



Practice Return A (Basic)

2023 Tax Year-

SUSAN HARRISON works at a law office, as accounts receivable staff.

She lives with her older dependent brother Oliver, who is disabled, and not able to take care of himself. Her brother receives a supplemental security income check of \$350 each month.

Susan pays her neighbor to take care of him while she is working. She included the letter from her neighbor stating that she paid \$14,400 for the year. Her neighbor's Social Security number is: 111-00-1111.

Susan's tax invoices for her home:

2023 Property: \$2,600 2023/2024 County & School \$3,000
STAR savings of \$680

Susan's identity protection pin number: 646234.

Susan prefers her tax refunds direct deposited.

Her bank is ABC Bank Savings account

Routing #123456789 Account #.987654321789

Driver's License Number: 883 076 502

Issued: 07/12/2021 Exp Date: 07/12/2024 DOC ID#: AS3

Question: Susan provided her win/(loss) statement from the casino; with more losses than her wins. She believes that her wins should not count as income. How would you respond to her?

Intake/Interview and Quality Review Sheet

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-4 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name Susan	M.I.	Last name Harrison	Best contact number 315-447-3313`	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 124 Dorothy Ave		Apt #	City East Syracuse	State NY
				ZIP code 13206
4. Your Date of Birth 6/10/1977	5. Your job title Accounts Receivable	6. Last year, were you:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:		a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Unsure
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

Part II – Marital Status and Household Information

1. As of December 31, 2023, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2023? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2023? Yes No

Legally Separated Date of final decree _____

Widowed Date of separate maintenance decree _____

Year of spouse's death _____

2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year


If additional space is needed check here and list on page 3

To be completed by a Certified Volunteer Preparer

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/23 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes,no,n/a)	Did this person have less than \$4,700 of income? (yes,no,n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					
Oliver Harrison	4/13/1974	Brother	12	Yes	Yes	S	No	Yes					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from rental property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> Roth IRA (B) <input checked="" type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input checked="" type="checkbox"/> (A) Mortgage Interest (Form 1098) <input checked="" type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

a Employee's social security number XXX-XX-XXXX		Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) 34-1000000		1 Wages, tips, other compensation 30500	2 Federal income tax withheld 4840				
c Employer's name, address, and ZIP code STANLEY LAW OFFICE 215 BURNET AVENUE SYRACUSE, NEW YORK 13203		3 Social security wages 27500	4 Social security tax withheld 1705				
		5 Medicare wages and tips 27500	6 Medicare tax withheld 398.75				
		7 Social security tips	8 Allocated tips				
d Control number		9	10 Dependent care benefits				
e Employee's first name and initial Last name Suff. SUSAN HARRISON 124 DORTHY AVENUE EAST SYRACUSE, NEW YORK 13057		11 Nonqualified plans		12a See instructions for box 12 D 3000			
		13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b DD 7800		
		14 Other		12c		12d	
		NY-SDI 31.00 NYPFL 114					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY	341000000	30500	1815				

Form **W-2** Wage and Tax Statement

2023

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

3232

 VOID CORRECTED

OMB No. 1545-0238

Form W-2G
Certain
Gambling
Winnings

(Rev. December 2023)

For calendar year
20 23For Privacy Act
and Paperwork
Reduction Act
Notice, see the
current General
Instructions for
Certain Information
Returns.**File with Form 1096****Copy A**
For Internal Revenue
Service Center

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Oneida Nations Enterprises 2037 Dream Catcher Place Oneida, New York 13421		1 Reportable winnings \$ 10500	2 Date won 6/13/2023
		3 Type of wager SLOTS	4 Federal income tax withheld \$ 0
		5 Transaction	6 Race
PAYER'S TIN 061821494	PAYER'S telephone no. XXX-XX-XXXX	7 Winnings from identical wagers \$	8 Cashier JWE
		9 WINNER'S TIN XXX-XX-XXXX	10 Window A
WINNER'S name Susan Harrison		11 First identification no.	12 Second identification no.
Street address (including apt. no.) 124 Dorthy Ave		13 State/Payer's state identification no.	14 State winnings \$
City or town, state or province, country, and ZIP or foreign postal code East Syracuse, NY 13057		15 State income tax withheld \$	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature:**Date:**Form **W-2G** (Rev. 12-2023)

Cat. No. 10138V

www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

Beverly Bambusha
5655 Thompson Road
DeWitt, New York 13214
Phone: 315-123-5674
SSN: 111-00-1111

January 2, 2024

We received \$14,400, payment in full, from Ms. Susan Harrison for the year of 2023, for the care of Oliver Harrison.

Sincerely,

Beverly Bambusha

CORRECTED (if checked)

Mortgage Interest Statement

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. US BANK NA 60 LIVINGSTON AVENUE SAINT PAUL, MINNESTOTA 55107-2292		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 20 <u>23</u>	<p>Copy B For Payer/Borrower</p> <p>The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.</p>
		1 Mortgage interest received from payer(s)/borrower(s)* \$ 5800			
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN XXX-XX-XXXX	2 Outstanding mortgage principal \$ 98480	3 Mortgage origination date		
PAYER'S/BORROWER'S name SUSAN HARRISON		4 Refund of overpaid interest \$	5 Mortgage insurance premiums \$		
Street address (including apt. no.) 124 DORTHY AVENUE		6 Points paid on purchase of principal residence \$ 2300			
City or town, state or province, country, and ZIP or foreign postal code EAST SYRACUSE, NEW YORK 13057		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
9 Number of properties securing the mortgage		10 Other			
Account number (see instructions)		8 Address or description of property securing mortgage PROPERTY TAXES 5600			
		11 Mortgage acquisition date			

CORRECTED (if checked)

Student Loan Interest Statement

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number JOHNSON CREDITOR SERVICES LLC 1600 THIRD STREET SUITE 105 NEW YORK, NEW YORK 14780-2323		OMB No. 1545-1576 2023 Form 1098-E
RECIPIENT'S TIN	BORROWER'S TIN XXX-XX-XXXX	1 Student loan interest received by lender \$ 2900
BORROWER'S name SUSAN HARRISON Street address (including apt. no.) 124 DORTHY AVENUE City or town, state or province, country, and ZIP or foreign postal code EAST SYRACUSE, NEW YORK 13057		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
Account number (see instructions)		

Form **1098-E**

(keep for your records)

www.irs.gov/Form1098E

Department of the Treasury - Internal Revenue Service

ONEIDA NATIONS ENTERPRISES

2037 DREAM CATCHER PLACE

NEW YORK 13421

WIN/ (LOSS) STATEMENT FOR 2023

REQUESTED FOR SUSAN HARRISON

REPORTABLE WINNINGS	\$6,100	2/1/2023
REPORTABLE LOSSES	(\$3,300)	2/2/2023
REPORTABLE LOSSES	(\$2,750)	2/10/2023
REPORTABLE LOSSES	(\$3,400)	3/1/2023
REPORTABLE WINNINGS	\$2,300	3/2/2023
REPORTABLE LOSSES	(\$1,500)	3/29/2023
REPORTABLE WINNINGS	\$1,880	4/1/2023
REPORTABLE LOSSES	(\$3,400)	5/5/2023
REPORTABLE WINNINGS	\$220	6/13/2023

TOTAL WINS/ (LOSSES) \$10,500/ (\$14,350)

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <u>SUSAN HARRISON</u>	Social security number <u>XXX-XX-0000</u>
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	38500
2 Total tax	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4840
4 Amount you want refunded to you	4	6124
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN

1	0	0	0	0
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 01/02/2024

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 01/02/2024

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SUSAN Last name HARRISON Your social security number XXX-XX-0000

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 124 DORTHY AVE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. EAST SYRACUSE NY 13057 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.

Foreign country name Foreign province/state/county Foreign postal code [X] You [] Spouse

Filing Status [] Single [X] Head of household (HOH) [] Married filing jointly [] Married filing separately [] Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] 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, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes entry for OLIVER HARRISON, BROTHER.

Income section table with columns 1a-1z and 1a-1z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Includes rows for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table with columns 7-15. Includes rows for Capital gain or (loss), Additional income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, Taxable income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2023)

**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

2023

Attachment
Sequence No. **01**

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

SUSAN HARRISON

Your social security number

XXX-XX-0000

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	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b 10500		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	10500
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	10500

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	2500
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	2500

**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

2023
Attachment
Sequence No. **03**

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

Your social security number
XXX-XX-0000

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	690
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	200
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	890

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount: _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

Your social security number

SUSAN HARRISON

XXX-XX-0000

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040 or 1040-SR, line 11 2	2				
	3 Multiply line 2 by 7.5% (0.075)	3				
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	1815			
	b State and local real estate taxes (see instructions)	5b	5600			
	c State and local personal property taxes	5c				
	d Add lines 5a through 5c	5d	7415			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	7415			
	6 Other taxes. List type and amount: _____	6				
7 Add lines 5e and 6				7	7415	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	8100			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Reserved for future use	8d				
	e Add lines 8a through 8c	8e	8100			
9 Investment interest. Attach Form 4952 if required. See instructions	9					
10 Add lines 8e and 9				10	8100	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11				
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12				
	13 Carryover from prior year	13				
	14 Add lines 11 through 13				14	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount: _____ GAMBLING LOSSES TO AMOUNT WON 10500				16	10500
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17	26015
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

SUSAN HARRISON

Your social security number

XXX-XX-0000

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . . []

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box . . . []

Part I Persons or Organizations Who Provided the Care—You must complete this part.

If you have more than three care providers, see the instructions and check this box []

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2023?, (e) Amount paid. Row 1: BEVERLY BAMBUSHA, 5655 THOMPSON RD SYRACUSE NY 13214, XXX-XX-1111, [] Yes [X] No, 14400.

Did you receive dependent care benefits?

No Complete only Part II below.

Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box []

Table with 4 columns: (a) Qualifying person's name (First/Last), (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses. Row 1: OLIVER, HARRISON, XXX-XX-0000, [X], 14400.

3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 . . . 3 3000

4 Enter your earned income. See instructions 4 30500

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 30500

6 Enter the smallest of line 3, 4, or 5 6 3000

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . 7 38500

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

Table for line 8 with columns: If line 7 is: Over, But not over, Decimal amount is. Rows for ranges from \$0-15,000 to \$35,000-37,000.

9a Multiply line 6 by the decimal amount on line 8 9a 690

b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b

c Add lines 9a and 9b and enter the result 9c 690

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 1248

11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 11 690

**SCHEDULE EIC
(Form 1040)**

**Earned Income Credit
Qualifying Child Information**

OMB No. 1545-0074

2023

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service

**Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to www.irs.gov/ScheduleEIC for the latest information.**

Name(s) shown on return
SUSAN HARRISON

Your social security number
XXX-XX-0000

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name OLIVER HARRISON	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2023 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2023 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	XXX-XX-0000		
3 Child's year of birth	Year <u>1</u> <u>9</u> <u>7</u> <u>4</u> <i>If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4a Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2023?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	BROTHER		
6 Number of months child lived with you in the United States during 2023 • If the child lived with you for more than half of 2023 but less than 7 months, enter "7." • If the child was born or died in 2023 and your home was the child's home for more than half the time he or she was alive during 2023, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

SUSAN HARRISON

XXX-XX-0000

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	38500
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d		
3	Add lines 1 and 2d	3		38500
4	Number of qualifying children under age 17 with the required social security number	4		
5	Multiply line 4 by \$2,000	5		
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6		1
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7		500
8	Add lines 5 and 7	8		500
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9		200000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10		
11	Multiply line 10 by 5% (0.05)	11		
12	Is the amount on line 8 more than the amount on line 11?	12		500
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13		358
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14		358

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2023

QNA

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	18a
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
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Name(s) shown on return

SUSAN HARRISON

Your social security number

XXX-XX-0000



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the **smaller** of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- 9 Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	3000	
3	3000	
4		
5	3000	
6	2000	
7		2000
8	38500	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9—				
---	\$21,750	0.5	0.5	0.5
\$21,750	\$23,750	0.5	0.5	0.2
\$23,750	\$32,625	0.5	0.5	0.1
\$32,625	\$35,625	0.5	0.2	0.1
\$35,625	\$36,500	0.5	0.1	0.1
\$36,500	\$43,500	0.5	0.1	0.0
\$43,500	\$47,500	0.2	0.1	0.0
\$47,500	\$54,750	0.1	0.1	0.0
\$54,750	\$73,000	0.1	0.0	0.0
\$73,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- | | | |
|----|---|-----|
| 10 | Multiply line 7 by line 9 | 200 |
| 11 | Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | 558 |
| 12 | Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 | 200 |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

Line 10

Credit Limit Worksheet

Complete this worksheet to figure the amount to enter on line 10.

- 1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 1. 1248
- 2. Enter the amount from Schedule 3 (Form 1040), line 1 (foreign tax credit) and line 6l (Form 8978, line 14) 2. _____
- 3. Subtract line 2 from line 1. Also enter this amount on Form 2441, line 10. But if zero or less, stop; you can't take the credit 3. 1248

Credit Limit Worksheet A

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR. 1 1248

2. Add the following amounts (if applicable) from:

- Schedule 3, line 1 + _____
- Schedule 3, line 2 + _____ 690
- Schedule 3, line 3 + _____
- Schedule 3, line 4 + _____ 200
- Schedule 3, line 6d + _____
- Schedule 3, line 6e + _____
- Schedule 3, line 6f + _____
- Schedule 3, line 6l + _____
- Form 5695, line 30 + _____

Enter the total. 2 890

3. Subtract line 2 from line 1. 3 358

Complete the Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet B. 4

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13. 5 358

Student Loan Interest Deduction Worksheet—Schedule 1, Line 21

Before you begin: ✓ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
 ✓ Be sure you have read the **Exception** in the instructions for this line to see if you can use this worksheet instead of Pub. 970 to figure your deduction.

1. Enter the total interest you paid in 2023 on qualified student loans (see the instructions for line 21). **Don't** enter more than \$2,500 **1.** 2500
2. Enter the amount from Form 1040 or 1040-SR, line 9 **2.** 41000
3. Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25 **3.** _____
4. Subtract line 3 from line 2 **4.** 41000
5. Enter the amount shown below for your filing status.
 - Single, head of household, or qualifying surviving spouse—\$75,000
 - Married filing jointly—\$155,000
 } **5.** 75000
6. Is the amount on line 4 more than the amount on line 5?
 No. Skip lines 6 and 7, enter -0- on line 8, and go to line 9.
 Yes. Subtract line 5 from line 4 **6.** _____
7. Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 **7.** _____
8. Multiply line 1 by line 7 **8.** _____
9. **Student loan interest deduction.** Subtract line 8 from line 1. Enter the result here and on Schedule 1, line 21. **Don't** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) **9.** 2500



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, 2023, through December 31, 2023, or fiscal year beginning ... 23

For help completing your return, see the instructions, Form IT-201-I.

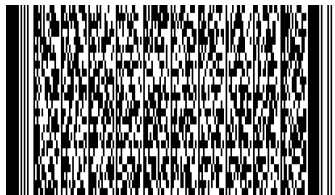
and ending ...

Your first name SUSAN		MI	Your last name (for a joint return, enter spouse's name on line below) HARRISON		Your date of birth (mmddyyyy) 06101977	Your Social Security number XXXXXX0000
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box) 124 DORTHY AVE					Apartment number	New York State county of residence ONON
City, village, or post office EAST SYRACUSE			State NY	ZIP code 13057	Country	School district name EAST SYRACUSE (
Taxpayer's permanent home address (see instructions) (number and street or rural route)					Apartment number	School district code number 167
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)

- A Filing status**
(mark an **X** in one box):
- ① Single
 - ② Married filing joint return (enter spouse's Social Security number above)
 - ③ Married filing separate return (enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
OLIVER		HARRISON	BROTHER	XXXXXX0000	04131974

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



201001231038

For office use only

N O H A N D W R I T E N E N T R I E S O T H E R T H A N S I G N A T U R E O N T H I S F O R M

Your Social Security number
XXXXXX0000

Federal income and adjustments

Whole dollars only

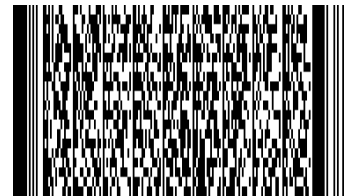
1	Wages, salaries, tips, etc.	1	30500.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	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 <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify: GAMBLING WINNINGS 10500	16	10500.00
17	Add lines 1 through 11 and 13 through 16	17	41000.00
18	Total federal adjustments to income Identify: STUDENT LOAN INT DED 25	18	2500.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	38500.00

New York additions

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	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	38500.00

New York subtractions

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	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	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	38500.00



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: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	24200.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	14300.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	1 000.00
37	Taxable income (subtract line 36 from line 35)	37	13300.00

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NON HANDED WRITING TEN ENTRIES OTH HERE T HAN S I G N A T U R E O N T H I S F O R M

Name(s) as shown on page 1
 SUSAN HARRISON

Your Social Security number
 XXXXX0000

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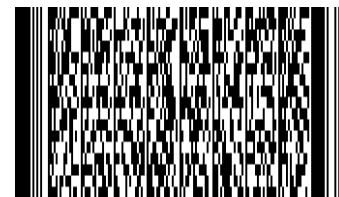
Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	13300.00
39 NYS tax on line 38 amount	39	536.00
40 NYS household credit	40	.00
41 Resident credit	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	536.00
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	536.00

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

47 NYC taxable income	47	.00
47a NYC resident tax on line 47 amount	47a	.00
48 NYC household credit	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.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	.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	.00
54a MCTMT net earnings base for Zone 1 ..	54a	.00
54b MCTMT net earnings base for Zone 2 ..	54b	.00
54c MCTMT for Zone 1	54c	.00
54d MCTMT for Zone 2	54d	.00
54e Total MCTMT (add lines 54c and 54d)	54e	.00
55 Yonkers resident income tax surcharge	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 54e through 57) ..	58	.00
59 Sales or use tax (do not leave 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	536.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges.



See instructions to compute the MCTMT for each zone.

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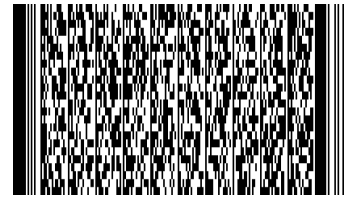


Your Social Security number
XXXXXX0000

62 Enter amount from line 61 62 536.00

Payments and refundable credits

Table with 3 columns: Line number, Description, Amount. Includes lines 63-75 for various credits and taxes, and line 76 for total payments.



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 3 columns: Line number, Description, Amount. Includes lines 77-78 for amount overpaid and refund, and lines 78a-78b for account deposit and total refund.

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

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 3 columns: Line number, Description, Amount. Includes lines 79-82 for tax application, amount owed, and penalties.

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal. 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..... []

83a Account type: [] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

83b Routing number [] 83c Account number []

84 Electronic funds withdrawal Date [] Amount [].00

Third-party designee section with fields for name, phone number, PIN, and email.

Paid preparer section for PRACTICE LAB with fields for signature, name, address, PTIN, and date.

Taxpayer section with fields for signature, occupation (ACCOUNTS RECEIVABLE), date, and phone number.

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See instructions for where to mail your return.



Vertical text on the right edge: N O H A N D W R I T E N E N T R I E S O T H E R T H A N S I G N A T U R E O N T H I S F O R M



New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203 SUSAN HARRISON	Your Social Security number XXXXX0000
--	--

Medical and dental expenses (see instructions)

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19	2	.00
3 Multiply line 2 by 10% (0.10)	3	.00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank)	4	.00

Taxes you paid (see instructions)

5 State and local (Mark an X in only one box) a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax ..	5	1815.00
6 State and local real estate taxes	6	5600.00
7 State and local personal property taxes	7	.00
8 Other taxes. List type and amount _____	8	.00
9 Add lines 5 through 8	9	7415.00

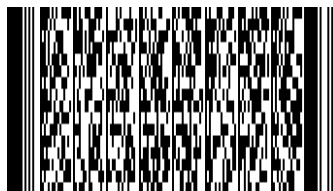
Interest you paid (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098	10	8100.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address _____	11	.00
12 Points not reported to you on federal Form 1098	12	.00
13 Reserved	13	
14 Investment interest	14	.00
15 Add lines 10 through 14	15	8100.00

Gifts to charity (see instructions)

16 Gifts by cash or check	16	.00
16a Qualified contributions included in line 16	16a	.00
17 Other than by cash or check	17	.00
18 Carryover from prior year	18	.00
19 Add lines 16, 17, and 18	19	.00

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Your Social Security number
XXXXXX0000

Casualty and theft losses

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) **20**00

Job expenses and certain miscellaneous deductions (see instructions)

21 Unreimbursed employee expenses – job travel, union dues, etc.	21	.00
22 Job related education expenses	22	.00
23 Tax preparation fees	23	.00
24 Other expenses – investment, safe deposit box, etc. List type and amount _____	24	.00
25 Add lines 21 through 24	25	.00
26 Enter amount from Form IT-201 or IT-203, line 19	26	.00
27 Multiply line 26 by 2% (0.02)	27	.00
28 Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank)	28	.00

Other itemized deductions

29 Gambling losses (see instructions)	29	10500.00
30 Casualty and theft losses of income-producing property (see instructions)	30	.00
31 Federal estate tax on income in respect of a decedent (see instructions)	31	.00
32 Deduction for amortizable bond premiums (see instructions)	32	.00
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	33	.00
34 Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions)	34	.00
35 Certain unrecovered investments in a pension (see instructions)	35	.00
36 Impairment-related work expenses of a disabled person (see instructions)	36	.00
37 Federal qualified disaster loss (see instructions)	37	.00
38 Other itemized deductions from partnerships (see instructions)	38	.00
39 Add lines 29 through 38	39	10500.00

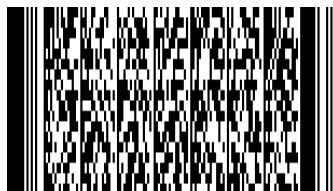
Total itemized deductions (see instructions)

Is Form IT-201 or IT-203, line 19, over \$187,900? (Mark an X in the appropriate box)

If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

If **Yes**, your deduction may be limited. See the *Line 40, Total itemized deductions worksheet*, in the instructions to compute the amount to enter on line 40.

40 **40** 26015.00



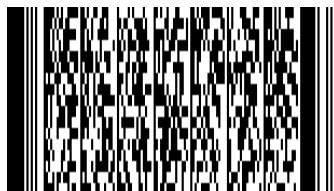
Your Social Security number

XXXXXX0000

Adjustments (see instructions)

41 State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions)	41	1815.00
42 Subtract line 41 from line 40 (see instructions)	42	24200.00
43 College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions)	43	.00
44 Addition adjustments (see instructions)	44	.00
45 Add lines 42, 43, and 44	45	24200.00
46 Itemized deduction adjustment (see instructions)	46	.00
47 Subtract line 46 from line 45 (see instructions)	47	24200.00
48 College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) ...	48	.00
49 New York State itemized deduction (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)	49	24200.00

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

XXXXX0000

Box b Employer identification number (EIN)

341000000

Box c Employer's information

Employer's name			
OREGON DEPT OF UNEMPLOMEN			
Employer's address (number and street)			
875 UNION STREET			
City	State	ZIP code	Country
SALEM	OR	97301	

Box 1 Wages, tips, other compensation
30500 .00

Box 12a Amount
3000 .00

Code
D

Box 14a Amount
114 .00

Description
NY NDF

Box 8 Allocated tips
.00

Box 12b Amount
7800 .00

Code
DD

Box 14b Amount
31 .00

Description
OTHER

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Code

Box 14c Amount
.00

Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Code

Box 14d Amount
.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.
30500 .00

Box 17a NYS income tax withheld
1815 .00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation
.00

Box 12a Amount
.00

Code

Box 14a Amount
.00

Description

Box 8 Allocated tips
.00

Box 12b Amount
.00

Code

Box 14b Amount
.00

Description

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Code

Box 14c Amount
.00

Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Code

Box 14d Amount
.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
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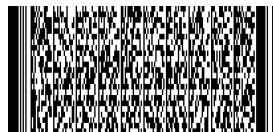
NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

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Claim for Empire State Child Credit

Tax Law – Section 606(c-1)

IT-213

Submit this form with Form IT-201 or IT-203.

Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
SUSAN HARRISON	XXXXX0000
Spouse's name	Spouse's SSN

Determine eligibility

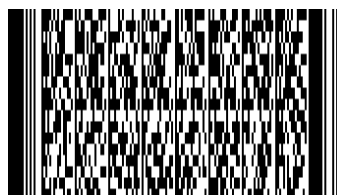
- Were you (and your spouse if filing a joint New York State return) New York State residents for the full year? **1** Yes No
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- Did you claim the federal child tax credit or additional child tax credit? **2** Yes No
- Is your federal adjusted gross income on Form IT-201, line 19 (see instructions)
 - \$110,000 or less and your filing status is ② married filing joint return;
 - \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying surviving spouse; or
 - \$55,000 or less and your filing status is ③ married filing separate return? **3** Yes No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit (see instructions) **4**
- Enter the number of qualifying children who have an individual taxpayer identification number (ITIN) and those without an SSN by the due date of the return (see instructions) **5**

Enter child information

List below the name, SSN or ITIN, and date of birth for each child included on line 4 or 5.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)

Use Form IT-213-ATT if you have additional children to report.



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Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City
Tax Law - Section 606(d)

IT-215

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return SUSAN HARRISON	Your Social Security number XXXXX0000
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- Did you claim the federal earned income credit? If **No, stop; you do not qualify for these credits.** Yes No
- Is your investment income (see instructions) greater than \$11,000? If **Yes, stop; you do not qualify for these credits.** Yes No
- Is your federal filing status *Married filing separate* and do you meet the requirements to be considered unmarried for the purposes of the earned income credit? Yes No
- Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. Yes No
If you claimed more than three, see instructions.

	First name	MI	Last name	Suffix	Relationship
1st Child	OLIVER		HARRISON		BROTHER
	No. of months lived with you 12	Full-time student* <input type="checkbox"/>	Person with disability* <input checked="" type="checkbox"/>	Social Security number XXXXX0000	Date of birth (mmddyyyy) 04131974
2nd Child					
	No. of months lived with you	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number	Date of birth (mmddyyyy)
3rd Child					
	No. of months lived with you	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number	Date of birth (mmddyyyy)

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your federal Schedule EIC (box 4a or 4b).

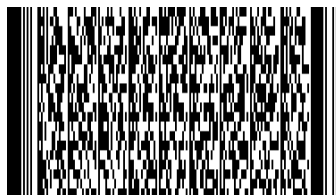
- Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).
The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident).
New York City residents must complete **Worksheet C, New York City earned income credit**, in the instructions.
Part-year New York City residents must also complete line 28 on the back of this claim form. Yes No

	Whole dollars only
6 Wages, salaries, tips, etc., from Worksheet A line 3, in the instructions.	<input type="text" value="6"/> 30500.00
7 Earned income adjustments (see instructions)	<input type="text" value="7"/> .00
8 Business income or loss (see instructions)	<input type="text" value="8"/> .00
9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column)	<input type="text" value="9"/> 38500.00
10 Amount of federal EIC claimed (from federal Form 1040, line 27)	<input type="text" value="10"/> 1284.00
11 New York State earned income credit (NYS EIC) rate 30% (.30)	<input type="text" value="11"/> .30
12 Tentative NYS EIC (multiply line 10 by line 11; see instructions)	<input type="text" value="12"/> 385.00

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

13 Enter the amount from Worksheet B , line 5, on the back of this form.....	<input type="text" value="13"/> 536.00
14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) ..	<input type="text" value="14"/> .00
15 Enter the smaller of line 13 or line 14	<input type="text" value="15"/> .00
16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions)	<input type="text" value="16"/> 385.00
17 Complete only if you filed your federal return as <i>Married filing joint</i> , but are required to file your New York State return as <i>Married filing separate return</i> (see instructions).	<input type="text" value="17"/> .00
Joint federal adjusted gross income	<input type="text" value="17"/> .00

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Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18	Enter your New York State earned income credit (from line 16 or line 17)	18		.00
19	Enter the amount from Form IT-203, line 42	19		.00
	– If line 19 is equal to or more than line 18, stop .			
20	Subtract line 19 from line 18	20		.00
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21		.00
	– If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32.			
	– If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.			
22	Subtract line 21 from line 20	22		.00
23	Amount from line 19, Column D, of <i>Part-year resident income allocation worksheet</i> , in Form IT-203-I.	23		.00
24	Enter the amount from Form IT-203, line 19, <i>Federal amount</i> column	24		.00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) (see instr.)	25		
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10	26		.00

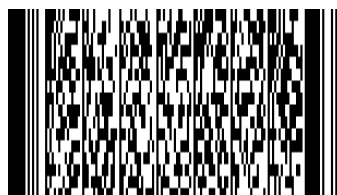
New York City earned income credit (full-year and part-year New York City residents)

27	Enter the amount from Worksheet C, here and on Form IT-201, line 70, or Form IT-203-ATT, line 11.	27		.00
	Part-year New York City residents must also complete line 28 below.			
28	Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A		.00
		28B		.00

Worksheet B

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1		536.00
2	Resident credit (see instructions)	2		.00
3	Accumulation distribution credit (see instructions)	3		.00
4	Add lines 2 and 3	4		.00
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5		536.00

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Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

Tax Law – Section 606(c)

IT-216

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return SUSAN HARRISON	Your Social Security number XXXXX0000
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1 Is your New York State filing status *Married filing separate return*, and did you check box A on your federal Form 2441, *Child and Dependent Care Expenses?* (If yes, see instructions) Yes No

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
1st Care provider	BEVERLY BAMBUSHA	XXXXX1111	14400.00
	B – Number and street City State ZIP code 5655 THOMPSON RD SYRACUSE NY 13214		
2nd Care provider			.00
	B – Number and street City State ZIP code		

3 Total number of qualifying persons you are claiming. **3** **1**
List in order from youngest to oldest. (If you are claiming more than five qualifying persons, see instructions.)

A	B	C	D	E	F		
First name	MI	Last name	Suffix	Qualified expenses paid	Person with disability (see instr.)	Social Security number	Date of birth (mmddyyyy)
OLIVER		HARRISON		14400.00	<input checked="" type="checkbox"/>	XXXXX0000	04131974
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 14400.00

3b Enter the amount from Worksheet 1, line 16, if applicable (see instr.) **3b** .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes No

5 Enter the **smallest** of:

- line 3a above; **or**
- line 3b above; **or**
- 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons

Whole dollars only

5	3000.00
6	30500.00

6 Enter your earned income (see instructions)

7 If your filing status is **2** *Married filing joint return*, enter your spouse's earned income;

all others, enter the amount from line 6 (see instructions)

7	30500.00
8	3000.00

8 Enter the smallest of line 5, 6, or 7

9 Enter the amount from Form IT-201, line 19 or IT-203,

line 19, *Federal amount* column

9	38500.00
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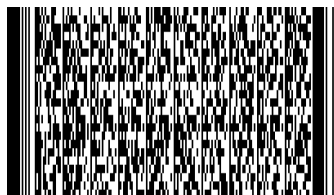
10 Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instr. ...

10	0.23
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11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) *PYE*

11	690.00
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- 12 Amount from line 11 **12**
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32)
 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line **13**
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit (*see instructions*) **14**

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 **15**
 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
 If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** **16**
- 17 Enter the amount from Form IT-203-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.*) **17**
 If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
 If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** **18**
- 19 Enter the amount from line 19, Column D, of *Part-year resident income allocation worksheet*, in Form IT-203-I **19**
- 20 Enter the amount from Form IT-203, line 19, *Federal amount* column **20**
- 21 Divide line 19 by line 20 (*round the result to the fourth decimal place*).
 This amount cannot exceed 100% (1.0000) (*see instructions*) **21**
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22**

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 5 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old **23**

IT-201 filers:

- 24 Refundable New York City child and dependent care credit (*from Worksheet 2, line 7 or line 13*) **24**
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 **25**
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 2, line 8*); also enter this amount on Form IT-201-ATT, line 9a **26**

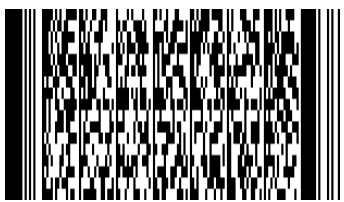
IT-203 filers:

- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 2, line 8*); also enter this amount on Form IT-203, line 52 **27**
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 2, line 13*); also enter this amount on Form IT-203-ATT, line 9a **28**

Part-year New York City resident filers only:

- 29 Enter the amount from Worksheet 2, line 10 **29**
- 30 Enter the amount from Worksheet 2, line 11 **30**

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Real Property Tax Relief Credit

Tax Law – Section 606(e-2)

IT-229

Submit this form with your New York State income tax return Form IT-201.

Name(s) as shown on return SUSAN HARRISON	Your Social Security number XXXXXX0000
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Part 1 – Determine taxpayer and property eligibility (For lines 1 through 5, mark an X in the appropriate box.)

Taxpayer:

- 1 Were you a New York State resident for all of this tax year?..... 1 Yes No
- 2 Is your qualified gross income (QGI) \$250,000 or less during this tax year (see instructions)?..... 2 Yes No
- 3 Did you own and primarily reside for six months or more of this tax year in real property that received the STAR exemption or that qualified you for the STAR credit? 3 Yes No

Note: If you marked an X in the **No** box on line 1, 2, or 3 above, **stop**; you do not qualify for this credit.

Property:

- 4 Did you pay property taxes on property that you owned and occupied during this tax year? 4 Yes No
- 5 Was any rent you received for nonresidential use of your residence 20% or less of the rental income during this tax year? If no rental income was received, mark Yes. (see instructions)..... 5 Yes No

Note: If you marked an X in the **No** box on line 4 or 5 above, **stop**; the property does not qualify for this credit.

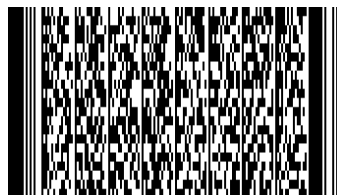
Part 2 – Determine QGI (see instructions)

6 Enter your federal adjusted gross income from Form IT-201, line 19	6	38500.00
7 Enter the total excess losses from Part 2, Line 7 Worksheet, line 6 in the instructions	7	.00
8 Add lines 6 and 7, this is your QGI	8	38500.00

Part 3 – Residence information and calculation of qualifying real property taxes (QRPT) paid (see instructions)

Schedule A - Residence information

Residence	A – Physical address of property (street, city, state, ZIP)	B – Days you resided in the property during the tax year	C – Allocation percentage (see instructions)
1	124 DORTHY AVE EAST SYRACUSE NY 13057	365	1.0000
2			



Part 3 – Residence information and calculation of QRPT paid *(continued)*

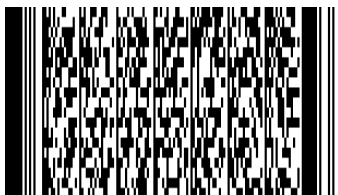
Schedule B – Calculation of QRPT *(see instructions)*

Residence	A – Allocation percentage <i>(enter the result from Schedule A, column C)</i>	B – Real property taxes paid on the residence this tax year	C – Penalties and interest included in the real property tax paid	D – Total amount of all STAR credits and homeowner tax rebate credits you received this tax year	E – Add columns C and D	F – Subtract column E from column B	G – Multiply column F by column A	
1	1.0000	5600.00	.00	640.00	640.00	4960.00	4960.00	
2		.00	.00	.00	.00	.00	.00	
9 Total column G amounts, this is your QRPT paid							9	4960.00

Part 4 – Calculate the credit

10 Multiply QGI from line 8 by 6% (0.06)	10	.00
11 Excess real property taxes: Subtract line 10 from line 9, enter the result here <i>(see instructions)</i> If line 11 is zero or less, stop ; you do not qualify for this credit.	11	.00
12 Enter the applicable rate <i>(see instructions)</i>	12	
13 Multiply line 11 by line 12	13	.00
14 Enter the amount from line 13 or \$350, whichever is less.....	14	.00
15 Enter the amount from line 14 <i>(if less than \$250, enter 0)</i> . This is your credit <i>(see instructions)</i>	15	.00

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