

FOR TAX YEAR 2023

YONG GU & JINGJIANG LI

TIANYU LI TAX SERVICES

13542 39TH AVE FL 3

Flushing, NY 11354

(347)335-1188

TIANYU LI TAX SERVICES

13542 39TH AVE FL 3
Flushing, NY 11354
DRLITIANYU@GMAIL.COM
Phone: (347)335-1188 | Fax: (347)630-9971

March 29, 2024

YONG GU & JINGJIANG LI
65 VIRGINIA DR
Manhasset, NY 11030

Subject: Preparation of Your 2023 Tax Returns

YONG GU & JINGJIANG LI:

Thank you for choosing TIANYU LI TAX SERVICES to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (347)335-1188.

Sincerely,

TIANYU LI
TIANYU LI TAX SERVICES

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

TIANYU LI TAX SERVICES

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March 29, 2024

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65 VIRGINIA DR
Manhasset, NY 11030

YONG GU & JINGJIANG LI:

Below is a summary of your 2023 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$21,654 Balance Due	Direct Debit from **5355
New York Income Tax	\$2,396 Balance Due	Direct Debit from **5355

The following returns will be e-filed and do not need to be mailed to the taxing authority:

- * Federal Income Tax
- * New York Income Tax

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$6,410	April 15, 2024	Mail a check
2nd	\$6,410	June 17, 2024	Mail a check
3rd	\$6,410	September 16, 2024	Mail a check
4th	\$6,410	January 15, 2025	Mail a check

Sincerely,

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YONG GU & JINGJIANG LI
65 VIRGINIA DR
Manhasset, NY 11030

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (347)335-1188.

Sincerely,

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Flushing, NY 11354
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Phone: (347)335-1188 | Fax: (347)630-9971

Customer Name	Customer Information	
YONG GU & JINGJIANG LI 65 VIRGINIA DR Manhasset, NY 11030	Invoice #:	
	Date:	March 29, 2024
	Phone:	(646)256-0709
	E-mail:	

Your 2023 tax return was prepared by TIANYU LI.

Description	Fee
Federal And Supplemental Forms	
Form 1040	U.S. Individual Income Tax Return
Form 1040ES April	Estimated Tax Voucher 1
Form 1040ES June	Estimated Tax Voucher 2
Form 1040ES September	Estimated Tax Voucher 3
Form 1040ES January	Estimated Tax Voucher 4
Schedule 1	Additional Income and Adjustments to Income
Schedule 2	Additional Taxes
Schedule 3	Additional Credits and Payments
Schedule B	Interest and Ordinary Dividends
Schedule D	Capital Gains and Losses
Schedule E	Supplemental Income and Loss, page 1
Schedule E pg 2	Supplemental Income and Loss, page 2
Form 2441	Child and Dependent Care Expenses
Form 4562	Depreciation and Amortization
Form 4562	Depreciation and Amortization
Form 4562	Depreciation and Amortization
Form 8582 AMT pg 1-2	Passive Activity Loss Limitations for AMT, pgs 1-2
Form 8582 AMT pg 3	Passive Activity Loss Limitations for AMT, page 3
Schedule 8812	Qualifying Children and Other Dependents Credit
Form 8867	Paid Preparer's Due Diligence Checklist
Form 8879	E-File Signature Authorization
Form 8880	Credit for Retirement Savings Contributions
Form 8949	Sale and Other Disposition of Capital Assets
Form 8960	Net Investment Income Tax
Form 9325	General Information for Electronic Filing
Form W-2	Wage and Tax Statement
Form W-2	Wage and Tax Statement
Due Diligence	Additional Due Diligence
DEPR - Fed Schedule	Federal Depreciation Schedule
DEPR - Fed Schedule	Federal Depreciation Schedule
DEPR - Fed Schedule	Federal Depreciation Schedule
DEPR - Next Year	Next Year Depreciation Schedule
Tax Computation	Computation of Regular Tax

Wks 2210	Underpayment Penalty Worksheet	
Wks 8606 IRA Deduction	Form 8606 Worksheet	
Wks CG	Qualified Dividends and Capital Gain Tax Worksheet	
Form 8582 pg 3	Passive Activity Loss Limitations, page 3	
Form 8582 pg 1-2	Passive Activity Loss Limitations, pages 1 and 2	
Wks CRED_LMT	Credit Limit Worksheet	
Wks EIC Investment Limit	Investment Income Limitation	
Wks ES	Estimated Tax Worksheet	
Wks K1P Detail Adj Basis	Partner's Adjusted Basis Worksheet	
Wks MAGI	Form 8582 Worksheet - Line 6 MAGI	
Wks PAL	Passive Activity Carryover Worksheet	
Wks PAL	Passive Activity Carryover Worksheet	
Wks PAL	Passive Activity Carryover Worksheet	
Wks PAL	Passive Activity Carryover Worksheet	
Wks TTLGI	All Source Gross Income Computation	
Wks 8812 - CTC	Schedule 8812 Worksheet - Child Tax Credit	
Statement Sch B	Schedule B - Interest	
Comparison	Tax Year Comparison Sheet	
ES Summary	Estimated Tax Summary Page	
Payment	Electronic Payment Voucher	
Interest Listing	Listing of all Interest	
Wks 2441	Form 2441 - Prior Year Expenses Worksheet	
Comparison Sch E	Schedule E Comparison Sheet	
Comparison Sch E	Schedule E Comparison Sheet	
New York Forms		
NY SUM	NY Return Summary	
NY 201	Resident Income Tax Return - Page 1	
NY 201 Pg 2	Resident Income Tax Return - Page 2	
NY 201 Pg 3	Resident Income Tax Return - Page 3	
NY 201 Pg 4	Resident Income Tax Return - Page 4	
NY 196 Pg 1	Itemized Deduction Schedule - Page 1	
NY 196 Pg 2	Itemized Deduction Schedule - Page 2	
NY 196 Pg 3	Itemized Deduction Schedule - Page 3	
NY-COMP	NY State Comparison	
NY 216	Claim for Child and Dependent Care Credit	
NY W2	Summary of W-2 Statements	
NY 2105	Underpayment of Estimated Income Tax	
NY 2105 Attach	Attachments and Additional Information IT-2105.9	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY TR579	E-file Signature Authorization	
NY TR5732	NY E-file Requirements	
NY WK_AGI	State Adjustment Gross Income Worksheet	
NY WK_D	State Schedule D Worksheet	
NY WK_D	State Schedule D Worksheet	
NY WK_A5	SALT Payments made after the Current Tax Year	

Total Forms	80	Forms Subtotal	250.00
		Total Balance Due	250.00

Payment due upon receipt. Thank you for your business!

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

YONG GU & JINGJIANG LI

Taxpayer address (optional)

65 VIRGINIA DR

Manhasset, NY 11030

1. ☐ Your federal income tax return for **2023** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **TIANYU LI TAX SERVICES**.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

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

See separate instructions.

Your first name and middle initial	Last name	Your social security number
YONG	GU	XXX-XX-XXXX
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
JINGJIANG	LI	XXX-XX-XXXX
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
65 VIRGINIA DR		
City, town, or post office. If you have a foreign address, also complete spaces below.		State
Manhasset		NY
		ZIP code
		11030
Foreign country name	Foreign province/state/county	Foreign postal code

☐ You ☐ 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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
AUSTIN	GU	XXX-XX-XXXX	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	231,519
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	231,519

Attach Sch. B if required.

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.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	38,340
3a	Qualified dividends	3a	1,621	b	Ordinary dividends	3b	7,922
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)						
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here					7	789
8	Additional income from Schedule 1, line 10					8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	278,570
10	Adjustments to income from Schedule 1, line 26					10	
11	Subtract line 10 from line 9. This is your adjusted gross income					11	278,570
12	Standard deduction or itemized deductions (from Schedule A)					12	27,700
13	Qualified business income deduction from Form 8995 or Form 8995-A					13	
14	Add lines 12 and 13					14	27,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					15	250,870

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	46,863
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	46,863
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000
	20	Amount from Schedule 3, line 8	20	301
	21	Add lines 19 and 20	21	2,301
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	44,562
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,086
24	Add lines 22 and 23. This is your total tax .	24	45,648	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	24,598
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	24,598
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0	
33	Add lines 25d, 26, and 32. These are your total payments .	33	24,598	

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

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	21,654
	38	Estimated tax penalty (see instructions)	38	604

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

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	83839	03-29-2024	COMPUTER ENGINEER	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
81706	03-29-2024	COMPUTER ENGINEER		
	Phone no. 646-256-0709	Email address		

Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if:
	TIANYU LI	03-29-2024	XXXXXXXXXX	<input type="checkbox"/> Self-employed
	Preparer's name TIANYU LI	Phone no. 347-335-1188		
	Firm's name TIANYU LI TAX SERVICES			
	Firm's address 13542 39TH AVE FL 3 Flushing, NY 11354		Firm's EIN 46-1848633	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

YONG GU & JINGJIANG LI

Your social security number

XXX-XX-XXXX

Part I Additional Income

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

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **02**

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

YONG GU & JINGJIANG LI

Your social security number

XXX-XX-XXXX

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	1,086
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

EEA

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z			18
19	Reserved for future use			19
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21

1,086

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 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

YONG GU & JINGJIANG LI

Your social security number

XXX-XX-XXXX

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	8
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	293
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32.	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911.	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	8	301

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

EEA

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	0

EEA

Schedule 3 (Form 1040) 2023

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

YONG GU & JINGJIANG LI

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Your social security number

XXX-XX-XXXX

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	16,007	15,230	12	789
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	789

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2			15	

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

Schedule D (Form 1040) 2023

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <p>• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</p> <p>• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</p> <p>• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</p> <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> <p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <p>• The loss on line 16; or</p> <p>• (\$3,000), or if married filing separately, (\$1,500)]</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>789</p> <p></p> <p></p> <p>()</p>
--	---	--

Social security number or taxpayer identification number

XXX-XX-XXXX

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

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

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2023Attachment
Sequence No. **13**

Name(s) shown on return

YONG GU & JINGJIANG LI

Your social security number

XXX-XX-XXXX

Part I **Income or Loss From Rental Real Estate and Royalties****Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ **Yes** ☐ **No****B** If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☐ **No****1a** Physical address of each property (street, city, state, ZIP code)**A** 6360 102 ST APT D11, Rego Park, NY 11374**B** 4245 247TH ST, Little Neck, NY 11363**C** 151 HILLCREST AVE, Manhasset, NY 11030**1b** Type of Property
(from list below)**A** 1**B** 1**C** 1**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.**Fair Rental Days****Personal Use Days****QJV****A**

365

0

☐**B**

365

0

☐**C**

365

0

☐**Type of Property:**

1 Single Family Residence

3 Vacation/Short-Term Rental

5 Land

7 Self-Rental

2 Multi-Family Residence

4 Commercial

6 Royalties

8 Other (describe)

Properties:**Income:****3** Rents received**3**

28,400

37,000

67,200

4 Royalties received**4****Expenses:****5** Advertising**5****6** Auto and travel (see instructions)**6****7** Cleaning and maintenance**7****8** Commissions**8****9** Insurance**9**

137

1,008

1,848

10 Legal and other professional fees**10****11** Management fees**11****12** Mortgage interest paid to banks, etc. (see instructions)**12**

11,223

24,424

13 Other interest**13****14** Repairs**14****15** Supplies**15****16** Taxes**16**

5,163

10,158

14,924

17 Utilities**17****18** Depreciation expense or depletion**18**

13,653

18,727

26,508

19 Other (list) **COMMON CHARGE****19**

9,238

20 Total expenses. Add lines 5 through 19**20**

28,191

41,116

67,704

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198****21**

209

(4,116)

(504)

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)**22**

(209)

()

()

23a Total of all amounts reported on line 3 for all rental properties**23a**

132,600

b Total of all amounts reported on line 4 for all royalty properties**23b**

0

c Total of all amounts reported on line 12 for all properties**23c**

35,647

d Total of all amounts reported on line 18 for all properties**23d**

58,888

e Total of all amounts reported on line 20 for all properties**23e**

137,011

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses**24**

209

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . .**25**

(209)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .**26**

0

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

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

Your social security number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

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

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	JAY PEAK HOTEL SUITES STATESIDE LP	P	<input type="checkbox"/>	30-0703826	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<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 allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	0				
B					
C					
D					
29a	Totals				
b	Totals	0			
30	Add columns (h) and (k) of line 29a				30
31	Add columns (g), (i), and (j) of line 29b				31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a				35
36	Add columns (c) and (e) of line 34b				36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36				37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	0
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form	2441	Child and Dependent Care Expenses	OMB No. 1545-0074					
Department of the Treasury Internal Revenue Service		Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form2441 for instructions and the latest information.	2023 Attachment Sequence No. 21					
Name(s) shown on return YONG GU & JINGJIANG LI			Your social security number XXX-XX-XXXX					
A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under <i>Married Persons Filing Separately</i> . If you meet these requirements, check this box . . . <input type="checkbox"/>								
B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under <i>If You or Your Spouse Was a Student or Disabled</i> , check this box <input type="checkbox"/>								
Part I Persons or Organizations Who Provided the Care - You must complete this part. If you have more than three care providers, see the instructions and check this box <input type="checkbox"/>								
1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)				
PIERCE COUNTRY	MINEOLA AVE	11-1814790	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2,300				
	Roslyn, NY							
	11576							
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you receive dependent care benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes								
Complete only Part II below.								
Complete Part III on page 2 next.								
Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.								
Part II Credit for Child and Dependent Care Expenses								
2 Information about your qualifying person(s) . If you have more than three qualifying persons, see the instructions and check this box <input type="checkbox"/>								
(a) Qualifying person's name First Last		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)				
AUSTIN GU		XXX-XX-XXXX	<input type="checkbox"/>	1,467				
			<input type="checkbox"/>					
			<input type="checkbox"/>					
3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31								
4 Enter your earned income . See instructions								
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4								
6 Enter the smallest of line 3, 4, or 5								
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 278,570								
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.								
If line 7 is: If line 7 is: If line 7 is:								
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0-	15,000	.35	\$25,000-	27,000	.29	\$37,000-	39,000	.23
15,000-	17,000	.34	27,000-	29,000	.28	39,000-	41,000	.22
17,000-	19,000	.33	29,000-	31,000	.27	41,000-	43,000	.21
19,000-	21,000	.32	31,000-	33,000	.26	43,000-	No limit	.20
21,000-	23,000	.31	33,000-	35,000	.25			
23,000-	25,000	.30	35,000-	37,000	.24			
9a Multiply line 6 by the decimal amount on line 8								
9b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c								
9c Add lines 9a and 9b and enter the result								
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 46,855								
11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2								
For Paperwork Reduction Act Notice, see your tax return instructions.								

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2023. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	833
13	Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period. See instructions	13	
14	If you forfeited or carried over to 2024 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	833
16	Enter the total amount of qualified expenses incurred in 2023 for the care of the qualifying person(s)	16	2,300
17	Enter the smaller of line 15 or 16	17	833
18	Enter your earned income . See instructions	18	155,421
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	76,098
20	Enter the smallest of line 17, 18, or 19	20	833
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	5,000
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0
23	Subtract line 22 from line 15	23	833
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	833
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or Form 1040-NR, line 1e	26	0

To claim the child and dependent care credit,
complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000
28	Add lines 24 and 25	28	833
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2022 expenses in 2023, see the instructions for line 9b	29	2,167
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	1,467
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	1,467

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Name(s) shown on return

YONG GU & JINGJIANG LI

Your social security number

XXX-XX-XXXX

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	278,570
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	278,570
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	2,000
13	Enter the amount from the Credit Limit Worksheet A	13	46,562
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.	14	2,000

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

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

Schedule 8812 (Form 1040) 2023

EEA

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

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

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21			
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22			
23	Add lines 21 and 22	23			
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24			
25	Subtract line 24 from line 23. If zero or less, enter -0-	25			
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26			

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27		0
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Form

88880**Credit for Qualified Retirement Savings Contributions**

OMB No. 1545-0074

2023Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.Attachment
Sequence No. **54**

Name(s) shown on return

Your social security number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

*You cannot take this credit if either of the following applies.***CAUTION!**

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

	(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. Do not include rollover contributions.		
2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)	6,650	
3 Add lines 1 and 2	6,650	
4 Certain distributions received after 2020 and before the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception		
5 Subtract line 4 from line 3. If zero or less, enter -0-	6,650	
6 In each column, enter the smaller of line 5 or \$2,000.	2,000	
7 Add the amounts on line 6. If zero, stop ; you can't take this credit.		2,000
8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*	278,570	
9 Enter the applicable decimal amount from the table below.		

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
---	\$21,750	0.5	0.5	0.5
\$21,750	\$23,750	0.5	0.5	0.2
\$23,750	\$32,625	0.5	0.5	0.1
\$32,625	\$35,625	0.5	0.2	0.1
\$35,625	\$36,500	0.5	0.1	0.1
\$36,500	\$43,500	0.5	0.1	0.0
\$43,500	\$47,500	0.2	0.1	0.0
\$47,500	\$54,750	0.1	0.1	0.0
\$54,750	\$73,000	0.1	0.0	0.0
\$73,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

10 Multiply line 7 by line 9	10	
11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	
12 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4	12	

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8880** (2023)

EEA

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

2023Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

YONG GU & JINGJIANG LI

Preparer's name

TIANYU LI

Taxpayer identification number

XXX-XX-XXXX

Preparer tax identification number

XXXXXXXXXX**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . .	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: <u>School Records, Healthcare Statement, Medical Records</u> _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form **8867** (Rev. 11-2023)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Net Investment Income Tax-
Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023

Attachment
Sequence No. 72

Name(s) shown on your tax return

YONG GU & JINGJIANG LI

Your social security number or EIN

XXX-XX-XXXX

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	38,340
2	Ordinary dividends (see instructions)		2	7,922
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a	789	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	789
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	47,051

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	0
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12	47,051
Individuals:				
13	Modified adjusted gross income (see instructions)	13	278,570	
14	Threshold based on filing status (see instructions)	14	250,000	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	28,570	
16	Enter the smaller of line 12 or line 15		16	28,570
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	1,086
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form 8960 (2023)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return YONG GU & JINGJIANG LI	Business or activity to which this form relates 6360 102 ST	Identifying number XXX-XX-XXXX
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Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2023	17	13,653
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	13,653
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023

Attachment
Sequence No. 179

Name(s) shown on return

YONG GU & JINGJIANG LI

Business or activity to which this form relates

4245 247TH ST

Identifying number

XXX-XX-XXXX

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	18,325
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	07-2023	24,096	27.5 yrs.	MM	S/L	402
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	18,727
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023

Attachment
Sequence No. 179

Name(s) shown on return

YONG GU & JINGJIANG LI

Business or activity to which this form relates

ONE FAMILY HOUSE

Identifying number

XXX-XX-XXXX

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	26,508
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	26,508
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

(This information is e-filed with the return. Do not include it if paper-filing)

Name(s) shown on return YONG GU & JINGJIANG LI	Taxpayer's SSN XXX-XX-XXXX
	Spouse's SSN XXX-XX-XXXX
Routing Transit Number 021000021	
Bank Account Number 558685355	
Type of Account 1 Checking	
Amount of Tax Payment 21,654	
Requested Payment Date 04-15-2024	
Taxpayer's Daytime Phone Number 646-256-0709	
Type of Form being filed 1040	
Taxpayer's Signature	Date
Spouse's Signature	Date

Income Due Diligence

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Does the income appear to be sufficient to support the taxpayer and qualifying children?

If "No," some additional inquiries might be needed ☒ Yes ☐ No

Taxpayers with self-employment income:

☐ Not applicable

1. How long have you owned your business?

Brief description of business

Where do you conduct business?

2. What services do you perform?

How much do you charge for these services?

3. Approximately how many clients do you have?

How often do you provide services for each client?

4. What types of items do you need to operate?

How often are these items replenished?

5. Do you travel for business? ☐ Yes ☐ No How do you keep track of mileage?

When and where do you have to travel for business?

6. Can you provide any documentation to substantiate your business?

- | | |
|---|--|
| <input type="checkbox"/> Business cards | <input type="checkbox"/> Business/occupational license (if required) |
| <input type="checkbox"/> Business stationary | <input type="checkbox"/> Other tax returns (sales/excise, employment, etc.) |
| <input type="checkbox"/> Receipts or receipt book (with company header) | <input type="checkbox"/> Advertisements (newspaper, flyer, yellow pages, etc.) |

Other (list any other documentation you can provide to substantiate your business):

7. Who maintains the business records?

8. Do you maintain separate banking accounts for personal and business transactions? ☐ Yes ☐ No

a. If "Yes," what form of records were provided?

b. If "No," how do you differentiate between personal and business transactions and monetary assets?

9. Were satisfactory records of income and expense provided? ☐ Yes ☐ No

a. If "Yes," in what form were these records provided?

- | | |
|---|---|
| <input type="checkbox"/> Accounting records | <input type="checkbox"/> Log books |
| <input type="checkbox"/> Paid invoices/receipts | <input type="checkbox"/> Ledgers |
| <input type="checkbox"/> Computer records | <input type="checkbox"/> Business bank accounts |
| <input type="checkbox"/> Car/truck expenses | |

Other (list any other forms of documentation you can provide to support your business):

b. If "No," how did you determine:

The amount of income?

The amount of expense?

10. Form 1099-NEC:

a. Do you have any Forms 1099-NEC to support the income? ☐ Yes ☐ No

b. If not, is it reasonable that the business type would not receive Form 1099-NEC? ☐ Yes ☐ No

Income Due Diligence

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

11. Are the expenses consistent with the type of business? ☐ Yes ☐ No

12. Are the amounts of expense reasonable? ☐ Yes ☐ No

13. Are any expenses that are typical for this type of business missing? ☐ Yes ☐ No

14. If no (or low) expenses, why are they so low?

15. If high expenses or a loss, why are they so high?

16. If high expenses or a loss, how are you able to pay these expenses and keep this business open?

17. List any other information you can provide related to your business:

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date		
	03-29-2024		

IRS e-file Signature Authorization

OMB No. 1545-0074

2023

- ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name

YONG GU

Spouse's name

JINGJIANG LI

Social security number

XXX-XX-XXXX

Spouse's social security number

XXX-XX-XXXX

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	278,570
2	Total tax	2	45,648
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	24,598
4	Amount you want refunded to you	4	
5	Amount you owe	5	21,654

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

Amount owed will be debited from: RTN:021000021 DAN:558685355

☒ I authorize **TIANYU LI TAX SERVICES** to enter or generate my PIN **83839** as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ 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 **TIANYU LI TAX SERVICES** to enter or generate my PIN **81706** as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ 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.

XXXXXXX-11229

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 ► **TIANYU LI** Date ► **03-29-2024**

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)

Credit Limit Worksheet A

Schedule 8812

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR 1. 46,863

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

Schedule 3, Line 1	+	<u>8</u>
Schedule 3, Line 2	+	<u>293</u>
Schedule 3, Line 3	+	<u> </u>
Schedule 3, Line 4	+	<u> </u>
Schedule 3, line 5b	+	<u> </u>
Schedule 3, line 6d	+	<u> </u>
Schedule 3, line 6f	+	<u> </u>
Schedule 3, line 6l	+	<u> </u>
Schedule 3, line 6m	+	<u> </u>

Enter the total. 2. 301

3. Subtract line 2 from line 1 3. 46,562

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

1. You are claiming one or more of the following credits.

- a. Mortgage interest credit, Form 8396.
- b. Adoption credit, Form 8839.
- c. Residential clean energy credit, Form 5695, Part I.
- d. District of Columbia first-time homebuyer credit, Form 8859.

2. You are not filing Form 2555.

3. Line 4 of Schedule 8812 is more than zero.

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

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 5. 46,562

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Schedule B - Interest

Statement #1

Payer	Amount
CAPTIAL ONE	290
CAPTIAL ONE	393
CHASE	14
chase bank	13,669
CITIBANK N A	7,400
FIDELITY	42
SANTANDER BANK	7,591
TREASURY DIRECT	880
TREASURY DIRECT	880
WELLS FARGO	657
WELLS FARGO	96
WELLS FARGO	66
WELLS FARGO	1,575
WELLS FARGO BANK	4,787
Total	38,340

Summary of Estimates**2024**

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI**XXX-XX-XXXX****Federal****Form: 1040-ES****Payment Schedule**

Due Date	04-15-2024	06-17-2024	09-16-2024	01-15-2025	Total
Total Installment Amount	6,410	6,410	6,410	6,410	25,640
Overpayment Applied	0	0	0	0	0
Net Installment Due	6,410	6,410	6,410	6,410	25,640

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Client Copy

Estimated Tax Worksheet for Next Year

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

1.	Wages	1.	
2.	Interest and Dividend income	2.	
3.	Capital gain income	3.	
4.	Taxable IRA/Pension income	4.	
5.	Taxable Social Security income	5.	
6.	Business income	6.	
7.	Other income	7.	
8.	Total income (add lines 1 thru 7)	8.	
9.	Adjustments to income	9.	
10.	Adjusted gross income (subtract line 9 from line 8)	10.	
11a.	Itemized deductions	11a.	
11b.	Standard deduction	11b.	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13.	Estimated Section 199A deduction for qualified trade or business income	13.	
14.	Projected taxable income (subtract line 13 from line 12)	14.	
15.	Projected Tax	15.	
16.	Alternative Minimum Tax	16.	
17.	Total tax	17.	
18a.	Child Tax Credit and Other Dependent Credit	18a.	
18b.	Other projected Credits	18b.	
18c.	Total projected credits	18c.	
19.	Subtract line 18d from line 17	19.	
20.	Projected SE Tax - Taxpayer	20.	
21.	Projected SE Tax - Spouse	21.	
22.	Other taxes	22.	
23a.	Add lines 19 through 22	23a.	
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c.	Total 2024 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b.	Required annual payment based on prior year's tax (see instructions) 110%.	24b.	50,213
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	50,213
25.	Projected Withholding	25.	24,598
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	25,615

Estimates will be computed on \$25,615. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

The Estimated Tax Worksheet for Next Year (WK_ES) does not take every tax scenario into account. The worksheet recomputes calculations for taxable Social Security, Schedule A, and tax including capital gains tax rates, as well as Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), and self-employment (SE) tax. If other calculations are needed for an accurate estimated tax determination, (Ex. Form 8959, Form 8960), use the Tax Planner.

1040

Interest Listing

2023

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return					Tax ID Number						
YONG GU & JINGJIANG LI					XXX-XX-XXXX						
TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Exempt from federal tax		Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld
						Resident State	Other State				
						State Interest	State Interest				
T	CAPTIAL ONE	NY	290								
S	CAPTIAL ONE	NY	393								
S	CHASE	NY	14								
S	chase bank	NY	13,669								
S	CITIBANK N A	NY	7,400								
T	FIDELITY	NY	42								
S	SANTANDER BANK	NY	7,591								
S	TREASURY DIRECT	NY			880						
T	TREASURY DIRECT	NY			880						
J	WELLS FARGO	NY	66								
T	WELLS FARGO	NY	1,575								
J	WELLS FARGO	NY	657								
J	WELLS FARGO	NY	96								
T	WELLS FARGO BANK	NY	4,787								
TOTALS			36,580		1,760						

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is		Status of the	
over	but not over	pay plus	% on excess over
0	22,000	0.00	10%
22,000	89,450	2,200.00	12%
89,450	190,750	10,294.00	22%
190,750	364,200	32,580.00	24%
364,200	462,500	74,208.00	32%
462,500	693,750	105,664.00	35%
693,750	186,601.50	37%

$\$32,580.00 + ((\$250,870.00 - \$190,750.00) \times 24.0\%) = \$47,009$

Tax from Tax Rate Schedule \$ 47,009

Tax from Qualified Dividends/Capital Gain Worksheet \$ 46,863

\$ 46,863 Tax computed using the most advantageous method allowed

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	250,870
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	1,621
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-	3.	
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3	4.	1,621
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	249,249
6. Enter: \$44,625 if single or married filing separately, \$89,250 if married filing jointly or qualifying surviving spouse, \$59,750 if head of household.	6.	89,250
7. Enter the smaller of line 1 or line 6	7.	89,250
8. Enter the smaller of line 5 or line 7	8.	89,250
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10. Enter the smaller of line 1 or line 4	10.	1,621
11. Enter the amount from line 9	11.	
12. Subtract line 11 from line 10	12.	1,621
13. Enter: \$492,300 if single, \$276,900 if married filing separately, \$553,850 if married filing jointly or qualifying surviving spouse, \$523,050 if head of household.	13.	553,850
14. Enter the smaller of line 1 or line 13	14.	250,870
15. Add lines 5 and 9	15.	249,249
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	1,621
17. Enter the smaller of line 12 or line 16	17.	1,621
18. Multiply line 17 by 15% (0.15)	18.	243
19. Add lines 9 and 17	19.	1,621
20. Subtract line 19 from line 10	20.	
21. Multiply line 20 by 20% (0.20)	21.	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	46,620
23. Add lines 18, 21, and 22	23.	46,863
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	47,009
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	46,863

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Credit Limit Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l	1.	46,863
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1	2.	8
3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10	3.	46,855
4. Amount from Form 2441, line 11	4.	293
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21	5.	46,562
6. Amount from Schedule R, line 22	6.	
7. Enter amount from Form 8863, line 18	7.	
8. Subtract line 6 from line 5. If zero or less, enter -0-	8.	46,562
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.	
10. Enter amount from Form 8863, line 9	10.	
11. Subtract line 9 from line 8. If zero or less, enter -0-	11.	46,562
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.	
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19	13.	0
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11	14.	46,562
15. Amount from Form 8880, line 12	15.	
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 31	16.	46,562
17. Amount from Form 5695, line 32	17.	
18. Reserved	18.	
19. Reserved	19.	
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8936, line 17	20.	46,562
21. Amount from Form 8936, line 18	21.	
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 12	22.	46,562
23. Amount from Form 8936, line 13	23.	
24. Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return	24.	2,000
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8	25.	44,562
26. Amount from Form 8396, line 9	26.	
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.	44,562
28. Amount from Form 8839, line 14	28.	
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16	29.	
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2	30.	44,562
31. Amount from Form 8859, line 3	31.	
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14	32.	44,562

Form 1040 or
1040-SR

Investment Income for the
Earned Income Credit

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. 38,340
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. 7,922
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. 789
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. 789

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) 8. _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. 0
10. Adjustment from EIC screen 10. _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. 47,051
12. Is the amount on line 11 more than **\$11,000**?
☒ **Yes.** You can't take the credit.
☐ **No.** Go to **Step 3** of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to **Rule 7**, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2023 PG01

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

All Source Gross Income

WK_TTLGI

Description	Amount
Wages and tips	231,519
Schedule B interest	38,340
Schedule B dividends	7,922
Schedule E rent	132,600
Form 8949 short term gains	<u>789</u>
Total	<u><u>411,170</u></u>

Client Copy

Worksheet for Form 2210, Part III, Section B - Figure the Penalty

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2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/23	(b) 06/15/23	(c) 09/15/23	(d) 01/15/24
1a Enter your underpayment from Part III, Section A, line 17 . . .	1a	2,936	5,872	8,808	9,086
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b	06-15-2023 2,936	09-15-2023 5,872	04-15-2024 2,658 01-15-2024 6,150	04-15-2024 9,086
Rate Period 1: April 16, 2023 - June 30, 2023					
2 Computation starting dates for this period	2	04/15/23	06/15/23		
		Days:	Days:		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/23, whichever is earlier	3	61	15		
4 Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{365}$ x 0.07	4	\$ 34	\$ 17		
Rate Period 2: July 1, 2023 - September 30, 2023					
5 Computation starting dates for this period	5	06/30/23	06/30/23	09/15/23	
		Days:	Days:	Days:	
6 Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/23, whichever is earlier	6		77	15	
7 Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{365}$ x 0.07	7	\$	\$ 87	\$ 25	
Rate Period 3: October 1, 2023 - December 31, 2023					
8 Computation starting dates for this period	8	09/30/23	09/30/23	09/30/23	
		Days:	Days:	Days:	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/23, whichever is earlier	9			92	
10 Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{365}$ x 0.08	10	\$	\$	\$ 178	
Rate Period 4: January 1, 2024 - April 15, 2024					
11 Computation starting dates for this period	11	12/31/23	12/31/23	12/31/23	01/15/24
		Days:	Days:	Days:	Days:
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/24, whichever is earlier	12			91 15	91
13 Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{366}$ x 0.08	13	\$	\$	\$ 53 29	\$ 181
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B					14 \$ 604

Modified Adjusted Gross Income (MAGI)
Form 8582, Line 6

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Income	Regular tax	Alt Min Tax
Wages	231,519	231,519
Interest income before Series EE bond exclusion	38,340	38,340
Dividend income	7,922	7,922
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	789	789
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)		
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	278,570	278,570
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	278,570	278,570
MAGI adjustment from input screen E2		
Modified adjusted gross income	278,570	278,570

IRA Deduction Worksheet - Schedule 1, Line 20

Form 1040

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Before you begin:

- Be sure you have read the instructions for this line. You may not be able to use this worksheet.
- Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
- If you are married filing separately and you lived apart from your spouse for all of 2023, enter "D" on the dotted line next to Schedule 1, line 20. If you don't, you may get a math error notice from the IRS.

Your IRA

Spouse's IRA

1a. Were you covered by a retirement plan (see *Were You Covered by a Retirement Plan*)? . . . 1a. ☒ Yes ☐ No

b. If married filing jointly, was your spouse covered by a retirement plan? 1b. ☐ Yes ☒ No

Next. If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b, if applicable), and go to line 8.

- \$6,500, if under age 50 at the end of 2023.
- \$7,500, if age 50 or older at the end of 2023.

Otherwise, go to line 2.

2. Enter the amount shown below that applies to you.

- Single, head of household, or married filing separately and you **lived apart** from your spouse for all of 2023, enter \$83,000.
- Qualifying surviving spouse, enter \$136,000.
- Married filing jointly, enter \$136,000 in both columns. But if you checked "No" on either line 1a or 1b, enter \$228,000 for the person who wasn't covered by a plan.
- Married filing separately and you lived with your spouse at any time in 2023, enter \$10,000.

2a.	136,000	2b.	228,000
-----	---------	-----	---------

3. Enter the amount from Form 1040 or 1040-SR, line 9 3. 278,570

4. Enter the total of the amounts from Schedule 1, lines 11 through 19a, plus 23 and 25 4.

5. Subtract line 4 from line 3. If married filing jointly, enter the result in both columns. 5a. 278,570 5b. 278,570

6. Is the amount on line 5 less than the amount on line 2?

☒ **No. STOP!** None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.

☐ **Yes.** Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you.

- If single, head of household, or married filing separately, and the result is \$10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8.
 - i. \$6,500, if under age 50 at the end of 2023.
 - ii. \$7,500, if age 50 or older at the end of 2023.
 If the result is less than \$10,000, go to line 7.
- If married filing jointly or qualifying surviving spouse, and the result is \$20,000 or more (\$10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8.
 - i. \$6,500, if under age 50 at the end of 2023.
 - ii. \$7,500, if age 50 or older at the end of 2023.
 Otherwise, go to line 7.

6a.		6b.	
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IRA Deduction Worksheet - Continued

Form 1040

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

Your IRA

Spouse's IRA

7. Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of \$10, increase it to the next multiple of \$10 (for example, increase \$490.30 to \$500). If the result is \$200 or more, enter the result. But if it is less than \$200, enter \$200.

- Single, head of household, or married filing separately, multiply by 65% (0.65) (or by 75% (0.75) in the column for the IRA of a person who is age 50 or older at the end of 2023).
- Married filing jointly or qualifying surviving spouse, multiply by 32.5% (0.325) (or by 37.5% (0.375) in the column for the IRA of a person who is age 50 or older at the end of 2023). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who wasn't covered by a retirement plan, multiply by 65% (0.65) (or by 75% (0.75) if age 50 or older at the end of 2023).

7a. _____ 7b. _____

8. Enter the total of your (and your spouse's if filing jointly):

- Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 20.
- Alimony and separate maintenance payments reported on Schedule 1, line 2a.
- Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q or reported on Form 1040, line 1i.

8. 231,519

9. Enter the earned income you (and your spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Schedule 1, lines 15 and 16. If zero or less, enter -0-. For more details, see Pub. 590-A 9.

10. Add lines 8 and 9 10. 231,519

CAUTION! If married filing jointly and line 10 is less than \$13,000 (\$14,000 if one spouse is age 50 or older at the end of 2023; \$15,000 if both spouses are age 50 or older at the end of 2023), **stop here** and use the worksheet in Pub. 590-A to figure your IRA deduction.

11. Enter traditional IRA contributions made, or that will be made by the due date of your 2023 return not counting extensions (April 15, 2024, for most people), for 2023 to your IRA on line 11a and to your spouse's IRA on line 11b 11a. _____ 11b. _____

12. On line 12a, enter the **smallest** of line 7a, 10, or 11a. On line 12b, enter the **smallest** of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Schedule 1, line 20. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606) 12a. _____ 12b. _____

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
JAY PEAK HOTEL SUITES ST					
Form or schedule and line number to be reported on (see instructions):					
E LN 28					
1a Net loss plus prior year unallowed loss from form or schedule . . .	15,205				
b Net income from form or schedule	0				
c Subtract line 1b from line 1a. If zero or less, enter -0-		15,205	.0866668	15,205	0
Form or schedule and line number to be reported on (see instructions):					
4797 LN 2					
1a Net loss plus prior year unallowed loss from form or schedule . . .	160,237				
b Net income from form or schedule	0				
c Subtract line 1b from line 1a. If zero or less, enter -0-		160,237	.9133332	160,237	0
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		175,442	1.00	175,442	0

Passive Activity Loss Limitations
See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return **YONG GU & JINGJIANG LI** Identifying number **XXX-XX-XXXX**

Part I 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	209	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(4,620)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . .	1c	(75,839)	
d Combine lines 1a, 1b, and 1c	1d		(80,250)

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2b	(2)	
c Prior years' unallowed losses (enter the amount from Part V, column (c)) . . .	2c	(175,440)	
d Combine lines 2a, 2b, and 2c	2d		(175,442)

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		(255,692)
--	----------	--	-------------

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	80,250
5 Enter \$150,000. If married filing separately, see instructions	5	150,000
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	278,570
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	209
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	209

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
6360 102 ST	209	0	356	0	147
4245 247TH ST	0	4,116	46,687	0	50,803
ONE FAMILY HOUSE	0	504	28,796	0	29,300
Total. Enter on Part I, lines 1a, 1b, and 1c	209	4,620	75,839		

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
JAY PEAK HOTEL SUITES STA	0	2	175,440	0	175,442
Total. Enter on Part I, lines 2a, 2b, and 2c	0	2	175,440		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
6360 102 ST	E LN 22	147	.0018318	0	147
4245 247TH ST	E LN 22	50,803	.6330592	0	50,803
ONE FAMILY HOUSE	E LN 22	29,300	.365109	0	29,300
Total		80,250	1.00	0	80,250

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
JAY PEAK HOTEL SUITES STATE	See Part IX	175,442	.6861458	175,442
6360 102 ST	E LN 22	147	.0005749	147
4245 247TH ST	E LN 22	50,803	.1986883	50,803
ONE FAMILY HOUSE	E LN 22	29,300	.114591	29,300
Total		255,692	1.00	255,692

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
6360 102 ST	E LN 22	356	147	209
4245 247TH ST	E LN 22	50,803	50,803	0
ONE FAMILY HOUSE	E LN 22	29,300	29,300	0
Total		80,459	80,250	209

Partner's Adjusted Basis Worksheet, page 1

(This page is not filed with the return. It is for your records only.)

2023

Name of Partner: JINGJIANG LI	SSN: XXX-XX-XXXX
Name of Partnership: JAY PEAK HOTEL SUITES STATESIDE	EIN 300703826

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A. _____	
B. Partner's share of partnership liabilities from PRIOR year	B. (_____)	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C. _____	
1. Adjusted Basis from preceding year		1. 234,164
2. Capital contributions of property		
a. Gain (if any) recognized this year on contribution of property to partnership	2 a. _____	
b. Cash contributed during the year	b. _____	
c. Adjusted basis of property contributed during the year	c. _____	
d. Partnership interest acquired other than by cash or property	d. _____	
Total additional contributions (Total lines 2a-2d)	2. _____	
3. Items of Income or Gain for this period		
a. Ordinary Income (Sch K-1, Line 1)	3 a. _____	
b. Real Estate Rental Income (Sch K-1, Line 2)	b. _____	
c. Other Rental Income (Sch K-1, Line 3c)	c. _____	
d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)	d. _____	
e. Capital Gain (Sch K-1, Lines 8 & 9a)	e. _____	
f. Other Portfolio Income (Sch K-1, Line 11a)	f. _____	
g. Section 1231 Gain (Sch K-1, Line 10)	g. _____	
h. Other Income (Sch K-1, Line 11i)	h. _____	
i. Tax Exempt Income (Sch K-1, Lines 18a & b)	i. _____	
j. Excess Depletion Adjustment	j. _____	
k. Increase from Recapture of Business Credits	k. _____	
i. Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))	i. _____	
Total items of Income or Gains (Total lines 3a-3l)	3. _____	
4. Increase in Partnership Share of Partnership Liabilities from line C above	4. _____	
5. Total increases in basis (combine lines 1 through 4)		5. 234,164
6. Cash Distributions to the Partner during the year	6. 113,422	
7. Decrease in Partner's Share of Partnership Liabilities from line C above	7. _____	
8. Decrease for Non-Deductible Expenses/Credit Adjustments	8. _____	
9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)		9. 120,742
10. Items of Losses and Deductions (Allowed for the current year)		
a. Ordinary Loss (Page 2, Col d, Line 10a)	10 a. 2	
b. Real Estate Rental Loss (Page 2, Col d, Line 10b)	b. _____	
c. Other Rental Loss (Page 2, Col d, Line 10c)	c. _____	
d. Capital Loss (Page 2, Col d, Line 10d)	d. _____	
e. Other Portfolio Loss (Page 2, Col d, Line 10e)	e. _____	
f. Section 1231 Loss (Page 2, Col d, Line 10f)	f. _____	
g. Other Loss (Page 2, Col d, Line 10g)	g. _____	
h. Charitable Contributions (Page 2, Col d, Line 10h)	h. _____	
i. Section 179 Expense (Page 2, Col d, Line 10i)	i. _____	
j. Portfolio Income Expenses (Page 2, Col d, Line 10j)	j. _____	
k. Other Deductions (Page 2, Col d, Line 10k)	k. _____	
l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l)	l. _____	
m. Section 59(e) Expenditures (Page 2, Col d, Line 10m)	m. _____	
n. Other decreases (Page 2, Col d, Line 10n)	n. _____	
o. Loss from 179 disposition (Page 2, Col d, Line 10o)	o. _____	
Total items of Losses and Deductions (Total lines 10a-10o)	10. 2	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)		11. 120,740

Depreciation Detail Listing

6360 102 ST

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2023

PAGE 1

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Social security number/EIN

XXX-XX-XXXX

Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis
04-25-2014	367,505 *		100.00			367,505
06-30-2014	8,015 *		100.00			8,015

ST ADJ:
UBIA: 375,520

Name(s) as shown on return

Depreciation Detail Listing

4245 247TH ST

(This page is not filed with the return. It is for your records only.)

2023

PAGE 1

Social security number/EIN

YONG GU & JINGJIANG LI

XXX-XX-XXXX

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
3	4245 247TH ST FLUSHIN	03-23-2018	504,000 *		100.00			504,000	27.5	SL MM	3.636	87,818	18,325	106,143	18,325
6	RENOVATION	07-15-2023	24,096 *		100.00			24,096	27.5	SL MM	1.667		402	402	402
Totals															
			528,096					528,096				87,818	18,727	106,545	18,727

Land Amount
Net Depreciable Cost

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

ST ADJ:
UBIA: 528,096

Name(s) as shown on return

ONE FAMILY HOUSE

(This page is not filed with the return. It is for your records only.)

PAGE 1

Social security number/EIN	
----------------------------	--

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Totals		729,032				729,032				24,714	26,508	51,222	26,508
--------	--	---------	--	--	--	---------	--	--	--	--------	--------	--------	--------

729,032

26,508

ST ADJ:
UBIA: 729,032

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

YONG GU & JINGJIANG LI

Tax ID Number

XXX-XX-XXXX

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	6360 102 ST 11D	04-25-2014	367,505	SL MM	27.5	13,364
E	1	RENOVATION	06-30-2014	8,015	SL MM	27.5	291
E	2	4245 247TH ST FLUSHING N	03-23-2018	504,000	SL MM	27.5	18,327
E	3	151 HILLCREST AVE MANHAS	05-10-2021	650,000	SL MM	27.5	23,636
E	3	RENOVATION	08-15-2022	79,032	SL MM	27.5	2,874
E	2	RENOVATION	07-15-2023	24,096	SL MM	27.5	876
		TOTAL					59,368

Client Copy

Carryover Worksheet
List of items that will carryover to the 2024 tax return

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations		
Contributions subject to 60% of AGI limitations		
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)		
Contributions subject to 30% of AGI limitations		
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)		
Taxable state and local refunds to Schedule 1 (Form 1040) line 1		
State/local taxes paid in 2024 to flow to the Schedule A		2,349
State donations and contributions carryover		
State overpayment applied to next year		

Expenses

Office in home operating expenses		
Office in home excess casualty losses and depreciation		
Disallowed investment interest expense	AMT	Reg. Tax
Section 179 expense		
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use		
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use		

Losses

Short-term capital loss	AMT	Reg. Tax
Long-term capital loss	AMT	Reg. Tax
Net operating loss	AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	Reg. Tax
Qualified REIT and PTP loss carryover		
QBI loss carryover		
Nonrecaptured net section 1231 losses from WK_1231C	AMT	Reg. Tax

Credits

Mortgage interest credit		
Credit for prior year minimum tax		
Foreign Tax credit	AMT	Reg. Tax
District of Columbia first time home owner's credit		
Residential clean energy credit		

Other

Preparer Fee			250
Overpayment applied to next year's estimates			
Estimated Tax Payment 1	6,410	Estimated Tax Payment 2	6,410
Estimated Tax Payment 3	6,410	Estimated Tax Payment 4	6,410
Federal tax liability for 2210 calculation			45,648
State tax liability for state 2210 calculation			15,386
IRA basis	Taxpayer	Spouse	6,000
Disaster distributions taxable in 2024	Taxpayer	Spouse	
Disaster distributions taxable in 2025	Taxpayer	Spouse	
Excess repayments from 8915-F	Taxpayer	Spouse	

Passive Activity

6360 102 ST	147	ONE FAMILY HOUSE	29,300
4245 247TH ST	50,803	JAY PEAK HOTEL SUITES S	175,442

At Risk Limitations

Passive Activity Deduction Worksheet

Form 1040 or 1041

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

PAN 1 Activity JAY PEAK HOTEL SUITES STATESIDE Form K1/E pg 2 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(15,203)	(2)		(15,205)
Form 4797 - Part I	(160,237)			(160,237)
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(175,440)	(2)		(175,442)

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(14,522)	(2)		(14,524)
Form 4797 - Part I	(160,237)			(160,237)
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(174,759)	(2)		(174,761)

Passive Activity Deduction Worksheet

Form 1040 or 1041

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

PAN 2 Activity 6360 102 ST Form SCH E 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(356)	209	(209)	(147)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(356)	209	(209)	(147)

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(354)	209	(209)	(145)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(354)	209	(209)	(145)

Passive Activity Deduction Worksheet

Form 1040 or 1041

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

PAN 3 Activity 4245 247TH ST Form SCH E 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(46,687)	(4,116)		(50,803)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(46,687)	(4,116)		(50,803)

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(44,771)	(4,116)		(48,887)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(44,771)	(4,116)		(48,887)

Passive Activity Deduction Worksheet

Form 1040 or 1041

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

PAN 4 Activity ONE FAMILY HOUSE Form SCH E 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(28,796)	(504)		(29,300)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(28,796)	(504)		(29,300)

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(28,794)	(504)		(29,298)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(28,794)	(504)		(29,298)

Form **8582**Department of the Treasury
Internal Revenue Service**Passive Activity Loss Limitations**

See separate instructions.

(This page is not filed with the return. It is for your records only.)
Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023Attachment
Sequence No. **858**

Name(s) shown on return

Identifying number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

Part I 2023 Passive Activity Loss**Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	209	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(4,620)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . .	1c	(73,919)	
d Combine lines 1a, 1b, and 1c	1d		(78,330)

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2b	(2)	
c Prior years' unallowed losses (enter the amount from Part V, column (c)) . . .	2c	(174,759)	
d Combine lines 2a, 2b, and 2c	2d		(174,761)

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		(253,091)
--	----------	--	-------------

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	78,330
5 Enter \$150,000. If married filing separately, see instructions	5	150,000
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	278,570
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	209
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	209

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
6360 102 ST	209	0	354	0	145
4245 247TH ST	0	4,116	44,771	0	48,887
ONE FAMILY HOUSE	0	504	28,794	0	29,298
Total. Enter on Part I, lines 1a, 1b, and 1c	209	4,620	73,919		

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
JAY PEAK HOTEL SUITES STA	0	2	174,759	0	174,761
Total. Enter on Part I, lines 2a, 2b, and 2c	0	2	174,759		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
6360 102 ST	E LN 22	145	.0018511	0	145
4245 247TH ST	E LN 22	48,887	.6241159	0	48,887
ONE FAMILY HOUSE	E LN 22	29,298	.3740329	0	29,298
Total		78,330	1.00	0	78,330

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
JAY PEAK HOTEL SUITES STATE	See Part IX	174,761	.6905066	174,761
6360 102 ST	E LN 22	145	.0005729	145
4245 247TH ST	E LN 22	48,887	.1931598	48,887
ONE FAMILY HOUSE	E LN 22	29,298	.1157607	29,298
Total		253,091	1.00	253,091

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
6360 102 ST	E LN 22	354	145	209
4245 247TH ST	E LN 22	48,887	48,887	0
ONE FAMILY HOUSE	E LN 22	29,298	29,298	0
Total		78,539	78,330	209

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
JAY PEAK HOTEL SUITES ST					
Form or schedule and line number to be reported on (see instructions):					
E LN 28					
1a Net loss plus prior year unallowed loss from form or schedule	14,524				
b Net income from form or schedule	0				
c Subtract line 1b from line 1a. If zero or less, enter -0-		14,524	.0831078	14,524	0
Form or schedule and line number to be reported on (see instructions):					
4797 LN 2					
1a Net loss plus prior year unallowed loss from form or schedule	160,237				
b Net income from form or schedule	0				
c Subtract line 1b from line 1a. If zero or less, enter -0-		160,237	.9168922	160,237	0
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		174,761	1.00	174,761	0

TAX RETURN COMPARISON
2021 / 2022 / 2023

2023

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return YONG GU & JINGJIANG LI				Identifying number XXX-XX-XXXX
	2021	2022	2023	Difference 2022-2023
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	1	1	1	
Income				
Wages, salaries, tips, etc.	178,912	219,401	231,519	12,118
Taxable interest and dividends	3,565	4,139	46,262	42,123
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)	(2,739)		789	789
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .	(35,721)			
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)	44,325			
Total Income	188,342	223,540	278,570	55,030
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction	6,000			
Other adjustments				
Total Adjusted Gross Income	182,342	223,540	278,570	55,030
Deductions				
Medical deductions				
State and local taxes	10,000		10,000	10,000
Interest	27,025		11,325	11,325
Contributions				
Other deductions				
Total itemized deductions	37,025		21,325	21,325
Standard deduction		25,900	27,700	1,800
Total deductions claimed	37,025	25,900	27,700	1,800
Qualified Business Income Deduction .		1		(1)
Tax and Credits				
Taxable Income	145,317	197,639	250,870	53,231
Tax	23,450	35,040	46,863	11,823
Credits		2,000	2,301	301
Self-employment tax				
Other taxes			1,086	1,086
Total Tax	23,450	33,040	45,648	12,608
Payments				
Withholdings	21,852	23,771	24,598	827
Estimated tax payments				
Earned income credit				
Other payments and credits	500			
Estimated tax penalty		58	604	546
Overpayment				
Overpayment applied				
Refund				
Balance Due	1,098	9,327	21,654	12,327
Marginal tax rate	22.00	24.00	24.00	
Effective tax rate	16.14	17.73	18.68	0.95

Account Transaction Summary**2023**

Name(s) as shown on return

YONG GU & JINGJIANG LI

Tax ID Number

XXX-XX-XXXX

Account #1

Financial Institution	chase bank
Routing Transit Number	021000021
Account Number	558685355
Account Type	checking

Federal Main Form

Federal Debit	(21,654)	Date of Debit	04-15-2024
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State Main Form(s)

NY Debit	(2,396)	Date of Debit	03-29-2024
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Net Debit	<u>(24,050)</u>
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PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize **TIANYU LI TAX SERVICES** to use this account.

Your Signature_____
Date_____
Spouse's Signature (If Married Filing Jointly)_____
Date

Worksheet for 2022 Expenses Paid in 2023

(This page is not filed with the return. It is for your records only)

2023

Name(s) as shown on return

Tax ID Number

YONG GU & JINGJIANG LI

XXX-XX-XXXX

1. Enter the amount reported on your 2022 Form 2441, line 3 1. 0
2. Enter your 2022 qualified expenses paid in 2023 2. 0
3. Add the amounts on lines 1 and 2 3. 0
4. Enter \$3,000 if you had one qualifying person (\$6,000 if you had two or more) 4. 3,000
5. Enter any dependent care benefits received for 2022 and deducted on your return and/or excluded from your income (from your 2022 Form 2441, lines 24 and 25) 5. 0
6. Subtract the amount on line 5 from the amount on line 4 and enter the result 6. 3,000
7. Compare your earned income for 2022 and your spouse's earned income for 2022 and enter the smaller amount 7. 0
8. Compare the amounts on lines 3, 6, and 7, and enter the smallest amount 8. 0
9. Enter the amount on which you figured the credit for 2022 (from your 2022 Form 2441, line 6) 9. 0
10. Subtract the amount on line 9 from the amount on line 8 and enter the result. If zero or less, stop here. You can't increase your 2023 credit by any previous year's expenses 10. 0
11. Enter your 2022 adjusted gross income (from your 2022 Form 1040, 1040-SR, or 1040-NR, line 11) 11. _____
12. Find your 2022 adjusted gross income in the table below and enter the corresponding decimal amount here 12. _____

IF your 2022 adjusted gross income was:

IF your 2022 adjusted gross income was

Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0-	15,000	.35	\$25,000-	27,000	.29	\$37,000-	39,000	.23
15,000-	17,000	.34	27,000-	29,000	.28	39,000-	41,000	.22
17,000-	19,000	.33	29,000-	31,000	.27	41,000-	43,000	.21
19,000-	21,000	.32	31,000-	33,000	.26	43,000-	No limit	.20
21,000-	23,000	.31	33,000-	35,000	.25			
23,000-	25,000	.30	35,000-	37,000	.24			

13. Multiply line 10 by line 12 and enter the amount here and on Form 2441, line 9b 13. _____
14. Name, address, and identifying number of persons or organizations who provided the care: _____
15. First and last name and taxpayer identification number of the qualifying person that received the care: _____

Attach to your tax return a copy of this worksheet or a statement explaining how you figured the credit for prior year expenses that includes all the same information that is in the worksheet, including the name, address, and taxpayer identification number of the persons or organizations providing the care and the name and taxpayer identification number of the person for whom you paid for care.

Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU

XXX-XX-XXXX

Property description and address

Input order

6360 102 ST - 6360 102 ST APT D11, Rego Park, NY 11374

1

	2022	2023	Difference
Income			
Rents received	27,300	28,400	1,100
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance	116	137	21
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs	1,414		(1,414)
Supplies			
Taxes	4,916	5,163	247
Utilities			
Depreciation expense	13,655	13,653	(2)
Other	7,555	9,238	1,683
Total expenses	27,656	28,191	535
Net income or (loss)	(356)	209	565
Allowed on return after Form 6198 and Form 8582 limitations	0	0	0

Property description and address

Input order

4245 247TH ST - 4245 247TH ST, Little Neck, NY 11363

2

	2022	2023	Difference
Income			
Rents received	36,000	37,000	1,000
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance	1,004	1,008	4
Legal & professional fees			
Management fees			
Mortgage interest	11,494	11,223	(271)
Other interest			
Repairs	3,496		(3,496)
Supplies			
Taxes	4,722	10,158	5,436
Utilities			
Depreciation expense	18,327	18,727	400
Other			
Total expenses	39,043	41,116	2,073
Net income or (loss)	(3,043)	(4,116)	(1,073)
Allowed on return after Form 6198 and Form 8582 limitations	0	0	0

Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

YONG GU

XXX-XX-XXXX

Property description and address

Input order

ONE FAMILY HOUSE - 151 HILLCREST AVE, Manhasset, NY 11030

3

	2022	2023	Difference
Income			
Rents received	37,400	67,200	29,800
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance	1,540	1,848	308
Legal & professional fees			
Management fees			
Mortgage interest	24,917	24,424	(493)
Other interest			
Repairs			
Supplies			
Taxes	15,025	14,924	(101)
Utilities			
Depreciation expense	24,714	26,508	1,794
Other			
Total expenses	66,196	67,704	1,508
Net income or (loss)	(28,796)	(504)	28,292
Allowed on return after Form 6198 and Form 8582 limitations	0	0	0

Property description and address

Input order

	2022	2023	Difference
Income			
Rents received			
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depreciation expense			
Other			
Total expenses			
Net income or (loss)			
Allowed on return after Form 6198 and Form 8582 limitations			

2023 IT-201 Filing Instructions
YONG GU & JINGJIANG LI

Form filed:

IT-201 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

04-15-2024

Payment:

\$2,396.00

Transaction method:

The balance of \$2,396.00 will be paid by direct debit from your checking account number ending in 5355 and will be withdrawn from your account on 03-29-2024.

Return Information		New York Return Summary (Do NOT file this form with your return. It is for your records only.)		2023	
Your Name YONG GU		Date of birth 09201982		Your SSN XXX XX XXXX	
Spouse's Name JINGJIANG LI		Date of birth 12081987		Spouse's SSN XXX XX XXXX	
Mailing Address In care of (if applicable): 65 VIRGINIA DR MANHASSET NY 11030					
Permanent Home Address (If different from your mailing address)					
New York State county of residence NASSAU		School district name MANHASSET		School district code no. 368	
Your e-mail		Your phone no.		646 256 0709	
Spouse's e-mail		Spouse's phone no.			

Form filed	IT-201	NYC residency	NONRESIDENT	Yonkers residency	NONRESIDENT
Filing status	MARRIED JOINTLY	You	NONRESIDENT	Spouse	NONRESIDENT
NYS residency	FULL-YEAR RESIDENT				

	Federal Amount	NYC Amount (IT-203)	Miscellaneous Information
Total income	278570		Advanced payments received (STAR)
Total federal adjustments to income			
Federal adjusted gross income (FAGI)	278570		
Total NY additions to income			
Total NY subtractions from income	1760		
NY adjusted gross income	276810		
<input type="checkbox"/> Standard or <input checked="" type="checkbox"/> Itemized deduction	19381	Total refundable credits and payments	13037
Dependent exemptions	1000	Estimated tax penalty	47
NYS taxable income	256429	Overpayment	
Total NYS taxes after nonrefundable credits	15386	Amount applied to your 2024 estimated tax	
Total NYC taxes after nonrefundable credits		Amount deposited into a NYS 529 account	
MCTMT		Refund	
Yonkers tax		Other penalties and interest	
Sales or use tax		Balance Due	2396
Voluntary contributions			
Total taxes and voluntary contributions	15386	Form of Refund or Payment (for IT-201/X or IT-203-X):	
		FULL PAYMENT BY DIRECT DEBIT	

Common Refundable Credits	
NYS noncustodial parent EIC (IT-209)	
NYS Earned Income Credit (IT-215)	
Empire State Child Credit (IT-213)	
Real property tax credit (IT-214)	
NYS child and dependent care credit (IT-216)	59
College and tuition credit (IT-272)	
NYC Earned Income Credit (IT-209 or IT-215)	
NYC child and dependent care credit (IT-216)	
NYC school tax credit (fixed amount)	
NYC school tax credit (rate reduction)	

Form IT-204-LL (Partnership, LLC, and LLP Filing Fee)		Form NYC-202/S (UBT Return for Individuals)	
	You	Spouse	
NYS filing fee due			
Form NYC-1127 (Nonresident Employees of the City of NY)			
NYS taxable income		Taxable income	
Total taxes		Uninc. Business Tax	
Credits and payments		Total credits	
Refund		Total payments	
Balance due		Penalties and interest	
		Net overpayment	
		Applied to 2024 ES	
		Refund	
		Balance due	

TAXPAYER COPY ONLY - DO NOT MAIL THIS FORM



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.



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
YONG		GU	09201982	XXX XX XXXX
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
JINGJIANG		LI	12081987	XXX XX XXXX
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
65 VIRGINIA DR				NASSAU
City, village, or post office	State	ZIP code	Country	School district name
MANHASSET	NY	11030		MANHASSET
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district code number
				368
City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)
	NY			
			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)
AUSTIN	Z	GU	SON	XXX XX XXXX	01182015

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

201001231024



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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Your Social Security number

XXX XX XXXX

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	231519 .00
2	Taxable interest income	2	38340 .00
3	Ordinary dividends	3	7922 .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	789 .00
8	Other gains or losses (submit a copy of federal Form 4797).	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	-4411.00
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	278570 .00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	278570 .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	278570 .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	1760 .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	1760 .00
33	New York adjusted gross income (subtract line 32 from line 24)	33	276810 .00

Standard deduction or itemized deduction

34	Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	19381 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	257429 .00
36	Dependent exemptions (enter the number of dependents listed in item H).	36	1000.00
37	Taxable income (subtract line 36 from line 35)	37	256429 .00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Name(s) as shown on page 1
YONG GU AND JINGJIANG LI

Your Social Security number
XXX XX XXXX

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	256429 .00
39	NYS tax on line 38 amount	39	15386 .00
40	NYS household credit	40	.00
41	Resident credit	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	15386 .00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	15386 .00

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

47	NYC taxable income	47	.00
47a	NYC resident tax on line 47 amount	47a	.00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base for Zone 1	54a	.00
54b	MCTMT net earnings base for Zone 2	54b	.00
54c	MCTMT for Zone 1	54c	.00
54d	MCTMT for Zone 2	54d	.00
54e	Total MCTMT (add lines 54c and 54d)	54e	.00
55	Yonkers resident income tax surcharge	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57)	58	.00
59	Sales or use tax (do not leave blank)	59	0 .00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	15386 .00

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



See instructions to compute the MCTMT for each zone.



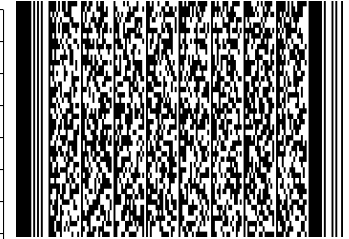
Your Social Security number

XXX XX XXXX

62 Enter amount from line 61 62 15386 .00

Payments and refundable credits

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	59 .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	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits <i>(Form IT-201-ATT, line 18)</i>	71	.00
72	Total New York State tax withheld	72	12978 .00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments <i>(add lines 63 through 75)</i>	76	13037 .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> TIP: Use this amount to check your refund status online.	78	.00
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 owe <i>(if line 76 is less than line 62, subtract line 76 from line 62)</i> . To pay by electronic funds withdrawal, mark an X in the box <input checked="" 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	2396 .00
81	Estimated tax penalty <i>(include this amount in line 80 or reduce the overpayment on line 77)</i>	81	47 .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 savings

83b Routing number 021000021

83c Account number 558685355

84 Electronic funds withdrawal Date 03292024 Amount 2396 .00

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

▼ Paid preparer must complete <i>(see instructions)</i>		Preparer's NYTPRN	NYTPRN excl. code 0 7
Preparer's signature		Preparer's printed name TIANYU LI	
Firm's name <i>(or yours, if self-employed)</i> TIANYU LI TAX SERVICES		Preparer's PTIN or SSN XXXXXXXXXX	
Address 13542 39TH AVE FL 3		Employer identification number 46 1848633	
FLUSHING NY 11354		Date 03292024	
Email: DRLITIANYU@GMAIL.COM			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation COMPUTER ENGINEER	
Spouse's signature and occupation <i>(if joint return)</i> COMPUTER ENGINEER	
Date	Daytime phone number 646 256 0709
Email:	

201004231024

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.



Department of Taxation and Finance

New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
YONG GU AND JINGJIANG LI	XXX XX XXXX

Medical and dental expenses (see instructions)**Caution:** Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19 . . .	2	.00
3 Multiply line 2 by 10% (0.10)	3	.00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank)	4	.00

Taxes you paid (see instructions)

5 State and local (Mark an X in only one box)		
a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax	5	13009 .00
6 State and local real estate taxes	6	14516 .00
7 State and local personal property taxes	7	.00
8 Other taxes. List type and amount	8	.00
9 Add lines 5 through 8	9	27525 .00

Interest you paid (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098	10	11325 .00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address	11	.00
12 Points not reported to you on federal Form 1098	12	.00
13 Reserved	13	
14 Investment interest	14	.00
15 Add lines 10 through 14	15	11325 .00

Gifts to charity (see instructions)

16 Gifts by cash or check	16	.00
16a Qualified contributions included in line 16	16a	.00
17 Other than by cash or check	17	.00
18 Carryover from prior year	18	.00
19 Add lines 16, 17, and 18	19	.00

NO HANDWRITTEN ENTRIES ON THIS FORM.

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Your Social Security number
XXX XX XXXX

Casualty and theft losses

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) **20** .00

Job expenses and certain miscellaneous deductions (see instructions)

21 Unreimbursed employee expenses - job travel, union dues, etc.	21	.00
22 Job related education expenses	22	.00
23 Tax preparation fees	23	250 .00
24 Other expenses - investment, safe deposit box, etc. List type and amount _____	24	.00
25 Add lines 21 through 24	25	250 .00
26 Enter amount from Form IT-201 or IT-203, line 19 . . .	26	278570 .00
27 Multiply line 26 by 2% (0.02)	27	5571 .00
28 Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank)	28	.00

Other itemized deductions

29 Gambling losses (see instructions)	29	.00
30 Casualty and theft losses of income-producing property (see instructions)	30	.00
31 Federal estate tax on income in respect of a decedent (see instructions)	31	.00
32 Deduction for amortizable bond premiums (see instructions)	32	.00
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	33	.00
34 Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions)	34	.00
35 Certain unrecovered investments in a pension (see instructions)	35	.00
36 Impairment-related work expenses of a disabled person (see instructions)	36	.00
37 Federal qualified disaster loss (see instructions)	37	.00
38 Other itemized deductions from partnerships (see instructions).	38	.00
39 Add lines 29 through 38	39	.00

Total itemized deductions (see instructions)

Is Form IT-201 or IT-203, line 19, over \$187,900? (Mark an X in the appropriate box)

☐ If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

☒ If **Yes**, your deduction may be limited. See the **Line 40, Total itemized deductions worksheet**, in the instructions to compute the amount to enter on line 40.

SEE NYWKITM1

40 **40** 38850 .00

NO HANDWRITTEN ENTRIES ON THIS FORM.

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Adjustments

(see instructions)

41 State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions)	41	13009 .00
42 Subtract line 41 from line 40 (see instructions)	42	25841 .00
43 College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions)	43	.00
44 Addition adjustments (see instructions)	44	.00
45 Add lines 42, 43, and 44	45	25841 .00
46 Itemized deduction adjustment (see instructions) SEE NYWKITM2	46	6460 .00
47 Subtract line 46 from line 45 (see instructions)	47	19381 .00
48 College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) .	48	.00
49 New York State itemized deduction (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)	49	19381 .00

NO HANDWRITTEN ENTRIES ON THIS FORM.





Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

Tax Law - Section 606(c)

IT-216

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

Name(s) as shown on return	Your Social Security number
YONG GU AND JINGJIANG LI	XXX XX XXXX

1 Is your New York State filing status *Married filing separate return*, and did you check box A on your federal Form 2441, *Child and Dependent Care Expenses*? (If yes, see instructions) Yes ☐ No ☒

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

1st Care provider	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see instr.)
	PIERCE COUNTRY	111 81 4790	2300 .00
	B - Number and street City State ZIP code	MINEOLA AVE ROSLYN NY 11576	
2nd Care provider	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see instr.)
			.00
	B - Number and street City State ZIP code		

3 Total number of qualifying persons you are claiming 3 1
List in order from youngest to oldest. (If you are claiming more than five qualifying persons, see instructions.)

A First name		B Last name		C Qualified expenses paid	D Person with disability (see instr.)	E Social Security number	F Date of birth (mmddyyyy)
AUSTIN	Z	GU		2300.00	<input type="checkbox"/>	XXX XX XXXX	01182015
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a 2300 .00

3b Enter the amount from Worksheet 1, line 16, if applicable (see instr.) 3b 1467.00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes ☒ No ☐

5 Enter the **smallest** of:

- line 3a above; or
- line 3b above; or
- 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons

Whole dollars only

5 1467.00

6 Enter your earned income (see instructions) 6 155421.00

7 If your filing status is (2) *Married filing joint return*, enter your spouse's earned income;

all others, enter the amount from line 6 (see instructions) 7 76098.00

8 Enter the smallest of line 5, 6, or 7 8 1467.00

9 Enter the amount from Form IT-201, line 19 or IT-203, line 19, *Federal amount* column 9 278570.00

10 Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instr. 10 .2

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2) 11 293.00

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NO HANDWRITTEN ENTRIES ON THIS FORM.

12	Amount from line 11	12	293.00
13	Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		276810.00
	Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line	13	0.200
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>)	14	59.00

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40	15	.00
	If line 15 is equal to or more than line 14, stop. You do not have excess credit.		
	If line 15 is less than line 14, continue on line 16 below.		
16	Subtract line 15 from line 14. This is your excess child and dependent care credit	16	.00
17	Enter the amount from Form IT-203-ATT, line 29 (<i>If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i>)	17	.00
	If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30.		
	If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.		
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18	.00
19	Enter the amount from line 19, Column D, of <i>Part-year resident income allocation worksheet</i> , in Form IT-203-I.	19	.00
20	Enter the amount from Form IT-203, line 19, <i>Federal amount column</i>	20	.00
21	Divide line 19 by line 20 (<i>round the result to the fourth decimal place</i>). This amount cannot exceed 100% (1.0000) (<i>see instructions</i>)	21	
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit	22	.00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit in the instructions*) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see the instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23	.00
IT-201 filers:			
24	Refundable New York City child and dependent care credit (<i>from Worksheet 2, line 7 or line 13</i>)	24	.00
25	Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25	.00
26	Part-year New York City resident nonrefundable New York City child and dependent care credit (<i>from Worksheet 2, line 8</i>); also enter this amount on Form IT-201-ATT, line 9a	26	.00

IT-203 filers:

27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 2, line 8</i>); also enter this amount on Form IT-203, line 52	27	.00
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 2, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a	28	.00

Part-year New York City resident filers only:

29	Enter the amount from Worksheet 2, line 10	29	.00
30	Enter the amount from Worksheet 2, line 11	30	.00

NO HANDWRITTEN ENTRIES ON THIS FORM.





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

XXX XX XXXX

Box b Employer identification number (EIN)

27 4251950

Box c Employer's information

Employer's name			
VALUE LINE PUBLISHING			
Employer's address (number and street)			
551 5TH AVE FL 3			
City	State	ZIP code	Country
NEW YORK	NY	10176	

Box 1 Wages, tips, other compensation

76098.00

Box 12a Amount

.00

Code

Box 14a Amount

31.00

Description

SDI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

364.00

Description

PFL

Box 10 Dependent care benefits

833.00

Box 12c Amount

.00

Code

Box 14c Amount

1760.00

Description

TRANS

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a

NY State

NY

Box 16a NYS wages, tips, etc.

76098.00

Box 17a NYS income tax withheld

3474.00

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

XXX XX XXXX

Box b Employer identification number (EIN)

13 4994650

Box c Employer's information

Employer's name			
JPMORGAN CHASE BANK			
Employer's address (number and street)			
PO BOX 182613			
City	State	ZIP code	Country
COLUMBUS	OH	43218	

Box 1 Wages, tips, other compensation

155421.00

Box 12a Amount

60.00

Code

C

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

6650.00

Code

D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

23048.00

Code

D

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

1315.00

Code

V

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.

155421.00

Box 17a NYS income tax withheld

9504.00

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

102001231024



NO HANDWRITTEN ENTRIES ON THIS FORM.



Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

Name(s) as shown on return YONG GU AND JINGJIANG LI	Identification number (SSN or EIN) XXX XX XXXX
---	--

Part 1 - All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2023 return before withholding and estimated tax payments (caution: see instructions)	1	15386.00
2 Empire State child credit (from Form IT-201, line 63)	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3	59.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5	.00
6 Real property tax credit (from Form IT-201, line 67)	6	.00
7 College tuition credit (from Form IT-201, line 68)	7	.00
7a Enter the total amount of STAR credit (see instructions)	7a	.00
8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a)	8	.00
9 NY City earned income credit (from Form IT-201, line 70)	9	.00
9a This line intentionally left blank	9a	
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10	11	59.00
12 Current year tax (subtract line 11 from line 1)	12	15327.00
13 Multiply line 12 by 90% (.90)	13	13794.00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	12978.00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15	2349.00
16 Enter your 2022 tax (caution: see instructions)	16	13706.00
17 Enter the smaller of line 13 or line 16	17	13706.00

Part 2 - Short method for computing the penalty - Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 - Regular method**.

18 Enter the amount from line 14 above	18	12978.00
19 Enter the total amount of estimated tax payments you made (see instructions)	19	.00
20 Add lines 18 and 19	20	12978.00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21	728.00
22 Multiply line 21 by .06801 and enter the result	22	50.00
23 If the amount on line 21 was paid on or after April 15, 2024, enter 0 . If the amount on line 21 was paid before April 15, 2024, make the following computation to find the amount to enter on this line: Amount on line 21 x number of days paid before April 15, 2024 x .00028 =	23	3.00
24 Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.	24	47.00

Part 3 - Regular method - Schedule A - Computing your underpayment (Schedule B is on page 2)

Payment due dates	A 4/15/23	B 6/15/23	C 9/15/23	D 1/15/24
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25	.00	.00	.00
26 Estimated tax paid and tax withheld (see instructions)	26	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27	.00	.00	.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	.00	.00	.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29	.00	.00	.00

059001231024



Part 3 - Regular method - Schedule B - Computing the penalty

Payment due dates	A 4/15/23	B 6/15/23	C 9/15/23	D 1/15/24
30 Amount of underpayment (from line 29)	30 .00	.00	.00	.00
First installment penalty period (April 15 - June 15, 2023)				
31 April 15 - June 15 = (61 ÷ 365) x 9.5% = .01587 - or - April 15 - _____ = (_____ ÷ 365) x 9.5% = _____	31			
32 Multiply line 30, column A by line 31	32 .00			
Second installment penalty period (June 15 - September 15, 2023)				
33 June 15 - September 15 = (92 ÷ 365) x 9.5% = .02394 - or - June 15 - _____ = (_____ ÷ 365) x 9.5% = _____	33			
34 Multiply line 30, column B by line 33	34 .00			
Third installment penalty period (September 15, 2023 - January 15, 2024)				
35 September 15 - September 30 = (15 ÷ 365) x 9.5% = .00389 October 1 - December 31 = (92 ÷ 365) x 10.5% = .02646 January 1 - January 15 = (15 ÷ 366) x 10.5% = .00429 Total .03464				
- or - September 15 - _____ = (_____ ÷ 365) x 9.5% = _____ October 1 - _____ = (_____ ÷ 365) x 10.5% = _____ January 1 - _____ = (_____ ÷ 366) x 10.5% = _____ Total _____				
36 Multiply line 30, column C by line 35			35 .00	
Fourth installment penalty period (January 15 - April 15, 2024)				
37 January 15 - April 15 = (91 ÷ 366) x 10.5% = .02610 - or - January 15 - _____ = (_____ ÷ 366) x 10.5% = _____			37	
38 Multiply line 30, column D by line 37			38 .00	
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42			39 .00	



New York
Worksheet

Form IT-2105.9 - Underpayment of Estimated Income Tax -
Worksheets for Lines 1, 15, and 16

2023

Name(s) as shown on return

YONG GU AND JINGJIANG LI

Your social security number

XXX XX XXXX

Line 1 worksheet - Total Tax from the 2023 return before withholding and estimated tax payments

Complete the following worksheet to compute amount for line 1.

1	Total tax from 2023 Form IT-201, line 61; or Form IT-203, line 58	1	15386.
2	Enter sales or use tax from 2023 Form IT-201, line 59; or Form IT-203, line 56	2	
3	Enter voluntary contributions from 2023 Form IT-201, line 60; or Form IT-203, line 57	3	
4	Add lines 2 and 3	4	
5	Subtract line 4 from line 1. Enter here and on Form IT-2105.9, Part 1, line 1	5	15386.

Line 15 worksheet - If this line is less than \$300, you do not owe a penalty and do not need to complete Form IT-2105.9. If this line is \$300 or more and you are subject to more than one of the following taxes (New York State, New York City, Yonkers, or MCTMT), complete the following worksheet to see if you may owe a penalty.

Are you subject to:

a)	New York State tax (enter 1)	a	1.
b)	New York City tax (enter 1)	b	
c)	Yonkers tax (enter 1)	c	
d)	MCTMT (enter 0)	d	
e)	Add lines a through d	e	1.
f)	Multiply line e by \$300	f	300.

If line 15 is less than line f, **stop**; do not complete the rest of this form.

If line 15 is more than line f, continue with line 16.

Line 16 worksheet - Prior Year Tax

The amount calculated for this worksheet, is the amount that should be entered on line 16 of the 2023 IT-2105.9

Complete the following worksheet to compute amount for line 16.

1	Tax from 2022 Form IT-201 (total of lines 46 and 58); or Form IT-203 (total of lines 50 and 55).	1	12460.
2	Enter the total of any credits claimed from 2022 Form IT-201, lines 63-71; or Form IT-203, lines 60, 60a, and 61. Also include any payment (check) received during 2022 for the STAR credit or the homeowner tax rebate credit	2	
3	Subtract line 2 from line 1. Enter here and on Form IT-2105.9, Part 1, line 16. If your New York adjusted gross income (or net earnings from self-employment allocated to the MCTD) for 2022 is more than \$150,000 (\$75,000 if married filing separately for 2023) enter 110% of this amount	3	13706.

Line 16 Worksheet - Next Year Tax

The amount calculated for this worksheet, is the amount that should be entered on line 16 of the 2024 IT-2105.9

Complete the following worksheet to compute amount for line 16.

1	Tax from 2023 Form IT-201 (total of lines 46 and 58); or Form IT-203 (total of lines 50 and 55).	1	15386.
2	Enter the total of any credits claimed from 2023 Form IT-201, lines 63-71; or Form IT-203, lines 60, 60a, and 61. Also include any payment (check) received during 2023 for the STAR credit or the homeowner tax rebate credit	2	59.
3	Subtract line 2 from line 1. Enter here and on Form IT-2105.9, Part 1, line 16. If your New York adjusted gross income (or net earnings from self-employment allocated to the MCTD) for 2023 is more than \$150,000 (\$75,000 if married filing separately for 2023) enter 110% of this amount	3	16860.

New York
Worksheet

Form IT-196

Line 40, Total itemized deductions worksheet

(Keep for your records)

2023

Name(s) as shown on return

YONG GU AND JINGJIANG LI

Your social security number

XXX XX XXXX

- 1 Enter the total amounts from Form IT-196, lines 4, 9, 15, 19, 20, 28, and 39 1 38850
- 2 Enter the total amounts from Form IT-196, lines 4, 14, 16a, 20, 29, 30, and 37 2
- 3 Is the amount on line 2 less than the amount on line 1?
If **No**, stop here. Your deduction is **not** limited. Enter the amount from line 1 of this worksheet on Form IT-196, line 40. Do not complete the rest of this worksheet.
If **Yes**, subtract line 2 from line 1 3 38850
- 4 Multiply line 3 by 80% (.80) 4 31080
- 5 Enter the amount from Form IT-201, line 19 or IT-203, line 19 (*Federal amount column*) 5 278570
- 6 Enter \$375,850 if married filing jointly or qualifying surviving spouse; \$344,500 if head of household; \$313,200 if single; or \$187,900 if married filing separately 6 375850
- 7 Is the amount on line 6 less than the amount on line 5?
If **No**, stop here. Your deduction is **not** limited. Enter the amount from line 1 of this worksheet on Form IT-196, line 40. Do not complete the rest of this worksheet.
If **Yes**, subtract line 6 from line 5 7
- 8 Multiply line 7 by 3% (.03) 8
- 9 Enter the smaller of line 4 or line 8 9
- 10 **Total itemized deductions.** Subtract line 9 from line 1. Enter the result here and on Form IT-196, line 40. 10

New York
Worksheet

Form IT-196
Itemized Deduction Adjustment
(Keep for your records)

2023

Name(s) as shown on return

YONG GU AND JINGJIANG LI

Your social security number

XXX XX XXXX

If your New York Adjusted Gross Income (NYAGI) (Form IT-201, line 33 or Form IT-203, line 32) is:

- \$100,000 or less, leave line 46 blank and go to line 47;
- more than \$100,000 but not more than \$475,000, fill in Worksheet 3 below;
- more than \$475,000 but not more than \$525,000, fill in Worksheet 4 below;
- more than \$525,000 but not more than \$1,000,000, enter 50% (.50) of line 45 on line 46;
- more than \$1,000,000, but not more than \$10,000,000, fill in Worksheet 5 below; or
- more than \$10,000,000, fill in Worksheet 6 below.

Worksheet 3

1	NYAGI (from Form IT-201, line 33 or Form IT-203, line 32)	1	276810
2	Filing status (1) or (3) enter \$100,000 or filing status (4) enter \$150,000, or filing status (2) or (5) enter \$200,000	2	200000
3	Subtract line 2 from line 1. (If line 2 is more than line 1, leave line 46 blank. Do not continue with this worksheet.)	3	76810
4	Enter the lesser of line 3 or \$50,000	4	50000
5	Divide line 4 by \$50,000 and round to the fourth decimal place	5	1.0000
6	Enter 25% (.25) of line 45	6	6460
7	Multiply line 5 by line 6	7	6460

Enter this amount on line 46.

Worksheet 4

1	Enter the excess of NYAGI over \$475,000 (cannot exceed \$50,000)	1	
2	Divide line 1 by \$50,000 and round to the fourth decimal place	2	
3	Enter 25% (.25) of line 45	3	
4	Multiply line 2 by line 3	4	
5	Add lines 3 and 4	5	

Enter this amount on line 46.

Worksheet 5

1	Enter the amount from line 45	1	
2	Enter 50% (.50) of your gifts to charity (Form IT-196, line 19)	2	
3	Subtract line 2 from line 1	3	

Enter this amount on line 46.

Worksheet 6

1	Enter the amount from line 45	1	
2	Enter 25% (.25) of your gifts to charity (Form IT-196, line 19)	2	
3	Subtract line 2 from line 1	3	

Enter this amount on line 46.

**New York State Tax
Computation Worksheet**

**New York AGI of more than \$107,650 -
Married filing jointly and qualifying widow(er)**
(Keep for your records)

2023

Name(s) as shown on return

YONG GU AND JINGJIANG LI

Your social security number

XXX XX XXXX

- ☐ If your New York AGI (IT-201, line 33 or IT-203, line 32) is **more than \$107,650, but not more than \$25,000,000**, and your taxable income (IT-201, line 38 or IT-203, line 37) is **\$161,550 or less**, then you must compute your tax using **Worksheet 1**.
- ☒ If your New York AGI (IT-201, line 33 or IT-203, line 32) is **more than \$161,550, but not more than \$25,000,000**, and your taxable income (IT-201, line 38 or IT-203, line 37) is **more than \$161,550 but not more than \$323,200**, then you must compute your tax using **Worksheet 2**.

Tax computation worksheet 1

- 1 Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32 1 _____
- 2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 2 _____
- 3 Multiply line 2 by 5.5% (.055). (**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 _____
- 4 Enter your New York State tax on the line 2 amount from the *New York State tax rate schedule* 4 _____
- 5 Subtract line 4 from line 3 5 _____
- 6 Enter the excess of line 1 over \$107,650 6 _____
- 7 Divide line 6 by \$50,000 and round the result to the fourth decimal place 7 _____
- 8 Multiply line 5 by line 7 8 _____
- 9 Add lines 4 and 8. **Enter here and on Form IT-201, line 39 or Form IT-203, line 38** 9 _____

Tax computation worksheet 2

- 1 Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32 1 276810.00
- 2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 2 256429.00
- 3 Enter your New York State tax on the line 2 amount from the *New York State tax rate schedule* 3 14246.00
- 4 Recapture Base amount 4 333
- 5 Incremental Benefit amount 5 807
- 6 Enter the excess of line 1 over \$161,550 6 115260.00
- 7 Enter the lesser of line 6 or \$50,000 7 50000.00
- 8 Divide line 7 by \$50,000 and round the result to the fourth decimal place 8 1.0000
- 9 Multiply line 5 by line 8 9 807.00
- 10 Add lines 3, 4, and 9. **Enter here and on Form IT-201, line 39 or Form IT-203, line 38.** 10 15386.00

**New York
Worksheet**

**Worksheet 1
Dependent care benefits**

2023

(Keep for your records)

Name(s) as shown on return

Your social security number

YONG GU AND JINGJIANG LI

XXX XX XXXX

1	Enter the total amount of dependent care benefits you received in 2023.	1	833.
2	Enter the amount of dependent care benefits, if any, you carried over from 2022, and used in 2023 during the grace period	2	
3	Add lines 1 and 2	3	833.
4	Enter the amount of dependent care benefits, if any, that you forfeited or carried forward to 2024	4	
5	Subtract line 4 from line 3	5	833.
6	Enter the total amount of qualified expenses incurred in 2023 for the care of the qualifying person(s)	6	2300.
7	Enter the smaller of line 5 or 6	7	833.
8	Enter your earned income	8	155421.
9	Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for <i>If you or your spouse was a student or disabled</i> on page 5). • If married filing separately, see instructions. • All others, enter the amount from line 8.	9	76098.
10	Enter the smallest of line 7, 8, or 9	10	833.
11	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 9) plus any amount entered on line 2	11	5000.
12	Enter \$3,000 if one qualifying person, \$6,000 if two qualifying persons, \$7,500 if three qualifying persons, \$8,500 if four qualifying persons, and \$9,000 if five or more qualifying persons	12	3000.
13	Enter the smaller of line 10 or 11	13	833.
14	Subtract line 13 from line 12. If zero or less, stop ; you cannot take the credit	14	2167.
15	Enter the qualified expenses you incurred and paid in 2023, less any amount in line 13 above	15	1467.
16	Enter the smaller of line 14 or 15. Also, enter this amount on Form IT-216, line 3b	16	1467.

**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 YONG GU	Spouse's name (jointly filed return only) JINGJIANG LI
-----------------------------------	--

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, if 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

FORM IT-201

1 Federal adjusted gross income (from applicable line)	1.	278570.
2 Refund	2.	
3 Amount you owe	3.	2396.
4 Financial institution routing number	4.	021000021
5 Financial institution account number	5.	558685355
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

Under penalty of perjury, I declare that I have examined the information on my 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 03292024
Spouse's signature (jointly filed return only)	Date 03292024

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	Date
Paid preparer's signature TIANYU LI	Print name TIANYU LI	Date 03292024

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2023 AGI FD / ST Summary	
Name(s) as shown on state return YONG GU & JINGJIANG LI			Social Security Number XXX-XX-XXXX	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1	155,421	76,098	155,421 76,098
2b Taxable interest	2b	7,983	30,357	7,103 29,477
3b Ordinary dividends	3b	1,194	6,728	1,194 6,728
4b Taxable amount of IRA distributions	4b			
5b Taxable amount of Pensions and annuities	5b			
6b Taxable amount of Social security benefits	6b			
7 Capital gain or (loss)	7		789	789
8 Other income from Schedule 1	8			
9 Total income (Sum of Lines 1-8)	9	164,598	113,972	163,718 113,092
10 Adjustments to income from Schedule 1	10			
11 Adjusted Gross Income (line 9 - line 10)	11	164,598	113,972	163,718 113,092
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5			
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income.	8			
10 Total Additional Income (Sum of lines 1-8)	10			
Schedule 1 - Adjustments to Income				
11 Educator Expenses	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12			
13 Health savings account deduction	13			
14 Moving expenses	14			
15 Deductible part of self-employment tax	15			
16 Self-employed SEP, SIMPLE, and qualified plans	16			
17 Self-employed health insurance deduction	17			
18 Penalty on early withdrawal of savings	18			
19a Alimony paid	19a			
20 IRA deduction	20			
21 Student loan interest deduction	21			
22 Reserved	22			
23 Archer MSA Deduction	23			
24 Other Deductions (see STWK_ADJ)	24			
26 Total Adjustments to income (Sum of lines 11-24)	26			

NYWK_D	For your records only. Capital Gains and Losses Worksheet	2023 STATE D Summary	
Name(s) as shown on state return YONG GU & JINGJIANG LI		Social Security Number XXX-XX-XXXX	

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked		789	789
Line 2	Transactions reported on 8949 with Box B checked			
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:			789	789

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse
Line 8a	Totals for all LT 1099-B transactions reported to the IRS		
Line 8b	Transactions reported on 8949 with Box D checked		
Line 9	Transactions reported on 8949 with Box E checked		
Line 10	Transactions reported on 8949 with Box F checked		
Line 11	Federal 4797 Long Term		
	Federal 4797 Prior Year Unallowed Passive		
	Federal 4797 Sec 1231 from 6252		
	Federal 4797 Sec 1231 from 8824		
	Federal 2439 Long Term		
	Federal 6252 Long Term		
	Federal 4684 Long Term		
	Federal 6781 Long Term		
	Federal 8824 Long Term		
Line 12	Partnership, S-Corporation, Fiduciary		
	Final Year Deductions from Fiduciary		
Line 13	Capital Gain Distributions		
Line 14	Federal Schedule D LT carryover amounts		
Subtotal:			

State's Computation				
Total Capital Gain or Loss			789	789
Limited Capital Gain or Loss (Amount carrying to the State)			789	789

Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.

You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

NYWK_D	For your records only. Capital Gains and Losses Worksheet	2023 FEDERAL D Summary
Name(s) as shown on state return YONG GU & JINGJIANG LI		Social Security Number XXX-XX-XXXX

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked		789	789
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	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
Subtotal:			789	789

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse
Line 8a	Totals for all LT 1099-B transactions reported to the IRS		
Line 8b	Transactions reported on 8949 with Box D checked		
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	Final Year Deductions from Fiduciary		
Line 13	Capital Gain Distributions		
Line 14	Federal Schedule D LT carryover amounts		
Subtotal:			

State's Computation				
Total Capital Gain or Loss			789	789
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- * Line 11 - Federal 8824 Long Term

NYWK_A5

State / Local tax payments made after 12/31/2023 that
will be deductible on 2024 Federal Schedule A

2023

Name(s) as shown on return

YONG GU & JINGJIANG LI

Your Social Security Number

XXX-XX-XXXX

A. 2023 Income taxes due that were paid after 12/31/2023

A1. 4th quarter estimate/extension (may be adj. by refund)
A2. Amount paid with return 2,396
A3. Total payments made in 2024 **A.** 2,396

B. Adjustments made to payments

B1. Interest & Penalty 47
B2. Contributions, Donations, Checkoffs
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)
B4. Total adjustments **B.** 47

C. Total tax payments potentially deductible in 2024 (Line A less line B) **C.** 2,349

Client Copy

NY-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return YONG GU & JINGJIANG LI			Taxpayer ID Number XXX-XX-XXXX	
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	MFJ	MFJ	MFJ	
Gross Income	188,342	223,540	278,570	55,030
Additions				
Subtractions			1,760	1,760
Exemptions	1,000	1,000	1,000	
Standard Deduction				
Itemized Deduction	48,913	23,190	19,381	(3,809)
Deductions	48,913	23,190		(23,190)
Taxable Income	132,429	199,350	256,429	57,079
Actual State Income	132,429	199,350	256,429	57,079
State Income Tax	7,906	12,460	15,386	2,926
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	9,423	12,674	12,978	304
Estimates and Extension payments . . .				
Underpayment Penalty			47	47
Overpayment Applied to Next Year . . .				
Refund	1,517	214		(214)
Balance Due			2,396	2,396
Marginal tax rate		6.250000	6.000000	(0.250000)
Effective tax rate	5.970000	6.250000	6.000000	(0.250000)