

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2021**  
 OMB No. 1545-0008

Copy C for employer's record  
 d Control number Dept. Corp. Employer use only  
 001575 LONG/19P 000000 T 191

e Employer's name, address, and ZIP code

FRED S KELLER SCHOOL  
 SCHOOL  
 1 ODELL PLAZA  
 YONKERS NY 10701

Batch #00870

e/f Employee's name, address, and ZIP code

ALANA J OSROFF  
 337 BARWICK BOULEVARD  
 MINEOLA NY 11501

b Employer's FED ID number

13-3363868

1 Wages, tips, other comp.

4088.31

2 Federal income tax withheld

54.04

3 Social security wages

4088.31

4 Social security tax withheld

253.48

5 Medicare wages and tips

4088.31

6 Medicare tax withheld

59.28

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

12b

12c

12d

13 Stat emp/Ret plan/3rd party sick pay

15 State Employer's state ID no.

NY 13-3363868

16 State wages, tips, etc.

4088.31

17 State income tax

67.31

18 Local wages, tips, etc.

4088.31

19 Local income tax

16.48

20 Locality name

YONKERS

c Employer's name, address, and ZIP code

FRED S KELLER SCHOOL

SCHOOL

1 ODELL PLAZA

YONKERS NY 10701

b Employer's FED ID number

13-3363868

a Employee's SSA number

XXX-XX-1923

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

12b

12c

12d

13 Stat emp/Ret plan/3rd party sick pay

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NY 13-3363868

16 State wages, tips, etc.

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18 Local wages, tips, etc.

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19 Local income tax

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20 Locality name

YONKERS

e/f Employee's name, address and ZIP code

ALANA J OSROFF

337 BARWICK BOULEVARD

MINEOLA NY 11501

15 State Employer's state ID no.

NY 13-3363868

16 State wages, tips, etc.

4088.31

17 State income tax

67.31

18 Local wages, tips, etc.

4088.31

19 Local income tax

16.48

20 Locality name

YONKERS

Copy C to be filed with employee's Federal Income Tax Return

W-2 Wage and Tax Statement OMB No. 1545-0008

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY, State Wages, Tips, Etc. Local Wages, Box 15 of W-2
Gross Pay	4,088.31	4,088.31	4,088.31	4,088.31 4,088.31
Reported W-2 Wages	4,088.31	4,088.31	4,088.31	4,088.31 4,088.31

2. Employee Name and Address.

ALANA J OSROFF  
 337 BARWICK BOULEVARD  
 MINEOLA NY 11501

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Fold and Detach Here - 3

1 Wages, tips, other comp. 2 Federal income tax withheld

4088.31 54.04

3 Social security wages 4 Social security tax withheld

4088.31 253.48

5 Medicare wages and tips 6 Medicare tax withheld

4088.31 59.28

d Control number Dept. Corp. Employer use only

001575 LONG/19P 000000 T 191

c Employer's name, address, and ZIP code

FRED S KELLER SCHOOL  
 SCHOOL  
 1 ODELL PLAZA  
 YONKERS NY 10701

b Employer's FED ID number a Employee's SSA number

13-3363868 XXX-XX-1923

7 Social security tips 8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans 12a

14 Other 12b

10.40 SDI 20.90 NY PFL 12c

12d

13 Stat emp/Ret plan/3rd party sick pay

e/f Employee's name, address and ZIP code

ALANA J OSROFF

337 BARWICK BOULEVARD

MINEOLA NY 11501

15 State Employer's state ID no. 16 State wages, tips, etc.

NY 13-3363868 4088.31

17 State income tax 18 Local wages, tips, etc.

67.31 4088.31

19 Local income tax 20 Locality name

16.48 YONKERS

Copy C to be filed with employee's State Income Tax Return

W-2 Wage and Tax Statement OMB No. 1545-0008

Copy C to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp. 2 Federal income tax withheld

4088.31 54.04

3 Social security wages 4 Social security tax withheld

4088.31 253.48

5 Medicare wages and tips 6 Medicare tax withheld

4088.31 59.28

d Control number Dept. Corp. Employer use only

001575 LONG/19P 000000 T 191

c Employer's name, address, and ZIP code

FRED S KELLER SCHOOL  
 SCHOOL  
 1 ODELL PLAZA  
 YONKERS NY 10701

b Employer's FED ID number a Employee's SSA number

13-3363868 XXX-XX-1923

7 Social security tips 8 Allocated tips

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10.40 SDI 20.90 NY PFL 12c

12d

13 Stat emp/Ret plan/3rd party sick pay

e/f Employee's name, address and ZIP code

ALANA J OSROFF

337 BARWICK BOULEVARD

MINEOLA NY 11501

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NY 13-3363868 4088.31

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67.31 4088.31

19 Local income tax 20 Locality name

16.48 YONKERS

Copy C to be filed with employee's City or Local Income Tax Return

W-2 Wage and Tax Statement OMB No. 1545-0008

Copy C to be filed with employee's City or Local Income Tax Return

a Employee's social security number 079-88-1923		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.																																			
b Employer identification number (EIN) 13-1624202		OMB No. 1545-0008																																			
c Employer's name, address, and ZIP code TEACHERS COLLEGE, COLUMBIA UN. 525 WEST 120TH STREET New York NY 10027		<table border="1"> <tr> <td>1 Wages, tips, other compensation 3375.04</td> <td>2 Federal income tax withheld 25.73</td> </tr> <tr> <td>3 Social security wages</td> <td>4 Social security tax withheld</td> </tr> <tr> <td>5 Medicare wages and tips</td> <td>6 Medicare tax withheld</td> </tr> <tr> <td>7 Social security tips</td> <td>8 Allocated tips</td> </tr> <tr> <td>9</td> <td>10 Dependent care benefits</td> </tr> <tr> <td colspan="2">11 Nonqualified plans</td> </tr> <tr> <td>13 Statutory employee [ ]</td> <td>14 Retirement plan [ ]</td> <td>15 Third-party sick pay [ ]</td> <td colspan="3">12 See Instructions for box 12</td> </tr> <tr> <td colspan="2">16 Other PFL</td> <td>17 State Income tax 36.32</td> <td>18 Local wages, tips, etc. 3375.04</td> <td>19 Local Income tax 35.04</td> <td>20 Locality name NYC TX</td> </tr> <tr> <td>15 State NY</td> <td>Employer's state ID number 13-1624202</td> <td>16 State wages, tips, etc. 3375.04</td> <td>17 State Income tax 36.32</td> <td>18 Local wages, tips, etc. 3375.04</td> <td>19 Local Income tax 35.04</td> </tr> </table>						1 Wages, tips, other compensation 3375.04	2 Federal income tax withheld 25.73	3 Social security wages	4 Social security tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	7 Social security tips	8 Allocated tips	9	10 Dependent care benefits	11 Nonqualified plans		13 Statutory employee [ ]	14 Retirement plan [ ]	15 Third-party sick pay [ ]	12 See Instructions for box 12			16 Other PFL		17 State Income tax 36.32	18 Local wages, tips, etc. 3375.04	19 Local Income tax 35.04	20 Locality name NYC TX	15 State NY	Employer's state ID number 13-1624202	16 State wages, tips, etc. 3375.04	17 State Income tax 36.32	18 Local wages, tips, etc. 3375.04	19 Local Income tax 35.04
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Filing Status  
Check only  
one box.

Single  Married filing Jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ►

Your first name and middle initial

Last name

Your social security number  
079-88-1923

ALANA

OSROFF

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.

Apt. no.

337 BARWICK BLVD

Presidential Election Campaign  
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.

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

State

NY

ZIP code

11501-

MINEOLA

Foreign country name

Foreign province/state/county

Foreign postal code

 You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

 Yes NoStandard Someone can claim:  You as a dependent  Your spouse as a dependentDeduction  Spouse itemizes on a separate return or you were a dual-status alienAge/Blindness You:  Were born before January 2, 1957  Are blind Spouse:  Was born before January 2, 1957  Is blind

Dependents (see instructions):	(1) First name		(2) Social security number		(3) Relationship to you		(4) ✓ if qualifies for (see instructions):	
	Child tax credit	Credit for other dependents						
If more than four dependents, see instructions and check here ►								

1. Wages, salaries, tips, etc. Attach Form(s) W-2.	1	7,463
2a Tax-exempt interest.	2a	
3a Qualified dividends.	3a	
4a IRA distributions.	4a	
5a Pensions and annuities.	5a	
6a Social security benefits.	6a	
b Taxable interest.	b	
b Ordinary dividends.	b	
b Taxable amount.	b	
b Taxable amount.	b	
b Taxable amount.	b	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	7	
8 Other income from Schedule 1, line 10.	8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income.	9	7,463
10 Adjustments to income from Schedule 1, line 26.	10	
11 Subtract line 10 from line 9. This is your adjusted gross income.	11	7,463
12a Standard deduction or Itemized deductions (from Schedule A).	12a	7,813
b Charitable contributions if you take the standard deduction (see instructions).	12b	300
c Add lines 12a and 12b.	12c	8,113
13 Qualified business income deduction from Form 8995 or Form 8995-A.	13	0
14 Add lines 12c and 13.	14	8,113
15 Taxable Income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	0

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

16	Tax (see instructions). Check if any from Form(s):	1 <input type="checkbox"/> 8814	2 <input type="checkbox"/> 4972	3 <input type="checkbox"/> _____	16	
17	Amount from Schedule 2, line 3 . . . . .				17	
18	Add lines 16 and 17 . . . . .				18	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .				19	
20	Amount from Schedule 3, line 8 . . . . .				20	
21	Add lines 19 and 20 . . . . .				21	
22	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .				22	
23	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .				23	
24	Add lines 22 and 23. This is your total tax . . . . .				24	
25	Federal income tax withheld from:				25a	80
a	Form(s) W-2 . . . . .				25b	
b	Form(s) 1099 . . . . .				25c	
c	Other forms (see Instructions) . . . . .				25d	80
d	Add lines 25a through 25c . . . . .				26	
26	2021 estimated tax payments and amount applied from 2020 return . . . . .				27a	
27a	Earned income credit (EIC) . . . . .				27b	
Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions . . . . . ► <input type="checkbox"/>					27c	
b	Nontaxable combat pay election . . . . .				28	
c	Prior year (2019) earned income . . . . .				29	
28	Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . .				30	
29	American opportunity credit from Form 8863, line 8 . . . . .				31	
30	Recovery rebate credit. See Instructions . . . . .				32	
31	Amount from Schedule 3, line 15 . . . . .				33	80
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits . . . . . ► 32				34	80
33	Add lines 25d, 26, and 32. These are your total payments . . . . . ► 33				35a	80
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . . . .				36	
Direct deposit? See instructions.	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . . . . ► <input type="checkbox"/>				37	
► b	Routing number				c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
► d	Account number				38	
36	Amount of line 34 you want applied to your 2022 estimated tax . . . . . ► 36				37	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . . . . . ► 37				38	
38	Estimated tax penalty (see instructions) . . . . . ► 38				39	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS?

See instructions . . . . .

►  Yes. Complete below.

No

Designee's name ►

Phone no. ►

Personal identification number (PIN) ►

**Sign Here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst) ►
		STUDENT	

Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst) ►

Phone no. Email address

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input checked="" type="checkbox"/> Self-employed
	JOHN SANDLER	JOHN SANDLER		P01328709	
	Firm's name ► JOHN SANDLER CPA			Phone no. --	
	Firm's address ► 310 WELLINGTON ROAD MINEOLA NY 11501			Firm's EIN ►	

## W-2 DETAIL REPORT - 2021

Employer	EIN	TP/SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
FRED S KELLER SCHOOL	13-3363868 X		4088	54	253	59	NY	4088	67	YONKERS	16
TEACHERS COLLEGE	13-1624202 X		3375	26	---	---	NY	3375	36	NYC	35
			---	---	---	59		---	---		--
			7463	80	253			7463	103		51

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

2021  
NEW  
YORK  
STATE

For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ...

21

and ending ...

2021	21
------	----

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
ALANA		OSROFF	11161998	079881923
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box)			Apartment number	New York State county of residence
337 BARWICK BLVD				NASSAU
City, village, or post office		State	ZIP code	County
MINEOLA		NY	11501	United States
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district name
				MINEOLA
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		Spouse's date of death (mmddyyyy)
Decedent information				

A Filing status  
(mark an X in one box): Single

Married filing joint return  
(enter spouse's Social Security number above)

Married filing separate return  
(enter spouse's Social Security number above)

Head of household (with qualifying person)

Qualifying widow(er)

B Did you itemize your deductions on  
your 2021 federal income tax return? Yes  No

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

D1 Did you have a financial account  
located in a foreign country? (see page 13) ....Yes  No D2 Were you required to report any nonqualified  
deferred compensation, as required by IRC § 457A  
on your 2021 federal return? (see page 13) ....Yes  No E (1) Did you or your spouse maintain living  
quarters in NYC during 2021? (see page 13) ....Yes  No (2) Enter the number of days spent in NYC in 2021  
(any part of a day spent in NYC is considered a day) ....

.....
-------

F NYC residents and NYC part-year  
residents only (see page 13):

(1) Number of months you lived in NYC in 2021 ....

.....
-------

(2) Number of months your spouse lived in NYC in 2021 ....

.....
-------

G Enter your 2-character special condition  
code(s) if applicable (see page 13) ....

.....	.....
-------	-------



## H Dependent information (see page 14)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

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

201001211045



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
079881923

**Federal Income and adjustments** (see page 14)

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

Whole dollars only	
1	7463.00
2	.00
3	.00
4	.00
5	.00
6	.00
7	.00
8	.00
9	.00
10	.00
11	.00

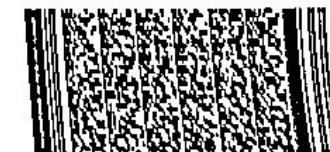
**New York additions** (see page 15)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 15) .....
- 22 New York's 529 college savings program distributions (see page 15) .....
- 23 Other (Form IT-225, line 9) .....
- 24 Add lines 19a through 23 .....

20	.00
21	.00
22	.00
23	.00
24	7463.00

**New York subtractions** (see page 16)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....
- 26 Pensions of NYS and local governments and the federal government (see page 16) .....
- 27 Taxable amount of Social Security benefits (from line 15) .....
- 28 Interest income on U.S. government bonds .....
- 29 Pension and annuity income exclusion (see page 17) .....
- 30 New York's 529 college savings program deduction/earning .....
- 31 Other (Form IT-225, line 18) .....
- 32 Add lines 25 through 31 .....
- 33 New York adjusted gross income (subtract line 32 from line 24) .....



32	.00
33	7463.00

**Standard deduction or itemized deduction** (see page 19)

- 34 Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196)  
Mark an **X** in the appropriate box:  Standard -or-  Itemized
- 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....
- 36 Dependent exemptions (enter the number of dependents listed in Item H; see page 19) .....
- 37 Taxable income (subtract line 36 from line 35) .....

34	3100.00
35	4363.00
36	000.00
37	4363.00

**NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM**

IT-201 (2021) Page 3 of 4

14 OSROFF

14 on page 1

Your Social Security number

079881923

**computation, credits, and other taxes**

**38 Taxable income (from line 37 on page 2) .....**

**39 NYS tax on line 38 amount (see page 20) .....**

**40 NYS household credit (page 20, table 1, 2, or 3) .....**

**41 Resident credit (see page 21) .....**

**42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ....**

**43 Add lines 40, 41, and 42 .....**

**44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....**

**45 Net other NYS taxes (Form IT-201-ATT, line 30) .....**

**46 Total New York State taxes (add lines 44 and 45) .....**

38	4363.00
39	175.00
40	.00
41	.00
42	.00
43	.00
44	175.00
45	.00
46	175.00

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

**47 NYC taxable income (see page 21) .....**

**47a NYC resident tax on line 47 amount (see page 21) .....**

**48 NYC household credit (page 21) .....**

**49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....**

**50 Part-year NYC resident tax (Form IT-360.1) .....**

**51 Other NYC taxes (Form IT-201-ATT, line 34) .....**

**52 Add lines 49, 50, and 51 .....**

**53 NYC nonrefundable credits (Form IT-201-ATT, line 10) ....**

**54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....**

**54a MCTMT net earnings base .....**

**54b MCTMT .....**

**55 Yonkers resident income tax surcharge (see page 24) .....**

**56 Yonkers nonresident earnings tax (Form Y-203) .....**

**57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....**

**58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ....**

**59 Sales or use tax (see page 25; do not leave line 59 blank) .....**

**60 Voluntary contributions (Form IT-227, Part 2, line 1) .....**

**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) .....**

47	.00
47a	.00
48	.00
49	.00
50	.00
51	.00
52	.00
53	.00
54	.00
54b	.00
55	29.00
56	.00
57	.00
58	29.00
59	0.00
60	.00
61	204.00

**See Instructions on pages 21 through 24 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.**



**NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM**

201003211045

IT-201 (2021)

Your Social Security number

079881923

62

204.00

63 *Enter amount from line 61*  
 63 **Payments and refundable credits** (see pages 26 through 29)  
 64 Empire State child credit .....  
 65 NYS/NYC child and dependent care credit .....  
 66 NYS earned income credit (EIC) .....  
 67 NYS noncustodial parent EIC .....  
 68 Real property tax credit .....  
 69 NYC school tax credit (fixed amount) (also complete F on page 1)  
 69a NYC school tax credit (rate reduction amount) .....  
 70 NYC earned income credit .....  
 70a This line intentionally left blank .....  
 71 Other refundable credits (Form IT-201-ATT, line 18) .....  
 72 Total New York State tax withheld .....  
 73 Total New York City tax withheld .....  
 74 Total Yonkers tax withheld .....  
 75 Total estimated tax payments and amount paid with Form IT-370 ....  
 76 Total payments (add lines 63 through 75) ....

63	.00
64	.00
65	.00
66	.00
67	.00
68	.00
69	.00
69a	.00
70	.00
70a	.00
71	.00
72	103.00
73	35.00
74	16.00
75	.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 11). Do not send federal Form W-2 with your return.

76 154.00

Your refund, amount you owe, and account information (see pages 30 through 32)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30) .....  
 78 Amount of line 77 available for refund (subtract line 79 from line 77) .....  
 TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) .....

78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) .....

77	.00
78	.00
78a	.00
78b	.00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 31 for payment options.

80 50.00

See page 34 for the proper assembly of your return.

79 Amount of line 77 that you want applied to your 2022 estimated tax (see instructions) ..... 79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return .....

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) .....

81 .00

82 .00

82 Other penalties and interest (see page 31) .....

83 Account information for direct deposit or electronic funds withdrawal (see page 32). 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 (see pg. 32)

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

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 32) ..... Date ..... Amount ..... .00

Third-party designee? (see instr.)	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code	03
Preparer's signature JOHN SANDLER	Preparer's printed name JOHN SANDLER			
Firm's name (or yours, if self-employed) JOHN SANDLER CPA		Preparer's PTIN or SSN P01328709		
Address 310 WELLINGTON ROAD MINEOLA NY 11501		Employer identification number Date		
Email: JOHN SANDLER @ GMAIL.COM				

▼ Taxpayer(s) must sign here! ▼	
Your signature	
Your occupation STUDENT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number
Email:	

See Instructions for where to mail your return.

201004211045



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM