

NY1 MANAGEMENT INC  
37-38 73RD STREET  
JACKSON HEIGHTS, NY 11372  
Phone: (718) 316-3375  
taxnet.ny@gmail.com

December 16, 2019

MUHAMMAD and ARUJE AFZAL  
45-55 39TH STREET, Apt 5A  
SUNNY SIDE, NY 11104

Dear MUHAMMAD and ARUJE,

I have prepared your 2018 federal income tax return based on the information you provided. The return has been successfully e-filed and a copy is enclosed for your records.

As requested, your federal tax refund in the amount of \$5,029 will be deposited directly to your checking account.

You can check the status of your federal tax refund by using "Where's My Refund?", an interactive tool available on [www.irs.gov](http://www.irs.gov) or by using the "IRS2Go" smartphone application. You can also call the IRS TeleTax System at (800) 829-4477 or the IRS Refund Hotline at (800) 829-1954. When using any of these options, you will need the following information:

- The first social security number shown on the federal return
- Your filing status (Married-Filing Joint Return)
- The exact amount of the refund shown on your federal return (\$5,029)

If you have any questions about your return(s) or about your tax situation during the year, please do not hesitate to call me at (718) 316-3375. I appreciate this opportunity to serve you.

Sincerely,

MASUD M RAHMAN  
NY1 MANAGEMENT INC

Your marginal federal tax rate ('tax bracket') for 2016 was 0%.

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December 16, 2019

MUHAMMAD and ARUJE AFZAL  
45-55 39TH STREET, Apt 5A  
SUNNY SIDE, NY 11104

Dear MUHAMMAD and ARUJE,

I have prepared your 2018 New York IT-201 individual income tax return based on the information you provided. The return has been successfully e-filed and a copy is enclosed for your records.

As requested, your New York IT-201 tax refund of \$2,076 will be deposited directly into your checking account.

If you have any questions about your return(s) or about your tax situation during the year, please do not hesitate to call me at (718) 316-3375. I appreciate this opportunity to serve you.

Sincerely,

MASUD M RAHMAN  
NY1 MANAGEMENT INC

|   |  |                                |  |
|---|--|--------------------------------|--|
| For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, ending _____  |  |                                | See separate instructions.   |
| Your first name<br><b>MUHAMMAD</b>  | M.I.<br><b></b>                          | Last name<br><b>AFZAL</b>      | Suffix<br><b></b>  |
| If a joint return, spouse's first name<br><b>ARUJE</b>  |  |                                | Suffix<br><b></b>  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>45-55 39TH STREET</b>   |  |                                | Apt. no.<br><b>5A</b>  |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br><b>SUNNY SIDE NY 11104</b> |  |                                | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name<br><b></b>   | Foreign province/state/county<br><b></b> | Foreign postal code<br><b></b> |  |

**Filing Status**

|  |  |
|--|--|
| 1 <input type="checkbox"/> Single  | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. |
| 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)         |  |
| 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. |  |

Check only one box.

|  |                       |                      |                |
|--|-----------------------|----------------------|----------------|
| 5 <input type="checkbox"/> Qualifying widow(er) with dependent child | First name<br><b></b> | Last name<br><b></b> | SSN<br><b></b> |
|--|-----------------------|----------------------|----------------|

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| ASHAR          | AFZAL     | 695-79-8113                            | Son                                 | <input type="checkbox"/>   |
| AYESHA         | AFZAL     | 841-39-1943                            | Daughter                            | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you **2**
- did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

Add numbers on lines above **4**

**Income**

|  |     |         |
|--|-----|---------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2   | 7   |         |
| 8a Taxable interest. Attach Schedule B if required   | 8a  |         |
| b Tax-exempt interest. Do not include on line 8a   | 8b  |         |
| 9a Ordinary dividends. Attach Schedule B if required   | 9a  |         |
| b Qualified dividends  | 9b  |         |
| 10 Taxable refunds, credits, or offsets of state and local income taxes  | 10  |         |
| 11 Alimony received  | 11  |         |
| 12 Business income or (loss). Attach Schedule C or C-EZ  | 12  | 148,000 |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13  |         |
| 14 Other gains or (losses). Attach Form 4797   | 14  |         |
| 15a IRA distributions  | 15a |         |
| b Taxable amount   | 15b |         |
| 16a Pensions and annuities   | 16a |         |
| b Taxable amount   | 16b |         |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                 | 17  |         |
| 18 Farm income or (loss). Attach Schedule F  | 18  |         |
| 19 Unemployment compensation   | 19  |         |
| 20a Social security benefits   | 20a |         |
| b Taxable amount   | 20b | 0       |
| 21 Other income. List type and amount  | 21  |         |
| 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income               | 22  | 148,000 |

**Adjusted Gross Income**

|   |     |        |
|---|-----|--------|
| 23 Educator expenses  | 23  |        |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24  |        |
| 25 Health savings account deduction. Attach Form 8889   | 25  |        |
| 26 Moving expenses. Attach Form 3903  | 26  |        |
| 27 Deductible part of self-employment tax. Attach Schedule SE   | 27  | 1,272  |
| 28 Self-employed SEP, SIMPLE, and qualified plans   | 28  |        |
| 29 Self-employed health insurance deduction   | 29  |        |
| 30 Penalty on early withdrawal of savings   | 30  |        |
| 31a Alimony paid b Recipient's SSN  | 31a |        |
| 32 IRA deduction  | 32  |        |
| 33 Student loan interest deduction  | 33  |        |
| 34 Tuition and fees. Attach Form 8917   | 34  |        |
| 35 Domestic production activities deduction. Attach Form 8903   | 35  |        |
| 36 Add lines 23 through 35  | 36  | 1,272  |
| 37 Subtract line 36 from line 22. This is your adjusted gross income  | 37  | 16,728 |

|  |  |  |                                      |   |
|--|--|--|--------------------------------------|---|
| <b>Tax and Credits</b>   | <b>38</b>  | Amount from line 37 (adjusted gross income).   | <b>38</b>                            | 16,728  |
|  | <b>39a</b>   | Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b><br>if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> } Total boxes checked <b>39a</b> <input type="checkbox"/> |                                      |   |
|  | <b>b</b>   | If your spouse itemizes on a separate return or you were a dual-status alien, check here. <b>39b</b> <input type="checkbox"/>  |                                      |   |
|  |  |  |                                      |   |
| <b>Standard Deduction for—</b><br><br>• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.<br><br>• All others:<br>Single or Married filing separately, \$6,300<br>Married filing jointly or Qualifying widow(er), \$12,600<br>Head of household, \$9,300 | <b>40</b>  | <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)   | <b>40</b>                            | 12,600  |
|  | <b>41</b>  | Subtract line 40 from line 38  | <b>41</b>                            | 4,128   |
|  | <b>42</b>  | <b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions   | <b>42</b>                            | 16,200  |
|  | <b>43</b>  | <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-   | <b>43</b>                            | 0   |
|  | <b>44</b>  | <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>   | <b>44</b>                            |   |
|  | <b>45</b>  | <b>Alternative minimum tax</b> (see instructions). Attach Form 6251  | <b>45</b>                            |   |
|  | <b>46</b>  | Excess advance premium tax credit repayment. Attach Form 8962  | <b>46</b>                            |   |
|  | <b>47</b>  | Add lines 44, 45, and 46   | <b>47</b>                            | 0   |
|  | <b>48</b>  | Foreign tax credit. Attach Form 1116 if required   | <b>48</b>                            |   |
|  | <b>49</b>  | Credit for child and dependent care expenses. Attach Form 2441   | <b>49</b>                            |   |
| <b>50</b>  | Education credits from Form 8863, line 19  | <b>50</b>  |                                      |   |
| <b>51</b>  | Retirement savings contributions credit. Attach Form 8880  | <b>51</b>  |                                      |   |
| <b>52</b>  | Child tax credit. Attach Schedule 8812, if required  | <b>52</b>  |                                      |   |
| <b>53</b>  | Residential energy credits. Attach Form 5695   | <b>53</b>  |                                      |   |
| <b>54</b>  | Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>   | <b>54</b>  |                                      |   |
| <b>55</b>  | Add lines 48 through 54. These are your <b>total credits</b>   | <b>55</b>  |                                      |   |
| <b>56</b>  | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-  | <b>56</b>  | 0                                    |   |
| <b>Other Taxes</b>   | <b>57</b>  | Self-employment tax. Attach Schedule SE  | <b>57</b>                            | 2,543   |
|  | <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, etc. Attach Form 5329 if required  | <b>59</b>                            |   |
|  | <b>60a</b>   | Household employment taxes from Schedule H   | <b>60a</b>                           |   |
|  | <b>b</b>   | First-time homebuyer credit repayment. Attach Form 5405 if required  | <b>60b</b>                           |   |
|  | <b>61</b>  | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>   | <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>  | Add lines 56 through 62. This is your <b>total tax</b>   | <b>63</b>  | 2,543                                |   |
| <b>Payments</b>  | <b>64</b>  | Federal income tax withheld from Forms W-2 and 1099  | <b>64</b>                            |   |
|  | <b>65</b>  | 2016 estimated tax payments and amount applied from 2015 return  | <b>65</b>                            |   |
|  | <b>66a</b>   | <b>Earned income credit (EIC)</b>  | <b>66a</b>                           | 5,572   |
|  | <b>b</b>   | Nontaxable combat pay election <b>66b</b>  |                                      |   |
|  | <b>67</b>  | Additional child tax credit. Attach Schedule 8812  | <b>67</b>                            | 2,000   |
|  | <b>68</b>  | American opportunity credit from Form 8863, line 8   | <b>68</b>                            |   |
|  | <b>69</b>  | Net premium tax credit. Attach Form 8962   | <b>69</b>                            |   |
|  | <b>70</b>  | Amount paid with request for extension to file   | <b>70</b>                            |   |
|  | <b>71</b>  | Excess social security and tier 1 RRTA tax withheld  | <b>71</b>                            |   |
|  | <b>72</b>  | Credit for federal tax on fuels. Attach Form 4136  | <b>72</b>                            |   |
| <b>73</b>  | Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>   | <b>73</b>  |                                      |   |
| <b>74</b>  | Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>   | <b>74</b>  | 7,572                                |   |
| <b>Refund</b>  | <b>75</b>  | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>   | <b>75</b>                            | 5,029   |
|  | <b>76a</b>   | Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here. <input type="checkbox"/>   | <b>76a</b>                           | 5,029   |
|  | <b>b</b>   | Routing number 021000322 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings  |                                      |   |
| <b>d</b>   | Account number 483036379513  |  |                                      |   |
| <b>77</b>  | Amount of line 75 you want <b>applied to your 2017 estimated tax</b>   | <b>77</b>  |                                      |   |
| <b>Amount You Owe</b>  | <b>78</b>  | <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions  | <b>78</b>                            | 0   |
|  | <b>79</b>  | Estimated tax penalty (see instructions)   | <b>79</b>                            |   |
| <b>Third Party Designee</b>  | Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes.</b> Complete below. <input checked="" type="checkbox"/> <b>No</b>   |  |                                      |   |
|  | Designee's name  | Phone no.  | Personal identification number (PIN) |   |
| <b>Sign Here</b>   | 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |                                      |   |
|  | Your signature   | Date   | Your occupation                      | Daytime phone number  |
|  |  | 2/8/2017   | SERVICE                              | 347-9352567   |
|  | Spouse's signature. If a joint return, <b>both</b> must sign.  | Date   | Spouse's occupation                  | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
|  | 2/8/2017   | HOUSEWIFE  |                                      |   |
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name   | Preparer's signature   | Date                                 | Check <input checked="" type="checkbox"/> if self-employed PTIN           |
|  | MASUD M RAHMAN   | MASUD M RAHMAN   | 12/16/2019                           | P00777274   |
|  | Firm's name <b>NY1 MANAGEMENT INC</b>  | Firm's EIN <b>81-3317305</b>   |                                      |   |
|  | Firm's address <b>37-38 73RD STREET, JACKSON HEIGHTS, NY 11372</b>   | Phone no. <b>(718) 316-3375</b>  |                                      |   |

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

- Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **09**

|   |  |  |
|---|--|--|
| Name of proprietor<br><b>MUHAMMAD AFZAL</b>   |  | Social security number (SSN)<br><b>813-06-5330</b>                   |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>TECH SUPPORT</b>   |  | <b>B</b> Enter code from instructions<br><b>999999</b>               |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>PEOPLENTech LLC</b>  |  | <b>D</b> Employer ID number (EIN), (see instr.)<br><b>20-3124868</b> |
| <b>E</b> Business address (including suite or room no.) ► <b>1604 SPRING HILL ROAD SUITE 302</b><br>City, town or post office, state, and ZIP code <b>VIENNA VA 22182</b> |  |  |
| <b>F</b> Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►              |  |  |
| <b>G</b> Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . . .                          |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>H</b> If you started or acquired this business during 2016, check here . . . . .   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>I</b> Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . . .  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . .  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No             |

**Part I Income**

|  |                          |          |        |  |
|--|--------------------------|----------|--------|--|
| <b>1</b> 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"/> | <b>1</b> | 18,000 |  |
| <b>2</b> Returns and allowances . . . . .  |                          | <b>2</b> |        |  |
| <b>3</b> Subtract line 2 from line 1 . . . . .   |                          | <b>3</b> | 18,000 |  |
| <b>4</b> Cost of goods sold (from line 42) . . . . .   |                          | <b>4</b> |        |  |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .  |                          | <b>5</b> | 18,000 |  |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .  |                          | <b>6</b> |        |  |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .  |                          | <b>7</b> | 18,000 |  |

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

|  |            |  |  |  |            |        |  |
|--|------------|--|--|--|------------|--------|--|
| <b>8</b> Advertising . . . . .   | <b>8</b>   |  |  | <b>18</b> Office expense (see instructions) . . . . .                    | <b>18</b>  |        |  |
| <b>9</b> Car and truck expenses (see instructions) . . . . .   | <b>9</b>   |  |  | <b>19</b> Pension and profit-sharing plans . . . . .                     | <b>19</b>  |        |  |
| <b>10</b> Commissions and fees . . . . .   | <b>10</b>  |  |  | <b>20</b> Rent or lease (see instructions):                              |            |        |  |
| <b>11</b> Contract labor (see instructions) . . . . .  | <b>11</b>  |  |  | <b>a</b> Vehicles, machinery, and equipment . . . . .                    | <b>20a</b> |        |  |
| <b>12</b> Depletion . . . . .  | <b>12</b>  |  |  | <b>b</b> Other business property . . . . .                               | <b>20b</b> |        |  |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .   | <b>13</b>  |  |  | <b>21</b> Repairs and maintenance . . . . .                              | <b>21</b>  |        |  |
| <b>14</b> Employee benefit programs (other than on line 19) . . . . .  | <b>14</b>  |  |  | <b>22</b> Supplies (not included in Part III) . . . . .                  | <b>22</b>  |        |  |
| <b>15</b> Insurance (other than health) . . . . .  | <b>15</b>  |  |  | <b>23</b> Taxes and licenses . . . . .                                   | <b>23</b>  |        |  |
| <b>16</b> Interest:  |            |  |  | <b>24</b> Travel, meals, and entertainment:                              |            |        |  |
| <b>a</b> Mortgage (paid to banks, etc.) . . . . .  | <b>16a</b> |  |  | <b>a</b> Travel . . . . .  | <b>24a</b> |        |  |
| <b>b</b> Other . . . . .   | <b>16b</b> |  |  | <b>b</b> Deductible meals and entertainment (see instructions) . . . . . | <b>24b</b> |        |  |
| <b>17</b> Legal and professional services . . . . .  | <b>17</b>  |  |  | <b>25</b> Utilities . . . . .  | <b>25</b>  |        |  |
|  |            |  |  | <b>26</b> Wages (less employment credits) . . . . .                      | <b>26</b>  |        |  |
|  |            |  |  | <b>27a</b> Other expenses (from line 48) . . . . .                       | <b>27a</b> |        |  |
|  |            |  |  | <b>b</b> <b>Reserved for future use</b> . . . . .                        | <b>27b</b> |        |  |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .  |            |  |  | <b>28</b>  |            | 0      |  |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .   |            |  |  | <b>29</b>  |            | 18,000 |  |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><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. . . . .   |            |  |  | <b>30</b>  |            |        |  |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>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> .<br>• If a loss, you <b>must</b> go to line 32.  |            |  |  | <b>31</b>  |            | 18,000 |  |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>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> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |  |  | <b>32a</b> <input type="checkbox"/> All investment is at risk.           |            |        |  |
|  |            |  |  | <b>32b</b> <input type="checkbox"/> Some investment is not at risk.      |            |        |  |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2016

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

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).

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

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **17**

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

MUHAMMAD AFZAL

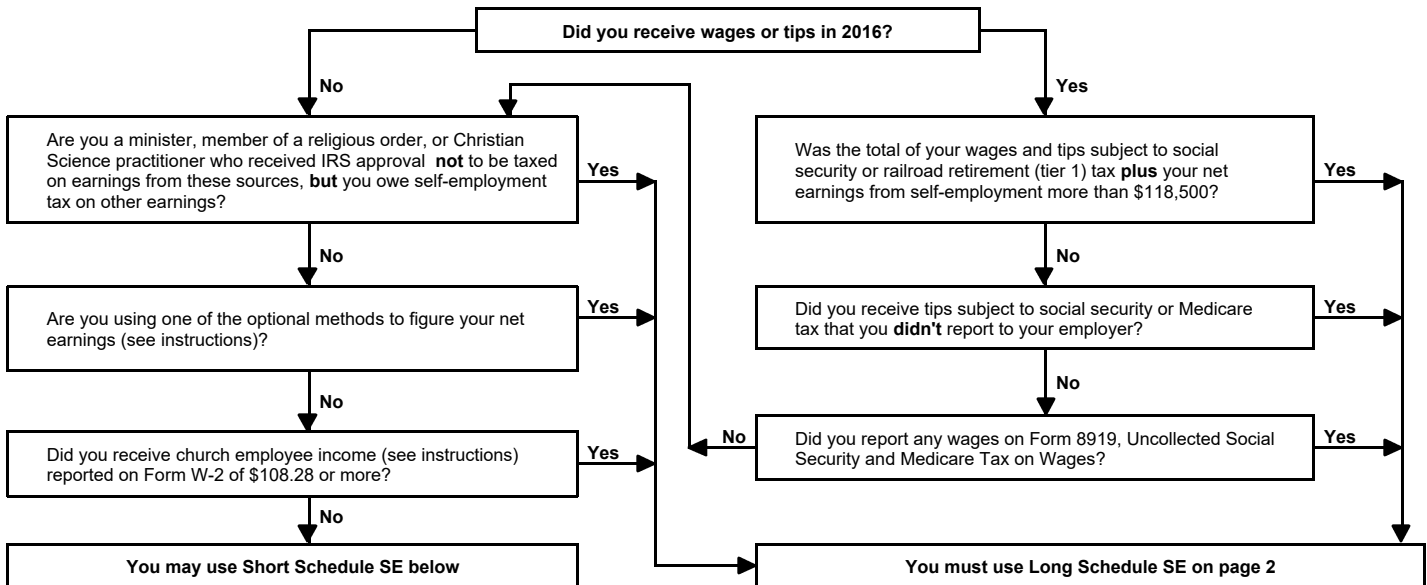
Social security number of person  
with **self-employment** income ►

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 Z . . . .  | <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>  | 18,000 |   |
| <b>3</b> Combine lines 1a, 1b, and 2 . . . . .  | <b>3</b>  | 18,000 |   |
| <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>  | 16,623 |   |
| <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:<br>• \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b><br>• More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . . | <b>5</b>  | 2,543  |   |
| <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>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .  | <b>6</b>  | 1,272  |   |

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

Schedule SE (Form 1040) 2016

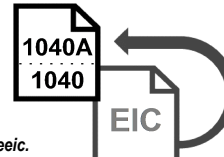
**SCHEDULE EIC**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Earned Income Credit**

**Qualifying Child Information**

- ▶ Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
- ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at [www.irs.gov/scheduleeic](http://www.irs.gov/scheduleeic).



OMB No. 1545-0074

**2016**

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 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, 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><br>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><br>The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2016. If your child was born and died in 2016 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. | 695-79-8113  |           | 841-39-1943  |           |  |           |
| <b>3 Child's year of birth</b>   | Year <u>1990</u><br><i>If born after 1997 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><br><i>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> |           | Year _____<br><i>If born after 1997 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 2016, a student, and younger than you (or your spouse, if filing jointly)?   | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br><b>Go to line 5.</b> <b>Go to line 4b.</b>   |           | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br><b>Go to line 5.</b> <b>Go to line 4b.</b>   |           | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br><b>Go to line 5.</b> <b>Go to line 4b.</b>   |           |
| <b>b</b> Was the child permanently and totally disabled during any part of 2016?   | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br><b>Go to line 5.</b> The child is not a qualifying child.                                  |           | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br><b>Go to line 5.</b> The child is not a qualifying child.                                  |           | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br><b>Go to line 5.</b> The child is not a qualifying child.                            |           |
| <b>5 Child's relationship to you</b><br>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)  | Son  |           | Daughter   |           |  |           |
| <b>6 Number of months child lived with you in the United States during 2016</b><br><ul style="list-style-type: none"><li>• If the child lived with you for more than half of 2016 but less than 7 months, enter "7."</li><li>• If the child was born or died in 2016 and your home was the child's home for more than half the time he or she was alive during 2016, enter "12."</li></ul>       | <u>12</u> months<br><i>Do not enter more than 12 months.</i>   |           | <u>12</u> months<br><i>Do not enter more than 12 months.</i>   |           | <u>          </u> months<br><i>Do not enter more than 12 months.</i>   |           |

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

Schedule EIC (Form 1040A or 1040) 2016

**SCHEDULE 8812**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

# Child Tax Credit

- ▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
- ▶ **Information about Schedule 8812 and its separate instructions is at [www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

1040  
1040A  
1040NR



OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **47**

Name(s) shown on return

MUHAMMAD and ARUJE AFZAL

Your social security number

813-06-5330

**Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)**



*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.  
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No

**Note.** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here . . . . . ☐

**Part II Additional Child Tax Credit Filers**

|  |                  |          |        |
|--|------------------|----------|--------|
| <p><b>1</b> If you file Form 2555 or 2555-EZ <b>stop</b> here; you cannot claim the additional child tax credit.</p> <p>If you are required to use the worksheet in <b>Pub. 972</b>, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:</p> <p><b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).</p> <p><b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).</p> <p><b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).</p> |                  | <b>1</b> | 2,000  |
| <b>2</b> Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 . . . . .  |                  | <b>2</b> |        |
| <b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b> here; you cannot claim this credit . . . . .  |                  | <b>3</b> | 2,000  |
| <b>4 a</b> Earned income (see separate instructions) . . . . .   | <b>4a</b> 16,728 |          |        |
| <b>b</b> Nontaxable combat pay (see separate instructions) . . . . .   | <b>4b</b>        |          |        |
| <b>5</b> Is the amount on line 4a more than \$3,000?   |                  |          |        |
| <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6.  |                  |          |        |
| <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .  |                  | <b>5</b> | 13,728 |
| <b>6</b> Multiply the amount on line 5 by 15% (0.15) and enter the result . . . . .  |                  | <b>6</b> | 2,059  |
| <p><b>Next.</b> Do you have three or more qualifying children?</p> <p><input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> here; you cannot claim this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13.</p> <p><input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.</p>   |                  |          |        |

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

Schedule 8812 (Form 1040A or 1040) 2016



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

|           |   |           |  |   |  |   |
|-----------|---|-----------|--|---|--|---|
| <b>7</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>7</b>  |  |   |  |   |
| <b>8</b>  | <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.  | <b>8</b>  |  |   |  |   |
|           | <b>1040A filers:</b> Enter -0-.   |           |  |   |  |   |
|           | <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>9</b>  | Add lines 7 and 8 . . . . .   | <b>9</b>  |  | 0 |  |   |
| <b>10</b> | <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  | <b>10</b> |  |   |  |   |
|           | <b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).   |           |  |   |  |   |
|           | <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.   |           |  |   |  |   |
| <b>11</b> | Subtract line 10 from line 9. If zero or less, enter -0- . . . . .  | <b>11</b> |  |   |  | 0 |
| <b>12</b> | Enter the <b>larger</b> of line 6 or line 11 . . . . .  | <b>12</b> |  |   |  | 0 |
|           | <b>Next</b> , enter the <b>smaller</b> of line 3 or line 12 on line 13.   |           |  |   |  |   |

**Part IV Additional Child Tax Credit**

|           |  |           |       |
|-----------|--|-----------|-------|
| <b>13</b> | This is your additional child tax credit . . . . . | <b>13</b> | 2,000 |
|-----------|--|-----------|-------|

**1040**  
**1040A**  
**1040NR**

Enter this amount on  
Form 1040, line 67,  
Form 1040A, line 43, 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, 2016, through December 31, 2016, or fiscal year beginning .....

**16**

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 13) (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 13) (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) with dependent child

**B Did you itemize** your deductions on your 2016 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 14) ..... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 14) ..... Yes ☐ No ☐
- (2) If Yes, enter the total amount ..... .00

**E** (1) Did you or your spouse maintain living quarters in NYC during 2016? (see page 14) .. Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day) .....

**F NYC residents and NYC part-year residents only** (see page 14):

- (1) Number of months you lived in NYC in 2016 ..... 12
- (2) Number of months your spouse lived in NYC in 2016 ..... 12

**G** Enter your 2-character special condition code(s) if applicable (see page 14) ..... **H Dependent exemption information** (see page 15)

| 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. ☐

201001161833



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

|                             |
|-----------------------------|
| Your social security number |
| 813065330                   |

**Federal income and adjustments** (see page 15)

|    |  | 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 18000.00         |
| 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 15) Identify: ....  | 16 .00             |
| 17 | Add lines 1 through 11 and 13 through 16 ....  | 17 18000.00        |
| 18 | Total federal adjustments to income (see page 15) Identify: HALF SE TAX \$1272 ....  | 18 1272.00         |
| 19 | <b>Federal adjusted gross income</b> (subtract line 18 from line 17) ....  | 19 16728.00        |

**New York additions** (see page 16)

|    |  |             |
|----|--|-------------|
| 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 16) ....         | 21 .00      |
| 22 | <b>New York's</b> 529 college savings program distributions (see page 16) ....                               | 22 .00      |
| 23 | Other (Form IT-225, line 9) ....   | 23 .00      |
| 24 | Add lines 19 through 23 ....   | 24 16728.00 |

**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 17) ....     | 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 18) ....                                 | 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 16728.00 |

**Standard deduction or itemized deduction** (see page 20)

|    |  |             |
|----|--|-------------|
| 34 | Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D)<br>Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> -or- <input type="checkbox"/> <b>Itemized</b> | 34 15950.00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) ....  | 35 778.00   |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 20) ....   | 36 2000.00  |
| 37 | <b>Taxable income</b> (subtract line 36 from line 35) ....   | 37 .00      |

201002161833



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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

Your social security number  
813065330

IT-201 (2016) 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> | .00    |
| <b>39</b> | NYS tax on line 38 amount (see page 21) .....                                      | <b>39</b> | .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 22) .....  | <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 resident tax on line 38 amount (see page 22) .....  | <b>47</b>  | .00    |
| <b>48</b>  | NYC household credit (page 22, table 4, 5, or 6) .....  | <b>48</b>  | 100.00 |
| <b>49</b>  | Subtract line 48 from line 47 (if line 48 is more than line 47, 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 25) .....   | <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 26; do not leave line 59 blank) .....                                     | <b>59</b>  | 0.00   |

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**Voluntary contributions** (see page 27)

|            |  |            |     |
|------------|--|------------|-----|
| <b>60a</b> | Return a Gift to Wildlife .....  | <b>60a</b> | .00 |
| <b>60b</b> | Missing/Exploited Children Fund .....  | <b>60b</b> | .00 |
| <b>60c</b> | Breast Cancer Research Fund .....  | <b>60c</b> | .00 |
| <b>60d</b> | Alzheimer's Fund .....   | <b>60d</b> | .00 |
| <b>60e</b> | Olympic Fund (\$2 or \$4; see page 27) .....   | <b>60e</b> | .00 |
| <b>60f</b> | Prostate and Testicular Cancer Research and Education Fund .....   | <b>60f</b> | .00 |
| <b>60g</b> | 9/11 Memorial .....  | <b>60g</b> | .00 |
| <b>60h</b> | Volunteer Firefighting & EMS Recruitment Fund .....  | <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 Fund .....  | <b>60l</b> | .00 |
| <b>60m</b> | Women's Cancers Education and Prevention 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 60n) .....   | <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  
81306533062 Enter amount from line 61 ..... **62** ..... .00**Payments and refundable credits** (see page 28)

|     |  |            |         |     |
|-----|--|------------|---------|-----|
| 63  | Empire State child credit .....                                      | <b>63</b>  | .....   | .00 |
| 63a | Family tax relief credit .....                                       | <b>63a</b> | .....   | .00 |
| 64  | NYS/NYC child and dependent care credit .....                        | <b>64</b>  | .....   | .00 |
| 65  | NYS earned income credit (EIC) .....                                 | <b>65</b>  | 1672.00 |     |
| 66  | NYS noncustodial parent EIC .....                                    | <b>66</b>  | .....   | .00 |
| 67  | Real property tax credit .....                                       | <b>67</b>  | .....   | .00 |
| 68  | College tuition credit .....   | <b>68</b>  | .....   | .00 |
| 69  | NYC school tax credit (also complete F on page 1; see page 29) ..... | <b>69</b>  | 125.00  |     |
| 70  | NYC earned income credit .....                                       | <b>70</b>  | 279.00  |     |
| 70a | NYC enhanced real property tax credit .....                          | <b>70a</b> | .....   | .00 |
| 71  | Other refundable credits (Form IT-201-ATT, line 18) .....            | <b>71</b>  | .....   | .00 |
| 72  | Total New York State tax withheld .....                              | <b>72</b>  | .....   | .00 |
| 73  | Total New York City tax withheld .....                               | <b>73</b>  | .....   | .00 |
| 74  | Total Yonkers tax withheld .....                                     | <b>74</b>  | .....   | .00 |
| 75  | Total estimated tax payments and amount paid with Form IT-370 .....  | <b>75</b>  | .....   | .00 |



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

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

**76 Total payments** (add lines 63 through 75) ..... **76** ..... 2076.00**Your refund, amount you owe, and account information** (see pages 31 through 33)**77 Amount overpaid** (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** ..... 2076.00
**78** Amount of line 77 to be refunded  
 Mark one refund choice: ☒ direct deposit (fill in line 83) -or- ☐ paper check ..... **78** ..... 2076.00
**79** Amount of line 77 that you want applied to your 2017 estimated tax (see instructions) ..... **79** ..... .00

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

**80** Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return ..... **80** ..... .00  
 See page 32 for payment options.

**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 32) ..... **82** ..... .00  
 See page 35 for the proper assembly of your return.
**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 **X** in this box (see pg. 32) ☐**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 33) ..... Date ..... Amount ..... .00

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

|  |  |   |                    |
|--|--|---|--------------------|
| <b>▼ Paid preparer must complete ▼</b> (see instructions)  |  | Preparer's NYTPRIN 11264598                 | NYTPRIN excl. code |
| Preparer's signature<br>MASUD M RAHMAN                     |  | Preparer's printed name<br>MASUD M RAHMAN   |                    |
| Firm's name (or yours, if self-employed)<br>MASUD M RAHMAN |  | Preparer's PTIN or SSN<br>P00777274         |                    |
| Address<br>37-38 73RD STREET<br>JACKSON HEIGHTS NY 11372   |  | Employer identification number<br>813317305 |                    |
| E-mail: taxnet.ny@gmail.com                                |  | Date<br>12162019                            |                    |

|  |                                     |
|--|-------------------------------------|
| <b>▼ Taxpayer(s) must sign here ▼</b>                            |                                     |
| Your signature   |                                     |
| Your occupation<br>SERVICE                                       |                                     |
| Spouse's signature and occupation (if joint return)<br>HOUSEWIFE |                                     |
| Date   | Daytime phone number<br>347-9352567 |
| E-mail: MIRZAAFZALMAJEED@GMAIL.COM                               |                                     |

See instructions for where to mail your return.

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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 \$3,400? 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.

| First name | MI | Last name | Suffix | No. of months lived with you | Full time student*       | Person with disability*  | Social security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------|------------------------------|--------------------------|--------------------------|------------------------|--------------------------|
| ASHAR      | A  | AFZAL     |        | 12                           | <input type="checkbox"/> | <input type="checkbox"/> | 695798113              | 05112014                 |
| AYESHA     | A  | AFZAL     |        | 12                           | <input type="checkbox"/> | <input type="checkbox"/> | 841391943              | 01292016                 |
|            |    |           |        |                              | <input type="checkbox"/> | <input type="checkbox"/> |                        |                          |

\* 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 the back of this claim form. .... **5** Yes ☐ No ☒  
Whole dollars only
- |    |   |          |
|----|---|----------|
| 6  | Wages, salaries, tips, etc., from <b>Worksheet A</b> line 3, on page 2 of the instructions, Form IT-215-I. ....   | .00      |
| 7  | Earned income adjustments (see instructions) .....  | .00      |
| 8  | Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) ...<br>Employer identification number (see instructions) ... 813065330 | 16728.00 |
| 9  | Enter your federal adjusted gross income<br>(from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) .....   | 16728.00 |
| 10 | Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 42a; or Form 1040, line 66a) .....   | 5572.00  |
| 11 | New York State earned income credit (NYS EIC) rate 30% (.30) .....  | .30      |
| 12 | Tentative NYS EIC (multiply line 10 by line 11; see instructions) .....   | 1672.00  |

Complete **Worksheet B** on the back page before continuing.

- |    |   |         |
|----|---|---------|
| 13 | Enter the amount from <b>Worksheet B</b> , line 5, on the back of this form .....   | .00     |
| 14 | New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) .....  | 105.00  |
| 15 | Enter the smaller of line 13 or line 14 .....   | .00     |
| 16 | Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) .....   | 1672.00 |
| 17 | If your New York State filing status is (3), <b>Married filing separate return</b> , 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. ....<br>Federal adjusted gross income (from federal Form 1040EZ, line 4;<br>Form 1040A, line 22; or Form 1040, line 38) ..... | .00     |

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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.**

|           |   |           |  |     |
|-----------|---|-----------|--|-----|
| <b>18</b> | Enter your New York State earned income credit (from line 16 or line 17) .....  | <b>18</b> |  | .00 |
| <b>19</b> | Enter the amount from Form IT-203, line 42 .....  | <b>19</b> |  | .00 |
|           | – 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><br>– If line 19 is less than line 18, <b>continue on line 20 below.</b>   |           |  |     |
| <b>20</b> | <b>Excess New York State earned income credit</b> (subtract line 19 from line 18) .....   | <b>20</b> |  | .00 |
| <b>21</b> | 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.) .....   | <b>21</b> |  | .00 |
|           | – 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.<br>– 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. |           |  |     |
| <b>22</b> | Subtract line 21 from line 20. <b>This is your remaining excess New York State earned income credit.</b> .....  | <b>22</b> |  | .00 |
| <b>23</b> | 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 .....   | <b>23</b> |  | .00 |
| <b>24</b> | 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 .....   | <b>24</b> |  | .00 |
| <b>25</b> | Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000). .....  | <b>25</b> |  |     |
| <b>26</b> | Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10.<br><b>This is the refundable portion of your part-year New York State resident earned income credit.</b> .....  | <b>26</b> |  | .00 |

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

|           |  |            |  |        |
|-----------|--|------------|--|--------|
| <b>27</b> | 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> . ..... | <b>27</b>  |  | 279.00 |
|           | Part-year New York City residents must also complete line 28 below.  |            |  |        |
| <b>28</b> | <b>Part-year New York City adjusted gross income</b><br>Enter the amounts from Worksheet C, lines 6 and 7 .....  | <b>28A</b> |  | .00    |
|           |  | <b>28B</b> |  | .00    |

**Worksheet B**

|          |  |          |  |     |
|----------|--|----------|--|-----|
| <b>1</b> | New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) .....  | <b>1</b> |  | .00 |
| <b>2</b> | Resident credit (see instructions) .....   | <b>2</b> |  | .00 |
| <b>3</b> | Accumulation distribution credit (see instructions) .....  | <b>3</b> |  | .00 |
| <b>4</b> | Add lines 2 and 3 .....  | <b>4</b> |  | .00 |
| <b>5</b> | 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. .... | <b>5</b> |  | .00 |

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