

FILE

FAX

19-1422-EL-AGG

Quick Energy Solutions LLC
Attached are C-2 & C-3

2021 OCT 21 PM 12:41

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C-2

**Quick Energy Solutions LLC: here are our last two
yrs tax returns (2019 & 2020)**

2019

Form **1040** Department of the Treasury-Internal Revenue Service (99) **2019** 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 SVETLANA	Last name NEWBERRY	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1524 SHEEPSHEAD BAY ROAD	Apt. no. 11B	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
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BROOKLYN, NY 11235		
Foreign country name	Foreign province/state/county	Foreign postal code

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) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a Tax-exempt interest	2a	
2b Taxable interest	2b	
3a Qualified dividends	3a	
3b Ordinary dividends	3b	
4a IRA distributions	4a	
4b Taxable amount	4b	
c Pensions and annuities	4c	
d Taxable amount	4d	
5a Social security benefits	5a	
b Taxable amount	5b	
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	141,169
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	141,169
8a Adjustments to income from Schedule 1, line 22	8a	19,363
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	121,806
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	21,921
11a Add lines 9 and 10	11a	34,121
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	87,685

Standard Deduction

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

Form 1040 (2019)

SVETLANA NEWBERRY

Page 2

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____ **12a** 15,217**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 15,217**13a** Child tax credit or credit for other dependents **13a** _____**b** Add Schedule 3, line 7, and line 13a and enter the total **13b** 0**14** Subtract line 13b from line 12b. If zero or less, enter -0- **14** 15,217**15** Other taxes, including self-employment tax, from Schedule 2, line 10 **15** 19,947**16** Add lines 14 and 15. This is your **total tax** **16** 35,164**17** Federal income tax withheld from Forms W-2 and 1099 **17** _____**18 Other payments and refundable credits:****a** Earned income credit (EIC) **18a** _____**b** Additional child tax credit. Attach Schedule 8812 **18b** _____**c** American opportunity credit from Form 8863, line 8 **18c** _____**d** Schedule 3, line 14. **18d** 2,660**e** Add lines 18a through 18d. These are your **total other payments and refundable credits** **18e** 2,660**19** Add lines 17 and 18e. These are your **total payments** **19** 2,660**Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid **20** _____**21 a** Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ☐ **21a** _____Direct deposit?
See
instructions.**b** Routing number _____ **c** Type: ☐ Checking ☐ Savings**d** Account number _____**22** Amount of line 20 you want applied to your 2020 estimated tax. **22** _____**Amount You Owe****23** Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions **23** 32,525**24** Estimated tax penalty (see instructions) **24** _____ **21** _____**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

Date

Your occupation

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

18287

10-12-2020

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

Date

Spouse's occupation

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

Phone no. 917-499-7875

Email address

Paid Preparer Use Only

Preparer's signature

DAVID A YELLOZ CPA

Date

11-24-2020

PTIN

P01234203

Check if:

☐ 3rd Party Designee

Preparer's name DAVID A YELLOZ CPA

Phone no. 917-202-0800

☒ Self-employed

Firm's name ▶ DAY ACCOUNTANTS

Firm's address ▶ 2016 82ND STREET
BROOKLYN, NY 11214

Firm's EIN ▶ 45-3420085

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

Form 1040 (2019)

SCHEDULE 1

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019Attachment
Sequence No. **01**

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

Your social security number

SVETLANA NEWBERRYAt any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see Instructions)		
3	Business income or (loss). Attach Schedule C	3	141,169
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	141,169

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	9,974
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	9,389
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see Instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	19,363

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

Schedule 1 (Form 1040 or 1040-SR) 2019

EEA

SCHEDULE 2

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

Your social security number

SVETLANA HEWBERRY

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	19,947
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR line 15	10	19,947

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

Schedule 2 (Form 1040 or 1040-SR) 2019

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SCHEDULE 3

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

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

Your social security number

SVETLANA NEWBERRY

Part I Nonrefundable Credits

1	Foreign tax credit. Attach 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	0

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	1,660
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	1,000
11	Excess social security and tier 1 RRTA tax withheld	11	
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	2,660

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

Schedule 3 (Form 1040 or 1040-SR) 2019

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SCHEDULE C
(Form 1040 or 1040-SR)**Profit or Loss From Business****(Sole Proprietorship)**

OMB No. 1545-0074

2019Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Social security number (SSN)

SVETLANA NEWBERRY**A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions**ENERGY BROKER**▶ **425120****C** Business name, if no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**SVETLANA NEWBERRY****E** Business address (including suite or room no.) ▶ **1524 SHEEPSHEAD BAY ROAD APT 11B**City, town or post office, state, and ZIP code **BROOKLYN, NY 11235****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here ☐ Yes ☒ No**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☒ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	2,865
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	2,865
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	2,865
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	2,865

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	54	18 Office expense (see instructions)	18	127
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depreciation	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	854	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	752
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	200	25 Utilities	25	298
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	1,577
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31				(997)

- 32** If you have a loss, check the box that describes your investment in this activity (see instructions).
- If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3, (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
 - If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

Schedule C (Form 1040 or 1040-SR) 2019 **ENERGY BROKER 425120**Page **2**

Name(s)

SSN

SVETLANA NEWBERRY**Part III Cost of Goods Sold (see instructions)**

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

LOCAL TRANSPORTATION EXP	176
TELEPHONE AND INTERNET	913
COMPUTER EXP	176
SOFTWARE EXP	312
48 Total other expenses. Enter here and on line 27a	48 1,577

SCHEDULE C
(Form 1040 or 1040-SR)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2019Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

SVETLANA NEWBERRY**A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions**ENERGY BROKERAGE**▶ **425120****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**QUICK ENERGY SOLUTIONS LLC****46-3486931****E** Business address (including suite or room no.) ▶ **1524 SHEEPSHEAD BAY ROAD APT 11H**City, town or post office, state, and ZIP code **BROOKLYN, NY 11235****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses. . . . ☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here. . . . ☐ Yes ☐ No**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No**J** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked.	<input type="checkbox"/>	1a	483,870
2 Returns and allowances.		2	0
3 Subtract line 2 from line 1.		3	483,870
4 Cost of goods sold (from line 42).		4	
5 Gross profit. Subtract line 4 from line 3.		5	483,870
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).		6	
7 Gross income. Add lines 5 and 6.		7	483,870

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising.	8		18 Office expense (see instructions).	18	7,664
9 Car and truck expenses (see instructions).	9	22,854	19 Pension and profit-sharing plans.	19	
10 Commissions and fees.	10	6,353	20 Rent or lease (see instructions):		
11 Contract labor (see instructions).	11		a Vehicles, machinery, and equipment.	20a	
12 Depreciation.	12		b Other business property.	20b	30,780
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	21,063	21 Repairs and maintenance.	21	
14 Employee benefit programs (other than on line 19).	14		22 Supplies (not included in Part III).	22	3,702
15 Insurance (other than health).	15	1,202	23 Taxes and licenses.	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.).	16a		a Travel.	24a	14,963
b Other.	16b		b Deductible meals (see instructions).	24b	
17 Legal and professional services.	17	8,786	25 Utilities.	25	3,435
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		26 Wages (less employment credits).	26	
29 Tentative profit or (loss). Subtract line 28 from line 7.	29		27a Other expenses (from line 48).	27a	215,365
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		27b Reserved for future use.	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31				142,166

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
 • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3, (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
 • If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

Schedule C (Form 1040 or 1040-SR) 2019 **ENERGY BROKERAGE 425120**Page **2**

Name(s)

SSN

SVETLANA NEWBERRY**Part III Cost of Goods Sold (see instructions)**

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	b: Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Statement #1

46 Total other expenses. Enter here and on line 27a

48 215,365

Schedule SE (Form 1040 or 1040-SR) 2019

Attachment Sequence No. 17

Page 2

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) **SVETLANA NEWBERRY** Social security number of person with self-employment income _____

Section B—Long Schedule SE**Part I Self-Employment Tax**

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had

\$400 or more of other net earnings from self-employment, check here and continue with Part I. ☐

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065),

box 14, code A. **Note:** Skip lines 1a and 1b if you use the farm optional method (see instructions).

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve

Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note:** Skip this line if you use the

nonfarm optional method (see instructions).

3 Combine lines 1a, 1b, and 2

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If

less than \$400 and you had church employee income, enter -0- and continue.

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

6 Add lines 4c and 5b

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11

b Unreported tips subject to social security tax (from Form 4137, line 10)

c Wages subject to social security tax (from Form 8919, line 10)

d Add lines 8a, 8b, and 8c

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

11 Multiply line 6 by 2.9% (0.029)

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55

13 Deduction for one-half of self-employment tax

Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,160, or (b) your net farm profits² were less than \$5,891.

14 Maximum income for optional methods

15 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,440. Also include this amount on line 4b above

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits² were less than \$5,891 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8829****Expenses for Business Use of Your Home**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ File only with Schedule C (Form 1040 or 1040-SR). Use a separate Form 8829 for each home you used for business during the year.

▶ Go to www.irs.gov/Form8829 for instructions and the latest information.**2019**Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Your social security number

SVETLANA NEWBERRY**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	116
2	Total area of home	2	1,108
3	Divide line 1 by line 2. Enter the result as a percentage	3	10.47%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	10.47%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home minus any loss from the trade or business not derived from the business use of your home (see instructions)	8	147,703
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	147,703
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	52,888
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	52,888
24	Multiply line 23, column (b), by line 7	24	5,537
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	5,537
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	5,537
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	142,166
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	5,537
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 (see instructions)	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	5,537

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2020

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

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

Form 8829 (2019)

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SVETLANA NEWBERRY**Section 179 Summary****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	18,559
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
Statement #2		18,559	18,559
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	18,559
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	18,559
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9. See instructions	11	159,728
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019.	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only; see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2019)

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SVETLANA NEWBERRY**SVETLANA NEWBERRY****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Depreciation
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) on line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	854
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	854
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2019)

EEA

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SVETLANA NEWBERRY**QUICK ENERGY SOLUTIONS****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	17,705
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,571

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	787
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	21,063
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2019)

Form 4562 (2019) SVETLANA NEWBERRY

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No **24b** If "Yes," is the evidence written? ☒ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions **25****26** Property used more than 50% in a qualified business use:

2017 MERCEDES	07-10-2017	71.1%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L-		
		%				S/L-		
		%				S/L-		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)	4,367					
31 Total commuting miles driven during the year	422					
32 Total other personal (noncommuting) miles driven	1,351					
33 Total miles driven during the year. Add lines 30 through 32	6,140					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2019 tax year (see instructions):

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43 Amortization of costs that began before your 2019 tax year **43****44** Total. Add amounts in column (f). See the instructions for where to report. **44**

Form **9465**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service**Installment Agreement Request**▶ Go to www.irs.gov/Form9465 for instructions and the latest information.

▶ If you are filing this form with your tax return, attach it to the front of the return.

▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to www.irs.gov/OPA to apply for an Online Payment Agreement.**Part I**This request is for Form(s) (for example, Form 1040 or Form 941) ▶ **FORM 1040**Enter tax year(s) or period(s) involved (for example, 2016 and 2017, or January 1, 2017 to June 30, 2017) ▶ **2019**

1a Your first name and initial SVETLANA	Last name NEWBERRY	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. 1524 SHEEPSHEAD BAY ROAD		Apt. number 11H
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). BROOKLYN NY 11235		
Foreign country name	Foreign province/state/country	Foreign postal code

1b If this address is new since you filed your last tax return, check here		
2 Name of your business (must no longer be operating)	Employer identification number (EIN)	
3	Your home phone number 4 917-499-7875	Best time for us to call 12pm-6pm
5 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	Your work phone number	Ext.
6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)		
7 Add lines 5 and 6 and enter the result		32,525
8 Enter the amount of any payment you're making with this request. See instructions		7,000
9 Amount owed. Subtract line 8 from line 7 and enter the result		25,525
10 Divide the amount on line 9 by 72 and enter the result		355
11a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, as these charges will continue to accrue until you pay in full. If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months		11a \$ 5,000
b If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your revised monthly payment.		11b \$
<ul style="list-style-type: none"> If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14. If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F. 		
12 Enter the date you want to make your payment each month. Don't enter a date later than the 28th	12	20
13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.		
a Routing number	021000021	
b Account number	00000000000000000000	
I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, 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 payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.		
c Low-income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions		
14 If you want to make your payments by payroll deduction, check this box and attach a completed Form 2159		

Your signature

Date

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

Date

Form 9465 (Rev. 12-2018)

Page 2

Part II**Additional information.** Complete this part only if all three conditions apply:

1. you defaulted on an installment agreement in the past 12 months,
2. you owe more than \$25,000 but not more than \$50,000, and
3. the amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than \$50,000, complete and attach Form 433-F, Collection Information Statement.

15 In which county is your primary residence?

KINGS

16a Marital status:

- ☒ Single. Skip question 16b and go to question 17.
☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?

- ☐ Yes.
☐ No.

17 How many dependents will you be able to claim on this year's tax return?

17

18 How many people in your household are 65 or older?

18

19 How often are you paid?

- ☐ Once a week.
☐ Once every two weeks.
☒ Once a month.
☐ Twice a month.

20 What is your net income per pay period (take home pay)?

20

\$

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- ☐ Once a week.
☐ Once every two weeks.
☐ Once a month.
☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)?

22

\$

23 How many vehicles do you own?

23

1

24 How many car payments do you have each month?

24

25a Do you have health insurance?

- ☒ Yes. Go to question 25b. ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- ☐ Yes. Skip question 25c and go to question 26a. ☒ No. Go to question 25c.

c How much are your monthly health insurance premiums?

25c

\$

819

26a Do you make court-ordered payments?

- ☐ Yes. Go to question 26b. ☒ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- ☐ Yes. Go to question 27. ☐ No. Go to question 26c.

c How much are your court-ordered payments each month?

26c

\$

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month?

27

\$

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Schedule C - Part V - Other Expenses

Statement #1

Description	Amount
BANK CHARGES	275
REPAIR EXP	674
WASTE REMOVAL EXP	791
SECURITY EXP	1,021
TRAINING EXP	1,433
SOFTWARE EXP	1,811
MOVING EXP	1,853
PARKING and TOLLS	2,296
CLEANING and SUPPLIES	2,331
FEES and LICENSES	2,393
INTERNET EXP	2,582
OFFICE WIRING EXP	2,716
RECRUITING EXP	4,307
TELEPHONE EXP	7,264
POST and DELIVERY	9,276
GIFT EXP	9,936
PERMIT and FEES EXP	11,609
BUSINESS MEETING EXP	15,542
MARKETING EXP	48,932
OUTSIDE LABOR EXP	88,323
Total	215,365

Form 4562 - Line 6

PG01
Statement #2

Description Of Property	Cost	Elected Cost
OFFICE EQUIPMENT	854	854
OFFICE EQUIPMENT	8,462	8,462
LEASE IMPROVEMENT - GENERATOR	5,945	5,945
OFFICE FURNITURES	3,298	3,298
Total	18,559	18,559

Summary of Estimates**2020**

Name(s) as shown on return

Your SSN/EIN

SVETLANA NEWBERRY**Federal****Form: 1040-ES****Payment Schedule**

Due Date	07-15-2020	07-15-2020	09-15-2020	01-15-2021	Total
Total Installment Amount	8,795	8,795	8,795	8,795	35,180
Overpayment Applied	0	0	0	0	0
Net Installment Due	8,795	8,795	8,795	8,795	35,180

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

New York**Form: IT-2105****Payment Schedule**

Due Date	07-15-2020	06-15-2020	09-15-2020	01-15-2021	Total
Total Installment Amount	1,710	1,710	1,710	1,710	6,840
Overpayment Applied					
Net Installment Due	1,710	1,710	1,710	1,710	6,840

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Estimated Tax Worksheet for Next Year

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

1.	Wages	1.	
2.	Interest and Dividend income	2.	
3.	Capital gain income	3.	
4.	Taxable IRA/Pension income	4.	
5.	Taxable Social Security income	5.	
6.	Business income	6.	
7.	Other Income	7.	
8.	Total income (add lines 1 thru 7)	8.	
9.	Adjustments to income	9.	
10.	Adjusted gross income (subtract line 9 from line 8)	10.	
11a.	Itemized deductions	11a.	
11b.	Standard deduction	11b.	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13.	Estimated Section 199A deduction for qualified trade or business income	13.	
14.	Projected taxable income (subtract line 13 from line 12)	14.	
15.	Projected Tax	15.	
16.	Alternative Minimum Tax	16.	
17.	Total tax	17.	
18a.	Child Tax Credit and Other Dependent Credit	18a.	
18b.	Other projected Credits	18b.	
18c.	Total projected credits	18c.	
19.	Subtract line 18d from line 17	19.	
20.	Projected SE Tax - Taxpayer	20.	
21.	Projected SE Tax - Spouse	21.	
22.	Other taxes	22.	
23a.	Add lines 19 through 22	23a.	
b.	Earned Income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c.	Total 2020 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b.	Required annual payment based on prior year's tax (see instructions)	24b.	35,164
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	35,164
25.	Projected Withholding	25.	
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	35,164

Estimates will be computed on \$35,164. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

Computation of Regular Tax

(Keep for your records)

2019

Tax ID Number

Name(s) as shown on return

SVETLANA NEWBERRY

Statement for line 12a of Form 1040

Tax per Tax Table \$ 15,217

\$ 15,217 Tax computed using only available method

FILED COPY

Auto Expense Worksheet

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Profession/Business

ENERGY BROKERAGE \QUICK ENERGY SOLUTIONS LLCDescription **2017 MERCEDES 400-E**Date placed in service **2017-07-10**

Number of miles your vehicle was used for:

Total Business miles driven during the year **4,367**Total Commuting miles driven during the year **422**Total Other miles driven during the year **1,351**Total Miles driven during the year **6,140**Business Use percentage **71.12****Expenses:**

Total

Business
Percentage

Section 179			
Bonus Depreciation			
Depreciation			
Garage Rent			
Gas	1,078	71.12	767
Insurance	6,043	71.12	4,298
Licenses			
Oil			
Parking Fees			1,853
Rental Fees			
Interest			
Personal Property Tax			
Repairs			
Tires			
Tolls			443
Lease Add Back			
Other Expenses:			
LEASE PMT	15,493		15,493
Total Expenses			22,854

Standard Mileage Rate Calculation

Business miles	4,367	X 0.58	2,533	2,533
Parking fees				1,853
Tolls				443
Interest				
Personal Property Tax				
Total Standard Mile Rate deduction				4,829

How it is reported:

Depreciation deduction	
Auto Expense	22,854
Personal Property Taxes, Schedule A, Line 5c	

Form **8995**

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019

Department of the Treasury
Internal Revenue Service

► Attach to your tax return.
► Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

SVETLANA NEWBERRY

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: SVETLANA NEWBERRY		(997)
ii	Schedule C: QUICK ENERGY SOLUTIONS LLC	46-3486931	122,803
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	121,806	
3	Qualified business net (loss) carryforward from the prior year		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	121,806	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		24,361
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		24,361
11	Taxable income before qualified business income deduction	109,606	
12	Net capital gain (see instructions)	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	109,606	
14	Income limitation. Multiply line 13 by 20% (0.20)		21,921
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►		21,921
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
EEA

Form **8995** (2019)

Amount from Form 1040, line 8b..... **121,806**
Amount from Form 1040, line 9..... **12,200**

Line 11 above is the difference between these amounts **109,606**

QBI Explanation Worksheet**Form 1040**

(Do not file. Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Name of business activity

Schedule C: QUICK ENERGY SOLUTIONS LLC

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	142,166	142,166
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Charitable contributions		
8. Other deductions		
9. Deduction for half of SE tax		9,974
10. Self-employed health insurance deduction		9,389
11. Self-employed pension deduction		
12. QBI amount carried to Form 8995 / 8995-A		122,803
13. W-2 wages carried to Form 8995 / 8995-A		
14. UBI of qualified property carried to Form 8995 / 8995-A		166,270
15. Section 199A REIT dividends		
16. 199(A)(g) deduction		
17. QBI allocable to cooperative payments		
18. W-2 wages allocable to cooperative payments		

The income amount from line 12 will show on one of the following lines, depending on circumstances:

- ☒ Form 8995, line 1
☐ Form 8995-A, line 2
☐ Form 8995-A, Schedule A, line 2
☐ Form 8995-A, Schedule A, line 16
☐ Form 8995-A, Schedule B, line 3
☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet **List of items that will carryover to the 2020 tax return**

(Keep for your records)

2019

Tax ID Number

Name(s) as shown on return

SVETLANA NEWBERRY**Itemized Deductions**

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Form 1040, line 10	
State/local taxes paid in 2020 to flow to the Schedule A	10,701
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense	AMT
Section 179 expense	Reg. Tax
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	

Losses

Short-term capital loss	AMT	Reg. Tax
Long-term capital loss	AMT	Reg. Tax
Net operating loss	AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	Reg. Tax
Qualified REIT and PTP loss carryover		
QBI loss carryover		
Nonrecaptured net section 1231 losses from WK_1231C	AMT	Reg. Tax

Credits

Mortgage interest credit	
Credit for prior year minimum tax	
Foreign Tax credit	AMT
District of Columbia first time home owner's credit	Reg. Tax
Res. energy efficient property credit	

Other

Preparer Fee			
Overpayment applied to next year's estimates			
Estimated Tax Payment 1	8,795	Estimated Tax Payment 2	8,795
Estimated Tax Payment 3	8,795	Estimated Tax Payment 4	8,795
Federal tax liability for 2210 calculation			35,164
State tax liability for state 2210 calculation			11,011
IRA basis	Taxpayer	Spouse	

Passive Activity**At Risk Limitations**

1040

Individual
Diagnostic Summary

2019

Name(s)

SVETLANA NEWBERRY

Control Number N/A

Spouse SSN No.

Mailing Address:

1524 SHEEPSHEAD BAY ROAD APT 11H
BROOKLYN, NY 11235

Taxpayer

Daytime Phone: 917-499-7875

Evening Phone:

Cell Phone:

TP email:

SP email:

Spouse

Resident State: NY

Date of Birth: Taxpayer: [REDACTED]

Spouse

Dependent Information: (*If more than 5 dependents see last page of summary)

Name

SSN

Relationship

Date of Birth

Preparer: DAVID A YELLOZ CPA

Invoice:

Date: 11-24-2020

Return Information

Form Type: 1040

Item on Return	2019 Federal	2018 Federal (if available)
Filing Status		1
Exemptions (suspended until tax year 2025)	N/A	N/A
Total Income	141,169	13,149
AGI	121,806	12,220
Deductions	12,200	12,000
Taxable Income	87,685	176
Tax (before credits)	15,217	19
Tax (after credits)	15,217	
Tax Rate Percentage	24	10
EIC		233
Additional CTC		
Overpayment		9,871
Refund		9,871
Refund Applied to ES		
Balance Due	32,525	

Form of Refund/Payment The client has chosen to pay by direct debit.

State/City Information (* If more than 8 states see last page of summary)

T/S/J	State/City	AGI	Taxable Income	Tax	Refund/ (Balance Due)
T	NY201	119,235	111,235	11,011	(10,201)

TAX RETURN COMPARISON
2017 / 2018 / 2019

2019

Name(s) as shown on return	Identifying number			
SVETLANA NEWBERRY				
	2017	2018	2019	Difference 2018-2019
Filing Status	Single	Single	Single	
Number of Exemptions	1	N/A	N/A	N/A
Number of Dependents	N/A			
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)	49,682	13,149	141,169	128,020
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	49,682	13,149	141,169	128,020
Adjusted Gross Income				
Half of self-employment tax	3,510	929	9,974	9,045
IRA deduction			9,389	9,389
Other adjustments				
Total Adjusted Gross Income	46,172	12,220	121,806	109,586
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions	6,350	12,000	12,200	200
Total Itemized or Standard Ded	6,350	12,000	12,200	200
Exemption Amount	4,050	N/A	N/A	N/A
Qualified Business Income Deduction	N/A	44	21,921	21,877
Tax and Credits				
Taxable Income	35,772	176	87,685	87,509
Tax	4,900	19	15,217	15,198
Credits				
Self-employment tax	7,020	1,858	19,947	18,089
Other taxes	373	405		(405)
Total Tax	12,293	2,282	35,164	32,882
Payments				
Withholdings				
Estimated tax payments	12,440	11,920	1,660	(10,260)
Earned income credit		233		(233)
Other payments and credits			1,000	1,000
Overpayment	147	9,871		(9,871)
Overpayment Applied	147			
Refund		9,871		(9,871)
Balance Due			32,525	32,525
Marginal tax rate	15.00	10.00	24.00	14.00
Effective tax rate	14.00	11.00	17.35	6.35

New York Return Summary

(Keep for your records)

2019

Your Name SVETLANA NEWBERRY		Your social security number	
Spouse's Name		Spouse's social security number	
Mailing address 1524 SHEEPSHEAD BAY ROAD		Apartment number 11H	Daytime Phone # 917-499-7875
City State Zip BROOKLYN NY 11235		Email	

New York State Income Tax Return

Form Filed IT-201
Filing Status SINGLE
NYS Residency FULL-YEAR RESIDENT
NYC Residency RESIDENT
Yonkers Residency NONRESIDENT

Advanced Payments Received

Property tax freeze credit 0.

Income, Adjustments and Deductions

Federal adjusted gross income (FAGI) 121806.
FAGI (NYS Column - IT-203 filers) _____
Total additions 2571.
Total Subtractions 5142.
New York AGI 119235.
NY AGI (NYS Col - IT-203 filers) _____
Itemized ☐ or standard ☒ deduction 8000.
Dependent Exemptions _____
Taxable income 101235.

MCTMT net earnings base _____

Tax, Payments, and Credits

New York State tax 6825.
Nonrefundable state credits 5142.
Net other state taxes _____
Total NYS tax 6825.
New York City taxes 4186.
New York City nonrefundable credits _____
MCTMT _____

Yonkers taxes _____
Use tax and contributions 0.
Total tax and contributions 11011.
Total refundable credits 63.

Income tax withheld _____
Estimate and extension payments 500.
Total payments and credits 810.
Penalties and interest _____
Refund 0.
Overpayment applied to next year 0.
Amt as a NYS 529 account deposit _____
Amount refunded 0.
Amount due 10201.

Other New York and New York City Returns

Unincorporated Business Tax (NYC-202)

	Taxpayer	Spouse
Taxable income		
Tax		
Credits		
Estimate and extension payments		
Amount due or -refund		
Amount refunded		
Overpayment applied		
Underpayment of estimates		
Failure to pay penalty		
Failure to file penalty		
Late filing interest		
Total balance due		

LLC and LLP Filing Fee

Form IT-204-LL, amount due _____

Nonresident Employee of the City of New York (NYC 1127)

Taxable income		
Tax		
Credits and withholdings		
Balance due		
Refund		

Miscellaneous Information

Refundable Credits claimed

Empire State child credit (IT-213)	
NYS/NYC Child Dep (IT-216)	
NYS EIC (IT-215 or IT-209)	
NYS noncustodial EIC (IT-209)	
NYC EIC IT-215 or IT-209	
Real property tax credit (IT-214)	
College tuition credit (IT-272)	
NYC school tax credit (fixed amount)	<u>63.</u>
NYC school tax credit (rate reduction amount)	<u>247.</u>
NYC enhanced real property tax credit	



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

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

19

and ending ...

For help completing your return, see the instructions, Form IT-201-4.

Your first name SVETLANA	MI	Your last name (for a joint return, enter spouse's name on line below) NEWBERRY	Your date of birth (mmddyyyy)	Your Social Security number
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box) 1524 SHEEPSHEAD BAY ROAD			Apartment number 11H	New York State county of residence KINGS
City, village, or post office BROOKLYN	State NY	ZIP code 11235	Country (if not United States)	School district name BROOKLYN
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district code number 071
City, village, or post office	State NY	ZIP code	Taxpayer's date of birth (mmddyyyy)	Spouse's date of death (mmddyyyy)
			Decedent information	

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

.00

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

12

(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 (mmddyyyy)

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

201001191024



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Page 2 of 4 IT-201 (2019)

Your Social Security number

Federal income and adjustments (see page 16)

Whole dollars only

1 Wages, salaries, tips, etc.	1	.00
2 Taxable interest income	2	.00
3 Ordinary dividends	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5 Alimony received	5	.00
6 Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	141169.00
7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12 Rental real estate included in line 11	12	.00
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14 Unemployment compensation	14	.00
15 Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16 Other income (see page 16) Identify:	16	.00
17 Add lines 1 through 11 and 13 through 16	17	141169.00
18 Total federal adjustments to income (see page 16) Identify: SEE FORM NY FAGI	18	19363.00
19 Federal adjusted gross income (subtract line 18 from line 17)	19	121806.00

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	2571.00
24 Add lines 19 through 23	24	124377.00

New York subtractions (see page 18)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26 Pensions of NYS and local governments and the federal government (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	5142.00
32 Add lines 25 through 31	32	5142.00
33 New York adjusted gross income (subtract line 32 from line 24)	33	119235.00

Standard deduction or itemized deduction (see page 21)

34 Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard -or- <input type="checkbox"/> Itemized	34	8000.00
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	111235.00
36 Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37 Taxable income (subtract line 36 from line 35)	37	111235.00

201002191024



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Name(s) as shown on page 1	Your Social Security number
SVETLANA NEWBERRY	

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	111235 .00
39 NYS tax on line 38 amount (see page 22)	39	6825 .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	6825 .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	6825 .00

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

47 NYC taxable income (see instructions)	47	111235 .00
47a NYC resident tax on line 47 amount (see page 23)	47a	4186 .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	4186 .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	4186 .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	4186 .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	4186 .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 4)	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	11011 .00

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.



Page 4 of 4 IT-201 (2019)

Your Social Security number

62 Enter amount from line 61

62 11011.00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	63.00
69a	NYC school tax credit (rate reduction amount)	69a	247.00
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	.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	500.00

76 Total payments (add lines 63 through 75)

76 810.00

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	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.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	.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

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box ☒ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

See page 33 for payment options.

80 10201.00

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

81 .00

See page 36 for the proper assembly of your return.

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 10132020

Amount 10201.00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
<div> <div> ▼ Paid preparer must complete (see instructions) </div> <div> Preparer's signature DAY ACCOUNTANTS 2016 82ND STREET BROOKLYN NY 11214 Email: </div> <div> Preparer's printed name DAVID A YELLOZ CPA Preparer's PTIN or SSN P01234203 Employer identification number 453420085 Date 10122020 </div> </div>			
<div> <div> ▼ Taxpayer(s) must sign here ▼ </div> <div> Your signature Your occupation Spouse's signature and occupation (if joint return) Date Daytime phone number 917 499 7875 Email: </div> </div>			

201004191024



See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Federal Adjustments
to Income

New York Supporting Statements

2019

Name(s) as shown on return

Your Social Security Number

SVETLANA NEWBERRY

DESCRIPTION

AMOUNT

SEHID

9389.

1/2 SE TAX

9974.

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TOTAL ADJUSTMENTS

19363.



Department of Taxation and Finance

New York State Modifications

Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

Name(s) as shown on return	Identifying number as shown on return
SVETLANA NEWBERRY	

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201 ☒ IT-203 ☐ IT-204 ☐ IT-205 ☐**Schedule A - New York State additions** (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts****1 New York State additions**

Number	A - Total amount	B - NYS allocated amount	
1a A-2019	2571.00	.00	2 2571.00
1b A-	.00	.00	3 .00
1c A-	.00	.00	
1d A-	.00	.00	
1e A-	.00	.00	
1f A-	.00	.00	
1g A-	.00	.00	4 2571.00
2 Total (add column A, lines 1a through 1g)			2 2571.00
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-225, if any			3 .00
4 Add lines 2 and 3			4 2571.00

Part 2 - Partners, shareholders, and beneficiaries

Form IT-201 filers: do not enter EA-113
 Form IT-203 filers: do not enter EA-113
 Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

Number	A - Total amount	B - NYS allocated amount	
5a EA-	.00	.00	6 .00
5b EA-	.00	.00	7 .00
5c EA-	.00	.00	
5d EA-	.00	.00	
5e EA-	.00	.00	
5f EA-	.00	.00	
5g EA-	.00	.00	8 .00
6 Total (add column A, lines 5a through 5g)			6 .00
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-225, if any			7 .00
8 Add lines 6 and 7			8 .00
9 Total additions (add lines 4 and 8; see instructions)			9 2571.00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM.

225001191024



IT-225 (2019) (Page 2 of 2)

SVETLANA NEWBEK

Schedule B - New York State subtractions (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts**

10 New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
10a	S - 2 1 3	5142.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11 Total (add column A, lines 10a through 10g) 11 5142.00

12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any 12 .00

13 Add lines 11 and 12 13 5142.00

Part 2 - Partners, shareholders, and beneficiaries

Form IT-201 filers: do not enter ES-106, ES-107, or ES-125

Form IT-203 filers: do not enter ES-106, ES-107, or ES-125

Form IT-205 filers: do not enter ES-125

14 New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15 Total (add column A, lines 14a through 14g) 15 .00

16 Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any 16 .00

17 Add lines 15 and 16 17 .00

18 Total subtractions (add lines 13 and 17; see instructions) 18 5142.00

NO HANDWRITTEN ENTRIES ON THIS FORM.





Department of Taxation and Finance

New York State Depreciation Schedule for IRC Section 168(k) Property

IT-398

Use this form only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return SVETLANA NEWBERRY	Identifying number as shown on return
---	---------------------------------------

Mark an X in one box to show the income tax return you are filing and submit this form with that return.

 IT-201, Resident ☒ IT-203, Nonresident and part-year resident ☐ IT-204, Partnership ☐ IT-205, Fiduciary ☐

Part 1 - Depreciation information for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property (use additional sheet if needed)	B Date placed in service (mmddyyyy)	C Depreciable basis	D Conv.	E Method	F New York depreciation deduction	G Federal depreciation deduction
LEASE IMPROVEMENT	04032017	25710.00	HY	SL	5142.00	2571.00
		.00			.00	.00
		.00			.00	.00
		.00			.00	.00

1 Enter column F and column G totals 1 5142.00 2571.00

Transfer the column F total to:	Transfer the column G total to:
Form IT-225, line 10, Total amount column and enter subtraction modification S-213 in the Number column.	Form IT-225, line 1, Total amount column and enter addition modification A-209 in the Number column.

Part 2 - Year-of-disposition adjustment for IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

 Mark an X in the box if you claimed an investment credit on Form IT-212, Investment Credit, for any property listed below (see instructions) ☐

A Description of property (use additional sheet if needed)	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction
			.00	.00
			.00	.00
			.00	.00
			.00	.00

 2 Enter column D and column E totals 2 .00 .00
 3 Enter amount from line 2, column E 3 .00
 4 Enter amount from line 2, column D 4 .00
 5 Subtract line 4 from line 3 5 .00

Transfer the line 5 amount to Form IT-225, line 10, Total amount column and enter subtraction modification S-214 in the Number column.



**New York State Tax
Computation Worksheet****New York AGI of more than \$107,650 -
Single and married filing separately
(Keep for your records)****2019**

Name(s) as shown on return

Your social security number

SVETLANA NEWBERRY

- ☒ If your New York AGI (IT-201, line 33 or IT-203, line 32) is more than \$107,650, but not more than \$1,077,550, and your taxable income (IT-201, line 38 or IT-203, line 37) is \$215,400 or less, then you must compute your tax using **Worksheet 5**.
- ☐ If your New York AGI (IT-201, line 33 or IT-203, line 32) is more than \$215,400, but not more than \$1,077,550, and your taxable income (IT-201, line 38 or IT-203, line 37) is more than \$215,400, then you must compute your tax using **Worksheet 6**.
- ☐ If your New York AGI (IT-201, line 33 or IT-203, line 32) is more than \$1,077,550, then you must compute your tax using **Worksheet 7**.

Tax computation worksheet 5

- | | | |
|--|----|-----------|
| 1. Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32 | 1. | 119235.00 |
| 2. Enter your taxable income from Form IT-201, line 38 or IT-203, line 37 | 2. | 111235.00 |
| 3. Multiply line 2 by 6.49% (.0649). (Stop: If the line 1 amount is \$157,650 or more, skip lines 4 through 8 and enter the line 3 amount on line 9) | 3. | 7219.00 |
| 4. Enter your New York State tax on the line 2 amount from the New York State tax rate schedule | 4. | 6706.00 |
| 5. Subtract line 4 from line 3 | 5. | 513.00 |
| 6. Enter the excess of line 1 over \$107,650 | 6. | 11585.00 |
| 7. Divide line 6 by \$50,000 and round the result to the fourth decimal place | 7. | 0.2317 |
| 8. Multiply line 5 by line 7 | 8. | 119.00 |
| 9. Add lines 4 and 8. Enter here and on Form IT-201, line 39 or Form IT-203, line 38 | 9. | 6825.00 |

Tax computation worksheet 6

- | | | |
|--|-----|-----|
| 1. Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32 | 1. | |
| 2. Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2. | |
| 3. Multiply line 2 by 6.85% (.0685). (Stop: If the line 1 amount is \$265,400 or more, skip lines 4 through 10 and enter the line 3 amount on line 11) | 3. | |
| 4. Enter your New York State tax on the line 2 amount from the New York State tax rate schedule | 4. | |
| 5. Subtract line 4 from line 3 | 5. | |
| 6. Enter \$513 on line 6 | 6. | 513 |
| 7. Subtract line 6 from line 5 | 7. | |
| 8. Enter the excess of line 1 over \$215,400 | 8. | |
| 9. Divide line 8 by \$50,000 and round the result to the fourth decimal place | 9. | |
| 10. Multiply line 7 by line 9 | 10. | |
| 11. Add lines 4, 6, and 10. Enter here and on Form IT-201, line 39 or Form IT-203, line 38 | 11. | |

Tax computation worksheet 7

- | | | |
|--|-----|--|
| 1. Enter your New York AGI from Form IT-201, line 33 or IT-203, line 32 | 1. | |
| 2. Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2. | |
| 3. Multiply line 2 by 8.82% (.0882). (Stop: If the line 1 amount is \$1,127,550 or more, skip lines 4 through 10 and enter the line 3 amount on line 11) | 3. | |
| 4. Enter your New York State tax on the line 2 amount from the New York State tax rate schedule | 4. | |
| 5. Subtract line 4 from line 3 | 5. | |
| 6. If line 2 is \$215,400 or less, enter \$513 on line 6. If line 2 is more than \$215,400, enter \$1,288 on line 6 | 6. | |
| 7. Subtract line 6 from line 5 | 7. | |
| 8. Enter the excess of line 1 over \$1,077,550 | 8. | |
| 9. Divide line 8 by \$50,000 and round the result to the fourth decimal place | 9. | |
| 10. Multiply line 7 by line 9 | 10. | |
| 11. Add lines 4, 6, and 10. Enter here and on Form IT-201, line 39 or Form IT-203, line 38 | 11. | |

New York
Worksheet

New York City school tax credit (NYC residents only)

2019

(Keep for your records)

Name(s) as shown on return

Your social security number

SVETLANA NEWBERRY

Table 1 - Full-year New York City residents:
New York City school tax credit table

Filing status:	If your income (see below) is:	Your credit is:
<ul style="list-style-type: none"> Single, filing status (1), or Married filing separate return, filing status (3), or Head of household, filing status (4) 	\$ 250,000 or less	\$ 63
<ul style="list-style-type: none"> Married filing joint return, filing status (2), or Qualifying widow(er) with dependent child filing status (5) 	\$ 250,000 or less	\$ 125

Table 2 - Part-year New York City residents:
New York City school tax credit proration chart

Resident period (number of months)	If your income (see below) is \$250,000 or less and	
	Your filing status is (1), (3), or (4), your credit is:	Your filing status is (2) or (5), your credit is:
1	5	10
2	10	21
3	16	31
4	21	42
5	26	52
6	31	63
7	36	73
8	42	83
9	47	94
10	52	104
11	57	115
12	63	125

* Income, for purposes of determining your New York City school tax credit, means your federal adjusted gross income (FAGI) from Form IT-201, line 19, (or IT-203, line 19, Federal amount column), minus distributions from an individual retirement account and an individual retirement annuity, from Form IT-201, line 9, if they were included in your FAGI.

New York City school tax credit worksheet

- | | | |
|--|---|-----|
| 1. Full-year resident's credit from Table 1 above | 1 | 63. |
| 2. Part-year resident's allowable credit from Table 2 above | 2 | |
| 3. Add lines 1 and 2. This is your New York City school tax credit. Enter here and on Form IT-201, line 69 | 3 | 63. |

**New York
Worksheet****NYC School Tax Credit (Rate Reduction Amount) Worksheet:**

- Must be a NYC Full or Part Year Resident.
- Taxable income must not be more than \$500,000

2019

Name(s) as shown on return

Your social security number

SVETLANA NEWBERRY

Calculation of NYC school tax credit (rate reduction amount) for married filing jointly and qualifying widow(er)		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 21,600	.171% of taxable income
21,600	500,000	\$ 37 plus .228% of the excess over \$21,600

Calculation of NYC school tax credit (rate reduction amount) for single and married filing separately		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 12,000	.171% of taxable income
12,000	500,000	\$ 21 plus .228% of the excess over \$12,000

Calculation of NYC school tax credit (rate reduction amount) for head of household		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 14,400	.171% of taxable income
14,400	500,000	\$ 25 plus .228% of the excess over \$14,400

- 1 NYC Taxable Income, from IT-201, Line 47 (NYC full year resident),
or from IT-360.1 Line 47 (Part year NYC residents), or from NYC-1227, line 1 (NYC
full year employment) 1 111235.
- 2 If only one spouse was a full-year resident of NYC:
NYC Taxable Income of the full-year NYC resident spouse 2 _____
- 3 Add lines 1 and 2 3 111235.
- 4 NYC School Tax Credit, rate reduction amount, include on Form IT-201, Line 69a
(Or Form IT-203, Line 60a), or NYC-1127, Schedule B, line A1 4 247.

NYWK_A5

State / Local tax payments made after 12/31/2019 that
will be deductible on 2020 Federal Schedule A

2019

Name(s) as shown on return

SVETLANA NEWBERRY

Your Social Security Number

A. 2019 Income taxes due that were paid after 12/31/2019

A1. 4th quarter estimate/extension (may be adj. by refund)	500	
A2. Amount paid with return	10,201	
A3. Total payments made in 2020		A. 10,701

B. Adjustments made to payments

B1. Interest & Penalty		
B2. Contributions, Donations, Checkoffs		
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)		
B4. Total adjustments		B. 0

C. Total tax payments potentially deductible in 2020 (Line A less line B)		C. 10,701
---	--	-----------

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NY-COMP	Three-year State Tax Return Comparison			2019																																																																																										
Name(s) as shown on return SVETLANA NEWBERRY				Taxpayer ID Number																																																																																										
<table border="1"> <thead> <tr> <th>[State] Income Tax Return</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>Difference 2018-2019</th> </tr> </thead> <tbody> <tr> <td>Filing Status</td> <td>S</td> <td>S</td> <td>S</td> <td></td> </tr> <tr> <td>Gross Income</td> <td>49,682</td> <td>13,149</td> <td>141,169</td> <td>128,020</td> </tr> <tr> <td>Deductions</td> <td>8,000</td> <td>8,000</td> <td>8,000</td> <td></td> </tr> <tr> <td>Taxable Income</td> <td>49,742</td> <td>1,649</td> <td>111,235</td> <td>109,586</td> </tr> <tr> <td>Actual State Income</td> <td>49,742</td> <td>1,649</td> <td>111,235</td> <td>109,586</td> </tr> <tr> <td>State Income Tax</td> <td>4,673</td> <td>62</td> <td>11,901</td> <td>10,949</td> </tr> <tr> <td>Local Taxes</td> <td>1,803</td> <td>41</td> <td>4,186</td> <td>4,145</td> </tr> <tr> <td>Use Tax</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contributions</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Income Tax Withheld</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Estimates and Extension payments</td> <td></td> <td>2,880</td> <td>500</td> <td>(2,380)</td> </tr> <tr> <td>Underpayment Penalty</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overpayment Applied to Next Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Refund</td> <td></td> <td>2,921</td> <td></td> <td>(2,921)</td> </tr> <tr> <td>Balance Due</td> <td>4,503</td> <td></td> <td>10,201</td> <td>10,201</td> </tr> <tr> <td>Marginal tax rate</td> <td>0.064500</td> <td>4.000000</td> <td>6.490000</td> <td>2.490000</td> </tr> <tr> <td>Effective tax rate</td> <td>9.390000</td> <td>3.760000</td> <td>9.900000</td> <td>6.140000</td> </tr> </tbody> </table>					[State] Income Tax Return	2017	2018	2019	Difference 2018-2019	Filing Status	S	S	S		Gross Income	49,682	13,149	141,169	128,020	Deductions	8,000	8,000	8,000		Taxable Income	49,742	1,649	111,235	109,586	Actual State Income	49,742	1,649	111,235	109,586	State Income Tax	4,673	62	11,901	10,949	Local Taxes	1,803	41	4,186	4,145	Use Tax					Contributions					Income Tax Withheld					Estimates and Extension payments		2,880	500	(2,380)	Underpayment Penalty					Overpayment Applied to Next Year					Refund		2,921		(2,921)	Balance Due	4,503		10,201	10,201	Marginal tax rate	0.064500	4.000000	6.490000	2.490000	Effective tax rate	9.390000	3.760000	9.900000	6.140000
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2020

Form **1040** Department of the Treasury-Internal Revenue Service (98) **2020** 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 your 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 SVETLANA		Last name NEWBERRY		Your social security number	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 1524 SHEEPSHEAD BAY ROAD				Apt. no. 11H	
City, town, or post office. If you have a foreign address, also complete spaces below. BROOKLYN				State NY	
Foreign country name				ZIP code 11235	
Foreign province/state/county				Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☒ Was born before January 2, 1956 ☐ Is blind

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

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1		
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
Standard Deduction for- • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	
	8	Other Income from Schedule 1, line 9			8	29,088
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	29,088
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a	4,282		
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300		
	c Add lines 10a and 10b. These are your total adjustments to income			10c	4,582	
	11	Subtract line 10c from line 9. This is your adjusted gross income			11	24,506
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	2,421
	14	Add lines 12 and 13			14	14,821
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	9,685

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

Form **1040** (2020)

Form 1040 (2020)

SVETLANA NEWBERRY

Page 2

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	968
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	968
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	968
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	4,110
24	Add lines 22 and 23. This is your total tax.	24	5,078
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	600
31	Amount from Schedule 3, line 13	31	0
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600
33	Add lines 25d, 26, and 32. These are your total payments	33	600
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
35a	Amount of line 34 you want refunded to you. If Form 8868 is attached, check here.	35a	0
Direct deposit?	b Routing number		
See instructions.	c Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	4,548
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions)	38	70
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions		
	<input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	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.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	92008	05-16-2021	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Phone no. 917-499-7875	Email address	
Paid Preparer Use Only	Preparer's signature	Date	PTIN
	DAVID A YELLOZ CPA	10-13-2021	P01234203
	Preparer's name DAVID A YELLOZ CPA	Phone no. 917-202-0800	Check if: <input checked="" type="checkbox"/> Self-employed
	Firm's name DAY ACCOUNTANTS		
	Firm's address 2016 82ND STREET		
	BROOKLYN, NY 11214	Firm's EIN 45-3420085	

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

Form 1040 (2020)

EEA

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

2020Attachment
Sequence No. **01**

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

Your social security number

SVETLANA NEWBERRY

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	29,088
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	29,088

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	2,055
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	2,227
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	4,282

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **02**

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

Your social security number

SVETLANA NEWBERRY

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	4,110
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	4,110

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

Schedule 2 (Form 1040) 2020

EEA

FILED

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**

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

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

OMB No. 1545-0074

2020Attachment
Sequence No. **03**

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

Your social security number

SVETLANA NEWBERRY

Part I Nonrefundable Credits

1	Foreign tax credit. Attach 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 on Form 1040, 1040-SR, or 1040-NR, line 20	7	0

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	0
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	0

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

Schedule 3 (Form 1040) 2020

EEA

SCHEDULE C
(Form 1040)**Profit or Loss From Business****(Sole Proprietorship)**

OMB No. 1545-0074

2020Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Social security number (SSN)

SVETLANA NEWBERRY**A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions
425120**ENERGY BROKER****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**SVETLANA NEWBERRY****E** Business address (including suite or room no.) ▶ **1524 SHEEPSHEAD BAY ROAD APT 11B**City, town or post office, state, and ZIP code **BROOKLYN, NY 11235****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2020, check here ☐ Yes ☐ No**I** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1,407
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	1,407
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	1,407
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	1,407

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	68	18 Office expense (see instructions)	18	197
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depreciation	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	586
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	250	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	1,388
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		29	29	2,489
29 Tentative profit or (loss). Subtract line 28 from line 7	29				(1,082)
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.					
Simplified method filers only: Enter the total square footage of (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30					
31 Net profit or (loss). Subtract line 30 from line 29.					
<ul style="list-style-type: none"> • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 					
32 If you have a loss, check the box that describes your investment in this activity. See instructions.					
<ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. 					
			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Schedule C (Form 1040) 2020

ENERGY BROKER 425120

Page 2

Name(s)

SSN

SVETLANA NEWBERRY

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:	
a	Business	
b	Commuting (see instructions)	
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

LOCAL TRANSPORTATION EXP	248
TELEPHONE AND INTERNET	686
COMPUTER EXP	318
SOFTWARE EXP	136
48 Total other expenses. Enter here and on line 27a	1,388

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2020Department of the Treasury
Internal Revenue Service (98)Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

SVETLANA NEWBERRY**A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions
425120**ENERGY BROKERAGE****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**QUICK ENERGY SOLUTIONS LLC****46-3486931****E** Business address (including suite or room no.) **1524 SHEPHERD BAY ROAD APT 11H**City, town or post office, state, and ZIP code **BROOKLYN, NY 11235****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) **▶****G** Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses. . . . ☒ Yes ☐ No**H** If you started or acquired this business during 2020, check here. . . . ☐ Yes ☐ No**I** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions. . . . ☒ Yes ☐ No**J** If "Yes," did you or will you file required Form(s) 1099? ☒ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked.	<input type="checkbox"/>	207,612
2 Returns and allowances.	2	0
3 Subtract line 2 from line 1.	3	207,612
4 Cost of goods sold (from line 42).	4	
5 Gross profit. Subtract line 4 from line 3.	5	207,612
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).	6	
7 Gross income. Add lines 5 and 6.	7	207,612

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising.	8		18 Office expense (see instructions).	18	1,654
9 Car and truck expenses (see instructions).	9	41,375	19 Pension and profit-sharing plans.	19	
10 Commissions and fees.	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions).	11		a Vehicles, machinery, and equipment.	20a	
12 Depreciation.	12		b Other business property.	20b	26,712
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	6,105	21 Repairs and maintenance.	21	
14 Employee benefit programs (other than on line 19).	14		22 Supplies (not included in Part III).	22	3,108
15 Insurance (other than health).	15	6,291	23 Taxes and licenses.	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.).	16a		a Travel.	24a	7,386
b Other.	16b		b Deductible meals (see instructions).	24b	
17 Legal and professional services.	17	1,866	25 Utilities.	25	1,587
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		26 Wages (less employment credits).	26	
29 Tentative profit or (loss). Subtract line 28 from line 7.	29		27a Other expenses (from line 48).	27a	81,358
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b Reserved for future use.	27b	
Simplified method filers only: Enter the total square footage of (a) your home:					
and (b) the part of your home used for business: Use the Simplified					
Method Worksheet in the instructions to figure the amount to enter on line 30.	30				
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity. See instructions.					
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.					
• If you checked 32b, you must attach Form 6198. Your loss may be limited.					
	31	30,170			

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Schedule C (Form 1040) 2020

ENERGY BROKERAGE 425120

Page 2

Name(s)

SSN

SVETLANA NEWBERRY

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:	
a	Business	b. Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Statement #1

48 Total other expenses. Enter here and on line 27a 81,358

SCHEDULE SE
(Form 1040)**Self-Employment Tax**

OMB No. 1545-0074

2020Attachment
Sequence No. 17Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information.

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with self-employment income

SVETLANA NEWBERRY

Part I Self-Employment Tax**Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b ()	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	29,088
3 Combine lines 1a, 1b, and 2	3	29,088
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	26,863
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	26,863
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	26,863
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8819, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0-. Form and on line 10 and go to line 11	9	137,700
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	3,331
11 Multiply line 6 by 2.9% (0.029)	11	779
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	4,110
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14	13	2,055

Part II Optional Methods To Figure Net Earnings (see instructions)**Farm Optional Method.** You may use this method only if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

14 Maximum income for optional methods	14	5,640
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits² were less than \$6,107 and also less than 72.189% of your gross nonfarm income³, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ³ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A minus the amount you would have entered on line 1b had you not used the optional method.⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Schedule SE (Form 1040) 2020 SVETLANA NEWBERRY

Attachment Sequence No. 17

16 2

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

EEA

Schedule SE (Form 1040) 2020

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Form **8962****Premium Tax Credit (PTC)**

OMB No. 1545-0074

2020Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.Attachment
Sequence No. 73

Name shown on your return

Your social security number

SVETLANA NEWBERRYYou cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size. See instructions	1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	24,506
2b	Enter the total of your dependents' modified AGI. See instructions	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	24,506
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	12,490
5	Household income as a percentage of federal poverty line (see instructions)	5	196%
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0630
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	1,544
8b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	129

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ No. Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☒ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	742	0	129	0	0	0
13 February	742	0	129	0	0	0
14 March	743	0	129	0	0	0
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 8. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

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

Form 8962 (2020)

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2020Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SVETLANA NEWBERRY

QUICK ENERGY SOLUTIONS

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	3,243
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	OFFICE EQUIPMENT	1,657	1,657
	OFFICE FURNITURES	1,586	1,586
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,243
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	3,243
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	32,331
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	3,243
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,571

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020.	17	291
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	6,105
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2020)

Form 4562 (2020) SVETLANA NEWBERRY

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No **24b** If "Yes," is the evidence written? ☒ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25								
26 Property used more than 50% in a qualified business use:								
2017 MERCEDES	07-10-2017	72.6%						
2019 MERCEDES	10-12-2019	70.5%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				SL		
		%				SL		
		%				SL		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other more than 5% owner, or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)	3,858	3,482				
31 Total commuting miles driven during the year	218	168				
32 Total other personal (noncommuting) miles driven	1,241	1,286				
33 Total miles driven during the year. Add lines 30 through 32	5,317	4,936				
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X	X				
35 Was the vehicle used primarily by a more than 5% owner or related person?	X	X				
36 Is another vehicle available for personal use?	X	X				

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Due Diligence

(Keep for your records)

2020

Tax ID Number

Name(s) as shown on return

SVETLANA NEWBERRY**Income**

Does the income appear to be sufficient to support the taxpayer and qualifying children?

If "No," some additional inquiries might be needed

☒ Yes ☐ No**Taxpayers with self-employment income:**☐ Not applicable1. How long have you owned your business? 8 YEARS

2. Can you provide any documentation to substantiate your business?

- ☒ Business cards ☐ Business/occupational license (if required)
☐ Business stationary ☒ Other tax returns (sales/excise, employment, etc.)
☐ Receipts or receipt book (with company header) ☐ Advertisements (newspaper, flyer, yellow pages, etc.)

Other (list any other documentation you can provide to substantiate your business):

FORMS 10993. Who maintains the business records? TAXPAYER

4. Do you maintain separate banking accounts for personal and business transactions?

☒ Yes ☐ No

a. If "Yes," what form of records were provided?

TAXPAYER PROVIDED A LIST OF INCOME AND EXPENSES

b. If "No," how do you differentiate between personal and business transactions and monetary assets?

5. Were satisfactory records of income and expense provided?

☒ Yes ☐ No

a. If "Yes," in what form were these records provided?

- ☒ Accounting records ☐ Car/truck expenses
☐ Paid invoices/receipts ☐ Ledgers
☐ Log books ☐ Business bank accounts
☐ Computer records

Other (list any other forms of documentation you can provide to support your business):

TAXPAYER PROVIDED A LIST OF INCOME AND EXPENSES

b. If "No," how did you determine:

The amount of income?

The amount of expense?

6. Form 1099-NEC:

a. Do you have any Forms 1099-NEC to support the income?

☒ Yes ☐ No

b. If not, is it reasonable that the business type would not receive Form 1099-NEC?

☐ Yes ☐ No

7. Are the expenses consistent with the type of business?

☒ Yes ☐ No

8. Are the amounts of expense reasonable?

☒ Yes ☐ No

9. Are any expenses that are typical for this type of business missing?

☐ Yes ☒ No

10. List any other information you can provide related to your business:

Your signature

Date

Spouse's signature. If joint return, BOTH must sign.

Date

Paid preparer's signature

Date

10-13-2021

Due Diligence - Notes

(Keep for your records)

2020

Tax ID Number

Name(s) as shown on return

SVETLANA NEWBERRY

Use the notes fields below to document any additional inquiries made by the tax return preparer to help determine if the information furnished by the taxpayer is complete and correct.

Date of interview

10-05-2021

Name of taxpayer interviewed

SVETLANA NEWBERRY

Taxpayer interviewed by

PREPARER

Note:

Note:

Note:

Note:

Your signature

Date

Spouse's signature, if joint return, BOTH must sign.

Date

Paid preparer's signature

Date

10-13-2021

Recovery Rebate Credit Worksheet

2020

(keep for your records)

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

1. Can you (or your spouse if filing a joint return) be claimed as a dependent on another person's 2020 return?
- ☒ No. Go to line 2.
- ☐ Yes. **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2020 return include a valid social security number (defined under *Valid social security number*, earlier) for you and, if filing a joint return, your spouse?
- ☒ Yes. Skip lines 3 and 4, and go to line 5.
- ☐ No. If you are filing a joint return, go to line 3.
- If you aren't filing a joint return, **STOP** you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under *Valid social security number*, earlier)?
- ☐ Yes. Your credit is not limited. Go to line 5.
- ☐ No. Go to line 4.
4. Does one of you have a valid social security number (defined under *Valid social security number*, earlier)?
- ☐ Yes. Your credit is limited. Go to line 5.
- ☐ No. **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:
- \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
 - \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3
5. _____
6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number
6. _____
7. Add lines 5 and 6
7. 0
8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:
- \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
 - \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3
8. 600
9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number
9. _____
10. Add lines 8 and 9
10. 600
11. Enter the amount from line 10 of Form 1040 or 1040-SR
11. 24,506
12. Enter the amount shown below for your filing status:
- \$150,000 if married filing jointly or qualifying widow(er)
 - \$112,500 if head of household
 - \$75,000 if single, married filing separately
12. 75,000
13. Is the amount on line 11 more than the amount on line 12?
- ☒ No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.
- ☐ Yes. Subtract line 12 from line 11.
13. _____
14. Multiply line 13 by 5% (0.05)
14. _____
15. Subtract line 14 from line 7. If zero or less, enter -0-
15. 0
16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here
16. _____
17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference
17. 0
18. Subtract line 14 from line 10. If zero or less, enter -0-
18. 600
19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here
19. 0
20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference
20. 600
21. **Recovery rebate credit.** Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR
21. 600

Federal Supporting Statements

2020 PG01

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Schedule C - Part V - Other Expenses

Statement #1

Description	Amount
WASTE REMOVAL EXP	132
BANK CHARGES	332
FUEL EXP	834
PARKING and TOLLS	852
SOFTWARE EXP	937
MOVING EXP	932
SECURITY EXP	1,205
CLEANING and SUPPLIES	1,297
OFFICE WIRING EXP	2,101
TRAINING EXP	2,247
INTERNET EXP	2,422
GIFT EXP	3,014
TELEPHONE EXP	3,714
POST and DELIVERY	4,458
FEES and LICENSES	6,415
BUSINESS MEETING EXP	7,042
MARKETING EXP	18,453
OUTSIDE LABOR EXP	24,971
Total	81,358

Summary of Estimates

2021

Name(s) as shown on return

Your SSN/EIN

SVETLANA NEWBERRY

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2021	06-15-2021	09-15-2021	01-18-2022	Total
Total Installment Amount	1,270	1,270	1,270	1,270	5,080
Overpayment Applied	0	0	0	0	0
Net Installment Due	1,270	1,270	1,270	1,270	5,080

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

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Estimated Tax Worksheet for Next Year

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

1. Wages	1.	
2. Interest and Dividend Income	2.	
3. Capital gain Income	3.	
4. Taxable IRA/Pension Income	4.	
5. Taxable Social Security Income	5.	
6. Business Income	6.	
7. Other income	7.	
8. Total income (add lines 1 thru 7)	8.	
9. Adjustments to income	9.	
10. Adjusted gross income (subtract line 9 from line 8)	10.	
11a. Itemized deductions	11a.	
11b. Standard deduction	11b.	
12. Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13. Estimated Section 199A deduction for qualified trade or business income	13.	
14. Projected taxable income (subtract line 13 from line 12)	14.	
15. Projected Tax	15.	
16. Alternative Minimum Tax	16.	
17. Total tax	17.	
18a. Child Tax Credit and Other Dependent Credit	18a.	
18b. Other projected Credits	18b.	
18c. Total projected credits	18c.	
19. Subtract line 18d from line 17	19.	
20. Projected SE Tax - Taxpayer	20.	
21. Projected SE Tax - Spouse	21.	
22. Other taxes	22.	
23a. Add lines 19 through 22	23a.	
b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c. Total 2021 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a. Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b. Required annual payment based on prior year's tax (see instructions)	24b.	5,078
c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	5,078
25. Projected Withholding	25.	
26. Projected Net Tax (subtract line 25 from line 24c)	26.	5,078

Estimates will be computed on \$5,078. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

Computation of Regular Tax

(Keep for your records)

2020

Tax ID Number

Name(s) as shown on return

SVETLANA NEWBERRY

Statement for line 16 of Form 1040

Tax per Tax Table \$ 968

\$ 968 Tax computed using only available method

FILED COPY

**Worksheet B
Form 1040****Earned Income Credit (EIC) - Line 27**

(Keep for your records)

2020

Tax ID Number

Name(s) as shown on return

SVETLANA NEWBERRY

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1**Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE**

1a. Enter the amount from Schedule SE, Part I, line 3.

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Part I, line 13.

e. Subtract line 1d from line 1c.

1a	29,088
1b	
1c	29,088
1d	2,055
1e	27,033

Part 2**Self-Employed
NOT Required
To File
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Don't include on these lines any statutory employee income; any net profit from services performed as a notary public; any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

c. Combine lines 2a and 2b.

2a	
2b	
2c	

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3**Statutory
Employees
Filing
Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3	
---	--

Part 4**All Filers Using
Worksheet B**

4. Combine lines 1e, 2c, and 3 This is your total self-employed income.

4	27,033
---	--------

Auto Expense Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Profession/Business

ENERGY BROKERAGE \QUICK ENERGY SOLUTIONS LLCDescription **2017 MERCEDES 400-E**Date placed in service **2017-07-10**

Number of miles your vehicle was used for:

Total Business miles driven during the year	3,858
Total Commuting miles driven during the year	218
Total Other miles driven during the year	1,241
Total Miles driven during the year	5,317

Business Use percentage	72.56
-------------------------	-------

Expenses:

Total

Business
Percentage

Section 179		
Bonus Depreciation		
Depreciation		
Garage Rent		
Gas		
Insurance		
Licenses		
Oil		
Parking Fees		
Rental Fees		
Interest		
Personal Property Tax		
Repairs		
Tires		
Tolls		
Lease Add Back		

Other Expenses:

LEASE PMT	24,270	24,270
------------------	---------------	---------------

Total Expenses		24,270
-----------------------	--	---------------

Standard Mileage Rate Calculation

Business miles	3,858	X 0.575	2,218	2,218
Parking fees				
Tolls				
Interest				
Personal Property Tax				
Total Standard Mile Rate deduction				2,218

How it is reported:

Depreciation deduction	
Auto Expense	24,270
Personal Property Taxes, Schedule A, Line 5c	

Auto Expense Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Profession/Business

ENERGY BROKERAGE \QUICK ENERGY SOLUTIONS LLCDescription **2019 MERCEDES SL**Date placed in service **2019-10-12**

Number of miles your vehicle was used for:

Total Business miles driven during the year	3,482
Total Commuting miles driven during the year	168
Total Other miles driven during the year	1,286
Total Miles driven during the year	4,936

Business Use percentage **70.54****Expenses:**

	Total	Business Percentage
--	-------	---------------------

Section 179		
Bonus Depreciation		
Depreciation		
Garage Rent		
Gas		
Insurance		
Licenses		
Oil		
Parking Fees		
Rental Fees		
Interest		
Personal Property Tax		
Repairs		
Tires		
Tolls		
Lease Add Back		
Other Expenses:		
LEASE PMTS	17,105	17,105
Total Expenses		17,105

Standard Mileage Rate Calculation

Business miles	3,482	X 0.575	2,002
Parking fees			
Tolls			
Interest			
Personal Property Tax			
Total Standard Mile Rate deduction			2,002

How it is reported:

Depreciation deduction	
Auto Expense	17,105
Personal Property Taxes, Schedule A, Line 5c	

Modified AGI Worksheets for Form 8962

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY**Worksheet 1-1. Taxpayer's Modified AGI Worksheet - Line 2a**

1. Enter your adjusted gross income (AGI) from Form 1040, 1040-SR, or 1040-NR, line 11 1. 24,506
2. Enter any tax-exempt interest from Form 1040, 1040-SR, or 1040-NR, line 2a 2. _____
3. Enter any amounts from Form 2555, lines 45 and 50 3. _____
4. Form 1040 or 1040-SR filers: If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result 4. _____
5. Add lines 1 through 4. Enter here and on Form 8962, line 2a 5. 24,506

Worksheet 1-2. Dependents' Combined Modified AGI Worksheet - Line 2b

1. Enter the AGI for your dependents from Form 1040, 1040-SR, or 1040-NR, line 11 1. _____
2. Enter any tax-exempt interest for your dependents from Form 1040, 1040-SR, or 1040-NR, line 2a 2. _____
3. Enter any amounts for your dependents from Form 2555, lines 45 and 50 3. _____
4. For each dependent filing Form 1040 or 1040-SR: If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result 4. _____
5. Add lines 1 through 4. Enter here and on Form 8962, line 2b 5. _____

Worksheet 2. Household Income as a Percentage of the Federal Poverty Line

1. Enter the amount from line 3 of Form 8962 1. 24,506
2. Enter the amount from line 4 of Form 8962 2. 12,490
3. Multiply the amount on line 2 by 4.0 3. 49,960
4. Is the amount on line 1 more than the amount on line 3?
 - Yes. The amount on line 1 above is more than 400% of the federal poverty line. Enter 401 here and on line 5 of Form 8962.
 - No. Divide the amount on line 1 above by the amount on line 2 above. Do not round; instead multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; for 3.997, enter the result as 399. Enter the result here and on line 5 of Form 8962 4. 196

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2020Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

SVETLANA NEWBERRY

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: SVETLANA NEWBERRY		(1,082)
ii	Schedule C: QUICK ENERGY SOLUTIONS LLC		25,888
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	24,806	5	4,961
3	Qualified business net (loss) carryforward from the prior year	3	()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	24,806		
5	Qualified business income component. Multiply line 4 by 20% (0.20)				
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	4,961
11	Taxable income before qualified business income deduction	11	12,106		
12	Net capital gain (see instructions)	12	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	12,106		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	2,421
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	2,421
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

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

Form **8995** (2020)

EEA

Amount from Form 1040, line 11..... 24,506
 Amount from Form 1040, line 12..... 12,400

Line 11 above is the difference between these amounts..... 12,106

QBI Explanation Worksheet**Form 1040**

(Do not file. Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Name of business activity

Schedule C: QUICK ENERGY SOLUTIONS LLC

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	30,170	30,170
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		2,055
9. Self-employed health insurance deduction		2,227
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		25,888
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBIA of qualified property carried to Form 8995 / 8995-A		169,513
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- | | |
|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Form 8995, line 1 |
| <input type="checkbox"/> | Form 8995-A, line 2 |
| <input type="checkbox"/> | Form 8995-A, Schedule A, line 2 |
| <input type="checkbox"/> | Form 8995-A, Schedule A, line 16 |
| <input type="checkbox"/> | Form 8995-A, Schedule B, line 3 |
| <input type="checkbox"/> | Form 8995-A, Schedule C, line 1 |

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Explanation of Pre-CARES Act vs. Post-CARES Act **For informational purposes and use by certain states**

(Do not file. Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY**Income**

	Pre-CARES Act	Post-CARES Act	Difference
Wages, salaries, tips, etc.			
Taxable interest			
Ordinary dividends			
Taxable refunds			
Alimony received			
Business income or (loss)	29,088	29,088	
Capital gain or (loss)			
Other gains or (losses)			
Taxable IRA distributions			
Taxable pensions and annuities			
Schedule E income/loss			
Farm income or (loss)			
Unemployment compensation			
Social security benefits			
Net Operating Loss (NOL)			
Limitation on business losses - Form 461 (ELA)			
Other income			
Totals	29,088	29,088	

Adjustments

	Pre-CARES Act	Post-CARES Act	Difference
Educator expenses			
Employee business expenses			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax	2,055	2,055	
Self-employed SEP, SIMPLE, and qualified plans			
Self-employed health insurance deduction	2,227	2,227	
Penalty on early withdrawal of savings			
Alimony paid			
IRA deduction			
Student loan interest deduction			
Tuition and fees			
Other adjustments			
Charitable contributions if taking standard deduction		300	300
Totals	4,282	4,582	300

Adjusted Gross Income

24,806	24,506	(300)
--------	--------	-------

Carryover Worksheet **List of Items that will carryover to the 2021 tax return**

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY**Itemized Deductions**

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2021 to flow to the Schedule A	944
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense	AMT
Section 179 expense	Reg. Tax
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	

Losses

Short-term capital loss	AMT	Reg. Tax
Long-term capital loss	AMT	Reg. Tax
Net operating loss	AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	Reg. Tax
Qualified REIT and PTP loss carryover		
QBI loss carryover		
Nonrecaptured net section 1231 losses from WK_1231C	AMT	Reg. Tax

Credits

Mortgage interest credit	
Credit for prior year minimum tax	
Foreign Tax credit	AMT
District of Columbia first time home owner's credit	Reg. Tax
Res. energy efficient property credit	

Other

Preparer Fee			
Overpayment applied to next year's estimates			
Estimated Tax Payment 1	1,270	Estimated Tax Payment 2	1,270
Estimated Tax Payment 3	1,270	Estimated Tax Payment 4	1,270
Federal tax liability for 2210 calculation			5,078
State tax liability for state 2210 calculation			1,033
IRA basis	Taxpayer	Spouse	
Amount from 8915-E taxable in 2021	Taxpayer	Spouse	
Amount from 8915-E taxable in 2022	Taxpayer	Spouse	
Excess repayment from 8915-E	Taxpayer	Spouse	
Deferred SE tax to be repaid by 12/31/2021			
Deferred SE tax to be repaid by 12/31/2022			

Passive Activity**At Risk Limitations**

**2020 Filing Instructions
SVETLANA NEWBERRY**

Form filed:

Form 1040 and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

10-15-2021

Balance due:

\$4,548

Transaction method:

An amount of \$2,250 will be withdrawn on 10-13-2021 from your CITIBANK checking account ending in 7389. To cancel this payment, contact the IRS E-file Payment Inquiry and Cancellation Service at (888) 353-4537, no later than two business days before the scheduled payment date.

Other information:

To minimize penalties and interest, pay the remainder of your balance on or before the due date of the return.

Mail-to address:

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

1040

Individual
Diagnostic Summary

2020

Name(s)

SVETLANA NEWBERRY

Social Security No.

Spouse SSN No.

Mailing Address:

1524 SHEEPSHEAD BAY ROAD APT 11B
BROOKLYN, NY 11235

Taxpayer

Daytime Phone: 917-499-7875

Evening Phone:

Cell Phone:

TP email:

SP email:

Spouse

Resident State: NY

Date of Birth: Taxpayer

Spouse

Dependent Information: (* If more than 5 dependents see last page of summary)

Name	SSN	Relationship	Date of Birth	Dependent Status
------	-----	--------------	---------------	------------------

Preparer: DAVID A YELLOZ CPA

Invoice:

Date: 10-13-2021

Return Information

Form Type: 1040

Item on Return	2020 Federal	2019 Federal (If available)
Filing Status	1	1
Exemptions (suspended until tax year 2025)	N/A	N/A
Total Income	29,088	141,169
AGI	24,506	121,806
Deductions	12,400	12,200
Taxable Income	9,685	87,685
Tax (before credits)	968	15,217
Tax (after credits)	968	
Tax Rate Percentage	10	24
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	4,548	32,525

Form of Refund/Payment The client has chosen to pay by direct debit.

State/City Information (* If more than 8 states see last page of summary)

T/S/J	State/City	AGI	Taxable Income	Tax	Refund/ (Balance Due)
T	NY201	22,235	14,235	1,033	(981)

Account Transaction Summary**2020**

Name(s) as shown on return

Your ID Number

SVETLANA NEWBERRY

Account #1

Financial Institution

CITIBANK

Routing Transit Number

Account Number

Account Type

CHECKING

Federal Main Form

Federal Debit

(2,250)

Date of Debit 10-13-2021

State Main Form(s)

NY Debit

(981)

Date of Debit 10-13-2021

Net Debit

(3,231)

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize DAY ACCOUNTANTS to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

Auto Mileage Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Profession/Business

ENERGY BROKERAGE \QUICK ENERGY SOLUTIONS LLC

Description 2017 MERCEDES 400-E

Date placed in service 07-10-2017

Business Miles

Rate of Depreciation allowed
for Standard Mileage Rate

2020 3,858

0.27

2019 4,367

0.26

2018

0.25

2017

0.25

2016

0.24

2015

0.24

2014

0.22

2013

0.23

2012

0.23

2011

0.22

pre-2010

See Publication 463

Total Business Miles 8,225

This worksheet displays the business miles taken by year for vehicles with the standard mileage rate deduction. When the vehicle is sold, the amount of the depreciation that is factored into the standard mileage rate should reduce the basis of the vehicle. If actual expenses were taken on the vehicle, then do not use this worksheet; the depreciation can be found on the Depreciation Detail Listing ("FED DEPR Schedule" in View/Print mode). Refer to pub 463 for more information on the standard and actual deduction for vehicles.

Auto Mileage Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETLANA NEWBERRY

Profession/Business

ENERGY BROKERAGE \QUICK ENERGY SOLUTIONS LLC

Description 2019 MERCEDES SLDate placed in service 10-12-2019

Business Miles

Rate of Depreciation allowed
for Standard Mileage Rate2020 3,482

0.27

2019 _____

0.26

2018 _____

0.25

2017 _____

0.25

2016 _____

0.24

2015 _____

0.24

2014 _____

0.22

2013 _____

0.23

2012 _____

0.23

2011 _____

0.22

pre-2010 _____

See Publication 463

Total Business Miles 3,482

This worksheet displays the business miles taken by year for vehicles with the standard mileage rate deduction. When the vehicle is sold, the amount of the depreciation that is factored into the standard mileage rate should reduce the basis of the vehicle. If actual expenses were taken on the vehicle, then do not use this worksheet; the depreciation can be found on the Depreciation Detail Listing ("FED DEPR Schedule" in View/Print mode). Refer to pub 463 for more information on the standard and actual deduction for vehicles.

New York Return Summary (Keep for your records)

2020

Your Name SVETLANA NEWBERRY		Your social security number
Spouse's Name		Spouse's social security number
Mailing address 1524 SHEEPSHEAD BAY ROAD	Apartment number 11H	Daytime Phone # 917-499-7875
City State Zip BROOKLYN NY 11235	Email	

New York State Income Tax Return

Form Filed IT-201
 Filing Status SINGLE
 NYS Residency FULL-YEAR RESIDENT
 NYC Residency RESIDENT
 Yonkers Residency NONRESIDENT

Advanced Payments Received

Property tax freeze credit 0.

Income, Adjustments and Deductions

Federal adjusted gross income (FAGI) 24806.
 FAGI (NYS Column - IT-203 filers)
 Total additions 2571.
 Total Subtractions 5142.
 New York AGI 22235.
 NY AGI (NYS Col - IT-203 filers)
 Itemized ☐ or standard ☒ deduction 8000.
 Dependent Exemptions
 Taxable income 14235.

MCTMT net earnings base

Tax, Payments, and Credits

New York State tax 620.
 Nonrefundable state credits 40.
 Net other state taxes
 Total NYS tax 580.
 New York City taxes 453.
 New York City nonrefundable credits
 MCTMT

Yonkers taxes
 Use tax and contributions 0.
 Total tax and contributions 1033.
 Total refundable credits 63.

Income tax withheld
 Estimate and extension payments
 Total payments and credits 89.
 Penalties and Interest 37.
 Refund 0.
 Overpayment applied to next year 0.
 Amt as a NYS 528 account deposit
 Amount refunded 0.
 Amount due 981.

Other New York and New York City Returns

Unincorporated Business Tax (NYC-202)

Taxpayer	Spouse
Taxable income	
Tax	
Credits	
Estimate and extension payments	
Amount due or -refund	
Amount refunded	
Overpayment applied	
Underpayment of estimates	
Failure to pay penalty	
Failure to file penalty	
Late filing interest	
Total balance due	

LLC and LLP Filing Fee

Form IT-204-LL amount due

Nonresident Employee of the City of New York (NYC 1127)

Taxable income	
Tax	
Credits and withholdings	
Balance due	
Refund	

Miscellaneous Information

Refundable Credits claimed

Empire State child credit (IT-213)	
NYS/NYC Child Dep (IT-216)	
NYS EIC (IT-215 or IT-209)	
NYS noncustodial EIC (IT-209)	
NYC EIC IT-215 or IT-209	
Real property tax credit (IT-214)	
College tuition credit (IT-272)	
NYC school tax credit (fixed amount)	<u>63.</u>
NYC school tax credit (rate reduction amount)	<u>26.</u>



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ...

20

and ending ...

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mm/dd/yyyy)	Your Social Security number
SVETLANA		NEWBERRY		
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mm/dd/yyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York State county of residence
1524 SHEEPSHEAD BAY ROAD			11H	KINGS
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
BROOKLYN	NY	11235		BROOKLYN
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district code number
				071
City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death (mm/dd/yyyy)
	NY			
			Spouse's date of death (mm/dd/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 2020 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 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes ☐ No ☒

E (1) Did you or your spouse maintain living quarters in NYC during 2020? (see page 15) Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2020 (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 2020 12

(2) Number of months your spouse lived in NYC in 2020

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 (mm/dd/yyyy)

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

201001201024



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Page 2 of 4 IT-201 (2020)

Your Social Security Number

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	29088 .00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	29088 .00
18	Total federal adjustments to income (see page 16) Identify: SEE FORM NY FAGI	18	4582 .00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	24506
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	24806

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	2571 .00
24	Add lines 19a through 23	24	27377 .00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (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 10)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	5142 .00
32	Add lines 25 through 31	32	5142 .00
33	New York adjusted gross income (subtract line 32 from line 24)	33	22235 .00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	14235 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	14235 .00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Name(s) as shown on page 1

SVETLANA NEWBERRY

Your Social Security number

IT-201 (2020) Page 3 of 4

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	14235.00
39 NYS tax on line 38 amount (see page 22)	39	620.00
40 NYS household credit (page 22, table 1, 2, or 3)	40	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	40.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	580.00
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	580.00

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

47 NYC taxable income (see page 23)	47	14235.00
47a NYC resident tax on line 47 amount (see page 23)	47a	453.00
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	453.00
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	453.00
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	453.00
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	453.00
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	1033.00

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.



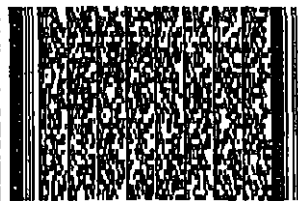
Page 4 of 4 IT-201 (2020)

Your Social Security number

62 Enter amount from line 61. 62 1033.00

Payments and refundable credits (see pages 28 through 31)

63 Empire State child credit	63	.00
64 NYS/ NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	63.00
69a NYC school tax credit (rate reduction amount)	69a	26.00
70 NYC earned income credit	70	.00
70a This line intentionally left blank	70a	
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	.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 89.00

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	.00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	.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	.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 2021 estimated tax (see instructions) 79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box ☒ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-ATT and mail it with your return.

See page 33 for payment options.

80 981.00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) 81 37.00

See page 36 for the proper assembly of your return.

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 10132021 Amount 981.00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
Email:			

Paid preparer must complete (see instructions)		Preparer's NYTPRIN	NYTPRIN ext. code 03
Preparer's signature		Preparer's printed name DAVID A YELLOZ CPA	
Firm's name (or yours, if self-employed) DAY ACCOUNTANTS		Preparer's PTIN or SSN P01234203	
Address 2016 82ND STREET BROOKLYN NY 11214		Employer identification number 45 3420085	
Email:		Date 05162021	

Taxpayer(s) must sign here	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number 917 499 7875
Email:	

See Instructions for where to mail your return.

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Federal Adjustments to Income	New York Supporting Statements	2020								
Name(s) as shown on return SVETLANA NEWBERRY		Your Social Security Number								
<table><thead><tr><th>DESCRIPTION</th><th>AMOUNT</th></tr></thead><tbody><tr><td>1/2 SE TAX</td><td>2055.</td></tr><tr><td>SE HEALTH INSURANCE</td><td>2227.</td></tr><tr><td>CHARITABLE CONTRIBUTIONS</td><td>300.</td></tr></tbody></table>			DESCRIPTION	AMOUNT	1/2 SE TAX	2055.	SE HEALTH INSURANCE	2227.	CHARITABLE CONTRIBUTIONS	300.
DESCRIPTION	AMOUNT									
1/2 SE TAX	2055.									
SE HEALTH INSURANCE	2227.									
CHARITABLE CONTRIBUTIONS	300.									
<table><tbody><tr><td>TOTAL ADJUSTMENTS</td><td>4582.</td></tr></tbody></table>			TOTAL ADJUSTMENTS	4582.						
TOTAL ADJUSTMENTS	4582.									



Department of Taxation and Finance

New York State Modifications

Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

Name(s) as shown on return	Identifying number as shown on return
SVETLANA NEWBERRY	

Complete all parts that apply to you; see instructions (Form IT-225-4). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201 ☒ IT-203 ☐ IT-204 ☐ IT-205 ☐**Schedule A - New York State additions** (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts**

1 New York State additions

Number	A - Total amount	B - NYS allocated amount
1a A - 2019	2571.00	.00
1b A -	.00	.00
1c A -	.00	.00
1d A -	.00	.00
1e A -	.00	.00
1f A -	.00	.00
1g A -	.00	.00
2 Total (add column A, lines 1a through 1g)	2571.00	
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-225, if any	.00	
4 Add lines 2 and 3	2571.00	

Part 2 - Partners, shareholders, and beneficiaries

Form IT-201 filers: do not enter EA-113
 Form IT-203 filers: do not enter EA-113
 Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

Number	A - Total amount	B - NYS allocated amount
5a EA -	.00	.00
5b EA -	.00	.00
5c EA -	.00	.00
5d EA -	.00	.00
5e EA -	.00	.00
5f EA -	.00	.00
5g EA -	.00	.00
6 Total (add column A, lines 5a through 5g)	.00	
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-225, if any	.00	
8 Add lines 6 and 7	.00	
9 Total additions (add lines 4 and 8; see instructions)	2571.00	

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM.

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IT-225 (2020) (Page 2)

SVETLANA NEWBEP

Schedule B - New York State subtractions (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts**

10 New York State subtractions

Number		A - Total amount	B - NYS allocated amount
10a	S- 2 1 3	5142.00	.00
10b	S-	.00	.00
10c	S-	.00	.00
10d	S-	.00	.00
10e	S-	.00	.00
10f	S-	.00	.00
10g	S-	.00	.00

11 Total (add column A, lines 10a through 10g) 11 5142.00

12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any 12 .00

13 Add lines 11 and 12 13 5142.00

Part 2 - Partners, shareholders, and beneficiaries

Form IT-201 filers: do not enter ES-106, ES-107, or ES-125
 Form IT-203 filers: do not enter ES-106, ES-107, or ES-125
 Form IT-206 filers: do not enter ES-125

14 New York State subtractions

Number		A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15 Total (add column A, lines 14a through 14g) 15 .00

16 Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any 16 .00

17 Add lines 15 and 16 17 .00

18 Total subtractions (add lines 13 and 17; see instructions) 18 5142.00

NO HANDWRITTEN ENTRIES ON THIS FORM.





Department of Taxation and Finance

New York State Adjustments due to Decoupling from the IRC

IT-558

Attachment to Form IT-201, IT-203, IT-204, or IT-205

Name(s) as shown on return	Identifying number as shown on return
SVETLANA NEWBERRY	

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201 ☒ IT-203 ☐ IT-204 ☐ IT-205 ☐

Schedule A - New York State addition adjustments to recompute federal amounts (enter whole dollars only)

Part 1 - Individuals, partnerships, and estates or trusts

1 New York State additions

Number	A - Total amount	B - NYS allocated amount
1a A-101013	300.00	.00
1b A-1	.00	.00
1c A-1	.00	.00
1d A-1	.00	.00
1e A-1	.00	.00
1f A-1	.00	.00
1g A-1	.00	.00
2 Total (add column A, lines 1a through 1g)	300.00	
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-558, if any		.00
4 Add lines 2 and 3	300.00	

Part 2 - Partners, shareholders, and beneficiaries

5 New York State additions

Number	A - Total amount	B - NYS allocated amount
5a EA-1	.00	.00
5b EA-1	.00	.00
5c EA-1	.00	.00
5d EA-1	.00	.00
5e EA-1	.00	.00
5f EA-1	.00	.00
5g EA-1	.00	.00
6 Total (add column A, lines 5a through 5g)	.00	
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-558, if any		.00
8 Add lines 6 and 7	.00	
9 Total additions (add lines 4 and 8; see instructions)	300.00	

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM.



IT-558 (2020) (Page 2)

SVETLANA NEWBERRY

Schedule B - New York State subtraction adjustments to recompute federal amounts (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts****10 New York State subtractions**

	Number	A - Total amount	B - NYS allocated amount
10a	S -	.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11 Total (add column A, lines 10a through 10g) 11 .00

12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-558, if any . . . 12 .00

13 Add lines 11 and 12 13 .00

Part 2 - Partners, shareholders, and beneficiaries**14 New York State subtractions**

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15 Total (add column A, lines 14a through 14g) 15 .00

16 Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-558, if any . . . 16 .00

17 Add lines 15 and 16 17 .00

18 Total subtractions: (add lines 13 and 17; see instructions) 18 .00

NO HANDWRITTEN ENTRIES ON THIS FORM.

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Department of Taxation and Finance

New York State Depreciation Schedule for IRC Section 168(k) Property

IT-398

Use this form only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return SVETLANA NEWBERRY	Identifying number as shown on return
---	---------------------------------------

Mark an X in one box to show the income tax return you are filing and submit this form with that return.

IT-201, Resident <input checked="" type="checkbox"/>	IT-203, Nonresident and part-year resident <input type="checkbox"/>	IT-204, Partnership <input type="checkbox"/>	IT-205, Fiduciary <input type="checkbox"/>
--	---	--	--

Part 1 - Depreciation information for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property (use additional sheet if needed)	B Date placed in service (mmddyyyy)	C Depreciable basis	D Conv.	E Method	F New York depreciation deduction	G Federal depreciation deduction
LEASE IMPROVEMENT	04032017	25710.00	HY	SL	5142.00	2571.00
		.00			.00	.00
		.00			.00	.00
		.00			.00	.00

1 Enter column F and column G totals 1 5142.00 2571.00

Transfer the column F total to: Form IT-225, line 10, Total amount column and enter subtraction modification S-213 in the Number column.	Transfer the column G total to: Form IT-225, line 1, Total amount column and enter addition modification A-209 in the Number column.
--	--

Part 2 - Year-of-disposition adjustment for IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

Mark an X in the box if you claimed an investment credit on Form IT-212, Investment Credit, for any property listed below (see instructions) ☐

A Description of property (use additional sheet if needed)	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction
			.00	.00
			.00	.00
			.00	.00
			.00	.00
			.00	.00
2 Enter column D and column E totals			2 .00	.00
3 Enter amount from line 2, column E				3 .00
4 Enter amount from line 2, column D				4 .00
5 Subtract line 4 from line 3				5 .00

Transfer the line 5 amount to Form IT-225, line 10, Total amount column and enter subtraction modification S-214 in the Number column.

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Department of Taxation and Finance

Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

Name(s) as shown on return
SVETLANA NEWBERRY

Identification number (SSN or EIN)

Part 1 - All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2020 return before withholding and estimated tax payments (caution: see instructions)	1	1033.00
2 Empire State child credit (from Form IT-201, line 63)	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5	.00
6 Real property tax credit (from Form IT-201, line 67)	6	.00
7 College tuition credit (from Form IT-201, line 68)	7	.00
7a STAR credit (see instructions)	7a	.00
8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a)	8	89.00
9 NY City earned income credit (from Form IT-201, line 70)	9	.00
9a This line intentionally left blank	9a	
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 81; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10	11	89.00
12 Current year tax (subtract line 11 from line 1)	12	944.00
13 Multiply line 12 by 90% (.90)	13	850.00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	.00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15	944.00
16 Enter your 2019 tax (caution: see instructions)	16	10701.00
17 Enter the smaller of line 13 or line 16	17	850.00

Part 2 - Short method for computing the penalty - Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete Part 3 - Regular method.

18 Enter the amount from line 14 above	18	.00
19 Enter the total amount of estimated tax payments you made (see instructions)	19	.00
20 Add lines 18 and 19	20	.00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21	850.00
22 Multiply line 21 by .04356 and enter the result	22	37.00
23 If the amount on line 21 was paid on or after April 15, 2021, enter 0. If the amount on line 21 was paid before April 15, 2021, make the following computation to find the amount to enter on this line: Amount on line 21 x number of days paid before April 15, 2021 x .00020 =	23	.00
24 Penalty. Subtract line 23 from line 22	24	37.00

Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.

Part 3 - Regular method - Schedule A - Computing your underpayment (Schedule B is on page 2)

Payment due dates	A 6/15/20	B 7/15/20	C 9/15/20	D 1/15/21
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions)	25	.00	.00	.00
26 Estimated tax paid and tax withheld (see instructions)	26	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27	.00	.00	.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	.00	.00	.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29	.00	.00	.00

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IT-2105.9 (2020) (Page 2)

Part 3 - Regular method - Schedule B - Computing the penalty

Payment due dates	A 6/15/20	B 7/15/20	C 9/15/20	D 1/15/21
30 Amount of underpayment (from line 29) . . .	30 .00	.00	.00	.00
First installment penalty period (June 15 - July 15, 2020)				
31 Your penalty factor for the first installment penalty period is .00000 (see instructions) . . .	31 .00000			
32 Your underpayment penalty for the first installment penalty period is 0.00 (see instructions)	32 0.00			
Second installment penalty period (July 15 - September 15, 2020)				
33 July 15 - September 15 = $(62 + 366) \times 7.5\% = .01269$ - or - July 15 - _____ = $(\boxed{} + 366) \times 7.5\% = \boxed{}$	33			
34 Multiply line 30, column B by line 33	34	.00		
Third installment penalty period (September 15, 2020 - January 15, 2021)				
35 September 15 - December 31 = $(107 + 366) \times 7.5\% = .02192$ January 1 - January 15 = $(15 + 365) \times 7.5\% = .00307$ Total .02499 - or - September 15 - _____ = $(\boxed{} + 366) \times 7.5\% = \boxed{}$ January 1 - _____ = $(\boxed{} + 365) \times 7.5\% = \boxed{}$ Total $\boxed{}$	35			
36 Multiply line 30, column C by line 35	36	.00		
Fourth installment penalty period (January 15 - April 15, 2021)				
37 January 15 - April 15 = $(90 + 365) \times 7.5\% = .01848$ - or - January 15 - _____ = $(\boxed{} + 365) \times 7.5\% = \boxed{}$	37			
38 Multiply line 30, column D by line 37	38	.00		
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42	39	.00		

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Submit this form with your New York State return.

**New York
Worksheet****Form IT-2105.9 - Underpayment of Estimated Income Tax -
Worksheets for Lines 1, 15, and 16****2020**

(Keep for your records)

Name(s) as shown on return

Your social security number

SVETLANA NEWBERRY

Line 1 Worksheet - Total Tax from the 2020 return before withholding and estimated tax payments

Complete the following worksheet to compute amount for line 1.

1	Total tax from 2020 Form IT-201, line 61; or Form IT-203, line 58	1	1033.
2	Enter sales or use tax from 2020 Form IT-201, line 59; or Form IT-203, line 56	2	
3	Enter voluntary contributions from 2020 Form IT-201, line 60; or Form IT-203, line 57	3	
4	Add lines 2 and 3	4	
5	Subtract line 4 from line 1. Enter here and on Form IT-2105.9, Part 1, line 1	5	1033.

Line 15 Worksheet - If this line is less than \$300, you do not owe a penalty and do not need to complete Form IT-2105.9. If this line is \$300 or more and you are subject to more than one of the following taxes (New York State, New York City, Yonkers, or MCTMT), complete the following worksheet to see if you may owe a penalty.

Are you subject to:

a)	New York State tax (enter 1)	a	1.
b)	New York City tax (enter 1)	b	1.
c)	Yonkers tax (enter 1)	c	
d)	MCTMT (enter 0)	d	
e)	Add lines a through d	e	2.
f)	Multiply line e by \$300	f	600.

If line 15 is less than line f, stop; do not complete the rest of this form.

If line 15 is more than line f, continue with line 16.

Line 16 Worksheet - Prior Year Tax

The amount calculated for this worksheet, is the amount that should be entered on line 16 of the 2020 IT-2105.9

Complete the following worksheet to compute amount for line 16.

1	Tax from 2019 Form IT-201 (total of lines 46 and 56), or Form IT-203 (total of lines 50 and 55).	1	11011.
2	Enter the total of any credits claimed from 2019 Form IT-201, lines 63-71; or Form IT-203, lines 60, 60a, and 61. Also include any payment (check) received in the fall of 2019 for the property tax relief credit and the STAR credit	2	310.
3	Subtract line 2 from line 1. Enter here and on Form IT-2105.9, Part 1, line 16. If your New York adjusted gross income (or net earnings from self-employment allocated to the MCTD) for 2019 is more than \$150,000 (\$75,000 if married filing separately for 2020) enter 110% of this amount	3	10701.

Line 16 Worksheet - Next Year Tax

The amount calculated for this worksheet, is the amount that should be entered on line 16 of the 2021 IT-2105.9

Complete the following worksheet to compute amount for line 16.

1	Tax from 2020 Form IT-201 (total of lines 46 and 56); or Form IT-203 (total of lines 50 and 55).	1	1033.
2	Enter the total of any credits claimed from 2020 Form IT-201, lines 63-71; or Form IT-203, lines 60, 60a, and 61. Also include any payment (check) received in the fall of 2020 for the STAR credit	2	89.
3	Subtract line 2 from line 1. Enter here and on Form IT-2105.9, Part 1, line 16. If your New York adjusted gross income (or net earnings from self-employment allocated to the MCTD) for 2020 is more than \$150,000 (\$75,000 if married filing separately for 2020) enter 110% of this amount	3	944.

Recomputed Federal Adjusted Gross Income

2020

(Keep for your records.)

Your first name

SVETLANA NEWBERRY

Your Social Security number

Form IT-201 Filers:

Line 19a - Recomputed federal adjusted gross income

Were you required to report any adjustments on Form IT-558?

If **No**, enter the line 19 amount on line 19a.If **Yes**, complete the first worksheet below.

Do not leave line 19a blank.

Form IT-203 Filers:

Were you required to report any adjustments on Form IT-558?

If **No**, enter the line 19 amount, *Federal amount* column, on theline 19a, *Federal amount* column. Enter the line 19 amount,*New York State amount* column, on the line 19a, *New York State amount* column.If **Yes**, complete the Line 19a *Federal amount* column worksheet and the Line 19a *New York State amount* column worksheet below.

Do not leave line 19a blank.

Line 19a - Recomputed Federal Adjusted Gross Income

1	Federal adjusted gross income as reported (Form IT-201, line 19; or Form IT-203, line 19)	1	24506
2	Total addition adjustments (Form IT-558, line 9)	2	300
3	Add lines 1 and 2	3	24806
4	Total subtraction adjustments (Form IT-558, line 18)	4	
5	Recomputed federal adjusted gross income. Subtract lines 4 from 3. Enter here and on Form IT-201, line 19a or Form IT-203, line 19a, <i>Federal amount</i> column.	5	24806

Line 19a New York State amount column worksheet

1	Federal adjusted gross income as reported (Form IT-203, line 19)	1	
2	NYS allocated amount of total additions (The sum of the entries from Form(s) IT-558, line 1 and line 5, column B)	2	
3	Add lines 1 and 2	3	
4	NYS allocated amount of total subtractions (The sum of the entries from Form(s) IT-558, line 10 and line 14, column B)	4	
5	Recomputed federal adjusted gross income. Subtract lines 4 from 3. Enter here and on Form IT-203, line 19a, <i>New York State amount</i> column.	5	

New York
Worksheet

New York City school tax credit (NYC residents only)

2020

(Keep for your records)

Name(s) as shown on return

Your social security number

SVETLANA NEWBERRY

Table 1 - Full-year New York City residents:
New York City school tax credit table

Filing status:	If your income (see below) is:	Your credit* is:
<ul style="list-style-type: none"> Single, filing status (1), or Married filing separate return, filing status (3), or Head of household, filing status (4) 	\$250,000 or less	\$ 63
<ul style="list-style-type: none"> Married filing joint return, filing status (2) Qualifying widow(er) filing status (5) 	\$250,000 or less	\$ 125

* The statutory credit amounts have been rounded.

Table 2 - Part-year New York City residents:
New York City school tax credit proration chart

Resident period (number of months)	If your income (see below) is \$250,000 or less, and	
	Your filing status is (1), (3) or (4), your credit* is:	Your filing status is (2) or (5), your credit* is:
1	\$ 5	10
2	10	21
3	16	31
4	21	42
5	26	52
6	31	63
7	36	73
8	42	83
9	47	94
10	52	104
11	57	115
12	63	125

* The statutory credit amounts have been rounded.

* **Income**, for purposes of determining your New York City school tax credit, means your recomputed federal AGI from Form IT-201, line 19a, (or IT-203, line 19a, Federal amount column), minus distributions from an individual retirement account and an individual retirement annuity from Form IT-201, line 9, if they were included in your recomputed federal AGI.

New York City school tax credit worksheet

- | | | |
|--|---|-----|
| 1. Full-year resident's credit from Table 1 above | 1 | 63. |
| 2. Part-year resident's allowable credit from Table 2 above | 2 | |
| 3. Add lines 1 and 2. This is your New York City school tax credit. Enter here and on Form IT-201, line 69. | 3 | 63. |

**New York
Worksheet****NYC School Tax Credit (Rate Reduction Amount) Worksheet:**

- Must be a NYC Full or Part Year Resident.
- Taxable income must not be more than \$500,000

2020

Name(s) as shown on return

Your social security number

SVETLANA NEWBERRY

Calculation of NYC school tax credit (rate reduction amount) for married filing jointly and qualifying widow(er)		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 21,600	.171% of taxable income
21,600	500,000	\$37 plus .228% of the excess over \$21,600

Calculation of NYC school tax credit (rate reduction amount) for single and married filing separately		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 12,000	.171% of taxable income
12,000	500,000	\$21 plus .228% of the excess over \$12,000

Calculation of NYC school tax credit (rate reduction amount) for head of household		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 14,400	.171% of taxable income
14,400	500,000	\$25 plus .228% of the excess over \$14,400

- 1 NYC Taxable Income, from IT-201, Line 47 (NYC full year resident),
or from IT-360.1 Line 47 (Part year NYC residents), or from NYC-1127, line 1 (NYC
full year employment) 1 14235.
- 2 If only one spouse was a full-year resident of NYC:
NYC Taxable Income of the full-year NYC resident spouse 2
- 3 Add lines 1 and 2 3 14235.
- 4 NYC School Tax Credit, rate reduction amount, include on Form IT-201, Line 69a
(Or Form IT-203, Line 60a), or NYC-1127, Schedule B, line A1 4 26.

NYWK_AGI	For your records only.		2020 AGI	
	Adjusted Gross Income Split Worksheet		FD/ST Summary	
Name(s) as shown on state return SVETLANA NEWBERRY			Social Security Number	

Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1			
2b Taxable interest	2b			
3b Ordinary dividends	3b			
4b Taxable amount of IRA distributions	4b			
5b Taxable amount of Pensions and annuities	5b			
6 Taxable amount of Social security benefits	6			
7 Capital gain or (loss)	7			
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3	29,088	29,088	
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5			
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income	8			
9 Add the amounts in each column for Federal 1040 Lines 1-7 and Schedule 1 lines 1-8. This is your total income	9	29,088	29,088	
Schedule 1 - Adjustments to Income				
10 Educator Expenses	10			
11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	11			
12 Health savings account deduction	12			
13 Moving expenses	13			
14 Deductible part of self-employment tax	14	2,055	2,055	
15 Self-employed SEP, SIMPLE, and qualified plans	15			
16 Self-employed health insurance deduction	16	2,227	2,227	
17 Penalty on early withdrawal of savings	17			
18a Alimony paid	18a			
19 IRA deduction	19			
20 Student loan interest deduction	20			
21 Tuition and fees	21			
22 Line 22 other adjustments	22			
Charitable Contributions (Standard Deduction Only)		300	300	
Add lines 10 through 22 plus Charitable Contributions		4,582	4,582	
Line 9 less Line 22. This is your AGI		24,506	24,506	

NYWK_A5	State / Local tax payments made after 12/31/2020 that will be deductible on 2021 Federal Schedule A	2020
Name(s) as shown on return SVETLANA NEWBERRY		Your Social Security Number
A. 2020 Income taxes due that were paid after 12/31/2020		
A1. 4th quarter estimate/extension (may be adj. by refund)		
A2. Amount paid with return		981
A3. Total payments made in 2021		A. 981
B. Adjustments made to payments		
B1. Interest & Penalty		37
B2. Contributions, Donations, Checkoffs		
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)		
B4. Total adjustments		B. 37
C. Total tax payments potentially deductible in 2021 (Line A less line B)		C. 944

NY-COMP	Three-year State Tax Return Comparison			2020																																																																																																				
Name(s) as shown on return SVETLANA NEWBERRY				Taxpayer ID Number																																																																																																				
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Fax: 720-362-5542

C-3

Quick Energy Solutions LLC: We plan to do \$2000 in business profit 2021

\$0 in expenses in Ohio 2021

Quick Energy Solutions LLC Net Income \$2000

Quick Energy Solutions LLC: We plan to do \$5000 in business profit 2022

\$0 in expenses in Ohio 2022

Quick Energy Solutions LLC Net Income \$5000

Quick Energy Solutions LLC: We plan to do \$7000 in business profit 2023

\$0 in expenses in Ohio 2023

Quick Energy Solutions LLC Net Income \$7000

Lana Newberry – Vice President

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