

**Prepared For:**

RAPHAEL AGUINALDO

01/23/2019

Today's Savings

- * By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by: \$2,325.00
- * In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2018, your Marginal Tax Rate is 24% and your Effective Tax Rate is 17%.

Total Savings **\$2,325.00**

Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary	Message	
Federal	Yes	\$635.00	Refund	\$635.00	See the Filing Checklist for instructions.
New York	Yes	\$939.00	Refund	\$939.00	See the Filing Checklist for mailing instructions.

H&R Block ADVANTAGE[®]

2018 Tax Return Summary

Federal Year over Year Comparison

INCOME	Year 2018	Year 2017	Change(\$)
Wages, salaries, tips	\$119,389	\$114,651	\$4,738
Business income (loss)	\$0	(\$2,135)	\$2,135
Capital gain (loss)	\$0	(\$1,921)	\$1,921
Total income	\$119,389	\$110,595	\$8,794

ADJUSTED GROSS INCOME

Total income less total adjustments	\$119,389	\$110,595	\$8,794
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TAXABLE INCOME

Standard deductions	\$12,000	\$6,350	\$5,650
Exemptions	\$0	\$4,050	(\$4,050)
Taxable income	\$107,389	\$94,867	\$12,522

TAX COMPUTATION

Income tax	\$20,063	\$19,547	\$516
Tax before credits	\$20,063	\$19,547	\$516

OTHER TAXES

Total tax	\$20,063	\$19,547	\$516
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PAYMENTS

Federal withholding	\$20,698	\$22,856	(\$2,158)
Total payments	\$20,698	\$22,856	(\$2,158)

REFUND

Overpayment	\$635	\$3,309	(\$2,674)
Refund due	\$635	\$3,309	(\$2,674)

OTHER COMPUTATIONS

Alternative minimum taxable income	\$119,389	\$110,195	\$9,194
Total tax preferences and adjustments	\$0	\$11,278	(\$11,278)
Marginal tax bracket	24%	28%	
Effective tax bracket	17%		
Filing status	Single	Single	

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit**

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN:	<u>12345</u>
Taxpayer's Date of Birth:	<u>09/06/1981</u>
Taxpayer's Prior Year Adjusted Gross Income:	<u>110,595.</u>
Taxpayer's Prior year PIN	<u>91981</u>
Taxpayer's Electronic Filing PIN	_____
Spouse's PIN:	_____
Spouse's Date of Birth:	_____
Spouse's Prior Year Adjusted Gross Income:	_____
Spouse's Prior year PIN	_____
Spouse's Electronic Filing PIN	_____

Date: 01/23/2019



New York State E-File Signature Authorization for Tax Year 2018

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: RAPHAEL AGUINALDO

Spouse's name: _____
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT- 201, *Resident Income Tax Return*, IT- 201- X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part- Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT- 214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC- 210, *Claim for New York City School Tax Credit*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Visit our website at www.tax.ny.gov to view this document.

Do not mail Form TR- 579- IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT- 370, *Application for Automatic Six- Month Extension of Time to File for Individuals*. See Form TR- 579.1- IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT- 370 and Tax Year 2019 Form IT- 2105*.

Part A — Tax return information

1 Federal adjusted gross income (<i>from applicable line</i>)	1.	<u>119,389</u>
2 Refund	2.	<u>939</u>
3 Amount you owe.	3.	
4 Financial institution routing number	4.	<u>322271627</u>
5 Financial institution account number	5.	<u>3060597984</u>
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B — Declaration of taxpayer and authorizations for Forms IT- 201, IT- 201- X, IT- 203, IT- 203- X, IT- 214, NYC- 208, and NYC- 210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR- 579- IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (5) business days prior to the payment date.

Taxpayer's signature: _____ Date: _____
Spouse's signature: _____ Date: _____
(jointly filed return only)

Part C — Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____
Print name: _____
Paid preparer's signature: _____ Date: _____
Print name: _____

2018 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2018

Prepared for	RAPHAEL AGUINALDO																								
Tax Summary	<table> <tr> <td>Gross Income</td> <td>\$</td> <td>119,389</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$</td> <td>119,389</td> </tr> <tr> <td>Total Deductions</td> <td>\$</td> <td>12,000</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$</td> <td>107,389</td> </tr> <tr> <td>Total Tax</td> <td>\$</td> <td>20,063</td> </tr> <tr> <td>Total Payments</td> <td>\$</td> <td>20,698</td> </tr> <tr> <td>Refund Amount</td> <td>\$</td> <td>635</td> </tr> <tr> <td>Amount You Owe</td> <td>\$</td> <td>0</td> </tr> </table>	Gross Income	\$	119,389	Adjusted Gross Income	\$	119,389	Total Deductions	\$	12,000	Total Taxable Income	\$	107,389	Total Tax	\$	20,063	Total Payments	\$	20,698	Refund Amount	\$	635	Amount You Owe	\$	0
Gross Income	\$	119,389																							
Adjusted Gross Income	\$	119,389																							
Total Deductions	\$	12,000																							
Total Taxable Income	\$	107,389																							
Total Tax	\$	20,063																							
Total Payments	\$	20,698																							
Refund Amount	\$	635																							
Amount You Owe	\$	0																							
Make check payable to	United States Treasury																								
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																								

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

Filing status: <input checked="" type="checkbox"/> Single		<input type="checkbox"/> Married filing jointly		<input type="checkbox"/> Married filing separately		<input type="checkbox"/> Head of household		<input type="checkbox"/> Qualifying widow(er)	
Your first name and initial RAPHAEL				Last name AGUINALDO				Your social security number 553-97-5976	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent		<input type="checkbox"/> You were born before January 2, 1954		<input type="checkbox"/> You are blind					
If joint return, spouse's first name and initial				Last name				Spouse's social security no.	
Spouse standard deduction: <input type="checkbox"/> Spouse is blind		<input type="checkbox"/> Someone can claim your spouse as a dependent		<input type="checkbox"/> Spouse was born before January 2, 1954		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)			
Home address (number and street). If you have a P.O. box, see instructions. 336 E36TH ST						Apt. no. 2		Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. NEW YORK, NY 10022								If more than four dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>	
Dependents (see instructions):				(2) Social security no.		(3) Relationship to you		(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name		Last name						Child tax credit Credit for other dependents	

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.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation FINANCIAL ANALYS	If the IRS sent you an ID Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only	Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> self-employed
	Firm's name ▶		Phone no.		
	Firm's address ▶				

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for -

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	119,389.
2a	Tax-exempt interest 2a	2b	Taxable interest 2b
3a	Qualified dividends 3a	3b	Ordinary dividends 3b
4a	IRAs, pensions, and annuities 4a	4b	Taxable amount 4b
5a	Social security benefits 5a	5b	Taxable amount 5b
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	119,389.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	119,389.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	107,389.
11	a Tax (see inst) 20,063. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	20,063.
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	20,063.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	20,063.
14	Other taxes. Attach Schedule 4	14	
15	Total tax. Add lines 13 and 14	15	20,063.
16	Federal income tax withheld from Forms W-2 and 1099	16	20,698.
17	Refundable credits: a EIC (see inst.) b Sch 8812	17	
	c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	20,698.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	635.
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	635.
20b	Routing number 322271627 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
20d	Account number 3060597984		
21	Amount of line 19 you want applied to your 2019 estimated tax 21	21	
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23	Estimated tax penalty (see instructions) 23	23	

Refund

Direct deposit?
See instructions.

**Amount
You Owe**

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2018)

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

2018

Attachment
Sequence No. 52

Name(s) shown on Form 1040 or Form 1040NR

RAPHAEL AGUINALDO

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

553-97-5976

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions).	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2		
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter.	3		3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs.	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		3,450.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter.	6		3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions).	7		
8	Add lines 6 and 7.	8		3,450.
9	Employer contributions made to your HSAs for 2018.	9		2,888.
10	Qualified HSA funding distributions.	10		
11	Add lines 9 and 10.	11		2,888.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		562.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25.	13		0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions).	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	14b	
c	Subtract line 14b from line 14a.	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions).	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here.		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	17b	

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

Form 8889 (2018)



H&R BLOCK®

2018 STATE TAX RETURN FILING INSTRUCTIONS

NEW YORK

FOR THE YEAR ENDING
December 31, 2018

Prepared for	RAPHAEL AGUINALDO		
Tax Summary	Gross Income	\$	119,389
	Adjusted Gross Income	\$	119,389
	Total Deductions	\$	8,000
	Total Taxable Income	\$	111,389
	Total Tax	\$	11,124
	Total Payments	\$	11,752
	Refund Amount	\$	939
	Amount You Owe	\$	0
Make check payable to			
Mailing Address			
Special Instructions	<p>SIGN AND DATE YOUR RETURN Please sign and date Form NY TR-579. Keep a copy with your records for three years.</p> <p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p>		



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, 2018, through December 31, 2018, or fiscal year beginning

18

and ending . . .

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
RAPHAEL		AGUINALDO	09061981	553975976
Spouse's first name	MI	Spouse's last name	Spouse's DOB (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York State cnty of residence
336 E36TH ST			2	NEW YORK
City, village, or post office		State	ZIP code	Country (if not United States)
NEW YORK		NY	10022	
Taxpayer's permanent home address (see instrs, pg 14) (number and street or rural route)			Apartment number	School district name
				MANHATTAN
				School district code number 369
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
			Decedent information	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 widow(er)

B Did you itemize your deductions on your 2018 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 15). Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15). Yes ☐ No ☐
- (2) Enter the amount.00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15). Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) Yes ☐ No ☐(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day) **F NYC residents and NYC part-year residents only** (see page 15):

- (1) Number of months **you** lived in NYC in 2018 12
- (2) Number of months **your spouse** lived in NYC in 2018

G Enter your **2-character special condition code(s)** if applicable (see page 15). **H Dependent information** (see page 16)

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

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

201001181029



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
553975976

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc	1	119389.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C- EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box.	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box.	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of fed Schedule E, Fm 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16.	17	119389.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	119389.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT- 225, line 9)	23	.00
24	Add lines 19 through 23.	24	119389.00

New York subtractions (see page 18)

25	Taxable refs, credits, or offsets of state & local income taxes (from ln. 4)	25	.00
26	Pensions of NYS & local govts & the fed government (see page 18)	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 19).	29	.00
30	New York's 529 college savings program deduction/earnings.	30	.00
31	Other (Form IT- 225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	119389.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) 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	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	111389.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	111389.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
RAPHAEL AGUINALDO

Your social security number
553975976

IT- 201 (2018) Page 3 of 4

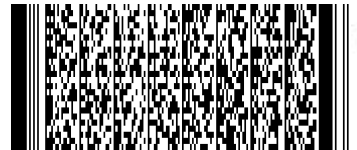
Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	111389.00
39	NYS tax on line 38 amount (see page 22)	39	6932.00
40	NYS household credit (page 21, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	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	6932.00
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	6932.00

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

47	NYC taxable income (see instructions)	47	111389.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	4192.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	4192.00
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	4192.00
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	4192.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 26)	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 54b through 57)	58	4192.00
59	Sales or use tax (see page 27; do not leave line 59 blank)	59	0.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



Voluntary contributions (see page 28)

60a	Return a Gift to Wildlife	60a	.00	60o	Veterans' Homes	60o	.00
60b	Missing/Exploited Children	60b	.00	60p	Love Your Library Fund	60p	.00
60c	Breast Cancer Research	60c	.00	60q	Lupus Fund	60q	.00
60d	Alzheimer's Fund	60d	.00	60r	Military Family Fund	60r	.00
60e	Olympic Fund (\$2 or \$4)	60e	.00	60s	CUNY Fund	60s	.00
60f	Prostate Cancer	60f	.00				
60g	9/11 Memorial	60g	.00				
60h	Volunteer Firefighting	60h	.00				
60i	Teen Health Education	60i	.00				
60j	Veterans Remembrance	60j	.00				
60k	Homeless Veterans	60k	.00				
60l	Mental Illness Anti-Stigma	60l	.00				
60m	Women's Cancers Fund	60m	.00				
60n	Autism Fund	60n	.00				
60	Total voluntary contributions (add lines 60a through 60s)	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	11124.00				

201003181029



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

553975976

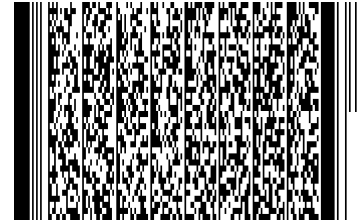
62 Enter amount from line 61

62

11124.00

Payments and refundable credits (see pages 29 through 32)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	63.00
69a	NYC school tax credit (rate reduction amount)	69a	248.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	7271.00
73	Total New York City tax withheld	73	4481.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	12063.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	939.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	939.00
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	939.00

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.

79 Amount of line 77 that you want applied to your 2019 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

See page 34 for payment options.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34)

81 .00

82 Other penalties and interest (see page 34)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

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. 35) ☐

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

83b Routing number 322271627

83c Account number 3060597984

84 Electronic funds withdrawal (see page 35) 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)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Date	

▼ Taxpayer(s) must sign here ▼
Your signature For Info Only - Do Not File
Your occupation FINANCIAL ANALYST
Spouse's signature and occupation (if joint return) For Info Only
Date
Daytime phone number 4083327329
E-mail: RAPHAEL.AGUINALDO@GMAIL.COM

201004181029

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Summary of W-2 Statements

New York State • New York City • Yonkers

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

W-2 Record 1

Box a Employee's social security number for this W-2 Record

553975976

Box b Employer ID number (EIN)

980548271

Box c Employer's information

Employer's name

ADVEQ MANAGEMENT US INC

Employer's address (number and street)

100 PARK AVENUE

City

NEW YORK

State

NY

ZIP code

10017

Country (if not United States)

Box 1 Wages, tips, other compens

119389.00

Box 12a Amount

258.00

Code

C

Box 14a Amount

Description

13.00

DI

Box 8 Allocated tips

.00

Box 12b Amount

8305.00

Code

D

Box 14b Amount

Description

86.00

FLI

Box 10 Dependent care benefits

.00

Box 12c Amount

2888.00

Code

W

Box 14c Amount

Description

.00

Box 11 Nonqualified plans

.00

Box 12d Amount

10667.00

Code

DD

Box 14d Amount

Description

.00

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

119389.00

Box 17a NYS income tax withheld

7271.00

Other state information:

Box 15b
other state

NJ

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

119389.00

Locality b

.00

Locality a

4481.00

Locality b

.00

Box 19 Local income tax withheld

Box 20 Locality name

Locality a

NYC

Locality b

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer ID number (EIN)

Box c Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other comp

.00

Box 12a Amount

.00

Code

Box 14a Amount

Description

.00

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

Description

.00

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

Description

.00

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

Description

.00

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Box 20 Locality name

Locality a

Locality b

102001181029



NO HANDWRITTEN ENTRIES ON THIS FORM

Name **RAPHAEL AGUINALDO**SSN **553-97-5976**Total interest paid from Form 1098-E. **1,436**Total interest paid in 2018 on qualified student loans **1,436**1. Enter the total interest you paid in 2018 on qualified student loans. **Do not enter more than \$2,500** 1. **1,436**2. Enter your total income from Form 1040, line 6 2. **119,389**

3. Enter the total of amounts from Schedule 1, lines 23 - 32 3. _____

4. Enter any amount you entered on the dotted line next to
Schedule 1, line 36 4. _____

5. Add the amounts on lines 3 and 4 5. _____

6. Subtract the amount on line 5 from the amount on line 2. 6. **119,389**7. Enter any foreign earned income exclusion and/or
housing exclusion (Form 2555, line 45, or Form 2555-EZ, line 18) 7. _____

8. Enter any housing deduction (Form 2555, line 50) 8. _____

9. Enter the amount of income from Puerto Rico that you are excluding 9. _____

10. Enter the amount of income from American Samoa that you are
excluding (Form 4563, line 15) 10. _____11. Add the amounts on lines 6 through 10. This is your modified adjusted gross income 11. **119,389**12. Enter the amount shown below for your filing status 12. **65,000**

- Single, head of household, or qualifying widow(er) - \$65,000
- Married filing jointly - \$135,000

13. Is the amount on line 11 more than the amount on line 12?

☐ **No.** Skip line 14, enter - 0- on line 15, and go to line 16.☒ **Yes.** Subtract line 12 from line 11 13. **54,389**14. Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal
(rounded to at least three places). If the result is 1.000 or more, enter 1.000 14. **1.000**15. Multiply line 1 by line 14 15. **1,436**16. **Student loan interest deduction.** Subtract line 15 from line 1. Enter the result here and on Schedule 1, line 33.**Do not** include this amount in figuring any other deduction on your return (such as
on Schedule A, C, E, etc.) 16. **0**