

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.

## Employee Reference Copy

W-2 Wage and Tax Statement 2021

OMB No. 1545-0048

Copy C for employee's records

d Control number Dept. Corp. Employer use only  
001575 LONG/19P 000000 T 191

e/f Employee'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  
e Employee's SSA number XXX-XX-1923

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

14 Other 10.40 SOI 20.90 NY PFL  
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

## 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. Box 15 of W-2	YONKERS Local Wages, Tips, Etc. Box 18 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 →

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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

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SCHOOL  
1 ODELL PLAZA  
YONKERS NY 10701

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a Employee's SSA number XXX-XX-1923

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8 Allocated tips

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12a See instructions for box 12

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12b  
12c  
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13 Stat emp./Ret. plan/3rd party sick pay

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ALANA J OSROFF  
337 BARWICK BOULEVARD  
MINEOLA NY 11501

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16 State wages, tips, etc. 4088.31

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18 Local wages, tips, etc. 4088.31

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SCHOOL  
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YONKERS NY 10701

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8 Allocated tips

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12b  
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. 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

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4 Social security tax withheld 253.48

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1 ODELL PLAZA  
YONKERS NY 10701

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a Employee's SSA number XXX-XX-1923

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8 Allocated tips

9  
10 Dependent care benefits

11 Nonqualified plans  
12a See instructions for box 12

14 Other 10.40 SOI 20.90 NY PFL  
12b  
12c  
12d

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

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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

Federal Filing Copy

W-2 Wage and Tax Statement 2021

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

NY State Filing Copy

W-2 Wage and Tax Statement 2021

Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy

W-2 Wage and Tax Statement 2021

Copy 2 to be filed with employee's City or Local Income Tax Return.

a Employee's social security number 079-88-1923		OMB No. 1545-0008		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		1 Wages, tips, other compensation 3375.04		2 Federal income tax withheld 25.73		
c Employer's name, address, and ZIP code TEACHERS COLLEGE, COLUMBIA UN. 525 WEST 120TH STREET New York NY 10027		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		
d Control number 1925		9		10 Dependent care benefits		
e Employee's first name and Initial Alana J  509 W 121st St Apt 804 New York NY 10027-5900		11 Nonqualified plans		12 See Instructions for box 12		
		13 Statutory Retirement Third-party employee plan sick pay [ ] [ ] [ ]				
		14 Other PFL 17.28				
f Employee's address and ZIP code						
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	20 Locality name NYC TX

1040

Department of the Treasury—Internal Revenue Service

(99)

## U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

## Filing Status

☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

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

ALANA

Last name

OSROFF

Your social security number

079-88-1923

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.

337 BARWICK BLVD

Apt. no.

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

MINEOLA

State

NY

ZIP code

11501-

Foreign country name

Foreign province/state/county

Foreign postal code

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.

☐ You☐ Spouse

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

☐ Yes☒ No

## Standard Deduction

Someone can claim: ☒ You as a dependent ☐ Your spouse as a dependent☐ Spouse itemizes on a separate return or you were a dual-status alien

## Age/Blindness

 You: ☐ Were born before January 2, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

## Dependents

(see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

 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	2b	
3a	Qualified dividends.	3a	3b	
4a	IRA distributions.	4a	4b	
5a	Pensions and annuities.	5a	5b	
6a	Social security benefits.	6a	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		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

 Attach  
Sch. B if  
required.

 Standard  
Deduction for—

 Single or  
Married filing  
separately,  
\$12,550

 Married filing  
jointly or  
Qualifying  
widow(er),  
\$25,100

 Head of  
household,  
\$18,800

 If you checked  
any box under  
Standard  
Deduction,  
see instructions.

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

Form 1040 (2021)

CA

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:		
a	Form(s) W-2	25a	80
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	80
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
	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		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	80
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	80
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	80
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

## Refund

Direct deposit?  
See instructions.

## Amount You Owe

## 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

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.)

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

Preparer's name

Preparer's signature

Date

PTIN

Check if:

JOHN SANDLER

JOHN SANDLER

P01328709

☒ Self-employed

Firm's name JOHN SANDLER CPA

Phone no.

Firm's address 310 WELLINGTON ROAD MINEOLA NY 11501

Firm's EIN

Paid  
Preparer  
Use Only

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

## 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

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

21

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

Your first name <b>ALANA</b>	MI	Your last name (for a joint return, enter spouse's name on line below) <b>OSROFF</b>	Your date of birth (mmddyyyy) <b>11161998</b>	Your Social Security number <b>079881923</b>
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) <b>337 BARWICK BLVD</b>			Apartment number	New York State county of residence <b>NASSAU</b>
City, village, or post office <b>MINEOLA</b>		State <b>NY</b>	ZIP code <b>11501</b>	Country <b>United States</b>
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district name <b>MINEOLA</b>
City, village, or post office			State	ZIP code
Decedent information			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
School district code number <b>398</b>				

## 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 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) ....

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

- 12 Rental real estate included in line 11 ..... 12 .00
- 13 Farm income or loss (submit a copy of federal Schedule F, Form 1040) .... 13 .00
- 14 Unemployment compensation ..... 14 .00
- 15 Taxable amount of Social Security benefits (also enter on line 27) ..... 15 .00
- 16 Other income (see page 14) Identify: ..... 16 .00
- 17 Add lines 1 through 11 and 13 through 16 ..... 17 7463.00
- 18 Total federal adjustments to income (see page 14) Identify: ..... 18 .00
- 19 Federal adjusted gross income (subtract line 18 from line 17) ..... 19 7463.00
- 19a Recomputed federal adjusted gross income (see page 14, Line 19a worksheet) ..... 19a 7463.00

**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) 25 .00
- 26 Pensions of NYS and local governments and the federal government (see page 16) ... 26 .00
- 27 Taxable amount of Social Security benefits (from line 15) 27 .00
- 28 Interest income on U.S. government bonds ..... 28 .00
- 29 Pension and annuity income exclusion (see page 17) .... 29 .00
- 30 New York's 529 college savings program deduction/earning 30 .00
- 31 Other (Form IT-225, line 18) ..... 31 .00
- 32 Add lines 25 through 31 ..... 32 .00
- 33 New York adjusted gross income (subtract line 32 from line 24) ..... 33 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

201002211045



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number

079881923

## computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	4363.00
39	NYS tax on line 38 amount (see page 20)	39	175.00
40	NYS household credit (page 20, table 1, 2, or 3)	40	.00
41	Resident credit (see page 21)	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	175.00
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	175.00

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

47	NYC taxable income (see page 21)	47	.00
47a	NYC resident tax on line 47 amount (see page 21)	47a	.00
48	NYC household credit (page 21)	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	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 24)	55	29.00
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 54b through 57)	58	29.00

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



59	Sales or use tax (see page 25; do not leave line 59 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	204.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Your Social Security number  
079881923

62 204.00

IT-201 (2021)

Enter amount from line 61 (see pages 26 through 29)

63 Payments and refundable credits	63	.00
64 Empire State child credit	64	.00
65 NYS/ NYC child and dependent care credit	65	.00
66 NYS earned income credit (EIC)	66	.00
66 NYS noncustodial parent EIC	67	.00
67 Real property tax credit	68	.00
68 College tuition credit	69	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69a	.00
69a NYC school tax credit (rate reduction amount)	70	.00
70 NYC earned income credit	70a	.00
70a This line intentionally left blank	71	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	72	103.00
72 Total New York State tax withheld	73	35.00
73 Total New York City tax withheld	74	16.00
74 Total Yonkers tax withheld	75	.00
75 Total estimated tax payments and amount paid with Form IT-370	76	154.00



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.

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) ..... 77 .00
- 78 Amount of line 77 available for refund (subtract line 79 from line 77) ..... 78 .00
- 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) .. 78a .00
- 78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) ..... 78b .00

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

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

See page 31 for payment options.

- 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 ..... 80 50.00
- 81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) ..... 81 .00
- 82 Other penalties and interest (see page 31) ..... 82 .00
- 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) ☐

See page 34 for the proper assembly of your return.

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

83b Routing number ..... 83c Account number ..... Amount ..... .00

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

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

Paid preparer must complete (see instructions)		Preparer's NYTPRN	NYTPRN 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		
Email: JOHNSANDLER@GMAIL.COM		Date		

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201004211045

See instructions for where to mail your return.

