E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or stapl	le in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate in	structions.
Your first name	and m	niddle initial	Last n	ame						Your so	ocial secu	rity number
shazli			ahm	ed						441	71	4851
	pouse's	s first name and middle initial	Last n									ecurity numbe
	(\ \		<u> </u>	
		er and street). If you have a P.O. box, see	Instruc	ions.					Apt. no.	ł	e ntial Elec here if you	tion Campaigr
95 Wall		ice. If you have a foreign address, also co	mplete	spaces be	elow	Sta	ate	ZIP c	7 <u>18</u> ode			intly, want \$3
New Yor		ise. If you have a foreign address, also es	mpioto	opaooo bo		NZ			054220			d. Checking a
Foreign countr		!		Foreign p	rovince/state/o				n postal code	l	ow will no x or refund	ot change d.
	,						,		, p	, , , , , , ,	You	
Filing Status	s 🗵	Single					☐ Head of ho	useh	old (HOH)	•		
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's nam	e if the
	qu	ualifying person is a child but not you	ur depe	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a rewar	d, award, or	payr	ment for proper	ty or	services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial intere	est ir	n a digital asset)? (Se	ee instructio	ns.)	☐ Yes	i ⊠ No
Standard		neone can claim: You as a de	•		-		a dependent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	1					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: Was borr	n befo	ore January 2	2, 1959	☐ Is I	blind
Dependent	s (see	instructions):		(2)	Social security		(3) Relationship	p (4			1	ee instructions):
If more	(1) F	First name Last name			number		to you		Child tax c	redit	Credit for o	other dependents
than four												<u> </u>
dependents, see instruction	s											<u> </u>
and check	· —								<u> </u>			<u> </u>
here L				<u> </u>	\						-	107 450
Income	1a	Total amount from Form(s) W-2, b	,		,							L27,459.
Attach Form(s)	b	Household employee wages not re	•							. 1b		
W-2 here. Also attach Forms	C C	Tip income not reported on line 1a	•		•					. 1c		
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f		•	,	ISITU	uctions)			. 16		
1099-R if tax was withheld.	e f	Employer-provided adoption bene			•					. 16		
If you did not		Wages from Form 8919, line 6.			•					. 10		
get a Form	g h	Other earned income (see instruct								. 16	_	0.
W-2, see	i	Nontaxable combat pay election (s	,	tructions				i .			<u> </u>	<u> </u>
instructions.		Add lines 1a through 1h	SEE 1115	ii uciioi is)						. 1z	, 1	127,459.
Attach Sch. B	z 2a		2a		· · · i	Ь Т	axable interest			. 12		,
if required.	2a 3a	' <u>-</u>	3a				axable interest Ordinary dividen	ds .		. 21.		
	4a	· —	4a				axable amount			. 4b		
Standard	5a	_	5a				axable amount			. 5b		
• Single or	6a		6a				axable amount			. 6b		
Married filing	C	If you elect to use the lump-sum e		method					· · · ·			
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,			7		
 Married filing jointly or 	8	Additional income from Schedule								_ <u> </u>		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		L27,459.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		,
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		L27,459.
\$20,800	12	Standard deduction or itemized	-	-	_					. 12		13,850.
 If you checked any box under 	13	Qualified business income deduct		•		,	95-A .			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or lo	se ontor	0 This is w	our t	tavabla inaam	,	-	15		113 609

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	20,666.
Credits	17	Amount from Schedule 2, lin					[17	
	18	Add lines 16 and 17					[18	20,666.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20					🗔	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			🗔	22	20,666.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	20,666.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 20	,469.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	•				2	25d	20,469.
If you have a	26	2023 estimated tax payment						26	· · · · · · · · · · · · · · · · · · ·
If you have a qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from			_	28			
	29	American opportunity credit	from Form 8863	3. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T					 	33	20,469.
Refund	34	If line 33 is more than line 24						34	
riorana	35a	Amount of line 34 you want				•	. 🗆 🖥	35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.		Account number X X X			,	· -	92		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	197.
	38	Estimated tax penalty (see in	_	-		38			
Third Party	Do	you want to allow another				See			
Designee	ins	structions				. Yes. Co	mplete bel	ow.	⋈ No
		signee's me		Phone no.			nal identifica er (PIN)	tion	
Cian		ider penalties of perjury, I declare t	nat I have examine		accompanying sche			hest o	of my knowledge and
Sign		lief, they are true, correct, and com			, , ,		*		, ,
Here	Yo	ur signature		Date	Your occupation	If the IR	S sen	t you an Identity	
		- -g		- 3		Protecti	on Pll	N, enter it here	
Joint return?					Consultant	-	(see ins	t.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	ion			t your spouse an ction PIN, enter it here
your records.						(see inst		ction Pin, enter it here	
		one no. (315)956-041	2	Email address			,		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid		-p		- -					Self-employed
Preparer		m's name Self-Pro	l enared				Phone r		
Use Only		m's address	cpareu				Firm's E		
Go to www ire a		m1040 for instructions and the late	st information		DAA	DEV colorios I : " /	I min 3 L	٧	Form 1040 (2023)
30 10 W W W.113.9	CV/I OII	in a ration in an action is and title late	o. mormation.		BAA	REV 02/05/24 Intuit.cg.cfp.sp			101111 10 70 (2023)

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 52

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

shazli ahmed

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 441-71-4851

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. ■ Self-only
 □ Family 2 HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for 3 3,850. Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also 4 Ο. 5 5 3,850. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . 6 3,850. If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . 0. 7 8 8 3,850. 9 Employer contributions made to your HSAs for 2023 10 800. 11 11 12 12 3,050. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

21



Department of Taxation and Finance

Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

2023			For the ful	l year Ja	nuary 1, 2023, th	roug	jh Decem	ber	31, 2023, or fiscal yea	_	-		23
	leting yo				ctions, Form IT						ding		
Your first name		MI	,	or a joint re	eturn, enter spouse's n	ame oi	n line below)	You	ur date of birth (mmddyyyy)	Your S	ocial Security		
SHAZLI		NAL	AHMED					0	09211993	Cnaus	44171		h a r
Spouse's first nam	ie	MI	Spouse's last nar	ne				Spo	buse's date of birth (mmddyyyy)	Spouse	e's Social Sec	urity numi	bei
Mailing address (s	ee instructi	ons) (nu	umber and street o	r PO Box)					Apartment number	New Yo	ork State cour	nty of resid	dence
95 WALL S		,							718		YORK		
City, village, or pos				State	ZIP code	(Country		-		l district name		
NEW YORK				NY	100054220) .	UNITEI	S	TATES	MANI	HATTAN		
Taxpayer's perma	anent home	e addre	ess (see instruction	ons) (numb	er and street or rural	route)		Apa	rtment number	School	l district		
04	- L - EC:			04-4-	7ID I -			Toy	payer's date of death <i>(mmdd</i> y		umber Spouse's date o		369
City, village, or pos	st office			State NY	ZIP code		Decedent	lan	Dayer's date of death (minuty		pouse s date o	i death (IIII	nuuyyy
				INI			nformation						
Filing status		Single	•			_	in a fo	reigi	ave a financial account n country?				No
(mark an X in one	2		ed filing joint reti spouse's Social S		mber above)	D	qı		ou or your spouse main ers in Yonkers for any		-		No [
box):	3		ed filing separate spouse's Social S		mber above)				er of months you lived	in Yonk	ers in 2023		
	4	Head	of household (w	vith qualify	ring person)			umb <i>No</i> :	er of months your spo u	ise lived	d in Yonkers	in 2023	
	(5)	Qualif	ying surviving s	pouse					ou or your spouse work i	n Yonke	rs while		Г
Did you ite	mize your	deduc	tions on	Г			` '	•	ing in Yonkers for any pa				No
your 2023 fe Can you be	ederal inco	ome ta: as a de	x return?	Γ	No X	E	` N'	YĆ (t	u or your spouse maintai his includes the Bronx, Bi s, and Staten Island) duri	rooklyn, N	Manhattan,		No
	axpayers	iedera	 	165 L	110		(2) Eı	nter	the number of days speart of a day speart of a day spent in NYC i	ent in N	YC in 2023		
						F	NYC r	esic	lents and NYC part-ye er of months you lived	ear resid	dents only:		12
							(2) N	umb	er of months your spou	se lived	in NYC in 20)23 [
l Dependent	informa	ition				G	Enter code(your s) if	2-character special of applicable	onditio	n		
First na	ıme	M	II Las	st name	Re	latior	nship		Social Security num	ber	Date of	birth (mm	nddyyyy
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more than 7 o	aepender	nts, m	ark an X in the	e box. [
2010012	234555				For office us	e onl	<i>V</i>						
							•						
					1								

119459.00

441714851

1 Wages, salaries, tips, etc	Fe	deral income and adjustments		Whole dollars only
3	1	Wages, salaries, tips, etc.	1	127459.00
3	2	Tayable interest income	2	00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	_			
§ Alimony received \$ 0.00 8 Business income or loss (submit a copy of federal Schedule C, Form 1040) 6 0.00 7 Capital gain or losse (if required, submit a copy of federal Schedule D, Form 1040) 7 0.00 8 Other gains or losses (submit a copy of federal Schedule D, Form 1040) 8 0.00 9 Taxable amount of panions and annutiles. If received as a beneficiary, mark an X in the box 9 0.00 10 Taxable amount of pensions and annutiles. If received as a beneficiary, mark an X in the box 10 0.00 11 Rental real estate included in line 11 12 0.00 12 Rental real estate included in line 11 12 0.00 13 Farm income or loss (submit a copy of federal Schedule F, Form 1040) 13 0.00 14 Unemployment compensation 14 0.00 15 Taxable amount of Social Security benefits (also enter on line 27) 15 0.00 16 Other income Identity. 16 0.00 17 Add lines 1 through 11 and 13 through 16 17 127459.00 18 Federal adjusted gross income (subtract line 18 from line 17) 19 127459.00 New York additions 20 0.00 21 Public		·		
6 0.00 7 0.00 7 0.00 7 0.00 7 0.00 0.00 7 0.00 0.0	5			
Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) 7	6			
8	7			
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	8			
10 Taxable amount of pensions and annutities. If received as a beneficiary, mark an X in the box	_		-	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) 12 Rental real estate included in line 11	10	<u>-</u>	10	.00
13	11		1040) 11	.00
14	12	Rental real estate included in line 11	.00	
14	13		- 1 - 1	.00
15 Taxable amount of Social Security benefits (also enter on line 27) 16 Other Income Identity:	14			
17 Add lines 1 through 11 and 13 through 16	15			.00
18	16	Other income Identify:	16	.00
18	17	Add lines 1 through 11 and 13 through 16	17	127459.00
19 Federal adjusted gross income (subtract line 18 from line 17) 19 127459.00				
New York additions 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) 21	19		19	127459.00
Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25	21 22 23	Public employee 414(h) retirement contributions from your wage and tax statements	21 22 23	.00 .00 .00
Pensions of NYS and local governments and the federal government Taxable amount of Social Security benefits (from line 15) 27	Ne	w York subtractions		
27 Taxable amount of Social Security benefits (from line 15)	25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	.00	
28	26	Pensions of NYS and local governments and the federal government 26	.00	HIII BASA BSAS, ISTERBACIUS AG SBAS NA CASCOLTA BATAIT (AC III III
29	27	Taxable amount of Social Security benefits (from line 15) 27	. 00	
30 New York's 529 college savings program deduction/earnings 31 Other (Form IT-225, line 18)	28		.00	
31 Other (Form IT-225, line 18)	29	•	. 00	
32 .00 33 New York adjusted gross income (subtract line 32 from line 24)	30			
33 127459.00 Standard deduction or itemized deduction 34 Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: X Standard - or - Itemized 19459.00 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)				
Standard deduction or itemized deduction 34 Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: X Standard - or - Itemized 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	32			
34 Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: X Standard - or - Itemized 34 8000.00 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	33	New York adjusted gross income (subtract line 32 from line 24)	33	127459.00
Mark an X in the appropriate box: X Standard - or - Itemized 34 8000.00 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	Sta	andard deduction or itemized deduction		
	34		zed 34	00.0008
	35	Subtract line 34 from line 33 (if line 34 is more than line 33 leave blank)	35	119459 00
				000.00



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Tax computation, credits, and other tax 38 Taxable income (from line 37 on page 2 39 NYS tax on line 38 amount	40 41 17-201-ATT, line 7) 42	.00	38	REV 01/17/24 INTUIT.CG.CFP.SP 119459 .00 6825 .00
38 Taxable income (from line 37 on page 2 39 NYS tax on line 38 amount	40 41 17-201-ATT, line 7) 42	.00		
 39 NYS tax on line 38 amount	40 41 117-201-ATT, line 7) 42 42	.00		
 40 NYS household credit	40 41 117-201-ATT, line 7) 42 is more than line 39, leave be	.00 .00	39	6825.00
 41 Resident credit	41 17-201-ATT, line 7) 42 is more than line 39, leave be	.00		
 42 Other NYS nonrefundable credits (Form 43 Add lines 40, 41, and 42	is more than line 39, leave by	.00		
 43 Add lines 40, 41, and 42 44 Subtract line 43 from line 39 (if line 43 if the 44 if the 45 if th	is more than line 39, leave b		1	
 44 Subtract line 43 from line 39 (if line 43 if 15 Net other NYS taxes (Form IT-201-ATT, 16 Total New York State taxes (add lines) New York City and Yonkers taxes, credit 47 NYC taxable income	is more than line 39, leave b			
 45 Net other NYS taxes (Form IT-201-ATT, 46 Total New York State taxes (add lines) New York City and Yonkers taxes, credi 47 NYC taxable income 47a NYC resident tax on line 47 amount 48 NYC household credit 49 Subtract line 48 from line 47a (if line 4 line 47a, leave blank) 50 Part-year NYC resident tax (Form IT-30) 			43	.00
 45 Net other NYS taxes (Form IT-201-ATT, 46 Total New York State taxes (add lines) New York City and Yonkers taxes, credi 47 NYC taxable income 47a NYC resident tax on line 47 amount 48 NYC household credit 49 Subtract line 48 from line 47a (if line 4 line 47a, leave blank) 50 Part-year NYC resident tax (Form IT-30) 		lank)	44	6825.00
 46 Total New York State taxes (add lines) New York City and Yonkers taxes, credit 47 NYC taxable income	IIII (U)	*	45	.00
New York City and Yonkers taxes, credi 47 NYC taxable income				
 47 NYC taxable income	44 and 45)		46	6825.00
 47a NYC resident tax on line 47 amount 48 NYC household credit	ts, and surcharges, and	мстмт)		
 48 NYC household credit	47	119459.00		
49 Subtract line 48 from line 47a (if line 4 line 47a, leave blank)50 Part-year NYC resident tax (Form IT-30)	47a	4505.00		See instructions to
line 47a, leave blank)	48	.00		compute New York City and Yonkers taxes, credits, and
50 Part-year NYC resident tax (Form IT-36	8 is more than			surcharges.
·	49	4505.00		3.1
51 Other NYC taxes (Form IT-201-ATT, line	60.1) 50	.00		
	9 <i>34)</i> 51	.00		
52 Add lines 49, 50, and 51	52	4505.00		MIN 10.4 IL C. L. I. I. I. S. BRADENS, NO. 131 ALCOCA CONT. C. MIN
53 NYC nonrefundable credits (Form IT-2		.00		BIGGSTATION FOR PROPERTY OF BUILDING
54 Subtract line 53 from line 52 (if line 53			1	
line 52, leave blank)	54	4505.00	ļ	
54a MCTMT net earnings				HIII PORCINELENDO EN CENTRO CONTRACA DE CARROLISTA DE CARR
base for Zone 1 54a	.00			
54b MCTMT net earnings				
base for Zone 2 54b	.00]	
54c MCTMT for Zone 1 54d MCTMT for Zone 2		.00		Out to the other transfer
54e Total MCTMT (add lines 54c and 54d)		.00		See instructions to compute the MCTMT for each zone.
55 Yonkers resident income tax surcharge				the MOTINT TO Each Zone.
56 Yonkers nonresident earnings tax (Fo		.00		
57 Part-year Yonkers resident income tax sur	rm Y-203) 56			
58 Total New York City and Yonkers taxes	-		-	
22 . Juli 1011 1011 bily and 10111010 taxon	rcharge (Form IT-360.1) 57	T (add lines 54 and 54e through 57)	58	4505 00
59 Sales or use tax (do not leave blank)	rcharge (Form IT-360.1) 57	T (add lines 54 and 54e through 57)	58	4505.00

voluntary contributions (add lines 46, 58, 59, and 60)

61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and



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гау	E 4 01 4 11-201 (2023) REV 01/1/24 INTUIT.CG.CFP.SP	Your Social	Security	number				
62	Enter amount from line 61	4	4171	4851		62		11330.00
$\overline{}$	yments and refundable credits					0 2		11330100
	Empire State child credit		63		.00]		
	NYS/NYC child and dependent care credit				.00			
	NYS earned income credit (EIC)		65	-	.00		III III A. KXEKA	MACAMADO POSTANDO ANO MARANTA
	NYS noncustodial parent EIC		_		.00			
	Real property tax credit			-	.00			
	College tuition credit				.00			
	NYC school tax credit (fixed amount) (also comple				63.00		MIII MA TE INCENSA	PARMA BRAINING AND STREET
	NYC school tax credit (rate reduction amoun				266.00			
	NYC earned income credit	· —	70		.00			
70a	This line intentionally left blank		70a					
	Other refundable credits (Form IT-201-ATT, line				.00			complete Form(s) IT-2
	Total New York State tax withheld				7448.00			9-R and submit them
73	Total New York City tax withheld		73		4890.00		your retur	
74	Total Yonkers tax withheld		74		.00		not sena 1 1 your reti	ederal Form W-2
75	Total estimated tax payments and amount paid wi	th Form IT-3	70 75		.00	Witi	i your rett	ATTI:
76	Total payments (add lines 63 through 75)					76		12667.00
, 0	rotal payments (and lines of allough 75)	••••••				70		12007.00
Yo	ur refund, amount you owe, and account ir	formation)					
77	Amount overpaid (if line 76 is more than line	62, subtract l	ine 62 f	rom line 76)		77		1337.00
	Amount of line 77 available for refund (subt	ract line 79 fi	rom line	,		78		1337.00
	TIP: Use this amount to check your refund	l status onli	ne.	•				
78a	Amount of line 78 that you want to deposit into a NY	'S 529 accou	nt (Form	IT-195, line 4)	(also submit Form IT-195)	78a		.00
78h	Total refund after NYS 529 account deposit	subtract line	782 fro	m line 78)		78b		1337.00
, 00	<u></u>			,		700		1337100
	Mark one refund choice: sav	ect depositings accour	nt <i>(fill in</i>	line 83)	or - paper check			ct deposit is the
79	Amount of line 77 that you want applied to yo	•	,	, , , , , , , , , , , , , , , , , , ,		eas refu		t way to get your
	estimated tax (see instructions)		79		.00			ons for payment
80	Amount you owe (if line 76 is less than line 62,			n line 62). To	pay by electronic		ions.	ons for payment
	funds withdrawal, mark an X in the box	and fill ir	n lines	83 and 84.	If you pay by check	·		
	or money order you must complete Form	IT-201-V ar	nd mail	it with your	return	80		.00.
81	Estimated tax penalty (include this amount in lin	ne 80 or				1		
	reduce the overpayment on line 77)				.00			ons for the proper
82	Other penalties and interest		82		.00	ass	embly of y	our return.
83	Account information for direct deposit or elec-					_		
	If the funds for your payment (or refund) wou	ıld come fro	om (or	go to) an ac	count outside the U.	S., m	ark an X ii	n this box
	83a Account type: X Personal checking - c	or- P	ersonal	savings - c	or - Business ch	eckin	g - or -	Business savings
	83b Routing number 022300173		83c A	ccount numb	per	936	5578819	
84	Electronic funds withdrawal	Dat	te		Amoun	ıt		.00
	Third-narty Print designee's name			Doo	ignee's phone number			Personal identification
des	Third-party Print designee's name signee? (see instr.)			()			number (PIN)
Ye					/			
	Paid preparer must complete ▼ Preparer's NYTF	PRIN	NYTPRI	N I	_			
	(see instructions)		excl. cod		•	yer(s) must si	gn here ▼
	parer's signature Preparer's p LF-PREPARED	rinted name			Your signature			
_	's name (or yours, if self-employed)	Preparer's	PTIN or	SSN	Your occupation			
		<u> </u>	1 (16)		CONSULTANT		. // // / / / / / / / / / / / / / / / /	
Add	ress	Employer id	aentificat	on number	Spouse's signature and	occup	ation (<i>it joint</i>	return)
			Date		Date			hone number
Em-	.;;.				Emails AZZZED CTT			956 0413
Ema	III.				Email: AHMEDSHA	$Z(\Gamma_1)$. 1 (ω(₹M A T	I . ('() V





Department of Taxation and Finance

Summary of W-2 StatementsNew York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

		Employer's information					
W-2 Record 1	Employ	yer's name					
Box a Employee's Social Security number	DEL	OITTE CONSULTIN	IG LLP				
for this W-2 Record	Employ	yer's address (number and stre	eet)				
441714851	402	2 SELLS DRIVE					
Box b Employer identification number (EIN)	City			State	ZIP code	Country	
061454513	HER	MITAGE		TN	37076-2903		
Box 1 Wages, tips, other compensation	Box 12a A	Amount	Code	Box	14a Amount		Description
127459.00		2549.00	DD			399.00	NY PFL
Box 8 Allocated tips	Box 12b A		Code	Box	(14b Amount		Description
.00		8511.00	D			31.00	NY SDI
Box 10 Dependent care benefits	Box 12c A		Code	Box	14c Amount		Description
.00		800.00	W			.00	
Box 11 Nonqualified plans	Box 12d A		Code	Box	14d Amount		Description
.00		1349.00	AA			.00	
100		23 17 100				100	
Box 13 Statutory employee Retire	ment plan	Third-party sick pay					Corrected (W-2c)
, , ,	·	Box 16a NYS wages, tips,		Box 1	I7a NYS income tax with	held	, ,
NY State information: Box 15a	NIY		459.00	l Dox		48.00	
NY State	14 1	Box 16b Other state wages		Boy 1	17b Other state income tax		
Other state information: Box 15b		DOX 100 Other state wages		ВОХ	TID Other state income tax		
other state			.00			. 00	
NYC and Yonkers Box	19 Local w	ages, tips, etc.	Box	, 10 Loca	I income tax withheld		Box 20 Locality name
nformation (see instr.):	10 Local Wa			L 13 LOCA		1	[
Locality a			cality a		4890.00	1	
Locality b		.00 Lo	cality b		.00	Locality b	
						•	
						-	
Do not detach.		Employer's information				-	
W-2 Record 2		Employer's information yer's name					
W-2 Record 2 Box a Employee's Social Security number	Employ	yer's name	2006)				
W-2 Record 2	Employ	<u> </u>	eet)				
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record	Employ	yer's name	eet)	0	710 4-		
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record	Employ	yer's name	eet)	State	ZIP code	Country	
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN)	Employ	yer's name	eet)			Country	
W-2 Record 2 Box a Employee's Social Security number	Employ	yer's name yer's address (number and stre	Code		ZIP code	Country	Description
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN)	Employ City	yer's name yer's address (number and stre	,			Country	Description
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00	Employ City	yer's name yer's address (number and stre	,	Воз			Description Description
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00	Employ City Box 12a A	yer's name yer's address (number and stre	Code	Воз	c 14a Amount		
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00	Employ City Box 12a A	yer's name yer's address (number and street) Amount .00 Amount .00	Code	Box	c 14a Amount	.00	
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00	Employ City Box 12a A	yer's name yer's address (number and street) Amount .00 Amount .00	Code	Box	c 14a Amount	.00	Description
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Employ City Box 12a A	yer's name yer's address (number and street) Amount .00 Amount .00 Amount .00	Code	Box	c 14a Amount	.00	Description
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Employ City Box 12a A Box 12b A Box 12c A	yer's name yer's address (number and street) Amount .00 Amount .00 Amount .00	Code Code Code	Box	c 14a Amount c 14b Amount c 14c Amount	.00	Description Description
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans	Employ City Box 12a A Box 12b A Box 12c A	yer's name yer's address (number and street) Amount .00 Amount .00 Amount .00	Code Code Code	Box	c 14a Amount c 14b Amount c 14c Amount	.00	Description Description
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00	Employ City Box 12a A Box 12b A Box 12c A	yer's name yer's address (number and street) Amount .00 Amount .00 Amount .00	Code Code Code Code Code	Box	c 14a Amount c 14b Amount c 14c Amount	.00	Description Description
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A	Amount	Code Code Code Code	Box Box	c 14a Amount c 14b Amount c 14c Amount	.00	Description Description Description
Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A	yer's name yer's address (number and streen	Code Code Code Code Code Code	Box Box	c 14a Amount c 14b Amount c 14c Amount c 14d Amount	.00 .00 .00 .00	Description Description Description
Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A	yer's name yer's address (number and streen	Code Code Code Code Code Code Code Code	Box	c 14a Amount c 14b Amount c 14c Amount c 14d Amount	.00 .00 .00 .00	Description Description Description
Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A	yer's name yer's address (number and streen	Code Code Code Code Code Code Code Code	Box	c 14a Amount c 14b Amount c 14c Amount c 14d Amount	.00 .00 .00 .00 held .00 withheld	Description Description Description
Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A	yer's name yer's address (number and streen	Code Code Code Code Code Code Code Code	Box	c 14a Amount c 14b Amount c 14c Amount c 14d Amount	.00 .00 .00 .00	Description Description Description
Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A ment plan	yer's name yer's address (number and streen	Code Code Code Code Code Code Code Code	Box 1	c 14a Amount c 14b Amount c 14c Amount c 14d Amount	.00 .00 .00 .00 held .00 withheld	Description Description Description
Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers nformation (see instr.):	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A ment plan	wer's name yer's address (number and street) Amount .00 Amount .00 Third-party sick pay Box 16a NYS wages, tips, Box 16b Other state wages ages, tips, etc.	Code Code Code Code Code Code Code Code	Box 1	c 14a Amount c 14b Amount c 14c Amount c 14d Amount l 7a NYS income tax with l 7b Other state income tax	.00 .00 .00 .00 held .00 withheld .00	Description Description Corrected (W-2c) Box 20 Locality name
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers Box	Employ Employ City Box 12a A Box 12b A Box 12c A Box 12d A ment plan	wer's name yer's address (number and street Amount .00 Amount .00 Third-party sick pay Box 16a NYS wages, tips, Box 16b Other state wages ages, tips, etc00 Lo	Code Code Code Code Code Code Code Code	Box 1	c 14a Amount c 14b Amount c 14c Amount c 14d Amount l 7a NYS income tax with	.00 .00 .00 .00 held .00 withheld .00	Description Description Corrected (W-2c) Box 20 Locality name



