

|                                                                                                           |  |                               |                                                              |
|-----------------------------------------------------------------------------------------------------------|--|-------------------------------|--------------------------------------------------------------|
| For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____                  |  |                               | See separate instructions.                                   |
| Your first name and middle initial<br><b>Matthew A</b>                                                    |  | Last name<br><b>Hein</b>      | Your social security number<br><b>077-90-8351</b>            |
| 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.<br><b>280 E 10TH STREET</b>   |  |                               | Apt. no.                                                     |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>NEW YORK</b> |  | State<br><b>NY</b>            | ZIP code<br><b>10009</b>                                     |
| Foreign country name                                                                                      |  | Foreign province/state/county | Foreign postal code                                          |
|                                                                                                           |  |                               | <input type="checkbox"/> You <input type="checkbox"/> Spouse |

**Filing Status** ☒ Single ☐ Head of household (HOH)

Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter name (see instructions and attach statement if required): \_\_\_\_\_

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ 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, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

**Dependents** (see instructions):

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check 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"/>    |

|               |                                                                                                                                  |                                                                                   |                |                |
|---------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------|----------------|
| <b>Income</b> | <b>1a</b>                                                                                                                        | Total amount from Form(s) W-2, box 1 (see instructions) . . . . .                 | <b>1a</b>      | <b>78,200.</b> |
|               | <b>b</b>                                                                                                                         | Household employee wages not reported on Form(s) W-2 . . . . .                    | <b>1b</b>      |                |
|               | <b>c</b>                                                                                                                         | Tip income not reported on line 1a (see instructions) . . . . .                   | <b>1c</b>      |                |
|               | <b>d</b>                                                                                                                         | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . | <b>1d</b>      |                |
|               | <b>e</b>                                                                                                                         | Taxable dependent care benefits from Form 2441, line 26 . . . . .                 | <b>1e</b>      |                |
|               | <b>f</b>                                                                                                                         | Employer-provided adoption benefits from Form 8839, line 29 . . . . .             | <b>1f</b>      |                |
|               | <b>g</b>                                                                                                                         | Wages from Form 8919, line 6 . . . . .                                            | <b>1g</b>      |                |
|               | <b>h</b>                                                                                                                         | Other earned income (see instructions) . . . . .                                  | <b>1h</b>      |                |
|               | <b>i</b>                                                                                                                         | Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>             |                |                |
|               | <b>z</b>                                                                                                                         | Add lines 1a through 1h . . . . .                                                 | <b>1z</b>      | <b>78,200.</b> |
|               | <b>2a</b>                                                                                                                        | Tax-exempt interest . . . . . <b>2a</b>                                           | <b>2b</b>      | <b>18.</b>     |
|               | <b>3a</b>                                                                                                                        | Qualified dividends . . . . . <b>3a</b>                                           | <b>3b</b>      | <b>370.</b>    |
|               | <b>4a</b>                                                                                                                        | IRA distributions . . . . . <b>4a</b>                                             | <b>4b</b>      |                |
|               | <b>5a</b>                                                                                                                        | Pensions and annuities . . . . . <b>5a</b>                                        | <b>5b</b>      |                |
|               | <b>6a</b>                                                                                                                        | Social security benefits . . . . . <b>6a</b>                                      | <b>6b</b>      |                |
| <b>c</b>      | If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>               |                                                                                   |                |                |
| <b>7</b>      | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input checked="" type="checkbox"/> | <b>7</b>                                                                          | <b>350.</b>    |                |
| <b>8</b>      | Additional income from Schedule 1, line 10 . . . . .                                                                             | <b>8</b>                                                                          |                |                |
| <b>9</b>      | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income.</b> . . . . .                                          | <b>9</b>                                                                          | <b>78,938.</b> |                |
| <b>10</b>     | Adjustments to income from Schedule 1, line 26 . . . . .                                                                         | <b>10</b>                                                                         | <b>317.</b>    |                |
| <b>11</b>     | Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .                                                | <b>11</b>                                                                         | <b>78,621.</b> |                |
| <b>12</b>     | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                                                     | <b>12</b>                                                                         | <b>14,600.</b> |                |
| <b>13</b>     | Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                                                      | <b>13</b>                                                                         |                |                |
| <b>14</b>     | Add lines 12 and 13 . . . . .                                                                                                    | <b>14</b>                                                                         | <b>14,600.</b> |                |
| <b>15</b>     | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .                          | <b>15</b>                                                                         | <b>64,021.</b> |                |

|                        |    |                                                                                                                                                    |    |        |
|------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| <b>Tax and Credits</b> | 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 | 9,088. |
|                        | 17 | Amount from Schedule 2, line 3                                                                                                                     | 17 |        |
|                        | 18 | Add lines 16 and 17                                                                                                                                | 18 | 9,088. |
|                        | 19 | 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 | 0.     |
|                        | 22 | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                          | 22 | 9,088. |
|                        | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                               | 23 |        |
|                        | 24 | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                 | 24 | 9,088. |

|                 |                                                                 |                                                                                                 |        |        |
|-----------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------|--------|
| <b>Payments</b> | 25                                                              | Federal income tax withheld from:                                                               |        |        |
|                 | a                                                               | Form(s) W-2                                                                                     | 25a    | 9,045. |
|                 | b                                                               | Form(s) 1099                                                                                    | 25b    | 174.   |
|                 | c                                                               | Other forms (see instructions)                                                                  | 25c    |        |
|                 | d                                                               | Add lines 25a through 25c                                                                       | 25d    | 9,219. |
|                 | 26                                                              | 2024 estimated tax payments and amount applied from 2023 return                                 | 26     |        |
|                 | 27                                                              | Earned income credit (EIC) <b>NO</b>                                                            | 27     |        |
|                 | 28                                                              | Additional child tax credit from Schedule 8812                                                  | 28     |        |
|                 | 29                                                              | American opportunity credit from Form 8863, line 8                                              | 29     |        |
|                 | 30                                                              | Reserved for future use                                                                         | 30     |        |
|                 | 31                                                              | Amount from Schedule 3, line 15                                                                 | 31     |        |
|                 | 32                                                              | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | 32     | 0.     |
| 33              | Add lines 25d, 26, and 32. These are your <b>total payments</b> | 33                                                                                              | 9,219. |        |

|               |     |                                                                                                                   |                                                                                       |      |
|---------------|-----|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------|
| <b>Refund</b> | 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34                                                                                    | 131. |
|               | 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a                                                                                   | 131. |
|               | b   | Routing number <b>011103093</b>                                                                                   | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |      |
|               | d   | Account number <b>4367504565</b>                                                                                  |                                                                                       |      |
|               | 36  | Amount of line 34 you want <b>applied to your 2025 estimated tax</b>                                              | 36                                                                                    |      |

|                       |    |                                                                                                                                                                                           |    |    |
|-----------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| <b>Amount You Owe</b> | 37 | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | 37 | 0. |
|                       | 38 | Estimated tax penalty (see instructions)                                                                                                                                                  | 38 |    |

|                             |                                                                                                                                                                                               |                               |                                                   |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b> |                               |                                                   |
|                             | Designee's name <b>Serafina Russell</b>                                                                                                                                                       | Phone no. <b>914-993-9333</b> | Personal identification number (PIN) <b>04671</b> |
|                             |                                                                                                                                                                                               |                               |                                                   |

|                  |                                                                                                                                                                                                                                                                                                                    |               |                                                  |                                                                                   |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>Sign Here</b> | 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<br><b>THIRD BRIDGE ASSOCIATE</b> | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
|                  | Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                      | Date          | Spouse's occupation                              | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                  | Phone no. <b>(203)584-0615</b>                                                                                                                                                                                                                                                                                     | Email address |                                                  |                                                                                   |

|                               |                                                              |                                |                       |                                                             |
|-------------------------------|--------------------------------------------------------------|--------------------------------|-----------------------|-------------------------------------------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's signature <b>Serafina Russell</b>                 | Date                           | PTIN <b>P02169521</b> | Check if: <input checked="" type="checkbox"/> Self-employed |
|                               | Preparer's name <b>Serafina Russell</b>                      | Phone no. <b>(914)993-9333</b> |                       |                                                             |
|                               | Firm's name <b>Axis Housing Inc</b>                          |                                |                       |                                                             |
|                               | Firm's address <b>7-11 Legion Drive, Valhalla, NY, 10595</b> | Firm's EIN <b>13-3961829</b>   |                       |                                                             |

SCHEDULE 1  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment  
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Matthew A Hein

Your social security number

077-90-8351

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . .

**Note:** The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See [www.irs.gov/1099k](http://www.irs.gov/1099k).

Part I Additional Income

|    |                                                                                                                                                     |      |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| 1  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      | 1    |    |
| 2a | Alimony received . . . . .                                                                                                                          | 2a   |    |
| b  | Date of original divorce or separation agreement (see instructions): . . . . .                                                                      |      |    |
| 3  | Business income or (loss). Attach Schedule C. . . . .                                                                                               | 3    |    |
| 4  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 | 4    |    |
| 5  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               | 5    |    |
| 6  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  | 6    |    |
| 7  | Unemployment compensation . . . . .                                                                                                                 | 7    |    |
| 8  | Other income:                                                                                                                                       |      |    |
| a  | Net operating loss . . . . .                                                                                                                        | 8a ( | )  |
| b  | Gambling . . . . .                                                                                                                                  | 8b   |    |
| c  | Cancellation of debt . . . . .                                                                                                                      | 8c   |    |
| d  | Foreign earned income exclusion from Form 2555. . . . .                                                                                             | 8d ( | )  |
| e  | Income from Form 8853 . . . . .                                                                                                                     | 8e   |    |
| f  | Income from Form 8889 . . . . .                                                                                                                     | 8f   |    |
| g  | Alaska Permanent Fund dividends. . . . .                                                                                                            | 8g   |    |
| h  | Jury duty pay . . . . .                                                                                                                             | 8h   |    |
| i  | Prizes and awards . . . . .                                                                                                                         | 8i   |    |
| j  | Activity not engaged in for profit income . . . . .                                                                                                 | 8j   |    |
| k  | Stock options . . . . .                                                                                                                             | 8k   |    |
| l  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | 8l   |    |
| m  | Olympic and Paralympic medals and USOC prize money (see instructions). . . . .                                                                      | 8m   |    |
| n  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | 8n   |    |
| o  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | 8o   |    |
| p  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | 8p   |    |
| q  | Taxable distributions from an ABLE account (see instructions) . . . . .                                                                             | 8q   |    |
| r  | Scholarship and fellowship grants not reported on Form W-2. . . . .                                                                                 | 8r   |    |
| s  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | 8s ( | )  |
| t  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | 8t   |    |
| u  | Wages earned while incarcerated . . . . .                                                                                                           | 8u   |    |
| v  | Digital assets received as ordinary income not reported elsewhere. See instructions . . . . .                                                       | 8v   |    |
| z  | Other income. List type and amount: . . . . .                                                                                                       | 8z   |    |
| 9  | Total other income. Add lines 8a through 8z . . . . .                                                                                               | 9    |    |
| 10 | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         | 10   | 0. |

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

Schedule 1 (Form 1040) 2024

UYA

**Part II Adjustments to Income**

|            |                                                                                                                                                                      |            |             |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|
| <b>11</b>  | Educator expenses . . . . .                                                                                                                                          | <b>11</b>  |             |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                                          | <b>12</b>  |             |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .                                                                                                         | <b>13</b>  |             |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .                                                                                          | <b>14</b>  |             |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                                                 | <b>15</b>  |             |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                                                             | <b>16</b>  |             |
| <b>17</b>  | Self-employed health insurance deduction . . . . .                                                                                                                   | <b>17</b>  |             |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .                                                                                                                     | <b>18</b>  |             |
| <b>19a</b> | Alimony paid . . . . .                                                                                                                                               | <b>19a</b> |             |
| <b>b</b>   | Recipient's SSN. . . . .                                                                                                                                             |            |             |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): . . . . .                                                                                       |            |             |
| <b>20</b>  | IRA deduction . . . . .                                                                                                                                              | <b>20</b>  |             |
| <b>21</b>  | Student loan interest deduction . . . . .                                                                                                                            | <b>21</b>  | <b>317.</b> |
| <b>22</b>  | Reserved for future use . . . . .                                                                                                                                    | <b>22</b>  |             |
| <b>23</b>  | Archer MSA deduction . . . . .                                                                                                                                       | <b>23</b>  |             |
| <b>24</b>  | Other adjustments:                                                                                                                                                   |            |             |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .                                                                                                                           | <b>24a</b> |             |
| <b>b</b>   | Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |             |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. . . . .                                                    | <b>24c</b> |             |
| <b>d</b>   | Reforestation amortization and expenses . . . . .                                                                                                                    | <b>24d</b> |             |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974. . . . .                                                                                 | <b>24e</b> |             |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .                                                                                                       | <b>24f</b> |             |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .                                                                                                 | <b>24g</b> |             |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). . . . .                                               | <b>24h</b> |             |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |             |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .                                                                                                                           | <b>24j</b> |             |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). . . . .                                                                                   | <b>24k</b> |             |
| <b>z</b>   | Other adjustments. List type and amount: . . . . .                                                                                                                   | <b>24z</b> |             |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .                                                                                                         | <b>25</b>  |             |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    | <b>26</b>  | <b>317.</b> |



**Department of  
Taxation and Finance**

Office of Processing and Taxpayer Services  
W A Harriman Campus, Albany NY 12227-0865

## **New York State requires this income tax return to be filed electronically.**

### **Attention tax return preparer:**

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

## **Preparers who file paper returns are subject to penalties.**

### **Avoid penalties and e-file this return.**

### **Attention taxpayer:**

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

### **Questions?**

Visit our website for more information about New York's e-file mandate.



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, 2024, through December 31, 2024, or fiscal year beginning . . . and ending . . .

24

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        |
| MATTHEW                                                                                 | A     | HEIN                                                                   | 10032000                            | 077908351                          |
| Spouse's first name                                                                     | MI    | Spouse's last name                                                     | Spouse's date of birth (mmddyyyy)   | Spouse's Social Security number    |
|                                                                                         |       |                                                                        |                                     |                                    |
| Mailing address (see instructions) (number and street or PO Box)                        |       |                                                                        | Apartment number                    | New York State county of residence |
| 280 E 10TH STREET                                                                       |       |                                                                        |                                     | NEW YORK                           |
| City, village, or post office                                                           | State | ZIP code                                                               | Country                             | School district name               |
| NEW YORK                                                                                | NY    | 10009                                                                  | UNITED STATES                       | MANHATTAN                          |
| Taxpayer's permanent home address (see instructions) (number and street or rural route) |       |                                                                        | Apartment number                    | School district code number        |
|                                                                                         |       |                                                                        |                                     | 369                                |
| City, village, or post office                                                           | State | ZIP code                                                               | Taxpayer's date of death (mmddyyyy) | Spouse's date of death (mmddyyyy)  |
|                                                                                         | NY    |                                                                        |                                     |                                    |

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

- ① ☒ Single
- ② ☐ Married filing joint return (enter spouse's Social Security number above)
- ③ ☐ Married filing separate return (enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying surviving spouse

B Did you itemize your deductions on your 2024 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? . . . . Yes ☐ No ☒

D2 (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2024? Yes ☐ No ☒  
If Yes:

(2) Number of months you lived in Yonkers in 2024 . . . . .

(3) Number of months your spouse lived in Yonkers in 2024 . . . . .  
If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2024 . . . . Yes ☐ No ☒

E (1) Did you or your spouse maintain living quarters in NYC (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2024? . . . . Yes ☒ No ☐

(2) Enter the number of days spent in NYC in 2024 (any part of a day spent in NYC is considered a day) . . . . 365

F NYC residents and NYC part-year residents only:  
(1) Number of months you lived in NYC in 2024 . . . . . 12

(2) Number of months your spouse lived in NYC in 2024 . . . . .

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

## H Dependent information

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

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

201001243064



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|                             |
|-----------------------------|
| Your Social Security number |
| 077908351                   |

Federal income and adjustments

Whole dollars only

|    |                                                                                                                          |    |          |
|----|--------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1  | Wages, salaries, tips, etc.                                                                                              | 1  | 78200.00 |
| 2  | Taxable interest income                                                                                                  | 2  | 18.00    |
| 3  | Ordinary dividends                                                                                                       | 3  | 370.00   |
| 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, Form 1040)                                                 | 6  | .00      |
| 7  | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)                                       | 7  | 350.00   |
| 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 federal Schedule E, Form 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 Identify:                                                                                                   | 16 | .00      |
| 17 | Add lines 1 through 11 and 13 through 16                                                                                 | 17 | 78938.00 |
| 18 | Total federal adjustments to income Identify: WKST. ATT.                                                                 | 18 | 317.00   |
| 19 | Federal adjusted gross income (subtract line 18 from line 17)                                                            | 19 | 78621.00 |

New York additions

|    |                                                                                                          |    |          |
|----|----------------------------------------------------------------------------------------------------------|----|----------|
| 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                        | 21 | .00      |
| 22 | New York's 529 college savings program distributions                                                     | 22 | .00      |
| 23 | Other (Form IT-225, line 9)                                                                              | 23 | .00      |
| 24 | Add lines 19 through 23                                                                                  | 24 | 78621.00 |

New York subtractions

|    |                                                                                    |    |          |
|----|------------------------------------------------------------------------------------|----|----------|
| 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                   | 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                                               | 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 | 78621.00 |

Standard deduction or itemized deduction

|    |                                                                                                                                                                                                        |    |          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 34 | Enter your standard deduction or your itemized deduction (from Form IT-196)<br>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 | 70621.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H)                                                                                                                                 | 36 | 000.00   |
| 37 | Taxable income (subtract line 36 from line 35)                                                                                                                                                         | 37 | 70621.00 |



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|                            |                             |
|----------------------------|-----------------------------|
| Name(s) as shown on page 1 | Your Social Security number |
| MATTHEW A HEIN             | 077908351                   |

Tax calculation, credits, and other taxes

|    |                                                                              |    |          |
|----|------------------------------------------------------------------------------|----|----------|
| 38 | Taxable income (from line 37 on page 2)                                      | 38 | 70621.00 |
| 39 | NYS tax on line 38 amount                                                    | 39 | 3720.00  |
| 40 | NYS household credit                                                         | 40 | .00      |
| 41 | Resident credit                                                              | 41 | .00      |
| 42 | Other NYS nonrefundable credits (Form IT-201-ATT, line 7)                    | 42 | .00      |
| 43 | Add lines 40, 41, and 42.                                                    | 43 | .00      |
| 44 | Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | 3720.00  |
| 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 | 3720.00  |

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

|     |                                                                                                |     |          |
|-----|------------------------------------------------------------------------------------------------|-----|----------|
| 47  | NYC taxable income                                                                             | 47  | 70621.00 |
| 47a | NYC resident tax on line 47 amount                                                             | 47a | 2612.00  |
| 48  | NYC household credit                                                                           | 48  | .00      |
| 49  | Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)                 | 49  | 2612.00  |
| 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  | 2612.00  |
| 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  | 2612.00  |
| 54a | MCTMT net earnings base for Zone 1                                                             | 54a | .00      |
| 54b | MCTMT net earnings base for Zone 2                                                             | 54b | .00      |
| 54c | MCTMT for Zone 1                                                                               | 54c | .00      |
| 54d | MCTMT for Zone 2                                                                               | 54d | .00      |
| 54e | Total MCTMT (add lines 54c and 54d)                                                            | 54e | .00      |
| 55  | Yonkers resident income tax surcharge                                                          | 55  | .00      |
| 56  | Yonkers nonresident earnings tax (Form Y-203)                                                  | 56  | .00      |
| 57  | Part-year Yonkers resident income tax surcharge (Form IT-360.1)                                | 57  | .00      |
| 58  | Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) | 58  | 2612.00  |

See instructions to calculate New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



See instructions to calculate the MCTMT for each zone.

|    |                                                                                                                                         |    |         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 59 | Sales or use tax (do not leave blank)                                                                                                   | 59 | 0.00    |
| 60 | Voluntary contributions (Form IT-227, Part 2, line 1)                                                                                   | 60 | .00     |
| 61 | Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) | 61 | 6332.00 |

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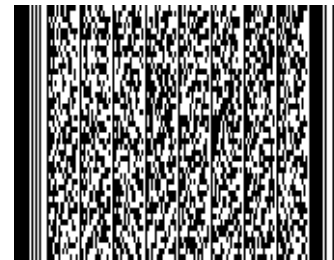
Your Social Security number

077908351

62 Enter amount from line 61 6332.00

## Payments and refundable credits

|     |                                                                  |     |         |
|-----|------------------------------------------------------------------|-----|---------|
| 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 | 155.00  |
| 70  | NYC earned income credit                                         | 70  | .00     |
| 70a | This line intentionally left blank                               | 70a |         |
| 71  | Other refundable credits (Form IT-201-ATT, line 18)              | 71  | .00     |
| 72  | Total New York State tax withheld                                | 72  | 4295.00 |
| 73  | Total New York City tax withheld                                 | 73  | 2797.00 |
| 74  | Total Yonkers tax withheld                                       | 74  | .00     |
| 75  | Total estimated tax payments and amount paid with Form IT-370    | 75  | .00     |



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

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

76 Total payments (add lines 63 through 75) 7310.00

## Your refund, amount you owe, and account information

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)

978.00

78 Amount of line 77 available for refund (subtract line 79 from line 77)

978.00

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)

.00

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

978.00

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 2025 estimated tax (see instructions)

.00

See instructions for payment options.

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.

.00

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

.00

See instructions for the proper assembly of your return.

82 Other penalties and interest

.00

83 Account information for direct deposit or electronic funds withdrawal.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box ☐83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 011103093

83c Account number 4367504565

84 Electronic funds withdrawal Date Amount .00

|                                                                                                           |                                                                              |                                         |                                               |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|
| Third-party designee? (see instr.)<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Print designee's name<br>SERAFINA RUSSELL<br>Email: SARINA@CANINDUSTRIES.COM | Designee's phone number<br>914 993 9333 | Personal identification number (PIN)<br>04671 |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|

|                                                              |                                                    |
|--------------------------------------------------------------|----------------------------------------------------|
| ▼ Paid preparer must complete ▼<br>(see instructions)        | Preparer's NYTPRN<br>12102766<br>NYTPRN excl. code |
| Preparer's signature<br>SERAFINA RUSSELL                     | Preparer's printed name<br>SERAFINA RUSSELL        |
| Firm's name (or yours, if self-employed)<br>AXIS HOUSING INC | Preparer's PTIN or SSN<br>P02169521                |
| Address<br>7-11 LEGION DRIVE<br>VALHALLA NY 10595            | Employer identification number<br>133961829        |
| Email: SARINA@CANINDUSTRIES.COM                              | Date                                               |

|                                                     |                                      |
|-----------------------------------------------------|--------------------------------------|
| ▼ Taxpayer(s) must sign here ▼                      |                                      |
| Your signature                                      |                                      |
| Your occupation<br>THIRD BRIDGE ASSOCIATE           |                                      |
| Spouse's signature and occupation (if joint return) |                                      |
| Date                                                | Daytime phone number<br>203 584 0615 |
| Email:                                              |                                      |

201004243064

See instructions for where to mail your return.



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Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

077908351

Box b Employer identification number (EIN)

273035072

### Box c Employer's information

Employer's name

THIRD BRIDGE USA INC

Employer's address (number and street)

1411 BROADWAY 3RD FLOOR

City

NEW YORK

State

NY

ZIP code

10018

Country (if not United States)

UNITED STATES

Box 1 Wages, tips, other compensation

78200.00

Box 12a Amount

6023.00

Code

DD

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

4.00

Code

C

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

1969.00

Code

D

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐

Retirement plan ☒

Third-party sick pay ☐

Corrected (W-2c) ☐

NY State information:

Box 15a  
NY State

N Y

Box 16a NYS wages, tips, etc.

78200.00

Box 17a NYS income tax withheld

4295.00

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

78200.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

2797.00

Locality b

.00

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 identification 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 compensation

.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐

Retirement plan ☐

Third-party sick pay ☐

Corrected (W-2c) ☐

NY State information:

Box 15a  
NY State

N Y

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

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001243064



NO HANDWRITTEN ENTRIES ON THIS FORM

Name(s) shown on Form IT-201

Your social security number

Matthew A Hein

077908351

## Adjustments to Income

### Supporting Details for Form IT-201, line 18

- |                                                                                                                                                                                |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1. Educator expenses . . . . .                                                                                                                                                 | _____ |
| 2. Certain business expenses from Form 2106 . . . . .                                                                                                                          | _____ |
| 3. Health savings account deduction from Form 8889 . . . . .                                                                                                                   | _____ |
| 4. Moving expenses . . . . .                                                                                                                                                   | _____ |
| 5. Deductible part of self-employment tax . . . . .                                                                                                                            | _____ |
| 6. Self-employed health insurance deduction . . . . .                                                                                                                          | _____ |
| 7. Self-employed SEP, SIMPLE and qualified plans . . . . .                                                                                                                     | _____ |
| 8. Penalty on early withdrawal of savings . . . . .                                                                                                                            | _____ |
| 9. Alimony paid . . . . .                                                                                                                                                      | _____ |
| 10. IRA deduction . . . . .                                                                                                                                                    | _____ |
| 11. Student loan interest deduction . . . . .                                                                                                                                  | 317.  |
| 12. Archer MSA deduction from Form 8853 . . . . .                                                                                                                              | _____ |
| 13. Jury duty pay . . . . .                                                                                                                                                    | _____ |
| 14. Deductible expenses related to income reported on Federal Form 1040,<br>line 8I from the rental of personal engaged in for profit . . . . .                                | _____ |
| 15. Nontaxable amount of the value of Olympic and Paralympic medals<br>and USOC prize money reported on Federal Form 1040, line 8m . . . . .                                   | _____ |
| 16. Reforestation amortization and expenses . . . . .                                                                                                                          | _____ |
| 17. Repayment of supplemental unemployment benefits under the Trade<br>Act of 1974 . . . . .                                                                                   | _____ |
| 18. Contributions to section 501(c)(18)(D) pension plans . . . . .                                                                                                             | _____ |
| 19. Contributions by certain chaplains to a 403(b) plan . . . . .                                                                                                              | _____ |
| 20. Attorney fees and court costs for actions involving certain unlawful<br>discrimination claims . . . . .                                                                    | _____ |
| 21. Attorney fees and court costs you paid in connection with an award from<br>The IRS for information you provided that helped the IRS detect tax law<br>violations . . . . . | _____ |
| 22. Housing deduction from Form 2555 . . . . .                                                                                                                                 | _____ |
| 23. Excess deductions of section 67(e) expenses from Schedule K-1<br>(Form 1041) . . . . .                                                                                     | _____ |
| 24. Extraterritorial Income Exclusion from Form 8873 . . . . .                                                                                                                 | _____ |
| Total Other Adjustments . . . . .                                                                                                                                              | 317.  |