

2021 Tax Return(s)

Prepared for ZACH COHEN
CLIENT CODE: 35047130.000:V1

Account Number 721252
Release Number 2021.06020

Prepared by EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY
10017-2703

212-949-8700

Processing Date: 11/25/2024
Time: 15:36:07

**Special
Instructions**

Messages

Return Information

CAUTION

- . State PPP. Federal provisions exclude Paycheck Protection Program (PPP) loans from income and allow a deduction for certain expenses paid with those proceeds. Certain states have not conformed or may have partially conformed or delayed conformity to the federal rules. Program changes to address these payments and differences in treatment will be available on a future release. At this time, the program does not automatically adjust income or deductions for affected states. Currently, the preparer should determine the nature of the adjustment and how it should be reflected on the tax return. Federal and state level input/overrides are available to adjust any affected lines on the tax return. (29243)
- . Form 1040. The Recovery Rebate Credit Worksheet for Form 1040, line 30 has been prepared. The economic impact payment used on line 13 has been calculated based on information within the return. The third economic impact payment is \$1,400. Since the economic impact payment may have been calculated by the IRS under a different set of assumptions, review this amount. Enter revisions and other information on the Recovery Rebate Credit worksheet, Recovery Rebate Credit section. (28547)
- . Depreciation. Federal Form 4562 related to Form 8829 attached to Zach Cohen Consulting, LLC, was not prepared because the IRS does not require its filing since there are no current year acquisitions, listed property assets or current year amortization. To force the printing of this form, use the Depreciation and Depletion Options and Overrides worksheet, Depreciation Options section, Prepare Form 4562 if NOT required field. (20208)
- . Depreciation. Federal Form 4562 related to Vitamin Direct, LLC, was not prepared because the IRS does not require its filing since there are no current year depreciable acquisitions, current year amortization or non-vehicle listed property. To force the printing of this form, use the Depreciation and Depletion Options and Overrides worksheet, Depreciation Options section, Prepare Form 4562 if NOT required field. (21416)
- . California. Prior year tax has not been entered on the California Estimates / Underpayments worksheet, Penalties section. The exception for prior year tax has not been calculated on Form 5805. If this exception applies, please enter prior year tax on the California Estimates / Underpayments worksheet, Underpayment Penalty Preparation section and recalculate the return. (23607)

Return Information

- . California. Use tax on Form 540, line 91 is zero, and the 'No use tax is owed' box has been checked. If use tax was paid directly to the CDTFA, this can be selected on the California General worksheet, Options section. If use tax applies to this return, it can be entered on the California Taxes worksheet, Other Taxes section, Use tax worksheet amount field or Use tax - override field. For an automatic calculation of use tax from the Estimated Use Tax table make an entry on the California General worksheet, Options section, Use estimated use tax table field. (20783)
- . New York. The return due date and/or date filed are after April 18th and the return has a balance due. No late payment interest or penalties have been requested. Please review your input and make corrections if necessary. (20914)

INFORMATIONAL

- . Schedule A. Total itemized deductions calculated to be \$10,500. Schedule A is not advantageous for regular tax purposes. (31432)
- . Form 8829. An entry is present on line 7, line 37 or line 42. For electronic filing purposes, an explanation may be entered on the Business worksheet, the Business Use of Home (Form 8829) section, the e-file Computation for the Business Percentage Shown on Form 8829, line 7, line 37 or line 42 field. (32982)
- . Form 8960. Due to an IRS requirement aimed at reducing correspondence notices in regards to the net investment income tax, Form 8960 is printed when modified AGI exceeds the filing threshold (line 15 is greater than zero) even if net investment income tax is zero. To suppress the printing of the form, enter a code of "Suppress printing" on the Return Options worksheet, Form Printing Options section, Form 8960 (net investment income tax) field. (39746)
- . Electronic Filing. Electronic filing has been requested for this return. The IRS requires all negative numbers to print with minus signs when filing electronically. In this return, a request was made to print with parenthesis either on the Processing Options section of the Return Options worksheet or in Office Manager. This option was not used in this return. (30853)
- . Form 6251. Alternative minimum taxable income is \$ 278,166. (33201)
- . Form 1040. The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply. (32265)

Return Information

- . Schedule C. Input for the questions regarding filing Form(s) 1099 were left blank. The default answer "No" has been checked for question I and question J has been left blank. To change these answers, make an entry on the Business worksheet, General section, Payments made during the tax year that would require you to file Form(s) 1099 and/or Filed, or will file required Form(s) 1099 fields. (37706)
- . Schedule C. Input for the questions regarding filing Form(s) 1099 were left blank. The default answer "No" has been checked for question I and question J has been left blank. To change these answers, make an entry on the Business worksheet, General section, Payments made during the tax year that would require you to file Form(s) 1099 and/or Filed, or will file required Form(s) 1099 fields. (37706)
- . Schedule SE. Taxpayer's wages subject to social security tax equaled or exceeded the maximum amount on which self-employment tax is computed. (30199)
- . Form 2210. The filing date hasn't been entered on the Penalties worksheet, Federal Late Payment Penalty and Interest section and the processing date of the return is after April 18th. The amount of 2210 penalty calculated may be understated. Please review return and recalculate if necessary. (37240)
- . Extension. The extension calculation has been locked with the passing of the due date. The amount paid with the extension has been included on Schedule 3, line 10. (33180)
- . Form 1040. The following direct deposit information has been selected for this return on on the Basic Data worksheet > Direct Deposit/Electronic Funds Withdrawal section > FS through "Other" type of document used as proof of account fields:

Routing Number: 021000021
Account Number: 897420123
Account Type: Checking

(30002)
- . Electronic Filing. This return has qualified for electronic filing and the Practitioner PIN program has been elected to allow for paperless filing. Please review the return with the taxpayer, secure required signatures on Form 8879, and authorize the return to be released for transmission to the IRS. The Electronic Return Originator (ERO) should retain Form 8879. Do not submit unless requested to do so by the Internal Revenue Service. (31404)
- . Electronic Filing. Preparer e-mail notification has been selected for the return and will be sent to the following email address: taxprocessing-ny@eisneramper.com. (37643)

Return Information

- California. Form 3519 has been locked with the passing of the due date. The amount paid with the extension has been included on Form 540. (33026)

- California. The following direct deposit information has been selected for this return on the federal Basic Data worksheet, Direct Deposit/Electronic Funds Withdrawal section:

Deposit Amount: 4383
Routing Number: 021000021
Account Number: 897420123
Account Type: Checking

(31566)

- California. An extension payment has been indicated on this return, but the date of payment has not been entered. This date is used to calculate any underpayment of estimated tax penalty and any late interest and/or penalties. Please enter the date of payment on the Payments worksheet, State Extension Payments section, Date of extension payment field if applicable. (31141)
- California. The California return contains 2D barcodes, scannable representations of the tax return data. The barcodes are generated during the calculation phase based on the results of the return. Therefore, any handwritten additions, deletions or revisions made to the return will not be reflected within the 2D barcodes, and consequently, for filing purposes. If changes to the tax return are necessary, they should be made through the software, and the return recalculated so that the 2D barcodes are a complete and accurate representation of the tax return data. In addition, the return containing the 2D barcode should be submitted in the form order provided by the software, as an incorrect collation may hinder the processing of the tax return. Forms watermarked "Do Not File" should not be filed, as the printed versions, including the 2D barcode, have not been approved by the taxing authority. To avoid delays in the processing of tax returns, the Franchise Tax Board requests that all mailed tax returns are printed single sided only. Duplex printed tax returns can increase the amount of time to process the return. (33472)
- California Electronic Filing. California requires attachment of other state returns for the credit for taxes paid. The PDF attachment 'OTHERSTATETERURNS' has been auto-generated and included in the electronic file for each state that was included in the credit for taxes paid calculation that was not entered on the California Credits worksheet, Other State Tax Credit (Schedule S) section. (39710)

Return Information

- . California. Gross receipts, less returns and allowances, from all trades and businesses has been calculated to be \$1,000,000 or greater. Income, positive and negative adjustments and preference items attributable to any trade or business have been included when figuring AMTI. (30159)
- . California. The principal business activity code calculated for this return is 424210. The California General worksheet, Residency section, Principal business activity - O/R field may be used to override this code. (31822)
- . California. The "If your address above is the same as your principal/physical residence address at the time of filing, check this box" box has been checked on Form 540 in the principal residence section. If this is not the case, enter the principal residence, if different, information on California General, Residency. (39286)
- . California. The full-year health care coverage box has been checked on this return. If this is not the case, entries must be made on 8962 - Health Insurance Marketplace (1095-A) or 8965 - Health Coverage (1095-B) or 8965 - Employer Provided Health Insurance Offer and Coverage (1095-C) to calculate an individual shared responsibility (ISR) penalty or claim an exemption. (39281)
- . California Electronic Filing. Per California Publication 1345, Form 8879 must be signed by the taxpayer prior to the tax return being transmitted to the FTB. The ERO SHOULD RETAIN California Form 8879 for no less than four years from the due date of the tax return. (32541)
- . New York. Form IT-203 was prepared by optimizing the New York standard deduction versus the New York itemized deduction. The optimization resulted in use of the \$8000 standard deduction versus the computed \$375 itemized deduction. To override the optimization, use the New York General worksheet, Options section, Force standard / itemized deductions field. (35792)
- . New York. The following electronic funds withdrawal information has been selected for this return on the federal Basic Data worksheet > Direct Deposit/Electronic Funds Withdrawal section > FS through Bank number fields:

Routing Number: 021000021
Account Number: 897420123
Account Type: Checking
Payment Date: 11/25/24
Payment Amount: \$608

(30172)

Return Information

- . New York. The New York return contains a 2D barcode, a scannable representation of the tax return data. The barcode is generated during the calculation phase based on the results of the return. Therefore, any handwritten additions, deletions or revisions made to the return will not be reflected with the 2D barcode, and consequently, for filing purposes. If changes to the return are necessary, they should be made through the software, and the return recalculated so that the 2D barcode is a complete and accurate representation of the tax return data. In addition, the return containing 2D barcode should be submitted in the form order provided by the software, as an incorrect collation may hinder the processing of the tax return. Forms watermarked 'Do Not File' should not be filed, as the printed versions, including the 2D barcode, have not been approved by the taxing authority. (32122)
- . New York. Per New York scan approval requirements, scannable amounts on New York scannable forms are printed without pennies and commas. The options to use pennies and commas are disregarded when printing New York Forms. (32519)
- . New York Electronic Filing. The New York return has been selected for electronic filing and will be transmitted to the New York State Department of Taxation and Finance. Please review the return with the taxpayer and supply the taxpayer with documentation of all completed forms and schedules filed. Secure required signatures on Form TR-579-IT prior to transmitting the return to New York. Form TR-579-IT is to be retained in your records. (32108)

Tax Return Carryovers to 2022

NAME: ZACH COHEN

ID Number: 055-11-3232

[illegible]

Extension Information Report

NAME:

ZACH COHEN

ID Number:

055-11-3232

[illegible]

Direct Deposit/Debit Report

Name: ZACH COHEN

ID Number: 055-11-3232

[illegible]

Worksheet: Extensions (Forms 4868 and 2350)	
Section: Automatic Extension (Form 4868)	
Amnt Pd w/ St Ext - O\R.....	15,000
Federal amount paid w/ ext.....	50,000
Worksheet: NY Taxes	
Section: MCTMT	
SE income - override.....	0

CHARGEBACKS/REFUNDS	20,008.00
REFUNDS	649,059.00
	<u>669,067.00</u>

2021 Return Summary

ZACH COHEN

055-11-3232

	FEDERAL	CALIFORNIA
ADJUSTED GROSS INCOME	278,476.	281,758.
ITEMIZED OR STANDARD DEDUCTION	-12,550.	-4,803.
CHARITABLE CONTRIBUTIONS DEDUCTION	-300.	
QUALIFIED BUSINESS INCOME DEDUCTION	-10.	0.
TAXABLE INCOME	265,616.	276,955.
TAX	67,510.	22,759.
CREDIT FOR TAX PAID TO OTHER STATE		-12,341.
SELF-EMPLOYMENT TAX	2,526.	
ADDITIONAL MEDICARE TAX	653.	
INCOME TAX WITHHELD	-36,161.	0.
EXTENSION PAYMENT(S)	-50,000.	-15,000.
UNDERPAYMENT PENALTY	548.	199.
AMOUNT OVERPAID	15,472.	
AMOUNT DUE <REFUND>	-14,924.	-4,383.

ADDITIONAL INFORMATION:

FEDERAL TAX BRACKET

AVERAGE TAX RATE - 25.42%

MARGINAL TAX RATE - 35%

CALIFORNIA TAX BRACKET - 9.30%

2021 Return Summary

ZACH COHEN

055-11-3232

NEW YORK

ADJUSTED GROSS INCOME	185,417.
TAXABLE INCOME	180,160.
TAX	12,341.
INCOME TAX WITHHELD	-11,733.
AMOUNT DUE <REFUND>	608.

ADDITIONAL INFORMATION:

TAX BRACKET - 6.85%

2021 Return Summary

ZACH COHEN

055-11-3232

	FEDERAL	CALIFORNIA
RESIDENCY	FULL YEAR	FULL YEAR
FILING STATUS	SINGLE	SINGLE
NUMBER OF DEPENDENTS	0	0
E-FILE REQUESTED	YES	YES
DUE DATE	04/18/2022	04/18/2022
EXTENDED DUE DATE	10/17/2022	10/17/2022
DIRECT DEPOSIT	YES	YES
ELECTRONIC WITHDRAWAL	NO	NO
DATE CALCULATED	11/25/2024	11/25/2024
TIME CALCULATED	15:35:12	15:35:12
RELEASE VERSION	2021.06020	2021.06020
EXPORT VERSION	2021.03040	2021.03040
DATE EXPORTED	05/05/2022	05/05/2022
TIME EXPORTED	13:23:52	13:23:52
DATE EXTENSION EXPORTED	04/18/2022	04/18/2022
TIME EXTENSION EXPORTED	13:34:39	13:34:39

2021 Return Summary

ZACH COHEN

055-11-3232

NEW YORK

RESIDENCY

NONRESIDENT

FILING STATUS

SINGLE

NUMBER OF DEPENDENTS

0

E-FILE REQUESTED

YES

DUE DATE

04/18/2022

EXTENDED DUE DATE

DIRECT DEPOSIT

NO

ELECTRONIC WITHDRAWAL

YES

DATE CALCULATED

11/25/2024

TIME CALCULATED

15:35:12

RELEASE VERSION

2021.06020

DATE EXPORTED

05/05/2022

TIME EXPORTED

13:23:52

EXPORT VERSION

2021.03040

ELECTRONIC FILING STATUS REPORT

[illegible]

Electronic Filing History and Return Results

Taxing Authority	FEDERAL	Prior Export	Current Export
Date			05/05/2022
Time			13:23:52
Release Number			2021.03040
Adjusted Gross Income			278,476.
Taxable Income			265,616.
Tax			67,510.
Refund / Balance Due			-14,924.

Taxing Authority	CALIFORNIA	Prior Export	Current Export
Date			05/05/2022
Time			13:23:52
Release Number			2021.03040
Adjusted Gross Income			281,758.
Taxable Income			276,955.
Tax			22,759.
Refund / Balance Due			-4,383.

Taxing Authority	NEW YORK	Prior Export	Current Export
Date			05/05/2022
Time			13:23:52
Release Number			2021.03040
Adjusted Gross Income			185,417.
Taxable Income			180,160.
Tax			12,341.
Refund / Balance Due			608.

Taxing Authority		Prior Export	Current Export
Date			
Time			
Release Number			
Adjusted Gross Income			
Taxable Income			
Tax			
Refund / Balance Due			

Taxing Authority		Prior Export	Current Export
Date			
Time			
Release Number			
Adjusted Gross Income			
Taxable Income			
Tax			
Refund / Balance Due			



Eisner Advisory Group LLC
733 Third Avenue
New York, NY 10017
T 212.949.8700
F 212.891.4100
www.eisneramper.com

ZACH COHEN
810 FOOTHILL ROAD
BEVERLY HILLS, CA 90210

DEAR ZACH:

ENCLOSED ARE YOUR 2021 INCOME TAX RETURNS, AS FOLLOWS...

2021 U.S. INDIVIDUAL INCOME TAX RETURN

2021 CALIFORNIA INDIVIDUAL INCOME TAX RETURN

2021 NEW YORK INDIVIDUAL INCOME TAX RETURN

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

SAMUEL ENDE



2021 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

ZACH COHEN
810 FOOTHILL ROAD
BEVERLY HILLS, CA 90210

PREPARED BY:

EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY 10017-2703

AMOUNT OF TAX:

TOTAL TAX	\$	70,689
LESS: PAYMENTS AND CREDITS	\$	86,161
PLUS: INTEREST AND PENALTIES	\$	548
OVERPAYMENT	\$	14,924

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
REFUNDED TO YOU	\$	14,924

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FEDERAL FORM 8879 TO US AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN 0123. REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

FEDERAL BANKING INFORMATION

Form Name: **FORM 1040**

Informational Only. Do Not Key On These Forms. Electronic Filing errors could result.

Electronic Funds Withdrawal Information

Routing Transit Number (RTN)
Depositor Account Number (DAN)
Type of Depositor Account (1 = Checking 2 = Savings)
Payment Amount
Requested Payment Date
Daytime Phone Number

Direct Deposit Information

Routing Transit Number (RTN) 021000021
Depositor Account Number (DAN) 897420123
Type of Depositor Account (1 = Checking 2 = Savings) 1
Refund amount 14,924.
Daytime Phone Number 5162834545

Estimated Tax Payments Information

Routing Transit Number (RTN)
Depositor Account Number (DAN)
Type of Depositor Account (1 = Checking 2 = Savings)
Payment Amount
Requested Payment Date
Daytime Phone Number

Form 965 Payment Information

Routing Transit Number (RTN)
Depositor Account Number (DAN)
Type of Depositor Account (1 = Checking 2 = Savings)
Payment Amount
Requested Payment Date
Daytime Phone Number

Note: All fields may not be applicable to all systems.

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ►

Taxpayer's name ZACH COHEN	Social security number 055 11 3232
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	278,476.
2	Total tax	2	70,689.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	36,161.
4	Amount you want refunded to you	4	14,924.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

☒ I authorize **EISNER ADVISORY GROUP LLC** to enter or generate my PIN **0 3 2 3 2** as my
signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

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

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **1 3 9 7 3 3 9 7 4 8 3**
Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

**Tax Year 2021 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 13973397483
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 03232 Date 11252024

Spouse's PIN: _____

▼ DETACH HERE ▼

Form

4868Department of the Treasury
Internal Revenue Service (99)

For calendar year 2021, or other tax year beginning

, 2021, ending

1019

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return****2021**

Part I Identification		Part II Individual Income Tax	
1 Your name(s) ZACH COHEN 810 FOOTHILL ROAD BEVERLY HILLS, CA 90210		4 Estimate of total tax liability for 2021 \$ 81,888. 5 Total 2021 payments 36,161. 6 Balance due. Subtract line 5 from line 4 45,727. 7 Amount you are paying 50,000.	
2 Your social security number 055-11-3232		8 Check here if you are "out of the country" and a U.S. citizen or resident <input type="checkbox"/> 9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/>	
3 Spouse's social security number			

055113232 WD COHE 30 0 202112 670

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 your 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 **ZACH** Last name **COHEN** Your social security number **055 11 3232**
 If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **810 FOOTHILL ROAD** Apt. no.
 City, town, or post office. If you have a foreign address, also complete spaces below. **BEVERLY HILLS** State **CA** ZIP code **90210**
 Foreign country name Foreign province/state/county Foreign postal code **Presidential Election Campaign**
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):
 If more than four dependents, see instr. and check here ▶ ☐

(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

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	185,417.
	2a Tax-exempt interest	2a	2b Taxable interest	2b
	3a Qualified dividends	3a	3b Ordinary dividends	3b
	4a IRA distributions	4a	4b Taxable amount	4b
	5a Pensions and annuities	5a	5b Taxable amount	5b
	6a Social security benefits	6a	6b Taxable amount	6b
Standard Deduction for - • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8 Other income from Schedule 1, line 10		8	94,322.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	279,739.
	10 Adjustments to income from Schedule 1, line 26		10	1,263.
	11 Subtract line 10 from line 9. This is your adjusted gross income		11	278,476.
	12a Standard deduction or itemized deductions (from Schedule A)	12a 12,550.		
	b Charitable contributions if you take the standard deduction (see instr.)	12b 300.		
	c Add lines 12a and 12b		12c	12,850.
	13 Qualified business income deduction from Form 8995 or Form 8995-A		13	10.
	14 Add lines 12c and 13		14	12,860.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	265,616.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2021)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	67,510.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	67,510.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	67,510.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,179.
24	Add lines 22 and 23. This is your total tax	24	70,689.
25	Federal income tax withheld from:		
a	Form(s) W-2 SEE STATEMENT 2	25a	36,161.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	36,161.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. <input type="checkbox"/>	27a	
b	Nontaxable combat pay election 27b		
c	Prior year (2019) earned income 27c		
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	50,000.
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	50,000.
33	Add lines 25d, 26, and 32. These are your total payments	33	86,161.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	15,472.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	14,924.
Direct deposit? See instructions.	b Routing number 021000021 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 897420123		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	548.

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name **SAM ENDE** Phone no. **212-944-4433** Personal identification number (PIN) **10018**

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.

Sign Here	Your signature	Date	Your occupation SOFTWARE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Joint return? See instructions. Keep a copy for your records.	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name SAMUEL ENDE	Preparer's signature	Date	PTIN P01297483	Check if: <input type="checkbox"/> Self-employed
Firm's name	EISNER ADVISORY GROUP LLC				Phone no. 212-949-8700
Firm's address	733 THIRD AVENUE NEW YORK, NY 10017-2703				Firm's EIN 87-1353108

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

Form 1040 (2021)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

ZACH COHEN

Your social security number

055-11-3232

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	94,322.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	94,322.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	1,263.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	1,263.

Schedule 1 (Form 1040) 2021

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **02**

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

ZACH COHEN

Your social security number

055-11-3232

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	2,526.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	653.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount ►	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount ►	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	3,179.

Schedule 2 (Form 1040) 2021

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

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

ZACH COHEN

Your social security number

055-11-3232

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	0.

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	50,000.
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount ►	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	50,000.

Schedule 3 (Form 1040) 2021

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return ZACH COHEN	Your SSN 055-11-3232
--	--------------------------------

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444-C, have it available.
 Don't include on line 13 any amount you received but later returned to the IRS.
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
☒ **No.** Go to line 2.
☐ **Yes.** Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?
☒ **Yes.** Go to line 6.
☐ **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
☐ **Yes.** Your credit is not limited. Go to line 6.
☐ **No.** Go to line 4.
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
☐ **Yes.** Your credit is limited. Go to line 6.
☐ **No.** Go to line 5.
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
☐ **Yes.** Enter zero on line 6 and go to line 7.
☐ **No.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
 • \$1,400 if single, head of household, married filing separately or qualifying widow(er),
 • \$1,400 if married filing jointly and you answered "Yes" to question 4, or
 • \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 **6.** 1,400.
7. Multiply \$1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number **7.** _____
8. Add lines 6 and 7 **8.** 1,400.
9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
 • Single or Married filing separately - \$75,000
 • Married filing jointly or qualifying widow(er) - \$150,000
 • Head of household - \$112,500
☒ **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 **9.** 278,476.
☐ **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.
10. Is line 9 more than the amount shown below for your filing status?
 • Single or married filing separately - \$80,000
 • Married filing jointly or qualifying widow(er) - \$160,000
 • Head of household - \$120,000
☒ **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. **10.** _____
☐ **No.** Subtract line 9 from the amount shown above for your filing status **10.** _____
11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
 • Single or married filing separately - \$5,000
 • Married filing jointly or qualifying widow(er) - \$10,000
 • Head of household - \$7,500 **11.** _____
12. Multiply line 8 by line 11 **12.** _____
13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here **13.** _____
14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR **14.** _____

Form **2210**Department of the Treasury
Internal Revenue Service**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**▶ Go to www.irs.gov/Form2210 for instructions and the latest information.

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

OMB No.1545-0140

2021
Attachment
Sequence No. **06**

Name(s) shown on tax return

ZACH COHEN

Identifying number

055-11-3232**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
	No	You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.
	Yes	You must figure your penalty.
		You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Part I Required Annual Payment

1	Enter your 2021 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	67,510.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	3,179.
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	70,689.
5	Multiply line 4 by 90% (0.90)	5	63,620.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	36,161.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	34,528.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	69,397.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	63,620.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.• If box **B, C, or D** applies, you must figure your penalty and file Form 2210.• If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.****Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2020 or 2021, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2021)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/21	(b) 6/15/21	(c) 9/15/21	(d) 1/15/22
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	15,905.	15,905.	15,905.	15,905.
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	9,040.	9,040.	9,040.	9,041.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12				
13 Add lines 11 and 12	13		9,040.	9,040.	9,041.
14 Add the amounts on lines 16 and 17 in the previous column	14		6,865.	13,730.	20,595.
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	9,040.	2,175.	0.	0.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	4,690.	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	6,865.	13,730.	15,905.	15,905.
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19	548.
---	----	------

Form 2210 (2021)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) ZACH COHEN					Identifying Number 055-11-3232
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/21	15,905.	15,905.			
04/15/21	-9,040.	6,865.	61	.000082192	34.
06/15/21	15,905.	22,770.			
06/15/21	-9,040.	13,730.	92	.000082192	104.
09/15/21	15,905.	29,635.			
09/15/21	-9,040.	20,595.	122	.000082192	207.
01/15/22	15,905.	36,500.			
01/15/22	-9,041.	27,459.	90	.000082192	203.
Penalty Due (Sum of Column F).					548.

* Date of estimated tax payment, withholding
credit date or installment due date.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

ZACH COHEN

055-11-3232

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

B Enter code from instructions

VITAMIN SUPPLEMENTS

424210

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

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

VITAMIN DIRECT, LLC

55-3548977

E Business address (including suite or room no.) **810 FOOTHILL ROAD**

City, town or post office, state, and ZIP code **BEVERLY HILLS, CA 90210**

F Accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2021, check here ☐

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	4,229,061.
2 Returns and allowances	2	669,067.
3 Subtract line 2 from line 1	3	3,559,994.
4 Cost of goods sold (from line 42)	4	216,119.
5 Gross profit. Subtract line 4 from line 3	5	3,343,875.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	3,343,875.

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

8 Advertising	8	525,000.	18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	25.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	2,000.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	3,233,948.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	109,927.	27 a Other expenses (from line 48)	27a	2,706,923.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	109,927.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2021

120001 10-26-21

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36	216,119.	
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40	216,119.	
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	216,119.	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶ ____ / ____ / ____
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

AFFILIATE EXPENSES	1,344,695.
BANK CHARGES	900.
GATEWAY SERVICES	9,617.
MANAGEMENT FEES	737,030.
PAYMENT PROCESSING FEES	228,028.
CUSTOMER SERVICE EXPENSES	386,653.
48 Total other expenses. Enter here and on line 27a	48 2,706,923.

2021 DEPRECIATION AND AMORTIZATION REPORT

VITAMIN DIRECT, LLC

SCHEDULE C- 2

[illegible]

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

ZACH COHEN

055-11-3232

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

CONSULTING SERVICES

B Enter code from instructions

541600

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

ZACH COHEN CONSULTING, LLC

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

81-9781533

E Business address (including suite or room no.) **9480 BEVERLYCREST DRIVE**

City, town or post office, state, and ZIP code **BEVERLY HILLS, CA 90210**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2021, check here ☐

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

Part I Income

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

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	6,525.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	4,102.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	239.	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	2,668.
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Other expenses (from line 48)	27a	2,071.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-15,605.				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2021

120001 10-26-21

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	► / /
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:	
a	Business	b Commuting
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

TELEPHONE EXPENSE	1,553.
INTERNET EXPENSE	130.
FILING FEES	348.
MISCELLANEOUS EXPENSE	40.
48 Total other expenses. Enter here and on line 27a	2,071.

2021 DEPRECIATION AND AMORTIZATION REPORT

ZACH COHEN CONSULTING, LLC

SCHEDULE C- 3

[illegible]

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

ZACH COHEN

Social security number of person

with self-employment income ► **055 11 3232**

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ► ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ... If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order SEE STATEMENT 3	2	94,322.
---	----------	----------------

3 Combine lines 1a, 1b, and 2	3	94,322.
--------------------------------------	----------	----------------

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	87,106.
--	-----------	----------------

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
--	-----------	--

c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	87,106.
--	-----------	----------------

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
---	-----------	--

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
---	-----------	--

6 Add lines 4c and 5b	6	87,106.
------------------------------	----------	----------------

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021	7	142,800
--	----------	----------------

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11	8a	142,800.
---	-----------	-----------------

b Unreported tips subject to social security tax from Form 4137, line 10	8b	
---	-----------	--

c Wages subject to social security tax from Form 8919, line 10	8c	
---	-----------	--

d Add lines 8a, 8b, and 8c	8d	
-----------------------------------	-----------	--

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
---	----------	--

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
--	-----------	--

11 Multiply line 6 by 2.9% (0.029)	11	2,526.
---	-----------	---------------

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	2,526.
--	-----------	---------------

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	1,263.
---	-----------	---------------

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,820, or (b) your net farm profits² were less than \$6,367.

14 Maximum income for optional methods	14	5,880
---	-----------	--------------

15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,880. Also, include this amount on line 4b above	15	
---	-----------	--

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
---	-----------	--

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	
--	-----------	--

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

[illegible]

Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995A for instructions and the latest information.****2021**
Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

ZACH COHEN**055-11-3232**

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions. Use this form if your taxable income, before your qualified business income deduction, is above \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	VITAMIN DIRECT, LLC	<input type="checkbox"/>	<input type="checkbox"/>	55-3548977	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

		A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	108,664.	
3	Multiply line 2 by 20% (0.20). If your taxable income is \$164,900 or less (\$164,925 if married filing separately; \$329,800 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	21,733.	
4	Allocable share of W-2 wages from the trade, business, or aggregation	4		
5	Multiply line 4 by 50% (0.50)	5		
6	Multiply line 4 by 25% (0.25)	6		
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	419.	
8	Multiply line 7 by 2.5% (0.025)	8	10.	
9	Add lines 6 and 8	9	10.	
10	Enter the greater of line 5 or line 9	10	10.	
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	10.	
12	Phased-in reduction. Enter the amount from line 26, if any	12		
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	10.	
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15	Qualified business income component. Subtract line 14 from line 13	15	10.	
16	Total qualified business income component. Add all amounts reported on line 15	16	10.	

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

Form **8995-A** (2021)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$164,900 but not \$214,900 (\$164,925 and \$214,925 if married filing separately; \$329,800 and \$429,800 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23 ...	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	10.	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		10.
33	Taxable income before qualified business income deduction	33	265,626.	
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		265,626.
36	Income limitation. Multiply line 35 by 20% (0.20)	36		53,125.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		10.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39		10.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40		()

Form **8995-A** (2021)

Qualified Business Income After Deductions

Activity: **VITAMIN DIRECT, LLC**

1.	Qualified business income before deductions	109,927.	
2.	Deductible part of self-employment income:		
a.	Net income subject to self-employment tax from this activity	109,927.	
b.	Total income subject to self-employment tax	109,927.	
c.	Line 2a divided by line 2b (not greater than 1.000)	1.000000000	
d.	Amount from Schedule 1 (Form 1040), line 15	1,263.	
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	1,263.	
3.	Self-employed SEP, SIMPLE and qualified plans:		
a.	Net income subject to self-employment tax from this activity		
b.	Net earnings from		
c.	Line 3a divided by line 3b (not greater than 1.000)		
d.	Amount from Schedule 1 (Form 1040), line 16		
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
a.	Health insurance payments from this activity		
b.	Health insurance limits for activity above		
c.	Lesser of line 4a or line 4b		
d.	Reserved		
e.	Reserved		
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	108,664.	

Activity: _____

1.	Qualified business income before deductions		
2.	Deductible part of self-employment income:		
a.	Net income subject to self-employment tax from this activity		
b.	Total income subject to self-employment tax		
c.	Line 2a divided by line 2b (not greater than 1.000)		
d.	Amount from Schedule 1 (Form 1040), line 15		
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity		
3.	Self-employed SEP, SIMPLE and qualified plans:		
a.	Net income subject to self-employment tax from this activity		
b.	Net earnings from		
c.	Line 3a divided by line 3b (not greater than 1.000)		
d.	Amount from Schedule 1 (Form 1040), line 16		
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity		
4.	Self-employed health insurance deduction:		
a.	Health insurance payments from this activity		
b.	Health insurance limits for activity above		
c.	Lesser of line 4a or line 4b		
d.	Reserved		
e.	Reserved		
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity		
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions		

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8959 for instructions and the latest information.**2021**Attachment
Sequence No. 71

Name(s) shown on return

ZACH COHEN

Your social security number

055-11-3232**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	185,417.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	185,417.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	87,106.	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	200,000.	
10	Enter the amount from line 4	10	185,417.	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	14,583.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		72,523.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		653.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RTTA) Compensation

14	Railroad retirement (RTTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RTTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		653.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,689.	
20	Enter the amount from line 1	20	185,417.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,689.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RTTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		

**Net Investment Income Tax -
Individuals, Estates, and Trusts**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8960 for instructions and the latest information.****2021**Attachment
Sequence No. **72**

Name(s) shown on your tax return

ZACH COHEN

Your social security number or EIN

055-11-3232**Part I Investment Income**

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

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

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	
Individuals:			
13	Modified adjusted gross income (see instructions)	13	278,476.
14	Threshold based on filing status (see instructions)	14	200,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	78,476.
16	Enter the smaller of line 12 or line 15	16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**Form **8960** (2021)

Form **8829**Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Go to www.irs.gov/Form8829 for instructions and the latest information.**

OMB No. 1545-0074

2021Attachment
Sequence No.

Name(s) of proprietor(s)

ZACH COHEN

Your social security number

055-11-3232**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	1	
2	Total area of home	2	
3	Divide line 1 by line 2. Enter the result as a percentage	3	%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions. See instructions for columns (a) and (b) before completing lines 9-22.	8	109,927.
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses	9	
10	Deductible mortgage interest	10	
11	Real estate taxes	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	109,927.
16	Excess mortgage interest	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses	22	
23	Add lines 16 through 22	23	
24	Multiply line 23, column (b), by line 7	24	
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	109,927.
29	Excess casualty losses	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	0.
34	Add lines 14, 27, and 33	34	0.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	0.
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	0.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage	41	%
42	Depreciation allowable. Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2022

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

Form **8829**Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Go to www.irs.gov/Form8829 for instructions and the latest information.**

OMB No. 1545-0074

2021Attachment
Sequence No.

Name(s) of proprietor(s)

ZACH COHEN

Your social security number

055-11-3232**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	1	320
2	Total area of home	2	1,600
3	Divide line 1 by line 2. Enter the result as a percentage	3	20.0000%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	20.0000%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	-15,605.
See instructions for columns (a) and (b) before completing lines 9-22.			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses	9	
10	Deductible mortgage interest	10	
11	Real estate taxes	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	59,353.
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses	22	
23	Add lines 16 through 22	23	59,353.
24	Multiply line 23, column (b), by line 7	24	11,871.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	11,871.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	0.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	0.
29	Excess casualty losses	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	0.
34	Add lines 14, 27, and 33	34	0.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	0.
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	0.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage	41	%
42	Depreciation allowable. Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2022

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	11,871.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)▶ Attach to your tax return. **SCHEDULE C- 3**▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**

Business or activity to which this form relates

**ZACH COHEN CONSULTING,
LLC**

Identifying number

055-11-3232**ZACH COHEN****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	4,102.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,102.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year:					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T JUSTWORKS EMPLOYMENT GROUP, LLC	185,417.	36,161.	11,733.		8,854.	2,689.
TOTALS	185,417.	36,161.	11,733.		8,854.	2,689.

FORM 1040

FEDERAL INCOME TAX WITHHELD - FORM(S) W-2

STATEMENT 2

T S DESCRIPTION	AMOUNT
T JUSTWORKS EMPLOYMENT GROUP, LLC	36,161.
TOTAL TO FORM 1040, LINE 25A	36,161.

SCHEDULE SE

NON-FARM INCOME

STATEMENT 3

DESCRIPTION	AMOUNT
VITAMIN SUPPLEMENTS	109,927.
CONSULTING SERVICES	-15,605.
TOTAL TO SCHEDULE SE, LINE 2	94,322.

2021 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

ZACH COHEN
810 FOOTHILL ROAD
BEVERLY HILLS, CA 90210

PREPARED BY:

EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY 10017-2703

AMOUNT OF TAX:

TOTAL TAX	\$	10,418
LESS: PAYMENTS AND CREDITS	\$	15,000
PLUS: INTEREST AND PENALTIES	\$	199
OVERPAYMENT	\$	4,383

OVERPAYMENT:

MISCELLANEOUS DONATIONS	\$	0
CREDITED TO YOUR ESTIMATED TAX	\$	0
REFUNDED TO YOU	\$	4,383

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN CALIFORNIA FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN CALIFORNIA FORM 8879 TO US BY THE DUE DATE.

SPECIAL INSTRUCTIONS:

YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN 0123. REFER TO FORM 540 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

Banking Information (Direct Debit / Deposit)**State Payment (Direct Debit):**

Routing Number
Bank Account Number
Account Type 1 = checking; 2 = savings
Requested Payment Date
Payment Amount
Payment Type
Account Period Begin Date
Account Period End Date
Daytime Phone Number
Tax Year

Refund (Direct Deposit) (1040 only):

	First Account	Second Account
Routing Number	021000021	
Bank Account Number	897420123	
Account Type	Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Payment Amount	4,383.	

TAXABLE YEAR

FORM

2021**California e-file Signature Authorization for Individuals****8879**

Your name

ZACH COHEN

Spouse's/RDP's name

Your SSN or ITIN

055-11-3232

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	1	281,758
2	Amount You Owe. See instructions	2	0
3	Refund or No Amount Due. See instructions	3	4,383

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **EISNER ADVISORY GROUP LLC** to enter my PIN **03232**
ERO firm name **Do not enter all zeros**

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ to enter my PIN _____
ERO firm name **Do not enter all zeros**

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only**ERO's Electronic Filer Identification Number (EFIN)/PIN.**

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

13973397483**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► _____

For Privacy Notice, get FTB 1131 EN-SP.

FTB 8879 2021

Form at bottom of page.

TAX PAYMENT WORKSHEET (KEEP FOR YOUR RECORDS)

1	Total tax you expect to owe. This is the amount you expect to enter on Form 540, line 65; or Form 540NR, line 75	1	13,085	00
2	Payments and credits:			
a	California income tax withheld (including real estate and nonresident withholding)	2a		00
b	California estimated tax payments and amount applied from your 2020 tax return (To check your estimated tax payments go to ftb.ca.gov and login or register for MyFTB.)	2b		00
c	Other payments and credits (including any tax payments made with any previous form FTB 3519)	2c		00
3	Total tax payments and credits. Add line 2a, line 2b, and line 2c	3		00
4	Tax due. Is line 1 more than line 3?	4	15,000	00

- **No. Stop here.** You have no tax due. **Do not** mail form FTB 3519. If you file your tax return by October 17, 2022 (fiscal year filer - see instructions), the automatic extension will apply.
- **Yes.** Subtract line 3 from line 1 and enter on line 4. This is your tax due. For online payments, **do not** mail the form, go to **ftb.ca.gov/pay** for more information. If you meet the requirements of the Mandatory e-Pay program, you must make all payments electronically, regardless of the taxable year or amount. Go to **ftb.ca.gov/e-pay**. For check or money order payments, using black or blue ink, complete your check or money order and form FTB 3519. Enter the tax due amount from line 4 as the "Amount of payment." Make your check or money order payable to the "Franchise Tax Board," and write your SSN or ITIN and "2021 FTB 3519" in the "For" section. Enclose, but **do not** staple your payment to form FTB 3519 and mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0008.**

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 FTB 3519" on the check or money order. Detach voucher below. Enclose, but **do not** staple the check or money order with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar Year - File and Pay by April 18, 2022.**
Fiscal Year Filers - see instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Individuals can make payments online using Web Pay for Individuals. Taxpayers can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

139451 12-01-21

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---
CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

2021

**Payment for Automatic
Extension for Individuals**

CALIFORNIA FORM

3519 (PIT)

055-11-3232 COHE
ZACH COHEN

21

810 FOOTHILL ROAD
BEVERLY HILLS CA 90210

Amount of payment 15000.

TAXABLE YEAR

2021**California Resident Income Tax Return**

FORM

540

APE

ATTACH FEDERAL RETURN

055-11-3232 COHE
ZACH COHEN

21 PBA 424210

810 FOOTHILL ROAD
BEVERLY HILLS CA 90210

01-28-1987

Enter your county at time of filing (see instructions)

☒ **LOS ANGELES**

If your address above is the same as your principal/physical residence address at the time of filing, check this box

☒ **X**

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒☒

City

State

ZIP code

☒☒☒

If your California filing status is different from your federal filing status, check the box here

1

☒ **X**

Single

4

Head of household (with qualifying person). See instructions.

2

Married/RDP filing jointly. See inst.

5

Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3

Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

• 6

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.☒ 7

1

X \$129 =

☒

\$

129

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;

if both are visually impaired, enter 2

☒ 8

X \$129 =

☒

\$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1;

if both are 65 or older, enter 2. See instructions

☒ 9

X \$129 =

☒

\$

Your name:

ZACH COHEN

Your SSN or ITIN:

055113232

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See inst.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions • 10 X \$400 = • \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 • 11 \$ 129

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	• 12	<input type="text"/> 185,417	<input type="text"/> .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	• 13	<input type="text"/> 278,476	<input type="text"/> .00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	• 14	<input type="text"/>	<input type="text"/> .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	• 15	<input type="text"/> 278,476	<input type="text"/> .00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	• 16	<input type="text"/> 3,282	<input type="text"/> .00
17	California adjusted gross income. Combine line 15 and line 16	• 17	<input type="text"/> 281,758	<input type="text"/> .00
18	Enter the larger of <div style="border-left: 1px solid black; padding-left: 10px; margin-top: 5px;"> Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions </div>	• 18	<input type="text"/> 4,803	<input type="text"/> .00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	• 19	<input type="text"/> 276,955	<input type="text"/> .00

Tax

31	Tax. Check the box if from: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div><input type="text"/> Tax Table</div> <div><input checked="" type="checkbox"/> Tax Rate Schedule</div> </div>	• 31	<input type="text"/> 22,759	<input type="text"/> .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions	• 32	<input type="text"/> 0	<input type="text"/> .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	• 33	<input type="text"/> 22,759	<input type="text"/> .00
34	Tax. See instructions. Check the box if from: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div><input type="text"/> Schedule G-1</div> <div><input type="text"/> FTB 5870A</div> </div>	• 34	<input type="text"/>	<input type="text"/> .00
35	Add line 33 and line 34	• 35	<input type="text"/> 22,759	<input type="text"/> .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	• 40	<input type="text"/>	<input type="text"/> .00
43	Enter credit name <input type="text"/> OTHER STATE code • <input type="text"/> 187 and amount	• 43	<input type="text"/> 12,341	<input type="text"/> .00
44	Enter credit name <input type="text"/> code • <input type="text"/> and amount	• 44	<input type="text"/>	<input type="text"/> .00

Your name:

ZACH COHEN

Your SSN or ITIN:

055113232

Special Credits

45	To claim more than two credits. See instructions. Attach Schedule P (540)	• 45		00
46	Nonrefundable Renter's Credit. See instructions	• 46		00
47	Add line 40 through line 46. These are your total credits	• 47	12,341	00
48	Subtract line 47 from line 35. If less than zero, enter -0-	• 48	10,418	00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	• 61		00
62	Mental Health Services Tax. See instructions	• 62		00
63	Other taxes and credit recapture. See instructions	• 63		00
64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	• 64		00
65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	• 65	10,418	00

Payments

71	California income tax withheld. See instructions	• 71		00
72	2021 CA estimated tax and other payments. See instructions	• 72	15,000	00
73	Withholding (Form 592-B and/or 593). See instructions	• 73		00
74	Excess SDI (or VPD) withheld. See instructions	• 74		00
75	Earned Income Tax Credit (EITC)	• 75		00
76	Young Child Tax Credit (YCTC). See instructions	• 76		00
77	Net Premium Assistance Subsidy (PAS). See instructions	• 77		00
78	Add line 71 through line 77. These are your total payments. See instructions	• 78	15,000	00

Use Tax

91	Use Tax. Do not leave blank. See instructions	• 91	0	00
If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.				

ISR Penalty

92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	• <input checked="" type="checkbox"/>		
	If you did not check the box, see instructions.			
	Individual Shared Responsibility (ISR) Penalty. See instructions	• 92		00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	• 93	15,000	00
94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	• 94		00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	• 95	15,000	00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	• 96		00

Your name:

ZACH COHEN

Your SSN or ITIN:

055113232

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	<input checked="" type="radio"/>	97	4,582	-00
98	Amount of line 97 you want applied to your 2022 estimated tax	<input type="radio"/>	98		-00
99	Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/>	99	4,582	-00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	<input checked="" type="radio"/>	100		-00

Code Amount

Contributions

California Seniors Special Fund. See instructions	<input type="radio"/>	400		-00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/>	401		-00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/>	403		-00
California Breast Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/>	405		-00
California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/>	406		-00
Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/>	407		-00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	<input type="radio"/>	408		-00
California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/>	410		-00
California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/>	413		-00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/>	422		-00
State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/>	423		-00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	<input type="radio"/>	424		-00
Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/>	425		-00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/>	431		-00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/>	438		-00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	<input type="radio"/>	439		-00
Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/>	440		-00
Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/>	443		-00
Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/>	444		-00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	<input type="radio"/>	445		-00
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	<input type="radio"/>	446		-00
110 Add code 400 through code 446. This is your total contribution	<input type="radio"/>	110		-00

Your name:

ZACH COHEN

Your SSN or ITIN:

055113232

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ... • 111Pay Online - Go to **ftb.ca.gov/pay** for more information.**Interest and Penalties**

112 Interest, late return penalties, and late payment penalties 112

113 Underpayment of estimated tax.

Check the box: •

☒

FTB 5805 attached •

☐

FTB 5805F attached • 113

199

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ... • 115

4,383

Refund and Direct DepositFill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number

021000021

• Type

☒

Checking

• Account number

897420123

• 116 Direct deposit amount

4,383

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number

• Type

☐

Checking

• Account number

• 117 Direct deposit amount

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

• Your email address. Enter only one email address.

• Preferred phone number

Sign HerePaid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

It is unlawful to forge a spouse's/RDP's signature.

Firm's name (or yours, if self-employed)

EISNER ADVISORY GROUP LLC

• PTIN

P01297483

Firm's address

733 THIRD AVENUE

NEW YORK, NY 10017-2703

• Firm's FEIN

871353108

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions •

☒

Yes

☐ No

Print Third Party Designee's Name

SAM ENDE

Telephone Number

212-944-4433

2021**Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.****Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number * ☐ 055113232

c. Employer's name ☐ JUSTWORKS EMPLOYMENT GROUP LLC

b. Employer identification number (EIN) ☐ 462283648

Employer's address ☐ PO BOX 7119 CHURCH STREET

City ☐ NEW YORK State ☐ NY ZIP code ☐ 10008

e. Employee's first name * ☐ ZACH Initial * ☐ Last name * ☐ COHEN Suffix * ☐

f. Employee's address * ☐ 810 FOOTHILL ROAD

City * ☐ BEVERLY HILLS State * ☐ CA ZIP code * ☐ 90210

1. Wages, tips, other compensation ☐ 185,417

2. Federal income tax withheld ☐ 36,161

3. Social security wages ☐ 142,800

4. Social security tax withheld ☐ 8,854

5. Medicare tax withheld ☐ 2,689

6. Social security tips ☐

7. Allocated tips (not included in box 1) ☐

8. Dependent care benefits ☐

9. Nonqualified plans ☐

12. Codes and amounts

12a. Code ☐ Amount ☐

12b. Code ☐ Amount ☐

12c. Code ☐ Amount ☐

12d. Code ☐ Amount ☐

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

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

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type ☐ Amount ☐

16. State wages, tips, etc. ☐ 185,417

15. State and employer's state ID number

State ☐ NY Employer's state ID number ☐ 46-2283648

17. State income tax ☐ 11,733

2021

California Adjustments - Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

ZACH COHEN

SSN or ITIN

055-11-3232

Part I Income Adjustment Schedule**Section A - Income** from federal Form 1040 or 1040-SR

1 Wages, salaries, tips, etc. See instr. before making an entry in column B or C

1

●

185,417

●

●

2 Taxable interest. a ●

2b

●

●

●

3 Ordinary dividends.

See instructions. a ●

3b

●

●

●

4 IRA distributions.

See instructions. a ●

4b

●

●

●

5 Pensions and

annuities. See

instructions. a ●

5b

●

●

●

6 Social security

benefits. a ●

6b

●

●

7 Capital gain or (loss). See instr.

7

●

●

●

Section B - Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes

1

●

●

2a Alimony received. See instructions

2a

●

●

3 Business income or (loss). See instructions

STMT 1

3

●

94,322

●

●

3,282

4 Other gains or (losses)

4

●

●

●

5 Rental real estate, royalties, partnerships,

S corporations, trusts, etc.

5

●

●

●

6 Farm income or (loss)

6

●

●

●

7 Unemployment compensation

7

●

●

8 Other income.

a Federal net operating loss

8a

●

●

b Gambling income

8b

●

●

c Cancellation of debt

8c

●

●

d Foreign earned income exclusion from

federal Form 2555

8d

●

●

e Taxable Health Savings Account distribution

8e

●

●

f Alaska Permanent Fund dividends

8f

●

g Jury duty pay

8g

●

h Prizes and awards

8h

●

Section B - Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions.	C Additions See instructions.
i	Activity not engaged in for profit income 8i	<input type="radio"/>		
j	Stock options 8j	<input type="radio"/>		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k	<input type="radio"/>		
l	Olympic and Paralympic medals and USOC prize money 8l	<input type="radio"/>		
m	IRC Section 951(a) inclusion 8m	<input type="radio"/>	<input type="radio"/>	
n	IRC Section 951A(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o	IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>
p	Taxable distributions from an ABLE account 8p	<input type="radio"/>		
z	Other income. List type and amount. <input type="radio"/> 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a	Total other income. Add lines 8a through 8z 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1	Disaster loss deduction from form FTB 3805V ... 9b1		<input type="radio"/>	
b2	NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3	NOL from form FTB 3805Z, 3807, or 3809 9b3		<input type="radio"/>	
b4	Student loan discharged due to closure of a for-profit school 9b4	<input type="radio"/>	<input type="radio"/>	
10	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions 10	<input type="radio"/> 279,739	<input type="radio"/>	<input type="radio"/> 3,282

Section C - Adjustments to Income
from federal Schedule 1 (Form 1040)

11	Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14	Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15	Deductible part of self-employment tax. See instructions 15	<input type="radio"/> 1,263	<input type="radio"/>	
16	Self-employed SEP, SIMPLE, and qualified plans ... 16	<input type="radio"/>		
17	Self-employed health insurance deduction. See instructions 17	<input type="radio"/>	<input type="radio"/>	

Section C - Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18	Penalty on early withdrawal of savings	<input type="radio"/>		
19	a Alimony paid	<input type="radio"/>		<input type="radio"/>
	b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
20	IRA deduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Student loan interest deduction	<input type="radio"/>		<input type="radio"/>
22	Reserved for future use			
23	Archer MSA deduction	<input type="radio"/>		
24	Other adjustments:			
	a Jury duty pay	<input type="radio"/>		
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	<input type="radio"/>	<input type="radio"/>	
	d Reforestation amortization and expenses	<input type="radio"/>	<input type="radio"/>	
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	<input type="radio"/>		
	f Contributions to IRC Section 501(c)(18)(D) pension plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	g Contributions by certain chaplains to IRC Section 403(b) plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	<input type="radio"/>		
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	<input type="radio"/>	<input type="radio"/>	
	j Housing deduction from federal Form 2555	<input type="radio"/>	<input type="radio"/>	
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	<input type="radio"/>		
	z Other adjustments. List type and amount. <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Total other adjustments. Add lines 24a through 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	<input type="radio"/> 1,263	<input type="radio"/>	<input type="radio"/>
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	<input type="radio"/> 278,476	<input type="radio"/>	<input type="radio"/> 3,282

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> 20,265 <input checked="" type="radio"/> 20,265			
b State and local real estate taxes 5b <input checked="" type="radio"/>			
c State and local personal property taxes 5c <input checked="" type="radio"/>			
d Add line 5a through line 5c 5d <input checked="" type="radio"/> 20,265			
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e <input checked="" type="radio"/> 10,000 <input checked="" type="radio"/> 20,265 <input checked="" type="radio"/> 10,265			
6 Other taxes. List type <input checked="" type="radio"/> 6 <input checked="" type="radio"/>			
7 Add line 5e and line 6 7 <input checked="" type="radio"/> 10,000 <input checked="" type="radio"/> 20,265 <input checked="" type="radio"/> 10,265			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098 8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Mortgage insurance premiums 8d <input checked="" type="radio"/>			
e Add line 8a through line 8d 8e <input checked="" type="radio"/>			<input checked="" type="radio"/>
9 Investment interest 9 <input checked="" type="radio"/>			<input checked="" type="radio"/>
10 Add line 8e and line 9 10 <input checked="" type="radio"/>			<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity				
11 Gifts by cash or check	11	500		
12 Other than by cash or check	12			
13 Carryover from prior year	13			
14 Add line 11 through line 13	14	500		
Casualty and Theft Losses				
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15			
Other Itemized Deductions				
16 Other - from list in federal instructions	16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17	10,500	20,265	10,265
18 Total. Combine line 17 column A less column B plus column C				500

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions

20 Tax preparation fees

21 Other expenses- investment, safe deposit box, etc. List type

22 Add line 19 through line 21

23 Enter amount from federal Form 1040 or 1040-SR, line 11

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0

26 Total Itemized Deductions. Add line 18 and line 25

27 Other adjustments. See instructions. Specify

28 Combine line 26 and line 27

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately \$212,288

Head of household \$318,437

Married/RDP filing jointly or qualifying widow(er) \$424,581

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29

30 Enter the larger of the amount on line 29 or your standard deduction listed below

Single or married/RDP filing separately. See instructions \$4,803

Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,606

Transfer the amount on line 30 to Form 540, line 18

TAXABLE YEAR
2021

Alternative Minimum Tax and Credit Limitations - Residents

139361 01-11-22
CALIFORNIA SCHEDULE
P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

ZACH COHEN

055-11-3232

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1	4,803	00
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2 1/2% (.025) of federal Form 1040 or 1040-SR, line 11	2		00
3	Personal property taxes and real property taxes. See instructions	3		00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4		00
5	Miscellaneous itemized deductions. See instructions	5		00
6	Refund of personal property taxes and real property taxes. See instructions Do not include your state income tax refund on this line.	6		
7	Investment interest expense adjustment. See instructions	7		00
8	Post-1986 depreciation. See instructions	8	205	00
9	Adjusted gain or loss. See instructions	9		00
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	10		00
11	Passive activities adjustment. See instructions	11		00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12		00
13	Other adjustment and preferences. Enter the amount, if any, for each item, a through l, and enter the total on line 13. See instructions.			
	a Circulation expenditures	00	g Mining costs	00
	b Depletion	00	h Patron's adjustment	00
	c Installment sales	00	i Pollution control facilities	00
	d Intangible drilling costs	00	j Research and experimental	00
	e Long-term contracts	00	k Tax shelter farm activities	00
	f Loss limitations	00	l Related adjustments	00
		13		00
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	5,008	00
15	Enter taxable income from Form 540, line 19. See instructions	15	276,955	00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount	16		00
17	AMTI exclusion. See instructions	17		00
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	18		00
	Single or married/RDP filing separately		\$212,288	
	Married/RDP filing jointly or qualifying widow(er)		\$424,581	
	Head of household		\$318,437	
19	Combine line 14 through line 18	19	281,963	00
20	Alternative minimum tax NOL deduction. See instructions	20		00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$403,348, see instructions)	21	281,963	00

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)			
	If your filing status is:	And line 21 is not over:	Enter on line 22:	
	Single or head of household	\$292,763	\$78,070	
	Married/RDP filing jointly or qualifying widow(er)	\$390,351	\$104,094	
	Married/RDP filing separately	\$195,172	\$52,044	
	If Part I, line 21 is more than the amount shown above for your filing status, see instructions.			
23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions	23	203,893	00
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	24	14,273	00
25	Regular tax before credits from Form 540, line 31	25	22,759	00
26	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2022, enter amount from line 26 on the 2022 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)	26	0	00

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540.

1	Enter the amount from Form 540, line 35	<input checked="" type="radio"/> 1	22,759	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	14,273	00

	(a) Credit amount	(b) * Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instr. This is your excess tax which may be offset by credits	3		<input checked="" type="radio"/> 8,486	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 162 Prison inmate labor credit (FTB 3507)	4	<input type="radio"/>		
5 Code: 232 Child and dependent care expenses credit (FTB 3506)	5	<input type="radio"/>		
A2 Credits that reduce excess tax and have carryover provisions.				
6 Code: <input type="radio"/> Credit Name:	6	<input type="radio"/>		<input type="radio"/>
7 Code: <input type="radio"/> Credit Name:	7	<input type="radio"/>		<input type="radio"/>
8 Code: <input type="radio"/> Credit Name:	8	<input type="radio"/>		<input type="radio"/>
9 Code: <input type="radio"/> Credit Name:	9	<input type="radio"/>		<input type="radio"/>
10 Code: 188 Credit for prior year alternative minimum tax	10	<input checked="" type="radio"/>		<input type="radio"/>
Section B - Credits that may reduce tax below tentative minimum tax.				
11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)	11		<input checked="" type="radio"/> 22,759	
B1 Credits that reduce net tax and have no carryover provisions.				
12 Code: 170 Credit for joint custody head of household	12	<input type="radio"/>		
13 Code: 173 Credit for dependent parent	13	<input type="radio"/>		
14 Code: 163 Credit for senior head of household	14	<input type="radio"/>		
15 Nonrefundable renter's credit	15	<input type="radio"/>		
B2 Credits that reduce net tax and have carryover provisions.				
16 Code: <input type="radio"/> Credit Name:	16	<input type="radio"/>		<input type="radio"/>
17 Code: <input type="radio"/> Credit Name:	17	<input type="radio"/>		<input type="radio"/>
18 Code: <input type="radio"/> Credit Name:	18	<input type="radio"/>		<input type="radio"/>
19 Code: <input type="radio"/> Credit Name:	19	<input type="radio"/>		<input type="radio"/>
B3 Other state tax credit.				
20 Code: 187 Other state tax credit	20	12,341 <input type="radio"/>	12,341	10,418
Section C - Credits that may reduce alternative minimum tax.				
21 Enter your alternative minimum tax from Side 1, Part II, line 26	21		<input type="radio"/>	
22 Code: 180 Solar energy credit carryover from Section B2, column (d)	22	<input type="radio"/>		<input type="radio"/>
23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	23	<input type="radio"/>		<input type="radio"/>
24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61	24		<input type="radio"/>	

*If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, Sections A and B, column (b) cannot exceed \$5,000,000. See instructions.



2021

Other State Tax Credit

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

ZACH COHEN

055-11-3232

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES	<input checked="" type="radio"/> 185,417	<input checked="" type="radio"/> 185,417
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 185,417	<input checked="" type="radio"/> 185,417

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability	<input checked="" type="radio"/> 2	22,759	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	185,417	00
4 California adjusted gross income	<input checked="" type="radio"/> 4	281,758	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.6581	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	14,978	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> NY	<input checked="" type="radio"/> 7	12,341	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	185,417	00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	185,417	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	12,341	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187	<input checked="" type="radio"/> 12	12,341	00

2021

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return

SSN or ITIN

ZACH COHEN

055-11-3232

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)1 ☐ This form is being completed for a passive activity.☒ This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates

ZACH COHEN CONSULTING, LLC

Part II Election to Expense Certain Tangible Property (IRC Section 179).2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions 2

Part III Depreciation	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
	MACHINERY & EQUIPMENT	06/30/2021	4,102	200DB	5.00	820

4 Add the amounts on line 3, column (f) 4 8205 California depreciation for assets placed in service prior to 2021 56 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 6 8207 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 7 4,1028 a If line 6 is more than line 7, enter the difference here and see instructions 8ab If line 6 is less than line 7, enter the difference here and see instructions 8b 3,282

Part IV Amortization	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9						

10 Total California amortization from this activity. Add the amounts on line 9, column (f) 1011 California amortization of costs that began before 2021 1112 Total California amortization from this activity. Add the amounts on line 10 and line 11 1213 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 1314 a If line 12 is more than line 13, enter the difference here and see instructions 14ab If line 12 is less than line 13, enter the difference here and see instructions 14b

TAXABLE YEAR
2021

Underpayment of Estimated Tax by Individuals and Fiduciaries

139561 01-11-22
CALIFORNIA FORM
5805

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

ZACH COHEN

SSN, ITIN, or FEIN

055-11-3232

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2020 or 2021 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2020 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2021 return or 100% of the tax shown on your 2020 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2021 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

- 1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C 1 ☒ ☐ Yes ☒ No

- 2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44 2 ☒ ☐ Yes ☒ No

- 3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? 3 ☒ ☐ Yes ☐ No
☒ N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/21 ☒ \$; 6/15/21 ☒ \$;
9/15/21 ☒ \$; 1/15/22 ☒ \$.

- 4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E 4 ☒ ☐ Yes ☐ No

Part II Required Annual Payment. All filers must complete this part.

1	Current year tax. Enter your 2021 tax after credits. See instructions	1	10,418	.00
2	Multiply line 1 by 90% (.90)	2	9,376	.00
3	Withholding taxes. Do not include any estimated tax payments on this line. See instructions	3		.00
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. Do not file form FTB 5805	4	10,418	.00
5	Enter the tax shown on your 2020 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2021, more than \$75,000)	5		.00
6	Required annual payment. Enter the smaller of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2)	6	9,376	.00

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III.
If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

7	Enter the amount, if any, from Part II, line 3 above	7		.00												
8	Enter the total amount, if any, of estimated tax payments you made	8		.00												
9	Add line 7 and line 8	9		.00												
10	Total underpayment for the year. Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. Do not file form FTB 5805	10	9,376	.00												
11	Multiply line 10 by .02121370	11	199	.00												
12	<ul style="list-style-type: none"> If the amount on line 10 was paid on or after 4/15/22, enter -0-. If the amount on line 10 was paid before 4/15/22, enter the result of the following computation: 															
	<table border="0"> <tr> <td>Amount on</td> <td></td> <td>Number of days paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td>line 10</td> <td>X</td> <td>before 4/15/22</td> <td>X</td> <td>.00008</td> <td></td> </tr> </table>	Amount on		Number of days paid				line 10	X	before 4/15/22	X	.00008		12		.00
Amount on		Number of days paid														
line 10	X	before 4/15/22	X	.00008												
13	PENALTY. Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805."	13	199	.00												

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2021 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/21, 4/30/21, 7/31/21, and 11/30/21. Fiscal year filers must adjust dates accordingly.		(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions	1				
2 Annualization amounts. Estates or Trusts, see instructions	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9	4				
5 Annualization amounts	5	4	2.4	1.5	1
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions	6				
7 Enter your standard deduction from your 2021 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions	7				
8 Enter line 6 or line 7, whichever is larger	8				
9 Subtract line 8 from line 3	9				
10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions	10				
11 Enter the total amount of exemption credits from your 2021 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions	11				
12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions	12				
13 Enter the total credit amount from your 2021 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions	13				

Part III Annualized Income Installment Method Schedule. continued

	(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
14 a Subtract line 13 from line 12. If zero or less, enter -0- 14a				
b Enter the alternative minimum tax and mental health tax 14b				
c Add line 14a and line 14b 14c				
d Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84 14d				
e Subtract line 14d from line 14c. If zero or less, enter -0- 14e				
15 Applicable percentage 15	27%	63%	63%	90%
16 Multiply line 14e by line 15 16				

Complete Line 17 through Line 23 of each column before you go to the next column.

17 Enter the combined amounts shown on line 23 from all preceding columns 17				
18 Subtract line 17 from line 16. If zero or less, enter -0- 18				
19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c 19				
20 Enter the amount from line 22 from the preceding column 20				
21 Add line 19 and line 20 21				
22 Subtract line 18 from line 21. If zero or less, enter -0- 22				

23 Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1.

(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates.
This schedule automatically selects the smaller of your annualized income installment or your regular installment.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

CA
OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

ZACH COHEN

055-11-3232

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

CONSULTING SERVICES

B Enter code from instructions

541600

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

ZACH COHEN CONSULTING, LLC

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

81-9781533

E Business address (including suite or room no.) **9480 BEVERLYCREST DRIVE**

City, town or post office, state, and ZIP code **BEVERLY HILLS, CA 90210**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2021, check here ☐

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

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

Part I Income

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

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	6,525.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	820.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	239.	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	2,668.
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Other expenses (from line 48)	27a	2,071.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-12,323.				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2021

120001 10-26-21

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶	____ / ____ / ____
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:	
a	Business	_____
b	Commuting	_____
c	Other	_____
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

TELEPHONE EXPENSE	1,553.
INTERNET EXPENSE	130.
FILING FEES	348.
MISCELLANEOUS EXPENSE	40.
48 Total other expenses. Enter here and on line 27a	48 2,071.

California	Exemption Credit - AGI Limitation Worksheet	2021
Name(s) as shown on return ZACH COHEN		Social security number 055-11-3232

- a. Enter the amount from Form 540, line 13, or RDP recalculated AGI a 278,476
- b. Enter the amount for your filing status on line b:
 Single or married/RDP filing separate \$212,288
 Married/RDP filing joint or qualifying widow(er) \$424,581
 Head of household \$318,437
 b 212,288
- c. Subtract line b from line a c 66,188
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separate).
Note: If the result is not a whole number, round it to the next higher whole number d 27
- e. Multiply line d by \$6 e 162
- f. Add the numbers from the boxes on Form 540, line 7, line 8 and line 9 f 1
- g. Multiply line e by line f g 162
- h. Enter the total dollar amount from Form 540, line 7, line 8 and line 9 h 129
- i. Subtract line g from line h. If zero or less, enter -0- i 0
- j. Enter the number from the box on Form 540, line 10 j _____
- k. Multiply line e by line j k _____
- l. Enter the dollar amount from Form 540, line 10 l _____
- m. Subtract line k from line l. If zero or less, enter -0- m _____
- n. Add line i and m. Enter the result here and on Form 540, line 32. If zero or less, enter -0- n _____

CA SCHEDULE CA	BUSINESS INCOME		STATEMENT 1
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
ZACH COHEN CONSULTING, LLC (FROM FORM 3885A)	-12,323.	-15,605.	3,282.
TO SCH CA (540), PART IB, LINE 3			3,282.

STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

[illegible]

2021 TAX RETURN FILING INSTRUCTIONS

NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

ZACH COHEN
810 FOOTHILL ROAD
BEVERLY HILLS, CA 90210

PREPARED BY:

EISNER ADVISORY GROUP LLC
733 THIRD AVENUE
NEW YORK, NY 10017-2703

AMOUNT OF TAX:

TOTAL TAX	\$	12,341
LESS: PAYMENTS AND CREDITS	\$	11,733
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	608

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM TR-579-IT TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FORM TR-579-IT TO US BY THE DUE DATE.

SPECIAL INSTRUCTIONS:

YOUR BALANCE OF \$608 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 0123 ON OR AFTER NOVEMBER 25, 2024. REFER TO FORM IT-203 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

Banking Information (Direct Debit / Deposit)

Banking Information (Direct Debit / Deposit)

Routing Number	<u>021000021</u>	
Bank Account Number	<u>897420123</u>	
Account Type	<u>1</u>	1 = checking; 2 = savings
Requested Payment Date	_____	
Payment Amount	<u>608.</u>	
ACH indicator	<u>1</u>	1 = direct debit
Refund/Owe indicator	<u>2</u>	1 = refund; 2 = owe
Direct deposit indicator	—	1 = direct deposit
Balance due amount	<u>608.</u>	
Bank account ACH indicator	<u>2</u>	1 = business, 2 = personal
Paper check refund indicator	—	1 = paper check
IAT indicator	<u>2</u>	2 = international ACH not supported



Department of Taxation and Finance
New York State E-File Signature Authorization for Tax Year 2021
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

188351 10-19-21

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name ZACH COHEN	Spouse's name <i>(jointly filed return only)</i>
--------------------------------------	--

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2), *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

Part A - Tax return information

1 Federal adjusted gross income <i>(from applicable line)</i>	1. 278476.
2 Refund	2.
3 Amount you owe	3. 608.
4 Financial institution routing number	4. 021000021
5 Financial institution account number	5. 897420123
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings	

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

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will

serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature <i>(jointly filed return only)</i>	Date

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return is identical to that contained in the paper copy of

the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

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

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

ERO's signature	Print name	Date
Paid preparer's signature	Print name SAMUEL ENDE	Date

www.tax.ny.gov



Department of Taxation and Finance

**Nonresident and Part-Year Resident
Income Tax Return**

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning

168021 11-03-21

IT-203**21**

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial ZACH		Your last name (for a joint return , enter spouse's name on line below) COHEN		Your date of birth (mmddyyyy) 01281987		Your Social Security number 055113232	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 12) (number and street or PO Box) 810 FOOTHILL ROAD				Apartment number		New York State county of residence NR	
City, village, or post office BEVERLY HILLS		State CA	ZIP code 90210	Country		School district name NR	
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

A Filing status

(mark an X in one box):

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

B Did you itemize your deductions on your 2021 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 13) Yes ☐ No ☒**D2 Were you required to report any nonqualified deferred compensation**, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes ☐ No ☒**E New York City part-year residents only** (see page 13)(1) Number of months **you** lived in NY City in 2021 ... (2) Number of months **your spouse** lived in NY City in 2021 ... **F Enter your 2-character special condition code(s) if applicable** (see page 13) **G New York State part-year residents** (see page 14)Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS ☐
- 2) Lived outside NYS; received income from NYS sources during nonresident period ☐
- 3) Lived outside NYS; received no income from NYS sources during nonresident period ☐

H New York State nonresidents (see page 14)Did you or your spouse maintain living quarters in NYS in 2021? Yes ☐ No ☒
(if Yes, complete Form IT-203-B)**I Dependent information** (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box. ☐

203001211019



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

055113232

Federal income and adjustments (see page 16)**Federal amount**
Whole dollars only**New York State amount**
Whole dollars only

1 Wages, salaries, tips, etc.	1	185417.00	1	185417.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	94322.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark <input checked="" type="checkbox"/> in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <input checked="" type="checkbox"/> in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12 Rental real estate included in line 11 (federal amount) 1200		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income (see page 22) Identify:	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	279739.00	17	185417.00
18 Total federal adjustments to income (see page 22) Identify: SE TAX DEDUCTION	18	1263.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17)	19	278476.00	19	185417.00
19a Recomputed federal adjusted gross income (see page 23, Line 19a wrkst)	19a	278476.00	19a	185417.00

New York additions (see page 24)

20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21 Public employee 414(h) retirement contributions	21	.00	21	.00
22 Other (Form IT-225, line 9)	22	4102.00	22	.00
23 Add lines 19a through 22	23	282578.00	23	185417.00

New York subtractions (see page 25)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government (see page 25)	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income on U.S. government bonds	27	.00	27	.00
28 Pension and annuity income exclusion	28	.00	28	.00
29 Other (Form IT-225, line 18)	29	820.00	29	.00
30 Add lines 24 through 29	30	820.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	281758.00	31	185417.00
32 Enter the amount from line 31, Federal amount column			32	281758.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002211019



Name(s) as shown on page 1 ZACH COHEN	Enter your Social Security number 055113232
---	---

Standard deduction or itemized deduction (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).

Mark an X in the appropriate box: ☒ **Standard** - or - ☐ **Itemized**

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)

35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29)

36 **New York taxable income** (subtract line 35 from line 34)

33	8000	.00
34	273758	.00
35	000	.00
36	273758	.00

Tax computation, credits, and other taxes

37 **New York taxable income** (from line 36)

38 New York State tax on line 37 amount (see page 28)

39 New York State household credit (page 28, table 1, 2, or 3)

40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)

41 New York State child and dependent care credit (see page 29)

42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)

43 New York State earned income credit (see page 29)

37	273758	.00
38	18752	.00
39		.00
40	18752	.00
41		.00
42	18752	.00
43		.00

44 **Base tax** (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

45 Income percentage (see page 29) New York State amount from line 31 Federal amount from line 31 Round result to 4 decimal places

46 **Allocated New York State tax** (multiply line 44 by the decimal on line 45)

47 New York State nonrefundable credits (Form IT-203-ATT, line 8)

48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)

49 Net other New York State taxes (Form IT-203-ATT, line 33)

50 **Total New York State taxes** (add lines 48 and 49)

44	18752	.00
45	.6581	
46	12341	.00
47		.00
48	12341	.00
49		.00
50	12341	.00

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

51 Part-year New York City resident tax (Form IT-360.1) 51 .00

52 Part-year resident nonrefundable New York City child and dependent care credit 52 .00

52a Subtract line 52 from line 51 52a .00

52b MCTMT net earnings base ... 52b .00

52c MCTMT 52c .00

53 Yonkers nonresident earnings tax (Form Y-203) 53 .00

54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) 54 .00

55 **Total New York City and Yonkers taxes / surcharges and MCTMT** (add lines 52a, and 52c through 54) 55 .00

56 **Sales or use tax** (See the instructions on page 31. Do not leave line 56 blank.) 56 0 .00

57 **Voluntary contributions** (Form IT-227, Part 2, line 1) 57 .00

58 **Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** (add lines 50, 55, 56, and 57) 58 12341 .00

See instructions on pages 29 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003211019



055113232

59 Enter amount from line 58 59 12341 .00

Payments and refundable credits (see page 32)

60	Part-year NYC school tax credit (fixed amount) (also complete E on pg. 1)	60	.00
60a	NYC school tax credit (rate reduction amount)	60a	.00
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62	Total New York State tax withheld	62	11733 .00
63	Total New York City tax withheld	63	.00
64	Total Yonkers tax withheld	64	.00
65	Total estimated tax payments/amount paid with Form IT-370	65	.00
66	Total payments and refundable credits (add lines 60 through 65)	66	11733 .00

If applicable, complete
Form(s) IT-2 and/or IT-1099-R
and submit them with your
return (see pages 10 and 11).
**Do not send federal
Form W-2 with your return.**

Your refund, amount you owe, and account information (see pages 34 through 36)

67	Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 34)	67	.00
68	Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
TIP: Use this amount to check your refund status online.			
68a	Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	.00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 73) - or - ☐ paper check

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

See page 35 for payment options.

69	Amount of line 67 that you want applied to your 2022 estimated tax (see instructions)	69	.00
70	Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70	608 .00

See page 38 for the proper assembly of your return.

71	Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35)	71	.00
72	Other penalties and interest (see page 35)	72	.00
73	Account information for direct deposit or electronic funds withdrawal (see page 36). 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. 36)		<input type="checkbox"/>

73a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 021000021 73c Account number 897420123

74 Electronic funds withdrawal (see page 36) Date 11252024 Amount 608 .00

Third-party designee? (see instr.)		Print designee's name SAM ENDE	Designee's phone number 212 944 4433	Personal identification number (PIN) 10018
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Email: SENDE@REM-CO.COM		
▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN 03	▼ Taxpayer(s) must sign here ▼	
Preparer's signature		Your signature		
Preparer's printed name SAMUEL ENDE		Your occupation SOFTWARE		
Firm's name (or yours, if self-employed) EISNER ADVISORY GROUP LLC		Spouse's signature and occupation (if joint return)		
Address 733 THIRD AVENUE NEW YORK NY 100172703		Date		
Employer identification number 871353108		Daytime phone number		
Email: SENDE@REM-CO.COM		Email:		

See instructions for where to mail your return.

203004211019



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



New York State Modifications

Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

Name(s) as shown on return	Identifying number as shown on return
ZACH COHEN	055113232

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an **X** in the box identifying the return you are filing: IT-201 ☐ IT-203 ☒ IT-204 ☐ IT-205 ☐

Schedule A - New York State additions (enter whole dollars only)

Part 1 - Individuals, partnerships, and estates or trusts


1 New York State additions	
	Number
1a	A - 209
1b	A -
1c	A -
1d	A -
1e	A -
1f	A -
1g	A -

A - Total amount	
	4102.00
	.00
	.00
	.00
	.00
	.00
	.00

B - NYS allocated amount	
	.00
	.00
	.00
	.00
	.00
	.00
	.00

2	Total (add column A, lines 1a through 1g)	2	4102.00
3	Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-225, if any	3	.00
4	Add lines 2 and 3	4	4102.00

Part 2 - Partners, shareholders, and beneficiaries

 Form IT-201 filers: do not enter EA-113
Form IT-203 filers: do not enter EA-113
Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions	
	Number
5a	EA -
5b	EA -
5c	EA -
5d	EA -
5e	EA -
5f	EA -
5g	EA -

A - Total amount	
	.00
	.00
	.00
	.00
	.00
	.00
	.00

B - NYS allocated amount	
	.00
	.00
	.00
	.00
	.00
	.00
	.00

6	Total (add column A, lines 5a through 5g)	6	.00
7	Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-225, if any	7	.00
8	Add lines 6 and 7	8	.00
9	Total additions (add lines 4 and 8; see instructions)	9	4102.00

(continued)

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NO HANDWRITTEN ENTRIES ON THIS FORM

Schedule B - New York State subtractions (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts****10** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
10a	S - 213	820 .00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11	Total (add column A, lines 10a through 10g)	11	820 .00
12	Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any	12	.00
13	Add lines 11 and 12	13	820 .00

Part 2 - Partners, shareholders, and beneficiaries

Form IT-201 filers: do not enter ES-106, ES-107, or ES-125
 Form IT-203 filers: do not enter ES-106, ES-107, or ES-125
 Form IT-205 filers: do not enter ES-125

14 New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15	Total (add column A, lines 14a through 14g)	15	.00
16	Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any	16	.00
17	Add lines 15 and 16	17	.00
18	Total subtractions (add lines 13 and 17; see instructions)	18	820 .00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

188221 09-09-21

New York State Depreciation Schedule for IRC Section 168(k) Property

IT-398

Use this form only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return ZACH COHEN	Identifying number as shown on return 055113232
---	---

Mark an **X** in one box to show the income tax return you are filing and submit this form with that return.IT-201, Resident ☐ IT-203, Nonresident and part-year resident ☒ IT-204, Partnership ☐ IT-205, Fiduciary ☐

Part 1 - Depreciation information for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property (use additional sheet if needed)	B Date placed in service (mmdyyy)	C Depreciable basis	D Conv.	E Method	F New York depreciation deduction	G Federal depreciation deduction
MACHINERY & EQUIPMENT	06302021	4102.00	HY	200DB	820.00	4102.00
		.00			.00	.00
		.00			.00	.00

1 Enter column F and column G totals **1** **820.00** **4102.00**

Transfer the column F total to:	Transfer the column G total to:
Form IT-225, line 10, <i>Total amount</i> column and enter subtraction modification <i>S-213</i> in the <i>Number</i> column.	Form IT-225, line 1, <i>Total amount</i> column and enter addition modification <i>A-209</i> in the <i>Number</i> column.

Part 2 - Year-of-disposition adjustment for IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

Mark an **X** in the box if you claimed an investment credit on Form IT-212, *Investment Credit*, for any property listed below (see instructions) ☐

A Description of property (use additional sheet if needed)	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction
			.00	.00
			.00	.00
			.00	.00
			.00	.00

2 Enter column D and column E totals **2** **.00** **.00**
3 Enter amount from line 2, column E **3** **.00**
4 Enter amount from line 2, column D **4** **.00**
5 Subtract line 4 from line 3 **5** **.00**

Transfer the line 5 amount to Form IT-225, line 10, *Total amount* column and enter subtraction modification *S-214* in the *Number* column.

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

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

W-2 Record 1**Box a** Employee's Social Security number for this W-2 Record

055113232

Box b Employer identification number (EIN)

462283648

Box c Employer's information**Employer's name**

JUSTWORKS EMPLOYMENT GROUP, LLC

Employer's address (number and street)

PO, BOX 7119 CHURCH STREET

City

NEW YORK

State

NY

ZIP code

10008

Country (if not United States)

Box 1 Wages, tips, other compensation

185417 .00

Box 12a Amount

.00

Code

Box 14a Amount

385 .00

Description

NY PFL

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee☐

Retirement plan

☐

Third-party sick pay

☐Corrected (W-2c) ☐**NY** State information:**Box 15a**

NY State

NY

Box 16a NYS wages, tips, etc.

185417 .00

Box 17a NYS income tax withheld

11733 .00

Other state information:**Box 15b**
other state☐**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Locality a

.00

Locality b

.00

Locality a

.00

Locality b

.00

Locality a

.00

Locality b

.00

Do not detach.

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

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee☐

Retirement plan

☐

Third-party sick pay

☐Corrected (W-2c) ☐**NY** State information:**Box 15a**

NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:**Box 15b**
other state☐**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Locality a

.00

Locality b

.00

Locality a

.00

Locality b

.00

Locality a

.00

Locality b

.00

102001211019



NO HANDWRITTEN ENTRIES ON THIS FORM