

<b>1040</b>	<b>Federal Return Summary</b>	<b>2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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Tax Form 1040  
 Tax Method Used TAX COMPUTATION WRK

Filing Status MFJ  
 Dependents 3

Income	
Salaries & wages	139,349
Taxable interest income	71
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
<b>Total income</b>	<b>139,420</b>

Adjustments	
Moving expenses	
Deductible part of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
<b>Adjusted gross income</b>	<b>139,420</b>

Deductions	
Medical and Dental expenses	
Taxes paid	10,000
Interest paid	16,250
Charitable contributions	1,135
Other itemized deductions	
Total itemized deductions	27,385
or, Standard deduction	
Taxable income before Qual Bus Inc Ded (QBID)	112,035
QBID	
<b>Taxable Income</b>	<b>112,035</b>

Tax Computation	
Regular tax	16,365
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	16,365
Child and dependent care credit	
Education credits	
Other credits	6,000
Total credits	6,000
Tax after credits	10,365
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
<b>Total tax</b>	<b>10,365</b>

Payments	
Federal income tax withheld	16,961
Estimated payments	
Other payments/credits	13
<b>Total payments</b>	<b>16,974</b>

Refund/Amount Due	
Amount overpaid	6,609
Overpayment applied	
Form 2210 penalty	
<b>Amount due/-refund</b>	<b>-6,609</b>
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
<b>Net amount due/-refund</b>	<b>-6,609</b>

2020 Estimates	
1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total Estimates</b>	

Tax Rates	
Marginal tax rate - Ordinary income*	22.0 %
Marginal tax rate - Capital income*	%
Effective tax rate	9.0 %

\* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

Form <b>1040</b>	<b>Federal Tax Projection Worksheet 1 - Tax Computation</b>	<b>2019 &amp; 2020</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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		2019	2020	Differences
		MFJ	MFJ	
	<b>Filing Status</b>			
	<b>Dependents</b>	<b>3</b>	<b>3</b>	
	1. Salaries and wages	139,349	139,349	
	2. Interest income	71	71	
	3. Dividend income			
	4. Taxable state/local refunds			
I n c o m e	5. Alimony received			
	6. Business income/loss			
	7. Capital gain/loss			
	8. Other gains/losses			
	9. Taxable IRA distributions			
	10. Taxable pensions and annuities			
	11. Schedule E income/loss			
	12. Farm income/loss			
	13. Unemployment benefits			
	14. Taxable social security benefits			
	15. Other income			
	<b>16. Total Income</b>	<b>139,420</b>	<b>139,420</b>	
A d j u s t m e n t s	17. Moving expenses			
	18. Deductible part of self-employment tax			
	19. SEP/SIMPLE/Qualified plans deductions			
	20. Self-employed health insurance deduction			
	21. Penalty on early withdrawal of savings			
	22. Alimony paid			
	23. IRA deductions			
	24. Student loan interest deduction			
	25. Other adjustments			
		<b>26. Adjusted gross income</b>	<b>139,420</b>	<b>139,420</b>
D e d u c t i o n s	27. Medical			
	28. State/local income or sales taxes	8,276	8,276	
	29. Real estate taxes	9,425	9,425	
	30. Personal property taxes			
	<b>31. Total State/Local taxes. Add lines 28 - 30</b>	<b>17,701</b>	<b>17,701</b>	
	<b>32. State/Local taxes allowed. Lower of line 31 or \$10,000 (\$5,000 if MFS)</b>	<b>10,000</b>	<b>10,000</b>	
	33. Other taxes			
	34. Interest	16,250	16,250	
	35. Contributions	1,135	1,135	
	36. Casualty losses from a federally declared disaster			
37. Miscellaneous expenses (including qualified disaster loss)				
	<b>38. Allowable Itemized deductions</b>	<b>27,385</b>	<b>27,385</b>	
	<b>39. Standard deduction</b>	<b>24,400</b>	<b>24,800</b>	<b>400</b>
		<b>ITEMIZED</b>	<b>ITEMIZED</b>	
	40. Deduction taken	27,385	27,385	
	41. Subtract line 40 from line 26	112,035	112,035	
	42. Qualified business income deduction		0	
	<b>43. Taxable income</b>	<b>112,035</b>	<b>112,035</b>	

Form <b>1040</b>	<b>Federal Tax Projection Worksheet 2 - Tax Computation</b>	<b>2019 &amp; 2020</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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		2019	2020	Differences
Filing Status		MFJ	MFJ	
44. Taxable income from TPW page 1, line 43	44.	112,035	112,035	
45. Tax on taxable income	45.	16,365	16,228	-137
46. Taxes from Forms 4972, 8814, and add'l taxes	46.			
47. Alternative minimum tax	47.			
48. Add lines 45, 46, and 47	48.	16,365	16,228	-137
49. Foreign tax credit	49.			
Tax a x  C o m p u t a t i o n	50.			
51. Child and dependent care credit	51.			
52. Education credits	52.			
53. Retirement savings credit	53.			
54. Credit for the elderly	54.			
55. Child tax credit/credit for other dependents	55.	6,000	6,000	
56. Nonbusiness energy property credit	56.			
57. Alternative motor vehicle credit (Form 8910)	57.			
58. Qualified plug-in electric motor vehicle (Form 8936)	58.			
59. Mortgage interest credit	59.			
60. D.C. first-time homebuyer credit	60.			
61. Residential energy efficient property credit	61.			
62. Adoption credit	62.			
63. General business credit	63.			
64. Prior year minimum tax credit	64.			
65. Other credits	65.			
66. Total credits	66.	6,000	6,000	
67. Net tax liability	67.	10,365	10,228	-137
68. Self-employment tax	68.			
69. Tax on unreported tips	69.			
70. Tax on IRA or qualified plans	70.			
71. Household employment taxes	71.			
72. First-time homebuyer credit repayment	72.			
73. Reserved	73.			
74. Additional Medicare Tax	74.			
75. Net Investment Income Tax	75.			
76. Other taxes	76.			
77. Total tax	77.	10,365	10,228	-137
78. Income tax withheld	78.	16,961	16,961	
79. Estimated tax payments	79.			
80. Earned income credit	80.		0	
81. Additional child tax credit	81.			
82. Reserved	82.			
83. Other payments	83.	13	0	-13
84. Total payments	84.	16,974	16,961	-13
85. Net tax due/-refund	85.	-6,609	-6,733	-124
86. Marginal Tax Rate - Ordinary Income	86.	22.0%	22.0%	
87. Marginal Tax Rate - Capital Income	87.	%	%	
88. Effective Tax Rate	88.	9.0%	9.0%	

Form <b>1040</b>	<b>Tax Projection Worksheet - Child Tax Credit/ODC Worksheets</b>	<b>2020</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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**Child Tax Credit/Credit for Other Dependents - Federal Tax Projection Worksheet, Page 2, Line 54**

1. Number of qualifying children with the required social security number: <u>3</u> x \$2,000. Enter the result.	1. <u>6,000</u>
2. Number of qualifying other dependents: _____ x \$500. Enter the result.	2. _____
3. Add lines 1 and 2.	3. <u>6,000</u>
4. Enter the amount from Federal Tax Projection Worksheet, Page 1, line 26	4. <u>139,420</u>
5. Enter the total of any foreign income and/or housing exclusion/deduction from Federal Tax Projection Worksheet, Page 1, line 15	5. _____
6. Add lines 4 and 5.	6. <u>139,420</u>
7. Enter \$400,000 if married filing jointly; \$200,000 if single, married filing separately, head of household or qualifying widow(er)	7. <u>400,000</u>
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.	8. _____
9. Multiply the amount on line 8 by 5% (.05). Enter the result.	9. <u>0</u>
10. Subtract line 9 from line 3. If zero or less, stop here; you cannot take this credit.	10. <u>6,000</u>
11. Enter the amount from Federal Tax Projection Worksheet, Page 2, line 48.	11. <u>16,228</u>
12. Add the amounts from Federal Tax Projection Worksheet, Page 2, lines 49, 50, 51, 52 & 53, plus lines 55, 56 and 57	12. _____
13. Subtract line 12 from line 11.	13. <u>16,228</u>
14. Child tax credit/credit for other dependents. Enter the smaller of line 10 or line 13 here and on Federal Tax Projection Worksheet, Page 2, line 544.	14. <u>6,000</u>

**Additional Child Tax Credit - Federal Tax Projection Worksheet, Page 2, Line 80**

1. Enter the amount from line 10 of the Child Tax Credit Worksheet above	1. <u>6,000</u>
2. Enter your child tax credit from Federal Tax Projection Worksheet, Page 2, line 54	2. <u>6,000</u>
3. Subtract line 2 from 1. If zero, stop; you cannot take this credit	3. <u>0</u>
4. Multiply the number of qualifying children from line 1 of the Child Tax Credit Worksheet above by \$1,400	4. _____
5. Enter the smaller of line 3 or line 4	5. _____
6. Enter your total earned income	6. _____
7. If line 6 is less than \$2,500, leave line 7 blank and enter -0- on line 8. Otherwise, subtract \$2,500 from the amount on line 6.	7. _____
8. Multiply the amount on line 7 by 15% (.15) and enter the result. If you have three or more qualifying children: If line 8 is equal to or more than line 5, skip lines 9-14 and enter the amount from line 5 on line 15. Otherwise, go to line 9. If you have less than three qualifying children: If line 8 is zero, stop; you cannot take the additional child tax credit. Otherwise, skip lines 9-14 and enter the smaller of line 5 or 8 on line 15.	8. _____
9. Enter your projected social security, Medicare, and Additional Medicare taxes from Form W-2, boxes 4 and 6. Also include any Additional Medicare Tax on Medicare wages, and one-half of any Additional Medicare Tax on self-employment income	9. _____
10. Enter the amount from Federal Tax Projection Worksheet, Page 1, line 18 plus any unreported social security and Medicare tax included on Federal Tax Projection Worksheet, Page 2, line 68	10. _____
11. Add lines 9 and 10	11. _____
12. Enter the amount from Federal Tax Projection Worksheet, Page 2, line 79, plus any excess social security w/h included on line 82	12. _____
13. Subtract line 12 from line 11. If the result is zero or less, enter -0-.	13. _____
14. Enter the larger of line 8 or line 13.	14. _____
15. Additional child tax credit. Enter the smaller of line 5 or line 14 here and on Federal Tax Projection Worksheet, Page 2, line 80	15. _____

Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2019**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY** Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **15.0 %**  
 Tax Method **TAX RATE SCHEDULE**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:  
 Tax using capital gains rates Tax using Ordinary rates Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	<b>112,035</b>	<b>22.0 %</b>	<b>16,365</b>	<b>\$78,950 - \$168,400</b>	<b>56,365</b>
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

\*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates	(a) Taxable Income	(b) Tax*
1. 10% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$19,400	1a. <b>19,400</b>	1b. <b>1,943</b>
2. 12% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$59,550	2a. <b>59,550</b>	2b. <b>7,149</b>
3. 22% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$98,450	3a. <b>33,085</b>	3b. <b>7,273</b>
4. 24% rate	4a.	4b.
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. <b>112,035</b>	8b. <b>16,365</b>

Income taxed at capital gains rates	(a) Taxable Income	(b) Tax*
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a.	14b.

Total taxable income	
15. Total ordinary taxable income. Enter the amount from line 8a.	15. <b>112,035</b>
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. <b>112,035</b>
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040, line 11b, (1040NR, line 41, or 1040NR-EZ, line 14). Subtract line 18 from line 17.	19. <b>112,035</b>

Total tax	
20. Total ordinary tax. Enter the amount from line 8b.	20. <b>16,365</b>
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. <b>16,365</b>
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040, line 12b, (1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.	27. <b>16,365</b>

Form **1040** | **Reconciliation Worksheet - Projected Taxable Income & Tax** | **2020**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how projected 2020 tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY** Tax Pct Total Tax (ln 24) divided by Total Taxable Income (ln 19) **14.0 %**  
 Tax Method **TAX RATE SCHEDULES**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:  
 Tax using capital gains rates Tax using Ordinary rates Tax savings

	Taxable Amount	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	112,035	22.0 %	16,228	\$80,250 - \$171,050	59,015
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

	(a) Taxable Income	(b) Tax
<b>Projected Income taxed at ordinary rates</b>		
1. 10.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$19,750	1a. 19,750	1b. 1,975
2. 12.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$60,500	2a. 60,500	2b. 7,260
3. 22.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$90,800	3a. 31,785	3b. 6,993
4. 24.0% rate	4a.	4b.
5. 32.0% rate	5a.	5b.
6. 35.0% rate	6a.	6b.
7. 37.0% rate	7a.	7b.
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 112,035	8b. 16,228

<b>Projected Income taxed at capital gains rates</b>		
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total projected taxable capital gains and capital gains tax. Add lines 9 through 13.	14a.	14b.

<b>Total projected taxable income</b>		
15. Total ordinary taxable income. Enter the amount from line 8a.	15.	112,035
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	
17. Add lines 15 and 16.	17.	112,035
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.	19.	112,035

<b>Total projected tax</b>		
20. Total ordinary tax. Enter the amount from line 8b.	20.	16,228
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Add lines 20 and 21.	22.	16,228
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.	23.	
24. Total projected 2020 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24.	16,228

Form **8879**

**IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

**2019**

Submission Identification Number (SID) ▶

Taxpayer's name <b>MARCUS J MOLINARO</b>		Social security number
Spouse's name <b>CORINNE ADAMS</b>		Spouse's social security number

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

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	139,420
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	10,365
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR line 17; Form 1040-NR, line 62a)	3	16,961
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	6,609
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize **RBT CPAS, LLP** to enter or generate my PIN  as my signature on my tax year 2019 electronically filed income tax return.  
ERO firm name Enter five digits, but don't enter all zeros

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

Your signature ▶ \_\_\_\_\_ Date ▶ **06/05/20**

Spouse's PIN: check one box only

I authorize **RBT CPAS, LLP** to enter or generate my PIN  as my signature on my tax year 2019 electronically filed income tax return.  
ERO firm name Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ **06/05/20**

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

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

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ **SUSAN L. HOWELL, CPA** Date ▶ **06/05/20**

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

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

Form **8879** (2019)

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>MARCUS J</b>	Last name <b>MOLINARO</b>	Your social security number
If joint return, spouse's first name and middle initial <b>CORINNE</b>	Last name <b>ADAMS</b>	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>75 GLEN RIDGE ROAD</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>RED HOOK NY 12571</b>		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
		If more than four dependents, see instr. and ✓ here <input type="checkbox"/>

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

**Age/Blindness** You:  Were born before January 2, 1955  Are blind Spouse:  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>ABIGAL</b>	<b>MOLINARO</b>		<b>DAUGHTER</b>	<input checked="" type="checkbox"/>	
<b>ELIAS A.</b>	<b>MOLINARO</b>		<b>SON</b>	<input checked="" type="checkbox"/>	
<b>THEO A.</b>	<b>MOLINARO</b>		<b>SON</b>	<input checked="" type="checkbox"/>	

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	<b>139,349</b>
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Soc. sec. ben.	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	<b>0</b>
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	<b>139,420</b>
8a Adjustments to income from Schedule 1, line 22	8a	<b>0</b>
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	<b>139,420</b>
9 Standard deduction or itemized deductions (from Schedule A)	9	<b>27,385</b>
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	<b>27,385</b>
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter 0-	11b	<b>112,035</b>

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

Form **1040** (2019)

**MARCUS J MOLINARO & CORINNE ADAMS**

<b>12a</b>	Tax (see instr.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	16,365	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	16,365	
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	6,000	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	6,000	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	10,365	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>		
<b>16</b>	Add lines 14 and 15. This is your total tax	<b>16</b>	10,365	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	16,961	
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC)	<b>18a</b>		
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>		
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>		
<b>d</b>	Schedule 3, line 14	<b>18d</b>	13	
<b>e</b>	Add lines 18a through 18d. These are your total other payments and refundable credits	<b>18e</b>	13	
<b>19</b>	Add lines 17 and 18e. These are your total payments	<b>19</b>	16,974	
<b>Refund</b>	<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	<b>20</b>	6,609	
	<b>21a</b> Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	6,609	
	<b>b</b> Routing number <input type="text"/> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b> Account number <input type="text"/>			
	<b>22</b> Amount of line 20 you want applied to your 2020 estimated tax	<b>22</b>		
	<b>23</b> Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>		
	<b>24</b> Estimated tax penalty (see instructions)	<b>24</b>		

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

Direct deposit? See instructions.

**Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <b>COUNTY EXECUTIVE</b>	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) <input type="text"/>
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.) <input type="text"/>

Phone no.  Email address

**Paid Preparer Use Only**

Preparer's name <b>SUSAN L. HOWELL, CPA</b>	Preparer's signature <b>SUSAN L. HOWELL, CPA</b>	PTIN <input type="text"/>	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <b>RBT CPAS, LLP</b>	Date <b>06/05/20</b>	Phone no. <b>845-567-9000</b>	
Firm's address <b>11 RACQUET RD</b>	City <b>NEWBURGH</b> State <b>NY</b> Zip <b>12550</b>	Firm's EIN <input type="text"/>	

**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

**Additional Credits and Payments**

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

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

Attachment  
Sequence No. **03**

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

Your social security number

**MARCUS J MOLINARO & CORINNE ADAMS**

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attached Form 1116 if required .....	1	
2	Credit for child and dependent care expenses. Attach Form 2441 .....	2	
3	Education credits from Form 8863, line 19 .....	3	
4	Retirement savings contributions credit. Attach Form 8880 .....	4	
5	Residential energy credits. Attach Form 5695 .....	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> .....	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b .....	7	

**Part II Other Payments and Refundable Credits**

8	2019 estimated tax payments and amount applied from 2018 return .....	8	
9	Net premium tax credit. Attach Form 8962 .....	9	
10	Amount paid with request for extension to file (see instructions) .....	10	
11	Excess social security and tier 1 RRTA tax withheld .....	11	<b>13</b>
12	Credit for federal tax on fuels. Attach Form 4136 .....	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> .....	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d .....	14	<b>13</b>

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

Schedule 3 (Form 1040 or 1040-SR) 2019

**SCHEDULE A**  
**(Form 1040 or 1040-SR)**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service (99)

**Itemized Deductions**

OMB No. 1545-0074

**2019**

Attachment  
 Sequence No. **07**

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
 ▶ Attach to Form 1040 or 1040-SR.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR: **MARCUS J MOLINARO & CORINNE ADAMS**  
 Your social security number: \_\_\_\_\_

Section	Description	Line	Amount	Total
<b>Medical and Dental Expenses</b>	1 Medical and dental expenses (see instructions) .....	1		
	2 Enter amount from Form 1040 or 1040-SR, line 8b .....	2		
	3 Multiply line 2 by 7.5% (0.075) .....	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4		
<b>Taxes You Paid</b>	5 State and local taxes.			
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> .....	5a	8,276	
	b State and local real estate taxes (see instructions) .....	5b	9,425	
	c State and local personal property taxes .....	5c		
	d Add lines 5a through 5c .....	5d	17,701	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) .....	5e	10,000	
	6 Other taxes. List type and amount ▶ .....	6		
7 Add lines 5e and 6 .....	7		10,000	
<b>Interest You Paid</b>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> .....			
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited .....	8a	16,250	
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address .....	8b		
	c Points not reported to you on Form 1098. See instructions for special rules .....	8c		
	d Mortgage insurance premiums (see instructions) .....	8d		
	e Add lines 8a through 8d .....	8e	16,250	
9 Investment interest. Attach Form 4952 if required. See instructions .....	9			
10 Add lines 8e and 9 .....	10		16,250	
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	11		
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....	12	1,135	
	13 Carryover from prior year .....	13		
	14 Add lines 11 through 13 .....	14		1,135
<b>Casualty and Theft Losses</b>	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions .....	15		
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount ▶ .....	16		
<b>Total Itemized Deductions</b>	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9 .....	17		27,385
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> .....			

Form **8867**

**Paid Preparer's Due Diligence Checklist**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status  
 ▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 ▶ Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

**2019**  
Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

**MARCUS J MOLINARO & CORINNE ADAMS**

Enter preparer's name and PTIN

**SUSAN L. HOWELL, CPA**

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s). List those documents, if any, that you relied on. <u>HEALTH CARE PROVIDER STATEMENT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2019)

**MARCUS J MOLINARO & CORINNE ADAMS -**

Form 8867 (2019)

**Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)**

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Question for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)**

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorce or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)**

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)**

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; and
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
- ▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **8283**  
 (Rev. November 2019)  
 Department of the Treasury  
 Internal Revenue Service

# Noncash Charitable Contributions

▶ Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Go to [www.irs.gov/Form8283](http://www.irs.gov/Form8283) for instructions and the latest information.

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

**MARCUS J MOLINARO & CORINNE ADAMS**

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section **only** an item (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1099-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	YOUTH MISSION OUTREACH 30 N. GRAND POUGHKEEPSIE NY 12428	<input type="checkbox"/>	CLOTHING & HOUSEHOLD ITEMS
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note: if the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	VARIOUS	VARIOUS	PURCHASE	4,360	1,135	THRIFT SHOP VALUE
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ \_\_\_\_\_  
 If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ \_\_\_\_\_  
 (2) For any prior tax years ▶ \_\_\_\_\_

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_

e Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? \_\_\_\_\_

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? \_\_\_\_\_

c Is there a restriction limiting the donated property for a particular use? \_\_\_\_\_

	Yes	No
3a		
3b		
3c		

Form <b>1040</b>	<b>General Sales Tax Deduction Worksheet</b>	<b>2019</b>
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Name as shown on return <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
---	--------------------------------

State of <b>NEW YORK</b>	Locality of <b>DUTCHESS COUNTY</b>
-----------------------------	---------------------------------------

### General Sales Tax from IRS Tables

- |   |    |                |
|---|----|----------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040 or 1040-SR, Line 8b .....   | 1. | <u>139,420</u> |
| 2. Add the nontaxable amounts from Form 1040 or 1040-SR, lines 2b, 4a, 4c, 5a (Exclude rollovers and tax-free Sec. 1035 exchanges) 2. ....  | 2. | .....          |
| 3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation.<br>Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits<br>received in 2019 ..... | 3. | .....          |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes .....   | 4. | <u>139,420</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions. ....<br>Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8<br>and enter the amount from line 5 on line 9  | 5. | <u>741</u>     |
| 6. Enter the number of days of residence in state .....   | 6. | .....          |
| 7. Total days in year .....   | 7. | <u>365</u>     |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) .....   | 8. | .....          |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. ....  | 9. | <u>741</u>     |

### Local Sales Tax Using IRS Tables

- |  |     |                |
|--|-----|----------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. ....   | 10. | <u>741</u>     |
| 11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi,<br>Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter<br>the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. ....  | 11. | .....          |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) .....  | 12. | <u>4.12500</u> |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) .....  | 13. | <u>4.0000</u>  |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) .....   | 14. | <u>1.031</u>   |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax<br>using the optional local sales tax tables.<br>Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18<br>and enter the amount from line 15 on line 19<br><br>If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax<br>using the optional state and certain local sales tax tables.<br>Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18<br>and enter the amount from line 15 on line 19 | 15. | <u>764</u>     |
| 16. Enter the number of days of residence in locality .....  | 16. | .....          |
| 17. Total days in year .....   | 17. | <u>365</u>     |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) .....   | 18. | .....          |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. ....   | 19. | <u>764</u>     |

### General Sales Tax Summary

- |   |     |              |
|---|-----|--------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets .....     | 20. | <u>741</u>   |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets .....    | 21. | <u>764</u>   |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables ..... | 22. | <u>1,505</u> |
| 23. Enter the actual state and local general sales taxes paid .....                   | 23. | .....        |
| 24. Enter the greater of line 22 or line 23 .....                                     | 24. | <u>1,505</u> |
| 25. Enter the state and local taxes paid on specified items (major purchases) .....   | 25. | .....        |
| 26. Add lines 24 and 25, this is the deductible General Sales tax .....               | 26. | <u>1,505</u> |
| 27. Enter total state and local income taxes paid .....                               | 27. | <u>8,276</u> |

Enter the greater of line 26 or 27 on Schedule A, line 5a. If line 26 is greater, mark the Schedule A, line 5a box.

Form <b>1040</b>	<b>Child Tax Credit and Credit for Other Dependents Worksheets</b>	<b>2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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**Child Tax Credit & Credit for Other Dependents Worksheet - Form 1040/1040-SR, Line 13a or Form 1040NR, Line 49**

1. Number of qualifying children under 17 with the required social security number: <u>3</u> x \$2,000. Enter the result.	1. <u>6,000</u>
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: <u>0</u> x \$500. Enter the result.	2. _____
3. Add lines 1 and 2.	3. <u>6,000</u>
4. Enter the amount from Form 1040 or 1040-SR, line 8b or Form 1040NR, line 35.	4. <u>139,420</u>
5. Enter the total of any exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50.	5. _____
6. Add lines 4 and 5.	6. <u>139,420</u>
7. Enter \$400,000 if married filing jointly; \$200,000 if single, married filing separately, head of household, or qualifying widow(er)	7. <u>400,000</u>
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.	8. _____
9. Multiply the amount on line 8 by 5% (.05). Enter the result.	9. <u>0</u>
10. Subtract line 9 from line 3. If zero or less, stop here; you cannot take this credit.	10. <u>6,000</u>
11. Enter the amount from Form 1040 or 1040-SR, line 12b or Form 1040NR, line 45.	11. <u>16,365</u>
12. Add the amounts from Schedule 3, lines 1, 2, 3 and 4 or Form 1040NR, lines 46, 47 & 48, plus any amounts from Form 5695, line 30, Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total.	12. _____
13. Subtract line 12 from line 11	13. <u>16,365</u>
14. Are you claiming any of the following credits? <input checked="" type="checkbox"/> Mortgage interest credit, Form 8396 <input type="checkbox"/> Adoption credit, Form 8839 <input type="checkbox"/> Residential energy efficient property credit, Form 5695, Part I <input type="checkbox"/> District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. If you are filing Form 2555, enter -0-. Otherwise, enter the amount from Child Tax Credit - Line 14 Worksheet below.	14. <u>0</u>
15. Subtract line 14 from line 13. Enter the result.	15. <u>16,365</u>
16. Child tax credit and credit for other dependents. If line 10 is more than line 15, enter the amount from line 15, otherwise, enter the amount from line 10. Enter the amount from line 16 on Form 1040 or 1040-SR, line 13a, or Form 1040NR, line 49.	16. <u>6,000</u>

**Child Tax Credit - Line 14 Worksheet**

Use this worksheet only if you checked "Yes" on line 14 of the Child Tax Credit & Credit for Other Dependents Worksheet above *and* you are not filing Form 2555.

1. Enter the amount from line 10 of the Child Tax Credit & Credit for Other Dependents Worksheet above.	1. _____
2. Number of qualifying children under age 17 with the required social security number: _____ x \$1,400. Enter the result.	2. _____
3. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet.	3. _____
4. Is the amount on line 3 more than \$2,500? <input type="checkbox"/> No. Leave line 4 blank, enter -0- on line 5, and go to line 6. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 3. Enter the result.	4. _____
5. Multiply the amount on line 4 by 15% (.15) and enter the result.	5. _____
6. On line 2 of this worksheet, is the amount \$4,200 or more? <input type="checkbox"/> No. • If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit & Credit for Other Dependents Worksheet and enter -0- on line 14, and complete lines 15 and 16 • If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, go to line 12. <input type="checkbox"/> Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.	6. _____
7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	7. _____
8. Enter the total of the amounts from Schedule 1, line 14 and Schedule 2, line 5 (Form 1040NR, lines 27 and 56), plus any taxes identified with code "UT" on the dotted line next to Schedule 2, line 8 (Form 1040NR, line 60).	8. _____
9. Add lines 7 and 8. Enter the total.	9. _____
10. Add the amounts from Form 1040, lines 18a and Schedule 3, line 11 or Form 1040NR, line 67. Enter total.	10. _____
11. Subtract line 10 from line 9. If the result is zero or less, enter -0-.	11. _____
12. Enter the larger of line 5 or line 11.	12. _____
13. Enter the smaller of line 2 or line 12.	13. _____
14. Is the amount on line 13 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 13 from line 1. Enter the result. <input type="checkbox"/> Yes. Enter -0-.	14. _____
Next, complete Form 8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.	
15. Enter the total of the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3. Enter this amount on line 14 of the Child Tax Credit and Credit for Other Dependents Worksheet.	15. _____

Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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Payer's/Trustee's name NEW YORK COLLEGE PLUS  
Account type STATE QTP Account number \_\_\_\_\_  
Beneficiary first name ABIGAL Beneficiary last name MOLINARO

**Worksheet for Determining QTP/ESA Basis Amounts**

1. Basis in QTP/ESA as of December 31, 2018 .....	1. <u>18,500</u>
2. Enter QTP/ESA contributions for 2019 .....	2. _____
3. Add lines 1 and 2 .....	3. <u>18,500</u>
4. Enter distributions from this QTP/ESA during 2019 .....	4. _____
5. Subtract Line 4 from Line 3 .....	5. <u>18,500</u>
6. Other increases or decreases to basis .....	6. _____
7. Basis in your QTP or ESA as of December 31, 2019 .....	7. <u>18,500</u>

Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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Payer's/Trustee's name	<u>NEW YORK COLLEGE SAVINGS PLUS</u>	Account number
Account type	<u>STATE QTP</u>	
Beneficiary first name	<u>JACK</u>	Beneficiary last name <u>MOLINARO</u>

**Worksheet for Determining QTP/ESA Basis Amounts**

1. Basis in QTP/ESA as of December 31, 2018 .....	1.	<b>7,400</b>
2. Enter QTP/ESA contributions for 2019 .....	2.	
3. Add lines 1 and 2 .....	3.	<b>7,400</b>
4. Enter distributions from this QTP/ESA during 2019 .....	4.	
5. Subtract Line 4 from Line 3 .....	5.	<b>7,400</b>
6. Other increases or decreases to basis .....	6.	
7. <b>Basis in your QTP or ESA as of December 31, 2019</b> .....	7.	<b>7,400</b>

Form <b>1040</b>	<b>Excess Social Security and RRTA Tax Withholding Worksheets</b>	<b>2019</b>
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Name <b>MARCUS J MOLINARO</b>	Taxpayer Identification Number
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**Worksheet for Nonrailroad Employees**

1. Add all social security tax withheld (but not more than \$8,240 for each employer). This tax should be shown in box 4 of your Forms W-2. Enter the total here .....	1.	<b>8,253</b>
2. Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040, Schedule 2, line 8 .....	2.	
3. Add lines 1 and 2. If \$8,240.00 or less, stop here. You cannot claim the credit .....	3.	<b>8,253</b>
4. Social security tax limit .....	4.	<b>8,240</b>
5. Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, Schedule 3, line 11 .....	5.	<b>13</b>

**Worksheet for Railroad Employees**

1. Add all social security and tier 1 RRTA tax withheld (but not more than \$8,240 for each employer). Box 4 of your Forms W-2 should show social security and box 14 should show tier 1 RRTA tax. Enter the total here .....	1.	
2. Enter any uncollected social security and tier 1 RRTA tax on tips or group-term life insurance included in the total on Form 1040, Schedule 2, line 8 .....	2.	
3. Add lines 1 and 2. If \$8,240 or less, stop here. You cannot claim the credit .....	3.	
4. Social security and tier 1 RRTA tax limit .....	4.	
5. Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, Schedule 3, line 11 .....	5.	

Form <b>1040</b>	<b>Tax Refund Worksheets</b>	<b>2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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	2018	2017	2016
1. State and local tax refunds .....	1. <u>1,369</u>	_____	_____
2a. State and local tax refunds with no tax benefit derived .....	2a. <u>1,369</u>	_____	_____
2b. Sales tax benefit reduction .....	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1 .....	3. <u>0</u>	_____	_____
4. Total itemized deductions from Schedule A .....	4. _____	_____	_____
5. Standard deduction .....	5. _____	_____	_____
6. Subtract line 5 from line 4. If result is zero or less, STOP here The amount on line 3 is not taxable .....	6. _____	_____	_____
7. Enter the smaller of line 3 or line 6 .....	7. _____	_____	_____
8. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.) .....	8. _____	_____	_____
9. Enter the following amount to include on Form 1040, Sch 1, line 1: If line 8 is: .....	9. _____	_____	_____
• 0 or more, enter the amount from line 7.			
• A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.			

**Tax Refund Worksheet for Itemized Deduction Limitation**

	2018*	2017	2016
1. State and local tax refunds subject to phase-out .....	1. _____	_____	_____
2a. State and local tax refunds with no tax benefit derived .....	2a. _____	_____	_____
2b. Sales tax benefit reduction .....	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1 .....	3. _____	_____	_____
<b>Itemized deductions before state and local tax refunds:</b>			
4. Adjusted gross income .....	4. _____	_____	_____
5. AGI threshold .....	5. _____	_____	_____
6. Line 4 minus line 5 .....	6. _____	_____	_____
7. Itemized deductions before phase-out .....	7. _____	_____	_____
8. Itemized deductions subject to phase-out .....	8. _____	_____	_____
9. Multiply line 6 by 3% (.03) .....	9. _____	_____	_____
10. Multiply line 8 by 80% (.80) .....	10. _____	_____	_____
11. Phase-out (smaller of line 9 or line 10) .....	11. _____	_____	_____
12. Allowable itemized deductions (line 7 minus line 11) .....	12. _____	_____	_____
<b>Itemized deductions adjusted for state and local tax refund:</b>			
13. Adjusted itemized deductions before phase-out (line 7 minus line 3) .....	13. _____	_____	_____
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3) .....	14. _____	_____	_____
15. Multiply line 14 by 80% (.80) .....	15. _____	_____	_____
16. Adjusted phase-out (smaller of line 9 or 15) .....	16. _____	_____	_____
17. Adjusted itemized deductions allowed (line 13 minus line 16) .....	17. _____	_____	_____
18. Standard deduction .....	18. _____	_____	_____
19. Enter the larger of line 17 or line 18 .....	19. _____	_____	_____
20. Line 12 minus line 19 .....	20. _____	_____	_____
21. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.) .....	21. _____	_____	_____
22. Enter the following amount to include on Form 1040, Sch 1, line 1: If line 21 is: .....	22. _____	_____	_____
• 0 or more, enter the amount from line 20.			
• A negative amount, add lines 20 and 21 and enter net amount, but not less than zero.			

\* Schedule A limitation did not apply for 2018, due to the Tax Cuts and Jobs Act of 2017.

Form <b>1040</b>	<b>Tax Refund Worksheet - 2019 State and Local Refunds</b>	<b>2020</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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**NY**

1. 2019 payments paid in 2020 .....	1.		
2. 2019 extension paid in 2020 .....	2.		
3. 2019 additional payment paid in 2020 .....	3.		
4. Total 2019 payments paid in 2020 (sum of lines 1 through 3) .....	4.		
5. Total payments on the 2019 return .....	5.	<b>8,276</b>	
6. Total 2019 overpayment/refund .....	6.	<b>1,680</b>	
7. 2019 refund attributable to tax paid in 2020 (line 4 divided by line 5 multiplied by line 6) .....	7.		
8. 2019 state/local tax refund attributable to tax paid in 2019 (line 6 minus line 7) .....	8.	<b>1,680</b>	

1. 2019 payments paid in 2020 .....	1.		
2. 2019 extension paid in 2020 .....	2.		
3. 2019 additional payment paid in 2020 .....	3.		
4. Total 2019 payments paid in 2020 (sum of lines 1 through 3) .....	4.		
5. Total payments on the 2019 return .....	5.		
6. Total 2019 overpayment/refund .....	6.		
7. 2019 refund attributable to tax paid in 2020 (line 4 divided by line 5 multiplied by line 6) .....	7.		
8. 2019 state/local tax refund attributable to tax paid in 2019 (line 6 minus line 7) .....	8.		

1. 2019 payments paid in 2020 .....	1.		
2. 2019 extension paid in 2020 .....	2.		
3. 2019 additional payment paid in 2020 .....	3.		
4. Total 2019 payments paid in 2020 (sum of lines 1 through 3) .....	4.		
5. Total payments on the 2019 return .....	5.		
6. Total 2019 overpayment/refund .....	6.		
7. 2019 refund attributable to tax paid in 2020 (line 4 divided by line 5 multiplied by line 6) .....	7.		
8. 2019 state/local tax refund attributable to tax paid in 2019 (line 6 minus line 7) .....	8.		

1. 2019 payments paid in 2020 .....	1.		
2. 2019 extension paid in 2020 .....	2.		
3. 2019 additional payment paid in 2020 .....	3.		
4. Total 2019 payments paid in 2020 (sum of lines 1 through 3) .....	4.		
5. Total payments on the 2019 return .....	5.		
6. Total 2019 overpayment/refund .....	6.		
7. 2019 refund attributable to tax paid in 2020 (line 4 divided by line 5 multiplied by line 6) .....	7.		
8. 2019 state/local tax refund attributable to tax paid in 2019 (line 6 minus line 7) .....	8.		

1. 2019 payments paid in 2020 .....	1.		
2. 2019 extension paid in 2020 .....	2.		
3. 2019 additional payment paid in 2020 .....	3.		
4. Total 2019 payments paid in 2020 (sum of lines 1 through 3) .....	4.		
5. Total payments on the 2019 return .....	5.		
6. Total 2019 overpayment/refund .....	6.		
7. 2019 refund attributable to tax paid in 2020 (line 4 divided by line 5 multiplied by line 6) .....	7.		
8. 2019 state/local tax refund attributable to tax paid in 2019 (line 6 minus line 7) .....	8.		

Total of ALL 2019 state/local tax refunds attributable to tax paid in 2020 (sum of lines 7) .....	
Total of ALL 2019 state/local tax refunds attributable to tax paid in 2019 (sum of lines 8; for 2020 Tax Refund Wkt) .....	<b>1,680</b>

Form <b>1040</b>	<b>Tax Refund Worksheet - No Tax Benefit Derived</b>	<b>2020</b>
Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>		Taxpayer Identification Number

### 2019 State and Local Refunds Not Taxable in 2020 Due to AMT

1. Total refund attributable to 2019 (from total on Wrk 10, Tax Refund Wrk - 2019 State and Local Refunds)	1.		1,680
2. 2019 regular tax	2.	16,365	
3. 2019 AMT	3.	0	
4. 2019 Total Tax (line 2 + line 3)	4.	16,365	
5. 2019 Federal Marginal Tax Rate	5.	0.220	
6. Tentative no benefit (line 3 divided by line 5)	6.	0	
7. Adjustment (smaller of line 1 or line 6)	7.	0	
8. Recalculated 2019 Itemized Deductions	8.	0	
9. Recalculated 2019 Taxable Income	9.	0	
10. Recalculated 2019 Tax	10.	0	
Recalculated 2019 Tax using Sch D Tax Wrk or QDCGTW			
Recalculated 2019 Form 8615			
Recalculated 2019 Schedule J			
11. Recalculated 2019 AMT	11.	0	
12. New 2019 Total Tax (line 10 + line 11)	12.	0	
13. 2019 state and local refunds not taxable in 2020 due to AMT (equals line 7, if line 12 < or = line 4)	13.	0	

The amount from Line 13 will carry to the 2020 Tax Refund Worksheet

### 2019 State and Local Refunds Not Taxable in 2020 Due to Zero Tax

1. Total refund attributable to 2019 (from total on Wrk 10, Tax Refund Wrk - 2019 State and Local Refunds)	1.		
2. 2019 regular tax after credits	2.		
3. Recalculated 2019 tax after credits	3.		
4. Difference, if any (line 2 - line 3)	4.		
5. 2019 state and local refunds not taxable in 2020 due to zero tax (equals line 1, if line 4 = zero)	5.		

The amount from Line 5 will carry to the 2020 Tax Refund Worksheet

### 2019 State and Local Refunds Not Taxable in 2020 Due to Sch A Tax Deduction Limitation

1. 2019 Schedule A line 5d - state and local taxes before limitation	1.	17,701	
2. Total refund attributable to 2019 (from total on Wrk 10, Tax Refund Wrk - 2019 State and Local Refunds)	2.		1,680
3. Difference, if any (line 1 - line 2)	3.	16,021	
4. 2019 Schedule A line 5e - limited state and local taxes	4.	10,000	
5. Difference, if any (line 3 - line 4) (if line 5 >= zero, refund not taxable, skip to line 7)	5.	6,021	
6. No Taxable Benefit Amount (Combine Line 2 + Line 5)	6.		
7. 2019 state/local refunds not taxable in 2020 due to Sch A tax limitation (equals (line 2, if line 5 >= zero) or (line 6, if line 6 is > zero))	7.		1,680

The amount from Line 7 will carry to the 2020 Tax Refund Worksheet

**Federal Statements****Schedule A, Line 5a - State and Local Taxes**

Description	Amount
STATE WITHHOLDING ON W-2S	\$ 8,276
TOTAL INCOME TAXES*	<u>8,276</u>
GENERAL SALES TAX	1,505
TOTAL SALES TAXES	<u>1,505</u>

\*INCOME TAXES ARE BEING DEDUCTED

**Schedule A, Line 5b - Real Estate Taxes**

Description	Amount
REAL ESTATE TAXES	\$ 9,425
TOTAL	<u>\$ 9,425</u>

**Schedule A, Line 8a - Home Mortgage Interest & Points From Form 1098**

Description	Amount
RHINEBECK BANK	\$ 9,690
TEG FEDERAL CREDIT UNION	1,079
ULSTER SAVINGS BANK	5,481
TOTAL	<u>\$ 16,250</u>

**Schedule A, Line 12 - Charitable Contributions Other Than Cash or Check**

Description	Amount
50% CONTRIB FROM 8283	\$ 1,135
TOTAL	<u>\$ 1,135</u>

**Federal Statements****Amount Allocated to Tax Paid in the Following Year**

Description	Amount
NY	
1. 2018 PAYMENT PAID IN 2019	\$ 0
2. 2018 EXTENSION PAID IN 2019	0
3. 2018 ADDITIONAL PAYMENT PAID IN 2019	0
4. TOTAL 2018 PAYMENTS PAID IN 2019 (SUM OF LINES 1 THROUGH 3)	0
5. TOTAL PAYMENTS ON THE 2018 RETURN	8,806
6. TOTAL 2018 OVERPAYMENT/REFUND	<u>1,369</u>
7. 2018 REFUND ATTRIBUTABLE TO TAX PAID IN 2019 (LINE 4 DIVIDED BY LINE 5 MULTIPLIED BY LINE 6)	\$ 0
8. STATE/LOCAL TAX REFUND (LINE 6 MINUS LINE 7)	<u>\$ 1,369</u>

**Federal Statements****Dutchess County****Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 108
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	31,219
SECTION 457(B) CONTRIBUTIONS	<u>2,782</u>
TOTAL	\$ <u><u>34,109</u></u>

**Dutchess County****Form W-2, Box 14 - Other**

<u>Description</u>	<u>Amount</u>
CAR	\$ 2,723
TOTAL	\$ <u><u>2,723</u></u>

Form **1040** | **Salaries & Wages Report** | **2019**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T DUTCHESS COUNTY	139,143	16,961	132,900
B	T EMPIRE CASTING, LLC	206		206
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		139,349	16,961	133,106
Spouse				
Totals		139,349	16,961	133,106

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	8,240	141,925	2,058				2,723
B	13	206	3				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	8,253	142,131	2,061				2,723
Spouse							
Totals	8,253	142,131	2,061				2,723

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	NY	139,143	8,271			
B	NY	206	5			
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		139,349	8,276			
Spouse						
Totals		139,349	8,276			

Form <b>1040</b>	<b>Two Year Comparison Report - Page 1</b>	<b>2018 &amp; 2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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	2018		2019		Differences
	MFJ	MFJ	MFJ	MFJ	
<b>Filing Status</b>					
<b>Dependents</b>	<b>3</b>	<b>3</b>			
1. Salaries and wages	151,924	139,349			-12,575
2. Interest income	79	71			-8
3. Tax exempt interest income					
4. Dividend income	62				-62
5. Qualified dividend income	62				-62
6. Taxable state/local refunds	223				-223
7. Alimony received					
8. Business income/loss					
9. Capital gain/loss	10,876				-10,876
10. Other gains/losses					
11. Taxable IRA distributions					
12. Taxable pensions					
13. Rent and royalty income including farm rental	-14,124				14,124
14. Partnership/S corp income					
15. Estate or trust income					
16. Farm Income/loss					
17. Unemployment compensation					
18. Taxable social security					
19. Other income					
<b>20. Total income</b>	<b>149,040</b>	<b>139,420</b>			<b>-9,620</b>
21. Moving expenses					
22. Deductible part of self-employment tax					
23. SEP/SIMPLE/Qualified plans deductions					
24. SE health insurance					
25. Penalty on early withdrawal of savings					
26. Alimony paid					
27. IRA deductions					
28. Student loan interest					
29. Other adjustments					
<b>30. Adjusted gross income</b>	<b>149,040</b>	<b>139,420</b>			<b>-9,620</b>
31. Medical					
32. Taxes	10,000	10,000			
33. Interest	15,219	16,250			1,031
34. Contributions	2,000	1,135			-865
35. Casualty losses					
36. Miscellaneous expenses					
37. Allowable itemized deductions	27,219	27,385			166
38. Standard deduction	24,000	24,400			400
	ITEMIZED	ITEMIZED			
39. Deduction taken	27,219	27,385			166
40. Taxable income before Qual Bus Inc Ded (QBID)	121,821	112,035			-9,786
41. QBID	0	0			
<b>42. Taxable income</b>	<b>121,821</b>	<b>112,035</b>			<b>-9,786</b>

Form <b>1040</b>	<b>Two Year Comparison Report - Page 2</b>	<b>2018 &amp; 2019</b>
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Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
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		2018	2019	Differences
43. Taxable income from 2YR page 1, line 42	43.	121,821	112,035	-9,786
44. Tax on taxable income	44.	18,675	16,365	-2,310
45. Alternative minimum tax	45.			
46. Excess advance premium tax credit	46.			
47. Child care credit	47.	600		-600
48. Education credits	48.			
T 49. Retirement savings credit	49.			
a 50. Child & other dependent tax credit	50.	6,000	6,000	
x 51. General business credit	51.			
52. Other credits	52.			
C 53. Total credits	53.	6,600	6,000	-600
o 54. Net tax liability	54.	12,075	10,365	-1,710
m 55. Self-employment taxes	55.			
p 56. Other taxes	56.			
u 57. Total tax	57.	12,075	10,365	-1,710
t 58. Income tax withheld	58.	18,293	16,961	-1,332
a 59. Estimated tax payments	59.			
t 60. Earned income credit	60.			
i 61. Additional Child tax credit	61.			
o 62. Other refundable tax credits	62.		13	13
n 63. Other payments	63.			
64. Total payments	64.	18,293	16,974	-1,319
65. Tax due/-refund	65.	-6,218	-6,609	-391
66. Penalties and interest	66.			
67. Net tax due/-refund	67.	-6,218	-6,609	-391
68. Refund applied to estimated tax payments	68.			
69. Refund received	69.	-6,218	-6,609	-391
70. Effective tax rate	70.	10.0 %	9.0 %	

**Two Year Comparison - Tax Reconciliation Marginal Tax Rates**

	2018 Taxable Income	2018 Marginal Tax Rate	2019 Taxable Income	2019 Marginal Tax Rate
Ordinary income	121,759	22.0 %	112,035	22.0 %
Capital income	62	15.0 %		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form <b>1040</b>	<b>CARES Act COVID-19 - (EIP) Recovery Rebate Worksheet</b>	<b>2019 &amp; 2020</b>
------------------	---	------------------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number
--	--------------------------------

- |   | 2018   | 2019<br><u>MFJ</u>  | 2020<br><u>MFJ</u>  |
|---|--|---|---|
| A. Filing Status .....  |  |   |   |
| B. Can taxpayer or spouse, if filing a joint return, be claimed as a dependent on another person's return? No go to C. Yes Stop here .....        | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C. Does the taxpayer, and spouse if filing jointly, have a valid social security number? Yes skip line D and go to line 1. No, go to line D ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Were either taxpayer or spouse a member of the U.S. Armed Forces at any time during the tax year? Yes go to line 1. No, Stop here .....        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

	2018	2019	2020
1. Adjusted gross income (AGI) from the return .....	1.	139,420	139,420
2. Recovery rebates based upon filing status. Enter \$1,200 (\$2,400 if MFJ) .....	2.	2,400	2,400
3. Number of children qualified for the child tax credit .....	3.	3	3
4. Number of children under 17 with adoption taxpayer identification number (ATIN) .....	4.		
5. Add lines 3 and 4 .....	5.	3	3
6. Enter \$500 .....	6.	500	500
7. Rebate credit for qualifying child dependent under age 17. Multiply line 6 by 5. ....	7.	1,500	1,500
8. Total rebate check before AGI limits. Add line 2 and 7. ....	8.	3,900	3,900
9. Phaseout limit based upon filing status. Enter \$75,000 (\$150,000 MFJ; \$112,500 HH) .....	9.	150,000	150,000
10. Subtract line 9 from line 1. If less than zero, enter -0- .....	10.	0	0
11. Recovery rebate reduction. Multiply line 10 by 5% (0.05) .....	11.		
12. Projected rebate check. Subtract line 11 from line 8. If less than zero, enter -0- .....	12.	3,900	3,900
13. Enter the amount from line 12 of the year used to calculate .....	13.		3,900
14. Recovery rebate credit for 2020. Subtract line 13 from line 12. If zero or less, enter -0-. Enter the result here and on Tax Projection Worksheet line 82 .....	14.		0

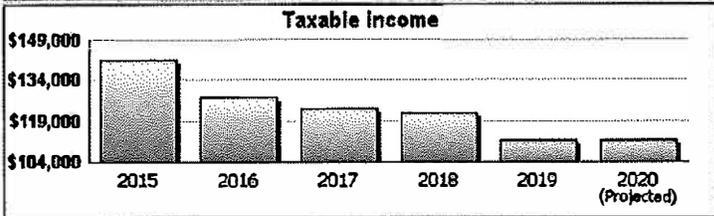
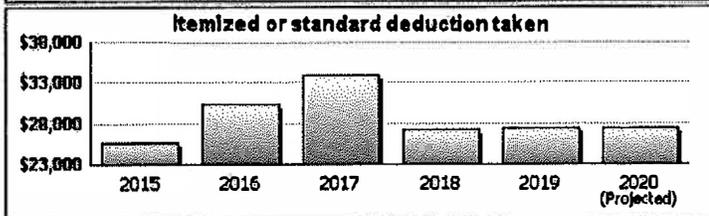
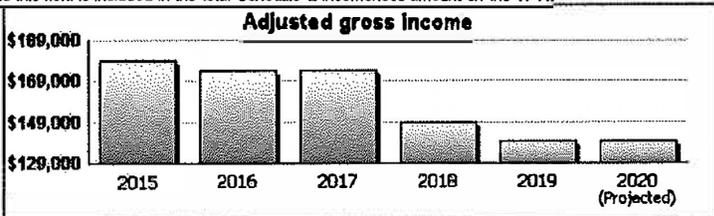
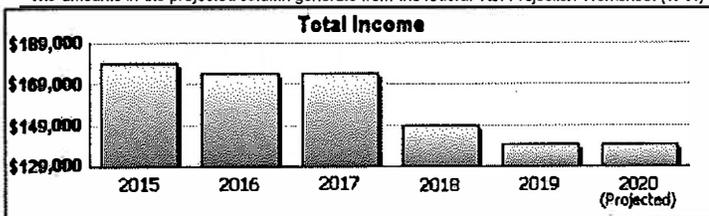
2019 TAX RETURN

Form **1040** Tax Return History Report - Page 1 2019

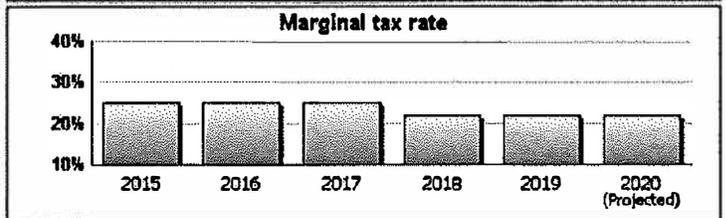
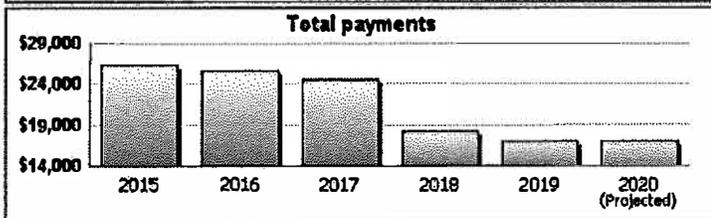
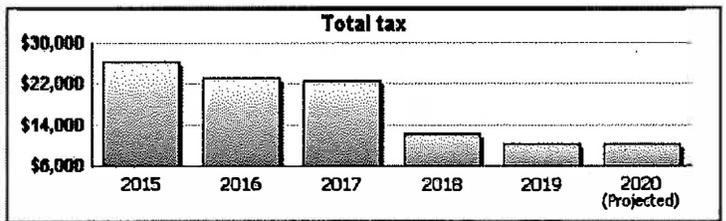
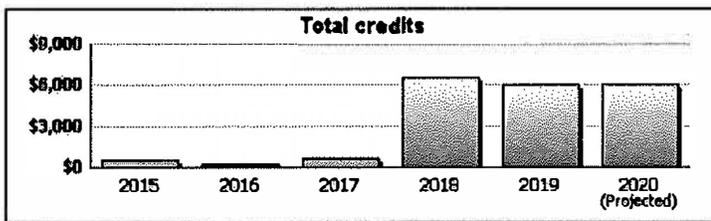
Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number

	2015	2016	2017	2018	2019	2020 PROJECTED
	MFJ	MFJ	MFJ	MFJ	MFJ	MFJ
Filing Status						
Salaries and wages	177,877	174,232	166,352	151,924	139,349	139,349
Interest income		21	453	79	71	71
Dividend income				62		
Business income/loss						
Capital gains/losses				10,876		
Other gains/losses						
IRA distributions, pensions, annuities			6,997			
Rent, royalty, farm rental income				-14,124		
Partnership/S corp income						
Estate or trust income						
Farm income/loss						
Other income/loss	1,547		246	223		
<b>Total Income</b>	<b>179,424</b>	<b>174,253</b>	<b>174,048</b>	<b>149,040</b>	<b>139,420</b>	<b>139,420</b>
Total adjustments						
Adjusted gross income	179,424	174,253	174,048	149,040	139,420	139,420
Allowable itemized deductions	25,664	30,372	34,003	27,219	27,385	27,385
Standard deduction	12,600	12,600	12,700	24,000	24,400	24,800
Itemized or standard deduction taken	25,664	30,372	34,003	27,219	27,385	27,385
Exemptions	12,000	16,200	16,200			
Taxable income before Qual Bus Inc Ded	141,760	127,681	123,845	121,821	112,035	112,035
Qual Bus Inc Ded						
<b>Taxable Income</b>	<b>141,760</b>	<b>127,681</b>	<b>123,845</b>	<b>121,821</b>	<b>112,035</b>	<b>112,035</b>

\* The amounts in the projected column generate from the federal Tax Projection Worksheet (TPW) and this field is included in the total Schedule E income/loss amount on the TPW.



Form <b>1040</b>		Tax Return History Report - Page 2					2019
Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>		Taxpayer Identification Number					
	2015	2016	2017	2018	2019	2020 PROJECTED	
Taxable income	141,760	127,681	123,845	121,821	112,035	112,035	
Tax on taxable income and Form 8962	27,028	23,463	22,439	18,675	16,365	16,228	
Alternative minimum tax							
Total credits	580	172	600	6,600	6,000	6,000	
Net tax liability	26,448	23,291	21,839	12,075	10,365	10,228	
Self-employment taxes							
Other taxes			700				
Total tax	26,448	23,291	22,539	12,075	10,365	10,228	
Income tax withheld	26,395	25,681	24,573	18,293	16,961	16,961	
Estimated tax payments							
Other payments					13		
Total payments	26,395	25,681	24,573	18,293	16,974	16,961	
Total due/refund	53	-2,390	-2,034	-6,218	-6,609	-6,733	
Penalties and interest							
Net tax due/refund	53	-2,390	-2,034	-6,218	-6,609	-6,733	
Refund applied to estimated tax payments							
Refund received		-2,390	-2,034	-6,218	-6,609		
Marginal tax rate	25.0%	25.0%	25.0%	22.0%	22.0%	22.0%	
Effective tax rate	19.0%	18.0%	18.0%	10.0%	9.0%	9.0%	



## New York Individual and Other Return Summaries Tax Year 2019

**MARCUS J MOLINARO    CORINNE ADAMS**

### New York State Individual Return

### Other New York and New York City Returns

#### Income, Adjustments and Deductions

Federal adjusted gross income	139,420
Net additions and subtractions	
Adjusted gross income	139,420
Itemized <input checked="" type="checkbox"/> or standard <input type="checkbox"/> deduction	26,810
Exemptions	3,000
<b>Taxable income</b>	<b>109,610</b>

#### LLC and LLP Filing Fee

Form IT-204-LL, amount due \_\_\_\_\_

#### Nonresident Employee of the City of New York

Form NYC-1127, amount due/-refund \_\_\_\_\_

#### Tax, Payments, and Credits

Base tax	
Nonresident income percentage	
State tax	6,596
Nonrefundable state credits	
Other state taxes	
Total	6,596
New York City taxes	
New York City nonrefundable credits	
MCTMT	
Yonkers taxes	
Use tax	
Contributions	
Total	6,596
Total refundable credits	165
Income tax withheld	8,276
Estimate and extension payments	
Total payments and credits	8,441
Amount due/-refund	-1,845
Amount refunded	1,845
Amount deposited into 529 Plan	0
Overpayment applied to next year	

#### Penalties and Interest

Underpayment of estimates penalty	
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
<b>Total balance due</b>	<b>0</b>

#### Miscellaneous Information New York State Individual Return

#### 2020 Estimates

Individual New York,  
NYC, Yonkers and MTA

Tax form	IT-201
Residency type	RESIDENT
Direct debit withdrawal date	
New York State marginal tax rate	6.210 %
State and cities effective tax rate	6.000 %

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
<b>Total</b>	<b>_____</b>



Department of Taxation and Finance

# New York State E-File Signature Authorization for Tax Year 2019

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

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

Taxpayer's name <b>MARCUS J MOLINARO</b>	Spouse's name (jointly filed return only) <b>CORINNE ADAMS</b>
---	---

### Purpose

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

### General instructions

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

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

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

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

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2019 Form IT-370 and Tax Year 2020 Form IT-2105*.

### Part A – Tax return information

- 1 Federal adjusted gross income (from applicable line) .....
- 2 Refund .....
- 3 Amount you owe .....
- 4 Financial institution routing number .....
- 5 Financial institution account number .....
- 6 Account type:  Personal checking  Personal savings  Business checking  Business savings

1.	139,420.
2.	1,845.
3.	
4.	
5.	

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

Under penalty of perjury, I declare that I have examined the information on my 2019 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2019 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will

serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2019 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date 06052020
Spouse's signature (jointly filed return only)	Date 06052020

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

Under penalty of perjury, I declare that the information contained in this 2019 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2019 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2019 New York State electronic return is identical to that contained in the paper copy of

the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2019 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name	Date
Paid preparer's signature <b>SUSAN L. HOWELL, CPA</b>	Print name <b>SUSAN L. HOWELL, CPA</b>	Date 06052020



Department of Taxation and Finance

# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ..

and ending ..

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

Your first name MARCUS	MI J	Your last name (for a joint return, enter spouse's name on line below) MOLINARO	Your date of birth (mmdd/yyyy) 10081975	Your Social Security number
Spouse's first name CORINNE	MI	Spouse's last name ADAMS	Spouse's date of birth (mmdd/yyyy) 08121987	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box) 75 GLEN RIDGE ROAD			Apartment number	New York State county of residence DUIC
City, village, or post office RED HOOK	State NY	ZIP code 12571	Country (if not United States)	School district name RED HOOK
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district code number 526
City, village, or post office	State NY	ZIP code	Decedent information	Taxpayer's date of death (mmdd/yyyy) Spouse's date of death (mmdd/yyyy)

### A Filing status

(mark an X in one box):

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

B Did you itemize your deductions on your 2019 federal income tax return? Yes  No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes  No

### D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see page 15) Yes  No

(2) Enter the amount ..

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes  No

E (1) Did you or your spouse maintain living quarters in NYC during 2019? (see page 15) Yes  No

(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day)

### F NYC residents and NYC part-year residents only (see page 15):

(1) Number of months you lived in NYC in 2019 ..

(2) Number of months your spouse lived in NYC in 2019

G Enter your 2-character special condition code(s) if applicable (see page 15)

### H Dependent information (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmdd/yyyy)
ABIGAIL		MOLINARO	DAUGHTER		
ELIAS	A	MOLINARO	SON		
THEO	A	MOLINARO	SON		

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

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number

**Federal income and adjustments** (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	139349 .00
2	Taxable interest income	2	71 .00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	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 <input type="text"/> 12 <input type="text"/> .00		
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify: <input type="text"/>	16	.00
17	Add lines 1 through 11 and 13 through 16	17	139420 .00
18	Total federal adjustments to income (see page 16) Identify: <input type="text"/>	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	139420 .00

**New York additions** (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	139420 .00

**New York subtractions** (see page 18)

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	25	.00
26	Pensions of NYS & local governments & the federal government (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	139420 .00

S/G

**Standard deduction or itemized deduction** (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	26810 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	112610 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	3 000.00
37	Taxable income (subtract line 36 from line 35)	37	109610 .00

NO HANDWRITTEN ENTRIES, OTHER THAN NATURE, ON THIS FORM

Name(s) as shown on page 1  
 MARCUS J MOLINARO CORINNE ADAMS

Your Social Security number

**Tax computation, credits, and other taxes**

38	Taxable income (from line 37 on page 2)	38	109610 .00
39	NYS tax on line 38 amount (see page 22)	39	6596 .00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	6596 .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	6596 .00

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

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

47	NYC taxable income (see instructions)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 26)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00
59	Sales or use tax (see page 27; do not leave line 59 blank)	59	0 .00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	6596 .00

NO HANDWRITTEN ENTRIES

Your Social Security number

62 Enter amount from line 61 62 6596.00

**Payments and refundable credits** (see pages 28 through 31)

63	Empire State child credit	63	165.00
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	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	8276.00
73	Total New York City tax withheld	73	.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 (see page 13).  
Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) 76 8441.00

**Your refund, amount you owe, and account information** (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	1845.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	1845.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1845.00

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 2020 estimated tax (see instructions) 79 .00

See page 33 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. 80 .00

See page 36 for the proper assembly of your return.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) 81 .00

82 Other penalties and interest (see page 33) 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34)

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

83b Routing number  83c Account number

84 Electronic funds withdrawal (see page 34) Date  Amount  .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name SUSAN L. HOWELL, CPA Email: SLHOWELL@RBTCPAS.COM	Designee's phone number	Personal identification number (PIN)
---	--	-------------------------	--------------------------------------

<p>▼ Paid preparer must complete ▼ (see instructions)</p> <p>Preparer's signature: SUSAN L. HOWELL, CPA</p> <p>Firm's name (or yours, if self-employed): RBT CPAS, LLP</p> <p>Address: 11 RACQUET RD, NEWBURGH NY 12550</p> <p>Email: SLHOWELL@RBTCPAS.COM</p>	<p>Preparer's NYTPRN: NYTPRN excl. code 03</p> <p>Preparer's printed name: SUSAN L. HOWELL, CPA</p> <p>Preparer's PTIN or SSN</p> <p>Employer identification number: 06052020</p> <p>Date</p>	<p>▼ Taxpayer(s) must sign here ▼</p> <p>Your signature</p> <p>Your occupation: COUNTY EXECUTIVE</p> <p>Spouse's signature and occupation (if joint return): DIRECT OF COMMU</p> <p>Date Daytime phone #</p> <p>Email:</p>
--	---	--

See instructions for where to mail your return.

TEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

# New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

# IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
MARCUS J MOLINARO CORINNE ADAMS	

**Medical and dental expenses** (see instructions)

**Caution:** Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses .....	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19 .....	2	.00
3 Multiply line 2 by 10% (0.10) .....	3	.00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank) .....	4	.00

**Taxes you paid** (see instructions)

5 State and local (Mark an X in only one box) a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax	5	8276.00
6 State and local real estate taxes .....	6	9425.00
7 State and local personal property taxes .....	7	.00
8 Other taxes. List type and amount .....	8	.00
9 Add lines 5 through 8 .....	9	17701.00

**Interest you paid** (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098 .....	10	16250.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address .....	11	.00
12 Points not reported to you on federal Form 1098 .....	12	.00
13 Mortgage insurance premiums .....	13	.00
14 Investment interest .....	14	.00
15 Add lines 10 through 14 .....	15	16250.00

**Gifts to charity** (see instructions)

16 Gifts by cash or check .....	16	.00
16a Qualified contributions included in line 16 .....	16a	.00
17 Other than by cash or check .....	17	1135.00
18 Carryover from prior year .....	18	.00
19 Add lines 16, 17, and 18 .....	19	1135.00

NO HANDWRITTEN ENTRIES ON THIS FORM

Your Social Security number

**Casualty and theft losses**

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) ..... **20** .....00

**Job expenses and certain miscellaneous deductions** (see instructions)

21 Unreimbursed employee expenses – job travel, union dues, etc. ....	21	.00
22 Job related education expenses .....	22	.00
23 Tax preparation fees .....	23	.00
24 Other expenses – investment, safe deposit box, etc. List type and amount _____	24	.00
25 Add lines 21 through 24 .....	25	.00
26 Enter amount from Form IT-201 or IT-203, line 19 .....	26	.00
27 Multiply line 26 by 2% (0.02) .....	27	.00
28 Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank) .....	28	.00

**Other miscellaneous deductions**

29 Gambling losses (see instructions) .....	29	.00
30 Casualty and theft losses of income-producing property (see instructions) .....	30	.00
31 Federal estate tax on income in respect of a decedent (see instructions) .....	31	.00
32 Deduction for amortizable bond premiums (see instructions) .....	32	.00
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument .....	33	.00
34 Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions) .....	34	.00
35 Certain unrecovered investments in a pension (see instructions) .....	35	.00
36 Impairment-related work expenses of a disabled person (see instructions) .....	36	.00
37 Federal qualified disaster loss (see instructions) .....	37	.00
38 Reserved .....	38	
39 Add lines 29 through 37 .....	39	.00

**Total itemized deductions** (see instructions)

Is Form IT-201 or IT-203, line 19, over \$163,850? (Mark an X in the appropriate box)

If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

If **Yes**, your deduction may be limited. See the *Line 40, Total itemized deductions worksheet*, in the instr. to compute the amount to enter on line 40.

40 ..... **40** ..... 35086.00

NO HANDWRITTEN ENTRIES ON THIS FORM

Your Social Security number

**Adjustments** (see instructions)

- 41 State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions) .....
- 42 Subtract line 41 from line 40 (see instructions) .....
- 43 College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions) .....
- 44 Addition adjustments (see instructions) .....
- 45 Add lines 42, 43, and 44 .....
- 46 Itemized deduction adjustment (see instructions) .....
- 47 Subtract line 46 from line 45 (see instructions) .....
- 48 College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) .....
- 49 **New York State itemized deduction** (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions) .....

41	8276.00
42	26810.00
43	.00
44	.00
45	26810.00
46	.00
47	26810.00
48	.00
49	26810.00

NO HANDWRITTEN ENTRIES ON THIS FORM



# Claim for Empire State Child Credit

Tax Law – Section 606(c-1)

# IT-213

Submit this form with Form IT-201 or IT-203.

## Step 1 – Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
MARCUS J MOLINARO	
Spouse's name	Spouse's SSN
CORINNE ADAMS	

## Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2019? .....  1 Yes  No   
 If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2019? .....  2 Yes  No
- 3 Is your federal adjusted gross income (*see instructions*)  
 – \$110,000 or less and your filing status is  married filing joint return;  
 – \$75,000 or less and your filing status is  single,  head of household, or  qualifying widow(er); or  
 – \$55,000 or less and your filing status is  married filing separate return? .....  3 Yes  No   
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (*see instructions*) .....
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2019 .....    
 If you entered **0** on line 5, **stop**; you do not qualify for this credit.

## Step 3 – Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
ABIGAIL		MOLINARO			
ELIAS	A	MOLINARO			
THEO	A	MOLINARO			

Use Form IT-213-ATT if you have additional children to report (*see instructions*).

NO HANDWRITTEN ENTRIES ON THIS FORM

**Step 4 – Compute credit**

If you answered **Yes** to question 2, you must complete Worksheet A or B and Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 12, and enter 0 on line 13; continue with line 14.

Whole dollars only

6	Enter the amount from Worksheet A, line 10 or Worksheet B, line 12 (see instructions)	6	1500.00
7	Enter your additional child tax credit amount from Worksheet C (see instructions)	7	0.00
8	Add lines 6 and 7	8	1500.00
<p>If the amount on line 8 is zero, skip lines 9 through 12, and enter 0 on line 13; continue with line 14.                  If the amount on line 8 is more than zero, continue with line 9.</p>			
9	Enter the number of children from line 4	9	3
10	Divide line 8 by line 9	10	500.00
11	Enter the number of children from line 5	11	1
12	Multiply line 10 by line 11	12	500.00
13	Multiply line 12 by 33% (.33)	13	165.00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.  
**All others continue with line 14.**

14	Enter the number of children from line 5	14	
15	Multiply line 14 by 100	15	.00
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16	165.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

**Step 5 – Spouses required to file separate New York State returns (see instructions)**

17	Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank Enter here and on Form IT-201, line 63.	17	.00
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.	18	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

### New York Statements

#### IT-196, Line 10 - Home Mortgage Interest & Points from Form 1098

<u>Description</u>	<u>Amount</u>
RHINEBECK BANK	\$ 9,690
TEG FEDERAL CREDIT UNION	1,079
ULSTER SAVINGS BANK	<u>5,481</u>
TOTAL	<u>\$ 16,250</u>

Form <b>IT-196</b>	<b>New York Subtraction Adjustment Limitation Worksheet</b>	<b>2019</b>
-----------------------	---	-------------

Name <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number
--	--------------------------------

**Part I - Long-term Care Adjustment**

- |   |    |  |
|---|----|--|
| 1. Amount of long-term care premiums included on federal Schedule A, line 1 ..... | 1. |  |
| 2. Amount from federal Schedule A, line 1 .....                                   | 2. |  |
| 3. Divide line 1 by line 2 and carry the result to four decimal places .....      | 3. |  |
| 4. Amount from IT-196, line 4 .....   | 4. |  |
| 5. Multiply line 4 by line 3 and enter on line 4 below .....                      | 5. |  |

**Part II - State, Local, and Foreign Income Taxes and Other Subtraction Adjustments**

- |   |    |         |
|---|----|---------|
| 1. Total itemized deductions .....  | 1. | 35,086. |
| 2. Amount of state, local, foreign income taxes or general sales tax from IT-196, lines 5 and 8 ..... | 2. | 8,276.  |
| 3. Other subtraction adjustments .....  | 3. |         |
| 4. Enter the amount of the long-term care adjustment from Part I, line 5 .....                        | 4. |         |
| 5. Add lines 2, 3, and 4. Enter the total on Form IT-196 line 41 .....                                | 5. | 8,276.  |

Name **MARCUS J MOLINARO CORINNE ADAMS** Taxpayer Identification Number

**Empire State Child Tax Credit Worksheet - IT-213, Line 6**

**Part 1**

- 1. Number of qualifying children: 3 x \$1000. Enter the result. 1. 3,000
- 2. Enter your federal adjusted gross income. 2. 139,420
- 3. Enter the total of any exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50 or Form 2555-EZ, line 18. 3. \_\_\_\_\_
- 4. Add lines 2 and 3. 4. 139,420
- 5. Enter \$110000 if married filing jointly; \$75000 if single, head of household, or qualifying widow(er); \$55000 if married filing separately. 5. 110,000
- 6. Is the amount on line 4 more than the amount on line 5?
  - No. Leave line 6 blank. Enter -0- on line 7.
  - Yes. Subtract line 5 from line 4. If the result is not a multiple of \$1000, increase it to the next multiple of \$1000. 6. 30,000
- 7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7. 1,500
- 8. Subtract line 7 from line 1. If zero or less, enter 0 on IT-213, lines 6 and 7. 8. 1,500

**Part 2**

- 9. Enter your 2019 federal tax. 9. 16,365
- 10. Add the amounts from Schedule 3, lines 48, 49, 50 & 51 or Form 1040NR lines 46, 47 & 48, plus any amounts from Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total. 10. \_\_\_\_\_
- 11. Did you claim any of the following federal credits?
  - No. Enter the amount from line 10.
  - Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, enter the amount from Child Tax Credit - Line 11 Worksheet below. 11. \_\_\_\_\_
- 12. Subtract line 11 from line 9. 12. 16,365
- 13. Is line 8 more than line 12?
  - No. Enter the amount from line 8 on Form IT-213, line 6; and 0 on Form IT-213, line 7.
  - Yes. Enter the amount from line 12 on Form IT-213, line 6 and complete Additional Child Tax Credit worksheet

**Empire State Child Tax Credit - Line 11 Worksheet**

- 1. Enter the amount from line 8 of the Child Tax Credit Worksheet above. 1. \_\_\_\_\_
- 2. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet. 2. \_\_\_\_\_
- 3. Is the amount on line 2 more than \$3000?
  - No. Leave line 3 blank, enter -0- on line 4, and go to line 5.
  - Yes. Subtract \$3000 from the amount on line 2. Enter the result. 3. \_\_\_\_\_
- 4. Multiply the amount on line 3 by 15% (.15) and enter the result. 4. \_\_\_\_\_
- 5. Is the amount on line 1 of the Child Tax Worksheet above \$3,000 or more?
  - No. If line 4 above is:
    - Zero, do not complete the rest of this worksheet. Instead, go back to Worksheet B and enter the amount from line 10 on line 11, and complete lines 12 and 13.
    - More than zero, enter 0 on line 6, go to line 7 below.
  - Yes. If line 4 above is equal to or more than line 1 above, enter 0 on line 6 and continue; otherwise continue to line 6
- 6. Amount from Publication 972, Line 11 Worksheet, line 10, if applicable. 6. 0
- 7. Larger of line 4 or line 6. 7. \_\_\_\_\_
- 8. Subtract line 7 from line 1. 8. 0
- 9. Amount from Publication 972, Line 11 Worksheet, line 13, if applicable. 9. \_\_\_\_\_
- 10. Amount from line 10 of Worksheet for Form IT-213, Line 6. 10. \_\_\_\_\_
- 11. Add lines 9 and 10, enter result here and on line 11 of Worksheet for Form IT-213, Line 6. 11. \_\_\_\_\_

**Additional Child Tax Credit Amount**

- 1. Amount from line 8 of IT-213, Line 6 worksheet above. 1. \_\_\_\_\_
- 2. Amount from IT-213, Line 6. 2. \_\_\_\_\_
- 3. Subtract line 2 from line 1. 3. \_\_\_\_\_
- 4a. Earned income. 4a. \_\_\_\_\_
- 4b. Nontaxable combat pay. 4b. \_\_\_\_\_
- 5. Subtract \$3000 from line 4a. 5. \_\_\_\_\_
- 6. Multiply line 5 by 15%. 6. \_\_\_\_\_
- 7. Three or more qualifying children? **NO** - enter smaller of line 3 or 6 on Form IT-213, Line 7  
**YES** - If line 6 equals or is more than line 3, enter line 3 on Form IT-213 Line 7;  
 - If line 6 is less than line 3, enter amount from federal Schedule 8812, line 11. 7. \_\_\_\_\_
- 8. Enter larger of line 6 or line 7. 8. \_\_\_\_\_
- 9. Enter smaller of line 3 or line 8 here and Form IT-213, line 7. 9. \_\_\_\_\_

Form <b>IT-201/203</b>	<b>New York State Tax Computation Worksheets</b> <small>(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)</small>	<b>2019</b>
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Name <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number
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**New York State Tax Rate Schedule and Computation Worksheets**

Form: **FORM IT-201**

**Tax Rate Schedule:** (\*Also calculates for worksheets)

If adjusted gross income  $\leq$  \$107,650

1. New York adjusted gross income (Calculates on worksheets when AGI is greater than \$107,650)	1. <u>139,420.</u>
2. Taxable income	2. <u>109,610.</u>
3. Tax on line 2 based on filing status	3. <u>6,229.</u>

**Tax Computations Worksheets 1, 5, 8:**

If AGI > \$107,650 but  $\leq$  MFJ/QW (\$2,155,350), Single/MFS (\$1,077,550), HoH (\$1,616,450)

Taxable income  $\leq$  MFJ/QW (\$161,550), Single/MFS (\$215,400), HoH (\$269,300)

1. New York adjusted gross income	1. <u>139,420.</u>
2. Taxable income	2. <u>109,610.</u>
3. Multiply In 2 by MFJ/QW 6.21%, Single/MFS/HoH 6.49%3.	3. <u>6,807.</u>
<small>(If AGI <math>\geq</math> \$157,650 enter on line 9 and skip lines 4-8)</small>	
4. Tax calculated on line 2 based on rate schedule*	4. <u>6,229.</u>
5. Subtract line 4 from line 3	5. <u>578.</u>
6. Excess of line 1 over \$107,650	6. <u>31,770.</u>
7. Divide line 6 by \$50,000	7. <u>0.6354</u>
8. Multiply line 5 by line 7	8. <u>367.</u>
9. Add lines 4 and 8	9. <u>6,596.</u>

**Tax Computation Worksheets 3, 7, 10:**

If AGI > MFJ/QW (\$323,200 but  $\leq$  \$2,155,350), Single/MFS (\$1,077,550), HoH (\$1,616,450)

Taxable income > MFJ/QW (\$323,200)

1. New York adjusted gross income	1. _____
2. Taxable income	2. _____
3. Multiply In 2 by MFJ/QW 6.85%, Single/MFS/HoH 8.82%	3. _____
<small>(If AGI <math>\geq</math> MFJ/QW (\$373,200), Single/MFS (\$1,127,550), HoH (\$1,656,450) enter on line 11 and skip lines 4-10)</small>	
4. Tax calculated on line 2 based on rate schedule*	4. _____
5. Subtract line 4 from line 3	5. _____
6. Enter: MFJ/QW \$1030,	6. _____
<small>Single/MFS if Taxable <math>\leq</math> \$215,400 enter \$513, &gt; \$215,400 enter \$1288 HoH if Taxable <math>\leq</math> \$269,300 enter \$733, &gt; \$269,300 enter \$1703</small>	
7. Subtract line 6 from line 5	7. _____
8. Excess of line 1 > MFJ/QW (\$323,200),	8. _____
<small>Single/MFS (\$1,077,550), HoH (\$1,616,450)</small>	
9. Divide line 8 by \$50,000	9. _____
10. Multiply line 7 by line 9	10. _____
11. Add lines 4, 6, and 10	11. _____

**Tax Computation Worksheets 2, 6, 9:**

If AGI: MFJ/QW ( $\geq$  \$161,550 but  $\leq$  \$2,155,350), Single/MFS ( $\geq$  \$215,400 but  $\leq$  \$1,077,550),

HoH ( $\geq$  \$269,300 but  $\leq$  \$1,616,450)

Taxable income > MFJ/QW (\$161,550 but not  $\geq$  \$323,200), Single/MFS (\$215,400), HoH (\$269,300)

1. New York adjusted gross income	1. _____
2. Taxable income	2. _____
3. Multiply In 2 by MFJ/QW 6.49%, Single/MFS/HoH 6.85%3.	3. _____
<small>(If AGI <math>\geq</math> MFJ/QW (\$211,550), Single/MFS (\$265,400), HoH (\$319,300) enter on line 11 and skip lines 4-10)</small>	
4. Tax calculated on line 2 based on rate schedule*	4. _____
5. Subtract line 4 from line 3	5. _____
6. Enter: MFJ/QW \$577, Single/MFS \$513, HoH \$733	6. _____
7. Subtract line 6 from line 5	7. _____
8. Excess of line 1 > MFJ/QW (\$161,550), Single/MFS (\$215,400),	8. _____
<small>HoH (\$269,300)</small>	
9. Divide line 8 by \$50,000	9. _____
10. Multiply line 7 by line 9	10. _____
11. Add lines 4, 6, and 10	11. _____

**Tax Computation Worksheet 4: If AGI > MFJ/QW \$2,155,350**

1. New York adjusted gross income	1. _____
2. Taxable income	2. _____
3. Multiply line 2 by 8.82%	3. _____
<small>(If AGI <math>\geq</math> \$2,205,350 enter on line 11 and skip lines 4-10)</small>	
4. Tax calculated on line 2 based on rate schedule*	4. _____
5. Subtract line 4 from line 3	5. _____
6. Enter: If Taxable income $\leq$ \$161,550 enter \$577,	6. _____
<small>if &gt; \$161,550 but <math>\leq</math> \$323,200 enter \$1030, if &gt; \$323,200 enter \$2193</small>	
7. Subtract line 6 from line 5 (if less than zero, enter 0)	7. _____
8. Excess of line 1 over \$2,155,350	8. _____
9. Divide line 8 by \$50,000	9. _____
10. Multiply line 7 by line 9	10. _____
11. Add lines 4, 6, and 10	11. _____

Filing Status: (Used for this calculation) \_\_\_\_\_

**2-MARRIED FILING JOINT**

**New York Two Year Comparison Report**

**2018 & 2019**

Name **MARCUS J MOLINARO CORINNE ADAMS**

Tp SSN

		2018	2019	Differences
<b>Income</b>	1. Wages .....	1. 151,924.	139,349.	-12,575.
	2. Interest and dividends .....	2. 141.	71.	-70.
	3. State tax refund .....	3. 223.		-223.
	4. Alimony received .....	4.		
	5. Business income or loss .....	5.		
	6. Capital gain or loss .....	6. 10,876.		-10,876.
	7. Other gains or losses .....	7.		
	8. Taxable amount of IRA distributions .....	8.		
	9. Taxable amount of pensions and annuities .....	9.		
	10. Rent, royalty, partnership, S corporation and trust income .....	10. -14,124.		14,124.
	11. Farm income or loss .....	11.		
	12. Unemployment .....	12.		
	13. Social security .....	13.		
	14. Other income .....	14.		
	15. <b>Total income</b> .....	15. 149,040.	139,420.	-9,620.
	16. Total adjustments to income .....	16.		
	17. <b>Federal adjusted gross income</b> .....	17. 149,040.	139,420.	-9,620.
<b>Adjustments</b>	18. Non-New York municipal income .....	18.		
	19. Public employee 414(h) retirement contributions .....	19.		
	20. Tuition and other additions .....	20.		
	21. <b>Total New York additions to income</b> .....	21.		
	22. State tax refund .....	22. 223.		-223.
	23. Pensions of New York, local and federal governments .....	23.		
	24. Social security and Railroad Tier I .....	24.		
	25. US obligations .....	25.		
	26. Pension exclusion .....	26.		
	27. Tuition and other subtractions .....	27.		
	28. <b>Total New York subtractions from income</b> .....	28. 223.		-223.
29. <b>New York adjusted gross income</b> .....	29. 148,817.	139,420.	-9,397.	
<b>Deduction</b>	30. Standard or itemized deduction .....	30. 26,582.	26,810.	228.
	31. Exemptions .....	31. 3,000.	3,000.	
	32. <b>New York taxable income</b> .....	32. 119,235.	109,610.	-9,625.
<b>Tax Computation</b>	33. New York State tax .....	33. 7,437.	6,596.	-841.
	34. New York household and other nonrefundable credits .....	34.		
	35. Other New York State taxes .....	35.		
	36. New York City resident tax .....	36.		
	37. New York City household credit .....	37.		
	38. Other New York City taxes .....	38.		
	39. New York City nonrefundable credits .....	39.		
	40. MCTMT .....	40.		
	41. Yonkers taxes .....	41.		
	42. Use tax .....	42.		
	43. Contributions .....	43.		
	44. <b>Total taxes, gifts and contributions</b> .....	44. 7,437.	6,596.	-841.
	45. New York State child and dependent care credit .....	45. 360.		-360.
	46. New York State earned income credit .....	46.		
	47. Real property tax credit .....	47.		
	48. All other refundable credits .....	48. 110.	165.	55.
49. Total New York State income tax withheld .....	49. 8,806.	8,276.	-530.	
50. Total New York City income tax withheld .....	50.			
51. Total Yonkers income tax withheld .....	51.			
52. Estimated tax payments .....	52.			
53. Other payments .....	53.			
54. <b>Total payments and refundable credits</b> .....	54. 9,276.	8,441.	-835.	
55. Tax due/-refund .....	55. -1,839.	-1,845.	-6.	
56. Penalties and interest .....	56.			
57. <b>Net tax due/-refund</b> .....	57. -1,839.	-1,845.	-6.	
58. <b>Effective tax rate</b> .....	58. 6 %	6 %		

Form <b>IT-201</b>	<b>New York Tax Projection Worksheet</b>	<b>2019 &amp; 2020</b>
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Name <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number
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		2019	2020	Differences
Income	1. Wages	139,349.	139,349.	
	2. Interest and dividends	71.	71.	
	3. State tax refund			
	4. Alimony received			
	5. Business income or loss			
	6. Capital gain or loss			
	7. Other gains or losses			
	8. Taxable amount of IRA distributions			
	9. Taxable amount of pensions and annuities			
	10. Rent, royalty, partnership, S corporation and trust income			
	11. Farm income or loss			
	12. Unemployment			
	13. Social security			
	14. Other income			
	15. <b>Total income</b>	<b>139,420.</b>	<b>139,420.</b>	
	16. Total adjustments to income			
	17. <b>Federal adjusted gross income</b>	<b>139,420.</b>	<b>139,420.</b>	
Adjustments	18. Non-New York municipal income			
	19. Public employee 414(h) retirement contributions			
	20. Tuition and other additions			
	21. <b>Total New York additions to income</b>			
	22. State tax refund			
	23. Pensions of New York, local and federal governments			
	24. Social security and Railroad Tier I			
	25. US obligations			
	26. Pension exclusion			
	27. Tuition and other subtractions			
	28. <b>Total New York subtractions from income</b>			
	29. <b>New York adjusted gross income</b>	<b>139,420.</b>	<b>139,420.</b>	
Deduction	30. Standard or itemized deduction	26,810.	27,385.	575.
	31. Exemptions	3,000.	3,000.	
	32. <b>New York taxable income</b>	<b>109,610.</b>	<b>109,035.</b>	<b>-575.</b>
Tax Computation	33. New York State tax	6,596.	6,449.	-147.
	34. New York household and other nonrefundable credits			
	35. Other New York State taxes			
	36. New York City resident tax			
	37. New York City household credit			
	38. Other New York City taxes			
	39. New York City nonrefundable credits			
	40. MCTMT			
	41. Yonkers taxes			
	42. Use tax			
	43. <b>Total taxes</b>	<b>6,596.</b>	<b>6,449.</b>	<b>-147.</b>
	44. New York State child and dependent care credit			
	45. New York State earned income credit			
	46. Real property tax credit			
	47. All other refundable credits	165.	165.	
	48. Total New York State income tax withheld	8,276.	8,276.	
	49. Total New York City income tax withheld			
	50. Total Yonkers income tax withheld			
	51. Estimated tax payments			
	52. Other payments			
	53. <b>Total payments and refundable credits</b>	<b>8,441.</b>	<b>8,441.</b>	
	54. <b>Net tax due/-refund</b>	<b>-1,845.</b>	<b>-1,992.</b>	<b>-147.</b>