Form	u l	epartment of the Treasury—Internal Revenue I.S. Individual Income	īax	Return 20	OMB No. 15	15-0074 IRS Use C	nly—Do not w	rite or staple in this space.
Filing Status Check only one box.	لب ا	Single Married filing jointly you checked the MFS box, enter the nather that the mather than	☐ N	farried filing separately (MF) f spouse. If you checked t	S) Head of house ne HOH or QW box, en	hold (HOH)	ualifying wic	owler) (OM)
Your first nar				Last name				
JOSE		and the same of th		•			Your so	cial security number
	SDOUSE	e's first name and middle initial		TREJO			101-	90-4496
TERESA		o mor hame and initial		Last name			Spouse'	s social security number
		per and street). If you have a P.O. box,	ᆜ.	TREJO			101-	90-2872
50 MCK	EE S	TREET				Apt. no.	Presider Check here	ntial Election Campaign if you, or your spouse if filin
City, town or FLORAL	post off PARI	fice, state, and ZIP code. If you have a K NY 11001	foreig	n address, also complete :	paces below (see instr	uctions).	jointly, war	t \$3 to go to this fund. box below will not change you
Foreign count	try name	е		Foreign province/sta	te/county	Foreign postal code	⇒ If more t	d.
Age/Blindness				were a dual-status alien Are blind Spouse	: Was born befo	re January 2, 1955	Is blir	ď
Dependents	(see in	structions):		(2) Social security number	(3) Relationship to yo		if qualifies for	(see instructions):
(1) First name		Last name				Child tax		Credit for other dependents
FRANCIS		TREJO		088-90-9140	Son			\boxtimes
JENNIFE	₹	TREJO CHAVEZ		061-92-5945	Daughter		-	<u> </u>
					NI N			
	1	Wages, salaries, tips, etc. Attach Fol	m(s)	W-2		<u> </u>	. 1	54,049.
	2a	Tax-exempt interest	2a		b Taxable interest.	Attach Sch. Bif rocui	-	J4,049.
andard	3a	Qualified dividends	За		b Ordinary dividends			
eduction for—	4a	IRA distributions	4a		b Taxable amount	, atach oon. o n redu	4b	
Single or Married filing separately,	С	Pensions and annuities	4¢		d Taxable amount		. 4d	
12,200	5a	Social security benefits	5a		b Taxable amount		. 5b	17111
Vlarried filing ointly or Qualifying	6	Capital gain or (loss). Attach Schedu	le D if	required. If not required, o	heck here			
vidow(er), \$24,400	7a	Other income from Schedule 1, line 9					6_	<u> </u>
•	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	d 7a.	This is your total income		• • • •	. 7a	
	8a	Adjustments to income from Schedu	le 1, 1	ne 22		• • • •	▶ <u>7</u> 5	54,049.
nousehold,	1 00						. 8a	
nousehold, 318,350 f you checked	ь	Subtract line 8a from line 7b. This is	your a	wideted aross income				
nousehold, \$18,350 f you checked any box under		Subtract line 8a from line 7b. This is standard deduction or itemized de	your a duc ti	ons (from Schedule A)		1	d8	54,049.
nousehold, \$18,350 f you checked any box under Standard Deduction,	ь	Standard deduction or itemized de	ducti	ons (from Schedule A)	5-0	24,40	5,725,000	54,049.
nousehold, \$18,350 f you checked any box under Standard Deduction,	b	Standard deduction or itemized de Qualified business income deduction	ducti	ons (from Schedule A)	5-A <u>9</u>	24,40	5,725,000	54,049.
rlead of household, \$18,350 If you checked any box under Standard Deduction, see instructions.	9 10	Standard deduction or itemized de	ducti Atta	ons (from Schedule A) ch Form 8995 or Form 899	5-A <u>10</u>	24,40	5,725,000	24,400. 29,649.

Form 1040 (201	9)											Page 2
	12a	Tax (see inst.) Check if any from			3 🗍	12a		3,167.				
	á	Add Schedule 2, line 3, and lin							12b		3.	167.
	13a	Child tax credit or credit for ot				13a		1,000.		 		
	b	Add Schedule 3, line 7, and lin	e 13a and enter th	e total				>	135		2.	291.
	14	Subtract line 13b from line 12b	. If zero or less, er	nter-0 ,					14	 		876.
	15	Other taxes, including self-em	ployment tax, from	Schedule 2, line	≥10				15			0.
	16	Add lines 14 and 15. This is yo	ur total tax					Þ	16	 		876.
	17	Federal income tax withheld fr	om Forms W-2 and	1099					17			762.
If you have a	18	Other payments and refundable	e credits:					,	<u> </u>	 		702.
qualifying child, attach Sch. EIC.	<u>a</u>	Earned income credit (EIC) .			No	18a			46 Andrés 2017 781	1		
 If you have 	ь	Additional child tax credit. Atta	ch Schedule 8812			18b		* ***				
nontaxable combat pay, see	c	American opportunity credit fro	om Form 8863, line	8		18c		860.				
instructions.	d	Schedule 3, line 14				18d		198.				
	ę	Add lines 18a through 18d. The	ese are your total o	other payments	and refundable cre			<u> </u>	18e	1	1	058.
	19	Add lines 17 and 18e. These ar						. >	19	 		820.
Refund	20	If line 19 is more than line 16, s			the amount you ove	rnaid	· · · ·		20	 		944.
	21a	Amount of line 20 you want ref	unded to you. If F	orm 8888 is atta	ched, check here	Apala .		 ≽ □	21a	┼──		944. 944.
Direct deposit? See instructions.	⊳b	Routing number X X X	x x x x	хх	➤ c Type:	 Checking	,	Savings	718	 	<u> </u>	544.
Gee mandedons.	⊳d	Account number X X X	X X X X	x x x	$x \mid x \mid x \mid x \mid x$	x x		Saviriys				
	22	Amount of line 20 you want app	plied to your 2020	estimated tax		22	;			,		
Amount	23	Amount you owe. Subtract line						. Þ	23	 		
You Owe	24	Estimated tax penalty (see instr	ructions)			24			23	20.846	organización Programación	er regerie
Third Party Designee	Do	you want to allow another perso	n (other than your i	paid preparer) to	discuss this return	with the IRS	S? See in:	structions.			omplete	below.
(Other than		ignee's		Phone			Person	al identifica	_	No		
paid preparer)		ne 🕨		no. ▶			numbe	(PIN)	₽			
Sign Here	Und	er penalties of perjury, I declare that ect, and complete. Declaration of prep	I have examined this parer (other than taxpa	return and accomp ayer) is based on al	panying schedules and : I information of which p	statements, a reparer has a	and to the	best of my k	nowledg	e and b	elief, they	/ are true,
110.0	You	ır signature		Date	Your occupation			If the	IRS ser	nt vou :	an Identi	itv
Joint return?	À	•						Prote	ction P	IN, ente	er it here	3
See instructions.	Spc	ouse's signature. If a joint return,	both must size	Dete	BAKER			(see				
Keep a copy for	7	organization of the point rectary,	botti must sigiri.	Date	Spouse's occupat	ion		If the	IRS ser	it your:	spouse a	an
your records.	•••				JANITORIA	L		(see i	nst.)	CHOITE	PIN, ente	r it nere
	Pho	ne no.		Email address				<u> </u>				
Paid	Pre	parer's name	Preparer's signat	ture		Date		PTIN	7	Check	cif	
Preparer	Car	l M. Cesarano	Carl M. C	esarano		02/26/	/2020	P00082	1/21		d Party D	Jacianos
Use Only	Firm	n's name ▶ CESARANO	& KHAN CPA	***************************************		Phone no) 437-8			u rany L elf-empl	-
- Joe Only	Firm	's address ➤ 199 Jeric			LORAL PARK	NY 11		··	EIN M			
Go to www.irs.go	v/Form 7	1040 for instructions and the late			***************************************		4/20 PRO	Lums	CIN P		-3175	
					Baa	RCV 02/1	HIZU MKQ			Fo	rm 104 1	U (2019)

SCHEDULE 3

(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 03

	3 310WT 011 F0FI1 1040 6F 1040-SR	Your social	security number
	SE & TERESA D TREJO		
Pa	III Nonrefundable Credits	101-90)-4496
1			
2	Foreign tax credit. Attach Form 1116 if required	. [1	
3	Credit for child and dependent care expenses. Attach Form 2441	. 2	
4	Laddation diedits from Form 6865, line 19		1,291.
5	Activities average contributions credit. Attach Form 8880		
6	ricoldendal energy credits. Attach Form 5695	. 5	
7	Other credits north bottle at 1 (3800). Print a 200		
ESPERATOR S	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	- 	
Par	Other Payments and Refundable Credits		1,291.
8	2019 estimated tax payments and amount applied from 2018 return		
9	Net premium tax credit. Attach Form 8062	. 8	
10	Net premium tax credit. Attach Form 8962	9	198.
11	Amount paid with request for extension to file (see instructions)	10	
12	- 19400 COOKE OCCURTY AND LIGHT THE LAND WITHINGTO	7	
13	- 1 Total Todal an tax of Tuels, Attach Form 4136	12	
	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		***
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SB, line 18d	14	100
For Pa	por work reduction ACI Notice, See Your Tax return instructions		198.

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Education Credits (American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 50

Your social security number 101-90-4496

JOSE & TERESA D TREJO

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

After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 1 2,151. Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit. Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) If line 4 is: Equal to or more than line 5, enter 1,000 on line 6 Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit, skip line 8, enter the amount from line 7 on line 9, and check this box. Refundable American opportunity credit, Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below 2	NATIONAL PROPERTY.	Refundable American Opportunity Credit			<u>.</u>
and the street of the amount from pointly; \$90,000 if single, head of household, or qualifying widow(er) 3	1	After completing Part III for each student, enter the total of all amounts from all I	Porto III. line 00		
2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit. Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) If line 4 is: Equal to or more than line 5, enter 1.000 on line 6 Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box. Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on line 2 of the Credit Limit Worksheet (see instructions) Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 Inter the smaller of line 10 or \$10,000 Multiply line 11 by 20% (0.20) Multiply line 11 by 20% (0.20) The enter standard filing jointly; \$68,000 if single, head of household, or qualifying widow(er) Subtract line 16, married filing jointly; \$68,000 if single, head of household, or qualifying widow(er) If line 16 is: Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places). Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	2	Enter: \$100,000 if married filing jointly; \$90,000 if single, head of household			2,151.
Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) If line 4 is: Equal to or more than line 5, enter 1.000 on line 6 Less than line 5, divide line 4 by line 6. Enter the result as a decimal (rounded to at least three places) Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit, skip line 8, enter the amount from line 7 on line 9, and check this box. Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-98, line 18c. Then go to line 9 below. Nonrefundable Education Credits Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) After completing Part lif for each student, enter the total of all amounts from all Parts Ili, line 31. If zero, skip lines 11 through 17; enter -0- on line 18, and go to line 19 Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er) Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or 14 line 18 line 16 line 16 line 15 by line 16. Enter the result as a decimal (rounded to at least three places). Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) In the file is: Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places).	3	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter			
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• Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 7 Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box 8 Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below 9 Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) 10 After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 11 Enter the smaller of line 10 or \$10,000 12 Multiply line 11 by 20% (0.20) 13 Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er) 14 Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter 15 Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 16 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) 17 If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) ▶ Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see	5	Litter, \$20,000 if married filling jointly: \$10,000 if single, head of head of head			
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wilding line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and so form 1040 or 1040-SR, line 18c. Then go to line 9 below Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and so line 19 subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 10 or \$10,000 Multiply line 11 by 20% (0.20) Inter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) If line 15 is: Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) № Nonrefundable of the credit Limit worksheet (see instructions) № Nonrefundable of the credit Limit worksheet (see instructions) №		at least three places)	unded to	10 T T W T T T T	1.000
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instructions) here and on Schedule 3 (Form 1040 or 1040 SP) line 2		The state of the s			
	13	instructions) here and on Schodule 3 (Farm 40.45)	mit Worksheet (see	10	
	or Par	perwork Reduction Act Notice, see your tax return instructions		19	1,291.

	(2019)	

Page 2

Name(s)	shown	on	return	

JOSE & TERESA D TREJO

Your social security number 101-90-4496



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

Part III Student and Educational Institution Informatio	n. See instructions.
20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of
FRANCISCO	your tax return)
TREJO	088-90-9140
22 Educational institution information (see instructions)	
a. Name of first educational institution	b. Name of second educational institution (if any)
CUNY- COMMUNITY COLLEGE	
 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. WEST 41ST STREET, 5TH FLOOR 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
NEW YORK NY 10036	
(2) Did the student receive Form 1098-T ⊠ Yes □ No from this institution for 2019?	(2) Did the student receive Form 1098-T Yes No from this institution for 2019?
(3) Did the student receive Form 1098-T from this institution for 2018 with box ⊠ Yes □ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2018 with box Yes No 7 checked?
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(EIN) if you're claiming the American opportunity credit or
13-6400434	
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?	
Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	
25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	Yes — Stop! ☐ Go to line 31 for this student. X No — Go to line 26.
26 Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	
you complete lines 27 through 30 for this student, don't c	fetime learning credit for the same student in the same year. If complete line 31.
American Opportunity Credit	
27 Adjusted qualified education expenses (see instructions). Don	't enter more than \$4,000
Subtract \$2,000 from line 27. If zero or less, enter -0Multiply line 28 by 25% (0.25)	
13 ()	29 151.
30 If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts fr	add \$2,000 to the amount on line 29 and om all Parts III, line 30, on Part I, line 1. 30 2,151.
Lifetime Learning Credit	
31 Adjusted qualified education expenses (see instructions). Inclu III, line 31, on Part II, line 10	ude the total of all amounts from all Parts

Form 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.

OMB No. 1545-0074

Attachment Sequence No. 70

Taxpayer name(s) shown on return

JOSE & TERESA D TREJO

Taxpayer identification number

101-90-4496

	preparer siname and PTIN			
	rl M. Cesarano P000824	วา		
Par	Due Diligence Requirements			
Pleas	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and comple	te the ro	Jatod F	lorto I l
				aits I— 10H
1	bld you complete the return based on information for tax year 2019 provided by the town	Yes	No	N/A
	readenably obtained by you:	$\overline{\mathbf{v}}$	140	IN/A
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, or 1040-SS 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?			
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. 	1.000		
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	X		
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.)] [<u> </u>	
a b	Did you make reasonable inquiries to determine the correct, complete, and consistent information? 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.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 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 compute the amount(s) of the credit(s)			
	List those documents, if any, that you relied on.			
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?			
a 8	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.) Did you complete the required recertification Form 8862? If the taxpayer is reporting self-employment income, did you self-guestion to a self-employment income.	X		
	correct Schedule C (Form 1040 or 1040-SR)?			

	367 (2019) Use Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			Page 2
9a	Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	Yes	No	N/A
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?			
С	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)?			
खान	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC to Part IV.)	, ACTC	, or OE	C, go
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?	Yes	No	N/A
1	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child 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?			
2	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?	×	П	
art		rt V.)		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
श्वान		art VI.)		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	year	Yes	No
2airti	VI Eligibility Certification		·	

- - A. 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 compute the amount(s) of the credit(s);
 - B. 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;
 - C. Submit Form 8867 in the manner required; and
 - D. 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.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. 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 compute the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. 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 compute the amount(s) of the credit(s).
- ▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

15	Do you certify that	all of the	e answers on thi	s Form 8867	are, to the best of your knowledge, true, correct, and	Yes	No
	complete?					×	$\overline{}$
						Versied	
							_

Form **8962**

Premium Tax Credit (PTC)

► Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form8962 for instructions and the latest information. OMB No. 1545-0074

2019
Attachment
Sequence No. 73

Department of the Treasury Internal Revenue Service Name shown on your return

Your social security number

JOSE & TERESA D TREJO 101-90-4496 You cannot take the PTC if your filing status is married filling separately unless you qualify for an exception (see instructions). If you qualify, check the box Part I Annual and Monthly Contribution Amount 1 Tax family size. Enter your tax family size (see instructions) . 1 4 Modified AGI. Enter your modified AGI (see instructions) 2a 54,049 Enter the total of your dependents' modified AGI (see instructions) 2b 3 Household income. Add the amounts on lines 2a and 2b (see instructions) 3 54,049. Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a 🗌 Alaska 🛮 b 🗋 Hawaii 💍 c 🔀 Other 48 states and DC 4 25,100. Household income as a percentage of federal poverty line (see instructions) 5 215 % Did you enter 401% on line 5? (See instructions if you entered less than 100%.) No. Continue to line 7. Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount. Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions 7 0.0709 Annual contribution amount. Multiply line 3 by b Monthly contribution amount. Divide line 8a line 7. Round to nearest whole dollar amount 3,832 8a by 12. Round to nearest whole dollar amount 319. Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit Part Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)? Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. 🗵 No. Continue to line 10. See the instructions to determine if you can use line 11 or must complete lines 12 through 23. Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 No. Continue to lines 12-23. Compute and continue to line 24. your monthly PTC and continue to line 24. (b) Annual applicable (a) Annual enrollment (d) Annual maximum (c) Annual Annual (e) Annual premium tax (f) Annual advance SLCSP premium premiums (Form(s) premium assistance contribution amount Calculation (Form(s) 1095-A. credit allowed (subtract (c) from (b), if payment of PTC (Form(s) 1,095-A, line 33A) (Ine 8a) (smaller of (a) or (d)) 1095-A, line 33C) line 33B) zero or less, enter -0-) Annual Totals (c) Monthly (a) Monthly enrollment (b) Monthly applicable (c) Monthly maximum (f) Monthly advance contribution amount (e) Monthly premium tax Monthly premiums (Form(s) SLCSP premium premium assistance payment of PTC (Form(s) (amount from line 8b Calculation 1095-A, lines 21-32 credit allowed (Form(s) 1095-A, lines (subtract (c) from (b), if 1095-A, Ilnes 21-82, or alternative marriage (smaller of (a) or (d)) 21-32, column B) column A) zero or less, enter -0-) column C) monthly calculation) January 12 February 13 1,125. 1,175. 319. 856. 856. 838. 14 March 1,125. 1,175. 319. 856. 856. 838. 15 April 1,125. 1,175. 319. 856. 856. 838. 16 May 1,125. 1,175. 319. 856. 856. 838. 17 June 1,125. 1,175. 319. 856. 856. 838. 18 July 1,125. 1,175. 319. 856. 856. 838. 19 August 1,125. 1,175. 319. 856. 856. 838. 20 September 1,125. 1,175. 319. 856. 856. 838. 21 October 1,125. 1,175. 319. 856. 856. 838. 22 November 1,125. 1,175. 319. 856. 856. 838. 23 December 1,125. 1,175. 319. 856. 856. 838. Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here 24 24 9,416. Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here 25 25 9,218. Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and 26 on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 26 198. Peralli Repayment of Excess Advance Payment of the Premium Tax Credit Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here 27 27 28 Repayment limitation (see instructions) 28 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 29 (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44 29

THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	8962 (2019)		· · · · · · · · · · · · · · · · · · ·				Page 2
Com	Allocation of olete the following information	Policy Amour	its				
	cation 1	ion for up to lour	policy amount allocation	s. See instruc	tions for allocation details	S.	
30	(a) Policy Number (For	m 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start	month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Pre	emium Percentage	(f) Si	CSP Percentage	.(g) .A	dvance Payment of the PTC Percentage
Alloc	ation 2						
31	(a) Policy Number (For	m 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start i	nonth	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Pre	mium Percentage	if) Si	CSP Percentage	(9) A	dvance Payment of the PTC Percentage
Alloc	ation 3						
32	(a) Policy Number (For	m 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start r	nonth	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Pre	mium Percentage	(1) SL	CSP Percentage	(g) Ad	dvance Payment of the PTC Percentage
ΔΠοσ	ation 4					<u> </u>	
33	(a) Policy Number (Forr	n 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start n	nonth	(d) Aliocation stop month
	Allocation percentage applied to monthly amounts	(e) Pre	mium Percentage	(1) SL	CSP Percentage	(g) Ac	Ivance Payment of the PTC Percentage
34	Have you completed all p Yes. Multiply the am allocated policy amounts lines 12–23, columns (a),	nounts on Form 1 from Forms 1095	095-A by the allocation 5-A, if any, to compute a	combined to	ial for each month. Enter	the com	ated policy amounts and non- ibined total for each month on 4.
	No. See the instruction				,		
Part	V Alternative Ca	culation for \	ear of Marriage				
Compl	ete line(s) 35 and/or 36 to nplete line(s) 35 and/or 36	elect the alternati	ve calculation for year o	f marriage. Fo	or eligibility to make the e	lection,	see the instructions for line 9.
35			ily size (b) Alternative contribution an	monthly (c) Alternative start mon	th (c	Alternative stop month

(c) Alternative start month

(b) Alternative monthly

contribution amount

(a) Alternative family size

Alternative entries for your spouse's

SSN

(d) Alternative stop month

Department of Taxation and Finance

REV 02/07/20 PRO

IT-201

Resident Income Tax Return

New York State . New York City . Yonkers . MCTMT

19 For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... and ending ... For help completing your return, see the instructions, Form IT-201-I. Your first name MI Your last name (for a joint return, enter spouse's name on line below) Your date of birth (mmddyyyy) Your Social Security number JOSE TREJO 05011972 101904496 Spouse's first name M Spouse's last name Spouse's date of birth (mmddyyyy) Spouse's Social Security number TERESA eren in Carre D 05281974 TREJO 101902872 Mailing address (see instructions, page 14) (number and street or PO box) Apartment number New York State county of residence 50 MCKEE STREET NASSAU City, village, or post office State | ZIP code Country (if not United States) School district name FLORAL PARK NY 11001 FLORAL PARK-BELLEROSE Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route) | Apartment number School district 195 code number City, village, or post office State ZIP code Taxpayer's date of death (mmodyyyy) Spouse's date of death (mmddyyyy Decedent NY information -A Filing D1 Did you have a financial account located in a Single X foreign country? (see page 15) Nο status Married filing joint return D2 Yonkers residents and Yonkers part-year residents only: (mark an (enter spouse's Social Security number above) **X** in one (1) Did you receive a property tax relief credit? (see page 15) box): Married filing separate return (enter spouse's Social Security number above) .00 (2) Enter the amount ... 4 Head of household (with qualifying person) D3 Were you required to report, any nonqualified OTHER TIAN SONATURE deferred compensation, as required by IRC § 457A Qualifying widow(er) on your 2019 federal return? (see page 15) Yes Did you itemize your deductions on (1) Did you or your spouse maintain living your 2019 federal income tax return? ... quarters in NYC during 2019? (see page 15) .. Yes Can you be claimed as a dependent (2) Enter the number of days spent in NYC in 2019 X on another taxpayer's federal return? Yes (any part of a day spent in NYC is considered a day)....... NYC residents and NYC part-year residents only (see page 15): (1) Number of months you lived in NYC in 2019 (2) Number of months your spouse lived in NYC in 2019 Enter your 2-character special condition code(s) if applicable (see page 15) H Dependent information (see page 16) First name MI Relationship Last name Social Security number Date of birth (mmddyyyy) FRANCISCO TREJO SON MICH CHT NO 088909140 01292001 **JENNIFER** TREJO CHAVEZ DAUGHTER 061925945 04232002 If more than 7 dependents, mark an X in the box. 201001193555 For office use only

1 Wages, salaries, tips, etc.

3 Ordinary dividends

REV 02/07/20 PRO

Federal income and adjustments (see page 16)

2 Taxable interest income

Whole dollars only

54049.00

.00

.00

1

2

3

	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)		.00
5	Alimony received		.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)		.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00.
	· · · · · · · · · · · · · · · · · · ·		
12	Rental real estate included in line 11]	
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)		.00
	Other income (see page 16) Identify:	16	.00
		-	.50
	Add lines 1 through 11 and 13 through 16	17	54049.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	54049.00
			34043,00
Ne	w York additions (see page 17)		
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 (see page 17)	21	
22	New York's 529 college savings program distributions (see page 17)	22	00,
	Other (Form IT-225, line 9)		,00
	Add lines 19 through 23	24	.00 54049.00
		24	34049.00
Ne	w York subtractions (see page 18)		
`	Totalla saferada suedita suedi atrada de la constanta de la co	1	
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25	1	
25 26	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) 25 -00 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 26 -00		
25 26 27	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) 25 .00 26 .00 .00		
25 26 27 28	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds		
25 26 27 28 29	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25 .00 Pensions of NYS and local governments and the federal government (see page 18) 26 .00 Taxable amount of Social Security benefits (from line 15) 27 .00 Interest income on U.S. government bonds		
25 26 27 28 29 30	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds		
25 26 27 28 29 30 31	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds		
25 26 27 28 29 30 31 32	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds		.00
25 26 27 28 29 30 31 32	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds		.00
25 26 27 28 29 30 31 32	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32	
25 26 27 28 29 30 31 32 33	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32	
25 26 27 28 29 30 31 32 33	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32	
25 26 27 28 29 30 31 32 33	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32	
25 26 27 28 29 30 31 32 33	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32	54049.00
25 26 27 28 29 30 31 32 33	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32	
25 26 27 28 29 30 31 32 33 Sta 34	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32	54049.00 16050.00
25 26 27 28 29 30 31 32 33 Sta 34	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32 33	16050.00 37999.00
25 26 27 28 29 30 31 32 33 Sta 34	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32 33 34 35 36	16050.00 37999.00 2000.00
25 26 27 28 29 30 31 32 33 Sta 34	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 18) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	32 33 34 35	16050.00 37999.00

JOSE AND TER	ESA D TREJO				
			101904496		REV 02/07/20 PRO
				_	
(Tax computation	, credits, and other taxes				
38 Taxable inco	ne (from line 37 on page 2)			38	35999,00
39 NYS tax on lir	e 38 amount (see page 22)			39	1678.00
	ld credit (page 22, table 1, 2, or 3)		.00.	-	
	it (see page 23)		.00		
	nrefundable credits (Form IT-201-ATT, line 7)				•
43 Add lines 40,	41, and 42			43	.00
AA Subtract line	3 from line 39 <i>(if line 43 is more than line 39, le</i>	ava bl	ank!	44	1678.00
	taxes (Form IT-201-ATT, line 30)			$\overline{}$	
46 Total New Yo	rk State taxes (add lines 44 and 45)			46	1678.00
New York City as	d Yonkers taxes, credits, and surcharges,	, and	MCTMT		
				٦	
	income (see instructions)	~~~~	.00.	٦ .	See instructions on
	tax on line 47 amount (see page 23)bld credit (page 23)		.00	┪	pages 23 through 26 to
	48 from line 47a (if line 48 is more than	40	.00.	J	compute New York City and
	ve blank)	49	•00	7	Yonkers taxes, credits, and surcharges, and MCTMT.
	C resident tax (Form IT-360.1)		.00	1	surcharges, and MC (M).
	xes (Form IT-201-ATT, line 34)		.00.	+	
	50, and 51		.00.	٦	
	ndable credits (Form IT-201-ATT, line 10)	-	.00.	1	
	53 from line 52 (if line 53 is more than			_	
	blank)	54	.00	7	
54a MCTMT net	•			_	表表的 (10.6.3.1.1.4.7) 的人名英格兰 医二种 (1915年)
earnings b	ase 54a .00				
54b MCTMT	***************************************	54b	.00		
55 Yonkers resid	ent income tax surcharge (see page 26)	55	.00		
56 Yonkers nonr	esident earnings tax (Form Y-203)	56	-00]	
57 Part-year Yonk	ers resident income tax surcharge (Form IT-360.1)	57	-00] ·	
58 Total New Yor	k City and Yonkers taxes / surcharges and M	CTMT	(add lines 54 and 54b through 57)	58	.00
59 Sales or use	tax (see page 27; do not leave line 59 blank)	•••••		59	0.00
60 Voluntary co	ntributions (Form IT-227, Part 2, line 1)	•••••		60	.00
	rk State, New York City, Yonkers, and sal contributions (add lines 46, 58, 59, and 60)			61	1678.00



Care	
Z M W	
TOKA	

Page	e 4 of 4 iT-201 (2019) REV 02/07/20 PRO [Your Social Sec	urity number			
62	Enter amount from line 61	101	904496		62	1678.00
	/ments and refundable credits) (see pages 28		***************************************		02	1070:00
	Empire State child credit	_	63	.00]	
	NYS/NYC child and dependent care credit		64	.00.		
	NYS earned income credit (EIC)		65	.00		
	NYS noncustodial parent EIC		66	.00		
	Real property tax credit		67	.00		
	College tuition credit		68	200.00		
	NYC school tax credit (fixed amount) (also complete	-	69	.00		
	NYC school tax credit (rate reduction amount)	-	59a	.00		
	NYC earned income credit	1	70	.00.		
	NYC enhanced real property tax credit		70a	.00		
	Other refundable credits (Form IT-201-ATT, line		71	.00	18. 19. (1	
						e, complete Form(s) IT-2 099-R and submit them
	Total New York State tax withheld		72	1247.00		eturn (see page 13).
	Total New York City tax withheld		73	465.00		nd federal Form W-2
	Total Yonkers tax withheld		74	.00	with your	
75	Total estimated tax payments and amount paid with	1 Form 11-370 [75	.00		
76	Total payments (add lines 63 through 75)			***************************************	76	1912.00
You	ır refund, amount you owe, and account inf	ormation (s	see pages 32 thi	ough 34)	<u></u>	
77	Amount overpaid (if line 76 is more than line 62	2, subtract line	62 from line 76;	see page 32)	77	234.00
	Amount of line 77 available for refund (subtra				78	234.00
	Amount of line 78 that you want to deposit into a NYS				78a	.00.
78h	Total refund after NYS 529 account deposit (se	uhtract line 78s	from line 781		78b	234.00
100	•			'	ion	234,00
	Mark one refund choice: savin	t deposit to	Checking or fill in line 83)	or - 🔀 paper check	Refund?	irect deposit is the
79	Amount of line 77 that you want applied to you		1			stest way to get your
	estimated tax (see instructions)		79	.00	refund.	
80	Amount you owe (if line 76 is less than line 62, s			o pay by electronic	See nage '	33 for payment options.
	funds withdrawal, mark an X in the box				COC page (oo tot payment options.
	or money order you must complete Form IT	- -201-V and r	nail it with you	r return	80	.00.
81	Estimated tax penalty (include this amount in line	80 or _				
	reduce the overpayment on line 77; see page 33)		81	.00		36 for the proper of your return.
82	Other penalties and interest (see page 33)	[82	.00	assembly	or your return.
83	Account information for direct deposit or electr	ronic funds w	ithdrawal (see	page 34).		_
	If the funds for your payment (or refund) would	come from (o	r go to) an acc	ount outside the U.S.,	mark an X i	n this box (see pg. 34)
	83a Account type: Personal checking - or	- Perso	onal savings -	or - Business ch	ecking - or	- Business savings
	83b Routing number	834	c Account num	ber		
84	Electronic funds withdrawal (see page 34)	Date	***************************************	Amoun	t	.00
<u> </u>	Third-party Print designee's name		Des	signee's phone number		Personal identification
des	ignee? (see instr.) CARL M. CESARANO		1	316)437 8200		number (PIN)
i	No Email:					-
	laid preparer must complete v Preparer's NYTPR	RIN NY	[PRIN		en erregjiasolen	
2 mg (4	see instructions)	exc	. code 0 3	· · · · · · · · · · · · · · · · · · ·	yer(s) musi	sign here ▼
	arer's signature Preparer's prir CARL M. CESARANO CARL M.)	Your signature		
Firm's	s name (or yours, if self-employed)	Preparer's PTIN	V or SSN	Your occupation		
Addre	SARANO & KHAN CPAS PC	P00082	421 fication number	BAKER Spouse's signature and	necupation (is:	oint roturn)
	FIGURE STE 400	113175		abodae a alguature and		JANITORIAL
	DRAL PARK NY 11001	Date	9)2262020	Date	Daytim	ne phone number
	: CARL.CESARANO@CK-CPAS.COM	· · ·	,2202020	Email:		

201004193555 WARREN WAR



Department of Taxation and Finance

REV 02/07/20 PRO

IT-272

Claim for College Tuition Credit or Itemized Deduction Full-year New York State residents only Tax Law - Section 606(t)

					vitn ro	orm IT-201. See Form IT-	272-I, <i>Ins</i>	structions for	r Form			-	
_		me as shown on return (first n	ame tin	st)						Your S	Social Security n		
		TREJO 's name (first name first)						· · · · · · · · · · · · · · · · · · ·		<u> </u>	10190		
_			···········					····	***************************************	Spous	e's Social Secu	·	
		SA D TREJO			4- 11						10190		
						v York State returns, you					L		
						axpayer's New York State					1 Ye	s 💹 No	X
•	lf.	No, continue with quest	tion 2.			llege tuition credit or the							
2 \	Vere	e you (and your spouse i	f filing	a jo	int retu	urn) a New York State res	sident for	all of this ta	ax year	?	2 Yes	s 🔀 No	
	lf.	Yes, continue with Part No, stop; you do not que college tuition itemized	ualify:	for t	he coll n. For i	lege tuition credit. Howe more information, see th	ver, you m e instruct	nay qualify fo	or the m IT-20	03.			
Par		- In the spaces provid	ed be	low,	comp	lete A through I for up to f you are claiming expenses	three elig	ible student	s for w	hom yo	ou paid see instruction	s.)	
Elig	ible			MI [Last name			Suffix		al Security number		dwwl
stuc	ient				TREJ	·^	10011000 1000	V-1-1					
17	1	FRANCISCO			IKEO		w	- *************************************		08	8909140	0129200	<u></u>
D	ls t	the student claimed as a	a depe	ende	ent on	your NYS return? (see in	structions)		Ye	s X	No 🗌		
E	EII	N of college or university (see	instruct	tions)	F	Name of college or university	(see instruc	tions)					_
		136400434				CUNY- COMMUNITY	COLLE	GE.	***************************************				
_		, , , , , , , , , , , , , , , , , , , 			J								
					tuition	1? (see instructions)			Ye	s 🔀	No		
H		nount of qualified college penses <i>(see instructions)</i>				2604.00		Enter the I		<u> </u>		2604.0	
		denses (see msudchons)	*******			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1	of line H o	F 10.00)U ∐		2004.0	VI I
	ible		-	МІ		Last name			Suffix	B Socia	al Security numbe	er C Date of birth (mmdd	(אַניניני)
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Part 2 - Complete Part 2 if your total qualified college tuition expenses on line 3 are less than \$5,000.	-	
4 Credit limitation (\$200)	. 4	200.00
5 Enter the lesser of line 3 or line 4. This is your college tuition credit	. 5	200.00
 If you did not itemize your deductions on your New York return, enter the line 5 amount on Form IT-201, line 68. 		
 If you itemized your deductions on your New York return, continue with Part 4. 		
Part 3 — Complete Part 3 if your total qualified college tuition expenses on line 3 are \$5,000 or more.	•	
6 Enter the amount from line 3.	. 6	.00
7 Multiply line 6 by 4% (.04). This is your college tuition credit	. 7	.00.
 If you did not itemize your deductions on your New York return, enter the line 7 amount on Form IT-201, line 68. 		
If you itemized your deductions on your New York return, continue with Part 4.		
Part 4 – College tuition itemized deduction election		
If you itemized your deductions on your New York return, you may elect to claim the college tuition itemized deduction instead of the college tuition credit. To compute your college tuition itemized deduction, complete Worksheet 1 in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete Worksheet 2 in the instructions for this form.		
8 Mark an X in this box only if you elect to claim the college tuition itemized deduction		8
 If you marked an X in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions form), on Form IT-196, New York Resident, Nonresident, and Part-Year Resident Itemized Deduction not enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim eldeduction or the credit, but not both. 	or this	- <u> </u>
 If you did not mark an X in the box at line 8 and you elect to claim the college tuition credit instead of t college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68. 	he	

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





Summary of W-2 Statements New York State • New York City • Yonkers

W-2 Record 1		 Employer's information oyer's name 	4001			page with your r		
Box a Employee's Social Security numb		YCO BUILDIN	IG SE	RVICES	INC			
for this W-2 Record	Empl	oyer's address (numi	ber and st	reet)			***	
101904496	38	5 WEST MAIN	STR	EET				
Box b Employer identification number (Elf	N) City				State	ZIP code	Country (if not United States)
112792205	BA	BYLON			NY	11702		The state of the s
3ox 1 Wages, tips, other compensation	Box 12a	Amount		Code	Во	x 14a Amount		Description
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Box 8 Allocated tips	Box 12b	Amount		Code	Bo	k 14b Amount		Description
	L		.00				.00	
ox 10 Dependent care benefits	Box 12c	Amount		Code	Box	14c Amount		Description
.00.			.00		Γ.	***************************************	.00.	
ox 11 Nonqualified plans	Box 12d	Amount		Code	Box	14d Amount		Description
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ox 13 Statutory employee Retir	rement plan	Third-party	sick pay					Corrected (W-2c)
Y State information: Box 15a		Box 16a NYS wag	es, tips,	etc.	Box 1	7a NYS income tax	withheld	
NY State	NY		15	664.00			294.00	
ther state information: Box 15b		Box 16b Other star			Box 1	7b Other state income		
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C and Yonkers Box ormation (see instr.):	:18 Local w	ages, tips, etc.		Box	19 Local	income tax withheld		Box 20 Locality name
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x a Employee's Social Security number	MAY	CO BUILDING						· · · · · · · · · · · · · · · · · · ·
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WE RE ASSOCIATES - LSQ

2019 W-2 and Earnings Summary

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Employee's name, address, and ZIP cod	_					
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Employee's social security n	٥,	14				
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Form W-2 Copy B — To Be File			Tax Statem □ □	7, 0		
Employee's FEDERAL Ta			OMB No. 154	3-000		
This information is boing furnished to t			Department of Tre- internal Revenue S	Service		
Control NUH16 A2	2.0	0.005		7. V.		
Employer's name, address, and ZIP co	de			_		
MAYCO BUILD:	[N	3 SERV	TICES IN	VC		
385 W MAIN 9	SΤ					
BABYLON NY 1	11.	702				
Employee's name, address, and ZIP co	de					
JOSE TREJO						
50 MCKEE ST						
FLORAL PARK	M	7 1100	1			
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3 Statutory Rotirement Third-par employee plan sick pay	ty	12c		_		
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5 St. Employer's state ID number	1	State wages, tips,		o tax		
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	1					
Local wages, tips, atc.	19	ocal income tax	20 Locality nam	e -		

	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages and Tips
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages Total Reported Wages	\$15,675,65	\$15,675,65	\$15,675.65
	(\$12,12)	(\$12,12)	(\$12.12)
	\$0.00	N/A	N/A
	\$0.00	\$0,00	\$0.00
	\$0.00	\$0,00	\$0.00
	\$N/A	\$0,00	N/A
	\$15,663,53	\$15,663,53	\$15,663.53
Tax Withheld	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2
	\$475.21	\$971.14	\$227.12

> NY State Income Tax Box 17 of W-2

\$294.25

Tax Withheld

JOSE TREJO 50 MCKEE ST FLORAL PARK, NY 11001

Taxlager

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

*** The New York Department of Taxation requires state wages in Box 16 to be the same as federal wages reported in Box 1.

Form W-2	Wa	ge and	Tax	x Stat	ement
Copy 2 - To Be File				77	п т. ч
Employee's State, City,	or L	ocal		OMB N	0.1545-0008
Income Tax Return.			1	Department	of Treasury -
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	ЗT		-		
BABYLON NY 7	7.	702			
	- ,				
Employee's name, address, and ZIP ec	dn	···			
JOSE TREJO	-				
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FLORAL PARK	MΝ	7 1200	7		
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WE RE ASSOCIATES - LSQ

2019 W-2 and Earnings Summary

Form W-2	age and Ta	ax Statement
Copy C - For EMPLO	EE'S RECORI	os 2019
This information is being furnished to the to file a tax return, a negligence penalty imposed on you if this income is taxable	IS. If you are required other sanction may be d you tall to report it.	OMB No. 1545-0008 Department of Treasury Internal Provonue Service
Control number OTH16 A21	00029	
Employer's name, address, and ZIP code		
1	G SERV	ICES INC
385 W MAIN S		
BABYLON NY 1	702	
Employee's name, address, and ZIP code		*
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50 MCKEE ST		
FLORAL PARK	Y 1100	l .
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1 Wages, tips, other comp	2 Federal in	ncome tax withheld
16025.4		993.58
3 Social security wages	4 Social se	curity tax withheld
16025.4 5 Medicare wages and tips	6 Medicare	232.37 tax withheld
7 Social security tips	8 Allocated	d tips
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11 Nonqualified plans	12a	
	12b	
13 Statutory Flettrement Third-part	12c	
	12d	
Employee's social security n	14	
101-90-2872	ИЛЪ	22.61
Employer ID number (EIN)		
11-2792205		
15 St. Employer's state ID number	6 State wages, tips, o	1 1
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18 Local wages, tips, etc.	9 Local Income tax	20 Locality name

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Employee's FEDERAL Ta		De		. 1545-0008 of Tropsury -		
This information is being furnished to the Control	o IRS.		Int	emai Reve	nue Service	
number OUH16 A21	***************************************	0002	9			
Employer's name, address, and 21P cod						
MAYCO BUILDI		SERV	ΊC	ES	INC	
385 W MAIN S	T					
BABYLON NY 1	17	702				
Employee's name, address, and ZIP cod	de .					
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50 MCKEE ST						
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3 Social security wages		4 Social security tax withheld				
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5 Medicare wages and tip	<u>s</u>	6 Medicar			eld	
7 Social security tips		8 Allocated tips				
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11 Nonqualified plans	-	12a				
		12b				
13 Statutory Retirement Third-part employee plan sick pay	ty	12c				
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Employer ID number (EIN)		*1 *E			22.61	
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5 St. Employer's state ID number	Į.	State wages, fips,		11 State	Income tax	
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15 St. Employer's state 10 number VY 112792205	Į.					
5 St. Employer's state ID number	1		1		.96	
15 St. Employer's state 10 number VY 112792205	1	6025.4	1	309	.96	

	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages and Tips
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay	\$16,037.53	\$16,037.53	\$16,037,53
Less: Non-Taxable Earnings	(\$12,12)	(\$12.12)	(\$12,12)
Less: Retirement Deductions	\$0.00	N/A	N/A
Less: Other Pre-tax Deductions	\$0.00	\$0.00	\$0,00
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0,00
Less: Excess Wages	N/A	\$0.00	N/A
Total Reported Wages	\$16,025.41	\$16,025.41	\$16,025,41
	Fed Income Box 2 of W-2	Social Security	Medicare
Tax Withheld	\$506.15	Box 4 of W-2 \$993.58	Box 6 of W-2 \$232.37

> NY State Income Tax Box 17 of W-2 \$309.96

Tax Withheld

TERESA D TREJO 50 MCKEE ST FLORAL PARK, NY 11001

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

***The New York Department of Taxation requires state wages in Box 16 to be the same as federal wages reported in Box 1.

Form W-2 Wage and Tax Statement								
Copy 2 — To Be Filed With 7 1, 9								
Employee's State, City, or Local OMB No. 1545-0008								
Income Tax Return. Oceanment of Treasury -								
Control number OUH16 A210 00029								
Employer's name, address, and ZIP code								
MAYCO BUILDING SERVICES INC								
385 W MAIN ST								
BABYLON NY 11702								
	_ ,	UZ				İ		
Employee's name, address, and ZIP cod	in.					-		
TERESA D TRE		١						
50 MCKEE ST		,						
FLORAL PARK	NΤV	- A-1 00	1			1		
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3 Social security wages		4 Socials	ecu	rity tax	withheld	4		
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5 Medicare wages and tips 6 Medicare tax withheld								
7 Social security tips		8 Allocate	d ti	ps				
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11 Nonqualified plans		12a						
		12b				1		
13 Statutory Rollrement Third-part sick pay	у	12c			*	1		
		12d				1		
Employee's social security n	14				i			
101-90-2872	ИХЬ			22.61				
Employer ID number (EIN)								
11-2792205								
15 St. Employer's state ID number 16 State wages lips, etc. 17 State income tax								
NY 112792205	_			,				
NI 112/3/2205	۱ ۲	6025.4	T	309	.96			
18 Local wages, tips, etc.			00.					
· · · · · · · · · · · · · · · · · · ·	Local income tax		20 Local	litý name				
					,			

Form W-2 Wage and Tax Statement 2019

Copy C, for employees records

Control number 0814-08145544 1455440008	PUSH FIT	name, address, and ZIP code NESS NEW HYDE PARK	1	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
46-5036362 101-90	-2872 FLUSHING	ION TURNPIKE , NY 11366	1	Wages, tips, other compensation 22360.30	781.36		
S Statutory Retirement plan	Third-party sick pay		[3	Social security wages 22360.30	4 Social security tax withheld 1386.32		
2 See Instrs. for Box 12 14 Other NYPFL	34 20	e Employee's name, address, and ZIP code		Medicare wages and tips 22360.30	6 Medicare tax withheld 324.24		
NYSDI	50 MCKEE		MCKEE STREET		8 Allocated tips		
	FLORAL P	FLORAL PARK, NY 11001		O Dependent care benefits	11 Nonqualified plans		
		*4					
15 State Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, e	tc. 19 Local income tax	20 Locality name		
NY 465036362 2	22360.30	642.97	22360.3	0 465.10	NY NYC RES		

This information is being furnished to the internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2019

Copy B, to be filed with employees FEDERAL tax return

1455440008	d C Employer's name, address, and ZIP code PUSH_FITNESS NEW HYDE PARK LLC	Department of the Treasury - Internal Revenue Service OMB No. 1546-0008			
b Employer's identification number 46-5036362 a Employee's social security number 101-90-2872	18810 UNION TURNPIKE FLUSHING, NY 11366	1 Wages, tips, other compensation 2 Federal income tax withheld 781.36			
13 Statutory Retirement Third-party employee plan sick pay		3 Social security wages 4 Social security tax withheld 22360.30 1386.32			
12 See Instrs. for Box 12 14 Other NYPFL 34.2		5 Medicare wages and tips 6 Medicare tax withheld 22360.30 324.24			
NYSDI 28.7	TERESA TREJO 50 MCKEE STREET	7 Social security tips 8 Allocated tips			
	FLORAL PARK, NY 11001	10 Dependent care benefits 11 Nonqualified plans			
	<u> </u>				
	/ages, tips, etc. 17 State income tax 18 Local wages, tips				
NY 465036362 2	22360.30 642.97 22360.	.30 465.10 NY NYC RES			

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2019

Copy 2, to be filed with employees tax return for NY

d Control	1455440	008		c Employer's name, address, and ZIP code PUSH FITNESS NEW HYDE PARK LLC 18810 UNION TURNPIKE FLUSHING, NY 11366			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
	er's identification number 6 - 5036362	a Employee's social secur 101-90-287	-				1 Wages,	tips, other compensation 22360.30	2 Federal income tax withheld 781.36		
13 Statu empi	ntory Retirem loyce plan	ent Third-p sick pa	arty y				3 Social s	security wages 22360.30	4 Social security tax withheld 1386.32		
12 See	12 See Instrs. for Box 12 14 Other NYPFL 34.20			e Employee's name, address, and ZIP code		22360.30 7 Social security tips		6 Medicare tax withheld 324.24			
	NYSDI 28.70 TERESA TREJO 50 MCKEE STREET FLORAL PARK, NY 11001			8 Allocated tips							
			AKK, NI 11001	NI IIOOI		lent care benefits	11 Nonqualified plans				
15 State	Employer's state ID	No. 16	State wag	es, tips, etc.	17 State income tax	18 Local wages, tips,	etc.	19 Local income tax	20 Locality name		
NA	NY 465036362 2		2	2360.30	642.97	22360.	30 465.10		NY NYC RES		