225, line 9*). ....
- 24 Add lines 19a through 23. ....

20	.00
21	.00
22	.00
23	.00
24	138 730.00

**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. ....
- 33 New York adjusted gross income (*subtract line 32 from line 24*). ....



32	.00
33	138 730.00

**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:  **Standard** - or -  **Itemized**

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

34	8 000.00
35	130 730.00
36	<b>000.00</b>
37	130 730.00

201002221032



Name(s) as shown on page 1 ALEJANDRO PUGLIA
--

Your Social Security number 697814876
--

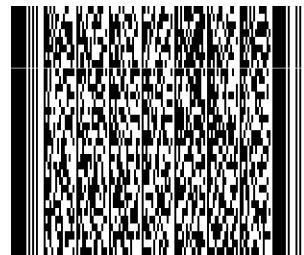
**Tax computation, credits, and other taxes**

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.



201003221032



MONTGOMERY COUNTY TAXES, CREDITS AND SURCHARGES ON THIS FORM

697814876

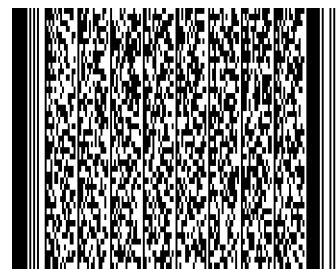
62 Enter amount from line 61.....

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) ( <i>also complete F on page 1</i> ) .....	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 ( <i>Form IT-201-ATT, line 18</i> ) .....	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
<b>76 Total payments (add lines 63 through 75).....</b>	<b>76</b>	<b>22755.00</b>



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	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.

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	12705.00

78b Total refund after NYS 529 account deposit (*subtract line 78a from line 78*).....

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.....

**Refund?** Direct deposit is the easiest, fastest way to get your refund.

**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.



**See instructions for the proper assembly of your return.**

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 \_\_\_\_\_

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

<b>▼ Paid preparer must complete ▼</b> <i>(see instructions)</i>		Preparer's NYTPRIN 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	Date
Email: DCASEY@1800ACCOUNTANT.COM		

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

201004221032

See instructions for where to mail your return.



NO HANDWRITING ENTRIES OTHER THAN SIGNATURE ON THIS FORM



Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

**IT-2**

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

**W-2 Record 1**Box a Employee's Social Security number  
for this W-2 Record

697814876

Box b Employer identification number (EIN)

346565596

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

ERNST &amp; YOUNG US LLP

**Employer's address (number and street)**

200 PLAZA DRIVE STE 4444

City      State      ZIP code      Country

SECAUCUS

NJ      070943699

**Box 12a Amount**

1049.00

**Code**

D

**Box 14a Amount**

213.00

**Description**

FLI

**Box 12b Amount**

5124.00

**Code**

D D

**Box 14b Amount**

191433.00

**Description**

NYSRINC

**Box 12c Amount**

.00

**Code** **Box 14c Amount**

169.00

**Description**

UI/HC/WD

**Box 12d Amount**

.00

**Code** **Box 14d Amount**

.00

**Description**Box 13 Statutory employee  Retirement plan  Third-party sick pay Corrected (W-2c) NY State information: Box 15a  
NY State**Box 16a NYS wages, tips, etc.**

N|Y

194222.00

**Box 17a NYS income tax withheld**

14672.00

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

N|J

54557.00

**Box 17b Other state income tax withheld**

3081.00

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

Locality a      194222.00

**Box 19 Local income tax withheld**

7728.00

Locality b      .00

**Box 20 Locality name**

NYC

Locality b

Do not detach.

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

Box b Employer identification number (EIN)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

**Box c Employer's information****Employer's name****Box 12a Amount**

.00

**Code** **Box 14a Amount**

.00

**Description****Box 12b Amount**

.00

**Code** **Box 14b Amount**

.00

**Description****Box 12c Amount**

.00

**Code** **Box 14c Amount**

.00

**Description****Box 12d Amount**

.00

**Code** **Box 14d Amount**

.00

**Description**Box 13 Statutory employee  Retirement plan  Third-party sick pay Corrected (W-2c) NY State information: Box 15a  
NY State**Box 16a NYS wages, tips, etc.**

N|Y

.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

**Box 19 Local income tax withheld**

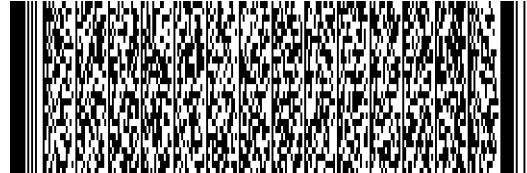
.00

Locality b      .00

**Box 20 Locality name**

Locality b

102001221032





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.

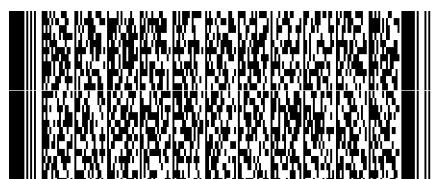
Name(s) as shown on return ALEJANDRO PUGLIA	Identifying number as shown on return 697814876
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**Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.**

Part 1 — Income and adjustments <i>(see instructions)</i>	A Amount reported on New York State return	B Amount sourced to and taxed by other taxing authority
	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 <i>(subtract line 17 from line 16).</i>	18 138730.00	18 54557.00
18a Recomputed federal adjusted gross income <i>(see instr.).</i>	18a .00	18a .00
19 New York adjustments <i>(see instructions).</i>	19 .00	19 .00
20 New York adjusted gross income <i>(see instructions).</i>	20 138730.00	20 54557.00
21 Capital gain portion of lump-sum distributions <i>(see instr.).</i>	21 .00	21 .00
22 Add lines 20 and 21.	22 138730.00	22 54557.00

(continued on Page 2)

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**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 (see instructions).....

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..... 2860.00

24b Entity on behalf of the taxpayer..... .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 (see instructions)..... 25 7968.00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions)..... 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 (see instructions)..... 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 (see instructions)..... 29 .00

30 Add lines 28 and 29..... 30 2860.00

**Part 3 – Application of Credit**

31 Tax due before credits (see instructions)..... 31 7968.00

32 Other credits that you applied before this credit (see instructions)..... 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 (see instructions)..... 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 (see instructions)..... 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 (see instructions)..... 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 (see instructions)..... 37 .00

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