

2021 Tax Return(s)

Prepared for JACK P. & MICHELLE M. GOLDBERG
CLIENT CODE: 35047390.000: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: 15:52:55

**Special
Instructions**

Messages

Return Information

CAUTION

- Schedule D. If detailed capital gain and loss information is not being entered on the Gains and Losses worksheet, Capital Gains and Losses section (example: you are entering summary gain and loss information and want to provide an Excel worksheet or broker statements to the IRS as an acceptable substitute for Schedule D/Form 8949), the substitute information should be attached as a PDF or attached and mailed with Form 8453. Substitute information can be attached as a PDF on the Electronic Filing worksheet, PDF Attachments section, with a code of '26' in the PDF Code field. Alternatively, if you wish to file substitute information as an attachment and send to the IRS along with Form 8453, a 'Y' must be entered on the Electronic Filing worksheet, Additional Information section, Form 8949 Sales and Other Dispositions of Capital Assets field. If you are entering detailed information for capital gains and losses on the Gains and Losses worksheet, Capital Gains and Losses section and do not wish to file additional substitute information with the IRS you may ignore this diagnostic and proceed using Form 8879 to electronically file this return. (20791)
- 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 \$2,800. 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)
- Form 1040. 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. If living in Maine or Massachusetts, the return due date is April 19th. Please review your input and make corrections if necessary. (26376)

INFORMATIONAL

- Schedule A. Total itemized deductions calculated to be \$25,282. Schedule A is not advantageous for regular tax purposes. (31432)
- Form 1040. The Wages, Salaries and Tips worksheet, IRS-W2 section contains entries in the Box 12 amount with a code of C, J, L, V, Y, Z or DD. None of these codes are used in the calculation of the income tax return but are for electronic filing purposes only. Please review the tax return, make any changes and recalculate the return, if necessary. (32887)

Return Information

- . 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 \$ 598,808. (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)
- . Form 1040. You have answered "Yes" to the Form 1040 question in regards to receiving, selling, exchanging, or otherwise disposing a financial interest in virtual currency. With the complexities of tracking virtual currency transactions, the CCH Marketplace has integration vendors that can help track and report on these transactions. Their integrations will import the appropriate reported amounts to help you populate Schedule D and other necessary inputs to complete this return. Find out more about the integrations and these vendors in the following KB article: <https://support.cch.com/kb/solution/000137242>. (32523)
- . Form 1040. The filing status of married filing joint produced a tax liability that was lower than the estimated tax liability under the alternative filing status of married filing separate by \$ 33,111. (31606)
- . Schedule A. Entries in the Taxes field on the Itemized Deductions worksheet, Mortgage Interest section are assumed to be real estate taxes and have been taken as a deduction on Schedule A. If the amount entered is for any non-deductible item, remove the entry. (32945)
- . Form 2210. Form 2210 has not been prepared because the prior year tax exception was met. If printing of Form 2210 is desired, enter a "Force preparation of 2210" on the Return Options worksheet, Form Printing Options section, Form 2210 field. (31128)

Return Information

- Form 1040. The following electronic funds withdrawal information has been selected for this return 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: 8505055
Account Type: Checking
Payment Date: 11/25/2024
Payment Amount: \$11,336

****Note:** Amount does include late payment interest and penalty as applicable. If the return is not exported and released to the IRS within 5 days of the date shown above, the return will need to be recalculated or it will get rejected.** (31007)

- 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)
- New York. Form IT-201 was prepared by optimizing the New York standard deduction versus the New York itemized deduction. The optimization resulted in use of the \$16050 standard deduction versus the computed \$13168 itemized deduction. To override the optimization, use the New York General worksheet, Options section, Force standard / itemized deductions field. (35790)
- New York. The following direct deposit 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: 8505055
Account Type: Checking

(30738)

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)

Federal Tax Comparison for Married Filing Joint and Separate

	Taxpayer	Spouse	Married Filing Separate	Married Filing Joint
Total Income	595,241.	4,425.	599,666.	599,666.
Less: Adjustments		250.	250.	250.
Adjusted Gross Income	595,241.	4,175.	599,416.	599,416.
Standard/Itemized Deductions ...	18,445.	2,193.	20,638.	25,100.
Qualified business inc deduction	8.		8.	8.
Taxable Income	576,788.	1,982.	578,770.	573,708.
Total Tax (regular & AMT)	181,658.	199.	181,857.	149,874.
Less: Credits				
Add: Other Taxes	4,324.		4,324.	3,197.
Less: Earned Income Credit				
Less: Additional child tax credit ...				
Less: Payments (excludes ext.)	141,694.	40.	141,734.	141,735.
Tax Underpayment/(Overpayment)	44,288.	159.	44,447.	11,336.
MARRIED FILING JOINT PRODUCED AN ESTIMATED SAVINGS OF				33,111.

Tax Return Carryovers to 2022

NAME: JACK P. & MICHELLE M. GOLDBERG

ID Number: 055-33-8794

[illegible]

Direct Deposit/Debit Report

Name: JACK P. & MICHELLE M. GOLDBERG

ID Number: 055-33-8794

[illegible]

Worksheet: NY General

Section: Residency

Living quarters in NYC.....Y

2021 Return Summary

JACK P. & MICHELLE M. GOLDBERG

055-33-8794

	FEDERAL	NEW YORK
ADJUSTED GROSS INCOME	599,416.	599,416.
ITEMIZED OR STANDARD DEDUCTION	-25,100.	-16,050.
CHARITABLE CONTRIBUTIONS DEDUCTION	-600.	
QUALIFIED BUSINESS INCOME DEDUCTION	-8.	0.
EXEMPTIONS	0.	0.
TAXABLE INCOME	573,708.	583,366.
TAX	149,874.	62,348.
ADDITIONAL MEDICARE TAX	3,132.	
NET INVESTMENT INCOME TAX	65.	
INCOME TAX WITHHELD	-132,881.	-67,190.
EXCESS FICA AND/OR RRTA TAX	-8,854.	
AMOUNT DUE <REFUND>	11,336.	-4,842.

ADDITIONAL INFORMATION:

FEDERAL TAX BRACKET

AVERAGE TAX RATE - 26.12%

MARGINAL RATE OF ORDINARY INCOME - 35%

MARGINAL RATE OF LT CAPITAL GAIN - 20%

NEW YORK TAX BRACKET - 6.85%

2021 Return Summary

JACK P. & MICHELLE M. GOLDBERG

055-33-8794

	FEDERAL	NEW YORK
RESIDENCY	FULL YEAR	FULL YEAR
FILING STATUS	MARRIED-JOINT	JOINT
NUMBER OF DEPENDENTS	0	0
E-FILE REQUESTED	YES	YES
DUE DATE	04/18/2022	04/18/2022
EXTENDED DUE DATE		
DIRECT DEPOSIT	NO	YES
ELECTRONIC WITHDRAWAL	YES	NO
DATE CALCULATED	11/25/2024	11/25/2024
TIME CALCULATED	15:52:37	15:52:37
RELEASE VERSION	2021.06020	2021.06020
DATE EXPORTED	04/09/2022	04/09/2022
TIME EXPORTED	08:19:26	08:19:26
EXPORT VERSION	2021.03030	2021.03030

ELECTRONIC FILING STATUS REPORT

[illegible]

Electronic Filing History and Return Results

Taxing Authority	FEDERAL	Prior Export	Current Export
Date			04/09/2022
Time			08:19:26
Release Number			2021.03030
Adjusted Gross Income			595,292.
Taxable Income			569,584.
Tax			148,430.
Refund / Balance Due			9,827.

Taxing Authority	NEW YORK	Prior Export	Current Export
Date			04/09/2022
Time			08:19:26
Release Number			2021.03030
Adjusted Gross Income			595,292.
Taxable Income			577,242.
Tax			61,690.
Refund / Balance Due			-5,500.

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			

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



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JACK P. & MICHELLE M. GOLDBERG
520 FIFTH AVENUE APT. NO. 3A
NEW YORK, NY 10036

DEAR MR. AND MRS. GOLDBERG:

ENCLOSED ARE YOUR 2021 INCOME TAX RETURNS AND 2022 ESTIMATED TAX VOUCHERS, AS
FOLLOWS...

2021 U.S. INDIVIDUAL INCOME TAX RETURN

2021 NEW YORK INDIVIDUAL INCOME TAX RETURN

2022 NEW YORK ESTIMATED TAX VOUCHERS

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:

JACK P. & MICHELLE M. GOLDBERG
520 FIFTH AVENUE APT. NO. 3A
NEW YORK, NY 10036

PREPARED BY:

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

AMOUNT OF TAX:

TOTAL TAX	\$	153,071
LESS: PAYMENTS AND CREDITS	\$	141,735
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	11,336

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 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 BALANCE DUE OF \$11,336 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 5055 ON OR AFTER NOVEMBER 25, 2024. 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)	021000021
Depositor Account Number (DAN)	8505055
Type of Depositor Account (1 = Checking 2 = Savings)	1
Payment Amount	11,336.
Requested Payment Date	11/25/2024
Daytime Phone Number	5162186666

Direct Deposit Information

Routing Transit Number (RTN)	
Depositor Account Number (DAN)	
Type of Depositor Account (1 = Checking 2 = Savings)	
Refund amount	
Daytime Phone Number	

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

JACK P. GOLDBERG

Social security number

055 33 8794

Spouse's name

MICHELLE M. GOLDBERG

Spouse's social security number

055 10 4343

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	599,416.
2	Total tax	2	153,071.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	132,881.
4	Amount you want refunded to you	4	
5	Amount you owe	5	11,336.

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 08794 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize EISNER ADVISORY GROUP LLC to enter or generate my PIN 04343 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ 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.

13973397483

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: 08794 Date 11252024
Spouse's PIN: 04343

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 JACK P.		Last name GOLDBERG		Your social security number 055 33 8794	
If joint return, spouse's first name and middle initial MICHELLE M.		Last name GOLDBERG		Spouse's social security number 055 10 4343	
Home address (number and street). If you have a P.O. box, see instructions. 520 FIFTH AVENUE				Apt. no. 3A	
City, town, or post office. If you have a foreign address, also complete spaces below. NEW YORK				State ZIP code NY 10036	
Foreign country name		Foreign province/state/county		Foreign postal code	

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):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			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	597,951.
	2a Tax-exempt interest	2a		2b Taxable interest	2b 4,585.
	3a Qualified dividends	3a	88.	3b Ordinary dividends	3b 130.
	4a IRA distributions	4a		4b Taxable amount	4b
	5a Pensions and annuities	5a	42,000.	5b Taxable amount	5b 0.
	6a Social security benefits	6a		6b Taxable amount	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	-3,000.
	8 Other income from Schedule 1, line 10			8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	599,666.
	10 Adjustments to income from Schedule 1, line 26			10	250.
	11 Subtract line 10 from line 9. This is your adjusted gross income			11	599,416.
12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100.			
b Charitable contributions if you take the standard deduction (see instr.)	12b	600.			
c Add lines 12a and 12b			12c	25,700.	
13 Qualified business income deduction from Form 8995 or Form 8995-A			13	8.	
14 Add lines 12c and 13			14	25,708.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	573,708.	

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

STMT 4	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	149,874.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	149,874.
	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	149,874.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,197.
	24	Add lines 22 and 23. This is your total tax	24	153,071.
	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 5	25a	131,152.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions) SEE STATEMENT 6	25c	1,729.
	d	Add lines 25a through 25c	25d	132,881.
	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	8,854.
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	8,854.
	33	Add lines 25d, 26, and 32. These are your total payments	33	141,735.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number <input type="text"/>		
	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	11,336.
	38	Estimated tax penalty (see instructions)	38	

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 MARKETING MANAGER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation TEACHER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	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

JACK P. & MICHELLE M. GOLDBERG

Your social security number

055-33-8794

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	

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	250.
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 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	250.

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

JACK P. & MICHELLE M. GOLDBERG

Your social security number

055-33-8794

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	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	3,132.
12	Net investment income tax. Attach Form 8960	12	65.
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	3,197.

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

JACK P. & MICHELLE M. GOLDBERG

Your social security number

055-33-8794

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	
11	Excess social security and tier 1 RRTA tax withheld STMT 7	11	8,854.
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	8,854.

Schedule 3 (Form 1040) 2021

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return JACK P. & MICHELLE M. GOLDBERG	Your SSN 055-33-8794
--	--------------------------------

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.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.** 2,800.
- 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.** _____
- Add lines 6 and 7 **8.** 2,800.
- 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.** 599,416.
☐ **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.
- 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.** _____
- 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.** _____
- Multiply line 8 by line 11 **12.** _____
- 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.** _____
- 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 1040)

Department of the Treasury (99)
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

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

▶ **Attach to Form 1040 or 1040-SR.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **08**

Your social security number

JACK P. & MICHELLE M. GOLDBERG

055 : 33 : 8794

Part I

Interest

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ► _____

MERRILL LYNCH
IRS

Amount

42.

4,543.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

Note: If line 4 is over \$1,500, you must complete Part III.

4,585.

$$\underline{4,585.}$$

Part II

Ordinary Dividends

- 5 List name of payer **E-TRADE CLEARING, LLC**

130.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

130.

Part III

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

127501 11-04-21

- 7a** At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- 8** During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

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

Schedule B (Form 1040) 2021

Interest and Dividend Summary

Name: JACK P. & MICHELLE M. GOLDBERG

FEIN/SSN: 055-33-8794

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	MERRILL LYNCH	42.							
B	E-TRADE CLEARING, LLC							130.	88.
C	IRS	4,543.							
D									
E									
F									
G									
H									
I									
J									
K									
Totals		4,585.						130.	88.

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A									
B					42.				
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals					42.				

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

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

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021Attachment
Sequence No. **12**

Name(s) shown on return

JACK P. & MICHELLE M. GOLDBERG

Your social security number

055 33 8794Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	3,860.	3,750.		110.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	197,887.	202,059.		<4,172.>
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	7,996.	6,182.		1,814.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	(24,352.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	<26,600.>

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	1,826.	2,040.		<214.>
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	(165.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2			15	<379.>

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

Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	<26,979.>
	<ul style="list-style-type: none"> If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) } SEE STATEMENT 8	21	(3,000.)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2021

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2021

Attachment Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

055-33-8794

JACK P. & MICHELLE M. GOLDBERG

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2021

Attachment Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

JACK P. & MICHELLE M. GOLDBERG

Social security number or taxpayer identification no.

055-33-8794

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).


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

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) 

197,887.

202,059.

<4,172.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

055-33-8794

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☐ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return JACK P. & MICHELLE M. GOLDBERG	Your SSN 055-33-8794
--	--------------------------------

Before you begin:

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

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1. <u>573,708.</u>
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2. <u>88.</u>
3. Are you filing Schedule D?*	
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3. <u>0.</u>
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.	
4. Add lines 2 and 3	4. <u>88.</u>
5. Subtract line 4 from line 1. If zero or less, enter -0-	5. <u>573,620.</u>
6. Enter:	
\$ 40,400 if single or married filing separately, \$ 80,800 if married filing jointly or qualifying widow(er), \$ 54,100 if head of household.	6. <u>80,800.</u>
7. Enter the smaller of line 1 or line 6	7. <u>80,800.</u>
8. Enter the smaller of line 5 or line 7	8. <u>80,800.</u>
9. Subtract line 8 from line 7. This amount is taxed at 0%	9. <u>0.</u>
10. Enter the smaller of line 1 or line 4	10. <u>88.</u>
11. Enter the amount from line 9	11. <u>0.</u>
12. Subtract line 11 from line 10	12. <u>88.</u>
13. Enter:	
\$ 445,850 if single, \$ 250,800 if married filing separately, \$ 501,600 if married filing jointly or qualifying widow(er), \$ 473,750 if head of household.	13. <u>501,600.</u>
14. Enter the smaller of line 1 or line 13	14. <u>501,600.</u>
15. Add lines 5 and 9	15. <u>573,620.</u>
16. Subtract line 15 from line 14. If zero or less, enter -0-	16. <u>0.</u>
17. Enter the smaller of line 12 or line 16	17. <u>0.</u>
18. Multiply line 17 by 15% (0.15)	18. <u>0.</u>
19. Add lines 9 and 17	19. <u>0.</u>
20. Subtract line 19 from line 10	20. <u>88.</u>
21. Multiply line 20 by 20% (0.20)	21. <u>18.</u>
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22. <u>149,856.</u>
23. Add lines 18, 21, and 22	23. <u>149,874.</u>
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24. <u>149,886.</u>
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25. <u>149,874.</u>

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

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

JACK P. & MICHELLE M. GOLDBERG**055-33-8794**

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		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2		
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		
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		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
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		
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		
16 Total qualified business income component. Add all amounts reported on line 15	16		

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			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions SEE STATEMENT 9	28	42.		
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	42.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	8.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		8.	
33	Taxable income before qualified business income deduction	33	573,716.		
34	Net capital gain. See instructions	34	88.		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		573,628.	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		114,726.	
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		8.	
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		8.	
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)

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.

2021Attachment
Sequence No. 71

Name(s) shown on return

JACK P. & MICHELLE M. GOLDBERG

Your social security number

055-33-8794**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	597,951.	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	597,951.	
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	250,000.	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		347,951.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		3,132.

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		
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		
10 Enter the amount from line 4	10		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

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		3,132.
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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	10,399.	
20 Enter the amount from line 1	20	597,951.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	8,670.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1,729.
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		1,729.

**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

JACK P. & MICHELLE M. GOLDBERG

Your social security number or EIN

055-33-8794**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	4,585.
2	Ordinary dividends (see instructions)	2	130.
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	-3,000.
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	-3,000.
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	1,715.

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	1,715.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	599,416.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	349,416.
16	Enter the smaller of line 12 or line 15	16	1,715.
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	65.
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 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 NIKE, INC	364,822.	74,731.	31,895.	7,225.	8,854.	6,773.
S THE NEW SCHOOL	5,904.	40.	118.	99.	366.	86.
T BOSE CORPORATION, USA	227,225.	56,381.	18,770.	9,113.	8,854.	3,540.
TOTALS	597,951.	131,152.	50,783.	16,437.	18,074.	10,399.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
E-TRADE CLEARING, LLC	130.	88.
TOTAL INCLUDED IN FORM 1040, LINE 3A		88.

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 3

T ROWE PRICE

AMOUNT RECEIVED THIS YEAR	42,000.
NONTAXABLE AMOUNT (ROLLOVER)	42,000.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	0.
TOTAL INCLUDED IN FORM 1040, LINE 5B	

FORM 1040

TAX

STATEMENT 4

DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	149,874.
TOTAL TO FORM 1040, LINE 16	149,874.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 5
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T S DESCRIPTION	AMOUNT
-	
T NIKE, INC	74,731.
S THE NEW SCHOOL	40.
T BOSE CORPORATION, USA	56,381.
TOTAL TO FORM 1040, LINE 25A	131,152.

FORM 1040	FEDERAL INCOME TAX WITHHELD - OTHER FORMS	STATEMENT 6
-----------	---	-------------

T S DESCRIPTION	AMOUNT
-	
FORM 8959, LINE 24	1,729.
TOTAL TO FORM 1040, LINE 25C	1,729.

SCHEDULE 3	EXCESS SOCIAL SECURITY TAX WORKSHEET	STATEMENT 7
------------	--------------------------------------	-------------

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$8,853.60 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	17,708.	366.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON SCHEDULE 2, LINE 13		
3. ADD LINES 1 AND 2	17,708.	366.
4. SOCIAL SECURITY TAX LIMIT	8,854.	8,854.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN SCHEDULE 3, LINE 11.	8,854.	0.

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 8
1. ENTER THE AMOUNT FROM FORM 1040, LINE 15		573,708.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT		3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-		576,708.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT		26,600.
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15		
7. ADD LINES 4 AND 6		3,000.
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-		23,600.
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT		379.
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7		
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-		
12. ADD LINES 10 AND 11		
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-		379.

FORM 8995-A	QUALIFIED REIT DIVIDENDS AND PTP INCOME	STATEMENT 9
NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
E-TRADE CLEARING, LLC	42.	
TOTAL TO FORM 8995-A, LINE 28	42.	

2021 TAX RETURN FILING INSTRUCTIONS

NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

JACK P. & MICHELLE M. GOLDBERG
520 FIFTH AVENUE APT. NO. 3A
NEW YORK, NY 10036

PREPARED BY:

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

AMOUNT OF TAX:

TOTAL TAX	\$	62,348
LESS: PAYMENTS AND CREDITS	\$	67,190
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	4,842

OVERPAYMENT:

MISCELLANEOUS DONATIONS	\$	0
CREDITED TO YOUR ESTIMATED TAX	\$	0
REFUNDED TO YOU	\$	4,842

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 REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN 5055. REFER TO FORM IT-201 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

2022 ESTIMATED TAX FILING INSTRUCTIONS

NEW YORK ESTIMATED TAX

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

JACK P. & MICHELLE M. GOLDBERG
520 FIFTH AVENUE APT. NO. 3A
NEW YORK, NY 10036

PREPARED BY:

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

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	\$	8,220
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMOUNT PAID ON 2022 ESTIMATE	\$	0
BALANCE DUE	\$	8,220

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO. 1	\$ 2,055	APRIL 18, 2022
NO. 2	\$ 2,055	JUNE 15, 2022
NO. 3	\$ 2,055	SEPTEMBER 15, 2022
NO. 4	\$ 2,055	JANUARY 17, 2023

MAKE CHECK PAYABLE TO:

NEW YORK STATE INCOME TAX

MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

NYS ESTIMATED INCOME TAX
PROCESSING CENTER
P.O. BOX 4122
BINGHAMTON, NY 13902-4122

SPECIAL INSTRUCTIONS:

MAIL EACH VOUCHER ON OR BEFORE THE DATE INDICATED ABOVE. ENCLOSE YOUR CHECK FOR THE SPECIFIED AMOUNT, PAYABLE TO NEW YORK STATE INCOME TAX.

INCLUDE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "2022 FORM IT-2105" ON YOUR CHECK.

Banking Information (Direct Debit / Deposit)**Banking Information (Direct Debit / Deposit)**

Routing Number	<u>021000021</u>	
Bank Account Number	<u>8505055</u>	
Account Type	<u>1</u>	1 = checking; 2 = savings
Requested Payment Date	_____	
Payment Amount	_____	
ACH indicator	<u>2</u>	1 = direct debit
Refund/Owe indicator	<u>1</u>	1 = refund; 2 = owe
Direct deposit indicator	<u>1</u>	1 = direct deposit
Balance due amount	_____	
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 JACK P. GOLDBERG	Spouse's name <i>(jointly filed return only)</i> MICHELLE M. GOLDBERG
--	---

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. 599416.
2 Refund	2. 4842.
3 Amount you owe	3.
4 Financial institution routing number	4. 021000021
5 Financial institution account number	5. 8505055
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

Estimated tax worksheet <i>(see instructions)</i>		A - New York State	B - New York City	C - Yonkers	D - MCTMT
1 Enter amount of New York adjusted gross income (NYAGI) you expect in 2022	1.				
2 Enter either your standard deduction or estimated itemized deduction ...	2.				
3 Subtract line 2 from line 1	3.				
4 Dependent exemptions <i>(multiply \$1,000 by number of dependents)</i>	4.				
5 Estimated NYS taxable income <i>(subtract line 4 from line 3)</i>	5.				
6 NYS tax on line 5 amount <i>(see instructions)</i>	6.				
7 Estimated NYC taxable income <i>(see instructions)</i>			7.		
7a NYC resident tax on line 7 amount <i>(see instructions)</i>			7a.		
8 NYC household credit and NYC accumulation distribution credit			8.		
9 Subtract line 8 from line 7a			9.		
10 NYC tax on ordinary income portion of lump-sum distribution			10.		
11 Add lines 9 and 10			11.		
12 NYC unincorporated business tax credit			12.		
12a This line intentionally left blank			12a.		
12b This line intentionally left blank			12b.		
13 Subtract line 12 from line 11			13.		
14 Enter household credit; nonresidents and part-year residents also enter child and dependent care credit and earned income credit <i>(see instructions)</i>	14.				
15 Subtract line 14 from line 6 <i>(see instructions)</i>	15.				
16 Other taxes <i>(see instructions)</i>	16.				
17 Add lines 15 and 16 <i>(in NYC column: add lines 13 and 16)</i>	17.				
18 Resident credit and other nonrefundable credits <i>(see instructions)</i>	18.				
19 Total estimated NYS and NYC income tax (New York State column: subtract line 18 from line 17; New York City column: enter amount from line 17)	19.				
20 Refundable credits <i>(see instructions)</i>	20.				
21 NYS/NYC estimated income tax <i>(subtract line 20 from line 19)</i>	21.				
22 Yonkers: (a) resident tax surcharge <i>(multiply line 21, New York State column, by 16.75% (.1675))</i>				22a.	
(b) nonresident earnings tax <i>(from Form Y-203)</i>				22b.	
(c) total <i>(add lines 22a and 22b)</i>				22c.	
23 Totals (New York State column, line 21; New York City column, line 21; Yonkers column, line 22c; Estimated MCTMT worksheet, line 5)	23.				
24 Multiply line 23 by 90% (.90) (66 2/3% (.6667) for farmers and fishermen)	24.				
25 Enter your 2021 tax <i>(see instructions)</i>	25.				
26 Enter the lesser of line 24 or 25. This is your required annual payment <i>(see Penalty for underpayment of estimated tax)</i>	26.				
27 Estimate of income tax to be withheld, estimated income tax paid with Form IT-2663 and/or IT-2664, and estimated tax paid on your behalf by a partnership or corporation	27.				
28 Balance <i>(subtract line 27 from line 26)</i> . If any amount on this line, columns A, B, or C, is \$300 or more, or if any amount is shown in column D, fill out and file the payment voucher along with your payment. If each amount on this line (columns A, B, and C only) is less than \$300, no payment is required at this time. If you are applying an overpayment from 2021 to 2022, see <i>How to complete the payment voucher</i>	28.	ADJ TO 110%	8220		
Computation of installments: If the first installment is paid:		Enter in the appropriate spaces on the voucher (less any 2021 overpayment you are applying to this installment):			
April 18, 2022		25% (.25) of line 28			
June 15, 2022		50% (.50) of line 28			
September 15, 2022		75% (.75) of line 28			
January 17, 2023		amount on line 28			



Department of Taxation and Finance
Tips for Estimated Tax

168042 10-29-21

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** - Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** - Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** - Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** - Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

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Need help?

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Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD	Dial 7-1-1 for the
equipment users	New York Relay Service

◀ Detach (cut) here ▶



Department of Taxation and Finance
Estimated Tax Payment Voucher for Individuals
New York State • New York City • Yonkers • MCTMT

IT-2105

Calendar-year filer due dates: April 18, 2022; June 15, 2022; September 15, 2022; and January 17, 2023. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2022 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number 055338794		Enter your 2-character special condition code if applicable (see instr.)	
Taxpayer's first name and middle initial JACK P		Taxpayer's last name GOLDBERG	
Mailing address (number and street or PO Box; see instructions) 520 FIFTH AVENUE		Apartment number 3A	
City, village, or post office NEW YORK	State NY	ZIP code 10036	
Taxpayer's email address			

Estimated tax amounts

Dollars Cents

New York State		00
New York City	2055	00
Yonkers		00
MCTMT		00
Total payment	2055	00

STOP: Pay this electronically on our website

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Tips for Estimated Tax

168042 10-29-21

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New York State • New York City • Yonkers • MCTMT

IT-2105

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Mailing address (number and street or PO Box; see instructions) 520 FIFTH AVENUE		Apartment number 3A	
City, village, or post office NEW YORK	State NY	ZIP code 10036	
Taxpayer's email address			

Estimated tax amounts

Dollars Cents

New York State		00
New York City	2055	00
Yonkers		00
MCTMT		00
Total payment	2055	00

STOP: Pay this electronically on our website

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Estimated Tax Payment Voucher for Individuals
New York State • New York City • Yonkers • MCTMT

IT-2105

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Taxpayer's first name and middle initial JACK P		Taxpayer's last name GOLDBERG	
Mailing address (number and street or PO Box; see instructions) 520 FIFTH AVENUE		Apartment number 3A	
City, village, or post office NEW YORK	State NY	ZIP code 10036	
Taxpayer's email address			

Estimated tax amounts

Dollars Cents

New York State		00
New York City	2055	00
Yonkers		00
MCTMT		00
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Department of Taxation and Finance
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168042 10-29-21

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Department of Taxation and Finance
Estimated Tax Payment Voucher for Individuals
New York State • New York City • Yonkers • MCTMT

IT-2105

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Full SSN or taxpayer ID number 055338794		Enter your 2-character special condition code if applicable (see instr.)	
Taxpayer's first name and middle initial JACK P		Taxpayer's last name GOLDBERG	
Mailing address (number and street or PO Box; see instructions)		Apartment number	
520 FIFTH AVENUE		3A	
City, village, or post office NEW YORK	State NY	ZIP code 10036	
Taxpayer's email address			

Estimated tax amounts

Dollars Cents

New York State			00
New York City	2055		00
Yonkers			00
MCTMT			00
Total payment	2055		00

STOP: Pay this electronically on our website

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Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

168001 11-03-21

IT-201For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ...
and ending ...

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

Your first name JACK	MI P	Your last name (for a joint return, enter spouse's name on line below) GOLDBERG	Your date of birth (mmddyyyy) 01051980	Your Social Security number 055338794
Spouse's first name MICHELLE	MI M	Spouse's last name GOLDBERG	Spouse's date of birth (mmddyyyy) 05031982	Spouse's Social Security number 055104343
Mailing address (see instructions, page 12) (number and street or PO Box) 520 FIFTH AVENUE			Apartment number 3A	New York State county of residence NY
City, village, or post office NEW YORK		State NY	ZIP code 10036	Country MANHATTAN
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district code number 369
City, village, or post office		State NY	ZIP code	Taxpayer's date of death (mmddyyyy) Decedent information
				Spouse's date of death (mmddyyyy)

A Filing status

(mark an X in one box):

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

B Did you itemize your deductions on your 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** (1) Did you or your spouse **maintain living quarters in NYC** during 2021? (see page 13) Yes ☒ No ☐(2) Enter the number of days spent in NYC in 2021
(any part of a day spent in NYC is considered a day) ... **F NYC residents and NYC part-year residents only** (see page 13):(1) Number of months **you** lived in NYC in 2021 (2) Number of months **your spouse** lived in NYC in 2021 **G** Enter your **2-character special condition code(s)** if applicable (see page 13) **H Dependent information** (see page 14)

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

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

201001211019



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

055338794

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	597951.00
2	Taxable interest income	2	4585.00
3	Ordinary dividends	3	130.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-3000.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 14) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	599666.00
18	Total federal adjustments to income (see page 14) Identify: EDUCATOR EXPENSES	18	250.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	599416.00
19a	Recomputed federal adjusted gross income (see page 14, Line 19a worksheet)	19a	599416.00

New York additions (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	.00
22	New York's 529 college savings program distributions (see page 15)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	599416.00

New York subtractions (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 16)	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 17)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	599416.00

Standard deduction or itemized deduction (see page 19)

34	Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	583366.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 19)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	583366.00

201002211019



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your Social Security number
JACK P AND MICHELLE M GOLDBERG	055338794

168003 11-03-21

IT-201 (2021) Page 3 of 4

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	583366 .00
39	NYS tax on line 38 amount (see page 20)	39	39961 .00
40	NYS household credit (page 20, table 1, 2, or 3)	40	.00
41	Resident credit (see page 21)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	39961 .00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	39961 .00

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

47	NYC taxable income (see page 21)	47	583366 .00
47a	NYC resident tax on line 47 amount (see page 21)	47a	22387 .00
48	NYC household credit (page 21)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	22387 .00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	22387 .00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	22387 .00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 24)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	22387 .00
59	Sales or use tax (see page 25; do not leave line 59 blank)	59	0 .00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	62348 .00

See instructions on pages 21 through 24 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201003211019



Your Social Security number
055338794

168004 11-03-21

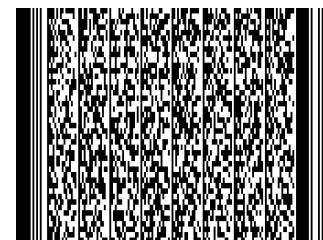
62 Enter amount from line 61

62

62348.00

Payments and refundable credits (see pages 26 through 29)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	50783.00
73	Total New York City tax withheld	73	16407.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



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

76 Total payments (add lines 63 through 75)

76

67190.00

Your refund, amount you owe, and account information (see pages 30 through 32)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30)	77	4842.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	4842.00

TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)

78a

.00

78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)

78b

4842.00



direct deposit to checking or

-or-



paper

Mark one refund choice:

savings account (fill in line 83)

check

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

See page 31 for payment options.

79 Amount of line 77 that you want applied to your 2022

estimated tax (see instructions)

79

.00

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

80

.00

81 Estimated tax penalty (include this amount in line 80 or

reduce the overpayment on line 77; see page 31)

81

.00

82 Other penalties and interest (see page 31)

82

.00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ☒ in this box (see pg. 32)83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

See page 34 for the proper assembly of your return.

83b Routing number 021000021

83c Account number

8505055

84 Electronic funds withdrawal (see page 32)

Date

Amount

.00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name SAM ENDE	Designee's phone number 212 944 4433	Personal identification number (PIN) 10018
	Email: SENDE@REM-CO.COM		
▼ Paid preparer must complete (see instructions) ▼		▼ Taxpayer(s) must sign here ▼	
Preparer's signature		Your signature	
Preparer's printed name SAMUEL ENDE		Your occupation MARKETING MANAGER	
Firm's name (or yours, if self-employed) EISNER ADVISORY GROUP LLC		Spouse's signature and occupation (if joint return) TEACHER	
Preparer's PTIN or SSN P01297483		Date	
Address 733 THIRD AVENUE NEW YORK NY 100172703		Daytime phone number	
Employer identification number 871353108		Email:	
Date			
Email: SAMUEL.ENDE@EISNERAMPER.COM			

201004211019

See instructions for where to mail your return.



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Department of Taxation and Finance

168015 09-23-21

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

055338794

Box b Employer identification number (EIN)

534544771

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

NIKE, INC

Employer's address (number and street)

55 BILL STREET

City

BALTIMORE

State

MD

ZIP code

21230

Country (if not United States)**Box 1** Wages, tips, other compensation

364822 .00

Box 12a Amount

13212 .00

Code

AA

Box 14a Amount

13 .00

Description

NYS DI

Box 8 Allocated tips

.00

Box 12b Amount

4454 .00

Code

DD

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.

364822 .00

Box 17a NYS income tax withheld

31895 .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

Locality b

Box 18 Local wages, tips, etc.

364822 .00

Locality a

Locality b

Box 19 Local income tax withheld

7212 .00

Locality a

Locality b

Box 20 Locality name

NYC

Do not detach.

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

055104343

Box b Employer identification number (EIN)

554587335

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

THE NEW SCHOOL

Employer's address (number and street)

132 E 78TH ST

City

NEW YORK

State

NY

ZIP code

10024

Country (if not United States)**Box 1** Wages, tips, other compensation

5904 .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.

5904 .00

Box 17a NYS income tax withheld

118 .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

Locality b

Box 18 Local wages, tips, etc.

5904 .00

Locality a

Locality b

Box 19 Local income tax withheld

99 .00

Locality a

Locality b

Box 20 Locality name

NYC

102001211019



NO HANDWRITTEN ENTRIES ON THIS FORM



Department of Taxation and Finance

168015 09-23-21

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

055338794

Box b Employer identification number (EIN)

042655386

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

BOSE CORPORATION, USA

Employer's address (number and street)

THE MOUNTAIN

City

FRAMINGHAM

State

MA

ZIP code

01701

Country (if not United States)

Box 1 Wages, tips, other compensation

227225 .00

Box 12a Amount

283 .00

Code

C

Box 14a Amount

17 .00

Description

SDI

Box 8 Allocated tips

.00

Box 12b Amount

9375 .00

Code

AA

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

12365 .00

Code

DD

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.

227225 .00

Box 17a NYS income tax withheld

18770 .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
Locality b**Box 18** Local wages, tips, etc.

220975 .00

Locality a
Locality b**Box 19** Local income tax withheld

9096 .00

Locality a
Locality b**Box 20** Locality name

NYC

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

.00

Locality a
Locality b**Box 19** Local income tax withheld

.00

Locality a
Locality b**Box 20** Locality name

102001211019



NO HANDWRITTEN ENTRIES ON THIS FORM