



Application for Enhanced STAR Exemption for the 2021-2022 School Year

You must submit Form RP-425-IVP, *Supplement to Form RP-425-E*, with this form.

Note: The STAR exemption program is closed to new applicants. This form is primarily for use by property owners with Basic STAR exemptions who wish to apply and are eligible for the Enhanced STAR exemption. If you are a new homeowner or first-time STAR applicant, you may be eligible for the STAR credit. Register with the NYS Tax Department at www.tax.ny.gov/star. For a list of who else should use this form, see the instructions on page 2.

Contact name Claude Simon			
Property identification: Tax map number or section/block/lot (see tax bill or assessment roll) 5.-1-10.2			
Location of property (street address) 71 Tonjes Road			Unit number
City, town, or village Callicoon		State NY	ZIP code 12723
Mailing address of owner(s) (number and street - include unit number - or PO Box) 71 Tonjes Road		City, village, or post office Callicoon	State NY
Phone number 912-441-0062		ZIP code 12723	
Email address csimon@fairlane.biz			
Is this property held in a: Trust? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Life estate? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		*If yes, what is the legal name of the trust?	

- 1 Did you have a STAR exemption on this property for the 2015-2016 school year? Yes ☒ No ☐

If No, you are **not** eligible for the Enhanced STAR exemption. However, you may be eligible for the Enhanced STAR **credit**. Register at www.tax.ny.gov/star

- 2 Will all owners be at least 65 years of age as of December 31, 2021, **or** if the property is owned by a married couple or by siblings, will at least one of the spouses or siblings be at least 65 years of age as of December 31, 2021? Yes ☒ No ☐

- 3 Is the total 2019 combined income of all the owners, and of any owners' spouses residing on the premises, less than or equal to \$90,550? (See Income for STAR purposes on page 3.) Yes ☒ No ☐

Note: If you answered Yes to **both** questions 2 and 3, you **must** attach a copy of the 2019 federal or 2019 state income tax returns for **all** owners, including nonresident owners. If your assessor needs tax schedules and tax form attachments, they will contact you. The assessor may also require proof of age.

If you were not required to file a federal or New York State income tax return for 2019, submit Form RP-425-Wkst, *Income for STAR Purposes Worksheet*, to the assessor.

If you answered No to **either** question 2 or 3, then you **do not** qualify for the Enhanced STAR exemption, but may continue to receive Basic STAR.

- 4 Do you or your spouse own another property that is **either** receiving a STAR exemption in New York State **or** a residency-based tax benefit in another state, such as the Florida Homestead exemption? Yes ☐ No ☒

If Yes, attach a list with the address and exemption or benefit information of each property.

(continued)


Certification

Caution: Anyone who misrepresents his or her primary residence, age, or income:

- will be subject to a penalty of the greater of \$100 or 20% of the improperly received tax savings
- will be prohibited from receiving the STAR exemption or STAR credit for six years, and
- may be subject to criminal prosecution.

I (we) certify that all of the above information is correct, **that I (we) own the property listed above and it is my (our) primary residence.** I (we) understand it is **my (our) obligation to notify the assessor if I (we) relocate to another primary residence** and provide any documentation of eligibility that is required.

All resident owners must sign and date this form. Attach additional sheets, if necessary.

Signature 	Date 03/01/2021
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Signature	Date
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Signature	Date
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Signature	Date
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Return this form with Form RP-425-IVP and proof of income to your local assessor by taxable status date (see Deadline below).

This Area for Assessor's Use Only

Date application received: _____

Proof of age: Yes ☐ No ☐

Proof of income: Yes ☐ No ☐

Proof of residency: Yes ☐ No ☐

Form RP-425-IVP received: Yes ☐ No ☐

Approved: Yes ☐ No ☐

Assessor's signature	Date
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Instructions

You must submit Form RP-425-IVP with this form when applying for the Enhanced STAR exemption.

General information

The Enhanced STAR exemption reduces the school tax liability for qualifying senior citizens by exempting a portion of the value of their home from the school tax.

To qualify, the home must be:

- owner-occupied, and
- the homeowners' primary residence.

The combined 2019 income of all owners, and any spouses who reside on the property must be less than or equal to \$90,550 **and** you must have had a STAR exemption on the same property for the 2015-2016 school year.

Who should use this form:

You are not generally required to reapply annually for the exemption, but you must advise the assessor if the property is no longer your primary residence. You are

required to reapply for the exemption if the ownership of the property has changed due to:

- marriage,
- divorce,
- surrender of interest by a co-owner,
- survivorship,
- trusts,
- life estates, or
- name change(s).

Deadline: You must file this application **and proof of income and Form RP-425-IVP** with your local assessor on or before the applicable taxable status date, which is generally March 1.

Exceptions:

- In the Village of Bronxville, it is January 1.
- In Nassau County, it is January 2.
- In Westchester towns, it is either May 1 or June 1.
- In cities, check with your assessor.



Supplement to Form RP-425-E
Mandatory for all Enhanced STAR Applicants

When applying for the Enhanced STAR exemption, you **must** submit this form to your assessor along with your Enhanced STAR application form and proof of income. For more information, see page 3.

Name(s) of owner(s) Claude Simon					
Location of property (street address; include unit number) 71 Tonjes Road			Mailing address of owner(s) (number and street - include unit number - or PO Box) 71 Tonjes Road		
City, town, or village Callicoon	State NY	ZIP code 12723	City, village, or post office Callicoon	State NY	ZIP code 12723
School district Sullivan West			Daytime contact number 912 441 0062	Evening contact number 912 441 0062	
Property identification Tax map number or section/block/lot (see tax bill or assessment roll) 5.-1-10.2			Email address csimon@fairlane.biz		

All owners of the property, and any owner's spouse who resides on the premises, must provide their Social Security numbers and sign the authorization below. **Failure to do so will result in denial of the Enhanced STAR exemption.**

Authorization

I (we) authorize the New York State Department of Taxation and Finance to annually verify, using my (our) Social Security number(s) supplied below, whether my (our) income is less than or equal to the applicable annual income standard for purposes of the Enhanced STAR exemption.

First owner information – Provide information for every owner, and any spouse even if not an owner.

First name and middle initial Claude		Last name Simon		Suffix
Social Security number 106-50-1154	Date of birth (mm/dd/yyyy) 03/05/1956		Is this your primary residence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Mark all that apply: Owner <input checked="" type="checkbox"/> *Spouse of an owner <input type="checkbox"/> *Sibling of another owner <input type="checkbox"/> * Provide name(s) of spouses and siblings below.				
Name(s) and relationship(s) of spouse or sibling/owner: Carolyn Simon, spouse				
Income information for first year of application (see instructions): Calculated income \$ -220,701.00 Tax year 2019 Income documentation (mark one below): Federal Form 1040 <input checked="" type="checkbox"/> NYS Form IT-201 <input type="checkbox"/> Form RP-425-Wkst (see instructions) <input type="checkbox"/>				
Filing status: Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input checked="" type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/>				
Signature 			Date 03/01/2021	

(continues on page 2)

For assessor's use only	
Municipal code _____ 0 0	Ownership code (Enter M or C if this property is a mobile home or a cooperative) _____

Additional owner or spouse information – Provide information for every owner, and any spouse even if not an owner.

First name and middle initial		Last name		Suffix
Carolyn		Simon		
Social Security number	Date of birth (mm/dd/yyyy)	Is this your primary residence?		
149-46-3469	03/15/1968	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Mark all that apply: Owner <input type="checkbox"/> *Spouse of an owner <input checked="" type="checkbox"/> *Sibling of another owner <input type="checkbox"/> * Provide name(s) of spouses and siblings below.				
Name(s) and relationship(s) of spouse or sibling/owner:				
Claude Simon, spouse owner				
Income information for first year of application (see instructions):				
Calculated income \$ 7,540.00		Tax year 2019		Income documentation (mark one below):
Federal Form 1040 <input type="checkbox"/>		NYS Form IT-201 <input type="checkbox"/>		Form RP-425-Wkst (see instructions) <input type="checkbox"/>
Filing status: Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input checked="" type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/>				
Signature			Date	
			03/01/2021	

Additional owner or spouse information – Provide information for every owner, and any spouse even if not an owner.

First name and middle initial		Last name		Suffix
Social Security number	Date of birth (mm/dd/yyyy)	Is this your primary residence?		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mark all that apply: Owner <input type="checkbox"/> *Spouse of an owner <input type="checkbox"/> *Sibling of another owner <input type="checkbox"/> * Provide name(s) of spouses and siblings below.				
Name(s) and relationship(s) of spouse or sibling/owner:				
Income information for first year of application (see instructions):				
Calculated income \$		Tax year		Income documentation (mark one below):
Federal Form 1040 <input type="checkbox"/>		NYS Form IT-201 <input type="checkbox"/>		Form RP-425-Wkst (see instructions) <input type="checkbox"/>
Filing status: Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/>				
Signature			Date	

Additional owner or spouse information – Provide information for every owner, and any spouse even if not an owner.

First name and middle initial		Last name		Suffix
Social Security number	Date of birth (mm/dd/yyyy)	Is this your primary residence?		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mark all that apply: Owner <input type="checkbox"/> *Spouse of an owner <input type="checkbox"/> *Sibling of another owner <input type="checkbox"/> * Provide name(s) of spouses and siblings below.				
Name(s) and relationship(s) of spouse or sibling/owner:				
Income information for first year of application (see instructions):				
Calculated income \$		Tax year		Income documentation (mark one below):
Federal Form 1040 <input type="checkbox"/>		NYS Form IT-201 <input type="checkbox"/>		Form RP-425-Wkst (see instructions) <input type="checkbox"/>
Filing status: Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/>				
Signature			Date	

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return 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 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. **CLAUDE SIMON**

Your first name and middle initial CAROLYN	Last name SIMON	Your social security number 149-46-3469
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 106-50-1158
Home address (number and street). If you have a P.O. box, see instructions. 71 TONJES ROAD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CALLICOON NY 12723		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
		If more than four dependents, see instr. and <input checked="" type="checkbox"/> here

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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	7,540
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Soc. sec. ben.	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	0
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	7,540
8a Adjustments to income from Schedule 1, line 22	8a	0
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	7,540
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	12,200
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0

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

Form **1040** (2019)

Form 1040 (2019) **CAROLYN SIMON****149-46-3469** Page 2**12a** Tax (see instr.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 49723 ☐**12a** 0**b** Add Schedule 2, line 3, and line 12a and enter the total**12b** 0**13a** Child tax credit or credit for other dependents**13a****b** Add Schedule 3, line 7, and line 13a and enter the total**13b****14** Subtract line 13b from line 12b. If zero or less, enter -0-**14** 0**15** Other taxes, including self-employment tax, from Schedule 2, line 10**15****16** Add lines 14 and 15. This is your **total tax****16** 0**17** Federal income tax withheld from Forms W-2 and 1099**17****18** Other payments and refundable credits:**a** Earned income credit (EIC)**18a****b** Additional child tax credit. Attach Schedule 8812**18b****c** American opportunity credit from Form 8863, line 8**18c****d** Schedule 3, line 14**18d****e** Add lines 18a through 18d. These are your **total other payments and refundable credits****18e****19** Add lines 17 and 18e. These are your **total payments****19****Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid****20****21a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐**21a****b** Routing number**c** Type: ☐ Checking ☐ Savings**d** Account number**22** Amount of line 20 you want **applied to your 2020 estimated tax****22****Amount You Owe****23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions**23** 0**24** Estimated tax penalty (see instructions)**24****Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instruction

Yes. Complete below.

☒ No

(Other than paid preparer)

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

CLERICAL

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no.

Email address

Preparer's name

Preparer's signature

PTIN

Check if:

Paid Preparer Use OnlyPreparer's name **Arthur Langer CPA**Preparer's signature **Arthur Langer CPA**PTIN **P01396073**☐ 3rd Party DesigneeFirm's name **Arthur Langer CPA PC**Date **03/09/21**Firm's address **18 Blanche St**Phone no. **516-702-3002**☒ Self-employedFirm's address **Plainview NY 11803-4607**Firm's EIN **81-4277329**Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2019)

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.**2019**

Submission Identification Number (SID) ▶

Taxpayer's name

CLAUDE A SIMON

Social security number

106-50-1158

Spouse's name

Spouse's social security number

149-46-3469**Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)**

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	-220,701
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR line 17; Form 1040-NR, line 62a)	3	11,268
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	14,068
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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) 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only☒ I authorize **Arthur Langer CPA PC**

ERO firm name

to enter or generate my PIN **54321** as my

signature on my tax year 2019 electronically filed income tax return.

Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 ▶ **07/13/20****Spouse's PIN: check one box only**☐ I authorize

ERO firm name

to enter or generate my PIN as my

signature on my tax year 2019 electronically filed income tax return.

Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

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

12076354321

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return 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 ▶ **Arthur Langer CPA**Date ▶ **07/13/20**

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

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

Form **8879** (2019)

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return 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 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. **CAROLYN SIMON**

Your first name and middle initial CLAUDE A	Last name SIMON	Your social security number 106-50-1158
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 149-46-3469
Home address (number and street). If you have a P.O. box, see instructions. 71 TONJES ROAD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CALLICOON NY 12723		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
		If more than four dependents, see instr. and <input checked="" type="checkbox"/> here

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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
CHARLES A	SIMON	669-22-4825	Son	<input checked="" type="checkbox"/>	
HENRY	SIMON	669-30-1405	Son	<input checked="" type="checkbox"/>	

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	68,000
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	45
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Soc. sec. ben.	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	6	-1,500
7a Other income from Schedule 1, line 9	7a	-287,374
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	-220,701
8a Adjustments to income from Schedule 1, line 22	8a	0
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	-220,701
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	12,200
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0

Standard Deduction for:
• Single or Married filing separately, \$12,200
• Married filing jointly or Qualifying widow(er), \$24,400
• Head of household, \$18,350
• If you checked any box under Standard Deduction, see instructions.

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

Form **1040** (2019)

Form 1040 (2019) **CLAUDE A SIMON****106-50-1158** Page **2****12a** Tax (see instr.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 49723 ☐**12a** 0**b** Add Schedule 2, line 3, and line 12a and enter the total**12b** 0**13a** Child tax credit or credit for other dependents**13a****b** Add Schedule 3, line 7, and line 13a and enter the total**13b****14** Subtract line 13b from line 12b. If zero or less, enter -0-**14** 0**15** Other taxes, including self-employment tax, from Schedule 2, line 10**15****16** Add lines 14 and 15. This is your **total tax****16** 0**17** Federal income tax withheld from Forms W-2 and 1099**17** 11,268**18** Other payments and refundable credits:

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

• If you have nontaxable combat pay, see instructions.

a Earned income credit (EIC)**18a****b** Additional child tax credit. Attach Schedule 8812**18b** 2,800**c** American opportunity credit from Form 8863, line 8**18c****d** Schedule 3, line 14**18d****e** Add lines 18a through 18d. These are your **total other payments and refundable credits****18e** 2,800**19** Add lines 17 and 18e. These are your **total payments****19** 14,068**Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid****20** 14,068**21a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐**21a** 14,068**b** Routing number **021000089** **c** Type: ☒ Checking ☐ Savings**d** Account number **79830938****22** Amount of line 20 you want **applied to your 2020 estimated tax** **22****Amount You Owe****23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions**23****24** Estimated tax penalty (see instructions) **24****Third Party Designee**Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instruction ☐ Yes. Complete below.☒ No

(Other than paid preparer)

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

REAL ESTATE

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no.

Email address

Preparer's name

Preparer's signature

PTIN

Check if:

Paid**Arthur Langer CPA****Arthur Langer CPA****P01396073**☐ 3rd Party Designee**Preparer Use Only**Firm's name **Arthur Langer CPA PC**Date **10/01/20**Firm's address **18 Blanche St**Phone no. **516-702-3002**☒ Self-employedFirm's address **Plainview NY 11803-4607**Firm's EIN **81-4277329**Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2019)