<u>1040</u>	U.	artment of the Treasury-Internal Revenue Se S. Individual Income Ta	x R	eturn 20	19 OMB No. 1545	5-0074	IRS Use Only-	-Do not w	rite or staple in this space.	
Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the namild but not your dependent. ►	_	ed filing separately (MFS ouse. If you checked the	, <u> </u>	,	,	, 0	ow(er) (QW) ring person is	
Your first name	and m	iddle initial	Las	t name				Your so	cial security number	
HETALI			SH	IAH				746-53-3732		
If joint return, sp	oouse'	s first name and middle initial	Las	t name				Spouse's	s social security number	
Home address 445 DIV	•	er and street). If you have a P.O. box, se	ee instr	uctions.				Check here	ntial Election Campaign if you, or your spouse if filing t \$3 to go to this fund.	
		ce, state, and ZIP code. If you have a for $NY\ 11801$	reign a	ddress, also complete	spaces below (see instru	ictions)). [c		box below will not change your	
Foreign country	name			Foreign province/sta	ate/county	Forei			han four dependents, ructions and ✓ here ▶	
Standard Deduction		eone can claim: You as a depend Spouse itemizes on a separate return o		Your spouse as a ere a dual-status alien	a dependent					
Age/Blindness	You:	Were born before January 2, 195	55	Are blind Spouse	e: Was born befor	e Janu	ary 2, 1955	Is blir	nd	
Dependents (s	see ins	structions):		(2) Social security number	(3) Relationship to you	u	(4) ✓ if q	ualifies for	(see instructions):	
(1) First name		Last name				1	Child tax cred	dit	Credit for other dependents	
	1	Wages, salaries, tips, etc. Attach For	m(s) W-	2				1	19,113.	
	2a	Tax-exempt interest	2a		b Taxable interest. A	Attach	Sch. B if required	d 2b		
Standard	3a	Qualified dividends	3a		b Ordinary dividends	. Attach	Sch. B if required	d 3b		
Deduction for—	4a	IRA distributions	4a		b Taxable amount			4b		
Single or Married	_	Denoises and enquities	4-		d Taylahla amaayiint			4.1		

d Taxable amount

b Taxable amount

9

10

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

Pensions and annuities . . .

Social security benefits . . .

С

5a

6

7a

b

8a

b

9

10

filing separately, \$12,200

Married filing jointly or Qualifying

widow(er), \$24,400

 Head of household,

\$18,350

• If you checked

any box under Standard

see instructions.

Deduction,

4c

5a

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

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

Adjustments to income from Schedule 1, line 22

Subtract line 8a from line 7b. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A) .

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

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-.

Form 1040 (2019)

19,113.

19,113.

12,200.

6,913.

4d

5b

6

7a

7b

8a

11a

11b

12,200.

Form 1040 (2019	9)										Page 2
	12a	Tax (see inst.) Check if any from F	form(s): 1 8814	4 2 4972	3 🗌	12a	(693.			
	b	Add Schedule 2, line 3, and line	12a and enter the	total				. ▶	12b		693.
	13a	Child tax credit or credit for other	er dependents .			13a					
	b	Add Schedule 3, line 7, and line	13a and enter the	total				. ▶	13b		
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0				[14		693.
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line	10			[15		0.
	16	Add lines 14 and 15. This is you	r total tax					. ▶	16		693.
	17	Federal income tax withheld from	m Forms W-2 and	1099				[17		1,662.
If you have a	18	Other payments and refundable	credits:								
qualifying child,	а	Earned income credit (EIC) .				18a					
attach Sch. EIC. If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b					
nontaxable combat pay, see	С	American opportunity credit from	m Form 8863, line 8	3		18c					
instructions.	d	Schedule 3, line 14				18d					
	е	Add lines 18a through 18d. The	se are your total o t	ther payments a	and refundable cre	dits		. ▶	18e		
	19	Add lines 17 and 18e. These are	your total payme	nts				. ▶	19		1,662.
Refund	20	If line 19 is more than line 16, su	ıbtract line 16 from	line 19. This is t	the amount you ove	rpaid		[20		969.
Horana	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here									969.
Direct deposit?	►b	Routing number 0 2 1	0 0 0 3	2 2	▶ c Type: 🛛	Checking	Sa	vings			
See instructions.	►d	Account number 4 8 3	0 2 0 0	8 4 7 9	9 1						
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22					
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on hov	v to pay, see instruc	tions		. ▶	23		
You Owe	24	Estimated tax penalty (see instru	uctions)		🕨	24					
Third Party	Do	you want to allow another persor	other than your p	aid preparer) to	discuss this return v	vith the IRS?	See instru	uctions.		Yes. Com	plete below.
Designee									_	No	
(Other than paid preparer)		signee's me ▶		Phone no. ▶			Personal i number (F		on •		
Sign	Und	der penalties of perjury, I declare that I rect, and complete. Declaration of prep		eturn and accomp		statements, an	d to the bes	st of my kn	owledg	e and belie	f, they are true,
Here	Yo	our signature	Date	Date Your occupation If the IRS so				RS ser	nt you an	Identity	
					Protection PIN, enter it			t here			
Joint return?				STUDENT		(see inst.) 7 6 6 3					
See instructions. Keep a copy for your records.	Sp	oouse's signature. If a joint return,	Date	Spouse's occupation If the IRS sent your selection F (see inst.)							
							CHOILEIN	i, enter it nere			
	———Ph	ione no.		Email address				I			
		eparer's name	ure				PTIN	Check if:			
Paid	VI	JAY PATEL, EA		03/30/2020 P004			00448	8086 X 3rd Party Designee			
Preparer		m's name ▶ J & S ASS			Phone no.		796-6		X Self	-employed	
Use Only				JE LEVITT	OWN NY 1175		, -,	Firm's		11-	2945283
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/16	/20 PRO			-	1040 (2019)

Forms W-2 & W-2G Summary ► Keep for your records

Social Security Number 746-53-3732 Name(s) Shown on Return HETALI SHAH

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.
Totals	19,113.	1,662.	19,113.	579.	

Form W-2 Summary

Box N	o. Description	Taxpayer	Spouse	Total
1 Tot	al wages, tips and compensation:			
	on-statutory & statutory wages not on Sch C	19,113.		19,113.
	atutory wages reported on Schedule C	-		· · · · · ·
Fo	preign wages included in total wages			
U	nreported 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			
С	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	103.		103.
b	Elective deferrals to qualified plans			
С	Roth contrib. to 401(k), 403(b), 457(b) plans			
d	Deferrals to government 457 plans			
е	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			
- 1	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			
С	Total state deductible employee expenses			
d	Total RR Compensation			
е	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.