



<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	<b>693.</b>	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . . ▶	<b>12b</b>	<b>693.</b>	
<b>13a</b>	Child tax credit or credit for other dependents . . . . . ▶	<b>13a</b>		
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . . ▶	<b>13b</b>		
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	<b>693.</b>	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	<b>0.</b>	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . . ▶	<b>16</b>	<b>693.</b>	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	<b>1,662.</b>	
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC) . . . . . ▶	<b>18a</b>		
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . . ▶	<b>18b</b>		
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . . ▶	<b>18c</b>		
<b>d</b>	Schedule 3, line 14 . . . . . ▶	<b>18d</b>		
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . . ▶	<b>18e</b>		
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . . ▶	<b>19</b>	<b>1,662.</b>	

• If you have a qualifying child, attach Sch. EIC.  
 • If you have nontaxable combat pay, see instructions.

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	<b>969.</b>
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>21a</b>	<b>969.</b>
<b>b</b>	▶ Routing number 0 2 1 0 0 0 3 2 2 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	▶ Account number 4 8 3 0 2 0 0 8 4 7 9 1		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . . ▶	<b>22</b>	

Direct deposit?  
See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . . ▶	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions) . . . . . ▶	<b>24</b>	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee'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 <b>STUDENT</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 7 6 6 3 5 7
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

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

**Paid Preparer Use Only**

Preparer's name <b>VIJAY PATEL, EA</b>	Preparer's signature	Date <b>03/30/2020</b>	PTIN <b>P00448086</b>	Check if: <input checked="" type="checkbox"/> 3rd Party Designee
Firm's name ▶ <b>J &amp; S ASSOCIATES</b>	Phone no. <b>(516) 796-6160</b>		<input checked="" type="checkbox"/> Self-employed	
Firm's address ▶ <b>190 JERUSALEM AVENUE LEVITTOWN NY 11756-3754</b>			Firm's EIN ▶ <b>11-2945283</b>	

► Keep for your records

Name(s) Shown on Return  
HETALI SHAH

Social Security Number  
746-53-3732

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
CVS PHARMACY INC.		5,808.	388.	5,808.	86.
BREN-TRONICS INC		7,677.	759.	7,677.	294.
TRI-MED STAFFING INC		2,950.	312.	2,950.	126.
STATE OF NEW YORK		410.		410.	5.
NORTHWELL HEALTH INC.		1,468.	132.	1,468.	46.
BROOKHAVEN INSTRUMENTS CORPORATION		800.	71.	800.	22.
<b>Totals</b>		<b>19,113.</b>	<b>1,662.</b>	<b>19,113.</b>	<b>579.</b>

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	19,113.		19,113.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages . . . . .			
	Unreported tips . . . . .	0.		0.
2	Total federal tax withheld . . . . .	1,662.		1,662.
3 & 7	Total social security wages/tips . . . . .	18,703.		18,703.
4	Total social security tax withheld . . . . .	1,160.		1,160.
5	Total Medicare wages and tips . . . . .	18,703.		18,703.
6	Total Medicare tax withheld . . . . .	271.		271.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .	103.		103.
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans . .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . .			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .	103.		103.
14 a	Total deductible mandatory state tax . . . . .	25.		25.
b	Total deductible charitable contributions . . . .			
c	Total state deductible employee expenses . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips . . . . .			
j	Total other items from box 14 . . . . .	24.		24.
16	Total state wages and tips . . . . .	19,113.		19,113.
17	Total state tax withheld . . . . .	579.		579.
19	Total local tax withheld . . . . .	87.		87.