

Filing Status☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

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

Your first name and middle initial JOSE	Last name TREJO	Your social security number 101-90-4496
If joint return, spouse's first name and middle initial TERESA D	Last name TREJO	Spouse's social security number 101-90-2872
Home address (number and street). If you have a P.O. box, see instructions. 50 MCKEE STREET		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FLORAL PARK NY 11001		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Standard DeductionSomeone 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, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions): Child tax credit	Credit for other dependents
FRANCISCO	TREJO	088-90-9140	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JENNIFER	TREJO CHAVEZ	061-92-5945	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	54,049.
2a	Tax-exempt interest	2a		
3a	Qualified dividends	3a		
4a	IRA distributions	4a		
c	Pensions and annuities	4c		
5a	Social security benefits	5a		
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	
7a	Other income from Schedule 1, line 9		7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	54,049.
8a	Adjustments to income from Schedule 1, line 22		8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income		8b	54,049.
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400.	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a	Add lines 9 and 10		11a	24,400.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	29,649.

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

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	3,167.																				
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	3,167.																				
13a	Child tax credit or credit for other dependents	13a	1,000.																				
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,291.																				
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	876.																				
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.																				
16	Add lines 14 and 15. This is your total tax	16	876.																				
17	Federal income tax withheld from Forms W-2 and 1099	17	1,762.																				
18	Other payments and refundable credits:																						
a	Earned income credit (EIC) No	18a																					
b	Additional child tax credit. Attach Schedule 8812	18b																					
c	American opportunity credit from Form 8863, line 8	18c	860.																				
d	Schedule 3, line 14	18d	198.																				
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	1,058.																				
19	Add lines 17 and 18e. These are your total payments	19	2,820.																				
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,944.																				
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,944.																				
Direct deposit? See instructions.	▶ b Routing number <table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X												
X	X	X	X	X	X	X	X	X	X														
	▶ d Account number <table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
22	Amount of line 20 you want applied to your 2020 estimated tax	22																					
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23																					
	24 Estimated tax penalty (see instructions)	24																					
Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) 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) ▶ <table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
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 BAKER																				
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation JANITORIAL																				
	Phone no.	Email address																					
Paid Preparer Use Only	Preparer's name Carl M. Cesarano	Preparer's signature Carl M. Cesarano	Date 02/26/2020																				
	Firm's name ▶ CESARANO & KHAN CPAS PC	PTIN P00082421	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed																				
	Firm's address ▶ 199 Jericho Tpke Ste 400 FLORAL PARK NY 11001	Phone no. (516) 437-8200	Firm's EIN ▶ 11-3175380																				

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

BAA

REV 02/14/20 PRO

Form 1040 (2019)

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

JOSE & TERESA D TREJO

Your social security number

101-90-4496

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	1,291.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	1,291.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	198.
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	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	198.

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

REV 02/14/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

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
2019
 Attachment
 Sequence No. 50

Name(s) shown on return
JOSE & TERESA D TREJO

Your social security number
101-90-4496



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

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	2,151.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . .	2	180,000.
3	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 . . .	3	54,049.
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit . . .	4	125,951.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	5	20,000.
6	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) . . .	6	1.000
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 <input type="checkbox"/> . . .	7	2,151.
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 . . .	8	860.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	9	1,291.
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 . . .	10	
11	Enter the smaller of line 10 or \$10,000 . . .	11	
12	Multiply line 11 by 20% (0.20) . . .	12	
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er) . . .	13	
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 . . .	14	
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 . . .	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	16	
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) . . .	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶ . . .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3 . . .	19	1,291.

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

BAA

REV 02/14/20 PRO

Form **8863** (2019)

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 Information. See instructions.

20 Student name (as shown on page 1 of your tax return) FRANCISCO TREJO	21 Student social security number (as shown on page 1 of your tax return) 088-90-9140
22 Educational institution information (see instructions)	
a. Name of first educational institution CUNY- COMMUNITY COLLEGE (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 230 WEST 41ST STREET, 5TH FLOOR NEW YORK NY 10036 (2) Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (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. 13-6400434	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (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.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 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. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



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

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	2,604.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	604.
29 Multiply line 28 by 25% (0.25)	29	151.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,151.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Form **8867****Paid Preparer's Due Diligence Checklist**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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.

2019Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

JOSE & TERESA D TREJO

Taxpayer identification number

101-90-4496

Enter preparer's name and PTIN

Carl M. Cesarano

P00082421

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 tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input 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, 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?	<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 compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<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"/>	<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 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. _____ _____ _____	<input checked="" type="checkbox"/>	<input 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"/>	<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 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 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/14/20 PRO

Form **8867** (2019)

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, 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.)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 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"/>	<input type="checkbox"/>
11 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 compute 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 compute 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 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.

	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"/>

Premium Tax Credit (PTC)

OMB No. 1545-0074

2019
Attachment
Sequence No. **73**Department of the Treasury
Internal Revenue Service▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

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 filing 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
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	54,049.	
b	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.
4	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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC		4	25,100.
5	Household income as a percentage of federal poverty line (see instructions)		5	215 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> 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.			
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7	0.0709
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	3,832.	
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	319.	

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 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.
- 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 and continue to line 24.
☒ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLGSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
11 Annual Totals							
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLGSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
12 January							
13 February	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.	
24 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	9,416.
25 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	9,218.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and 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.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month



Department of Taxation and Finance

REV 02/07/20 PRO

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... **19**
and ending ...

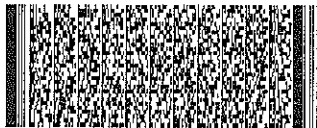
For help completing your return, see the instructions, Form IT-201-I.

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	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
TERESA	D	TREJO	05281974	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)
FLORAL PARK		NY	11001	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district name
				FLORAL PARK-BELLEROSE
			School district code number	195
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	Spouse's date of death (mmddyyyy)	

A Filing status

(mark an X in one box):

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

B Did you itemize your deductions on your 2019 federal income tax return? Yes ☐ No ☒**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**(1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐(2) Enter the amount00**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2019? (see page 15) .. Yes ☐ No ☒(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day) **F 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 **G** Enter your 2-character special condition code(s) if applicable (see page 15) **H Dependent information (see page 16)**

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
FRANCISCO		TREJO	SON	088909140	01292001
JENNIFER		TREJO CHAVEZ	DAUGHTER	061925945	04232002

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

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For office use only

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Your Social Security number

REV 02/07/20 PRO

101904496

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	54049.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	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

New 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	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	54049.00

New York subtractions (see page 18)

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 (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	54049.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	37999.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	2 000.00
37	Taxable income (subtract line 36 from line 35)	37	35999.00

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Name(s) as shown on page 1
JOSE AND TERESA D TREJO

Your Social Security number
101904496

IT-201 (2019) Page 3 of 4
REV 02/07/20 PRO

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	35999.00
39	NYS tax on line 38 amount (see page 22)	39	1678.00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	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	1678.00
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	1678.00

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

47	NYC taxable income (see instructions)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	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	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 26)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00
59	Sales or use tax (see page 27; do not leave line 59 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	1678.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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201003193555



Your Social Security number

101904496

62 Enter amount from line 61 62 1678.00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	200.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	1247.00
73	Total New York City tax withheld	73	465.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00

76 Total payments (add lines 63 through 75) 76 1912.00

Your refund, amount you owe, and account information (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	234.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	234.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	234.00

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

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).

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

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions) 79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 .00

See page 33 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) 81 .00

82 Other penalties and interest (see page 33) 82 .00

See page 36 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 34).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34) ☐83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 34) Date Amount00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name CARL M. CESARANO	Designee's phone number (516) 437 8200	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code 0 3
Preparer's signature CARL M. CESARANO		Preparer's printed name CARL M. CESARANO	
Firm's name (or yours, if self-employed) CESARANO & KHAN CPAS PC		Preparer's PTIN or SSN P00082421	
Address 199 JERICHO TPKE STE 400 FLORAL PARK NY 11001		Employer identification number 113175380	
Email: CARL.CESARANO@CK-CPAS.COM		Date 02262020	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation BAKER	
Spouse's signature and occupation (if joint return) JANITORIAL	
Date	Daytime phone number ()
Email:	

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See instructions for where to mail your return.



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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)Submit your completed Form IT-272 with Form IT-201. See Form IT-272-I, *Instructions for Form IT-272*.

Your name as shown on return (first name first)	Your Social Security number
JOSE TREJO	101904496
Spouse's name (first name first)	Spouse's Social Security number
TERESA D TREJO	101902872

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

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

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

Eligible student	A First name	MI	Last name	Suffix	B Social Security number	C Date of birth (mm/dd/yyyy)
1	FRANCISCO		TREJO		088909140	01292001

D Is the student claimed as a dependent on your NYS return? (see instructions) Yes ☒ No ☐E EIN of college or university (see instructions)
136400434F Name of college or university (see instructions)
CUNY- COMMUNITY COLLEGEG Were expenses for undergraduate tuition? (see instructions) Yes ☒ No ☐

H Amount of qualified college tuition expenses (see instructions) 2604.00

I Enter the lesser of line H or 10,000 2604.00

Eligible student	A First name	MI	Last name	Suffix	B Social Security number	C Date of birth (mm/dd/yyyy)
2						

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

E EIN of college or university (see instructions)

F Name of college or university (see instructions)

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

H Amount of qualified college tuition expenses (see instructions)00

I Enter the lesser of line H or 10,00000

Eligible student	A First name	MI	Last name	Suffix	B Social Security number	C Date of birth (mm/dd/yyyy)
3						

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

E EIN of college or university (see instructions)

F Name of college or university (see instructions)

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

H Amount of qualified college tuition expenses (see instructions)00

I Enter the lesser of line H or 10,00000

3 Total qualified college tuition expenses (total the line I amounts for all eligible students, including amounts from additional sheets, then complete Part 2 or Part 3) **3** 2604.00

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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 for this form), on Form IT-196, *New York Resident, Nonresident, and Part-Year Resident Itemized Deductions*. **Do not** enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction **or** the credit, but not both.
 - If you **did not** mark an **X** in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

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





Department of Taxation and Finance

REV 02/07/20 PRO

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

101904496

Box b Employer identification number (EIN)

112792205

Box 1 Wages, tips, other compensation

15664.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

15664.00

Box 17a NYS income tax withheld

294.00

Other state information:

Box 15b other state

☐

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

Corrected (W-2c) ☐

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

101902872

Box b Employer identification number (EIN)

112792205

Box 1 Wages, tips, other compensation

16025.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

16025.00

Box 17a NYS income tax withheld

310.00

Other state information:

Box 15b other state

☐

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

Corrected (W-2c) ☐

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

NO HANDWRITTEN ENTRIES ON THIS FORM

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2019 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement	
Copy C — For EMPLOYEE'S RECORDS 2019	
Control number 0UH16 A22Q 00059	
Employer's name, address, and ZIP code MAYCO BUILDING SERVICES INC 385 W MAIN ST BABYLON NY 11702	
Employee's name, address, and ZIP code JOSE TREJO 50 MCKEE ST FLORAL PARK NY 11001	
1 Wages, tips, other comp. 15663.53	2 Federal income tax withheld 475.21
3 Social security wages 15663.53	4 Social security tax withheld 971.14
5 Medicare wages and tips 15663.53	6 Medicare tax withheld 227.12
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee Retirement plan Third-party sick pay	12c
	12d
Employee's social security no. 101-90-4496	14 NYP 23.65
Employer ID number (EIN) 11-2792205	
15 State wages, tips, etc. NY 112792205	16 State income tax 15663.53
	17 State income tax 294.25
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay \$15,675.65	\$15,675.65	\$15,675.65
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 \$15,663.53	\$15,663.53	\$15,663.53
Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld \$475.21	\$971.14	\$227.12

NY State Wages, Tips, etc.

Box 16 of W-2
Gross Pay \$15,675.65
Less: Non-Taxable Earnings (\$12.12)
Less: Retirement Deductions \$0.00
Less: Other Pre-tax Deductions \$0.00
Less: Third Party Sick Pay \$0.00
Total Reported Wages \$15,663.53**

NY State Income Tax

Box 17 of W-2
Tax Withheld \$294.25

JOSE TREJO
50 MCKEE ST
FLORAL PARK, NY 11001

Taxpayer

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 B — To Be Filed With 2019	
Employee's FEDERAL Tax Return. OMB No. 1545-0008 Department of Treasury - Internal Revenue Service	
Control number 0UH16 A22Q 00059	
Employer's name, address, and ZIP code MAYCO BUILDING SERVICES INC 385 W MAIN ST BABYLON NY 11702	
Employee's name, address, and ZIP code JOSE TREJO 50 MCKEE ST FLORAL PARK NY 11001	
1 Wages, tips, other comp. 15663.53	2 Federal income tax withheld 475.21
3 Social security wages 15663.53	4 Social security tax withheld 971.14
5 Medicare wages and tips 15663.53	6 Medicare tax withheld 227.12
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee Retirement plan Third-party sick pay	12c
	12d
Employee's social security no. 101-90-4496	14 NYP 23.65
Employer ID number (EIN) 11-2792205	
15 State wages, tips, etc. NY 112792205	16 State income tax 15663.53
	17 State income tax 294.25
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Form W-2 Wage and Tax Statement	
Copy 2 — To Be Filed With 2019	
Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008 Department of Treasury - Internal Revenue Service	
Control number 0UH16 A22Q 00059	
Employer's name, address, and ZIP code MAYCO BUILDING SERVICES INC 385 W MAIN ST BABYLON NY 11702	
Employee's name, address, and ZIP code JOSE TREJO 50 MCKEE ST FLORAL PARK NY 11001	
1 Wages, tips, other comp. 15663.53	2 Federal income tax withheld 475.21
3 Social security wages 15663.53	4 Social security tax withheld 971.14
5 Medicare wages and tips 15663.53	6 Medicare tax withheld 227.12
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee Retirement plan Third-party sick pay	12c
	12d
Employee's social security no. 101-90-4496	14 NYP 23.65
Employer ID number (EIN) 11-2792205	
15 State wages, tips, etc. NY 112792205	16 State income tax 15663.53
	17 State income tax 294.25
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

2019 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement
Copy C — For EMPLOYEE'S RECORDS 2019This information is being furnished to the IRS. 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.
OMB No. 1545-0008
Department of Treasury - Internal Revenue Service

Control number 00H16 A210 00029

Employer's name, address, and ZIP code
MAYCO BUILDING SERVICES INC
385 W MAIN ST
BABYLON NY 11702Employee's name, address, and ZIP code
TERESA D TREJO
50 MCKEE ST
FLORAL PARK NY 110011 Wages, tips, other comp. 16025.41
2 Federal income tax withheld 506.153 Social security wages 16025.41
4 Social security tax withheld 993.585 Medicare wages and tips 16025.41
6 Medicare tax withheld 232.377 Social security tips
8 Allocated tips9
10 Dependent care benefits11 Nonqualified plans
12a
12b13 Statutory employee Retirement plan Third-party sick pay
12c
12dEmployee's social security no. 14
101-90-2872 NYP 22.61Employer ID number (EIN)
11-279220515 St. Employer's state ID number 16 State wages, tips, etc. 17 State income tax
NY 112792205 16025.41 309.96

18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Wages, Tips, Other Comp.
Box 1 of W-2Gross Pay \$16,037.53
Less: Non-Taxable Earnings (\$12.12)
Less: Retirement Deductions \$0.00
Less: Other Pre-tax Deductions \$0.00
Less: Third Party Sick Pay \$0.00
Less: Excess Wages N/A
Total Reported Wages \$16,025.41Social Security Wages
Box 3 of W-2\$16,037.53
(\$12.12)
N/A
\$0.00
\$0.00
\$0.00
\$16,025.41Medicare Wages and Tips
Box 5 of W-2\$16,037.53
(\$12.12)
N/A
\$0.00
\$0.00
N/A
\$16,025.41

Fed Income

Box 2 of W-2
\$506.15

Social Security

Box 4 of W-2
\$993.58

Medicare

Box 6 of W-2
\$232.37

Tax Withheld

NY State Wages, Tips, etc.

Box 16 of W-2

Gross Pay \$16,037.53
Less: Non-Taxable Earnings (\$12.12)
Less: Retirement Deductions \$0.00
Less: Other Pre-tax Deductions \$0.00
Less: Third Party Sick Pay \$0.00
Total Reported Wages \$16,025.41**

NY State Income Tax

Box 17 of W-2

Tax Withheld \$309.96

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 B — To Be Filed With 2019Employee's FEDERAL Tax Return.
OMB No. 1545-0008
Department of Treasury - Internal Revenue Service

Control number 00H16 A210 00029

Employer's name, address, and ZIP code
MAYCO BUILDING SERVICES INC
385 W MAIN ST
BABYLON NY 11702Employee's name, address, and ZIP code
TERESA D TREJO
50 MCKEE ST
FLORAL PARK NY 110011 Wages, tips, other comp. 16025.41
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6 Medicare tax withheld 232.377 Social security tips
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10 Dependent care benefits11 Nonqualified plans
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12b13 Statutory employee Retirement plan Third-party sick pay
12c
12dEmployee's social security no. 14
101-90-2872 NYP 22.61Employer ID number (EIN)
11-279220515 St. Employer's state ID number 16 State wages, tips, etc. 17 State income tax
NY 112792205 16025.41 309.96

18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement
Copy 2 — To Be Filed With 2019Employee's State, City, or Local
Income Tax Return.
OMB No. 1545-0008
Department of Treasury - Internal Revenue Service

Control number 00H16 A210 00029

Employer's name, address, and ZIP code
MAYCO BUILDING SERVICES INC
385 W MAIN ST
BABYLON NY 11702Employee's name, address, and ZIP code
TERESA D TREJO
50 MCKEE ST
FLORAL PARK NY 110011 Wages, tips, other comp. 16025.41
2 Federal income tax withheld 506.153 Social security wages 16025.41
4 Social security tax withheld 993.585 Medicare wages and tips 16025.41
6 Medicare tax withheld 232.377 Social security tips
8 Allocated tips9
10 Dependent care benefits11 Nonqualified plans
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12b13 Statutory employee Retirement plan Third-party sick pay
12c
12dEmployee's social security no. 14
101-90-2872 NYP 22.61Employer ID number (EIN)
11-279220515 St. Employer's state ID number 16 State wages, tips, etc. 17 State income tax
NY 112792205 16025.41 309.96

18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement 2019

Copy C, for employees records

d Control number 0814-08145544 1455440008		Void		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	
b Employer's identification number 46-5036362		a Employee's social security number 101-90-2872				1 Wages, tips, other compensation 22360.30	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 781.36	
12 See Instrs. for Box 12		14 Other NYPFL NYSID		34.20 28.70		3 Social security wages 22360.30	
						4 Social security tax withheld 1386.32	
						5 Medicare wages and tips 22360.30	
						6 Medicare tax withheld 324.24	
						7 Social security tips	
						8 Allocated tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
15 State NY		Employer's state ID No. 465036362 2		16 State wages, tips, etc. 22360.30		17 State income tax 642.97	
				18 Local wages, tips, etc. 22360.30		19 Local income tax 465.10	
						20 Locality name 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

d Control number 0814-08145544 1455440008		Void		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	
b Employer's identification number 46-5036362		a Employee's social security number 101-90-2872				1 Wages, tips, other compensation 22360.30	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 781.36	
12 See Instrs. for Box 12		14 Other NYPFL NYSID		34.20 28.70		3 Social security wages 22360.30	
						4 Social security tax withheld 1386.32	
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						7 Social security tips	
						8 Allocated tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
15 State NY		Employer's state ID No. 465036362 2		16 State wages, tips, etc. 22360.30		17 State income tax 642.97	
				18 Local wages, tips, etc. 22360.30		19 Local income tax 465.10	
						20 Locality name NY NYC RES	

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Form W-2 Wage and Tax Statement 2019

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

d Control number 0814-08145544 1455440008		Void		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	
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