

Practice Tax Return B (Basic)

-2023 Tax Year-



MIKE MAZURKI and EDIE ADAMS wish to file as married filing jointly.

Mike is a maintenance employee with the Syracuse School District.

Mike wishes to contribute to the Presidential Election Campaign Fund to support public funding of elections.

EDIE is a part-time legal secretary.

They are claiming three dependents, with the oldest, Oliver, who finished his second year of college.



Cherry Adams SSN 123-45-6789

Abby Adams SSN 234-56-7891

Oliver Mazurki SSN 345-67-8912

Mike & Edie tax invoices for their home:

2023 Property: \$1,200 2023/2024 County & School \$2,000

STAR savings of \$320

They would like direct deposit.

ABC Bank Checking account

Routing #123456789 Account #9638527410

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 MIKE	M.I.	Last name MAZURKI	Best contact number 315-470-8989	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name EDIE	M.I.	Last name ADAMS	Best contact number 315-447-6767	Is your spouse a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 210 SOUTH SALINA STREET		Apt #	City SYRACUSE	State NY
4. Your Date of Birth 3/14/1964		5. Your job title MAINTENANCE		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
7. Your spouse's Date of Birth 6/10/1974		8. Your spouse's job title LEGAL SECRETARY		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 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 type="checkbox"/> Yes <input checked="" 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

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

Divorced Date of final decree _____

Legally Separated Date of separate maintenance decree _____

Widowed 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)					
CHERRY ADAMS	3/12/2011	DAUG	12	YES	YES	S	YES	NO	NO	NO	YES	YES	YES
ABBY ADAMS	2/2/2008	DAUG	12	YES	YES	S	YES	NO	NO	NO	YES	YES	YES
OLIVER MAZURKI	5/1/2004	SON	12	YES	YES	S	YES	NO	NO	NO	YES	YES	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? <u>2</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/> 401K (B) <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]


a Employee's social security number XXX-XX-0421		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 14-6013200			1 Wages, tips, other compensation 18500	2 Federal income tax withheld 925			
c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY, NEW YORK 12236			3 Social security wages 18500	4 Social security tax withheld 1147			
			5 Medicare wages and tips 18500	6 Medicare tax withheld 268			
			7 Social security tips	8 Allocated tips			
d Control number			9	10 Dependent care benefits			
e Employee's first name and initial EDIE		Last name ADAMS		Suff.		11 Nonqualified plans	
210 SOUTH SALINA STREET SYRACUSE, NEW YORK 13202			12a See instructions for box 12 D | 3000		12b		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c		
			14 Other NY-SDI 31.00		12d		
f Employee's address and ZIP code							
15 State NY	Employer's state ID number 146013200	16 State wages, tips, etc. 18500	17 State income tax 370	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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.

a Employee's social security number XXX-XX-3434		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 15-6010157				1 Wages, tips, other compensation 37300		2 Federal income tax withheld 2812	
c Employer's name, address, and ZIP code Syracuse City School District 1025 Erie Blvd West Syracuse, NY 13204				3 Social security wages 34300		4 Social security tax withheld 2127	
				5 Medicare wages and tips 34300		6 Medicare tax withheld 497	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial MIKE		Last name MAZURKI		Suff.		11 Nonqualified plans	
210 SOUTH SALINA STREET SYRACUSE, NEW YORK 13202				12a See instructions for box 12 Code D | 3000			
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> Code DD | 7800			
				14 Other NY-SDI 31.00 414H 2100 UNITED WAY 200 Code 12c Code 12d			
f Employee's address and ZIP code							
15 State Employer's state ID number NY | 156010157		16 State wages, tips, etc. 37300		17 State income tax 746		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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.

CORRECTED (if checked)

**Certain
Government
Payments**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NYS DEPARTMENT OF LABOR P.O BOX 621 ALBANY, NEW YORK 12240 888-209-8124		1 Unemployment compensation \$ 4100	OMB No. 1545-0120 Form 1099-G (Rev. January 2022) For calendar year 20 <u>23</u>	
		2 State or local income tax refunds, credits, or offsets \$	3 Box 2 amount is for tax year	
PAYER'S TIN 27-0293117	RECIPIENT'S TIN XXX-XX-0421	4 Federal income tax withheld \$ 205	<p>Copy B For Recipient</p> <p>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 this income is taxable and the IRS determines that it has not been reported.</p>	
RECIPIENT'S name EDIE ADAMS Street address (including apt. no.) 210 SOUTH SALINA STREET City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NEW YORK 13202		5 RTAA payments \$		6 Taxable grants \$
		7 Agriculture payments \$		8 If checked, box 2 is trade or business income <input type="checkbox"/>
		9 Market gain \$		11 State income tax withheld \$ 82
Account number (see instructions)		10a State NY		10b State identification no. 270293117

CORRECTED

Tuition Statement

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number LEMOYNE COLLEGE 1419 SALT SPRINGS ROAD SYRACUSE, NEW YORK		1 Payments received for qualified tuition and related expenses \$ 15500 2	OMB No. 1545-1574 2023 Form 1098-T	
FILER'S employer identification no. 15-0545841	STUDENT'S TIN XXX-XX-2323	3	Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
STUDENT'S name OLIVER MAZURKI		4 Adjustments made for a prior year \$		5 Scholarships or grants \$ 11500
Street address (including apt. no.) 210 SOUTH SALINA STREET		6 Adjustments to scholarships or grants for a prior year \$		7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2024 <input checked="" type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NEW YORK 13202				
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>		10 Ins. contract reimb./refund \$

Form **1098-T**

(keep for your records)

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service

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. MANUFACTURERS AND TRADERES MORTGAGE LLC 220 SOUTH SALINA STREET SUITE 101 SYRACUSE, NEW YORK 13022		*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> <p>11 Mortgage acquisition date</p>
		1 Mortgage interest received from payer(s)/borrower(s)* \$ 4100			
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN XXX-XX-3434	2 Outstanding mortgage principal \$ 43000	3 Mortgage origination date 02/01/2015		
PAYER'S/BORROWER'S name MIKE MAZURKI		4 Refund of overpaid interest \$	5 Mortgage insurance premiums \$		
Street address (including apt. no.) 210 SOUTH SALINA STREET		6 Points paid on purchase of principal residence \$			
City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NEW YRK `12020		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 TAXES \$3,200	8 Address or description of property securing mortgage			
Account number (see instructions)					

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ 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 MIKE MAZURKI	Social security number 200-00-0000
Spouse's name EDIE ADAMS	Spouse's social security number 301-00-0000

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	59900
2 Total tax	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3942
4 Amount you want refunded to you	4	8646
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. **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 ▶ 01/05/2024

Spouse'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. **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 ▶ 01/05/2024

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 ▶ 01/05/2024

**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.

Personal information section including names (MIKE MAZURKI, EDIE ADAMS), social security numbers, and home address (210 S SALINA ST, SYRACUSE, NY 13202).

Filing Status section with options for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section asking if a digital asset was received or sold during 2023, with 'No' checked.

Standard Deduction section with 'Someone can claim' options for dependent, spouse, or dual-status alien.

Age/Blindness section with checkboxes for age and blindness for both taxpayer and spouse.

Table of Dependents with columns for name, social security number, relationship, and child tax credit. Includes CHERRY ADAMS, ABBY ADAMS, and OLIVER MAZURKI.

Income section table with rows 1a through 1z for various income types. Total income (line 9) is 59900.

Table for lines 2a through 6b detailing tax-exempt interest, qualified dividends, IRA distributions, pensions, and social security benefits.

Table for lines 7 through 15 detailing capital gain, total income, adjusted gross income, standard deduction, and taxable income.

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

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and values. Includes items like 'Tax (see instructions)', 'Amount from Schedule 2, line 3', and 'Total tax'.

Table for Payments (lines 25-33). Includes sub-sections for federal income tax withheld (25a-25d), 2023 estimated tax payments (26), and various credits (27-31). Total payments are shown on line 33.

Table for Refund (lines 34-36). Includes 'Amount you overpaid' (34), routing and account numbers (35a, 35b, 35d), and 'Amount applied to your 2024 estimated tax' (36).

Table for Amount You Owe (lines 37-38). Includes 'Amount you owe' (37) and 'Estimated tax penalty' (38).

Third Party Designee section. Includes a question: 'Do you want to allow another person to discuss this return with the IRS?' and fields for designee name, phone number, and PIN.

Sign Here section. Includes a declaration statement and signature fields for the preparer and spouse, with dates and occupations provided.

Paid Preparer Use Only section. Includes fields for preparer name, signature, date, PTIN, firm name (PRACTICE LAB), address, and EIN.

**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

MIKE MAZURKI & EDIE ADAMS

Your social security number

200-00-0000

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	4100
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
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 ABLÉ 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	
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	4100

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

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	
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	

**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
MIKE MAZURKI & EDIE ADAMS

Your social security number
200-00-0000

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	
3	Education credits from Form 8863, line 19	3	1500
4	Retirement savings contributions credit. Attach Form 8880	4	400
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	1900

(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

MIKE MAZURKI & EDIE ADAMS

Your social security number

200-00-0000

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			
	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	1198		
	b State and local real estate taxes (see instructions)	5b	3200		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	4398		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	4398		
	6 Other taxes. List type and amount: _____	6			
7 Add lines 5e and 6				7	4398
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	4100		
	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	4100		
9 Investment interest. Attach Form 4952 if required. See instructions	9				
10 Add lines 8e and 9				10	4100
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: _____				16
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	8498
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				

**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
MIKE MAZURKI & EDIE ADAMS

Your social security number
200-00-0000

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: CHERRY, Last name: ADAMS	First name: ABBY, Last name: ADAMS	First name: OLIVER, Last name: MAZURKI
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.	123-45-6789	234-56-7891	345-67-8912
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>1</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 <u>2</u> <u>0</u> <u>0</u> <u>8</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 <u>2</u> <u>0</u> <u>0</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>
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 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 checked="" 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 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.)	DAUGHTER	DAUGHTER	SON
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>	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> 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

MIKE MAZURKI & EDIE ADAMS

200-00-0000

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	59900
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	59900	
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000	5	4000	
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	4500	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400000	
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	4500	
	<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	1527	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	1527	

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	2973
b	Number of qualifying children under 17 with the required social security number: <u>2</u> 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	3200
	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	2973
18a	Earned income (see instructions)		18a	55800
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 checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result		19	53300
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 checked="" 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	7995

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	2973
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Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/Form8863 for instructions and the latest information.

2023
Attachment
Sequence No. **50**

Name(s) shown on return

Your social security number

MIKE MAZURKI & EDIE ADAMS

200-00-0000



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	2500
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2	180000
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	59900
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	120100
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5	20000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2500
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	1000

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1500
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	.
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1500

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

QNA

Name(s) shown on return

MIKE MAZURKI & EDIE ADAMS

Your social security number

200-00-0000



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

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return)</p> <p>OLIVER MAZURKI</p>	<p>21 Student social security number (as shown on page 1 of your tax return)</p> <p>345-67-8912</p>
<p>22 Educational institution information (see instructions)</p>	
<p>a. Name of first educational institution</p> <p>LEMOYNE COLLEGE</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>1419 SALT SPRINGS RD SYRACUSE NY 13206</p> <p>(2) Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>1 5 - 0 5 4 5 8 4 1</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>_____ - _____</p>
<p>23 Has the American opportunity credit been claimed for this student for any 4 prior tax years?</p> <p><input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>	
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.</p> <p><input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p>	
<p>25 Did the student complete the first 4 years of postsecondary education before 2023? See instructions.</p> <p><input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.</p>	
<p>26 Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?</p> <p><input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>	



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

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4000
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2000
29 Multiply line 28 by 25% (0.25)	29	500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2023
Attachment
Sequence No. **54**

Name(s) shown on return

MIKE MAZURKI & EDIE ADAMS

Your social security number

200-00-0000



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).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
- 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)
- Add lines 1 and 2
- 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
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	3000	3000
3	3000	3000
4		
5	3000	3000
6	2000	2000
7		4000
8	59900	

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.

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

9	x 0.1
10	400
11	1927
12	400

* 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.

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

Credit Limit Worksheet A

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR. 1 3427

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

- Schedule 3, line 1 + _____
- Schedule 3, line 2 + _____
- Schedule 3, line 3 + _____ 1500
- Schedule 3, line 4 + _____ 400
- Schedule 3, line 6d + _____
- Schedule 3, line 6e + _____
- Schedule 3, line 6f + _____
- Schedule 3, line 6l + _____
- Form 5695, line 30 + _____

Enter the total. 2 1900

3. Subtract line 2 from line 1. 3 1527

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 1527

Credit Limit Worksheet	
Complete this worksheet to figure the amount to enter on line 19.	
1. Enter the amount from Form 8863, line 18	1. _____
2. Enter the amount from Form 8863, line 9	2. _____ 1500
3. Add lines 1 and 2	3. _____ 1500
4. Enter the amount from: Form 1040 or 1040-SR, line 18	4. _____ 3427
5. Enter the total of your credits from: Schedule 3 (Form 1040), lines 1, 2, 6d and 6l	5. _____
6. Subtract line 5 from line 4	6. _____ 3427
7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	7. _____ 1500



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.

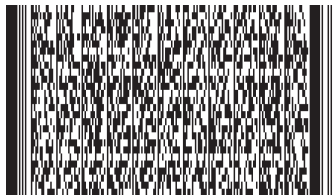
and ending ...

Your first name MIKE		MI	Your last name (for a joint return, enter spouse's name on line below) MAZURKI		Your date of birth (mmddyyyy) 03141964	Your Social Security number 200000000
Spouse's first name EDIE		MI	Spouse's last name ADAMS		Spouse's date of birth (mmddyyyy) 06101974	Spouse's Social Security number 301000000
Mailing address (see instructions) (number and street or PO Box) 210 S SALINA ST					Apartment number	New York State county of residence ONON
City, village, or post office SYRACUSE			State NY	ZIP code 13202	Country	School district name SYRACUSE
Taxpayer's permanent home address (see instructions) (number and street or rural route)					Apartment number	School district code number 631
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)
CHERRY		ADAMS	DAUGHTER	123456789	03122011
ABBY		ADAMS	DAUGHTER	234567891	02022008
OLIVER		MAZURKI	SON	345678912	05012004

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



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For office use only

NON HANDED WRI 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
200000000

Federal income and adjustments

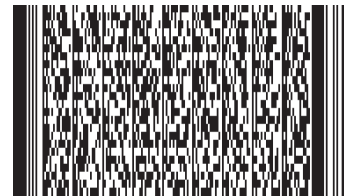
		Whole dollars only
1	Wages, salaries, tips, etc.	55800.00
2	Taxable interest income .....	.00
3	Ordinary dividends .....	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	.00
5	Alimony received .....	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040) .....	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	.00
12	Rental real estate included in line 11 <input type="text" value="12"/> <input type="text" value=".00"/>	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	.00
14	Unemployment compensation	4100.00
15	Taxable amount of Social Security benefits (also enter on line 27) .....	.00
16	Other income <i>Identify:</i> <input type="text"/>	.00
17	Add lines 1 through 11 and 13 through 16	59900.00
18	Total federal adjustments to income <i>Identify:</i> <input type="text"/>	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	59900.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	2100.00
22	New York's 529 college savings program distributions .....	.00
23	Other (Form IT-225, line 9) .....	.00
24	Add lines 19 through 23	62000.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	.00
26	Pensions of NYS and local governments and the federal government	.00
27	Taxable amount of Social Security benefits (from line 15) ...	.00
28	Interest income on U.S. government bonds .....	.00
29	Pension and annuity income exclusion .....	.00
30	New York's 529 college savings program deduction/earnings	.00
31	Other (Form IT-225, line 18) .....	.00
32	Add lines 25 through 31 .....	.00
33	New York adjusted gross income (subtract line 32 from line 24)	62000.00



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 checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	45950.00
36	Dependent exemptions (enter the number of dependents listed in item H)	3 000.00
37	Taxable income (subtract line 36 from line 35)	42950.00

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NON HANDWRITTEN ENTIRE THANA SIGNATURE ON THIS FORM

Name(s) as shown on page 1
 MIKE MAZURKI and EDIE ADAMS

Your Social Security number
 200000000

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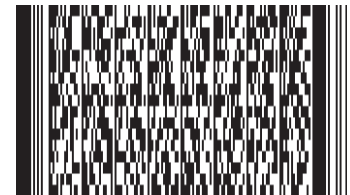
Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	42950.00
39 NYS tax on line 38 amount	39	2031.00
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	2031.00
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	2031.00

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	2031.00

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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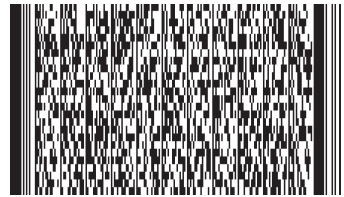


Your Social Security number
200000000

62 Enter amount from line 61 62 2031.00

Payments and refundable credits

Table with 3 columns: Line number, Description, Amount. Includes lines 63-75 for various credits and withholdings, 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 []

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

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

Taxpayer(s) section with fields for signature, occupation (LEGAL SECRETARY), spouse's signature, and date.

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See instructions for where to mail your return.



N O H A N D W R I T 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



Department of Taxation and Finance

Claim for College Tuition Credit or Itemized Deduction

IT-272

Full-year New York State residents only
Tax Law – Section 606(t)

Submit your completed Form IT-272 with Form IT-201.

Your name as shown on return (first name first)	Your Social Security number
MIKE MAZURKI	200000000
Spouse's name (first name first)	Spouse's Social Security number
EDIE ADAMS	301000000

Note: If you are married and filing separate New York State returns, you must also enter your spouse's name and Social Security number.

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No X
- If **Yes, stop**; you do not qualify for the college tuition credit or the college tuition itemized deduction.
 - If **No**, continue with question 2.
- 2 Were you (and your spouse if filing a joint return) a **New York State resident for all of this tax year**? 2 Yes X No
- If **Yes**, continue with Part 1 below.
 - If **No, stop**; you do not qualify for the college tuition credit. However, you may qualify for the college tuition itemized deduction. For more information, see the instructions for Form IT-203.

Part 1 – In the spaces provided below, complete A through I for up to three eligible students for whom you paid qualified college tuition expenses. (If you are claiming expenses for more than three eligible students, see instructions.)

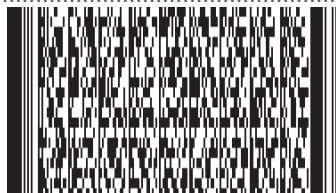
Eligible student	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)		
1		OLIVER		MAZURKI			345678912		05012004		
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input checked="" type="checkbox"/> X No <input type="checkbox"/>											
E		EIN of college or university (see instructions)			F Name of college or university (see instructions)						
		150545841			LEMOYNE COLLEGE						
G Were expenses for undergraduate tuition? (see instructions) Yes <input checked="" type="checkbox"/> X No <input type="checkbox"/>											
H Amount of qualified college tuition expenses (see instructions)				4 000.00		I Enter the lesser of line H or 10,000				4 000.00	

Eligible student	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)		
2											
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
E		EIN of college or university (see instructions)			F Name of college or university (see instructions)						
G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
H Amount of qualified college tuition expenses (see instructions)						I Enter the lesser of line H or 10,000					

Eligible student	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)		
3											
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
E		EIN of college or university (see instructions)			F Name of college or university (see instructions)						
G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
H Amount of qualified college tuition expenses (see instructions)						I Enter the lesser of line H or 10,000					

3 **Total** qualified college tuition expenses (total the **line I** amounts for all eligible students, including amounts from additional forms, then complete Part 2 or Part 3) **3** 4 000.00

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Part 2 – Complete Part 2 if your total qualified college tuition expenses on line 3 are less than \$5,000.

4 Credit limitation (\$200)..... **4**

5 Enter the lesser of line 3 or line 4. This is your **college tuition credit** **5**

- If you **did not itemize your deductions** on your New York return, enter the line 5 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your New York return, continue with Part 4.

Part 3 – Complete Part 3 if your total qualified college tuition expenses on line 3 are \$5,000 or more.

6 Enter the amount from **line 3**..... **6**

7 Multiply **line 6** by 4% (0.04). This is your **college tuition credit** **7**

- If you **did not itemize your deductions** on your New York return, enter the line 7 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your New York return, continue with Part 4.

Part 4 – College tuition itemized deduction election

If you itemized your deductions on your New York return, you may elect to claim the **college tuition itemized deduction** instead of the college tuition credit. To compute your college tuition itemized deduction, complete **Worksheet 1** in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete **Worksheet 2** in the instructions for this form.

8 Mark an **X** in this box **only** if you elect to claim the **college tuition itemized deduction**

- If you marked an **X** in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on Form IT-196, *New York Resident, Nonresident, and Part-Year Resident Itemized Deductions*. **Do not** enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction **or** the credit, but not both.
- If you **did not** mark an **X** in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

Important: If you are claiming the college tuition credit or the college tuition itemized deduction, you **must submit** Form IT-272 with your return.

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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)
MIKE MAZURKI	200000000
Spouse's name	Spouse's SSN
EDIE ADAMS	301000000

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

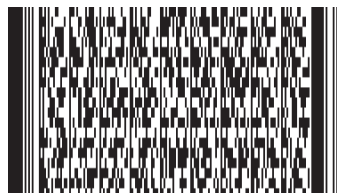
Enter child information

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)
CHERRY		ADAMS		123456789	03122011
ABBY		ADAMS		234567891	02022008

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

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Credit calculation

If you answered **Yes** to question 2, you must complete Worksheet A **and** Worksheet B in the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 8, and enter **0** on line 9; continue with line 10.

	Whole dollars only	
6 Enter the amount from Worksheet A, line 13 (see instructions)	6	1527.00
7 Enter your additional child tax credit amount from Worksheet B (see instructions)	7	473.00
8 Add lines 6 and 7	8	2000.00
9 Multiply line 8 by 33% (.33)	9	660.00

If you marked the **No** box on line 3, skip lines 10 through 13, and enter the amount from line 9 on line 14.

All others continue with line 10.

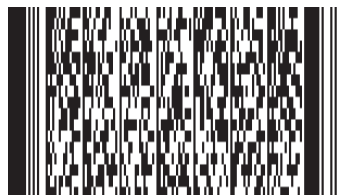
10 Enter the number of children from line 4	10	2
11 Enter the number of children from line 5	11	
12 Add lines 10 and 11	12	2
13 Multiply line 12 by 100	13	200.00
14 Empire State child credit (enter the amount from line 9 or line 13, whichever is greater)	14	660.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 15 and 16. All others enter the line 14 amount on Form IT-201, line 63.

Spouses required to file separate New York State returns (see instructions)

15 Enter the full-year resident spouse's share of the line 14 amount; do not leave line 15 blank	15	.00
Enter here and on Form IT-201, line 63.		
16 Enter the part-year resident or nonresident spouse's share of the line 14 amount; do not leave line 16 blank	16	.00
Enter the line 16 amount and code 213 on Form IT-203-ATT, line 12.		

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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 MIKE MAZURKI and EDIE ADAMS	Your Social Security number 200000000
---	--

- 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	CHERRY		ADAMS		DAUGHTER
	No. of months lived with you <input type="text" value="12"/>	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number <input type="text" value="123456789"/>	Date of birth (mmddyyyy) <input type="text" value="03122011"/>
2nd Child	ABBY		ADAMS		DAUGHTER
	No. of months lived with you <input type="text" value="12"/>	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number <input type="text" value="234567891"/>	Date of birth (mmddyyyy) <input type="text" value="02022008"/>
3rd Child	OLIVER		MAZURKI		SON
	No. of months lived with you <input type="text" value="12"/>	Full-time student* <input checked="" type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number <input type="text" value="345678912"/>	Date of birth (mmddyyyy) <input type="text" value="05012004"/>

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

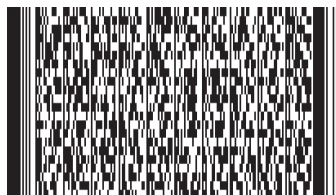
- Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State 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"/> 55800.00
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"/> 59900.00
10 Amount of federal EIC claimed (from federal Form 1040, line 27)	<input type="text" value="10"/> 731.00
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"/> 219.00

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"/> 2031.00
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"/> 219.00
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

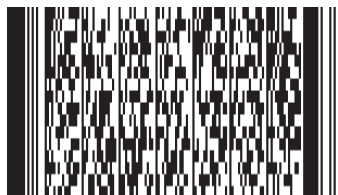
New York City earned income credit (full-year and part-year New York City residents)

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		2031.00
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		2031.00

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