

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial

MUHAMMAD

Last name

AFZAL

Your social security number

813-06-5330

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial

ARUJE

Last name

AFZAL

Spouse's social security number

154-98-7338

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954☐ Spouse is blind☐ Spouse itemizes on a separate return or you were dual-status alien☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.

45-55 39TH STREET

Apt. no.

5A

Presidential Election Campaign

(see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

SUNNY SIDE

NY

11104

If more than four dependents, see inst. and ☒ here ☐**Dependents** (see instructions):

(2) Social security number

(3) Relationship to you

(4) ☒ if qualifies for (see inst.):

(1) First name

Last name

Child tax credit

Credit for other dependents

ASHAR

AFZAL

695-79-8113

Son

☐☐

AYESHA

AFZAL

841-39-1943

Daughter

☐☐☐☐**Sign Here**

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 

HOUSEWIFE

**Paid Preparer Use Only**

Preparer's name

MASUD RAHMAN

Preparer's signature

MASUD RAHMAN

PTIN

P00777274

Firm's EIN

81-3317305

Check if:

☐ 3rd Party Designee☐ Self-employedFirm's name ☒ NY1 MANAGEMENT INC

Phone no. (718) 316-3375

Firm's address ☒ 40-04 73rd Street, Woodside, NY 11377

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

Form **1040** (2018)

HTA

1		Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1				
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest . . . . .	2a		b	Taxable interest . . . . .	2b	
	3a	Qualified dividends . . . . .	3a		b	Ordinary dividends . . . . .	3b	
	4a	IRAs, pensions, and annuities . . . . .	4a		b	Taxable amount . . . . .	4b	
	5a	Social security benefits . . . . .	5a		b	Taxable amount . . . . .	5b	0
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . . . .		6	1,72,000			
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . .		7	1,70,000				
<b>Standard Deduction for—</b> • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	8	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		8	24,000			
	9	Qualified business income deduction (see instructions) . . . . .		9				
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .		10	0			
	11	<b>a</b> Tax (see inst) _____ (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____ ) <b>b</b> Add any amount from Schedule 2 and check here . . . . . <input type="checkbox"/>		11				
	12	<b>a</b> Child tax credit/credit for other dependents _____ <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>		12				
	13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .		13	0			
	14	Other taxes. Attach Schedule 4 . . . . .		14	2,869			
	15	Total tax. Add lines 13 and 14 . . . . .		15	2,869			
	16	Federal income tax withheld from Forms W-2 and 1099 . . . . .		16				
	17	Refundable credits: <b>a</b> EIC (see inst.) <u>5,716</u> <b>b</b> Sch 8812 <u>2,456</u> <b>c</b> Form 8863 _____ <b>Add</b> any amount from Schedule 5 _____		17	8,172			
18	Add lines 16 and 17. These are your total payments . . . . .		18	8,172				
<b>Refund</b>	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .		19	5,303			
	20a	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>		20a	5,303			
	Direct deposit? <input type="checkbox"/> See instructions. ▶ <b>b</b> Routing number <u>021000322</u> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ <b>d</b> Account number <u>483036379513</u>							
21	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . <input type="checkbox"/>		21					
<b>Amount You Owe</b>	22	<b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . . <input type="checkbox"/>		22	0			
	23	Estimated tax penalty (see instructions) . . . . . <input type="checkbox"/>		23				

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **Attach to Form 1040.**

► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

MUHAMMAD and ARUJE AFZAL

Your social security number

813-06-5330

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>10</b>	
	<b>11</b>	Alimony received . . . . .		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .		<b>12</b>	1,72,000
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>14</b>	
	<b>15a</b>	Reserved . . . . .		<b>15b</b>	
	<b>16a</b>	Reserved . . . . .		<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .		<b>19</b>	
	<b>20a</b>	Reserved . . . . .		<b>20b</b>	
	<b>21</b>	Other income. List type and amount ►		<b>21</b>	
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .		<b>22</b>	1,72,000
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .			
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .			
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .			
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .			
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	1,435		
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .			
	<b>29</b>	Self-employed health insurance deduction . . . . .			
	<b>30</b>	Penalty on early withdrawal of savings . . . . .			
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ►			
	<b>32</b>	IRA deduction . . . . .			
	<b>33</b>	Student loan interest deduction . . . . .			
	<b>34</b>	Reserved . . . . .			
	<b>35</b>	Reserved . . . . .			
	<b>36</b>	Add lines 23 through 35 . . . . .		<b>36</b>	1,435

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

**Schedule 1 (Form 1040) 2018**

HTA

**SCHEDULE 4**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

► **Attach to Form 1040.**

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

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **04**

Name(s) shown on Form 1040

MUHAMMAD and ARUJE AFZAL

Your social security number

813-06-5330

<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>	2,869	
	<b>58</b>	Unreported social security and Medicare tax from: Form <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>		
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>59</b>		
	<b>60a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>60a</b>		
	<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>60b</b>		
	<b>61</b>	Health care: individual responsibility (see instructions) . . . . .	<b>61</b>		
	<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>62</b>		
	<b>63</b>	Section 965 net tax liability installment from Form 965-A . . . . . <b>63</b> _____			
	<b>64</b>	Add the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 . . . . .	<b>64</b>	2,869	

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

**Schedule 4 (Form 1040) 2018**

HTA

SCHEDULE 6  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Foreign Address and Third Party Designee

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment  
Sequence No. 05A

Name(s) shown on Form 1040 MUHAMMAD and ARUJE AFZAL			Your social security number 813-06-5330
Foreign Address	Foreign country name	Foreign province/county	Foreign postal code
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

- Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **09**

Name of proprietor <b>MUHAMMAD AFZAL</b>		Social security number (SSN) <b>813-06-5330</b>
A Principal business or profession, including product or service (see instructions) <b>TAXI OPERATOR</b>		B Enter code from instructions ► <b>999999</b>
C Business name. If no separate business name, leave blank. <b>UBER TECHNOLOGIES INC</b>		D Employer ID number (EIN) (see instr.) <b>20-3124868</b>
E Business address (including suite or room no.) ► <b>1455 MARKET STREET</b> City, town or post office, state, and ZIP code <b>SAN FRANCISCO</b> <b>CA</b> <b>94103</b>		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2018, check here . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	<input type="checkbox"/>	1	108,856
2 Returns and allowances . . . . .		2	
3 Subtract line 2 from line 1 . . . . .		3	108,856
4 Cost of goods sold (from line 42) . . . . .		4	
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		5	108,856
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		6	
7 <b>Gross income.</b> Add lines 5 and 6 . . . . .	►	7	108,856

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

8 Advertising . . . . .	8		18 Office expense (see instructions) . . . . .	18	
9 Car and truck expenses (see instructions) . . . . .	9		19 Pension and profit-sharing plans . . . . .	19	
10 Commissions and fees . . . . .	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions) . . . . .	11		a Vehicles, machinery, and equipment . . . . .	20a	
12 Depletion . . . . .	12		b Other business property . . . . .	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13		21 Repairs and maintenance . . . . .	21	
14 Employee benefit programs (other than on line 19) . . . . .	14		22 Supplies (not included in Part III) . . . . .	22	
15 Insurance (other than health) . . . . .	15		23 Taxes and licenses . . . . .	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.) . . . . .	16a		a Travel . . . . .	24a	
b Other . . . . .	16b		b Deductible meals (see instructions) . . . . .	24b	
17 Legal and professional services . . . . .	17		25 Utilities . . . . .	25	
			26 Wages (less employment credits) . . . . .	26	
			27a Other expenses (from line 48) . . . . .	27a	88,551
			b <b>Reserved for future use</b> . . . . .	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28	88,551			
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	20,305			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .	30				
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	20,305			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2018

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory:    **a** ☐ Cost    **b** ☐ Lower of cost or market    **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes    ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	35		
36 Purchases less cost of items withdrawn for personal use . . . . .	36		
37 Cost of labor. Do not include any amounts paid to yourself . . . . .	37		
38 Materials and supplies . . . . .	38		
39 Other costs . . . . .	39		
40 Add lines 35 through 39 . . . . .	40		0
41 Inventory at end of year . . . . .	41		
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	42		0

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

43 When did you place your vehicle in service for business purposes? (month, day, year)    ▶ \_\_\_\_\_

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes    ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes    ☐ No

47a Do you have evidence to support your deduction? . . . . . ☐ Yes    ☐ No

**b** If "Yes," is the evidence written? . . . . . ☐ Yes    ☐ No

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

See Attached Statement		88,551	
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	88,551	

**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

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

MUHAMMAD AFZAL

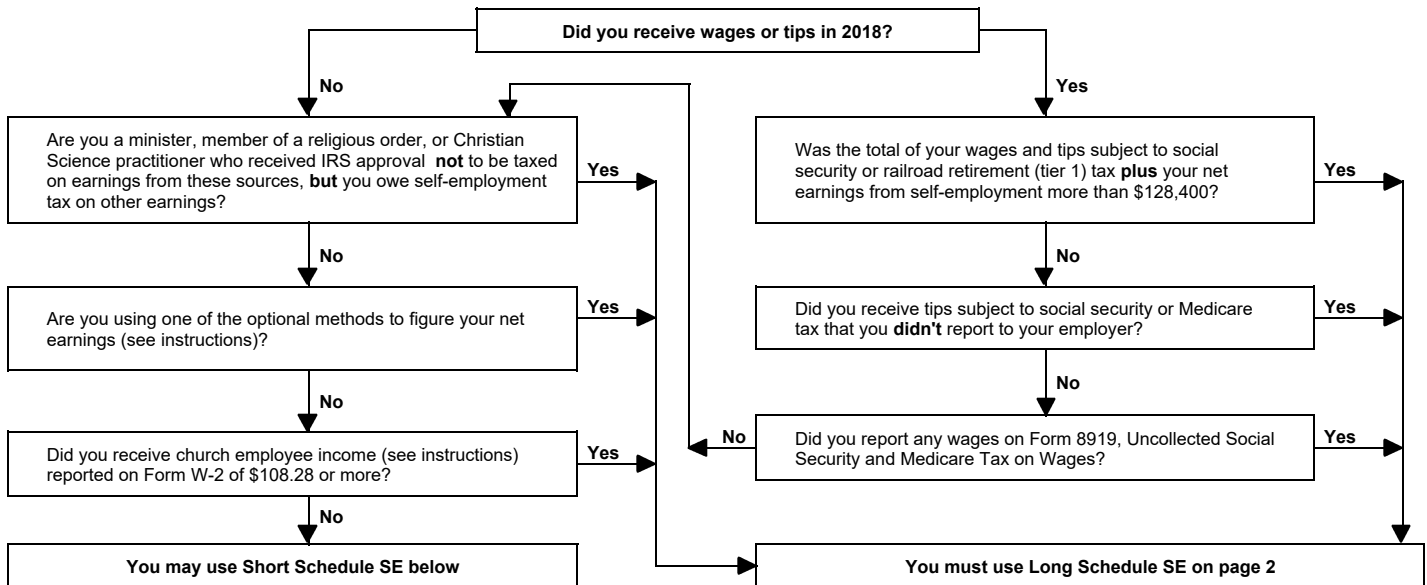
Social security number of person  
with **self-employment** income ►

813-06-5330

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE.** Caution: Read above to see if you can use Short Schedule SE.

<b>1 a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>		
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b>	(	)
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	1,72,305	
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	1,72,305	
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . . ►	<b>4</b>	1,70,752	
<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55</b> • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on <b>Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55</b> . . . . .	<b>5</b>	2,869	
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	1,435	

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

Schedule SE (Form 1040) 2018

HTA



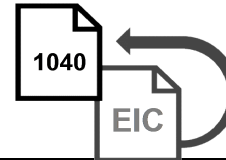
**SCHEDULE EIC**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Earned Income Credit**

**Qualifying Child Information**

- ▶ **Complete and attach to Form 1040 only if you have a qualifying child.**  
▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **43**

Name(s) shown on return

MUHAMMAD and ARUJE AFZAL

Your social security number

813-06-5330

**Before you begin:**

- See the instructions for Form 1040, line 17a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	ASHAR	AFZAL	AYESHA	AFZAL		
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	695-79-8113		841-39-1943			
<b>3 Child's year of birth</b>	Year <u>1990</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>1992</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
<b>4 a</b> Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
<b>b</b> Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		Daughter			
<b>6 Number of months child lived with you in the United States during 2018</b> • If the child lived with you for more than half of 2018 but less than 7 months, enter "7." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		<u>          </u> months Do not enter more than 12 months.	

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

Schedule EIC (Form 1040) 2018

**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Additional Child Tax Credit**

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**

1040  
1040NR

8812

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **47**

Name(s) shown on return

MUHAMMAD and ARUJE AFZAL

Your social security number

813-06-5330

**Part I All Filers**

**Caution:** If you file Form 2555 or 2555-EZ, **stop here;** you cannot claim the additional child tax credit.

<b>1</b>	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise:  <b>1040 filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a). <b>1040NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).	<b>1</b>	4,000
<b>2</b>	Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49 . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>3</b>	4,000
<b>4</b>	Number of qualifying children under 17 with the required social security number: <u>2</u> X \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>4</b>	2,800
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.		<b>5</b>	2,800
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>	
<b>6 a</b>	Earned income (see separate instructions) . . . . .	<b>6a</b>	18,870
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . .	<b>6b</b>	
<b>7</b>	Is the amount on line 6a more than \$2,500?  <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .	<b>7</b>	16,370
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	<b>8</b>	2,456

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .	<b>9</b>	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040), line 27, and Schedule 4 (Form 1040), line 58, plus any taxes that you identified using code "UT" and entered on Schedule 4 (Form 1040), line 62.  <b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	0
<b>12</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, line 17a, and Schedule 5 (Form 1040), line 72.  <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	0
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>	0

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit . . . . .	<b>15</b>	2,456
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Enter this amount on Form 1040, line 17b, or Form 1040NR, line 64.



Department of Taxation and Finance

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

**IT-201**

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning .....

**18**

and ending .....

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
MUHAMMAD		AFZAL	03211979	813065330
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
ARUJE		AFZAL	04251987	154987338
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York State county of residence
45-55 39TH STREET			5A	QUEENS
City, village, or post office		State	ZIP code	Country (if not United States)
SUNNY SIDE		NY	11104	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district name
				QUEENS
				School district code number
				519
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	Spouse's date of death (mmddyyyy)	

**A Filing status**

(mark an X in one box):

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

**B Did you itemize** your deductions on your 2018 federal income tax return? ..... Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**(1) Did you receive a property tax relief credit? (see page 15) ..... Yes ☐ No ☐

(2) Enter the amount ..... .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) ..... Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2018? (see page 15) ..... Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only (see page 15):**

(1) Number of months you lived in NYC in 2018 ..... 12

(2) Number of months your spouse lived in NYC in 2018 ... 12

**G** Enter your 2-character special condition code(s) if applicable (see page 15) ..... **H Dependent information (see page 16)**

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
ASHAR	A	AFZAL	SON	695798113	05112014
AYESHA	A	AFZAL	DAUGHTER	841391943	01292016

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

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For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
813065330

**Federal income and adjustments** (see page 16)

		Whole dollars only
1	Wages, salaries, tips, etc. ....	1 .00
2	Taxable interest income .....	2 .00
3	Ordinary dividends .....	3 .00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4 .00
5	Alimony received .....	5 .00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6 20305.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7 .00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8 .00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box. .... <input type="checkbox"/>	9 .00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box .... <input type="checkbox"/>	10 .00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11 .00
12	Rental real estate included in line 11 ..... <b>12</b> .00	
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13 .00
14	Unemployment compensation .....	14 .00
15	Taxable amount of social security benefits (also enter on line 27) .....	15 .00
16	Other income (see page 16) Identify: .....	16 .00
17	Add lines 1 through 11 and 13 through 16 .....	17 20305.00
18	Total federal adjustments to income (see page 16) Identify: HALF SE TAX 1435 .....	18 1435.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19 18870.00

**New York additions** (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) ...	20 .00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) .....	21 .00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22 .00
23	Other (Form IT-225, line 9) .....	23 .00
24	Add lines 19 through 23 .....	24 18870.00

**New York subtractions** (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25 .00
26	Pensions of NYS and local governments and the federal government (see page 18) .....	26 .00
27	Taxable amount of social security benefits (from line 15) ...	27 .00
28	Interest income on U.S. government bonds .....	28 .00
29	Pension and annuity income exclusion (see page 19) .....	29 .00
30	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33 18870.00

**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> -or- <input type="checkbox"/> <b>Itemized</b>	34 16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35 2820.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36 2000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37 820.00

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Name(s) as shown on page 1  
MUHAMMAD ARUJE AFZAL

Your social security number  
813065330

IT-201 (2018) Page 3 of 4

**Tax computation, credits, and other taxes**

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2) .....	<b>38</b>	820.00
<b>39</b>	NYS tax on line 38 amount (see page 22) .....	<b>39</b>	33.00
<b>40</b>	NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>	105.00
<b>41</b>	Resident credit (see page 23) .....	<b>41</b>	.00
<b>42</b>	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	<b>42</b>	.00
<b>43</b>	Add lines 40, 41, and 42 .....	<b>43</b>	105.00
<b>44</b>	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	.00
<b>45</b>	Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45) .....	<b>46</b>	.00

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

<b>47</b>	NYC taxable income (see instructions) .....	<b>47</b>	820.00
<b>47a</b>	NYC resident tax on line 47 amount (see page 23) .....	<b>47a</b>	25.00
<b>48</b>	NYC household credit (page 23) .....	<b>48</b>	60.00
<b>49</b>	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	.00
<b>50</b>	Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b>	Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b>	Add lines 49, 50, and 51 .....	<b>52</b>	.00
<b>53</b>	NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b>	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	.00
<b>54a</b>	MCTMT net earnings base ..	<b>54a</b>	.00
<b>54b</b>	MCTMT .....	<b>54b</b>	.00
<b>55</b>	Yonkers resident income tax surcharge (see page 26) .....	<b>55</b>	.00
<b>56</b>	Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b>	Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57) .....	<b>58</b>	.00
<b>59</b>	<b>Sales or use tax</b> (see page 27; do not leave line 59 blank) .....	<b>59</b>	0.00

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



**Voluntary contributions** (see page 28)

<b>60a</b>	Return a Gift to Wildlife	<b>60a</b>	.00	<b>60o</b>	Veterans' Homes	<b>60o</b>	.00
<b>60b</b>	Missing/Exploited Children	<b>60b</b>	.00	<b>60p</b>	Love Your Library Fund	<b>60p</b>	.00
<b>60c</b>	Breast Cancer Research	<b>60c</b>	.00	<b>60q</b>	Lupus Fund	<b>60q</b>	.00
<b>60d</b>	Alzheimer's Fund	<b>60d</b>	.00	<b>60r</b>	Military Family Fund	<b>60r</b>	.00
<b>60e</b>	Olympic Fund (\$2 or \$4)	<b>60e</b>	.00	<b>60s</b>	CUNY Fund	<b>60s</b>	.00
<b>60f</b>	Prostate Cancer	<b>60f</b>	.00				
<b>60g</b>	9/11 Memorial	<b>60g</b>	.00				
<b>60h</b>	Volunteer Firefighting	<b>60h</b>	.00				
<b>60i</b>	Teen Health Education	<b>60i</b>	.00				
<b>60j</b>	Veterans Remembrance	<b>60j</b>	.00				
<b>60k</b>	Homeless Veterans	<b>60k</b>	.00				
<b>60l</b>	Mental Illness Anti-Stigma	<b>60l</b>	.00				
<b>60m</b>	Women's Cancers Fund	<b>60m</b>	.00				
<b>60n</b>	Autism Fund	<b>60n</b>	.00				
<b>60</b>	<b>Total voluntary contributions</b> (add lines 60a through 60s) .....	<b>60</b>	.00				
<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60) .....	<b>61</b>	.00				

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Your social security number  
813065330

62 Enter amount from line 61

62 .00

**Payments and refundable credits** (see pages 29 through 32)

63	Empire State child credit	63	330.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	1682.00
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	125.00
69a	NYC school tax credit (rate reduction amount)	69a	1.00
70	NYC earned income credit	70	286.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



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

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

76 Total payments (add lines 63 through 75)

76 2424.00

**Your refund, amount you owe, and account information** (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	2424.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	2424.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	2424.00

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

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions)

79 .00

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

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34)

81 .00

82 Other penalties and interest (see page 34)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

 83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 021000322

83c Account number 483036379513

84 Electronic funds withdrawal (see page 35)

Date

Amount

.00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN 11264598	NYTPRN excl. code
Preparer's signature MASUD RAHMAN		Preparer's printed name MASUD RAHMAN	
Firm's name (or yours, if self-employed) NY1 MANAGEMENT INC		Preparer's PTIN or SSN P00777274	
Address 40-04 73RD STREET WOODSIDE NY 11377		Employer identification number 813317305	
E-mail: NY1MANAGEMENTINC@GMAIL.COM		Date 12162019	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SERVICE	
Spouse's signature and occupation (if joint return) HOUSEWIFE	
Date	Daytime phone number 3479352567
E-mail: MIRZAAFZALMAJEED@GMAIL.COM	

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See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





## Claim for Empire State Child Credit

IT-213

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

## Step 1 – Enter identifying information

Your name as shown on return	Your social security number (SSN)
MUHAMMAD AFZAL	813065330
Spouse's name	Spouse's SSN
ARUJE AFZAL	154987338

## Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2018? ..... **1** Yes ☒ No ☐  
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2018?..... **2** Yes ☒ No ☐
- 3 Is your federal adjusted gross income (*see instructions*)  
– \$110,000 or less and your filing status is (2) married filing joint return;  
– \$75,000 or less and your filing status is (1) single, (4) head of household, or (5) qualifying widow(er); **or**  
– \$55,000 or less and your filing status is (3) married filing separate return? ..... **3** Yes ☒ No ☐  
If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (*see instructions*) ..... **4** 02
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2018 ..... **5** 01  
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

## Step 3 – Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
ASHAR	A	AFZAL		695798113	05112014
AYESHA	A	AFZAL		841391943	01292016

Use Form IT-213-ATT if you have additional children to report (*see instructions*).

NO HANDWRITTEN ENTRIES ON THIS FORM

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**Step 4 – Compute credit**

If you answered **Yes** to question 2, you must complete Worksheet A or B and Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

6 Enter the amount from Worksheet A, line 10 or Worksheet B, line 12 (see instructions) .....	6	.00
7 Enter your additional child tax credit amount from Worksheet C (see instructions) .....	7	2000.00
8 Add lines 6 and 7 .....	8	2000.00

If the amount on line 8 is zero, skip lines 9 through 12, and enter **0** on line 13; continue with line 14.

If the amount on line 8 is more than zero, continue with line 9.

9 Enter the number of children from line 4 .....	9	02
10 Divide line 8 by line 9 .....	10	1000.00
11 Enter the number of children from line 5 .....	11	01
12 Multiply line 10 by line 11 .....	12	1000.00
13 Multiply line 12 by 33% (.33) .....	13	330.00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

**All others continue with line 14.**

14 Enter the number of children from line 5 .....	14	01
15 Multiply line 14 by 100 .....	15	100.00
16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater) .....	16	330.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

**Step 5 – Spouses required to file separate New York State returns (see instructions)**

17 Enter the full-year resident spouse's share of the line 16 amount; <b>do not leave line 17 blank</b> Enter here and on Form IT-201, line 63.	17	0.00
18 Enter the part-year resident or nonresident spouse's share of the line 16 amount; <b>do not leave line 18 blank</b> .....	18	0.00

Enter the line 18 amount and code **213** on Form IT-203-ATT, line 12.

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

# Claim for Earned Income Credit

New York State • New York City

**IT-215**

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

Name(s) as shown on return	Your social security number
MUHAMMAD AND ARUJE AFZAL	813065330

- 1 Did you claim the federal earned income credit? If **No**, stop; you do not qualify for these credits. 1 Yes ☒ No ☐
- 2 Is your investment income (see instructions) greater than \$3,500? If **Yes**, stop; you do not qualify for these credits. 2 Yes ☐ No ☒
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return. 3 Yes ☐ No ☒
- 4 Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5.  
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4 Yes ☒ No ☐  
If you claimed more than three, see instructions.

1st Child	First name	MI	Last name	Suffix	Relationship
	ASHAR	A	AFZAL		SON
	No. of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mmddyyyy)
2nd Child	First name	MI	Last name	Suffix	Relationship
	AYESHA	A	AFZAL		DAUGHTER
	No. of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mmddyyyy)
3rd Child	First name	MI	Last name	Suffix	Relationship
	No. of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mmddyyyy)

\* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on page 2 of this claim form. 5 Yes ☐ No ☒
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. 6 Whole dollars only .00
- 7 Earned income adjustments (see instructions) 7 .00
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) ... 8 18870.00  
Employer identification number (see instructions) ... 813065330
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) 9 18870.00
- 10 Amount of federal EIC claimed (from federal Form 1040, line 17a) 10 5716.00
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11 .30
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 12 1715.00

Complete **Worksheet B** on page 2 before continuing.

- 13 Enter the amount from **Worksheet B**, line 5, on page 2 of this form 13 33.00
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14 105.00
- 15 Enter the smaller of line 13 or line 14 15 33.00
- 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) 16 1682.00
- 17 If your New York State filing status is (3), **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17 .00  
Federal adjusted gross income (from federal Form 1040, line 7) .00

NO HANDWRITTEN ENTRIES ON THIS FORM



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**Part-year New York State resident earned income credit**

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18	Enter your New York State earned income credit (from line 16 or line 17) .....	18		.00
19	Enter the amount from Form IT-203, line 42 .....	19		.00
	<ul style="list-style-type: none"> <li>If line 19 is equal to or more than line 18, <b>stop. You do not have excess New York State earned income credit.</b></li> <li>If line 19 is less than line 18, <b>continue on line 20 below.</b></li> </ul>			
20	<b>Excess New York State earned income credit</b> (subtract line 19 from line 18) .....	20		.00
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.) .....	21		.00
	<ul style="list-style-type: none"> <li>If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, <b>stop. Do not continue with this computation.</b> Enter the amount from line 20 above on Form IT-203-ATT, line 32.</li> <li>If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.</li> </ul>			
22	Subtract line 21 from line 20. <b>This is your remaining excess New York State earned income credit.</b> .....	22		.00
23	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet .....	23		.00
24	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet .....	24		.00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000). .....	25		
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. <b>This is the refundable portion of your part-year New York State resident earned income credit.</b> .....	26		.00

**New York City earned income credit** (full-year and part-year New York City residents)

27	From <b>Worksheet C, New York City earned income credit</b> , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on <b>Form IT-201, line 70</b> , or <b>Form IT-203-ATT, line 11</b> . .....	27		286.00
	Part-year New York City residents must also complete line 28 below.			
28	<b>Part-year New York City adjusted gross income</b> Enter the amounts from Worksheet C, lines 6 and 7 .....	28A		.00
		28B		.00

**Worksheet B**

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) .....	1		33.00
2	Resident credit (see instructions) .....	2		.00
3	Accumulation distribution credit (see instructions) .....	3		.00
4	Add lines 2 and 3 .....	4		.00
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form. ....	5		33.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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