Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| Matthew A | Hein | 077-90-8351 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| | | |

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒

280 E 10TH STREET

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

NEW YORK NY 10009

Foreign country name Foreign province/state/county Foreign postal code

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

**Filing Status** Check only one box.

☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
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 their name (see instructions and attach statement if required):

**Digital Assets** At any time during 2025, 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

**Dependents** (see instructions) If more than four dependents, see instructions and check here . . . ☐

| | Dependent 1 | Dependent 2 | Dependent 3 | Dependent 4 |
|---|---|---|---|---|
| (1) First name | | | | |
| (2) Last name | | | | |
| (3) SSN | | | | |
| (4) Relationship | | | | |
| (5) Check if lived with you more than half of 2025 | (a) ☐ Yes (b) ☐ And in the U.S. | (a) ☐ Yes (b) ☐ And in the U.S. | (a) ☐ Yes (b) ☐ And in the U.S. | (a) ☐ Yes (b) ☐ And in the U.S. |
| (6) Check if | ☐ Full-time student ☐ Permanently and totally disabled | ☐ Full-time student ☐ Permanently and totally disabled | ☐ Full-time student ☐ Permanently and totally disabled | ☐ Full-time student ☐ Permanently and totally disabled |
| (7) Credits | ☐ Child tax credit ☐ Credit for other dependents | ☐ Child tax credit ☐ Credit for other dependents | ☐ Child tax credit ☐ Credit for other dependents | ☐ Child tax credit ☐ Credit for other dependents |

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

**Income**

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

If you did not get a Form W-2, see instructions.

| | | | | | |
|---|---|---|---|---|---|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | | | 1a | 93,623. |
| b | Household employee wages not reported on Form(s) W-2 | | | 1b | |
| c | Tip income not reported on line 1a (see instructions) | | | 1c | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | 1d | |
| e | Taxable dependent care benefits from Form 2441, line 26 | | | 1e | |
| f | Employer-provided adoption benefits from Form 8839, line 31 | | | 1f | |
| g | Wages from Form 8919, line 6 | | | 1g | |
| h | Other earned income (see instructions). Enter type and amount: | | | 1h | |
| i | Nontaxable combat pay election (see instructions) | 1i | | | |
| z | Add lines 1a through 1h | | | 1z | 93,623. |
| 2a | Tax-exempt interest | 2a | b Taxable interest | 2b | 64. |
| 3a | Qualified dividends | 3a 283. | b Ordinary dividends | 3b | 422. |
| c | Check if your child's dividends are included in 1 ☐ Line 3a | | 2 ☐ Line 3b | | |
| 4a | IRA distributions | 4a | b Taxable amount | 4b | |
| c | Check if (see instructions) | 1 ☐ Rollover | 2 ☐ QCD 3 ☐ | | |
| 5a | Pensions and annuities | 5a | b Taxable amount | 5b | |
| c | Check if (see instructions) | 1 ☐ Rollover | 2 ☐ PSO 3 ☐ | | |
| 6a | Social security benefits | 6a | b Taxable amount | 6b | |
| c | If you elect to use the lump-sum election method, check here (see instructions) ☐ | | | | |
| d | If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐ | | | | |
| 7a | Capital gain or (loss). Attach Schedule D if required | | | 7a | 436. |
| b | Check if: ☒ Schedule D not required ☐ Includes child's capital gain or (loss) | | | | |
| 8 | Additional income from Schedule 1, line 10 | | | 8 | |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income** | | | 9 | 94,545. |
| 10 | Adjustments to income from Schedule 1, line 26 | | | 10 | 82. |
| 11a | Subtract line 10 from line 9. This is your **adjusted gross income** | | | 11a | 94,463. |

Attach Sch. B if required.

**Tax and Credits**

| | | | |
|---|---|---|---|
| 11b | Amount from line 11a (adjusted gross income) | 11b | 94,463. |
| 12a | Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent | | |
| b | ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien | | |
| d | **You:** ☐ Were born before January 2, 1961 ☐ Are blind | | |
| | **Spouse:** ☐ Was born before January 2, 1961 ☐ Is blind | | |
| e | **Standard deduction or itemized deductions** (from Schedule A) | 12e | 15,750. |
| 13a | Qualified business income deduction from Form 8995 or Form 8995-A | 13a | |
| b | Additional deductions from Schedule 1-A, line 38 | 13b | |
| 14 | Add lines 12e, 13a, and 13b | 14 | 15,750. |
| 15 | Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** | 15 | 78,713. |
| 16 | Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ | 16 | 12,177. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 12,177. |
| 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 | 12,177. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | |
| 24 | Add lines 22 and 23. This is your **total tax** | 24 | 12,177. |

**Standard deduction for-**
- Single or Married filing separately, $15,750
- Married filing jointly or Qualifying surviving spouse, $31,500
- Head of household, $23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

**Payments and Refundable Credits**

| | | | | | |
|---|---|---|---|---|---|
| 25 | Federal income tax withheld from: | | | | |
| a | Form(s) W-2 | 25a | 12,211. | | |
| b | Form(s) 1099 | 25b | | | |
| c | Other forms (see instructions) | 25c | | | |
| d | Add lines 25a through 25c | | | 25d | 12,211. |
| 26 | 2025 estimated tax payments and amount applied from 2024 return | | | 26 | |
| | If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): | | | | |
| 27a | Earned income credit (EIC) | 27a | | | |
| b | Clergy filing Schedule SE (see instructions) ☐ | | | | |
| c | If you do not want to claim the EIC, check here ☐ | | | | |
| 28 | Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ | 28 | | | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | | | |
| 30 | Refundable adoption credit from Form 8839, line 13 | 30 | | | |
| 31 | Amount from Schedule 3, line 15 | 31 | | | |
| 32 | Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** | | | 32 | 0. |
| 33 | Add lines 25d, 26, and 32. These are your **total payments** | | | 33 | 12,211. |

If you have a qualifying child, you may need to attach Sch. EIC.

**Refund**

| | | | |
|---|---|---|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | 34 | 34. |
| 35a | Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐ | 35a | 34. |
| b | Routing number 0 1 1 1 0 3 0 9 3 c Type: ☒ Checking ☐ Savings | | |
| d | Account number 4 3 6 7 5 0 4 5 6 5 | | |
| 36 | Amount of line 34 you want **applied to your 2026 estimated tax** | 36 | |

Direct deposit? See instructions.

**Amount You Owe**

| | | | |
|---|---|---|---|
| 37 | Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions | 37 | 0. |
| 38 | Estimated tax penalty (see instructions) 38 | | |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ **Yes.** Complete below. ☐ **No**

Designee's name: Serafina Russell Phone no.: 914-993-9333 Personal identification number (PIN): 04671

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

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

**Paid Preparer Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature: Serafina Russell | Date | PTIN: P02169521 | Check if: ☒ Self-employed |
| Preparer's name: Serafina Russell | | Phone no.: (914)993-9333 | |
| Firm's name: Axis Housing Inc | | | |
| Firm's address: 7-11 Legion Drive, Valhalla, NY, 10595 | | Firm's EIN: 13-3961829 | |

**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* for instructions and the latest information.**

OMB No. 1545-0074

**2025**

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 2025, 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 transaction. See *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). Check if any from Form(s): ☐ 4797 ☐ 4684 | | | 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. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____ | | | 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 nonqualifed 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 **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | | 10 | 0. |

**Part II Adjustments to Income**

| | | | | |
|---|---|---|---|---|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐ | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐ | | 20 | |
| 21 | Student loan interest deduction | | 21 | 82. |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | 82. |

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, 2025, through December 31, 2025, or fiscal year beginning** . . . 25

**and ending** . . .

**For help completing your return, see Form IT-201-I, *Instructions for Form IT-201.***

| **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 | Decedent information | Taxpayer's date of death *(mmddyyyy)* | Spouse's date of death *(mmddyyyy)* |
|---|---|---|---|---|---|
| | **NY** | | | | |

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

① [X] 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 2025 federal income tax return? . . . . . Yes [ ] No [X]

**C** **Can you be claimed** as a dependent on another taxpayer's federal return? . . . . . Yes [ ] No [X]

**D1** Did you have a financial account located in a foreign country? . . . . . Yes [ ] No [X]

**D2** (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2025? Yes [ ] No [X]

If ***Yes:***

(2) Number of months **you** lived in Yonkers in 2025 . . . . .

(3) Number of months **your spouse** lived in Yonkers in 2025

If ***No:***

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2025? . . Yes [ ] No [X]

**E** (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2025? . . . . Yes [X] No [ ]

(2) Enter the number of days spent in NYC in 2025 *(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 2025 . . . . . 12

(2) Number of months **your spouse** lived in NYC in 2025 . . . .

**G** Enter your **2-character special condition codes 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. [ ]

201001253064

*For office use only*

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Your Social Security number: 077908351

## Federal income and adjustments

| | | Whole dollars only |
|---|---|---|
| **1** Wages, salaries, tips, etc. | **1** | 93623.00 |
| **2** Taxable interest income | **2** | 64.00 |
| **3** Ordinary dividends | **3** | 422.00 |
| **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** | 436.00 |
| **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** | 94545.00 |
| **18** Total federal adjustments to income *Identify:* WKST. ATT. | **18** | 82.00 |
| **19** Federal adjusted gross income *(subtract line 18 from line 17)* | **19** | 94463.00 |

## 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** | 94463.00 |

## 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** | 94463.00 |

## Standard deduction or itemized deduction

| | | |
|---|---|---|
| **34** Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)* Mark an ***X*** in the appropriate box: ☒ **Standard** **- or -** ☐ **Itemized** | **34** | 8000.00 |
| **35** Subtract line 34 from line 33 *(if line 34 is more than line 33, enter **0**)* | **35** | 86463.00 |
| **36** Dependent exemption amount *(multiply the number of dependents listed in item H by 1,000)* | **36** | .00 |
| **37** **Taxable income** *(subtract line 36 from line 35)* | **37** | 86463.00 |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

| Names 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 | 86463.00 |
| 39 | NYS tax on line 38 amount | | | 39 | 4620.00 |
| 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, enter **0**)* | | | 44 | 4620.00 |
| 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 | 4620.00 |

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

| | | | | |
|---|---|---|---|---|
| 47 | NYC taxable income | 47 | 86463.00 | **See instructions to calculate New York City and Yonkers taxes, credits, and surcharges, and MCTMT.** |
| 47a | NYC resident tax on line 47 amount | 47a | 3226.00 | |
| 48 | NYC household credit | 48 | .00 | |
| 49 | Subtract line 48 from line 47a *(if line 48 is more than line 47a, enter **0**)* | 49 | 3226.00 | |
| 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 | 3226.00 | |
| 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, enter **0**)* | 54 | 3226.00 | |
| 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 | **See instructions to calculate the MCTMT for each zone.** |
| 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 | 3226.00 |
| 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 | 7846.00 |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Your Social Security number: 077908351

**62** Enter amount from line 61 . . . . . **62** 7846.00

## 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** | 191.00 |
| **70** | NYC earned income credit | **70** | .00 |
| **70a** | NYC income tax elimination credit | **70a** | .00 |
| **71** | Other refundable credits *(Form IT-201-ATT, line 18)* | **71** | .00 |
| **72** | Total **New York State** tax withheld | **72** | 5787.00 |
| **73** | Total **New York City** tax withheld | **73** | 3452.00 |
| **74** | Total **Yonkers** tax withheld | **74** | .00 |
| **75** | Total estimated tax payments **and** amount paid with Form IT-370 | **75** | .00 |

If applicable, complete **Forms 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)* . . . . . **76** 9493.00

## 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)* **77** 1647.00

**78** Amount of line 77 **available for refund** *(subtract line 79 from line 77)* . . . . . **78** 1647.00

**TIP:** Use this amount to check your refund status online.

**78a** Amount of line 78 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)* **78a** .00

**78b** Total refund after NYS 529 account deposit *(subtract line 78a from line 78)* . . . . . **78b** 1647.00

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

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

**See instructions for payment options.**

| | | | |
|---|---|---|---|
| **79** | Amount of line 77 that you want applied to your 2026 estimated tax *(see instructions)* | **79** | .00 |
| **80** | Amount you **owe** *(if line 76 is **less than** line 62, subtract line 76 from line 62).* To pay by electronic funds withdrawal, mark an ***X*** in the box [ ] and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. | **80** | .00 |
| **81** | Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77)* | **81** | .00 |
| **82** | Other penalties and interest | **82** | .00 |

**See instructions for the proper assembly of your return.**

**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: [X] 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.)* Yes [X] No [ ]

Print designee's name: SERAFINA RUSSELL
Designee's phone number: 914 993 9333
Email: SARINA@CANINDUSTRIES.COM
Personal identification number (PIN): 04671

**▼ Paid preparer must complete ▼** *(see instructions)*

Preparer's NYTPRIN: 12102766 NYTPRIN excl. code:
Preparer's signature
Preparer's printed name: SERAFINA RUSSELL
Firm's name *(or yours, if self-employed)*: AXIS HOUSING INC
Preparer's PTIN or SSN: P02169521
Address: 7-11 LEGION DRIVE, VALHALLA NY 10595
Employer identification number: 133961829
Date
Email: SARINA@CANINDUSTRIES.COM

**▼ Taxpayers must sign here ▼**

Your signature
Your occupation: THIRD BRIDGE ASSOCIATE
Spouse's signature and occupation *(if joint return)*
Date
Daytime phone number: 203 584 0615
Email:

201004253064

**See instructions for where to mail your return.**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

NEW YORK STATE 2025

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 | State | ZIP code | Country *(if not United States)* |
|---|---|---|---|
| NEW YORK | NY | 10018 | UNITED STATES |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Box 1** Wages, tips, other compensation | 93623.00 | **Box 12a** Amount | 7848.00 | Code | DD | **Box 14a** Amount | .00 | Description | |
| **Box 8** Allocated tips | .00 | **Box 12b** Amount | 20.00 | Code | C | **Box 14b** Amount | .00 | Description | |
| **Box 10** Dependent care benefits | .00 | **Box 12c** Amount | 2342.00 | 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.: 93623.00

**Box 17a** NYS income tax withheld: 5787.00

**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. | **Box 19** Local income tax withheld | **Box 20** Locality name |
|---|---|---|---|
| Locality a | 93623.00 | 3452.00 | NYC |
| Locality b | .00 | .00 | |

NO HANDWRITTEN ENTRIES ON THIS FORM

**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. | **Box 19** Local income tax withheld | **Box 20** Locality name |
|---|---|---|---|
| Locality a | .00 | .00 | |
| Locality b | .00 | .00 | |

102001253064

| 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 | 82. |
| **12.** | Archer MSA deduction from Form 8853 | |
| **13.** | Jury duty pay | |
| **14.** | Deductible expenses related to income reported on Federal Form 1040, line 8l from the rental of personal engaged in for profit | |
| **15.** | Nontaxable amount of the value of Olympic and Paralymic medals 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 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 discrimination claims | |
| **21.** | 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 | |
| **22.** | Housing deduction from Form 2555 | |
| **23.** | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | |
| **24.** | Extraterritorial Income Exclusion from Form 8873 | |
| | Total Other Adjustments | 82. |