

ALEJANDRO PUGLIA  
11402 NW 41ST STREET SUITE 211  
DORAL, FL 33178

June 19, 2025

325 LEXINGTON AVE, APT 6C  
New York,

Thank you for choosing our firm to prepare your income tax returns for tax year 2023. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2023 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2023, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2023 tax return. We appreciate your business.

Sincerely,

\_\_\_\_\_  
LUIS R SMITH

Accepted by:

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**Federal  
Tax Return**

**ALEJANDRO PUGLIA**

**2023**

**TAXES USA  
11402 NW 41ST STREET SUITE 211  
DORAL, FL 33178  
Phone: (305) 470-2429  
Fax: (305) 477-6638  
INFO@TAXESUSAMIAMI.COM**

TAXES USA  
11402 NW 41ST STREET SUITE 211  
DORAL, FL 33178  
Phone: (305) 470-2429  
Fax: (305) 477-6638  
INFO@TAXESUSAMIAMI.COM

June 19, 2025

ALEJANDRO PUGLIA  
325 LEXINGTON AVE, APT 6C  
New York, NY 10016

Dear ALEJANDRO,

Enclosed please find two copies of your 2023 federal income tax return. I have prepared your return based on the information you provided. File one copy with the Internal Revenue Service and retain the second copy for your records. Please review, sign, and date your filing copy before mailing.

As requested, your federal tax refund in the amount of \$20,436 will be deposited directly to your checking account.

You can check the status of your federal tax refund by using "Where's My Refund?", an interactive tool available on [www.irs.gov](http://www.irs.gov) or by using the "IRS2Go" smartphone application. You can also call the IRS TeleTax System at (800) 829-4477 or the IRS Refund Hotline at (800) 829-1954. When using any of these options, you will need the following information:

The first social security number shown on the federal return  
Your filing status (Single)  
The exact amount of the refund shown on your federal return (\$20,436)

I recommend that you mail your federal return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following:

Department of the Treasury  
Internal Revenue Service  
Kansas City, MO 64999-0002

If you have any questions about your return(s) or about your tax situation during the year, please do not hesitate to call me at (305) 470-2429. I appreciate this opportunity to serve you.

Sincerely,

LUIS R SMITH  
TAXES USA

Your marginal federal tax rate ('tax bracket') for 2023 was 24%.  
Your average federal tax rate for 2023 was 18%.

**TAXES USA**  
**11402 NW 41ST STREET SUITE 211**  
**DORAL, FL 33178**  
**(305) 470-2429**

**Invoice for 2023 Tax Year**

ALEJANDRO PUGLIA  
325 LEXINGTON AVE, APT 6C  
New York, NY 10016

Invoice Date: June 19, 2025

**Statement of Charges**

Tax return preparation fee

800.00

**TOTAL** 800.00

**IRS e-file Signature Authorization for  
Form 4868 or Form 2350**

ERO must obtain and retain completed Form 8878.  
Go to [www.irs.gov/Form8878](http://www.irs.gov/Form8878) for the latest information.

OMB No. 1545-0074

**2023**

Submission Identification Number (SID): 6560782024171nopygb9

Taxpayer's name <b>ALEJANDRO PUGLIA</b>	Social security number 697-81-4876
Spouse's name	Spouse's social security number

**Part I Information From Extension Form — Tax Year Ending December 31, 2023 (Whole dollars only)**

Check the box and complete the line(s) for the form you authorize your ERO to sign and file. Check only one box.

- 1 ☒ **Form 4868**, Application for Automatic Extension of Time To File U.S. Individual Income Tax Return.  
Amount you are paying from Form 4868, line 7 . . . . . 1 0
- 2 ☐ **Form 2350**, Application for Extension of Time To File U.S. Income Tax Return
- a I request an extension of time until this date as shown on Form 2350, line 1 . . . . . 2a
- b Amount you are paying from Form 2350, line 5 . . . . . 2b

**Part II Taxpayer Declaration and Signature Authorization**

Under penalties of perjury, I declare that I have examined a copy of my electronic application for extension of time to file for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information listed above is the information from my electronic application for extension of time to file. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send this form to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the form. 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 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 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 my electronic application for extension of time to file and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- ☒ I authorize TAXES USA to enter or generate my PIN 14876 as my  
ERO firm name Enter five digits, but don't enter all zeros
- signature for my electronic application for extension of time to file for the tax year ending December 31, 2023.
- ☐ I will enter my PIN as my signature for my electronic application for extension of time to file for the tax year ending December 31, 2023. Check this box **only** if you are entering your own PIN and your extension form 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 for my electronic application for extension of time to file for the tax year ending December 31, 2023.
- ☐ I will enter my PIN as my signature for my electronic application for extension of time to file for the tax year ending December 31, 2023. Check this box **only** if you are entering your own PIN and your extension form is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Practitioner PIN Method for Form 4868 Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method for Form 4868 Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 65607888662  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic **Form 4868** and electronic funds withdrawal for the taxpayer(s) indicated above. I confirm that I am submitting **Form 4868** in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature: \_\_\_\_\_ Date: 6/19/2025

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

Form **8879**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service**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) ▶ 6560782024171nopyf65

Taxpayer's name

ALEJANDRO PUGLIA

Social security number

697-81-4876

Spouse's name

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2023** (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	115,768
2	Total tax . . . . .	2	17,860
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	38,296
4	Amount you want refunded to you . . . . .	4	20,436
5	Amount you owe . . . . .	5	0

**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 TAXES USA to enter or generate my PIN

ERO firm name

14876

Enter five digits, but  
don't enter all zeros

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

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter or generate my PIN

ERO firm name

Enter five digits, but  
don't enter all zeros

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

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

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.

65607888662

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 4/4/2024

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

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

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

HTA

**New York State E-File Signature Authorization for Tax Year 2023**  
**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)
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**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 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

**Part A – Tax return information**

- 1 Federal adjusted gross income (from applicable line).....
- 2 Refund .....
- 3 Amount you owe .....
- 4 Financial institution routing number .....
- 5 Financial institution account number .....
- 6 Account type: ☒ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

1.	115,768.
2.	0.
3.	615.
4.	063100277
5.	898085289320

**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 2023 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 2023 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 2023 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 2023 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 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 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 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

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

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

ERO's signature	Print name LUIS R SMITH	Date
Paid preparer's signature	Print name LUIS R SMITH	Date 6-19-2025

ALEJANDRO PUGLIA

697-81-4876

**1040, Page 1:**

<b>1z</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1z</b>		187,311	187,311	0%
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>			0	0%
<b>b</b> Taxable interest . . . . .	<b>2b</b>			0	0%
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>			0	0%
<b>b</b> Ordinary dividends . . . . .	<b>3b</b>			0	0%
<b>4a</b> IRA distributions . . . . .	<b>4a</b>			0	0%
<b>b</b> Taxable amount . . . . .	<b>4b</b>			0	0%
<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>			0	0%
<b>5b</b> Taxable amount . . . . .	<b>5b</b>			0	0%
<b>6a</b> Social security benefits . . . . .	<b>6a</b>			0	0%
<b>b</b> Taxable amount . . . . .	<b>6b</b>			0	0%
<b>7</b> Capital gain or (loss) (Schedule D) . . . . .	<b>7</b>			0	0%
<b>8</b> Additional income (from Schedule 1) . . . . .	<b>8</b>		-71,543	-71,543	0%
<b>9</b> Total income . . . . .	<b>9</b>	0	115,768	115,768	0%
<b>10</b> Adjustments to income (from Schedule 1) . . . . .	<b>10</b>			0	0%
<b>11</b> Adjusted Gross Income (AGI) . . . . .	<b>11</b>	0	115,768	115,768	0%
<b>12</b> Standard deduction or itemized deductions . . . . .	<b>12</b>	12,950	13,850	900	7%
<b>13</b> Qualified business income deduction . . . . .	<b>13</b>			0	0%
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	12,950	13,850	900	7%
<b>15</b> Taxable income . . . . .	<b>15</b>	0	101,918	101,918	0%
<b>Schedule 1: Additional Income</b>					
<b>1</b> Taxable refunds of state and local income taxes . . . . .	<b>1</b>			0	0%
<b>2a</b> Alimony received . . . . .	<b>2a</b>			0	0%
<b>3</b> Business income or (loss) (Schedule C) . . . . .	<b>3</b>		18,940	18,940	0%
<b>4</b> Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>			0	0%
<b>5</b> Rents, royalties, partnerships, etc. (Schedule E) . . . . .	<b>5</b>		-90,483	-90,483	0%
<b>6</b> Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>			0	0%
<b>7</b> Unemployment compensation . . . . .	<b>7</b>			0	0%
<b>9</b> Total other income . . . . .	<b>9</b>			0	0%
<b>10</b> Total additional income . . . . .	<b>10</b>	0	-71,543	-71,543	0%
<b>Schedule 1: Adjustments to Income</b>					
<b>11</b> Educator expenses . . . . .	<b>11</b>			0	0%
<b>12</b> Certain business expenses (Form 2106) . . . . .	<b>12</b>			0	0%
<b>13</b> Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>			0	0%
<b>14</b> Moving expenses. Attach Form 3903 . . . . .	<b>14</b>			0	0%
<b>15</b> Deductible part of self-employment tax . . . . .	<b>15</b>			0	0%
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>			0	0%
<b>17</b> Self-employed health insurance deduction . . . . .	<b>17</b>			0	0%
<b>18</b> Penalty on early withdrawal of savings . . . . .	<b>18</b>			0	0%
<b>19a</b> Alimony paid . . . . .	<b>19a</b>			0	0%
<b>20</b> IRA deduction . . . . .	<b>20</b>			0	0%
<b>21</b> Student loan interest deduction . . . . .	<b>21</b>			0	0%
<b>22</b> Reserved for future use . . . . .	<b>22</b>			0	0%
<b>23</b> Archer MSA deduction . . . . .	<b>23</b>			0	0%
<b>25</b> Total other adjustments . . . . .	<b>25</b>			0	0%
<b>26</b> Total adjustments to income . . . . .	<b>26</b>	0	0	0	0%

	Prior Year	Current Year	Difference	%
<b>1040, Page 2:</b>				
<b>16</b> Tax . . . . .	<b>16</b>	17,860	17,860	0%
<b>17</b> Tax (from Schedule 2) . . . . .	<b>17</b>		0	0%
<b>18</b> Add lines 16 and 17 . . . . .	<b>18</b>	0 17,860	17,860	0%
<b>19</b> Child tax credit or credit for other dependents . . . . .	<b>19</b>		0	0%
<b>20</b> Nonrefundable credits (from Schedule 3) . . . . .	<b>20</b>		0	0%
<b>21</b> Add lines 19 and 20 . . . . .	<b>21</b>	0 0	0	0%
<b>22</b> Subtract line 21 from line 18 . . . . .	<b>22</b>	0 17,860	17,860	0%
<b>23</b> Other taxes, including self-employment tax (from Schedule 2) . . . . .	<b>23</b>		0	0%
<b>24</b> Total tax . . . . .	<b>24</b>	0 17,860	17,860	0%
<b>25</b> Federal income tax withheld from:				
<b>a</b> Form(s) W-2 . . . . .	<b>25a</b>	38,296	38,296	0%
<b>b</b> Form(s) 1099 . . . . .	<b>25b</b>		0	0%
<b>c</b> Other forms . . . . .	<b>25c</b>		0	0%
<b>d</b> Total income tax withheld . . . . .	<b>25d</b>	0 38,296	38,296	0%
<b>26</b> Estimated tax payments . . . . .	<b>26</b>		0	0%
<b>27</b> Earned income credit (EIC) . . . . .	<b>27</b>		0	0%
Nontaxable combat pay election . . . . .			0	0%
<b>28</b> Additional child tax credit from (Schedule 8812) . . . . .	<b>28</b>		0	0%
<b>29</b> American opportunity credit (Form 8863) . . . . .	<b>29</b>		0	0%
<b>30</b> Reserved for future use . . . . .	<b>30</b>			
<b>31</b> Other payments and refundable credits (from Schedule 3) . . . . .	<b>31</b>		0	0%
<b>32</b> Total other payments and refundable credits . . . . .	<b>32</b>	0 0	0	0%
<b>33</b> Total payments . . . . .	<b>33</b>	0 38,296	38,296	0%
<b>34</b> Amount overpaid . . . . .	<b>34</b>	0 20,436	20,436	0%
<b>35a</b> Amount to be refunded to you . . . . .	<b>35a</b>	0 20,436	20,436	0%
<b>36</b> Amount to be applied to next year's estimated tax . . . . .	<b>36</b>		0	0%
<b>37</b> Amount you owe . . . . .	<b>37</b>	0 0	0	0%
<b>38</b> Penalty for underpayment of estimated tax . . . . .	<b>38</b>		0	0%
<b>Schedule 2: Tax</b>				
<b>1</b> Alternative minimum tax (Form 6251) . . . . .	<b>1</b>		0	0%
<b>2</b> Excess advance premium tax credit repayment . . . . .	<b>2</b>		0	0%
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	0 0	0	0%
<b>Schedule 2: Other Taxes</b>				
<b>4</b> Self-employment tax (Schedule SE) . . . . .	<b>4</b>		0	0%
<b>7</b> Total additional social security and Medicare tax . . . . .	<b>7</b>		0	0%
<b>8</b> Additional tax on IRAs or other tax-favored accounts . . . . .	<b>8</b>		0	0%
<b>9</b> Household employment taxes (Schedule H) . . . . .	<b>9</b>		0	0%
<b>10</b> Repayment of first-time homebuyer credit . . . . .	<b>10</b>		0	0%
<b>11</b> Additional medicare tax . . . . .	<b>11</b>		0	0%
<b>12</b> Net investment income tax . . . . .	<b>12</b>		0	0%
<b>13</b> Uncollected social security and Medicare on RRTA tax . . . . .	<b>13</b>		0	0%
<b>14</b> Interest on tax due on installment income . . . . .	<b>14</b>		0	0%
<b>15</b> Interest on the deferred tax on gain from certain installment sales . . . . .	<b>15</b>		0	0%
<b>16</b> Recapture of low-income housing credit . . . . .	<b>16</b>		0	0%
<b>18</b> Total additional taxes . . . . .	<b>18</b>		0	0%
<b>19</b> Reserved for future use . . . . .	<b>19</b>			
<b>20</b> Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>		0	0%
<b>21</b> Total other taxes. Add lines 4 through 18 . . . . .	<b>21</b>	0 0	0	0%
<b>Schedule 3: Nonrefundable Credits</b>				
<b>1</b> Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>		0	0%
<b>2</b> Credit for child and dependent care expenses (Form 2441) . . . . .	<b>2</b>		0	0%
<b>3</b> Education credits from Form 8863 . . . . .	<b>3</b>		0	0%
<b>4</b> Retirement savings contributions credit (Form 8880) . . . . .	<b>4</b>		0	0%
Residential energy credit. Attach Form 5695 . . . . .			0	0%
<b>5a</b> Residential clean energy credit . . . . .	<b>5a</b>		0	0%
<b>5b</b> Energy efficient home improvement credit . . . . .	<b>5b</b>		0	0%
<b>7</b> Total other nonrefundable credits . . . . .	<b>7</b>		0	0%
<b>8</b> Total nonrefundable credits . . . . .	<b>8</b>	0 0	0	0%
<b>Schedule 3: Other Payments and Refundable Credits</b>				
<b>9</b> Net premium tax credit (Form 8962) . . . . .	<b>9</b>		0	0%
<b>10</b> Amount paid with Form 4868 (extension request) . . . . .	<b>10</b>		0	0%
<b>11</b> Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>		0	0%
<b>12</b> Credit for federal tax on fuels (Form 4136) . . . . .	<b>12</b>		0	0%
<b>14</b> Total other payments and refundable credits (Subtotal) . . . . .	<b>14</b>	0 0	0	0%
<b>15</b> Total other payments and refundable credits . . . . .	<b>15</b>	0 0	0	0%

			Prior Year	Current Year	Difference	%
<b>Medical and Dental Expenses</b>	<b>1</b>	Medical and dental expenses . . . . .	<b>1</b>		0	0%
	<b>3</b>	AGI threshold amount . . . . .	<b>3</b>	0	8,683	0%
	<b>4</b>	Total medical and dental. Subtract line 3 from line 1 . . . . .	<b>4</b>	0	0	0%
	<b>5a</b>	State and local income taxes or general sales taxes . . . . .	<b>5a</b>		19,126	0%
<b>Taxes Paid</b>	<b>b</b>	State and local real estate taxes . . . . .	<b>5b</b>		0	0%
	<b>c</b>	State and local personal property taxes . . . . .	<b>5c</b>		0	0%
	<b>d</b>	Add lines 5a through 5c . . . . .	<b>5d</b>	0	19,126	0%
	<b>e</b>	Enter the smaller of line 5d or \$10,000 (\$5,000 if MFS) . . . . .	<b>5e</b>		10,000	0%
	<b>6</b>	Other taxes . . . . .	<b>6</b>		0	0%
	<b>7</b>	Add lines 5e and 6 . . . . .	<b>7</b>	0	10,000	0%
	<b>8a</b>	Home mortgage interest and points . . . . .	<b>8a</b>		0	0%
<b>Interest You Paid</b>	<b>b</b>	Home mortgage interest not reported to you on Form 1098 . . . . .	<b>8b</b>		0	0%
	<b>c</b>	Points not reported to you on Form 1098 . . . . .	<b>8c</b>		0	0%
	<b>d</b>	Mortgage insurance premiums . . . . .	<b>8d</b>		0	0%
	<b>e</b>	Add lines 8a through 8d . . . . .	<b>8e</b>	0	0	0%
	<b>9</b>	Investment interest . . . . .	<b>9</b>		0	0%
	<b>10</b>	Add lines 8e and 9 . . . . .	<b>10</b>	0	0	0%
<b>Gifts to Charity</b>	<b>11</b>	Gifts by cash or check . . . . .	<b>11</b>		0	0%
	<b>12</b>	Other than by cash or check . . . . .	<b>12</b>		0	0%
	<b>13</b>	Carryover from prior year . . . . .	<b>13</b>		0	0%
	<b>14</b>	Add lines 11 through 13 . . . . .	<b>14</b>	0	0	0%
<b>Casualty and Theft Losses</b>	<b>15</b>	Casualty or theft loss(es) (Form 4684) . . . . .	<b>15</b>		0	0%
<b>Other Itemized Deductions</b>	<b>16</b>	Other itemized deductions . . . . .	<b>16</b>		0	0%
<b>Total Itemized Deductions</b>	<b>17</b>	Total itemized deductions . . . . .	<b>17</b>	0	10,000	0%

**Schedule C Activities**

	Prior Year	Current Year	Difference	%
Sch C: 01 - OFFICERS COMISSIONS	0	18,940	18,940	0%
Total Schedule C Activities	0	18,940	18,940	0%

**Schedule E, Page 2 Activities**

Part II - Income or Loss From Partnerships and S Corps	Prior Year	Current Year	Difference	%
PANAMERICAN GROUP LLC	0	-90,483	-90,483	0%
Total Income or Loss From Partnerships and S Corps	0	-90,483	-90,483	0%
Part III - Income or Loss From Estates and Trusts	Prior Year	Current Year	Difference	%
Total Income or Loss From Estates and Trusts	0	0	0	0%
Part IV - Income or Loss From REMICs	0	0	0	0%
Net Farm Rental Income or Loss from Form 4835	Prior Year	Current Year	Difference	%
Total Net Farm Rental Income or Loss from Form 4835	0	0	0	0%
<b>Total Schedule E, Page 2 Activities</b>	0	-90,483	-90,483	0%

## Activity

Principal business or profession

Business Name

Sch C: 01 - OFFICERS COMISSIONS

OFFICERS COMISSIONS

PANAMERICAN GROUP

			Prior Year	Current Year	Difference	%
<b>1</b>	Gross receipts or sales . . . . .	<b>1</b>		18,940	18,940	0%
<b>2</b>	Returns and allowances . . . . .	<b>2</b>		0	0	0%
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	0	18,940	18,940	0%
<b>4</b>	Cost of goods sold . . . . .	<b>4</b>		0	0	0%
<b>5</b>	Gross profit. Subtract line 4 from line 3 . . . . .	<b>5</b>	0	18,940	18,940	0%
<b>6</b>	Other income . . . . .	<b>6</b>		0	0	0%
<b>7</b>	Gross income. Add lines 5 and 6 . . . . .	<b>7</b>	0	18,940	18,940	0%
<b>8</b>	Advertising . . . . .	<b>8</b>		0	0	0%
<b>9</b>	Car and truck expenses . . . . .	<b>9</b>		0	0	0%
<b>10</b>	Commissions and fees . . . . .	<b>10</b>		0	0	0%
<b>11</b>	Contract labor . . . . .	<b>11</b>		0	0	0%
<b>12</b>	Depletion . . . . .	<b>12</b>		0	0	0%
<b>13</b>	Depreciation . . . . .	<b>13</b>		0	0	0%
<b>14</b>	Employee benefit programs . . . . .	<b>14</b>		0	0	0%
<b>15</b>	Insurance (other than health) . . . . .	<b>15</b>		0	0	0%
<b>16</b>	Interest:					
<b>16a</b>	Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>		0	0	0%
<b>b</b>	Other . . . . .	<b>16b</b>		0	0	0%
<b>17</b>	Legal and professional services . . . . .	<b>17</b>		0	0	0%
<b>18</b>	Office expense (see instructions) . . . . .	<b>18</b>		0	0	0%
<b>19</b>	Pension and profit-sharing plans . . . . .	<b>19</b>		0	0	0%
<b>20</b>	Rent or lease (see instructions):					
<b>20a</b>	Vehicles, machinery, and equipment . . . . .	<b>20a</b>		0	0	0%
<b>b</b>	Other business property . . . . .	<b>20b</b>		0	0	0%
<b>21</b>	Repairs and maintenance . . . . .	<b>21</b>		0	0	0%
<b>22</b>	Supplies (not included in Part III) . . . . .	<b>22</b>		0	0	0%
<b>23</b>	Taxes and licenses . . . . .	<b>23</b>		0	0	0%
<b>24</b>	Travel and meals:					
<b>a</b>	Travel . . . . .	<b>24a</b>		0	0	0%
<b>b</b>	Deductible meals (see instructions) . . . . .	<b>24b</b>		0	0	0%
<b>25</b>	Utilities . . . . .	<b>25</b>		0	0	0%
<b>26</b>	Wages (less employment credits) . . . . .	<b>26</b>		0	0	0%
<b>27a</b>	Other expenses . . . . .	<b>27a</b>		0	0	0%
<b>27b</b>	Energy efficient commercial bldgs deduction . . . . .	<b>27b</b>		0	0	0%
<b>28</b>	Total expenses . . . . .	<b>28</b>	0	0	0	0%
<b>29</b>	Tentative profit or loss . . . . .	<b>29</b>	0	18,940	18,940	0%
<b>30</b>	Expenses for business use of home . . . . .	<b>30</b>		0	0	0%
<b>31</b>	Net profit or loss . . . . .	<b>31</b>	0	18,940	18,940	0%

Activity PANAMERICAN GROUP LLC

			Prior Year	Current Year	Difference	%
<b>28g</b>	Passive loss allowed . . . . .	<b>28g</b>	0	0	0	0%
<b>28h</b>	Passive income from Schedule K-1 . . . . .	<b>28h</b>	0	0	0	0%
<b>28i</b>	Nonpassive loss allowed from Schedule K-1 . . . . .	<b>28i</b>	0	90,483	90,483	0%
<b>28j</b>	Section 179 expense deduction . . . . .	<b>28j</b>	0	0	0	0%
<b>28k</b>	Nonpassive income from Schedule K-1 . . . . .	<b>28k</b>	0	0	0	0%
<b>29a</b>	Total income . . . . .	<b>29a</b>	0	0	0	0%
<b>b</b>	Total loss . . . . .	<b>29b</b>	0	90,483	90,483	0%

DETACH HERE

Form	<b>4868</b>	<b>Application for Automatic Extension of Time To File U.S. Individual Income Tax Return</b>	1833
Department of the Treasury Internal Revenue Service		For calendar year 2023, or other tax year beginning , 2023, and ending , .	<b>2023</b>
ALEJANDRO PUGLIA		Line 4 - Estimate of total tax liability for year	\$ 0
APT 6C		Line 5 - Total payments	0
325 LEXINGTON AVE		Line 6 - <b>Balance due.</b> Subtract line 5 from line 4.	
New York, NY 10016		(see instructions)	0
		Line 7 - Amount you're paying (see instructions)	0
		Line 8 - Check here if you're "out of the country" and a U.S. citizen or resident (see instructions)	
697-81-4876		Line 9 - Check here if you file Form 1040NR and didn't receive wages as an employee subject to U.S. income tax withholding	

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning

, 2023, ending , 20

See separate instructions.

Your first name and middle initial

ALEJANDRO

Last name

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.

325 LEXINGTON AVE

Apt. no.

6C

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.

City, town, or post office. If you have a foreign address, also complete spaces below.

New York

State

NY

ZIP code

10016

Foreign country name

Foreign province/state/county

Foreign postal code

☒ You

☐ Spouse

Filing Status

☒ Single

☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes

☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1959

☐ Are blind

Spouse: ☐ Was born before January 2, 1959

☐ Is blind

Dependents

(see instructions):

If more than four dependents, see instructions and check here . . . ☐

(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"/>

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	187,311
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	187,311

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	0

Standard Deduction for—

• Single or Married filing separately, \$13,850

• Married filing jointly or Qualifying surviving spouse, \$27,700

• Head of household, \$20,800

• If you checked any box under Standard Deduction, see instructions.

c	If you elect to use the lump-sum election method, check here (see instructions)		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		
8	Additional income from Schedule 1, line 10	8	-71,543
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	115,768
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	115,768
12	Standard deduction or itemized deductions (from Schedule A)	12	13,850
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	13,850
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	101,918

**Tax and Credits**

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	17,860
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	17,860
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	17,860
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	17,860

**Payments**

25	Federal income tax withheld from:	25a	38,296	25d	38,296
a	Form(s) W-2	25b		26	
b	Form(s) 1099	25c		27	
c	Other forms (see instructions)			28	
d	Add lines 25a through 25c			29	
26	2023 estimated tax payments and amount applied from 2022 return			30	
27	Earned income credit (EIC)	27		31	
28	Additional child tax credit from Schedule 8812	28		32	0
29	American opportunity credit from Form 8863, line 8	29		33	38,296
30	Reserved for future use	30		34	20,436
31	Amount from Schedule 3, line 15	31		35a	20,436
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>			36	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>			37	0

**Refund**Direct deposit?  
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	20,436
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	20,436
b	Routing number 063100277	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 898085289320		
36	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	36	

**Amount You Owe**

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	37	0
38	Estimated tax penalty (see instructions)	38	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS?

See instructions

☐ Yes. Complete below.☒ NoDesignee's  
namePhone  
no.Personal identification  
number (PIN)**Sign Here**

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection  
PIN, enter it  
here (see inst.)

CONSULTING OPERATOR

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection  
PIN, enter it  
here (see inst.)

Phone no. (203) 508-5834

Email address apugliac@gmail.com

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
LUIS R SMITH		6/19/2025	P00879520	
Firm's name TAXES USA			Phone no. (305) 470-2429	
Firm's address 11402 NW 41ST STREET SUITE 211, DORAL, FL 33178			Firm's EIN 20-3323545	

**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

**2023**

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**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	18,940
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-90,483
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . . <b>8a</b> ( )		
<b>b</b>	Gambling . . . . . <b>8b</b>		
<b>c</b>	Cancellation of debt . . . . . <b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . . <b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . . <b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . . <b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . . <b>8g</b>		
<b>h</b>	Jury duty pay . . . . . <b>8h</b>		
<b>i</b>	Prizes and awards . . . . . <b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . . <b>8j</b>		
<b>k</b>	Stock options . . . . . <b>8k</b>		
<b>l</b>	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 . . . . . <b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . . <b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . . <b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . . <b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . . <b>8p</b>		
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . . <b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . . <b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . . <b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . . <b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . . <b>8u</b>		
<b>z</b>	Other income. List type and amount: _____ <b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . . <b>9</b>		0
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . <b>10</b>		-71,543

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

Schedule 1 (Form 1040) 2023

Department of the Treasury  
Internal Revenue Service

## Profit or Loss From Business

**(Sole Proprietorship)**

**Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.**

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment  
Sequence No. **09**

Name of proprietor

ALEJANDRO PUGLIA

Social security number (SSN)	
------------------------------	--

697-81-4876

A	Principal business or profession, including product or service (see instructions)

## OFFICERS COMMISSIONS

**B** Enter code from instructions

**C** Business name. If no separate business name, leave blank.

PANAMERICAN GROUP

D Employer ID number (EIN) (see instr.)

85-1564416

**E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F	Accounting method:	(1)	<input checked="" type="checkbox"/>	Cash	(2)	<input type="checkbox"/>	Accrual	(3)	<input type="checkbox"/>	Other (specify)
---	--------------------	-----	-------------------------------------	------	-----	--------------------------	---------	-----	--------------------------	-----------------

**G** Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . . . . ☒ Yes ☐ No

**H** If you started or acquired this business during 2023, check here . . . . . ☐

**I** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . ☐ Yes ☒ No

**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☒ No

Part I	Income
--------	--------

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	<input type="checkbox"/>	1	18,940
2	Returns and allowances . . . . .		2	
3	Subtract line 2 from line 1 . . . . .		3	18,940
4	Cost of goods sold (from line 42) . . . . .		4	
5	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		5	18,940
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		6	
7	<b>Gross income.</b> Add lines 5 and 6 . . . . .		7	18,940

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

8	Advertising . . . . .	8		18	Office expense (see instructions) . . . . .	18	
9	Car and truck expenses (see instructions) . . . . .	9		19	Pension and profit-sharing plans . . . . .	19	
10	Commissions and fees . . . . .	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions) . . . . .	11		a	Vehicles, machinery, and equipment . . . . .	20b	
12	Depletion . . . . .	12		b	Other business property . . . . .	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13		21	Repairs and maintenance . . . . .	22	
14	Employee benefit programs (other than on line 19) . . . . .	14		22	Supplies (not included in Part III) . . . . .	23	
15	Insurance (other than health) . . . . .	15		23	Taxes and licenses . . . . .	24	
16	Interest (see instructions):			24	Travel and meals:	24a	
a	Mortgage (paid to banks, etc.) . . . . .	16a		a	Travel . . . . .	24b	
b	Other . . . . .	16b		b	Deductible meals (see instructions) . . . . .	25	
17	Legal and professional services . . . . .	17		25	Utilities . . . . .	26	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b . . . . .			26	Wages (less employment credits) . . . . .	27a	
29	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			27a	Other expenses (from line 48) . . . . .		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .			b	Energy efficient commercial bldgs deduction (attach Form 7205) . . . . .	27b	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.					28	0
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					29	18,940
						30	
						31	18,940
						32a	<input type="checkbox"/> All investment is at risk.
						32b	<input type="checkbox"/> Some investment is not at risk.

**For Paperwork Reduction Act Notice, see the separate instructions.**

Schedule C (Form 1040) 2023

HTA

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

ALEJANDRO PUGLIA

Your social security number

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

	(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
<b>A</b>	PANAMERICAN GROUP LLC	P	<input type="checkbox"/>	85-1564416	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**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 from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
<b>A</b>			90,483		
<b>B</b>					
<b>C</b>					
<b>D</b>					
<b>29a Totals</b>					
<b>b Totals</b>			90,483		
<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 . . . . .				<b>31</b> ( 90,483 )
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. . . . .				<b>32</b> -90,483

**Part III Income or Loss From Estates and Trusts**

	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</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
<b>A</b>				
<b>B</b>				
<b>34a Totals</b>				
<b>b Totals</b>				
<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>	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36. . . . .			<b>37</b> 0

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

	(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
<b>38</b>					
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below . . . . .				<b>39</b> 0

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . . . . .	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 . . . . .	<b>41</b>	-90,483
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> 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 AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions . . . . .	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> 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 . . . . .	<b>43</b>	

Form **8995****Qualified Business Income Deduction  
Simplified Computation**

OMB No. 1545-2294

**2023**Department 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.Attachment  
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

ALEJANDRO PUGLIA

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 \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	PANAMERICAN GROUP	85-1564416	18,940
<b>ii</b>	PANAMERICAN GROUP LLC	85-1564416	-90,483
<b>iii</b>			
<b>iv</b>			
<b>v</b>			

  

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . . .	<b>2</b>	-71,543	
<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>	101,918	
<b>12</b>	Enter your net capital gain, if any, increased by any qualified dividends (see instructions) . . . . .	<b>12</b>	0	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	101,918	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20) . . . . .	<b>14</b>		20,384
<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>	( 71,543 )	
<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 )	

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

Form **8995** (2023)

HTA

## Electronic Filing Information (4868)

### Signature Method (Note: When filing status is 'MFJ,' both filers must use PINs.)

- ☒ Practitioner PIN. Use only Section (A) below.
- ☐ Self-Select PIN. Use Sections (A) and (B) below.

### PIN Information (Enter information below and then confirm the information on the 'PIN' tab)

(A) Practitioner and Self-Select PIN			
	PIN (5 Digits)	T/S entered	ERO entered
Taxpayer PIN:	14876	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spouse PIN		<input type="checkbox"/>	<input type="checkbox"/>
Date Signed	4/4/2024		
ERO PIN	88662		

(B) Self-Select PIN Only:		
Prior Year PIN	Prior Year AGI	Date of Birth

[Click here for Knowledge Base Article information about Prior Year AGI.](#)

If efilng Form 4868 and the ERO entered taxpayer or spouse PIN(s), fill out Form 8878.

### EFIN

Enter your 6-digit EFIN number. Note: You must enter the EFIN through the Preparer Manager.

EFIN: 656078

### Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgment is received and the e-File is recreated.

Submission ID: 6560782024171nopygb9

**Tax Year 2023 Jurat/Disclosure - Code I Text**  
**Form 4868 using Practitioner PIN Method**  
**(with Electronic Funds Withdrawal). Form 8878 is required.**

### Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send this form to IRS and to receive the following information from IRS: (a) Acknowledgment of receipt or reason for rejection of transmission, and (b) If delayed, reason for any delay in processing.

### Electronic Funds Withdrawal Consent

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 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 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 am signing this Electronic Funds Withdrawal Consent by entering my PIN below**

Taxpayer's PIN: 14876

Date (all numeric): 04/04/2024

Spouse's PIN: \_\_\_\_\_

Date (all numeric): \_\_\_\_\_

**Line 1 (1040) - Wages, Salaries, Tips, etc.****W-2 Wages, Salaries, Tips, etc.**

	Filer	Spouse
Wages (W-2) . . . . .	187,311	0
Statutory wages (Sch C, 1040) . . . . .	0	0
Wages less statutory wages . . . . .	187,311	0
<b>1a</b> Total amount from Form(s) W-2 . . . . .	<b>1a</b>	187,311

**Non W-2 Wages, Salaries, Tips, etc.**

<b>1b</b> Wages received as a household employee . . . . .	<b>1b</b>	
<b>1c</b> Taxable tips (4137) . . . . .	<b>1c</b>	0
<b>1d</b> Medicaid waiver payments . . . . .	<b>1d</b>	
<b>1e</b> Taxable dependent care benefits (2441) . . . . .	<b>1e</b>	0
<b>1f</b> Employer-provided adoption benefits (8839) . . . . .	<b>1f</b>	0
<b>1g</b> Wages (8919) . . . . .	<b>1g</b>	0
<b>1h</b> Other earned income:		
Foreign employer compensation . . . . .	0	0
Nonemployee compensation (1099-NEC) . . . . .	0	0
Disability or deferrals (1099-R) . . . . .	0	0
Excess reimbursement (2106) . . . . .	0	0
Excess reimbursement (3903) . . . . .	0	0
Excess salary deferrals (Different limits may apply. See instructions) . . . . .		
Clergy excess allowance . . . . .	0	0
<b>1h</b> Total other earned income . . . . .	<b>1h</b>	0
Total non W-2 amount for filer and spouse . . . . .	0	0
Total non W-2 amount . . . . .		0

**Total Wages, Salaries, Tips, etc.**

Total W-2 amount and non W-2 amount for filer and spouse . . . . .	187,311	0
Less exclusion of prior year adoption benefits (8839) * . . . . .	0	0
Less retired on disability public service officers (PSO) excluded insurance premiums ** . . . . .	0	0
Total . . . . .		187,311

\* This amount will be subtracted from line 1f on this worksheet. The result will then be reported on line 1f of Form 1040.

\*\* This amount will be subtracted from line 1h on this worksheet. The result will then be reported on line 1h of Form 1040.

**Line 1 (Sch C (1040)) - Gross Receipts or Sales**

<b>1</b>	Gross receipts or sales NOT reported on 1099-MISC (non statutory employee income)		
		18,940	
	Total . . . . .	<b>1</b>	18,940
<b>2</b>	Miscellaneous income from Form 1099-MISC (Complete Form 1099-MISC input worksheet)		
	Total . . . . .	<b>2</b>	0
<b>3</b>	Nonemployee compensation from Form 1099-NEC (Complete Form 1099-NEC input worksheet)		
	Total . . . . .	<b>3</b>	0
<b>4</b>	Gross amount of payment card/third party network transactions from Form 1099-K (Complete Form 1099-K input worksheet)		
	Total . . . . .	<b>4</b>	0
<b>5</b>	Statutory employee income from Form W-2 (Complete Form W-2 input worksheet)		
	Total . . . . .	<b>5</b>	0
<b>6</b>	Professional gambler winnings from Form W2-G (Complete Form W2-G input worksheet)		
	Total . . . . .	<b>6</b>	0
<b>7</b>	Gross profit on collected amounts from Installment sale of certain residential lots and timeshares . . . . .	<b>7</b>	0
<b>8</b>	Total . . . . .	<b>8</b>	18,940

**Line 1 (Sch SE (1040)) - Net Farm Profit or (Loss) Worksheet**

<b>1</b>	From Schedule F (Form 1040) - Profit or Loss From Farming . . . . .	<b>1</b>	0
<b>2</b>	From K-1 Input Worksheet (1065) - Self-employment farm income . . . . .	<b>2</b>	-90,483
<b>3</b>	LESS from K-1 Input Worksheet (1065) - Sec. 179 expense deduction . . . . .	<b>3</b>	0
<b>4</b>	LESS from K-1 Input Worksheet (1065) - Unreimbursed partnership expenses . . . . .	<b>4</b>	0
<b>5</b>		<b>5</b>	
<b>6</b>		<b>6</b>	
<b>7</b>		<b>7</b>	
<b>8</b>		<b>8</b>	
<b>9</b>		<b>9</b>	
<b>10</b>		<b>10</b>	
<b>11</b>	Total for net farm profit or (loss) enter this amount on line 1a of Sch SE . . . . .	<b>11</b>	-90,483
<b>12</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ. Enter this amount on line 1b of Sch SE . . . . .	<b>12</b>	

**Line 2 (Sch SE (1040)) - Net Business Profit or (Loss) Worksheet**

<b>1a</b>	From Schedule C (Form 1040) - Profit or Loss From Business . . . . .	<b>1a</b>	<u>18,940</u>
<b>1b</b>	From Clergy Worksheet 3 . . . . .	<b>1b</b>	<u>0</u>
<b>1c</b>	Amount from line 1a or 1b whichever is applicable . . . . .	<b>1c</b>	<u>18,940</u>
<b>2</b>	From 1099 NEC Input Worksheet - Self-employment income reported as other income . . . . .	<b>2</b>	<u>0</u>
<b>3</b>	From K-1 Input Worksheet (1065) - Self-employment nonfarm income . . . . .	<b>3</b>	<u>0</u>
<b>4</b>	LESS from K-1 Input Worksheet (1065) - Sec. 179 expense deduction . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	LESS from K-1 Input Worksheet (1065) - Unreimbursed partnership expenses . . . . .	<b>5</b>	<u>0</u>
<b>6</b>	_____	<b>6</b>	_____
<b>7</b>	_____	<b>7</b>	_____
<b>8</b>	_____	<b>8</b>	_____
<b>9</b>	_____	<b>9</b>	_____
<b>10</b>	_____	<b>10</b>	_____
<b>11</b>	_____	<b>11</b>	_____
<b>12</b>	Total for net business profit or (loss) . . . . .	<b>12</b>	<u>18,940</u>

**W-2 Summary by Payers (W2 (1040))**

Payers		F/S	1 Fed Wage	2 Fed Tax	3 SS Wage	4 SS Tax	5 Med Wage	6 Med Tax	7 SS Tips	8 Alloc Tips	10 Dep Care	11 Dist Plan
1	ERNST & YOUNG US LLP	F	187,311	38,296	160,200	9,932	193,095	2,800	0	0	0	0
Total this page . . . . .			187,311	38,296	160,200	9,932	193,095	2,800	0	0	0	0
Payers		F/S	St 1	16a St Wage	17a State Tax	18a Local Wage	19a Local Tax	St 2	16b St Wage	17b State Tax	18b Local Wage	19b Local Tax
1	ERNST & YOUNG US LLP	F	NY	187,311	1,006	187,312	7,434	NJ	189,241	10,686	0	0
Total this page . . . . .				187,311	1,006	187,312	7,434		189,241	10,686	0	0



**Department of  
Taxation and Finance**

Office of Processing and Taxpayer Services  
W A Harriman Campus, Albany NY 12227-0865

## **New York State requires this income tax return to be filed electronically.**

### **Attention tax return preparer:**

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

## **Preparers who file paper returns are subject to penalties.**

### **Avoid penalties and e-file this return.**

### **Attention taxpayer:**

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

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

### **Questions?**

Visit our website for more information about New York's e-file mandate.



# Instructions for Form IT-201-V

## Payment Voucher for Income Tax Returns

**IT-201-V**

(12/23)

**Did you know?** You can pay personal income tax owed with your return through your Individual Online Services account, no matter how you file your return. You can pay—or schedule a payment for—any day up to and including the due date. To learn about your payment options, visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *pay*).

### When to use this form

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

### Caution

Do **not** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax. For more information, visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *pay a bill*).

If you received a bill from us for the amount you owe with your return **and** want to request an installment payment agreement (IPA), visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *IPA*); do **not** use Form IT-201-V.

### How to fill out your check or money order

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

### Completing the voucher

You must complete **all** information on the voucher to be sure your payment is credited to your account.

1. Enter the tax year from the income tax return you are filing and your **entire** SSN. If you do not enter this information completely and accurately, your payment may not be properly credited to your account.

2. If you are filing a joint return, include information for both spouses.
3. If you are entering a foreign address:
  - a. Enter the city, province, or state all in the *City, village, or post office* box,
  - b. Enter the **full** country name in the *Country* box. Do **not** abbreviate.
  - c. Enter the postal code, if any, in the *ZIP* code box
4. Do not staple or clip your payment to Form IT-201-V. Place it loose in the envelope.

### Mailing address

#### E-filed and previously filed returns

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

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

### Paper returns

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

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

If you are not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*

Cut here

**STOP:** Pay this electronically on our website.

Department of Taxation and Finance

## Payment Voucher for Income Tax Returns

**IT-201-V**

(12/23)

Tax year (yyyy)  
2023

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

Your first name and middle initial ALEJANDRO		Your last name (for a joint return, enter spouse's name on line below) PUGLIA		Your full SSN 697814876	
Spouse's first name and middle initial		Spouse's last name		Spouse's full SSN (only if filing a joint return)	
Mailing address 325 LEXINGTON AVE			Apartment number 6C		Country
City, village or post office NEW YORK		State NY	ZIP code 10016		
040001231833		Email: APUGLIAC@GMAIL.COM			

Payment  
amount

Dollars

Cents

. 00



For office use only

0401231833 697814876 7



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, 2023, through December 31, 2023, or fiscal year beginning .....

**23**

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 AVE			6C	NEW YORK
City, village, or post office		State	ZIP code	School district name
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)
		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 2023 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** (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? Yes ☐ No ☒(2) Number of months **you** lived in Yonkers in 2023 ..... (3) Number of months **your spouse** lived in Yonkers in 2023 .....   
If No:(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? ..... Yes ☒ No ☐(2) Enter the number of days spent in NYC in 2023  
(any part of a day spent in NYC is considered a day).....  365**F NYC residents and NYC part-year residents only:**  
(1) Number of months **you** lived in NYC in 2023 .....  11(2) Number of months **your spouse** lived in NYC in 2023 ... **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. ☐

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Your Social Security number
697814876

**Federal income and adjustments**

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	187311.00
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	18940.00
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 <b>X</b> in the box..... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box .... <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	-90483.00
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	115768.00
18	Total federal adjustments to income Identify: .....	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	115768.00

**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	<b>New York's</b> 529 college savings program distributions .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	115768.00

**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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	115768.00

**Standard deduction or itemized deduction**

34	Enter your <b>standard deduction</b> or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> -or- <input type="checkbox"/> <b>Itemized</b>	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	107768.00
36	Dependent exemptions (enter the number of dependents listed in item H) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	107768.00

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Name(s) as shown on page 1  
ALEJANDRO PUGLIA

Your Social Security number  
697814876

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

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2) .....	<b>38</b>	107768.00
<b>39</b>	NYS tax on line 38 amount .....	<b>39</b>	5990.00
<b>40</b>	NYS household credit .....	<b>40</b>	.00
<b>41</b>	Resident credit .....	<b>41</b>	.00
<b>42</b>	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	<b>42</b>	.00
<b>43</b>	Add lines 40, 41, and 42 .....	<b>43</b>	.00
<b>44</b>	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	5990.00
<b>45</b>	Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45) .....	<b>46</b>	5990.00

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

<b>47</b>	NYC taxable income .....	<b>47</b>	107768.00
<b>47a</b>	NYC resident tax on line 47 amount .....	<b>47a</b>	.00
<b>48</b>	NYC household credit .....	<b>48</b>	.00
<b>49</b>	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	.00
<b>50</b>	Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	3318.00
<b>51</b>	Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b>	Add lines 49, 50, and 51 .....	<b>52</b>	3318.00
<b>53</b>	NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b>	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	3318.00
<b>54a</b>	MCTMT net earnings base for Zone 1 <b>54a</b> .....		.00
<b>54b</b>	MCTMT net earnings base for Zone 2 <b>54b</b> .....		.00
<b>54c</b>	MCTMT for Zone 1 .....	<b>54c</b>	.00
<b>54d</b>	MCTMT for Zone 2 .....	<b>54d</b>	.00
<b>54e</b>	Total MCTMT (add lines 54c and 54d) .....	<b>54e</b>	.00
<b>55</b>	Yonkers resident income tax surcharge .....	<b>55</b>	.00
<b>56</b>	Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b>	Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54e through 57) ..	<b>58</b>	3318.00
<b>59</b>	<b>Sales or use tax</b> (do not leave blank) .....	<b>59</b>	0.00
<b>60</b>	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1) .....	<b>60</b>	.00
<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60) .....	<b>61</b>	9308.00

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

See instructions to compute the MCTMT for each zone.

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Your Social Security number

697814876

62 Enter amount from line 61

62

9308.00

**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	57.00
69a NYC school tax credit (rate reduction amount)	69a	196.00
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 <b>New York State</b> tax withheld	72	1006.00
73 Total <b>New York City</b> tax withheld	73	7434.00
74 Total <b>Yonkers</b> tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments <i>(add lines 63 through 75)</i>	76	8693.00



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

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

**Your refund, amount you owe, and account information**

77 Amount overpaid <i>(if line 76 is more than line 62, subtract line 62 from line 76)</i>	77	.00
78 Amount of line 77 available for refund <i>(subtract line 79 from line 77)</i>	78	.00
<b>TIP:</b> Use this amount to check your refund status online.		
78a Amount of line 78 that you want to deposit into a NYS 529 account <i>(Form IT-195, line 4) (also submit Form IT-195)</i>	78a	.00
78b Total refund after NYS 529 account deposit <i>(subtract line 78a from line 78)</i>	78b	.00

Mark one refund choice: ☐ direct deposit to checking or savings account *(fill in line 83)* -or- ☐ paper check

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

**See instructions for payment options.**

79 Amount of line 77 that you want applied to your 2024 estimated tax <i>(see instructions)</i>	79	.00
80 Amount you <b>owe</b> <i>(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 [X] 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</i>	80	615.00
81 Estimated tax penalty <i>(include this amount in line 80 or reduce the overpayment on line 77)</i>	81	.00
82 Other penalties and interest	82	.00
83 Account information for direct deposit or electronic funds withdrawal.		

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

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 063100277

83c Account number 898085289320

84 Electronic funds withdrawal Date 07162024 Amount 615.00

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

<b>▼ Paid preparer must complete ▼</b> <i>(see instructions)</i>		Preparer's NYTPRN	NYTPRN excl. code	09
Preparer's signature		Preparer's printed name LUIS R SMITH		
Firm's name <i>(or yours, if self-employed)</i> TAXES USA		Preparer's PTIN or SSN P00879520		
Address 11402 NW 41ST STREET SUITE 211 DORAL FL 33178		Employer identification number 203323545		
Email: INFO@TAXESUSAMIAMI.COM		Date 06192025		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation CONSULTING OPERATOR	
Spouse's signature and occupation <i>(if joint return)</i>	
Date	Daytime phone number 2035085834
Email: apugliac@gmail.com	

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See instructions for where to mail your return.



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Department of Taxation and Finance

# Change of City Resident Status

New York City • Yonkers

# IT-360.1

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

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

**Change of city resident status** – If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I).

For income tax purposes, New York City includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island.

Mark an **X** in only **one** box (A) ☒ **New York City change of residence** – Complete Parts 1, 2, 3, and 4.

(B) ☐ **Yonkers change of residence** – Complete Parts 1 and 5.

(C) ☐ **New York City and Yonkers change of residence** – Complete the entire form.

Part 1 – New York adjusted gross income (see instructions)		Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc .....	1	187311.00	187312.00	.00
2 Taxable interest income .....	2	.00	.00	.00
3 Ordinary dividends .....	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes .....	4	.00	.00	.00
5 Alimony received .....	5	.00	.00	.00
6 Business income or loss (submit copy of federal Schedule C, Form 1040) .....	6	18940.00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040) .....	7	.00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797) .....	8	.00	.00	.00
9 Taxable amount of IRA distributions .....	9	.00	.00	.00
10 Taxable amount of pensions and annuities .....	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	-90483.00	-90483.00	.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040) .....	12	.00	.00	.00
13 Unemployment compensation .....	13	.00	.00	.00
14 Taxable amount of Social Security benefits .....	14	.00	.00	.00
15 Other income .....				
Identify:	15	.00	.00	.00
16 Total (add lines 1 through 15) .....	16	115768.00	96829.00	.00
17 Total federal adjustments to income .....				
Identify:	17	.00	.00	.00
18 Federal adjusted gross income (subtract line 17 from line 16) .....	18	115768.00	96829.00	.00
19 New York modifications (submit schedule) .....	19	.00	.00	.00
20 New York adjusted gross income (line 18 and add or subtract line 19) .....	20	115768.00	96829.00	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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<b>Part 2 – Itemized deductions for New York City</b> (see instructions) If you are claiming the standard deduction, do not complete Part 2.		<b>Column A</b> Itemized deductions (see instructions)	<b>Column B</b> Amount of Column A for New York City resident period
21	Medical and dental expenses .....	21	.00
22	Taxes you paid .....	22	19126.00
23	Interest you paid .....	23	.00
24	Gifts to charity .....	24	.00
25	Casualty and theft losses .....	25	.00
26	Job expenses and certain miscellaneous deductions .....	26	.00
27	Other itemized deductions .....	27	.00
28	Add lines 21 through 27 .....	28	19126.00
29	Reduction for itemized deduction limitation (see instructions) .....	29	.00
30	Total itemized deductions (subtract line 29 from line 28) .....	30	19126.00
31	State, local, and foreign <b>income</b> taxes (or general sales tax, if applicable) and other subtraction adjustments .....	31	.00
32	Subtract line 31 from line 30 .....	32	.00
33	Addition adjustments and college tuition itemized deduction (see instructions) .....	33	.00
34	Add lines 32 and 33 .....	34	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions; all others enter 0 on line 35) .....	35	0.00
36	<b>Itemized deduction</b> (subtract line 35 from line 34, enter here and on line 44) .....	36	.00

**Part 3 – Dependent exemptions** (see instructions)

37 Enter the period you were a New York City **resident** during 2023; use a two-digit number to represent the month and day  
(see instructions)  
From: month  day  To: month  day   
(mm) (dd) (mm) (dd)

38 This line intentionally left blank

39	Enter the number of full months in the New York City resident period .....	39	12
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions) .....	40	1000.00
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35 .....	41	
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46) .....	42	.00

**Part 4 – Part-year New York City resident tax** (see instructions)

43	New York City adjusted gross income (see instructions) .....	43	96829.00
44	Resident period standard deduction (see instructions) <b>or</b> resident period itemized deduction (from line 36) .....	44	8000.00
45	Subtract line 44 from line 43 .....	45	88829.00
46	Dependent exemption amount (from line 42) .....	46	.00
47	<b>New York City taxable income</b> (subtract line 46 from line 45) .....	47	88829.00
48	New York City tax on line 47 amount (see instructions) .....	48	3318.00
49	Total New York City household credit and accumulation distribution credit (see instructions) .....	49	.00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0) .....	50	3318.00
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230) .....	51	.00
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230) .....	52	.00
53	Add lines 50, 51, and 52 .....	53	3318.00
54	Credit for part-year New York City unincorporated business tax paid (see instructions) .....	54	.00
55	<b>Part-year New York City resident tax</b> (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0) .....	55	3318.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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**Part 5 – Part-year Yonkers resident income tax surcharge** (see instructions)

	Full-year NYS resident	Part-year NYS resident
<b>56</b> Total New York State taxes (Form IT-201, line 46) .....	<b>56</b> .00	
<b>57</b> Empire State child credit (Form IT-201, line 63) .....	<b>57</b> .00	
<b>58</b> NYS child and dependent care credit (Form IT-216, line 14) .....	<b>58</b> .00	
<b>59</b> Earned income credit (Form IT-201, line 65) .....	<b>59</b> .00	
<b>60</b> Noncustodial parent New York State earned income credit (Form IT-201, line 66) .....	<b>60</b> .00	
<b>61</b> Real property tax credit (Form IT-201, line 67) .....	<b>61</b> .00	
<b>61a</b> New York City school tax credit (Form IT-201, lines 69 and 69a) ....	<b>61a</b> .00	
<b>62</b> College tuition credit (Form IT-201, line 68) .....	<b>62</b> .00	
<b>62a</b> This line intentionally left blank .....	<b>62a</b>	
<b>63</b> Amount from Form IT-201-ATT, line 13 .....	<b>63</b> .00	
<b>64</b> Add lines 57 through 63 .....	<b>64</b> .00	
<b>65</b> Subtract line <b>64</b> from line <b>56</b> (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57) .....	<b>65</b> .00	
<b>66</b> Base tax (Form IT-203, line 44) .....	<b>66</b>	.00
<b>67</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) ...	<b>67</b>	.00
<b>68</b> Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0)	<b>68</b>	.00
<b>69</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>69</b>	.00
<b>70</b> Add lines 68 and 69 .....	<b>70</b>	.00
<b>71</b> Total of amounts from Form IT-203-ATT, lines 9, 10, and 12 .....	<b>71</b>	.00
<b>71a</b> This line intentionally left blank .....	<b>71a</b>	
<b>71b</b> New York City school tax credit (Form IT-203, lines 60 and 60a) ....	<b>71b</b>	.00
<b>71c</b> Add lines 71, and 71b .....	<b>71c</b>	.00
<b>72</b> Subtract line <b>71c</b> from line <b>70</b> (if line 71c is more than line 70, enter 0)	<b>72</b>	.00
<b>73</b> Income percentage (see worksheet in the instructions) .....	<b>73</b>	
<b>74</b> Multiply line <b>65</b> by line <b>73</b> . This is the net state tax for full-year state residents .....	<b>74</b> .00	
<b>75</b> Multiply line 72 by line 73. This is the net state tax for part-year state residents .....	<b>75</b>	.00
<b>76</b> Yonkers resident tax rate .....	<b>76</b> .1675	

**77 Part-year Yonkers resident income tax surcharge**

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.)

**77** .00

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

If you received wages or net earnings from self-employment from Yonkers sources during your nonresident period, see Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I.

NO HANDWRITTEN ENTRIES ON THIS FORM

360003231833



Cut on the dotted line before filing this form.

▼ Detach (cut) here ▼ Do not submit with your return.



Department of Taxation and Finance

# Application for Automatic Six-Month Extension of Time to File for Individuals **IT-370**

**Paid preparer?** Mark an **X** in the box and complete page 2 ☒

Enter your 2-character special condition code

if applicable (see instructions) ..... •

Mark an **X** in the box for each tax that you are subject to:

NYS tax ☐ NYC tax ☐ Yonkers tax ☐ MCTMT ☐

Your full Social Security number (SSN) 697814876		Spouse's full SSN (only if filing a joint return)	
Your first name and middle initial ALEJANDRO		Your last name PUGLIA	
Spouse's first name and middle initial		Spouse's last name	
Mailing address (number and street or PO Box) 325 LEXINGTON AVE		Apartment number 6C	
City, village, or post office (see instructions) NEW YORK		State NY	ZIP code 10016
Email: APUGLIAC@GMAIL.COM			

1 Sales and use tax .....  Dollars  Cents

2 Total payment .....  Dollars  Cents

3701231833 697814876 7



▼ Detach (cut) here ▼

Do not submit with your return.

IT-370 (2023) (Page 2)

ALEJANDRO PUGLIA

697814876

**Payment options** – Full payment must be made by check or money order of any balance due with this automatic extension of time to file. Make the check or money order payable in U.S. funds to **New York State Income Tax** and write the last four digits of your Social Security number and **2023 Income Tax** on it. For online payment options, see our website (at [www.tax.ny.gov](http://www.tax.ny.gov)).

**Paid preparers** – Under the law, all paid preparers must sign and complete the paid preparer section of the form. Paid preparers may be subject to civil and/or criminal sanctions if they fail to complete this section in full.

When completing this section, enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. If you are not required to have a NYTPRIN, enter in the *NYTPRIN excl. code* box one of the specified 2-digit codes listed below that indicates why you are exempt from the registration requirement. You **must** enter a NYTPRIN **or** an exclusion code. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your Social Security number.

Code	Exemption type	Code	Exemption type
01	Attorney	02	Employee of attorney
03	CPA	04	Employee of CPA
05	PA (Public Accountant)	06	Employee of PA
07	Enrolled agent	08	Employee of enrolled agent
09	Volunteer tax preparer	10	Employee of business preparing that business' return

See our website for more information about the tax preparer registration requirements.

▼ Paid preparer must complete (see instructions) ▼		Date: 06192025
Preparer's signature		▶ Preparer's NYTPRIN
Firm's name (or yours, if self-employed) TAXES USA		▼ Preparer's PTIN or SSN P00879520
Address 11402 NW 41ST STREET SUITE 211 DORAL FL 33178		● Employer identification number 203323545
Email: INFO@TAXESUSAMIAMI.COM		NYTPRIN excl. code 09

3702231833 697814876 7





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 c Employer's information

**Employer's name**

ERNST YOUNG US LLP

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

200 PLAZA DR STE 4444

**City**

SECAUCUS

**State**

NJ

**ZIP code**

07094

**Country**

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

187311.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

5784.00

**Code**

D

**Box 12b** Amount

5784.00

**Code**

DD

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

94.00

**Description**

NOT ON LIST

**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.

187311.00

**Box 17a** NYS income tax withheld

1006.00

**Other state information:**

**Box 15b**  
other state

NJ

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

189241.00

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

10686.00

**NYC and Yonkers**

information (see instr.):

**Box 18** Local wages, tips, etc.

Locality a

187312.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

7434.00

Locality b

.00

**Box 20** Locality name

Locality a

NYC

Locality b

Do not detach.

## W-2 Record 2

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

**Box b** Employer identification number (EIN)

### Box c Employer's information

**Employer's name**

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

**City**

**State**

**ZIP code**

**Country**

**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.):

**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

102001231833



NO HANDWRITTEN ENTRIES ON THIS FORM

**Line 41 (NY IT-196) - Subtraction Adjustments**

<b>A</b>	State and local income taxes (or general sales tax, if applicable) and any foreign income taxes . . . . .	<b>A</b>	19,126
		From K-1 Wkst	0
<b>1</b>	Total taxes and other subtraction adjustments. . . . .		19,126

## Line 39 (NY IT-201) - NYS Tax Computation

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Worksheets 7 through 11 are used for taxpayers with filing statuses of single and married filing separately.

Use Worksheet 7 if New York AGI is more than \$107,650, but not more than \$25,000,000,  
and taxable income is \$215,400 or less.

### Worksheet 7

1	Enter your New York adjusted gross income from Form IT-201 . . . . .	1	115,768
2	Enter your taxable income from Form IT-201 . . . . .	2	107,768
3	Multiply line 2 by 6% (Stop: If the line 1 amount is \$157,650 or more, skip lines 4 through 8 and enter the line 3 amount on line 9) . . . . .	3	6,466
4	Enter your NYS tax on the line 2 amount from the NYS tax rate schedule (see instructions) . . . . .	4	5,898
5	Subtract line 4 from line 3 . . . . .	5	568
6	Enter the excess of line 1 over \$107,650 . . . . .	6	8,118
7	Divide line 6 by \$50,000 and round the result to the fourth decimal place . . . . .	7	.1624
8	Multiply line 5 by line 7 . . . . .	8	92
9	Add Lines 4 and 8. Enter here and on Form IT-201 . . . . .	9	5,990

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