

Federal Electronic Filing Instructions

Tax Year 2020

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to [/ef/efile-center](#). You will need to enter the primary social security number and last name on the return along with your ZIP code.

Self Select PIN: You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

Refund:

You have elected to receive your refund of \$2,041 via paper check.

You can start checking the status of your refund within 24 hours of e-filing at the IRS website <https://www.irs.gov/Refunds> under Where's My Refund. The IRS issues most refunds in less than 21 days. Updates to refund status are made once daily - usually at night.

Filing Status

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

Check only one box.

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

Your first name and middle initial

Last name

Your social security number

John K

Eng

089-72-2613

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Ching Man

Wong

689-49-7723

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

Apt. no.

Presidential Election Campaign

1719 E 2nd St

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.

City, town, or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

Brooklyn

NY

11223-1822

Foreign country name

Foreign province/state/county

Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes
☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1956
☐ Are blind

Spouse:

☐ Was born before January 2, 1956
☐ Is blind

Dependents (see instructions):

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

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) Check if qualifies for (see instructions):

Child tax credit

Credit for other dependents

☐

☐

Attach Sch. B if required.

1 Wages, salaries, tips, etc. Attach Form(s) W-2

2a Tax-exempt interest

3a Qualified dividends

4a IRA distributions

5a Pensions and annuities

6a Social security benefits

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ ☐

8 Other income from Schedule 1, line 9

9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

10 Adjustments to income:

a From Schedule 1, line 22.

b Charitable contributions if you take the standard deduction. See instructions

c Add lines 10a and 10b. These are your total adjustments to income

11 Subtract line 10c from line 9. This is your adjusted gross income

12 Standard deduction or itemized deductions (from Schedule A)

13 Qualified business income deduction. Attach Form 8995 or Form 8995-A

14 Add lines 12 and 13

15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

1 36,420.

2b

3b

4b

5b

6b

7

8 9,465.

9 45,885.

10a

10b

10c 0.

11 45,885.

12 24,800.

13

14 24,800.

15 21,085.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	2,134.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,134.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	663.
21	Add lines 19 and 20	21	663.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,471.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	1,471.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,512.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	3,512.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	0.
33	Add lines 25d, 26, and 32. These are your total payments	33	3,512.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,041.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,041.
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	0.
38	Estimated tax penalty (see instructions)	38	

RefundDirect deposit?
See instructions.**Amount You Owe**For details on
how to pay, see
instructions.**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS?

See instructions

☐ Yes. Complete below. ☐ NoDesignee's
name ▶Phone
no. ▶Personal identification
number (PIN) ▶**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.) ▶

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

Date

Spouse's occupation

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

Phone no. **(718) 288-7140**

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶

Phone no.

Firm's address ▶

Firm's EIN ▶

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2020)

UYA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

John K Eng and Ching Man Wong

Your social security number

089-72-2613

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C.	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	19,665.
8	Other income. List type and amount ►		
	See Attached	8	-10,200.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	9,465.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a.	22	0.

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

UYA

Schedule 1 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

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

John K Eng and Ching Man Wong

Your social security number

089-72-2613

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	663.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 20.	7	663.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962.	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	0.

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

UYA

Schedule 3 (Form 1040) 2020

Form **8863**Department of the Treasury
Internal Revenue Service (99)**Education Credits**
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **50**

Name(s) shown on return

John K Eng and Ching Man Wong

Your social security number

089-72-2613*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6. • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	0.0000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box. <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	3,314.
11	Enter the smaller of line 10 or \$10,000	11	3,314.
12	Multiply line 11 by 20% (0.20)	12	663.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	138,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	45,885.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	92,115.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.0000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	663.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	663.

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

Form **8863** (2020)

UYA

Name(s) shown on return

John K Eng and Ching Man Wong

Your social security number

089-72-2613

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Ching Man Wong	21 Student social security number (as shown on page 1 of your tax return) 689-49-7723
22 Educational institution information (see instructions)	
a. Name of first educational institution Brooklyn College - CUNY (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 230 West 41st New York, NY, 10036-7207	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No from this institution for 2020?	(2) Did the student receive Form 1098-T <input type="checkbox"/> Yes <input type="checkbox"/> No from this institution for 2020?
(3) Did the student receive Form 1098-T from this institution for 2019 with box <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2019 with box <input type="checkbox"/> Yes <input type="checkbox"/> No 7 checked?
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 13-3893536	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	<input type="checkbox"/> Yes — Go to line 25. <input checked="" type="checkbox"/> No — Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.
26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.



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

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000.	27
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28
29 Multiply line 28 by 25% (0.25)	29
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30
Lifetime Learning Credit	
31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31 3,314.

2020 Other Income - Supporting Details for Schedule 1 (Form 1040), Line 8

Name(s) shown on Form 1040 John K Eng and Ching Man Wong	Your social security number 089-72-2613
--	---

Enter sources of other income below:	John	Ching Man
1. _____		
2. _____		
3. Gambling Winnings reported on Form W-2G		
Other winnings where a Form W-2G not received		
4. Jury Pay		
5. Net Operating Loss carry forward from 2019		
6. Foreign earned income exclusion from Form 2555		
7. Other Income from Schedule K-1		
8. Income from personal property rental		
9. Child's income amount from Form 8814, line 12		
10. MSA Distributions, Form 8853		
11. Medicare Advantage MSA Distributions, Form 8853		
12. Long-term Care Distribution, Form 8853		
13. Form 1099-MISC, Boxes 3 and 8		
14. Alaska Permanent Fund dividends		
15. Coverdell ESA or Qualified Tuition Program		
16. Cancellation of a nonbusiness debt, Form 1099-C		
17. Cancellation of a business debt, Partnership Sch K-1		
18. HSA distributions and excess contributions, Form 8889		
19. Reemployment trade adjustment assistance (RTAA)		
20. Recapture of prior year tuition and fees deduction		
21. Recapture of charitable contribution deduction of a fractional interest in tangible personal property		
22. Recapture of charitable contribution deduction if no exempt use		
23. Income from Foreign Corporation, Form 5471		
24. Hobby income		
25. Income or loss, Form 8621		
26. Loss on excess deferral distribution		
27. Disaster relief payments		
28. Medicaid waiver payments to care provider (NOTICE 2014-07)		
29. Credit adjustment from regular income, Form 6478 and Form 8864		
30. Indian gaming proceeds (from 1099-MISC)		
31. Indian tribal distrib (from 1099-MISC)		
32. Native American distrib (from 1099-MISC)		
33. Taxable distributions from ABLE accounts, Form 1099-QA		
34. Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number		
35. Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)		
36. Net section 965(a) inclusion		
37. Section 965(n) election - reduction of NOL		
38. Section 951A. Share of GILTI, Form 8992, Part II, Line 3		
39. Credits for sick and family leave wages (Schedule H)		
40. Unemployment compensation exclusion		-10,200.
Total Other Income		-10,200.

New York Electronic Filing Instructions

These instructions are provided to help you understand and complete the final steps for successfully electronically filing your New York return. We highly recommend you print this for your reference.

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to </ef/efile-center>. You will need to enter the Primary Social Security Number, Last Name, and ZIP Code from the return.

Signature Document:

You do not need to mail any paper signature forms to New York. Your return has been successfully filed once you receive your acceptance from the New York State Tax Department.

Balance Due:

A Direct Withdrawal of the balance due has been submitted to the New York State Tax Department and will be scheduled for April 12, 2021 once the return is accepted.

If you are unable to complete the above instructions, or you need assistance in completing them, contact us at: efilesupport@taxact.com.



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, 2020, through December 31, 2020, or fiscal year beginning . . . and ending . . .

20

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	
JOHN		K	ENG		11281982		089722613	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
CHING MAN			WONG		02161992		689497723	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number		New York State county of residence	
1719 E 2ND ST							KINGS	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
BROOKLYN			NY	112231822				
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

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 2020 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** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2020? (see page 15) Yes ☐ No ☐
(2) Enter the number of days spent in NYC in 2020 (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 2020 12(2) Number of months **your spouse** lived in NYC in 2020 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)

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

201001201064



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Your Social Security number

089722613

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	36420.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	19665.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify: WKST. ATT.	16	-10200.00
17	Add lines 1 through 11 and 13 through 16	17	45885.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	45885.00
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	56085.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	56085.00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	56085.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	40035.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	40035.00

201002201064



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Name(s) as shown on page 1
JOHN K ENG AND CHING MAN WONG

Your Social Security number
089722613

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	40035.00
39	NYS tax on line 38 amount (see page 22)	39	1917.00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42.	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	1917.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	1917.00

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

47	NYC taxable income (see page 23)	47	40035.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	1358.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	1358.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	1358.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	1358.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 26)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	1358.00
59	Sales or use tax (see page 27; do not leave line 59 blank)	59	0.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	3275.00

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



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



Your Social Security number

089722613

62 Enter amount from line 61

62

3275.00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.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	79.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	1540.00
73	Total New York City tax withheld	73	548.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	2292.00



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.

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

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.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	.00

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

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

See page 33 for payment options.

79	Amount of line 77 that you want applied to your 2021 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 <input checked="" type="checkbox"/> 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	1012.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33)	81	29.00
82	Other penalties and interest (see page 33)	82	.00
83	Account information for direct deposit or electronic funds withdrawal (see page 34). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34)		<input type="checkbox"/>

See page 36 for the proper assembly of your return.

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

83b Routing number 021000021

83c Account number 216525771

84 Electronic funds withdrawal (see page 34) Date 04122021 Amount 1012.00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
Address	Employer identification number		
	Date		
Email:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE DEVELOPER	
Spouse's signature and occupation (if joint return) SUBSTITUTE TEACHER	
Date	Daytime phone number 718 288 7140
Email: JOHN1ENG@HOTMAIL.COM	

See instructions for where to mail your return.

201004201064



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



Department of Taxation and Finance

New York State Adjustments due to Decoupling from the IRC

IT-558

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

Name(s) as shown on return	Identifying number as shown on return
JOHN K ENG AND CHING MAN WONG	089722613

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an **X** in the box identifying the return you are filing: IT-201 ☒ IT-203 ☐ IT-204 ☐ IT-205 ☐**Schedule A - New York State addition adjustments to recompute federal amounts** (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts****1** New York State additions

	Number	A - Total amount	B - NYS allocated amount
1a	A - 011	10200.00	.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total (add column A , lines 1a through 1g).	2	10200.00
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-558, if any.	3	.00
4 Add lines 2 and 3.	4	10200.00

Part 2 - Partners, shareholders, and beneficiaries**5** New York State additions

	Number	A - Total amount	B - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total (add column A , lines 5a through 5g).	6	.00
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-558, if any.	7	.00
8 Add lines 6 and 7.	8	.00
9 Total additions (add lines 4 and 8; see instructions).	9	10200.00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

558001201064



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

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

11 Total (add column A, lines 10a through 10g) **11** .00

12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-558, if any . . . **12** .00

13 Add lines 11 and 12 **13** .00

Part 2 - Partners, shareholders, and beneficiaries**14** New York State subtractions

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

15 Total (add column A, lines 14a through 14g) **15** .00

16 Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-558, if any . . . **16** .00

17 Add lines 15 and 16 **17** .00

18 Total subtractions (add lines 13 and 17; see instructions) **18** .00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

Name(s) as shown on return

JOHN K ENG AND CHING MAN WONG

Identification number (SSN or EIN)

089722613

Part 1 - All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1	Total tax from your 2020 return before withholding and estimated tax payments (caution: see instructions).	1	3275.00
2	Empire State child credit (from Form IT-201, line 63).	2	.00
3	NYS/NYC child and dependent care credit (from Form IT-201, line 64).	3	.00
4	NY State earned income credit (EIC) (from Form IT-201, line 65).	4	.00
5	NY State noncustodial parent EIC (from Form IT-201, line 66).	5	.00
6	Real property tax credit (from Form IT-201, line 67).	6	.00
7	College tuition credit (from Form IT-201, line 68).	7	.00
7a	STAR credit (see instructions).	7a	.00
8	NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a).	8	204.00
9	NY City earned income credit (from Form IT-201, line 70).	9	.00
9a	This line intentionally left blank.	9a	
10	Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33).	10	.00
11	Add lines 2 through 10.	11	204.00
12	Current year tax (subtract line 11 from line 1).	12	3071.00
13	Multiply line 12 by 90% (.90).	13	2764.00
14	Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36).	14	2088.00
15	Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions).	15	983.00
16	Enter your 2019 tax (caution: see instructions).	16	.00
17	Enter the smaller of line 13 or line 16.	17	2764.00

Part 2 - Short method for computing the penalty - Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 - Regular method**.

18	Enter the amount from line 14 above.	18	2088.00
19	Enter the total amount of estimated tax payments you made (see instructions).	19	.00
20	Add lines 18 and 19.	20	2088.00
21	Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty).	21	676.00
22	Multiply line 21 by .04356 and enter the result.	22	29.00
23	If the amount on line 21 was paid on or after April 15, 2021, enter 0 . If the amount on line 21 was paid before April 15, 2021, make the following computation to find the amount to enter on this line: Amount on line 21 x number of days paid before April 15, 2021 x .00020 =	23	.00
24	Penalty. Subtract line 23 from line 22. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.	24	29.00

Part 3 - Regular method - Schedule A - Computing your underpayment (Schedule B is on page 2)

Payment due dates	A 6/15/20	B 7/15/20	C 9/15/20	D 1/15/21
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25 .00	.00	.00	.00
26 Estimated tax paid and tax withheld (see instructions).	26 .00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period.	27	.00	.00	.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28 .00	.00	.00	.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions).	29 .00	.00	.00	.00

059001201064



John K Eng and Ching Man Wong

089722613

Other Income**Supporting Details for Form IT-201, line 16**

Enter sources of other income below:	Taxpayer	Spouse
1. _____	_____	_____
2. _____	_____	_____
3. Gambling Winnings	_____	_____
4. Jury Pay.	_____	_____
5. Net Operating Loss carry forward from 2013. Enter the loss as a negative amount	_____	_____
6. Foreign earned income exclusion from Form 2555	_____	_____
7. Other Income from Schedule K-1	_____	_____
8. Income from personal property rental.	_____	_____
9. Child's income amount from Form 8814, line 12.	_____	_____
10. MSA Distributions, Form 8853	_____	_____
11. Medicare+Choice MSA Distribution, Form 8853	_____	_____
12. Long-term Care Distribution, Form 8853	_____	_____
13. Form 1099-MISC, Boxes 3 and 8	_____	_____
14. Alaska Permanent Fund dividends	_____	_____
15. Coverdell ESA or Qualified Tuition Program	_____	_____
16. Cancellation of a nonbusiness debt, Form 1099-C	_____	_____
17. Cancellation of a business debt, Partnership Sch K-1	_____	_____
18. HSA Distributions, Form 8889.	_____	_____
19. Reemployment trade adjustment assistance (RTAA)	_____	_____
20. Recapture of prior year tuition and fees deduction.	_____	_____
21. Recapture of charitable contribution deduction of a fractional interest in tangible personal property	_____	_____
22. Recapture of charitable contribution deduction if no exempt use	_____	_____
23. Income from Foreign Corporation, Form 5471	_____	_____
24. Hobby Income	_____	_____
25. Income or loss from Section 1291, Form 8621.	_____	_____
26. Loss on excess deferral distribution.	_____	_____
27. Disaster relief payments	_____	_____
28. Scholarship and fellowship grants (federal Form 1040NR)	_____	_____
29. Medicaid waiver payments to care providers.	_____	_____
30. Credit adjustment from regular income, Form 6478 and Form 8864	_____	_____
31. Indian gaming proceeds (Form 1099-Misc)	_____	_____
32. Indian tribal distributions (Form 1099-Misc)	_____	_____
33. Native American distributions (Form 1099-Misc)	_____	_____
34. Distributions from ABLE account (Form 1099-QA)	_____	_____
35. Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number.	_____	_____
36. Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)	_____	_____
37. Net section 965(a) inclusion	_____	_____
38. Section 965(n) election-reduction of NOL	_____	_____
39. Section 951A. Share of GILTI, Form 8992, Part II, Line 3	_____	_____
40. Credits for sick and family leave wages (Schedule H)	_____	_____
41. Unemployment compensation exclusion	_____	-10,200.
Total Other Income	_____	-10,200.