

# 2023 Tax Return

prepared by,

**TaxSlayer.com**

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## IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name

<b>Social security number</b>
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TRINITY G CARPENTER

682-05-6332

Spouse's name

Spouse's social security number

<b>Part I</b>	<b>Tax Return Information – Tax Year Ending December 31, 2023</b>	(Enter year you are authorizing.)
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Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income . . . . .	1	41124
2	Total tax . . . . .	2	1450
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	3071
4	Amount you want refunded to you . . . . .	4	1621
5	Amount you owe . . . . .	5	

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

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

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

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

Your signature ► Date ►

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

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

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

Spouse's signature ► Date ►

**Practitioner PIN Method Returns Only—continue below**

### Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**Don't enter all zeros**

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

ERO's signature ► TAXSLAYER

Date ► 04/15/2025

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____		See separate instructions.
Your first name and middle initial <b>TRINITY G</b>	Last name <b>CARPENTER</b>	Your social security number <b>682-05-6332</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>565 HIGHLAND AVE</b>		Apt. no. <b>4</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>ROCHESTER</b>		State <b>NY</b>
Foreign country name		ZIP code <b>14620</b>
Foreign province/state/county		Foreign postal code
		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

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

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

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

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

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

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b> 41124
<b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b> If you did not get a Form W-2, see instructions.	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>	
	<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b> 41124
	<b>Attach Sch. B if required.</b>  <b>Standard Deduction for—</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$13,850</li><li>• Married filing jointly or Qualifying surviving spouse, \$27,700</li><li>• Head of household, \$20,800</li><li>• If you checked any box under Standard Deduction, see instructions.</li></ul>	<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>
<b>3a</b> Qualified dividends . . . . . <b>3a</b>		<b>b</b> Ordinary dividends . . . . . <b>3b</b>
<b>4a</b> IRA distributions . . . . . <b>4a</b>		<b>b</b> Taxable amount . . . . . <b>4b</b>
<b>5a</b> Pensions and annuities . . . . . <b>5a</b>		<b>b</b> Taxable amount . . . . . <b>5b</b>
<b>6a</b> Social security benefits . . . . . <b>6a</b>		<b>b</b> Taxable amount . . . . . <b>6b</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>		
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>		<b>7</b>
<b>8</b> Additional income from Schedule 1, line 10 . . . . .		<b>8</b>
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .		<b>9</b> 41124
<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .		<b>11</b> 41124
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b> 13850
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>
<b>14</b> Add lines 12 and 13 . . . . .		<b>14</b> 13850
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .		<b>15</b> 27274

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	3053
	<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>	
	<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	3053
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812 . . . . .	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8 . . . . .	<b>20</b>	1603
	<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	1603
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	1450
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	<b>23</b>	0
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . .	<b>24</b>	1450	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>	3071
	<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>	
	<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>	3071
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return . . . . .	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) . . . . .	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812 . . . . .	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>29</b>	
	<b>30</b>	Reserved for future use . . . . .	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15 . . . . .	<b>31</b>		
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . .	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	<b>33</b>	3071	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	1621
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>35a</b>	1621
	<b>b</b>	Routing number 0 2 2 0 0 0 0 4 6 . . . . . <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 9 8 8 9 2 3 1 7 0 1 . . . . .		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . .	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	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 . . . . .	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN) <input type="text"/>

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Phone no. ( 252 ) 218-1419	Email address AQUAARROW82@GMAIL.COM		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Phone no.			
	Firm's address	Firm's EIN			

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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. **03**

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

TRINITY CARPENTER

Your social security number

682-05-6332

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	1603
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	1603

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>	
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>	
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .	<b>15</b>	

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Your social security number

682-05-6332

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	.
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . . . .	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	8014
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	8014
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	1603
<b>13</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .	<b>13</b>	90000
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .	<b>14</b>	41124
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	48876
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .	<b>16</b>	10000
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . . . • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . . . .	<b>18</b>	1603
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	1603

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

QNA

Name(s) shown on return

TRINITY CARPENTER

Your social security number

682-05-6332



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return)  TRINITY CARPENTER	<b>21</b> Student social security number (as shown on page 1 of your tax return)  682-05-6332
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution MONROE COMMUNITY COLLEGE  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  1000 EAST HENRIETTA ROAD ROCHESTER NY 14623  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.  1 6 - 0 8 4 9 5 9 0	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.    <b>(2)</b> Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.  - - - - -
<b>23</b> Has the American opportunity credit been claimed for this student for any 4 prior tax years? <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student.</span> <span><input type="checkbox"/> No — Go to line 24.</span> </div>	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes — Go to line 25.</span> <span><input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</span> </div>	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2023? See instructions. <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student.</span> <span><input type="checkbox"/> No — Go to line 26.</span> </div>	
<b>26</b> Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance? <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student.</span> <span><input type="checkbox"/> No — Complete lines 27 through 30 for this student.</span> </div>	



**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	8014
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## Line 14

Generally, your MAGI is the amount on your Form 1040 or 1040-SR, line 11. However, if you're filing Form 2555, or Form 4563, or are excluding income from Puerto Rico, you must include on line 14 the amount of income you excluded. For details, see Pub. 970.

## Line 18

Enter the amount from line 18 on the Credit Limit Worksheet, line 1, later.

## Line 19

Enter the amount from line 7 of the Credit Limit Worksheet here and on Schedule 3 (Form 1040), line 3.

Credit Limit Worksheet	
Complete this worksheet to figure the amount to enter on line 19.	
1. Enter the amount from Form 8863, line 18	1. 1603
2. Enter the amount from Form 8863, line 9	2. 3053
3. Add lines 1 and 2	3. 1603
4. Enter the amount from: Form 1040 or 1040-SR, line 18	4. 3053
5. Enter the total of your credits from: Schedule 3 (Form 1040), lines 1, 2, 6d and 6l	5. 3053
6. Subtract line 5 from line 4	6. 3053
7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	7. 1603



*You must complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit before you complete either Part I or Part II. Use additional copies of page 2 as needed for each student.*

## Part III—Student and Educational Institution Information

### Line 20

Enter the student's name as shown on page 1 of your tax return.

### Line 21

Enter the student's social security number (or other TIN, if applicable) as shown on page 1 of your tax return.

### Line 22

If the student attended only one educational institution, enter the information about the institution and answer the questions about Form 1098-T in column (a). If the student attended a second educational institution, enter the information and answers for the second educational institution in column (b). If the student attended more than two educational institutions, attach an additional page 2 completed only through line 22.

If the educational institution has a foreign address, enter the foreign address here and don't abbreviate the country name.

Follow the country's practice for entering the postal code and name of the province, county, or state.

The educational institution's EIN must be provided on line 22(4) if the American opportunity credit is claimed for this student.

### Line 23

If the American opportunity credit has been claimed for this student for any 4 tax years before 2023, the American opportunity credit cannot be claimed for this student for 2023. Check "Yes" and go to line 31.

If the American opportunity credit has been claimed for this student for 3 or fewer prior tax years, check "No." See [Student qualifications](#), earlier.

### Line 24

Check "Yes" if the student enrolled at least half-time for at least one academic period that began or is treated as having begun (see below) in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential. Otherwise, check "No."

If any qualified education expenses for the student were paid in 2023 for an academic period beginning in the first 3 months of 2024, treat that academic period as if it began in 2023. See [Student qualifications](#) and [Prepaid Expenses](#), earlier.

If you checked "Yes," go to line 25. If you checked "No," the student isn't eligible for the American opportunity credit; skip lines 25 through 30 and go to line 31.

### Line 25

Check "Yes" if the student completed the first 4 years of postsecondary education before 2023. Otherwise, check "No."

A student has completed the first 4 years of postsecondary education before 2023 if the educational institution has awarded the student 4 years of academic credit at that institution for postsecondary coursework the student completed before 2023. Disregard any academic credit awarded solely on the basis of the student's performance on proficiency examinations.

If you checked "No," go to line 26. If you checked "Yes," the student isn't eligible for the American opportunity credit; skip lines 26 through 30 and go to line 31.

### Line 26

Check "Yes" if the student was convicted, before the end of 2023, of a federal or state felony for possession or distribution of a controlled substance.

If you checked "No," complete lines 27 through 30 for this student. If you checked "Yes," the student isn't eligible for the American opportunity credit; skip lines 26 through 30 and go to line 31.



*You **cannot** claim the American opportunity credit and the lifetime learning credit for the **same student** in the **same year**. If you complete lines 27 through 30 for this student, don't complete line 31.*

## American Opportunity Credit

### Line 27

Enter the student's adjusted qualified education expenses for line 27. See [Qualified Education Expenses](#), earlier. Use the Adjusted Qualified Education Expenses Worksheet, later, to figure each student's adjusted qualified education expenses.



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**

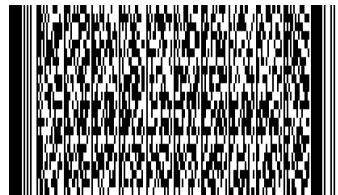
For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
TRINITY	G	CARPENTER	03252004	682056332
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
565 HIGHLAND AVE			4	MONR
City, village, or post office		State	ZIP code	Country
ROCHESTER		NY	14620	
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district name
				BRIGHTON
				School district code number
				063
City, village, or post office		State	ZIP code	Decedent information
		NY		
			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

**A Filing status**(mark an **X** in one box):

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

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

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

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

201001233038



For office use only

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

If No:

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

682056332

**Federal income and adjustments**

Whole dollars only

1	Wages, salaries, tips, etc.	1	41124.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <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	.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	41124.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	41124.00

**New York additions**

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	41124.00

**New York subtractions**

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	41124.00

**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	33124.00
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	33124.00

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Name(s) as shown on page 1  
TRINITY G CARPENTER

Your Social Security number  
682056332

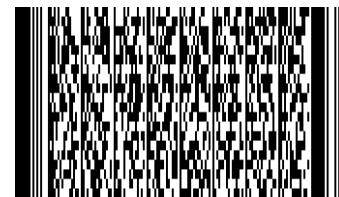
**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2)	<b>38</b>	33124.00
<b>39</b> NYS tax on line 38 amount	<b>39</b>	1657.00
<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>	1657.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30)	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45)	<b>46</b>	1657.00

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

<b>47</b> NYC taxable income	<b>47</b>	.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>	.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>	.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>	.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> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57)	<b>58</b>	.00
<b>59</b> Sales or use tax (do not leave blank)	<b>59</b>	0.00
<b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1)	<b>60</b>	.00
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	<b>61</b>	1657.00

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



See instructions to compute the MCTMT for each zone.



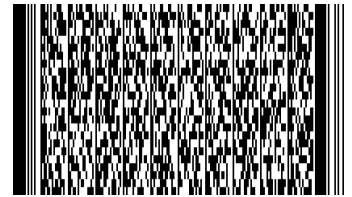
Your Social Security number

682056332

62 Enter amount from line 61 ..... 62 1657.00

**Payments and refundable credits**

63	Empire State child credit .....	63	.00
64	NYS/NYC child and dependent care credit .....	64	.00
65	NYS earned income credit (EIC) .....	65	.00
66	NYS noncustodial parent EIC .....	66	.00
67	Real property tax credit .....	67	.00
68	College tuition credit .....	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1) .....	69	.00
69a	NYC school tax credit (rate reduction amount) .....	69a	.00
70	NYC earned income credit .....	70	.00
70a	This line intentionally left blank .....	70a	
71	Other refundable credits (Form IT-201-ATT, line 18) .....	71	.00
72	Total <b>New York State</b> tax withheld .....	72	1693.00
73	Total <b>New York City</b> tax withheld .....	73	.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 (add lines 63 through 75) .....	76	1693.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return.**Do not send federal Form W-2 with your return.****Your refund, amount you owe, and account information**

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) .....	77	36.00
78	Amount of line 77 available for refund (subtract line 79 from line 77) .....	78	36.00
<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 (Form IT-195, line 4) (also submit Form IT-195) .....	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78) .....	78b	36.00

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 (see instructions) .....	79	.00
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. ....	80	.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77) .....	81	.00
82	Other penalties and interest .....	82	.00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box..... ☐83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings83b Routing number  83c Account number 84 Electronic funds withdrawal ..... Date  Amount  .00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
Email:		Date 04152025	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SERVER/BARTENDER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (252) 218 1419
Email: AQUAARROW82@GMAIL.COM	

201004233038

See instructions for where to mail your return.





Department of Taxation and Finance

# Claim for College Tuition Credit or Itemized Deduction

Full-year New York State residents only  
Tax Law – Section 606(t)

## IT-272

Submit your completed Form IT-272 with Form IT-201.

Your name as shown on return (first name first)	Your Social Security number
TRINITY G CARPENTER	682056332
Spouse's name (first name first)	Spouse's Social Security number

**Note:** If you are married and filing separate New York State returns, you must also enter your spouse's name and Social Security number.

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? ..... **1** Yes ☐ No ☒
- If **Yes, stop**; you do not qualify for the college tuition credit or the college tuition itemized deduction.
  - If **No**, continue with question 2.
- 2 Were you (and your spouse if filing a joint return) a **New York State resident for all of this tax year**? ..... **2** Yes ☒ No ☐
- If **Yes**, continue with Part 1 below.
  - If **No, stop**; you do not qualify for the college tuition credit. However, you may qualify for the college tuition itemized deduction. For more information, see the instructions for Form IT-203.

**Part 1 –** In the spaces provided below, complete A through I for up to three eligible students for whom you paid qualified college tuition expenses. (If you are claiming expenses for more than three eligible students, see instructions.)

Eligible student	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)
1		TRINITY	G	CARPENTER			682056332		03252004

D Is the student claimed as a dependent on your NYS return? (see instructions) ..... Yes ☐ No ☒

E EIN of college or university (see instructions)  
160849590

F Name of college or university (see instructions)  
MONROE COMMUNITY COLLEGE

G Were expenses for **undergraduate** tuition? (see instructions) ..... Yes ☒ No ☐

H Amount of qualified college tuition expenses (see instructions) ..... 7939.00 I Enter the lesser of line H or 10,000 .... 7939.00

Eligible student	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)
2									

D Is the student claimed as a dependent on your NYS return? (see instructions) ..... Yes ☐ No ☐

E EIN of college or university (see instructions)

F Name of college or university (see instructions)

G Were expenses for **undergraduate** tuition? (see instructions) ..... Yes ☐ No ☐

H Amount of qualified college tuition expenses (see instructions) ..... .00 I Enter the lesser of line H or 10,000 .... .00

Eligible student	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)
3									

D Is the student claimed as a dependent on your NYS return? (see instructions) ..... Yes ☐ No ☐

E EIN of college or university (see instructions)

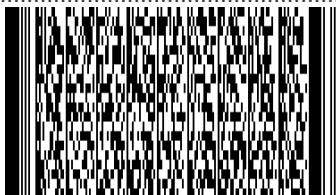
F Name of college or university (see instructions)

G Were expenses for **undergraduate** tuition? (see instructions) ..... Yes ☐ No ☐

H Amount of qualified college tuition expenses (see instructions) ..... .00 I Enter the lesser of line H or 10,000 .... .00

3 **Total** qualified college tuition expenses (total the line I amounts for all eligible students, including amounts from additional forms, then complete Part 2 or Part 3) ..... **3** 7939.00

272001233038



Part 2 – Complete Part 2 if your total qualified college tuition expenses on line 3 are less than \$5,000.

4

Credit limitation (\$200)

4

200.00

5

Enter the lesser of line 3 or line 4. This is your college tuition credit

5

.00

If you did not itemize your deductions on your New York return, enter the line 5 amount on Form IT-201, line 68.

If you itemized your deductions on your New York return, continue with Part 4.

Part 3 – Complete Part 3 if your total qualified college tuition expenses on line 3 are \$5,000 or more.

6

Enter the amount from line 3

6

7939.00

7

Multiply line 6 by 4% (0.04). This is your college tuition credit

7

318.00

If you did not itemize your deductions on your New York return, enter the line 7 amount on Form IT-201, line 68.

If you itemized your deductions on your New York return, continue with Part 4.

Part 4 – College tuition itemized deduction election

If you itemized your deductions on your New York return, you may elect to claim the college tuition itemized deduction instead of the college tuition credit. To compute your college tuition itemized deduction, complete Worksheet 1 in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete Worksheet 2 in the instructions for this form.

8

Mark an X in this box only if you elect to claim the college tuition itemized deduction

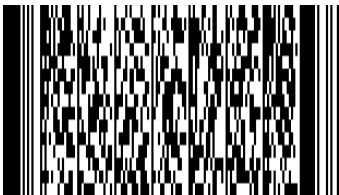
8

X

If you marked an X in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on Form IT-196, New York Resident, Nonresident, and Part-Year Resident Itemized Deductions. Do not enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction or the credit, but not both.

If you did not mark an X in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

Important: If you are claiming the college tuition credit or the college tuition itemized deduction, you must submit Form IT-272 with your return.





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

**IT-2**

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

## W-2 Record 1

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

682056332

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

591219168

**Box c** Employer's information

Employer's name

GMRI INC (DARDEN)

Employer's address (number and street)

1000 DARDEN CENTER DRIVE

City

ORLANDO

State

FL

ZIP code

32869

Country

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

41124.00

**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

218.00

Description

OTHER

**Box 14b** Amount

.00

Description

**Box 14c** Amount

.00

Description

**Box 14d** Amount

.00

Description

**Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

**Box 15a** NY State

N Y

**Box 16a** NYS wages, tips, etc.

41124.00

**Box 17a** NYS income tax withheld

1693.00

Other state information:

**Box 15b** other state

| |

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

.00

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

.00

NYC and Yonkers information (see instr.):

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

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country

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

.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

Code

| |

**Box 12b** Amount

.00

Code

| |

**Box 12c** Amount

.00

Code

| |

**Box 12d** Amount

.00

Code

| |

**Box 14a** Amount

.00

Description

**Box 14b** Amount

.00

Description

**Box 14c** Amount

.00

Description

**Box 14d** Amount

.00

Description

**Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

**Box 15a** NY State

N Y

**Box 16a** NYS wages, tips, etc.

.00

**Box 17a** NYS income tax withheld

.00

Other state information:

**Box 15b** other state

| |

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

.00

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

.00

NYC and Yonkers information (see instr.):

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

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

102001233038

