**Quick Energy Solutions LLC** 

Attached are C-2 & C-3

C-2
Quick Energy Solutions LLC: here are our last two
yrs tax returns (2019 & 2020)

10/20/2021 13:03 PM TO:16144660313 FROM:8773349597 Page: 3

2019

		ont of the Treasury-Internal Revenue Service Individual Income Ta)	(99) Return	2019	OMB No.	1545-007 <u>4</u>	IRS Use Only-Do	ned write or	stople in thi	is space.
Status	<u> </u>	Single Head of household (HOH)	🗍 Qual	ied filing jo ifying wido	w(er) (QW	)	Married filing	•	•	6)
Chack anty one		checked the MFS box, enter the				e HOH or	QW box, ent	er the ch	rild's	
oox. 		if the qualifying person is a ch		ir qebeuqer	<u>t. ▶</u>					
Your first name	and m	niddle initial	Last name				Y	our nocial a	ecurity nun	nber
SVETLANA		Post and add to take	NEWBERRY				<del></del>			–
ir joint retum, s	pouse.	s first name and middle initial	Last name				8	bonne a no	cial security	
		per and street). If you have a P.O. bo	x, see instructio	ons.			' lo		ni Election	Campaign
		AD BAY ROAD	<del></del>						to go to the fur	
		ce, state, and ZIP code. If you have	a foreign addre	ss, also comp	iete spaces o	ciaw (sec i	nemucions).   c	naciong a box u.ormanno.	below will not a	r
BROOKLYN,			Faraire			Familia			You	Spouse
Foreign country	/ nami	•	roreign pr	rovince/state/	Journey	Foreagr Z/As	#935##		n four depe check <u>he</u> re	
Standard			s a dependen		ur spouse a		deni 🔝			
Deduction _	[] S	pouse Itemizes on a separate r		vere a dual-	status alien	NAME.				
4	You:	: 🔲 Were born before Januar	y 2, 1955		blind 🏈					
Age/Blindness		use: 🔲 Was bom before Jani	uary 2, 1955	🔲 ls t	olind 🔏	in In		<u> </u>		<del></del>
Dependents	(see	instructions):	(2) Social soc	write number	(3) Relations		(4) check life	**	for (see in	vsL):
(1) First name		Last name	(2) GOOD SOC			N. V.	Child tax cre	edit Cr	edit for othe	r dependents
				or vás.	Rey	13. A. S.				<u> </u>
					VIII.					<u> </u>
			<del></del>	EX. 47	William .	1124			<u>—                                    </u>	{
				Villa		Exister 253		<del></del>		<u> </u>
	1	Wages, salaries, tips, etc. Atta	ch Form(s) W	/-2				. 4		
<u></u>	2a	Tex-exempt interest	28%		b Tax	ble intere	st	2b		
Standard	3a	Qualified dividends	38	<u></u> .	b Ordi	nary divid	ends	. 3b		
Deduction	4a	IRA distributions	. 4a		_ bo Taxa	ible amou	int ,	. 4b	ļ	
Gingle or Married fling separately,	С	Pensions and annuities	4c		di Taxa	ible amou	int	. 4d	<del> </del>	
\$12,200	5a	Social security benefits .	5a \		b Taxa	able amou	ınt	. 5b	ļ	
Manted filing	6	Capital gain or (loss). Attach	chedule Dif	required. If a	not required	, check he	ere▶[	] 6	, <del> </del> -	
Ouelityling widow(er),	7a	Other income from Schedule			• • • • • •	• • • • •	· · · · · · · ·	. 7a	<del> </del>	141,169
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b	)B, and 7a. T	his is your <b>t</b>	otal incom	•	, )	7b		141,169
household, \$18,350	8a	Adjustments to income from S			• • • • •	• • • • •		. 8a	<u> </u>	19,363
• If you checked	b	Subtract line 8a from line 7b.	This Is your a	djusted gro	ss income	1	<i>.</i>	<u>8b</u>		121,806
any box under Standard	9_	Standard deduction or item				9	12,2	00		
Deducitors, see trainctions.	10	Qualified business income deduct	on, Attach Form	n 6995 or Fon	m 8995-A	_ [10 ]	21,9		1	
	∫ 11a							. 11a	<del> </del>	34,121
	Ь	Taxable income. Subtract lin				ler -0-	<u> </u>	<u>. 116</u>	<u></u>	87,68
For Disclosure, EEA	Privac	y Act, and Peperwork Reduction Act	Notice, see sepa	rate instructio	ns.				Form 10	) <b>40</b> (2019)

Form 1040 (201	9)	SVETLANA NEWBERRY						Page 2
	12a	Tax (see instructions). Check if an	y from:					
		1 Form(s) 8814 2 Form 4	972 3 🗌		12a	15,21	<u>,</u>	
	b	Add Schedule 2, line 3, and line 12	a and enter th	ne total .		▶	12b	15,217
	13a	Child tax credit or credit for other d	ependents .		. 13a			
	b	Add Schedule 3, line 7, and line 13	•			•	13Ь	0
	14	Subtract line 13b from line 12b. If a					14	15,217
	15	Other taxes, including self-employe						19,947
	16	Add lines 14 and 15. This is your t					16	35,164
	17	Federal income tax withheld from				, ,	17	33,104
	18			id 1099 .				
If you have a qualifying	<u> </u>	Other payments and refundable or			188			
child, attach Sch. EIC.	<u>a</u>   .	Earned income credit (EIC)					-	
<ul> <li>If you have nontaxable</li> </ul>	b	Additional child tax credit. Attach S		સ્(	/18b	452 452	$\dashv$	
combat pay, see	C	American opportunity credit from F		echir.	18c	Y (A)	<u>.  </u>	
instructions.	] d	Schedule 3, line 14		No. of the last of	. 18d	2,6		
	e	Add lines 18a through 18d. These are you	total other payr	nedts and re	fundable credits	•	18e	2,660
	19	Add lines 17 and 18e. These are	our total pay	ments.		<u></u> ▶	19	2,660
Refund	20	If line 19 is more than line 16, subtract line	16 from Ilito 19.	This is the an	ount you overpaid	<b>i</b>	. 20	
	<b>21</b> a	Amount of line 20 you want refunded	to you. IFFOR	n 8888 is at	tached check he	ere 🕨 🗌	21a	
Direct deposit?	▶ b	Routing number		<b>≽∖c</b> Type:	Checking	Savings		
See instructions.	► d	Account number	<u> </u>		للللأ			
	22	Amount of line 20 you want applied to you	ur 2020 estimate	d tax	▶ 22			
Amount You Ow		Amount you owe. Subtract line 19 from li	ne 16. For details	on how to pa	ay, see instructions	³ ▶	23	32,525
100 00	24	Estimated tax penalty (see instruc			<b>▶</b> 24		21	
Third Party Designee	, 0	you want to allow enother person follow than you	r paid preparer) to d	iscuss this retu	m with the IRS? See	instructions.	[ X	Yes.Complete below.
(Other than		esigneo's		hone		ersonal ider	tification	No
Sign	Unde	me Premailies of perjuly, I declare that I have ex	aminod this rotum	and accomp	envino schedules a	umber (PIN) and stateme	nts and	to the best of
Here	mv k	nowledge and belief they are rue correct, a lich prepare that any knowledge.	nd complete. Dec	laration of pre	parer (other than t	axpayer) is	based o	n all information
		our signature	Date	Your occupa	ation			ent you an Identity PIN, enter it here
Joint return? See instructions.	182	187	10-12-2020			(B	e inst.)	
Keep a copy for your records.	S	oouse's signature. To loth return, both must sign.	Date	Spouse's oo	ccupation	10		ent your spouse an tection PIN, enter it hero
		hone no. 917-499-7875	Email address	1				Check if:
Paid		reparer's signature		ļ	Date 11-24-2020	PTIN P01234	203	Check if:  3rd Party Designer
Prepare	<u>P</u>	eparer's name DAVID A YELLOZ CE	PA			-202-08		Self-employed
Use Only		m's name DAY ACCOUNTANTS						
Firm's address ▶ 2016 92ND STREET  BROOKLYN, NY 11214 Firm's EIN ▶ 45-							m's EIN	► 45-3420085

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

2019

Attachment
Sequence No. 01

Name(a) shown on Form 1040 or 1040-SR SVETLANA MEMBERRY At any time during 2010, did you receive, unit, cond, exchange, or otherwise sequire any financial interact in any virtual currency? Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes b Date of original divorce or separation agreement (see Instructions) 141,169 Business income or (loss). Attach Schedule C . . . . . . . . . . . Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 7 Other Income, List type and amount ... 9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a 141,169 Part II Adjustments to Income 10 Educator expensos Certain business expenses of reservists, performing artists, and fee-basis government officials 12 12 Health savings account deduction. Attach Form 8889 13 13 Moving expenses for members of the Armed Forces, Attach Form 3903. 14 Deductible part of self-employment tax, Attach Schedule SE 14 9.974 15 Self-employed SEP, SIMPLE, and qualified plans . . 15 16 9,389 Self-employed health insurance deduction Penalty on early withdrawal of savings 17 c Date of original divorce or separation agreement (see instructions) IRA deduction...... 20 Student loan Interest deduction Tuition and fees. Attach Form 8917 . . . . Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, Ilno 8a 19,363 For Paperwork Reduction Act Notice see your tex return instructions. Schedule 1 (Form 1040 or 1040-SR) 2019 EEA

**SCHEDULE 2** 

(Form 1040 or 1040-SR)

**Additional Taxes** 

Page: 7

OMB No. 1545-0074

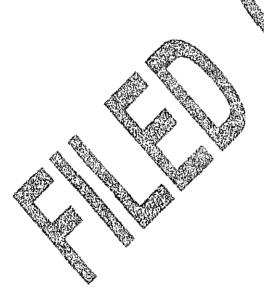
▶ Attach to Form 1040 or 1040-SR.

Intern	el Revenue Service • Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No.	02
Name	s) shown on Form 1040 or 1040-SR	Your so	ilal security numb	er
SV	etlana newberry			
Par	t i i Tax			
1	Alternative minimum tex. Attach Form 6251	1		
2	Excess advance premium tax credit repayment. Attach Form 8962	2	J	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3		0
Pai	t II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4		9,947
5	Unreported social security and Medicare tax from Form: a 4137 b 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	7	e l	
	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7	b	
8	Taxes from: a Form 8959 b Form 8960	[-		
	c Instructions; enter code(s)	8		_
9	Section 965 net tax (lability installment from Form 965-A	A.		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 ox 1040 SR	## F		
	lina 15	1	o_ :	19,947

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

EEA

Schedule 2 (Form 1040 or 1040-SR) 2019



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

### **Additional Credits and Payments**

2019

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040 or 1040-SR.

Attachment Sequence No. 03

Name(s)	shown on Form 1040 or 1040-SR	You	social	security number
SVE	TLANA HEWHERRY			<u></u> _
Part	Nonrefundable Credits			
1	Foreign tex 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	<del> </del>
4	Retirement savings contributions credit. Attach Form 8880		4	<del></del>
5	Residential energy credits. Attach Form 5695	[	_ 5	
6	Other credits from Form: a 3800 b 8801 c	_	6	
7	Add Ilnes 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 tex 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	V. •	11	<del></del>
12	Credit for federal tax on fuels. Attach Form 4136	i ig	12	<u> </u>
13	Credits from Form: a 2439 b Reserved c 8885 d	S.C	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d		14	2,660
For Pa	perwork Reduction Act Notice, see your tax return instructions.	tule 3	(Form	1040 or 1040-SR) 2019
EEA				

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

(Sole Proprietorship)

OMB No. 1545-0074 2019

Department of the Treasury

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

Interna	Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must fi								
Name	of proprietor	Social sec	curity number	(SSN)					
SVE	ILANA WEWBERRY								
A	Principal business or profession, including product or service (see instructions)	B Enter co	ede from Instruc	tions					
ENE	RGY BROKER	<b>→ 425120</b>							
C	Business name, If no separate business name, leave blank.	D Employe	r (D number (Ef	N) (see instr.)					
	VETLANA NEWBERRY								
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) X 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 of	no loscos		Yes No					
	If you started or acquired this business during 2019, check here,	Al IO2969	···ː [A	_ ies					
	175.5		··	Yes X No					
1	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)								
100	If "Yes," did you or will you file required Forms 1099?	CA.	• • • • • • • • • • • • • • • • • • • •	Yes No					
Pa	avi ha valdatiti	(%) (7)(d.		<del></del> -					
1	Gross receipts or sales. See Instructions for line 1 and check the box if this income was reported to you on	4 1 1 1 1 1 1							
_	Form W-2 and the "Statutory employee" box on that form was checked	2015		2,865					
2	Returns and allowances	. 2%							
3	Subtract line 2 from line 1		<b>y</b>	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 lax credit or fellund (see first uctions).	. 6		<del></del>					
7_	Gross income, Add lines 5 and 6	7		2,865					
Pa	rt II Expenses. Enter expenses for business use of your home only on line 30.								
8	Advertising	18		127					
9	Car and truck expenses (see 19 Pension and profit-sharing plans	19							
	instructions)								
10	Commissions and fees 10 a Vehicles; machinery, and equipment	. 20a							
11	Contract labor (see instructions) 11 b Other business property								
12	Depletion	<del></del>							
13	Depreciation and section 179 22 Supplies (not included in Part III)	<del></del>							
	expense deduction (not	<del></del>							
	Included in Part III) (see	· <del>  </del>							
14	instructions)	. 248							
1.7	(other than on line 19) 4 14 b Deductible meals (see	`   <del>  </del>		<del></del>					
15	Incurence (other than health)	. 245							
16	Interest (see instructions): 25 Utilities	——I		298					
	Mortgage (paid-to-banks, etc.) 16a 26 Wages (less employment credits)								
a		<b></b>		1,577					
b 4*		<del></del>							
17		+		3,862					
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28							
29	Tentative profit or (loss), Sulfafact line 28 from line 7	. 29		(997					
30	Expenses for business use of your home. Do not report these expenses elsewhere. Atlach Form 8829	1 1							
	unless using the simplified method (see Instructions).	1 1							
	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	1 !							
	Method Worksheet in the instructions to figure the amount to enter on line 30	30							
31	• • • • • • • • • • • • • • • • • • • •	}							
	• 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	31		(99					
	trusts, enter on Form 1041, line 3.								
	• If a loss, you must go to line 32.								
32	i i i i i i i i i i i i i i i i i i i		٦						
	<ul> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3, (or</li> </ul>	32a 🗵	All investr	ment is at risk,					
	Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line	32ь [	Some invi	estment is not					
	31 instructions). Estates and trusts, enter on Form 1041, line 3.	_	etrisk.						
	If you checked 32b, you must attach Form 6198. Your loss may be limited.	<u> </u>							

TD:16144660313	FROM: 8773349597

<u>ichedu</u>	e C (Form 1040 or 1040-SR) 2019 ENERGY BROKER 425120			Page 2
lame(s		SSN		
	ANA NEWBERRY		_	
Part		·	<del></del>	
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Coth	er (attach explane)	ion)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing it "Yes," attach explanation	-	. Yes	No 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			
39	Other costs	39		<del></del>
40	Add lines 35 through 39	40	<b>A</b> .	
41	Inventory at end of year	41	A.	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and chiling 4.			<u>"                                    </u>
Part	IV Information on Your Vehicle. Complete this part only if you are claiming and are not required to file Form 4562 for this business. See the instruction			
	file Form 4562.	aions for line i	2 to litin out i	ıı you musi
43	When did you place your vehicle in service for business purposes? (month, day, year)		<del></del>	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you use	ed your vehicle for	:	
a	Business	_		
45	Was your vehicle available for personal use during off-duly hours?		. Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		. Yes	☐ No
47a	Do you have evidence to support voils deduction?		_	☐ No
b	If "Yes," is the evidence written?		. Yes	No
Part	V Other Expenses List below business expenses not included on lines 8	-26 or line 30.		
LOC	AL TRANSPORTATION EXP			176
	EPHONE AND INTERNET			913
	PUTER EXP			176
				312
308	TWARE EXP			
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

2019

Depart	ment of the Treasury			•		ructions and the latest inform		Attachment
	Revenue Service (99)	▶ Attach to	Form 1040, 1	040-SR, 1040-NR,	<u>r 104</u>	1; partnorehips generally must	file Form	1065. Sequence No. 09
Name	of proprietor						Social s	scurity number (SSN)
SVE	TLANA NEWBERR	Y						
A	Principal business	or profession,	Including prod	uct or service (see in	structi	ons)	B Enter	code from instructions
ENE	RCY BROKERAGE	1					<u> </u>	425120
C	Business name. If	no separate bi	usiness namo,	teave blank.			D Emplo	yer ID number (EIN) (see instr.)
QUI	CK ENERGY SOL	OTIONS LL	.c			_	46-34	486931
E	Business address	(Including sulte	or room no.)	▶ 1524 SHEEP	SHEA	D BAY ROAD APT 11H		
	City, town or post of	office, state, an	d ZIP code	BROOKLYN,	NY 1	1235		
F	Accounting method:	(1) X	Cash (2)		(3)	Other (specify) >		
G	Did you materially	· · · <u></u>				?? If "No," see instructions for limit	on losse	s X Yes No
								▶ 🎁 💆
			•	•		1099? (see instructions)	à	Yes No
							A	
Pa				•			8- A	<del></del>
1		ales. See Instr	uctions for line	1 and check the box	if this	income was reported to you on		·
·								483,870
2						March 1997	2	
3	Subtract line 2 from						3	483,870
Ā							4	39370.0
5							5	483,870
6						id (see instructions) . 🐪	. 6	4037070
7					A43 - 642		7	483,870
_						home only on line 30.		463,070
8			8	Dusiness use of	YB		) 18	7,664
9	Car and truck expe		· · · · · · · · · · · · · · · · · · ·		– გადა	Pension and profit-sharing plans		7,004
9	•	=	9	00.054	1	Rent or Jease (see instructions):		<del> </del>
10	Instructions)		10	22,854		Vehicles, machinery, and equipmen	,	
11			11	V. J. Marie 180' 327	-	Other business property ,		30,780
12	Contract labor (see	•	12	Can The	-1			30,780
	Depletion		12 JUNE 17	AFF AND	21	Repairs and maintenance		3,702
13	Deprectation and a expense deduction				22	Supplies (not included in Part II	' <del> </del>	3,702
	included in Part III)		1.10		23	Taxes and licenses	23	<del></del>
	instructions)		13	21,06	7	Travel and meals:	945	14.053
14	Employee benefit p	20.55			a		. <u>24a</u>	14,963
	(other than on line	1143 X	14	TO ASSESS TO THE PARTY OF THE P	ન	Deductible meals (see	1	}
15	Insurance (other th		135	1,202	-	instructions)	24b	2 425
16	Interest (see instru				25		· -	3,435
a	Mortgage (paid to	panks, etc.) T	316a 33 A	edan.	26	Wages (loss employment credit	·	215 265
	Other		16b. V	9	т.	Other expenses (from line 48)	`   <del></del>	215,365
17	Legal and professi	27 20704	1741/4	8,781		Reserved for future use		226 167
28	=	76 No. 67				through 27a		336,167
29						sewhere, Attach Form 8829	·· -	147,703
30		*			ene er	Sewilere, Attach Fulli 6029		
	unless using the si	•		•	a)a.ı	r home:	}	
	· .	-		square footage of: (	a) you	. Use the Simplifie	<del></del>	
	and (b) the part of	•			line 2	<del></del> '	30	5,537
9.4			•	ne amount to enter of ~	i iiiie S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·   30	, , , , , , , , , , , , , , , , , , , ,
31		•			i 3	for Form 1040-MP line	.,	
				•		(or Form 1040-NR, line	1 24	142 166
			-	ça izle pox on IINê 1	seo II	nstructions), Estates and	31	142,166
	trusts, enter on Fo	-					1	
	• If a loss, you m	•			hia 1	is the top a inches of a col	4	
32	•			-		ivity (see instructions).	7 20-	All incompany to as well.
	•			•		r 1040-SR), line 3, (or	32a	All investment is at risk,
					ked th	e box on line 1, see the line	32b	Some investment is not
	31 instructions). E				_		1	et risk.
	■ If you shocked	1 2 2 h v/vv	at attach Earn	A 6108 Vour lose m	au bo i	miled	~	

Schedule	C (Form 1040 or 1040-SR) 2019 ENERGY BROKERAGE 425120			Page 2
verne(s)		N	<b>^</b> .	
	NA NEWBERRY			
Part II				
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach	explan	ation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	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	Invertiory at end of year	41		<u> </u>
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on the 4  V Information on Your Vehicle. Complete this part only if you are claiming care.	42 r tauc	k ovnenses o	line 0
Fait	and are not required to file Form 4562 for this business. See the instructions for			
	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 during 2019.	hicle fo	or:	
a	Business b-Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		Yes	∏ No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	☐ No
47 a	Do you have avidance to support your doduction?		<u> </u>	[] No
Part	If "Yes," is the dynderce written?			No
Fan	V Other Expenses: List below business expenses not included on lines 8-26 or li	116 20	). 	
Stat	ement #1			
				····
-				
48	Total other expenses. Enter here and on line 27a	48		215,36

Schedule SE (Form 1040 or 1040-SR) 2019	Attachment Sequence No. 17		Page <b>2</b>
Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)	Social security number of person		
SVETLANA NEWBERRY	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 inco	me, see instructions. Also see instruct	ions for th	9
definition of church employee Incomo.	·		
A If you are a minister, member of a religious order, or Christian Science practition	oner and you filed Form 4361, but you	hed	
\$400 or more of other net earnings from self-employment, check here and co			▶ □
1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule			
box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional metho		1a	
bill you received social security retirement or disability benefits, enter the amount	•		
Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (		1b (	)
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), bo	ox 14, code A (other 🚜		
than farming). Ministers and members of religious orders, see instructions for typ	oes of income to	1 1	
report on this line. See instructions for other income to report. Note: Skip this	#57#	1	
nonfarm optional method (see instructions)		2 ]_	141,169
3 Combine lines 1a, 1b, and 2		3	141,169
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter	amount from line 3	4a	130,370
Note: If line 4a is less than \$400 due to Conservation Reserve Program paym	nents on line 10 sec instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 1	7.600 No. 100	₹4b	
c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment	lent tax. Exception: 1/		
less than \$400 and you had church employee income, enter -0- and continu	<b>6</b>	4c	130,370
5a Enter your church employee income from Form W-2. See instructions form		} }	
definition of church employee income	50	] [	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0		5b	
6 Add lines 4c and 5b		6	130,370
7 Maximum amount of combined wages and self-employment earnings subject to	social security tax or	1 1	
the 6.2% portion of the 7.65% reliroad retirement (tiggs) tax for 2019		7	132,900
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)		1 1	
and railroad retirement (tier 1) compensation, If \$132,900 or more, skip lines	) )		
8b through 10, and go to line 11	<u>Ba</u>	-	
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)		١١	
A COMPANY WAS A STATE OF		8d	122 000
9 Subtract line 8d from line 7.1f 2ero or less, enter 10 here and on line 10 and go 10 Multiply the smaller of the 6 or line 9 by 12.4% (0.124)		10	132,900
11 Multiply line 6 by 2.8% (0.029)		11	16,166 3,781
12 Self-employment tax: Add lines, 10 and 11. Enter, here and on Schedule 2 (	Form 1040 or 1040-SR).	<del>  ''   -</del>	
		12	19,947
13 Deduction for analysis of early-employment tax			
Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (For	m		
1040 or 1040-SR), line 14, or Form 1048-NR, line 27	1 1	ì	
Part II Optional Methods To Figure Net Earnings (see instruct			
Farm Optional Method. You may use this method only if (a) your gross farm inc			
\$8,160, or (b) your net farm profits* were less than \$5,891.		1 1	
14 Maximum income for optional methods		14	5,440
15 Enter the smaller of: two-thirds (2/3) of gross farm income* (not less than zer	ro) or \$5,440. Also include	1 1	
this amount on line 4b above		15	
Nonfarm Optional Mothod. You may use this method only if (a) your net nonfarm			
and also less than 72.189% of your gross nonfarm income, and (b) you had not ea			
of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no me			
16 Subtract line 15 from line 14		16	<del></del> -
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than a	zero) <b>or</b> the amount on		
line 16. Also include this amount on line 4b above		17	
<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.	From Sch. C, line 31; and Sch. K-1 (Form 1)	165) hov 14	l code A

<sup>&</sup>lt;sup>2</sup> 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.

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

8829

Department of the Treasury

Internal Revenue Service

#### Expenses for Business Use of Your Home

► File only with Schedulo 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.

OMB No. 1545-0074

2019

Attachment Seguence No. 176

Nume(s) of proprietor(s) SVETLANA NEWBERRY 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) 116 2 Total area of home 2 1,108 3 10.47% For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. 5 If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760 hr. 6 Divide line 4 by line 5. Enter the result as a decimal amount . . . . . . . . . . . . 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 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) 147.703 See Instructions for columns (a) and (b) before completing lines 9-22. (a) Direct expense 10 Deductible mortgage interest (see instructions) . . . . . . 13 Multiply line 12, column (b), by line 7 . . . . . . . . . 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 <u>:</u> 17 17 Excess real estate taxos (see instructions) ¥18 19 19 52,888 20 Repairs and maintenance 21 22 Other expenses (see instructions) . . . . . 23 Add lines 16 through 22 . . . . 52,888 24 Multiply line 23, column (b) by line (1). 24 Multiply line 23, column (up ay mines)
25 Carryover of prior year operating expenses (see instructions) 5,537 26 Add line 23, column (a) line 24, and line 25

27 Allowable operating expenses. Enled the smaller of line 15 or line 26. 26 5,537 5,537 27 28 Limit on excess casualty losses and depreciation. Subtract line 27 from line 15..... 28 142,166 29 Excess casualty losses (see instructions) 32 33 Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32. . . . . . 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 Depreciation of Your Home 37 38 39 Basis of building. Subtract line 38 from line 37 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 . . . . . . . Carryover of Unallowed Expenses to 2020 44 Excess casualty losses and depreciation. Subtract line 33 from line 32, if less than zero, enter -0- . . . . . .

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

OMB No. 1545-0172

Department of the Treasury						Attachment							
	Revenue Service (99)	▶ Go	to www.irs.gov	/Form4562 f	for instructions and the latest Information.					s	Sequence No.179		
Nome(s	) shows on roturn	•			Business or a	activity to wh	dich thi	s form retales		Identify	ing number		
SVET	Lana Newberr					ion 17:	9 81	<u>ımmary</u>					
Par	Election	To Expense	Certain Pro	perty Und	er Section	on 179				•			
	Note: If	you have any li	isted property,	complete Pa	rt V befor	re you co	ompi	ete Part I.					
1	Maximum amount	(see instructions)								1	1,020,000		
2	Total cost of section	n 179 property pl	laced in service (	see instruction	rs)					2	18,559		
3	Threshold cost of s	section 179 prope	erty before reduct	ion in Ilmitatio	n (see instr	uctions).				3	2,550,000		
4	Reduction in limital	tion. Subtract line	3 from line 2. If a	ero or less, e	nter-0			<i></i> .		4	0		
5	Dollar limitation for										· · · · · · · · · · · · · · · · · · ·		
	separately, see ins	tructions	<i></i>					· · · · · ·	. <b></b> .	. 5	1,020,000		
6		(a) Description of pro			(b) Cost (b			(c) Elec		-			
S	tatement #2	, , , , , , , , , , , , , , , , , , ,	<del></del>			18,55	-		8,559	9			
	<u></u>	<del></del>	··		<del></del>		· · · · ·		VA.				
7	Listed property. Er	ter the amount for	om line 29				7	10000					
8	Total elected cost							A PRINT	48 F. V. 25 A	8	18,559		
9	Tentative deduction						/ / /	30.200		9	18,559		
10	Carryover of disall						10		V.	10	10,555		
11	Business income !		,			-277-77m	àcdin	San frem	intione	<b>P11</b>	159,728		
12	Section 179 exper					CONTRACTOR OF THE PARTY OF THE			ICIOIS	12	133,720		
13	Carryover of disall						- 1	193 V	• • • • •	12			
	Don't use Part II					#ESK		407 4105	Ō <sub>k</sub>				
Par		Depreciation					YD-	75.AL 7 11 aliin 1	olod ocoo	orbi For	hada atlana 1		
14									sted prop	erty. Set	HISUUCUOHS.]		
14	Special depreciation			-	acd biobsu	ty) pieced	uf S	HVICEV.					
	during the tax year						À	Article .		- 14	·- <u>-</u>		
3002								. 15	<del></del>				
16							-27	<u> </u>	· · · · ·	_ 16			
Par	t III MACR	S Depreciation	on (Dony)nc				rcuo	ns.)					
		<del></del>	No.		ection A				<del></del>		<del></del>		
17	MACRS deduction								• • • • •	. 17	<u> </u>		
18	If you are electing								_	I			
	asset accounts, ch										_ <del>-</del>		
	Sectio	n B - Assets P				Year Us	ing	the Genera	I Deprec	lation 5	ystem		
	(a) Classification of	moon.	(b) Month and year placed by	(c) Basis tord (business/rive		(d) Recov	ery	(a) Convention	(f) Method	d (a)	(g) Depreciation deduction		
	(4) 0/400/(44/00/10/10/10/10/10/10/10/10/10/10/10/10/	TA CA	service (	only, see ins		period	[`		(,,	(3)			
19a	3-year proporty	A VOLUME	h. "			<del></del> -	4						
<u> </u>	5-year properly	The Age		May .		L							
c	7-year property	K (2)	1 70.48	· ·_· - <del>-</del>		<b>├</b>							
₫	10-year property	A AAA Y					_			_			
	15-year property	No.				<u> </u>	_						
f	20-year property		. ***			<u> </u>					<u></u>		
9	25-year property	Vea				25 yr	s. ]		S/L				
h	Residential rental	100				27.5 y	rs.	MM	S/L				
	property					27.5 y	rs.	MM	S/L		<del>_</del> _		
i	Nonresidential rea	al .				39 yr	<u>s.</u>	MM	S/L		· <del>-</del> .		
	property		{ <u></u>			<u> </u>		MM	S/L				
	Section	C - Assets Pla	ced in Service	During 20	19 Tax Ye	ear Usin	g th	e Alternati	ve Depre	ciation S	System		
20a	Class life			<u> </u>					S/L				
_ b	12-year					12 yr	<b>5</b> .		S/L				
_ c	30-year					30 yr	s. ]	MM	S/L				
d	40-year					40 yr	_	ММ	S/L				
Pa		ary (See insti	ructions.)										
21	Listed property. E									21			
22	Total. Add amou			17. lines 19 e	nd 20 in cr	olumn (a)	and	line 21. Ente	-	_	·-		
	here and on the a									22			
23	For assets shown		•	•	•			1	<del></del>				
	portion of the bas			_	•		23		-				

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

	Internal Revenue Service (99) Go to www.irs.gov/Form4562 for instructions and the latest information.					nation.		Sequence No.179		
Name(s)	nuter no revorte					usiness or activity to which this form relates				yim number
SVET	LANA NEW	BERRY			SVET	LANA NEW	BERRY			_
Pari	Ele	ction To Expense	e Certain Pro	perty Und	er Section	on 179				_
	Not	e: If you have any l	isted property,	complete Pa	rt V befor	re you com	plete Part I.			
1	Maximum an	nount (see instructions)							1	_
2	Total cost of	section 179 property p	Naced in service (	see instruction	s)				2	
3	Threshold or	ost of section 179 prop	erty before reduct	ion in limitatio	n (see instr	uctions)	. <b></b> .		3	
4	Reduction in	Ilmitation. Subtract line	3 from line 2. If z	ero or less, o	ntor -0				4	
5	Dollar Ilmitati	lon for tax year. Subtre	ct line 4 from line	1. If zero or le	ss, onter -(	) If married	filing			
	separately, s	see instructions	<u> </u>			<u> </u>	<u></u>	<u> </u>	5	
6		(a) Decorption of pr			,	reiness irse mily		_		
							<u> </u>	1995		
			<u> </u>		<u> </u>		187	Wie		
7		rty. Enter the amount fi						<u> </u>		<del>  -</del>
8		d cost of section 179 pr						at which are	8	<del> </del>
9		eduction. Enter the sm				7	M-24	· · · · · · · · · · · · · · · · · · ·	9_	<u> </u>
10	-	f disallowed doduction					350 a 17 a	· · · · · · · · · · · · · · · · · · ·	10	<u> </u>
11		come limitation. Enter the						uctions	₹ <b>2<sup>9</sup>11</b>	<del></del>
12		expense deduction. Ad				n (inte 11 . The		<u>.</u>	12	854
13		f disallowed deduction				753	<b>413</b> 1922	\ <u> </u>		<u>L</u>
		Part II or Part III below					VOA V			<del></del>
Par		ecial Depreciatio						isted proper	rty. S∈	e instructions.)
14	-	reciation allowance for		•	0.2	ty) placed in	Service (1)			
	during the ta	ax year. See instruction	s					<i></i>	14	ļ. <u></u>
15	during the tax year. See instructions							15		
16		ciation (including ACR:					<u> </u>		16	<u> </u>
Par	tiii M	ACRS Depreciati	on (Don)t/ໂຄ້ຕ	ude listed p	roperty. 5	see instruct	ions.)			
		<u> </u>		``₹}\S	ection A					<del>-</del> .
17		ductions for assets plac	200 10 TO 10 TO 12	M 24.74 TILSE	7/1				17	<u>}</u>
18	If you are el	lecting to group any as	900 N/3/07	AD-7-2	31713					
			<u> </u>		- 12-7					
	<u> </u>	ection B - Assets I				Year Usin	g the Genera	al Deprecia	tion S	System
	(a) Classific	ation of property.	(b) Month and year placed in	(c) Bessi (dr.d (business/inve	epreciation stment use	(d) Recovery	(e) Convention	(f) Mathod	(0)	Depreciation deduction
			service	colly-see inst	tructions)	period		,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19a	3-year pro	and displaying		V Kita		<u> </u>	<del> </del>		+-	<del></del>
<u> </u>	5-year pro	4 1 - 2 2 2		- Da			<del> </del>	<del></del> -	┿-	
c	7-year pro	Table 4 and 1	a vociv				<del> </del>	<u> </u>	+-	
d	10-year pro	Street Laborator				+	<del> </del>		+	
- 6	15-year pro	10 3 A	1			<del> </del>	<del> </del>	1	┼	<del>_</del>
	20-yoar pro	Norich.	- ↓ 🏋			<del> </del>	<del> </del>		<del></del> -	<del></del>
- 9	25-year pro	Sene &		ļ <u>.</u>		25 yrs.		S/L	<del>- </del> -	<del></del>
h		rental 😘		<u> </u>		27.5 yrs.	MM	S/L	-	<del></del>
_	property	#-11	<del> </del>			27.5 yrs.	MM	S/L		
ł	Norresiden	tial real				39 yrs	MM_	S/L	+	<del>_</del>
	property		1	<u> </u>	10 Tau V		MM	S/L	-4:	Suntam .
		tion C - Assets Pla	icea in Service	During Zu	19 18X Y	ear Using 1	ne Alternau		ation	System
20a			4			40	· · · · · · · · · · · · · · · · · · ·	S/L_	+	
	12-year		<del> </del>			12 yrs.		S/L	+	
	<del></del>		<del> </del>	<del> </del>		30 yrs.	MM	S/L	-∤	
	40-year		<u></u>	L		40 yrs.	MM	S/L		<del>-</del>
		ummary (See inst		<del></del>				1 04	,	
21		orty. Enter amount from		47 1			نا ده مماالت	21	<u>'</u>	
22		amounts from line 12,	-					I .	,	
		n the appropriate lines	•	-			istructions	22	١	85
23		shown above and plac		•	-	1				
	portion of the	he basis attributable to	section 263A cos	<b>1</b> 5		2	:3			

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

2019

Form 4562 (2019)

▶ Attach to your tax return. Department of the Tressury Sequence No. 179 Internal Revenue Service 199 Go to www.irs.gov/Form4562 for Instructions and the latest information identifying number Rusiness or activity to which this form relates QUICK ENERGY SOLUTIONS SVETLANA NEWBERRY Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 3 4 Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-. If married filling (a) Description of proporty Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . . . 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See in **₽11** 11 12 17.705 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part Visco Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 2,571 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 767 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 (b) Month and year (c) Basis (bridepreciation (business/invostment use (d) Recover (a) Depreciation deduction (a) Classification of prop (f) Mathod (e) Convention 3-year property 5-year property 7-year property d 10-year property \_15-year property 20-year property 25 yrs. g 25-year property 27.5 yrs. S/L h Residential rental мм 27.5 yrs. SAL property ММ i Nonresidential real S/L MM S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Atternative Depreciation System S/L 20a Class life 12 yrs. S/L b 12-year 30 yrs. SA c 30-year 40 yrs. S/L d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 ....................... Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 21,063 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . For assets shown above and placed in service during the current year, enter the 

For Paperwork Reduction Act Notice, see separate instructions.

	n 4562 (2019) sy			obilos 4	nadain .	athar w	abialaa		- aimeas					. ——	Page 2
Pa		Property (Inc Iment, recreati				otner v	enicies,	certail	n aircran	, and <sub>P</sub> ,	opuity	uaeo IC	)î		
		or any vehicle i			•	s etmod	ard mile		un or do	duction	laaca	avnane/	. com	oloto es	b. 24a
		ımnş (a) throu										expense	a, comp	piete <b>o</b> n	ıy 24a
		epreciation a										ssenoer	auton	nobiles.)	
24n	Do you have oviden						K Yes	No				lance wri		X Yes	No
			(c)	· <u>-</u>		<u> </u>	(a)			1				(1)	
T;	(a) ype of property (list vehicles first)	(b) Date pleced in service	Business/ investment use		(d) other basis		sis for depr vainess/inv	estiment	Recovery period	Meth Conve	od/	(h) Deprecia doducă	ation	Elected sec	ction 179
25	Coccial dopmaiate	a allowanaa far	percentage	1			ان عداد	<del>**</del>	L				·		
	Special depreciation the tax year and us		•	• •	• •			•			25				
	Property used mor					. See III	STUCION	s	<u></u>	<del></del>	25	l		ــــــــــــــــــــــــــــــــــــــ	
_	17 MERCEDES	, . <del></del>	71.1%	11000 004	<u>.                                    </u>				T	Т —		Γ			
20.	7 7223023023	07-10 2017	%			<del></del>			<u> </u>	+	<u> </u>	<del></del> -			
			%			_				┪	rs G	<del> </del>		<del>                                     </del>	
27	Property used 50%	6 or less in a gre		SS LISO.					<u> </u>	ــــــــــــــــــــــــــــــــــــــ	17.6	L		·	
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	<del></del>		%		-				C. L.	SAL.	300	R3A		i	
2B	Add amounts in co	lumn (h) lines 2		Enter be	me and a	n line 2	1 nage	1	1	Party.	28	K.S.	<u> </u>	1	
	Add amounts in co								0.73	人為物		1	29	}	
_									/ehicles	E 12	<del></del>	1		<u> </u>	
Cor	mplete this section f	or vehicles used						1466 2	131 C PA	392000	Derson	If you or	habivo	vehides	
	our employees, firs													vernores	
<u>:-</u> ,	<u> </u>			{			y Zwy	<b>1</b>	(c)	(a)	<del>\$</del> \$7	(0		1 0	<u></u>
30	Total business/inv	estment miles dr	iven durina	Vehic	le 1	Ven	2	Veri	3	Venica	4	Vehic	-	Vehic	
30	the year (don't in		•	4	. 367	, V	A.A.							}	
31	Total commuting r	•	,		422		6 12 Ju	100				-		┼	
32	Total other person			~773			- Alin	1	236			<del>                                     </del>		<del>                                     </del>	
	miles driven	•		1	.35ì.		74	1				1			
33	Total miles driven		Add	200 A	0.9			1:26	· <u>· · · · · · · · · · · · · · · · · · </u>			<del> </del>		<del>                                     </del>	
	lines 30 through 3		A.	1	,140										
34	Was the vehicle a		onal 🐔	Yes		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
-	use during off-dut		100	X.	V.3.	750						<del>                                     </del>		<del> </del>	
35	Was the vehicle u	-	a more	2	1000	4500						1		<u> </u>	
	than 5% owner or		,	X	. ***		i		1					1	
36	is another vehicle	_ X38.3	sonal uso?	W.	A. Mary	¥.2			† ·					<u> </u>	
_		Section C - C			loyers	Who P	rovide	Vehic	les for l	se by	Their	Employ	ees	<del></del>	
An	swer these ques	tions to detern	aine iilyou n	neet an	except									es who a	aren't
mo	หุด than 5% owักั	ers or related t	ersons Se	elinsku	ctions.							·	•		
37	Do you maintain a	written policy st	atement that	prohibits	all perso	onal use	of vehic	des, incl	luding cor	nmuting,	DУ		•	Yes	No
	your employees?	1													
38	Do you maintain a	written Rollicy st	atemenithat	prohibits	persona	l use of	vehicles	, өхсөр	t commut	ng, by yo	our .				
	employees? See t	he instructions (c	r vehicles us	ed by co	rporate	officers,	director	6, or 1%	or more	owners .					
39	Do you treat all us	o of vehicles by	iemployees a	s person	al use?										
40	Do you provide m	ore than five veh	icles to your	employee	es, obtain	informa	etion from	m your e	mployees	about th	ı <b>t</b>				
	use of the vehicle	s, and retain the	Information r	eceived?	٠										
41	Do you meet the r	equirements con	cerning qualif	fied auto	mobile d	lemonstr	ation us	e? See	instruction	ns					
	Note: If your answ	wer to 37, 38, 39	, 40, or 41 is	Yes, d	on't con	plete S	ection B	for the	covered	rehicles.					
Р	art VI Amor	tization													
				(b)			(c)		(d		(4	p)		(1)	
	(a) Description o		Date and	neitesitre	t	Amortizabi		Į	Code se		Amorti perio		Amortize	tion for this	year
			1 60	gins 							percer				
42	Amortization of co	osts that begins o	turing your 20	)19 tax y	ear (soc	instructi	ons):								
_															
43	Amortization of co	osts that began b	efore your 20	19 tax ye	жаг							43			
<u>44</u>	Total. Add amou	nts in column (f)	See the inst	tructions	for wher	re to rep	ort	<u></u> .	<u></u> .	<u></u>	<u> </u>	44			
EE/	4								-				F	orm <b>456</b>	2 (2019

**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.

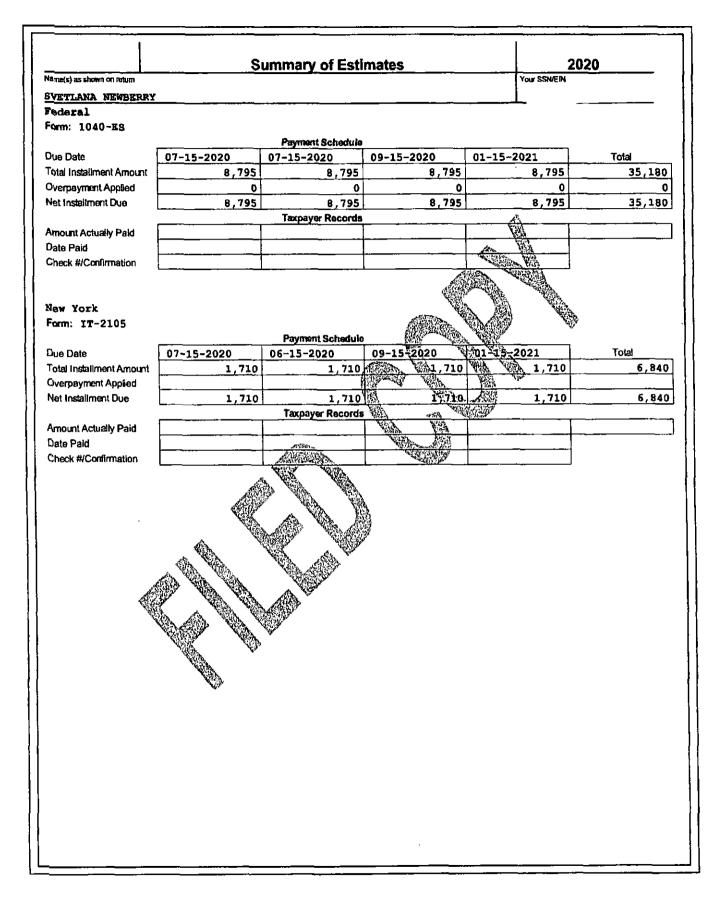
▶ If you are filing this form with your tax return, attach it to the front of the return.

OMB No. 1545-0074

meme	Revenue Service		<ul> <li>See separate</li> </ul>	instructions.			
		00 or less, you may be able to av			nt agreeme	ent online,	even if you
		a tax bill. Go to www.irs.gov/OPA	to apply for an O	nline Payment Agreement.			
Part							
_		(for example, Form 1040 or Form 941)	FORM 10	<del></del>			<del></del>
	ax year(s) or period(s) Your first name and initial	s) involved (for example, 2016 and 2017, or	January 1, 2017 to Ju	ine 30, 2017) ▶2019		us eacht eac	ratify number
14		<i>1</i> 20			1 "	MI SOCIET SOC	TOTA INITION
	SVETLANA If a joint return, spouse	s first name and initial	NEWBERRY Last name	<del></del>		muse's socie	l security number
	in to journ reason, especiation	d hine house of the sulfide	COSK (NO)THE		"	COSO S EXC.IA	recorny righted
	Current address (numb	er and street). If you have a P.O. box and no hom	e delivery enter your hox	ramber.	<del></del>	———	Apt. number
	•	KEAD BAY ROAD		THE HEAVE		}	11R
		, state, and ZIP code. If a foreign address, also co	mplete the spaces below	(see instructions).	43.0		
	BROOKLYN NY				\text{\tin}\text{\tint{\text{\tetx}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ticl{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texit{\text{\text{\tin}\text{\text{\text{\text{\text{\tex{\tex		
	Foreign country name			Foreign province/state/county	William !		Foreign postal code
			1		A 10 10 10 10 10 10 10 10 10 10 10 10 10	)	_
1b	If this address is n	new since you filed your last tax return,	check here	No. of the last of	y V		
2	·	(must no longer be operating)	<u></u>	ACD VAA	# Er	mplayer Identil	ication number (EIN)
					*	*	
3	<u> </u>			4 917-499-7875	 b.	12	2pm-6pm
	Your home p	phone number Best line	for us to call	Your work phone number	Ext		it time for us to call
5	Enter the total am	ount you owe as shown on your tax ret	um(s) (or notice(s))		(\$)	5	32,525
6	If you have any ac	tiditional balances due that aren't repor	ted on line 5, enter	the amount here (even it			
	the amounts are to	ncluded in an existing installment agree	ment)		<u> </u>	_6	
7	Add lines 5 and 6	and enter the result				7	32,525
8	Enter the amount	of any payment you're making with this	reguest. See instru	ctions		8	7,000
9	Amount owed. Su	obtract line 6 from line 7 and enter the fi	esulu 🧎 .			9	25,525
10	Divide the amount	t on line 9 by 72 and enter the result				10	355
11a	Enter the amount	you can pay each month. Make your p	ayment as large as	possible to limit interest			
		ges, as these charges will continue				1	
		nent agreement, this amount should rep	70.55				
		for all your liabilities. If no payment a					
		or you by dividing the balance due o				11a   9	5,000
b	If the amount on li	ine 11a ls less than the amount on line	10 and you re able	to increase your payment			
		t is equality of greater than the amoun				116 3	<u> </u>
	• If you can't inc	rease your payment on line 11b to man	e than or equal to th	e amount shown on line 10, check	k the box. Als	:O,	
	complete and atta	och Farm 433-F, Collection in Compation	Slatement				<i></i> . [
	If the amount of	on line 1 ta (or 11b if applicable) is mo	re than or equal to t	he amount on line 10 and the amo	unt you owe	is	
	over \$25,000 but	not more than \$50,000, then you don't	have to complete F	form 433-F. However, if you don't	complete Fo	m	
	433-F, then you n	nust complete either line 13 or 4.					
	<ul> <li>If the amount of</li> </ul>	on line 9 is greater than \$50,000, comp	lete and attach Form	n 433-F.			
12	Enter the date yo	ou want to make you payment each m	ionth. <b>Don't</b> enter a	dato later than the 28th		12	20
13	If you want to ma	ke your payments by direct debit from y	our checking accou	int, see the instructions and fill in li	ines 13a and		
	13b. This is the m	nost convenient way to make your payr	nents and it will ens	ure that they are made on time.			
► a	Routing number	PM 22 1 9 1 1 1 1					
► b	Account number	CC 818711270	1/348 1/9				
		Trousury and its designated Financial Ager					
		ints of my federal taxes owed, and the finan- ne U.S. Treasury Financial Agent to termina					
	1-800-829-1040 no	later than 14 business days prior to the pay	ment (settlement) dat	e. I also authorizo the financial instituti	ons involved in	the process	
_		of taxes to receive confidential information		•			
C		<b>(payers only,</b> If you're unable to make ion on lines 13a and 13b, check this bo				ונ	
			x and your disernee		on or you		
14	•	ko your payments by payroll deduction					· · · · · · · · · · · · · · · · · · ·
		paymone by payron deduction					1
Yours	ignature		Date	Spouse's signature, if a joint return, bot	h must algn.		Date
		·	<u> </u>				<u>L</u>

		age 2
Part		
Add	itional 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	e: If you owe rnore than \$50,000, complete and attach Form 433-F, Collection Information Statement.	
15	In which county is your primary residence? RINGS	
16a	Marital status:	
	Single. Skip question 16b and go to question 17.	
	Married. Go to question 18b.	
	<b>₫</b> s.	
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?	
18	How many people in your household are 65 or older?	
19	How often are you paid?	
	U Once a week.	
	Once avary two weeks.	
	Crice a morth.	
	Li Twice a month.	
20	What is your net income per pay period (take home pay)?	
20	20 3	
Not	le: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't	
	e a spouse, go to line 23.	
21	How often is your spouse paid?	
	Once a week.	
	Once every two waeks.	
	Once a morth.	
	Twice a morth	
22	What is your spouse's net income per pay period (take home pay)?	
23	How many vehicles do you own?	1
24	How many car payments do you have each month?	
25 0	Do you have health insurance?	
wa	X Yes. Go to question 25b.   No. Skip question 25b and go to question 26a.	
ь	Are your health insurance premiums deducted from your paycheck?	
_	Yes. Skip question 25c and go to question 26a.	
c	: How much are your monthly health insurance premiums?	819
26 a	Do you make court-ordored 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.	
C	How much are your court-ordered payments each month?	
27	Not including any court-ordered payments for child and dependent support, how much do you pay	
	for child or dependent care each month?	

		0040	
Name(s) as shown on tetum	ederal Supporting Statements	2019 Tax ® Number	PG01
SVETLANA NEWBERRY			
Schedule	C - Part V - Other Expens	ses St	atement #1
Description BANK CHARGES REPAIR EXP WASTE REMOVAL EXP SECURITY EXP TRAINING EXP SOFTWARE EXP MOVING EXP PARKING and TOLLS CLEANING and SUPPLIES FEES and LICENSES INTERNET EXP OFFICE WIRING EXP RECRUITING EXP TELEPHONE EXP POST and DELIVERY GIFT EXP PERMIT and FEES EXP BUSINEES MEETING EXP MARKETING EXP OUTSIDE LABOR EXP			Amount 275 674 791 1,021 1,433 1,811 1,853 2,296 2,331 2,393 2,582 2,716 4,307 7,264 9,276 9,936 11,609 15,542 48,932 88,323
Description of Property OFFICE EQUIPMENT OFFICE EQUIPMENT LEASE IMPROVEMENT - GEN OFFICE FURNITURES Total	Form 4562 Line 6  ERATOR	St	PG01 atement #2 ected Cost 854 8,462 5,945 3,298 18,559



#### **Estimated Tax Worksheet for Next Year**

2019 (Keep for your records) Name(s) as shown on rotum Tax ID Number SVETLANA NEWBERRY Interest and Dividend income 6. 7. 9. Adjusted gross income (subtract line 9 from line 8) 10. 11b. Standard deduction ....... 12. Taxable income (subtract the larger of line 11a or 11b from line 10) . . . . . . Estimated Section 199A deduction for qualified trade or business income 14. 15. Projected Tax..... 16. Atternative Minimum Tax 18c. Total projected credits.......... 19. 20. 21. 22. Other taxes
23a. Add lines 19 through 22 b. Earned income credit, additional child tax credit, fuel lax credit, retroremium tax credit, refundable American opportunity credit, and refundable credit from Form 8885 24a. Multiply line 23c by 90% (66 2/3% for farmers and fishermen) 24a. \_\_\_\_\_\_ 24a. \_\_\_\_ b. Required annual payment based on prior year's tax (see instructions) . . . . . . . . . 24b. 35,164 25. Projected Withholding Projected Net Tax (subtract line 25 from line 24c)

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.

10/20/2021 , 13:03 PM

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Page: 24

#### **Computation of Regular Tax**

(Keep for your records)

2019

Name(s) as shown on rotum

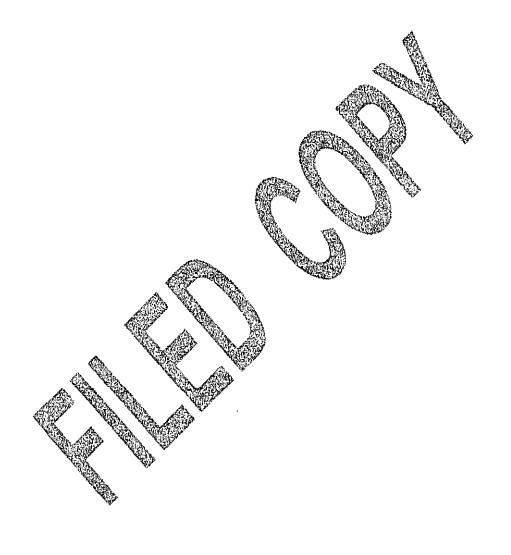
SVETLANA NEWBERRY

Statement for line 12a of Form 1040

Tax per Tax Table

15,217 \$

15,217 Tax computed using only available method



#### **Auto Expense Worksheet**

	(Keep for your records)	2019
Name(s) as shown on return		Tax ID Numbe

		(Keep for your recor	ds)	2019	
e(a) as shown on return				Tax ID Na	ımber
tlana newberry	<del> </del>	<del></del>	<del>,</del>		
ofession/Business					
IRGY BROKERAGE	/QUICK ENERGY SO	DEUTIONS LLC			
·	MERCEDES 400-E		····-		
Date placed in service	2017-07-10				
Alexandra af anti-	abiala was was for				
Number of miles your v				4 000	
		• • • • • • • • • • • • • • • • • • • •			
		· · · · · · · · · · · · · · · · · · ·		1,351	
TOTAL WINES DITTOR OF	ing sic year 1., 1	• • • • • • • • • • • • • • •		1351 0,140	
Business Use perce	ntane		4.5	71.12	
Dusiness Use per Car	nogo,		A. T. S.	AT AT THE	
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xpenses:		<b>-</b> .	Suit .		
.xp0.1000.		Tot	al Bu	entage	
Section 179				y y	
				<u> </u>	
•	• • • • • • • • • • • • •	-1.0		1	<del></del> -
,			<del>*************************************</del>	<del></del>	<del></del> -
•		<del>- k-/j</del>	1,078	71.12	7
Insurance				71,12	4,2
Licenses			7.1		
Oil ,		- 546.200			
Parking Fees		$A \sim \overline{}$		<del></del>	1,8
Rental Fees	· · · · · · · · · · · · · · · · · · ·				
Interest	مريكر بريكر.				
Personal Property Tax		· 105 · · 108 · · · 108 · · · · 108 · · · · · · · · · · · · · · · · · · ·			
Repairs	٠٠٠ بالمجانع لأ ٠٠٠٠ م	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	· · · · <u></u>		
Tires			, - ,		
Tolls	· · · · (& · · · · · ){	Z, X.Z		<u></u>	4-
Lease Add Back		، ، ، ، ، ، ، ، ﴿ وَ مِنْ كُمُو مِيرُونَ مِنْ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّه		<u></u>	<u> </u>
Other Expenses:	J/7//				
LEASE PMT			<u>.5,493</u>	· · · · ·	15,4
<del></del>		<del>//</del>	· · · ·	· · · · ·	
		<del></del>	· · · ·	· · · · ·	
Total Expenses	· / (/ · · · · / / / · ·	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	22,8
Chandrul Miles - Dat	o Calaulaska				
Standard Mileage Ret	1.	4 367 V050	0 533		2 5
		4,367 X 0.58			
		• • • • • • • • • • • • • • • • • • • •			
		· · · · · · · · · · · · · · · · · · ·			
Personal Property T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del> ····-		
Total Standard Mile			<del></del> ····-	· · · · ·	4,8
	· ····································				
How it is reported:					
How it is reported:	n				
Depreciation deduction					

Department of the Treasury

#### **Qualified Business Income Deduction Simplified Computation**

Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-0123

2019

Attachment Sequence No. 55

	ent of the Treasury  Revenue Service  ► Go to www.irs.gov/Form8995 for instructions and the I	atest information.		quence No. 55
	town on reben	Your bolpayer		
<u>Svetl</u>	ANA NEWBERRY	<del>_,</del> ,	-	
1	(a) Trade, business, or aggregation name	(b) Texpayer Ident-fication number		Qualified business ncome or (loss)
	Schedule C: SVETLANA NEWBERRY			(997)
_ []	Schedule C: QUICK ENERGY SOLUTIONS LLC	46-3486931		122,803
<u> 10</u>				
iv				
		VILLA TE	<del>5</del> 1	
2	Total qualified business income or (loss). Combine lines 1i through 1v,	2 121,806		
3	Column (c)  Qualified business net (loss) carryforward from the prior year	32 ( 221,806	- {	
4	Total qualified business income, Combine lines 2 and 3. If zero or less prior 0	4 121,806	j	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	441:A 121,000	5	24,361
6	Qualified REIT dividends and publicly traded partnership (PTP) income on (loss)			24,301
·	(see instructions)	6 0	- 1	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	<del>"   "  </del>	ļ	
,	year	7 (	- 1	
8	Total qualified REIT dividends and PTP Income Combine lines 6 and 7. If zero	<del> </del>	- 1	
•	or less, enter -0	8   o	. 1	
9			9	O
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10	24,361
11	Taxable income before qualified business pricarie deduction	11 109,606		
12	Net capital gain (see instructions)	1 12 1 0		
13	Subtract line 12 from line 11. If Zero or less, enter 0-	13 109,606		
14	Income limitation Multiply line 13 by 20% (0.20)		14	21,921
15	Qualified business income deduction. Poter the lesser of line 10 or line 14. Also enter this a	amount on	[	<del></del>
	the applicable line of your return		15	21,921
16	Total qualified business (loss) carryloward Combine lines 2 and 3. If greater than zero, en		16	( 0
17	Total qualified REIT dividends and PRE (loss) carryforward, Combine lines 6 and 7. If great			
	zero, enter -0-	<u></u>	17	( 0

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

Form 8995 (2019)

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

## **QBI Explanation Worksheet**

Form 1040

(Do not file. Keep for your records)

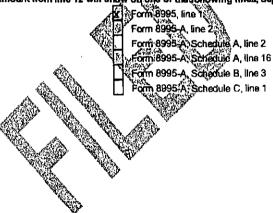
2019

Tax ID Number

SVETLANA NEWBERRY

Name of business activity	Schedule C	: QUICK EN	ERGY SOLUTIONS	3 LLC	<del></del>
				As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)		<i></i>		142,166	142,166
2. Rental Income (loss)					
3. Royalty Income (loss)					
4. Section 1231 gain (loss)				A	
5. Other income (loss)					
6. Section 179 deduction					
7. Charitable contributions				200	
8. Other deductions				APPLICATE THE PROPERTY.	
9. Deduction for half of SE tax				ANT CO. TO.	9,974
10. Self-employed health insurance d	eduction				9,389
11. Self-employed pension deduction			ALL CONTROL OF THE PARTY OF THE		<b>(P)</b>
12, QBI amount carried to Form 89	95 / 8995-A		A Partie		122,803
13. W-2 wages carried to Form 899	5 / 8995-A		F.F.		
14. UBIA of qualified property carri	ed to Form 899	5 / <b>8995-A</b>		W. W.	166,270
15. Section 199A REIT dividends			WENT AND		
16. 199(A)(g) deduction					
17. QBI allocable to cooperative pay				A. 14 (23 k.3336).	
18. W-2 wages allocable to cooperat			TO TANK	<b>A</b>	
-	•	or the same			

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



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 Jenuary 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 10 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 20% of AGI limitations (30% capital gains appraclated property) . . . . Taxable state and local refunds to Form 1040, line 10 . . . . . . . 10,701 State/local taxes paid in 2020 to flow to the Schedule A Expenses Office in home operating expenses . . . . . . Office in home excess casualty losses and depreciation . . . . . Disallowed investment interest expense 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 force sorial use Losses Reg. Tax Reg. Tax AMT Reg. Tax Excess business loss from Form 461 (becomes part of NOL next year) Reg. Tax Qualified REIT and PTP loss carryover . . . . . . Nonrecaptured net section 1231 tosses from WK\_1231C. Credits Mortgage interest credit . . . Credit for prior year minimum tax . . Foreign Tax credit...... District of Columbia first time home owner's credit/ Res. energy efficient property credit Other Preparer Fee . . . . Overpayment applied to next year's esti Estimated Tax Payment 1 Estimated Tax Payment 2 8,795 Estimated Tax Payment 3. 8,795 Federal tax liability for 2210 calculation 35,164 State tax liability for state 2210 calculation 11,011 IRA basis . . . . Spouse **Passive Activity** At Risk Limitations

Individual 2019 1040 **Diagnostic Summary** Carlel Constitu No Name(s) SVETLANA NEWBERRY Spouse SSN No. Spouse Mailing Address: Taxpayer 917-499-7875 Daytime Phone: 1524 SHEEPSHEAD BAY ROAD APT 11H BROOKLYN, NY 11235 Evening Phone: Cell Phone: TP email: Resident State: SP email: NY Date of Birth: Taxpayer Spouse Dependent Information: ("If more than 5 dependents see last page of summary) Date of Birth <u>Name</u> 24-2020 Preparer: DAVID A YELLOZ Invoice: Return Information Form Type: 1040 2018 Federal 2019 Item on Return (If available) **Federal** Filing Status Exemptions (suspended until tax year 2025) A/N A/N 13,149 Total income 141,169 12,220 AGI 121,806 Deductions 12,200 12,000 176 87,685 Taxable Income 19 15,217 Tax (before credits) 15,217 Tax (after credits) Tax Rate Percentage 10 24 233 EIÇ Additional CTC 9,871 Overpayment 9,871 Refund Refund Applied to ES 32,525 Balance Due 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)

	_ <del></del> ,	, -	<u>Taxable</u>		<u>Refund/</u>
T/S/J	State/City	<u>AGI</u>	<u>income</u>	Tax	(Batance Due)
T	NY201	119,235	111,235	11,011	(10,201)

## TAX RETURN COMPARISON 2017 / 2018 / 2019

2019

Name(s) as shown on return

SVETLANA NEWBERRY

Identifying number

	2017	2018	2019	Difference 2018-2019
Filling Status	Single	Single	Single	
Number of Exemptions	1	N/A	N/A	N/A
Number of Dependents	N/A			
Income				
Wages, salarios, tips, etc	1			
Taxable interest and dividends	<del></del>			
Taxable state and local refunds				<del></del>
Alimony				
Business Income (loss)	49,682	13,149	144,169	128,020
Gains (losses)	49,662	13,149	142,105	120,020
Pensions and IRA distributions	<del></del>			<del></del>
Rent and royalty income (loss)			153 153 153 153 153 153 153 153 153 153	
			And the second	<del></del>
Part, S-corps, trusts income (loss)			ALCOHOL: WARREN	
Fam income (loss)	· · · · · · · · · · · · · · · · · · ·	<u>~</u>	369 497 V	7.
Unemployment compensation		MANUAL CONTRACTOR	A A A A A A A A A A A A A A A A A A A	V.
Total SS benefits received		A CONTRACT		
Taxable SS benefits		N/2	TOTA STOR	
Other income (loss)		NOTE TO SEE	100 M 100 M	<del></del>
Total Income	49,682	13/149	VA 141, 169	128,020
Adjusted Gross Income				
Half of self-employment tax	3,510	929	5 Ber Bears be	9,045
IRA deduction		W. W.	" MANY	
Other adjustments		LON NO	9,389	9,389
Total Adjusted Gross Income	46,172	12,220	121,806	109,586
Deductions				
Medical deductions				
State and local taxes	SON VOL.	<u> </u>		
Interest		40A		<u> </u>
Contributions				
Employee business expenses	SHAFFE VON	<b>100</b>		
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	ANAS	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	<b>*</b>			
Self-employment tax	7,020	1,858	19,947	18,089
Other taxes	373	405	7	(405
Total Tax		2,282		
Payments			1	<u> </u>
Withholdings		1	i	!
Estimated tax payments	12,440	11,920	1,660	(10,260
Earned Income credit		233		(233
Other payments and credits			1,000	
Overpayment		9,871		(9,871
Overpayment Applied	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Refund	· · · · · · · · · · · · · · · · · · ·	9,871	<u> </u>	(9,871
Balance Due		1	32,525	
Marginal tax rate	•	10.00		
				,

			Return Summary or your records)	2019	
Our Name	<del></del>			Your social security run	mber
SVETLANA NE	EWBERRY				-
pouse's Name				Spouse's social security in	mber
Molling address			Apartment number	Daytime Phone #	
1524 SHEEP:	SHEAD BAY ROAD		11н	917-499-7	875
City State ZIp BROOKLYN N	Y 11235		Email		
New Y	ork State Income	Tax Return	Other New York and New	v York City Ret	urns
Form Filled	IT-201		Unincorporated Business Tax (N	YC-202)	
Filling Status	SINGLE		A TE	oxpayer Sp	Quse
NYS Residency	FULL-YEAR RES	IDENT	Taxable income		
NYC Residency	RESIDENT		Tex		
Yonkers Residency	NONRESIDENT	·	Credits	<del></del>	
			Estimate and extension payments		
Advanced Pave	nents Received		Amount due or -refund	<u> </u>	
Property tax freez		0.	Amount refunded	TEST -	
. representation		<u></u>	Overpayment applied	- VS	_
Income Adjust	ments and Deduction	q	Underpayment of estimates		
	gross income (FAGI)	121806.	Failure to pay penalty	<del></del>	
•	gross income (FAGI) S Calumn - IT-203 filers)	<u> </u>	Failure to the penalty	<del></del>	
Total additions		2571.	Late filing interest	<del></del>	
		5142.	Total balance due		
Total Subtractions		119235.	IOM DAIMING OUT	<del></del>	
New York AGI		119235.			
	NYS Col - IT-203 filers)	0000			
	tandard 🛛 deduction _	8000.	LLC and LEP Filling Fee		
	tions,		Form IT-204-LL, amount due		
Taxable income		101235	<u></u>		
	and the same of th	W. T			
MCTMT net earnin	ngs base 🎎	20	Nonresident Employee of the		
		A A BA A	City of New York (NYC 1127)		
Tax, Payments	•	W. W	Taxable income		
New York State t	ax	6825,	Tex		
Nonrefundable st	- Var	CONTRACTOR OF THE PARTY OF THE	Credits and withholdings		
Net other state ta	Les 🔑 📜 –	EXTENT.	Balance due		
Total NYS tax		<u> ∡6825.</u>	Refund		
New York City to		<u> </u>			
New York City no	orrefundable crodits				
MCTMT		<u>.                                      </u>			
		·	Miscellaneous Information		
Yorkers taxes	····_		Refundable Credits claimed		
Use tax and contr	ributions 🦫	0.	Empire State child credit (IT-213)		
Total tax and con	tributions	11011.	NYS/NYC Child Dep (IT-216)	·	
Total refundable	a credits , , , , ,	63.	NYS EIC (IT-215 or IT-209)	·—-	
	-		NYS noncustodial EIC (IT-209)		
Income tax within	eld		NYC EIC IT-215 or IT-209)		
Estimate and ext	ension payments	500.	Real property tax credit (IT-214)		
Total payments a	_	810.	College tultion credit (IT-272)	<del></del>	
Penalties and Int	_		NYC school tax credit (fixed amour	nt)	
		0.	NYC school tax credit (rate reduction		2
	oplied to next year	0.	NYC enhanced real property tax or		
	29 account deposit				
Amount refunde	_	0.			
Amount due		10201.			
ASIMULIA CILLE		TO # O T .			



Department of Taxation and Finance

# Resident Income Tax Return

IT-201 ≥

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ur first namo	<u>⊪rre</u> Mi			tions, Form IT-20		Your date of birth (minday)	y) Your S	odal Security number	
VETLANA		NEWBERRY							
ouse's first name	MI	Spouse's last name				Spouss's data of birth (mmc	dyyyy) Spausz	s's Social Security number	[ ]
	<u></u>	<u> </u>			1			<del></del>	┨ ┆
Ring address (see Instructions,	_		or PO box			Apartment number		ork State county of residence	۱ ۱
524 SHEEPSHEA y, village, or post office	<u>AD</u>	BAY ROAD	State ZIP code Country (if not Unite			I 1 H	KIN	I district name	┥,
ROOKLYN		<del></del> _	NY	11235	Country In the	Cinggo Bianes)		OKLYN	1
spayer's permenent home add	438 (\$1	e instructions, page			)A	partment number	Vi3		ָן יַ
							Code n	district	] ;
y, village, or post office			State	ZIP code	Decedent	Taxonyer's date of book	(punddyvyy)	Spouse's date of death (mmddyyyy)	,
			NY	Ļ <u>.</u>	information			L	<u>ן</u>
Filing (1) $X$	Single	•				have e linancial e		×2	7
status	on igic	-			foreign	country? (See page	42) %	Yes 📖 No 🍱	]
, ,,,,,	Иаптіє Солос	ed filing joint retu spouse's Social Se	II) Sudhesu					roar residents only:	, :
hard:		•	•	ilber acover		you receive a pro page 15)	perty textreller	Yes No	]
(3) 1 1	viarrii 'enter	ed filing separato spouse's Social Se	retum curity nu	nber above) 👸	CELL V	A WA	West of the second		
🗀		**			(2) En	er the amount	.0	<u> 0</u>	`
(4)	Head	of household (wi	th qualify	ing person) 🦞	D3 Were y	ou required to rep	ort, any nonqual	lified	
(5)	Duali	ving widow(er)			deferre	d compensation, a	s required by IR	RC § 457A 🗂 🔽	7
L		, - , ,		<del></del>	600	2019 Yederal rotu		y Yes 🗀 No 🗀	_
Did you itemize your or your 2019 federal income			. Yes	X 高震線		You of your spouse of the In NYC during		15) · · Yes No	╛
Can you be claimed a			A V		•	er the number of day		·	_ 7
on another taxpayer's f		•	Yès l	No X	• •	part of a day spent in h	•	<b>I</b>	╛
			Part of the last o			sidents and NYC			
ZAL BAZANA: NACATPONDAD BAGIN	<b>173</b> 1	<b>ለ</b> ቁቲያም ይጋን <del>ፋ</del> ሪው <u>ቪ</u> ኒ	Desir S	CANA BILLA ASI	3	n <b>ts only</b> (see page : Index of months you	-	019 12	7
	1				(1) (10)	noer or normals you	WCG (11 WT C) (17 Z.		 
	4		1		(2) Nu	mber of months your	spouse lived in I	NYC in 2019	
A	<b>3</b>				G Enter y	our 2-character s	pecial conditi	on	7
Dependent informa	∰" tion	(see 0,000 16)			code(s	) if applicable (see	poge 15)		ل
First name	<u>'</u>		i name	Relat	ionship	Social Sec	unity number	Date of birth (mmddyyyy)	٦
THOCHAGIN	<u> </u>		A new ins	T TOOLS		00014 000	anty maintabl	- Cost of Original (Miniady))))	7
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more than 7 depender	nts, n	nark an X in the	e box.						
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Dago	2 of 4 1T-201 (2019) Your Sockel Security number		
raye	2 of 4 IT-201 (2019) Your Social Security number		
	<u> </u>		
Fed	eral income and adjustments (see page 16)		Whole dollars only
			20
1 1	Vages, salaries, tips, etc.	-1	.00.
	Sexable Interest income	2	.00.
	Ordinary dividends	3	.00
	Exable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
	Nimony received	5 6	.00 141169 .00
	Business income or toss (submit a copy of federal Schedulo C, Form 1040)	7	.00
	Other gains or losses (submit a copy of federal Form 4797).	8	.00.
	Faxable amount of IRA distributions, If received as a beneficiary, mark an X in the box	A9	.00
	Faxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	ło l	.00.
	Rental real estate, royaltics, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	7	.00.
		- N	<u> </u>
12	Rental real estate included in line 11		
13	Farm Income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Inemployment compensation	14	.00
	Paxable 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
	Total federal adjustments to income (see page 16) Identify: SEE FORMANY FAGI	<u>.</u> 18	19363 .00
40		19	121806.00
15	Foderal adjusted gross income (subtract line 18 from line 17)	10	121800 .00
Nev	v 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 dishibutions (see page 7)	22	.00
23	Other (Form IT-225, lino 9)	23	2571 .00
24	Add lines 19 through 23	24	124377.00
Nev	v York subtractions (see page 18)	<b>-</b> un	20.5. 以45.5 气2.by点.2220 以4.2 元.ps 会有中国( ) )
		7 <b>.</b>	
26	Taxable refunds, credits, or offices of signifying the local income taxes (from \$6.5)		
27	Texable amount of Social Security banefits (from line 15)		
28	Interest income on U.S. government bonds	1	
	Pension and annuity income exclusion (see page 19) 29	1	
	New York's 529 college savings program deduction/earnings . 30		
31	Other (Form IT-225, line 18) 5142 .00	1_	·
32	Add lines 25 through 31	32	5142.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	119235 00
C.			
Sta	ndard 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: X Standard - or - Itemized	34	00.0008
25		35	111235 .00
	Subtract line 34 from line 33 (If line 34 is more than line 33, leave blank)	36	111233.00
JU	pebelingin eventhrions fenter the transport of debetroetits listen in 1600 to '986 bake 7 f	30	
37	Taxable income (subtract line 36 from line 35)	37	111235.00

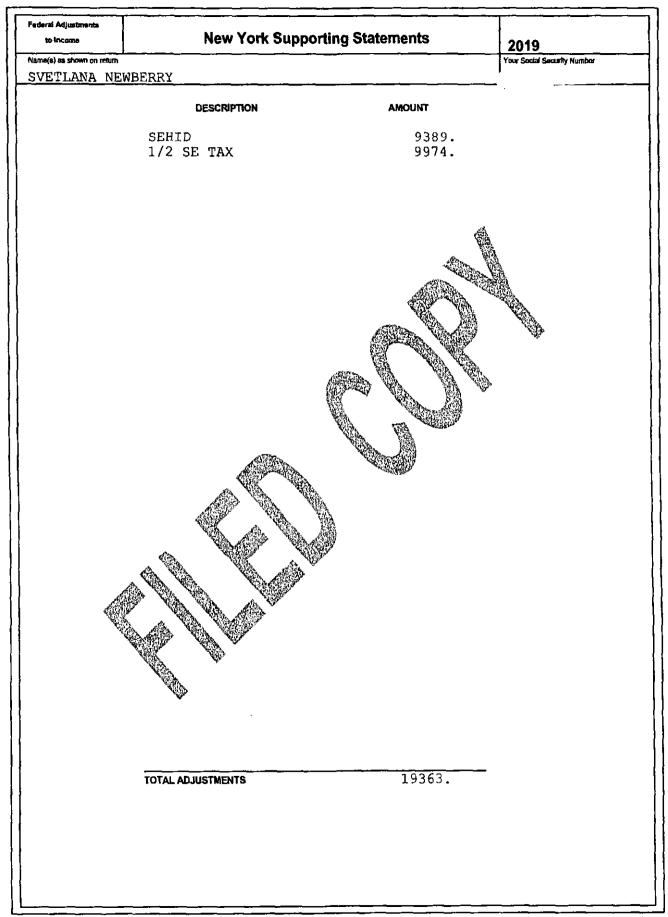


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Nan	no(s) as shown on page 1		Your Social Sec	aurity number	1		IT-201 (2019) Page 3 of 4
	ETLANA NEWBERRY	7					-
<u> </u>	- Later Transcalities		L <b>—</b>		_	ı	
Tax	computation, credits, and other taxes						
38	Taxable income (from line 37 on page 2)					38	111235 .00
30	NYS tax on line 38 amount (soe page 22)					39	6825.00
	NYS household credit (page 22, teble 1, 2, or 3)				.00		0020 .04
41	Resident credit (see page 23)				.00		
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)				.00	Ì	
	Add lines 40, 41, and 42	,				43	.00
							6005 **
	Subtract line 43 from line 39 (if line 43 is more than line 39, leave b					44	6825.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	• •		• • • •	<sub>-</sub>	45	.00
46	Total New York State taxes (add lines 44 and 45)		<i></i>		۶ ۴	46	6825 .00
				_	de la	To A	
	w York City and Yonkers taxes, credits, and surcharges,	and	MOINI		A COLUMN	ئىرىن قىدىن	<u>)</u>
47	NYC taxable income (see instructions)	47			1,235,.00		F
47a	NYC resident tax on line 47 amount (see page 23)	47a			4186 <u>00</u> 0	J	See instructions on pages 23 through 26 to
48	NYC household credit (page 23)	48		Ŋ.	<b>100</b>	J	compute New York City and
49	Subhact line 40 from line 47a (if line 48 is more than			Elian.	NO. MINE		Yonkers taxes, credits, and
	line 47e, leave blank)	49			4186500	l	surcharges, and MCTMT.
50	Part-year NYC resident tax (Form IT-360.1)	50	W.	<u>\</u>	COO COO	]	
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	THE WAY	MA.	00. 428	- Jung	
52	Add lines 49, 50, and 51	<u>52</u> ∮	Mrew O	V.	4186,00		<b>经决议会认为化合的对应实现生存的通</b> 用
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53					
54	Subtract line 53 from line 52 (if line 53 is more than		18 y				经政治的现在分词
	line 52, leave blank)	54		YEA	4186.00		WARDWARE WAS KIND OF THE STREET
54a	MCTMT net						
	earnings base 54a 200		460	reflective	· <u>·</u> ·	٦.	
	мстмт	54b			.00.	1	
55	Yonkers resident income tax surcharge (see page 28)	55			.00	_	
56	Yonkers nonresident earnings tax (Form 7-203)	36			.00	1	
57	water and the state of the stat	57.	<del></del>		.00.	+	
58	Total New York City and Yonkers taxes / surcharges and MCT	MI	add lines 54	and 54b t	hrough 57).	58	4186.00
		(Q)					<del></del>
59	Sales or use tax (see page 27; do not leeve line 59 blank).				• • • • • •	59	0.00
						<u></u>	
	Voluntary contributions (Form 7:227; Part 2, line 4)				• • • • • •	60	.00
61	Total New York State, New York City, Yorkers, and sales or us	e tax	es, MCTMT,	and		_	<u> </u>
	voluntary contributions (addings 46,58,50 and 60)					61	11011.00

	<b>≥</b>
	NO HANDWRITTEN ENTRIES, OTHER
	ENTRIES, OTH
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gs ]	SIGNATURE,
	SNATURE, ON THIS FORM

'age	4 of 4 IT-201 (2019)	Your Social Securi	ty number	∤ ,		<del></del>	~
62	Enter amount from line 61	<u></u>		ا ا	62	11011 .00	C
Pav	ments and refundable credits (see pages 2	8 through 31)					the same
	<del></del>	г			THE TAX BEAT AND A	NATURAL CONTRACTOR DESCRIPTION OF	
63	Empire State child credit	l-	63	.00,	M.C.		Þ
64	NYS/NYC child and dependent care credit		64	.00,		<b>经时间</b> 1000000000000000000000000000000000000	LANDYKIIIN
65	NYS earned income credit (EIC)		65	.00,			
66	NYS noncustodial parent ElC	-		.00.		以它们发现在的支撑化。[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	6
67	Real property tax credit	<u>.</u>	67	.00	1	<b>对保护现代核核协</b>	5
68	College fultion credit	[	68	.00,		的。 11 图 22 4 6 7 10 20 20 20 20 20 20 20 20 20 20 20 20 20	5
69	NYC school tex credit (fixed amount) (also complete	Fon page 1).	69	63.00	開印度小	(Ben DAVING A NYTHETHETHER HANDING IN HA	-
69a	NYC school tax credit (rate reduction amount)		69a	24700			-
70	NYC samed income credit		70	.00			
70a	NYC enhanced real property tax credit		70a	.00.	A		100
71	Other refundable credits (Form IT-201-ATT, line 18	,	71	.00.	£		П
′ ′	Ovidi Totalidadio di Calla Ji Dim 11-201-1111, mio 10	<i>"</i>	<del></del>			cable, complete Form(s) IT-2	
72	Total New York State tax withheld		72	<b>€7.80</b>	1.0	r IT-1099-R and submit them our return (see page 13).	-
73	Total New York City tax withheld	[	73	.00	Jr 26 16	, . <del>.</del> .	Π
74	Total Yonkers tax withheld	i i	74	AND 12 NO.	Do no	send federal Form W-2	
75	Total estimated tax payments and amount paid wit			\$ 500 00	MILL À	retum.	
. •			1	V. 1970			
76	Total payments (add lines 63 through 75)		· · · · · · · · · · · · · · · · · · ·		76	810.00	2
Va	r refund, amount you owe, and account in	formation /	(nan nagan 32 lba				-
			100	E TOTAL TOTAL			I
77	Amount overpaid (if line 76 is more than line 62,		Acres 15 Car	pago 32). 🏋 . 🦎	.77	.00.	C
76	Amount of fine 77 available for refund (subtract fit		100 May 201		78	.00	, <b>"</b>
78a	Amount of line 78 that you want to deposit into a NY	S 529 account	(Form 17 195, line 4)	(also support Form IT-195	78a	00.	
	The best and a real black from the contract of the	76 4	E W	A CONTRACTOR		20	\ <b>\</b>
78b	Total refund after NYS 529 account deposit (subtra				78b	.00.	_ mag
	ر dire	ct deposit to d	hecking or	paper	Dolum	ad Times deposit in the	
	Mark one refund choice: savi	ngs account (fil	li in line 83) 📆	check		d? Direct deposit is the st. fastest way to get your	100 M
79	Amount of line 77 that you want applied to your 2020			Zaldia.	refunc		
	estimated tax (see instructions)		79	.00,	}	•	ス
80	Amount you owe (if line 76 is less than line 62) su	ıbtnacı Jine 76 fi	rom line 62). To p	ay by electronic	Son p	age 33 for payment options.	·
	tunds withdrawal, mark an X in the book	and fill in line	es 83 and 84. If yo	ou pay by check		- Barta ta Paymont open	<del>مة</del> ا
	or money order you must complete Porm IT-20	1-V and mail it	with your return.		80	10201 .00	
04	Estimated tax penalty (include this amount in include	Section 18 and					
01	reduce the overpayment on ting 77; see page 3		BI	.00.		age 36 for the proper	100 100 100
82			82	.00.	38860	mbly of your return.	đ
	WINE THE STATE OF				,		_
83	Account information for direct deposit obelectronic	tunds withdray	vai (seo pago 34)	, , , , , , , , , , , , , , , , , , , ,	M1- 0-		Ç
	If the funds for your payment (or retund) would con		to) an account ou	iside (ne 0,5., mark an	A III (NE	S DOX (See pg. 34)- · · ·	6
	83a Account type X Personal checking	Pen	sonal savings -	or - Business c	hocking	-or - Business saving	9s 🚆
	The same of the same	<i>»</i> ·	J		_		4
	83b Routing number		3e Account numi				)
	TOOLING HEMOOF	~		•			
		D-1-	1012201	20	_, [	10201.00	_
- 84 	Electronic funds withdrawal (see page 34)	Date	1013202	20 Arnou		10201.00	
[	Third-party Print designed's name		Des	signee's phono numbor		Personal Identification	
de	Signed? (see instr.)		I			number (PIN)	F
Ye	s No X Email:					<del></del> 1	1 4
			-	7 (	==		₹ ~
▼	Paid preparer must complete   Preparer's NYTPR (See instructions)		YTPRIN zd.code   0   3	▼ Taxp	ayer(s)	must sign here 🔻	(
Pres	orer's signature Preparer's priv		1 1	Your signature			
Ľ		YELLOZ CH	PA	ا ا ا ــــــــــــــــــــــــــــــــ			
	's name (or yours, if self-employed)	Preparer's PTIN		Your occupation			۱ ۹
	ACCOUNTANTS	<del></del>	34203			Of he lad note:	┥╹
20	888 82ND STREET	Employer identifi 45342	ication number 20085	Spouse's signature and o	ocobanion (	u pun t <b>oisuti</b> j	1:
,			zooso	Date		Daytimo phane number	7
BR	OOKLYN NY 11214		10122020	<u> </u>		917 499 7875	」 `
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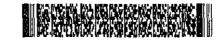
Department of Taxation and Finance

## New York State Modifications Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

Name(s) as shown on rotum	Identitying number as shown on rotum
SVETLANA NEWBERRY	
Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form w	rith Form Π-201, Π-203, 11-204, or IT-205.
Mark an X in the box identifying the return you are filing: IT-201 X IT-203	2
Schedule A - New York State additions (enter whole dollars only)	
Part 1 - Individuals, partnerships, and estates or trusts	
1 New York State additions	
Number	200 (200 (200 (200 (200 (200 (200 (200
19 A-  1 .00	<u> </u>
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 it eny	3
A solution of the solution of	
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	
A COLUMN TO A COLU	cated amount
5a     EA -             5b     EA -             5c     EA -             5d     EA -             5e     EA -             5f     EA -             5g     EA -	.00 .00 .00 .00 .00 .00
6 Total (add column A, lines 5a through 5g)	
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-225, if any	
8 Add lines 6 and 7	8
9 Total additions (add lines 4 and 8; see instructions)	
9 Total additions (add lines 4 and 8; see instructions)	(continued)





#### Schedule B - New York State subtractions (enter whole dollars only)

#### Part 1 - Individuals, partnerships, and estates or trusts

10 New York State subtractions

	Nur	Number					
10a	<b>s</b> -2	$11 \overline{3}$					
10b	S-	1 1					
10c	s-	<u> </u>					
10d	3-	L					
10e	8-1	<u> </u>					
10f	S-	<u> </u>					
10g	8-1	1 1_					

A - Total amount		
	5142.00	
	.00	
	.00	
	.00	
	.00.	
	.00.	
<u> </u>	.00	

B - NYS allocated amount	
	.00
	,00
	.00
	.00
	.00
	.00
	ກກຸ້

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

5142.00

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

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

13 Add lines 11 and 12 .

	Number			
14a	ES-			
14b	ES-			
14c	ES-			
14di	ES-			
14e	ES-			
141	ES-111			
14g	ES-			

	A - 10001 BITH	ount _acco	Mar.	f
		1	<b>4.00</b>	
	٠	VARY	.00	<u> </u>
	139	A Victor	.00	William .
	a Fine	N. A.	₹00	1.14
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	100	A DEF	.ŏŏ.	h 2003
(E)	A. Garage		.00	

Total amount

	B - NXS/allocated/amount	{
		.00
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e.	ii.	.00
	THE STATE OF THE S	.00
	J.A.	.00
h.	200 J	.00
'n,	27.5	.00

15 Total (add column A, lines 148 through 14g) .

16 Total of Schedule B, Part 2, column A amount

15 .00 16 .00

17 Add lines 15 and 16

.00

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

5142.00





NO HANDWRIT



Department of Taxation and Finance

IT-398

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

Jse ti	his form or	ly for property	placed in s	service insid	ie or outside Ne	W TOTA	SIBIL	anter May	31, 2003.	·		
Namo	(6) as shown	on return								Identifyina mu	mher as shown on ref	um
SVI	TLANA	NEWBERR'	Y									_
Vark :	an Yin ope	how to show the	e Income tav	r nehiro voir a	re filing and subr	nit this	form s	with that re	tum.			
r.	a., ,, p. 0110	_		, icimir kon e	ming and subi		,-51 111			_		
T-201	I, Resident	X n	T-203, Norre	sident and pa	ırt-year resident	$\sqcup$	_	IT-204, P	artnership	Ц	IT-205, Fiduciary	Ц
Part '	New Y	ciation informat ork liberty zone ing after May 3	property o	described in	IRC section 14	ection 00L(b)	168(k (2)) pl	) property laced in se	(except to	resurgence e or outside l	zone property ar New York State,	ıd
		Α		В	С		D	E		FILE	G	
		ription of property itional sheet if neod	icd)	Date placed in service (mmddyyyy)	Deprociable basis		Солу.	Method		W York on deduction	Federal depreciation	on
LEA	ASE IM	PROVEMEN	T_	04032017	257	00.01	ΗY	SL 🐃		5142200	257	1.00
						.00	1	The Name of Street, St		(00)		.00
	·					.00				.00		.00
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					ſ		Jan V	**************************************		). F1 40	0.5.2	1 00
1	Enter colum	nn Fand column	G totals .	· · · · · ·		eleA eleA	φ	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> 중앙</u> '	5142 .00	257	1.00
	1			F	_ <del></del> _	\$(2) \$2.15		- 4-2-3		- C 4=4=1 4= -	<del></del>	
	F		the column		-d antas	1970s	1°			o G total to: unt column and	dontos	
	1	m IT-225, line 10 traction modifica	-			`\.	740×	7.7.34		the <i>Number</i> co		
	Sub	traction modifica	10011 3-213 II	TUIB INVITUBLE	Column.		THE STATE OF THE PARTY OF THE P	Thropalcane	41 74-203 BI	ule Muliper Co	idilli.	
		<del></del>			9						<del></del>	
Mark	zone p May 3 an X In the	of-disposition a property descri 1, 2003 (see in box if you claim	bed in IRC estructions)	section 140	)0∐(b)(2)) place	in sei	vice i	nside of ou	ıtside New	York State,	New York liberty beginning after	
	elow (see in:	structions)					nt Cred	or, for any p	· · · · · ·	· · · · · · · ·		
	<del></del>	Structions)			Date of disposition		C Mothod	of		) ew York	E Total federal depreciation deduc	tion
	<del></del>	A A Description of program			B Date of		C Mothod	of	E Total N	ew York		
	<del></del>	A A Description of program			B Date of		C Mothod	of	E Total N	o York well work of deduction		.00
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2	(usa	Description of grown additional street if	needad		B Date of		C Mothod	of	E Total N	overwise of the control of the contr		.00
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2 3 4	(use Enter colu	Description of given additional street if	needad) n E totale .		B Date of		C Mothod	l of ion	E Total N	onew York lew York le		.00 .00 .00 .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 AGI of more than \$107,650 -Single and married filing separately

**New York State Tax** 2019 **Computation Worksheet** (Keep for your records) 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 (T-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, thon 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 111235.00 2. Enter your taxable income from Form IT-201, line 38 or IT-203, line 37 . . . . . 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 7219.00 6706.00 4. Enter your New York State tax on the line 2 amount from the New York State tax rate schedule 513.00 <u> 11585.00</u> 7. Divide line 6 by \$50,000 and round the result to the fourth decimal place # 9. Add lines 4 and 8. Enter here and on Form IT-201, line 39 or Form IT-203, line 38. Tax computation worksheet 6 1. Enter your New York AGI from Form IT-201, line 33 of IT-203 line 32 2. Enter your taxable income from Form IT-201, line 38 conform IT-203, line 37 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) 4. Enter your New York State tax on the line amount from the New York State tax rate schedule . . . . . . . . . . Subtract line 4 from line 3 6. Enter \$513 on line 6 . . 7. Subtract line 6 from line 5 🐇 Enter the excess of line@lov 9. Divide line 8 by \$50 000 and round the result to the fourth-decimal place 10. Multiply line 7 by line 9 . . Tax computation worksheet 7 1. Enter your New York AGI from Form 7-201, line 33 or IT-203, line 32 2. Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 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 5. Subtract line 4 from line 3 ...... 6. If line 2 is \$215,400 or lose, enter \$513 on line 6. If line 2 is more than \$215,400, enter \$1,288 on line 6 . . . . . . 

9. Divide line 8 by \$50,000 and round the result to the fourth decimal place ......... 

New	York
Worl	ksheet

#### New York City school tax credit (NYC residents only)

(Keep for your records)

2019

Name(s) as shown on return

SVETLANA NEWBERRY

Your social security number

	w York City residents: lool tax credit table		
Filing status:	(see below) is:	Your credit is:	
<ul> <li>Single, filing status (1), or</li> <li>Merried filing soperate return, filing status (3), or</li> <li>Head of household, filing status (4)</li> </ul>	\$ 250,000 or less	\$63	
Married filing joint rotum, filing status (2), or     Qualifying widow(er) with dependent child filing status (5)	\$ 250,000 or less	5.125	

		MARKET NEWS
	Table 2 - Part-year New Yo New York City school tax cre	rk City residents: da proration chart
Resident period	If your income (see below	7) is \$250,000 or less and
(number of months)	Your filing status is (1), (3)	Your filling status is (2)
	or (4), your credit is:	or (5) your credit is:
2		21 31
4.5	21 26	42 52
6 7	31 36	63 73
9	42	83 94 104
10 11 12	67 63	115 125
N WOOM		<u> </u>

\*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.

<del> </del>	New York City school tax credit worksheet		
1.	Full-year resident's credit from Table 1 above	1	63.
2.	Part-year residents 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

Name(s) as shown on return

SVETLANA NEWBERRY

2019
Your social security manber

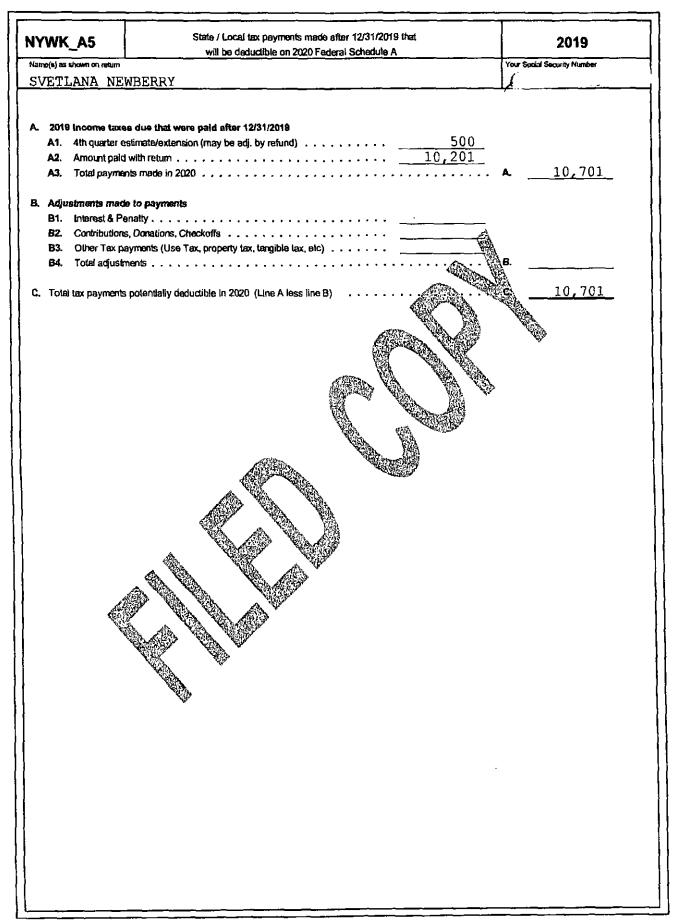
Calculation of NYC school tax credit (rate reduction amount) for married filing jointly and qualifying widow(er)						
If city taxable income is:						
over but not over		but not over	The credit is:			
\$	0	\$ 21,600	.171% of taxable income			
21,600 50		500,000	\$ 37 plus .228% of the excess over \$21,600			

#### Calculation of NYC school tax credit (rate reduction amount) for single and married filling separately

If city	taxa	ble income is:		
over		but not over	The credit is:	<u>A Ma</u>
\$	0	\$ 12,000	.171% of taxable inc	The significance
12,	000	500,000	\$21 plus .228% of the excess	s-over 512.00
			1	AN EN

		es to	FA	My.	
(1	Calculation rate reduction	n of NYC school amount) for hea	tax cred d of hous	it ehold	
	able income is:		and the		3
over	but not over	The credit is.	E.A.	211/0-	
\$ 0	\$ 14,400	.17426	of taxable	income	1
14,400	500,000	\$25 plus 228%	bribe exc	ess over \$	14,400

1	NYC Taxable Income, from 17,201, Line 47 (NYC full year resident).	
	or from IT-360.1 Line 47 (Part year NYC residents), or from NYC-1227, line 1 (NYC	111025
	full year employment)	111233,
2	If only one apoune was a full-year resident of NYC:	
	NYC Telupole Income of the full-year NYC resident spouse	
3	Add lines 1 and 2	111233.
4	NYC School Tax Credit, rate reduction amount, include on Form IT-201, Line 69a	0.43
	(Or Form IT 203, Line 60a), or NYC-1127, Schedule B, Ilne A1	247.



NY-COMP	Three-year State Tax Return Comparison	2019
Name(s) as shown on t	muter (muter	Taxpaver ID Number
SVETLANA NEW	BERRY	

[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	1114, 235	109,586
State (ncome Tax	4,673	62	11/2011	10,949
Local Taxes	1,803	41	471.86	4,145
Use Tax			1000	
Contributions			ARMIN WIRE	
Income Tax Withheld		<u> </u>	gran va	
Estimates and Extension payments ,		2,880	物 500%	
Underpayment Penalty				
Overpayment Applied to Next Year		(1)	y feet	
Refund		2,1921	(1) (1)	(2,921
Balance Due	4,503	ASSESS VAN	10,201	10,201
Marginal tax rate	0.064500	4 000000	\$6\ 490000	2,490000
Effective lax cate	9 390000	3.760000	9190000	6.140000

2020

Filling Status	1040		ment of the Treasury-Internal Revenue Servic . Individual Income Tax		202	)   01	AB No. 1545	-0074	IRS Use Only-D	o noi write	or stuple in	this space.
Second Second Standard   Sec	Check only	II you	checked the MFS box, enter the n	erme of your spou	-	_	_		—			
Spouse's social security number   Spouse	Your first name a	and mid	dio initial	Last name					Y	our soci	al security	y number
Spouse's social security number   Spouse	SVETLANA			MEMBERRY								
118   Check hero if you, or your spouse of this you have a foreign address, also complete spaces below.   State   ZP code		ouse's i	first neme and middle initial	<del></del>					s	pouse's	social sec	curity number
State   Provided   P	Home address (i	number	and street). If you have a P.O. box, see	instructions.		·		Ap	t.no. p	resident	izi Electic	n Campaign
City, town, or past office. If you have a foreign address, also complete spaces below.    Size   MY   112.35	'		• •					1	Į.			• •
BROOKLYN  Foreign country name  Foreign province/state/country Foreign country name  Foreign province/state/country Foreign country name  Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign country name  At any time during 2020, dbl you receive, sell, send, exchange, or otherwise acquire any financial intenses in any strottal climency?  Yes No  Standard Deduction  Spouse literates on a separate return or you were a dual-status alien  Age/Blindness You: Were born before January 2, 1956 Are billind Spouse: (2) Social decisity (3) First name (4) First name (4) First name (5) First name (5) First name (6) First name (7) First name (8) Last name (8) Last name (9) First name (10) First name (11) Wages, saleries, tips, etc. Attach Form(s) W-2  Attach Sch. B. if Sch.				mpleto spaçes belo	w.	State		<del></del>	, 6	ocuso if f	iling jointly	want \$3
Foreign country name    Foreign province/state/country   Foreign p						N	Y	1123				
At any time during 2000, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any various correctly. No  Standard  Someone can ctaim:		name	<del> </del>	Foreign p	rovince/state/		-	Foreign	3.5%			J. 1. 3
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interests in any artical carrency?    Yes   No				1		•		15%		i	T You	Spouse
Standard Deduction  Spouse Itemizes on a separate return or you were a dual-status after  Spouse Itemizes on a separate return or you were a dual-status after  Spouse Itemizes on a separate return or you were a dual-status after  Spouse Itemizes on a separate return or you were a dual-status after  Spouse Itemizes on a separate return or you were a dual-status after  Spouse Itemizes on a separate return or you were a dual-status after  Spouse Itemizes Itemiz			<del></del>					CONTRACTOR OF THE PARTY OF THE	, Va			
Defluction Spouse lemizes on a separate return or you were a dual-status after  Age/Blindness You: Were born before January 2, 1956 Are billed Spouse; S. Was born before January 2, 1956 Is billed  Dependents (see instructions):  (I) Eirst name Last name  (I) First name  (I) Credit for other dependents  (I) Credit for other dependents  (I) First name  (I) Credit for other dependents  (I) Credit for other dependents  (I) First name  (I) Credit for other dependents							يدوا وذكار احد	191/1	tical Chinency	?	Yes	X No
Age/Blindness You: Were born before January 2, 1956 Are blind Spouse; Was born before January 2, 1956 Is blind  Dependents (see instructions):  (if) First name Last name  (if) First n					•		pendent 4					
Dependents (see instructions):  If more that name (1) First name (1) East name (2) Social security (3) Relationship (3) Child Lax crodit (3) Check if qualifies for (see instructions):  If more that name (1) First name (1) East	Deduction		Spouse Itemizes on a separate retu	ım or you were a	dual-status	<u>elien</u>	A STATE OF THE PARTY OF THE PAR	Y	- 4			
Dependents   (see instructions):   (2) Social sectify   (3) Teleationship   (4) Check if qualifies for (see instructions):   (3) First name   Last name   (2) Social sectify   (3) Teleationship   (4) Check if qualifies for (see instructions):   Child tax credit   Check for order dependents   Check for or	Age/B!indness	You:	☐ Were born before January 2,	1956 🖺 Are b	lind Sp	OUB®:	T Was bo	m befor	e January 2	956	🔲 ls bli	ind
If more than four dependents, see instructions and check here			<del></del>		(2) Social e	ecunity	13) Relah	onship	(4) Check if c	nualifies f	or (see ins	tructions):
dependents, soe instructions and check here     1							A CONTRACTOR OF THE PARTY OF TH	orra	1 ' '	' 1	•	•
dependents, see instructions seed seemed and seemed see					A CONTRACTOR	G/A	1	St. W.	1 1		Ī	7
and check here     1			<del></del>			New York	y	24	7 - 71			<u> </u>
Attach Sch. B if required.  Attach b Taxable amount.  Attach Sch. B if Taxable amo					(A)	- 3						<u> </u>
Attach Sch. B if required.  3a Qualified dividends					W.W.						[	]
Attach Sch. Bif required.  2a Tax-oxompt interest 2a b Taxable interest 2b  3a Qualified dividends 3a b Dordinary dividends 3b required.  4a IRA distributions 4a b Taxable amount 4b		1	Wages, salaries, tips, etc. Attach i	orm(s) W-2	W.C.	Ñ	<b>%</b>			1		
Sch. B if required.  3a Qualified dividends 3a b organized dividends 3b b circlinary dividends 3b b circlinary dividends 3b b Taxable amount 4b b 5a Pensions and annuities 5at b Taxable amount 5b 5a		2a		n -	130	b Tax	able interes	st		2b		
Taxable amount   Taxa		3a	·	132 E. Te.		27 10 2 7 20 1	A UNIV			3b		
Standard Deduction for- Single or Married filing separately, \$12,400  Married filing (challing) 10 Adjustments to income it you belief the standard deduction service in your checked any box under Standard deduction in the property of the your checked any box under Standard deductions in come deduction. Attach Form 8995 or Form 8995-A  Standard by Taxable amount 5b  Taxable amount 6b  Taxabl	reduited.	_	401	45		b Taxa	able amou	nt		46		
Standard Deduction for- Single or Merried filing separately, \$12,400  Married filing separately, \$10  Married	· <b>-</b>	5a	Pensions and annuities	122 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	b Tax	able amou	nt		5b		
Deduction for- Single or Mentied filing Beparately, \$12,400  Manifed filing Ion By or Coultilying Ion By or Coultilying Beparately, \$12,400  Manifed filing Ion By or Coultilying Ion By or Coultilying Beparately, \$100  Manifed filing Ion By or Ion Beparately, \$100  Manifed filing Ion By or Ion Beparately, \$12,400  Manifed filing Ion Beparately,	Slandard	6a	45 (1) 195° 1	Sec. 13. 80	ACS.	b Tax	able amou	nt		6Ь		
Single or Married filing separately. \$12,400  **Married filing separately. \$12,400  **Married filing separately. \$12,400  **Married filing separately. \$10  **Married filing sep		7		dule D'If require	d If not requ	ired, che	ck here .		▶ 🛚	7		
separately, \$12,400  Maridol filing   10   Adjustments to income   11   Adjustments to income   11   Adjustments to income   11   Adjustments to income   12   Adjustments to income   11   Adjustments to income   12   Adjustments to income   11   Adjustments to income   12   Adjustments to income   13   Adjustments to income   14   Adjustments to income   15   Adjustments to income   16   Adjustments to income   17   Adjustments to income   18   Adjustments to income   19   Adjustments to income   10   Adjustments to income   11   Adjustments to income   12   Adjustments to income   13   Adjustments to income   14   Adjustments to income   16   Adjustments to income   17   Adjustments to income   18   Adjustments to income   19   Adjustments to income   10   Ad		8		The second second	energi Control					8		29,088
Married filing ionity or Qualifying Widow(er). S24,800 b Charitable control properties of the properti	separately.	9	.s. 'KW27'3	(25) SAME	్లా pur total inc	ome.,			, >	9		29,088
Standard deduction of itemized deductions (from Schedule A).   10a   4,282	· ·	10										
widow(re), \$24,800  Head of household, \$18,650  If you checked any box under Standard deduction of itemized deductions (from Schedule A).  12 Standard deduction of itemized deductions (from Schedule A).  13 Outlined Districts income deductions.  14 Add lines 12 and 13  15 Charitable contributions if you take the standard deductions of itemized deductions (from Schedule A).  16 Charitable contributions if you take the standard deductions.  18 Subtract line 10c from line 8 This is your adjusted gross income.  19 Charitable contributions in your total adjustments to income.  10 Charitable contributions in your adjusted gross income.  10 Charitable contributions in your total adjustments to income.  10 Charitable contributions in your adjusted gross income.  10 Charitable contributions in your adjusted gross income.  11 24,506  12 12,400  13 2,421  14 Add lines 12 and 13		a	12478 V.228				11	0a	4,28	2		
Head of household, \$18,650	Widow(er)	b	20 1/2 DE 121 No. 10 100	e ino standard de	duction. Sec	instructi	ons 1	Ob	30	0		
household, \$18,650		c	Add lines 10a and 10b. These ar	eyour total adju	stments to	income				10c	L	4,582
e if you checked any box under Standard I Standard deduction of itemized deductions (from Schedule A). 12 12,400  13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 2,421  Deduction, see instructions. 14 Add lines 12 and 13	household,	11	TO THE TAX						▶	11		24,506
any box under Standard	<ul> <li>If you checked</li> </ul>	12			_					12	<u> </u>	12,400
Disdurction, see instructions. 14 Add lines 12 and 13		13	10 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							13	]	2,421
See Hattuckins.	Deduction,	14	TC:SA							14		14,821
	see matrucains.	15_	*C. 3.	4 from line 11, if	zero or less.	enter -(	)		<u> </u>	15		9,685

9,685 Form 1040 (2020)

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

Form 1040 (2020	)	SVETLANA NEWBERRY		- ,e <b>2</b>
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	968
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	968
	19	Child tex credit or credit for other dependents , , , , , ,	19	
	20	Amount from Schedule 3, line 7	20	<u></u>
	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 Schedulo 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:	<del>  </del>	
	а	Form(s) W-2		
	b	Form(s) 1099	† †	
	c	Other forms (see instructions)	1	
	ď	Add lines 25a through 25c	25d	
	_	2020 estimated tax payments and amount applied from 2019 return	26	
if you have a	<u>26</u> 27	Eamed income credit (EIC)	1	<del></del>
attach Sch. EIC.	26	Additional child tax credit. Attach Schedule 8812	1 1	
If you have nontaxable		den 1 Side Page	1 1	
combat pay.	29	Section 1997	1 )	
ADO INSULECIONS.	30	12 (A) 10	1	
	31	Amount from Schedule 3, line 13  Add lines 27 through 31. These are your total other payments and refundable credits	d 1	600
	32 33	TOWNS AND THE PROPERTY OF THE	32	600
		Add lines 25d, 26, and 32. These are your total payments.	33	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the emount you overpaid	34	
Di	35a	Amount of line 34 you want refunded to you, If Form 8888 is attached, check nece	35a	
Direct deposit? See Instructions.	►b	Routing number Chacking Savings		
	₽d	Account number	1 1	
•	_36	Amount of line 34 you want applied to your 2021 estimated tax.	<del> </del>	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now	37	4,548
For details on		Note: Schedule H and Schedule SE-flers, line 37 may not represent all of the taxes you owe for		
how to pay, see		2020. See Schedule 3, line 12e, profile instructions for details.		
instructions.		Estimated tax penalty (see instructions)		_ <del></del>
Third Party		o you want to allow another person to discuss this return with the IRS? See		€ Na
Designee		structions ▶ ☐ Yes. Complete t asignec's Personal identi		⊠ No
		me ► number (PIN)		
Sign	Under	penalties of perjuly, I declare that I have examined this return and accompanying schedules and statements, and to the	best of r	ny knowledge and
		they are true, compared and complete Declaration of preparer (other than taxpayer) is based on all information of which pr		
Here	Yo			nt you an Identity
lates automa 1		2000 N. M. M. N.	action P inst.) 🏮	IN, enter it hero
Joint return? See instructions.	920	10 D PO MAN 1/10		nt your spouse an
Keep a copy tor	Sp			ection PIN, enter it her
your records.		(see	inst.)	
	P	hone no. 917-499-7875 Email address		
	Pr	eparer's signatures. Data PTIN		Chack if:
Paid	DAV	VID A YELLOZ CPA 10-13-2021 P012342	03	Self-ompleyed
Preparer	Pr	reparer's name DAVID A YELLOZ CPA Phone no. 917-202-080	0	
<b>Use Only</b>	FI	mis name ► DAY ACCOUNTANTS		
_	Fi	m's address ▶ 2016 82ND STREET		
		BROOKLYN, NY 11214 Firm	's EIN I	45-342008 <u>5</u>
Go to www irs o	ov/For	n 1040 for instructions and the latest information		Form 1040 (2020

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

#### SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Department of the Treasury Internal Revenue Service

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

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

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

Attachment Sequence No. 01

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 ....... Date of original divorce or separation agreement (see instructions) . . . . 3 3 Business income or (loss). Attach Schedule C 29,088 4 5 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F ....... 6 7 7 Other income. List type and amount . > 8 8 Combine lines 1 through 8, Enter here and on Form 1040,1040 SR, or 1040 NR 9 29,088 Part II Adjustments to Income 10 Educator expenses Certain business expenses of reservists, performing artists, and fee basis government officials. Attach Form 2106 ..... 11 Health savings account deduction. Attach Form 8889 12 Moving expenses for members of the Armed-Forces. Attach Form 3903 13 Deductible part of self-employment tax. Attach Schedule SE ...... 2,055 Self-employed SEP, SIMPLE, and qualified plans 15 15 Self-employed health insurance deduction 16 2,227 16 Penalty on early withdrawal of savings 17 18a Alimony paid Recipient's SSN Date of original divorce or separation agreement (see instructions) ... > 19 19 IRA deduction 20 20 Student loan interest deduction 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and 4,282

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2 (Form 1040)

## **Additional Taxes**

OMB No. 1545-0074 2020

	ment of the Treasury  I Revenue Service  Attach to Form 1040, 1040-SR, or 1040-NR.  So to www.irs.gov/Form1040 for instructions and the latest information	_	Attachment Sequence No.	02
	Revenue Service   Go to www.irs.gov/Form1040 for instructions and the latest information (s) shown on Form 1040, 1040-SR, or 1040-NR		security numb	
	LANA NEWBERRY	l		
Pai	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	<u></u>	3	0
Pa	rt II Other Taxes			
4	Self-employment tax. Attach Schedule SE		4	<u>4,</u> 110
5	Unreported social security and Medicare tax from Form: a 4137 to 0	3919.	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 G Form 8959 b G Form 8960		_	
	c Instructions; enter code(s)		8	
9	Section 965 net tax liability installment from Form 965-A		1	
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 P	aperwork Reduction Act Notice, see your tax return instructions.	S	chedule 2 (Form 1	040) 2020
EEA				

**SCHEDULE 3** (Form 1040)

## **Additional Credits and Payments**

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

OMB No. 1545-0074 2020 Attachment

	ent of the Treasury  Revenue Service  Go to www.irs.gov/Form1040 for instructions and the latest information.	Atta	chment uence No. 03
	(s) shown on Form 1040,1040-SR, or 1040-NR Your contract		hombar
SVETI	ANA NEWBERRY		
Par	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 3800 b 8801 c	6	<u> </u>
_7_	Add lines 1 through 6. Enter here and on Form 1040,1040-SR, or 1040-NR line 20	7	0
Рал	ASSESS PROPERTY AND ASSESSED  ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA		
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:		
а	Form 2439		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202		
c	Health coverage tax credit from Form 8885	1	
d	Other: 12d 12d	1	
6	Deferral for certain Schedule Hor SE filers (see instructions) 12e	1	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12t. Entenhere and on Form 1040, 1040-SR, or 1040-NR, line 31	13	
For Pa	perwork Reduction Act Notice see your tax relian instructions.	Schedul	ø 3 (Form 1040) 202
EEA	THE AGE WITH THE THE PARTY		

Department of the Treasury

SCHEDULE C (Farm 1040)

#### **Profit or Loss From Business**

(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest Information.

QMB No. 1545-0074 2020

	Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must	
	of proprietor	Social security number (SSN)
SVE	TLANA NEWBERRY	
A	Principal business or profession, including product or service (see instructions)	B Enter code from Instructions 425120
	RGY BROKER	
C	Business name, if no separate business name, leave blank.	D Employer ID mumber (EIN) (see instr.)
	TLANA NEWBERRY	
E	Business address (including suite or room no.) ▶ 1524 SHERPSHEAD BAY ROAD APT 11H	
	City, town or post office, state, and ZIP code BROOKLYN, NY 11235	
F	Accounting method: (1) X 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	
Н	If you started or acquired this business during 2020, check here	
1	Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	Yes No
<del> </del>	If "Yes," did you or will you file required Form(s) 1099?	Yes No
Pa		99
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on the	T
	Form W-2 and the "Statutory employee" box on that form was checked	1,407
2	Returns and allowances	. 20 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 fetund (see instructions).	. 6
7_	Gross income. Add lines 5 and 6	7 1,407
Pa	rt II Expenses. Enter expenses for business use of your home only on line 30.	<del></del>
8	Advertising	
9	Car and truck expenses (see 19 Pension and profit-sharing plans	19
	instructions)	
10	Commissions and fees 10 a Vehicles machinery, and equipment	
11	Contract labor (see instructions) 11 b Other business property	
12	Depletion	<del></del>
13	Depreciation and section 179 (22 Supplies (not included in Part III) expense deduction (not	
	Included in Pert III) (see	. 23
	instructions) 13 Travel and meals:	
14	Employee benefit programs a Travel	. 24a
	(other than on line 19) b Deductible meals (see	1. 1
15	Insurance (other than health)	
16	Interest (see instructions): 25 Utilities	25
a		· <del></del>
b	Other	<del></del>
17_	Legal and professional services 17 250 b Reserved for future use	<del>-  </del>
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28 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 olsewhere. 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	<del>,</del>
24	Mothod Worksheet in the instructions to figure the amount to enter on line 30	. 30
31	.,,	.
	• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you should the box on line 1, and instructions). Schedule and truths and on Schedule SE, line 2.	31 (1,082)
	checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.	11,082
22	If a loss, you must go to line 32.  If you have a loss shock the boy that describes your investment in this activity. Say instructions.	•
32		32a X All investment is at risk.
	If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule     If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule	32b Some investment is not
	SE, tine 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on	at risk.
	Form 1841, line 3.  • If you checked 32h you must ettach Form 6198. Your loss may be limited.	J German.

EEA

Page: 52

Schedule	C (Form 1040) 2020	ENERGY BROKER 425120		Page Z
Vame(s)	- <del></del>		SSN	
	NA NEWBERRY	<del></del>	<del></del>	·
Part I	Cost of Goods	Sold (see instructions)	<del></del>	
33	Method(s) used to value closing inventory:	Cost b Lower of cost or market	c Other (attach explanation	on)
34		determining quantities, costs, or valuations between opening		Yes No
35	Inventory at beginning of t	rear. If different from last year's closing inventory, attach exp	planation 35	
36	Purchases less cost of Ite	ns withdrawn for personal use		
37	Cost of labor. Do not inclu	ide any amounts paid to yourself		
38	Materials and supplies		38	
39	Other costs			
40	Add lines 35 through 39		40	PÅ.
41	Inventory at end of year		41	<b>&gt;</b>
42	Cost of goods sold. Su	btract line 41 from line 40. Enter the result here and on line	4 . N. 19 42	<del></del>
Part I		n Your Vehicle. Complete this part only if you quired to file Form 4562 for this business. See.		
	1110 1 01111 4002	Villa .		<del> </del>
43	When did you place your	vehicle in service for business purposes? (month day/year)		-
44	Of the total number of mil	as you drove your vehicle during 2020, enter the number of	miles you used your vehicle for	
a	Business			
45		e for personal use during off-duty hours?		Yes No
46	4	nave another vehicle available for personal use?		
47a	Do you have evidence to			
Part		niten?		. Yes No
	V	<i>*</i>	OTT THE SOLO OF THE SO.	248
	L TRANSPORTATION			686
	PUTER EXP	220		318
	WARE EXP			136
	1702000			
48	Total other expenses.	Enter here and on line 27a		1,386
EEA		<del></del>	Sd	redule C (Form 1840) 2020

SCHEDULE C (Form 1040)

**Profit or Loss From Business** 

(Sole Proprietorship)

OMB No. 1545-0074

2020

Department of the Treasur	y
Internal Revenue Service	99

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

-	Revenue Service (59) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must	ila Forn	n 1065.	Attachment Secuence No	. 09					
Name	e of proprietor		ecurity mu			_				
<u>Sve</u>	TLANA NEWBERRY			<del>_</del>		_				
A	Principal business or profession, including product or service (see instructions)	B Enter	42512			•				
	ERCY BROKERAGE									
C	Business name. If no separate business name, leave blank.	-	oyer 10 numb	er (EIN) (se	e instr.)					
	CK ENERGY SOLUTIONS LLC	46-3	486931			_				
Ε	Business address (including suite or room no.) ► 1524 SHERPSHEAD BAY ROAD APT 11B					_				
	City, town or post office, state, and ZIP code BROOKLYN, NY 11235									
F	Accounting method: (1) X Cash (2) Accrual (3) ☐ Other (specify) ▶	<del></del>		T-7	- <del></del>	_				
G	Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit			X Yes	П	No				
	If you started or acquired this business during 2020, check here	• • • •	•	₩	П.					
l	Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	<b>.</b>		X Yes	`⊢⊣`	No				
J	If "Yes," did you or will you file required Form(s) 1099?	73 17(a	<del></del>	X Yes	<u>.                                     </u>	No				
	rt 1 income	8-A 6713	<del></del>			_				
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on	~ IS3N	ļ	_						
_	Form W-2 and the "Statutory employee" box on that form was checked	212		2	07,61	-2				
2	Returns and allowances	· 23				_0				
3	Subtract line 2 from line 1	. 3	<b>(3)</b>	2	07,61	12				
4	Cost of goods sold (from line 42)	· 4	<del> </del>							
5	Gross profit. Subtract line 4 from line 3.	. 5		2	07,61	12				
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).	·   6	<del> </del>			_				
7	Gross income. Add lines 5 and 6	7		2	07,61	12				
	Int II Expenses. Enter expenses for business use of your home only on line 30.	T 40	<del></del>							
8	Advertising	18	<del> </del>		1,6	24				
9	Car and truck expenses (see	18	<del>├</del> -							
46	instructions)	. 20a	Ì							
10 11	Commissions and fees 10 a Vehicles machinery, and equipment Contract labor (see instructions) 11 b Other business property	h	<del> </del>		26 7					
12	Contract labor (see instructions) 11 b Other business property		<del> </del>		26,7	12				
13	Depreciation and section 179 22 Supplies (not included in Part III)	·	<del>  -</del>	<del>_</del> `	3,1	മറ				
13	expense deduction (not	<del></del>	<del> </del>		<u> </u>	<u></u>				
	included in Part III) (sea	·   <del></del>	1							
14	200	. 24a	1		7,3	86				
14	(other than on line 19) b Deductible meals (see	.	<del>                                     </del>		,,,,,,					
15	Insurance (other than hoolith)	. 24b	1							
16	Interest (see instructions): 25 Utilities		<del>                                     </del>		1,5	87				
-	Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits	_			-7-					
	Other	_	<del>                                     </del>		81,3	58				
17	Legal and professional services 17, 1,856 b Reserved for future uso	-								
28	Total expenses before expenses for business use of home. Add lines 8 through 27a,				77,4	42				
29	Tentative profit or (loss). Sultidact line 28 from line 7				30,1	_				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829									
	unless using the simplified method. See instructions.		İ							
	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	١								
	Method Worksheet in the Instructions to figure the amount to enter on line 30	. 30	<b>↓</b>			_				
31	Net profit or (lose). Subtract line 30 from line 29,		1							
	If a profil, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you	[	ĺ							
	checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.	31	<u></u> _		30,1	7(				
	• If a loss, you must go to line 32.	l								
32	If you have a loss, check the box that describes your investment in this activity. See instructions.	1	_							
	If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule	32a	∐ All in	veslmeni	is at ns	k.				
	SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on	32b	∐ Som	e investm	ent is n	٥t				
	Form 1041, line 3.		at ris	k.						
	If you checked 32b, you must attach Form 6198. Your loss may be limited.									

Schedu	e C (Form 1040) 2020 ENERGY BROKERAGE 425120			Page 2
Name(s		SSN		
	ANA NEWBERRY	ļ	-	
Part				
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	ach expl	anation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventif "Yes," attach explanation		🗌 Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 35	<u> </u>	
36	Purchases less cost of items withdrawn for personal use	. 30	<u> </u>	
37	Cost of labor. Do not include any amounts paid to yourself	. 37	,	<del></del> _
38	Materials and supplies	31	3	
39	Other costs	3	<u>,                                     </u>	
40	Add lines 35 through 39	. 4		
41	Inventory at end of year	4		
42	Cost of goods and Subtraction 41 for line 40. Fater the moult have and of the 4	.   4:	,	
Part	IV Information on Your Vehicle. Complete this participly if you are claiming c		<del>'</del>	on line 9
	and are not required to file Form 4562 for this business. See the instruction	s for lin	e 13 to find ou	t if you mus
	file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)		<del></del>	
44	Of the total number of miles you drave your vehicle during 2020, onter the number of miles you used you	rvehide	for:	
a	Business b Committing (see Instructions)	c Other		
45	Was your vehicle available for personal use during off-duty frours?		Tyes	No
46	Do you (or your spouse) have another vehicle available for personal use?		· · · Yes	No
4-			— —	<u>г</u>
47 a	Do you have evidencê to support Vous deduction?		· · · · · Yes	∐ No
Ь	If Yos, is the evidence written?		Yes	No
Part	Other Expenses: List below business expenses not included on lines 8-26	or line	30.	
Sta	tement #1			
	409		<del>-  </del>	
		<u></u>		
			<del></del>	
			_	
			<del></del>	
			<del></del>	<del></del>
48	Total other expenses. Enter hore and on line 27a	4	Schedule C (Fo	81,35
EEA			CONTRACTOR C (FC	

## SCHEDULE SE (Form 1040)

## **Self-Employment Tax**

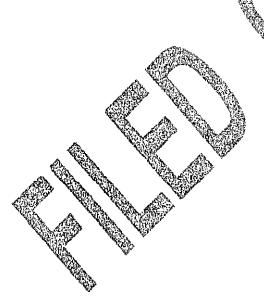
Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleSE for Instructions and the latest information. ▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment Sequence No. 17

OMB No. 1545-0074

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.  Aff you are employee income and the definition of church employee income, see instructions for how to report your income and the definition of church employee income and the definition of church employee of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other not earnings from self-employment, check here and continue with Part 1.	Name of	person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR	)	Social s	ecurity	number of per	eon .		
Note: If you are important subject to self-emptoyment tax is church employee income, see instructions for how to report your income and the definition of church emptoyee income.  A if you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had filed or more of other net earnings from self-employment, check here and continue with Part I.  Skip lines 1 a not 16 fly our see them optional method in Part II. See Instructions.  1 a Net farm profit or (loss) from Schedule F, line 34, and farm parthorathies, Schedule K-1 (Form 1065), box 14, code A  b if you resched social security retirement or disability benefits, enter the amount of Carsenvistion Reserve, Program payments included on Schedule F, line 45, or Istad on Schedule K-1 (Form 1065), box 24 code A (Parth III)  Skip line 2 if you use the norfarm optional method in Part II. See instructions (See instructions for obten income to report or if you are a ministan or member of a feligionis driver.  2 Not profit or (loss) inon-Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (Parth III) and 14 a III she 3 is sent setting to obten income to report or if you are a ministan or member of a feligionis driver.  2 Note: If line 4s is loss than \$400 and to Conservation Reserve Program perspirate on highly be a ferror unit of the control of the control of the control of ilines 15 and 1 (form.)  b if you elect one or both of the optional methods, enter the total of lines 15 and 1 (form.)  c Combine lines 4 a and 4b. If less than \$400, stop; you don't one set alignization of lines 15 and 1 (form.)  b Autility into a by 2.35% (30, 325), lit less than \$100, enter 40.  6 Add lines 4c and 5b.  7 Madmum amount of combined wages and self-emptoyment part of the combined sequence of the combined wages and self-emptoyment (self-in) and the combined sequence of the combined sequence of the combined sequence of the combined sequence of the combined sequence of the combined sequence of the combined sequence of th	SVET	LANA NEWBERRY		with self	f-empk	yment incom	e _		
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SAGO or more of other net earnings from self-employment, chock here and continue with Part I    A Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A   bif you service discolar security retirement or disability benefits, crist rho amount of Corservation Reserve   Program payments included on Schedule F, line 4b, or islad on Schedule K-1 (Form 1065), box 20, code A     bif you received social security retirement or disability benefits, crist rho amount of Corservation Reserve   Program payments included on Schedule F, line 4b, or islad on Schedule K-1 (Form 1065), box 20, code A     bif you receive the profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Sc									
SAGO or more of other net earnings from self-employment, chock here and continue with Part I    A Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A   bif you service discolar security retirement or disability benefits, crist rho amount of Corservation Reserve   Program payments included on Schedule F, line 4b, or islad on Schedule K-1 (Form 1065), box 20, code A     bif you received social security retirement or disability benefits, crist rho amount of Corservation Reserve   Program payments included on Schedule F, line 4b, or islad on Schedule K-1 (Form 1065), box 20, code A     bif you receive the profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (loss) from Schedule C, line 31; and Sc	Α	If you are a minister, member of a religious order, or Christian Science pra	ctitioner a	and you fi	led For	m 4361, but yo	xu had		
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box 14, code A b If you received social security retirement or disability bonefits, ontain the amount of Conservation Reserves Program payments included on Schedule F, line 4b, or issed on Schedule K-1 (Form 1055), box 20,000e A+1.  1b  ) Skip line 2 If you use the northam optional method in Part II. See instructions.  2 Not profit of (poss) from Schedule C, line 31 and Schedule K-1 (Form 1055), box 14, code (stitulity) and the company of the profit of the pro		•	hedule K-	-1 (Form 1	065),				
b if you received social security retirement or disability benefits, critar the amount of Corservation Reservé Program payments included on Schedule F, line 4, or itsade on Schedule K.1 (Form 1065), box 20, occe Att.  2 Nell profit or (bas) from Schedule C, line 31, and Schedule K.1 (Form 1065), box 14, code A (client ten faming). See instructions for other income to report or if you are a minister or member of a disposal action.  2 Nell profit or (bas) from Schedule C, line 31, and Schedule K.1 (Form 1065), box 14, code A (client ten faming). See instructions for other income to report or if you are a minister or member of a disposal action.  2 2 9, 088  3 Combine lines 14, 10, and 2  4 a It line 3 a more then zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter affectif they line 3, Note: if line 4 is less than \$400 attent or Conservation Reserve Program payments for the 140, best structions.  b If you elect one or both of the optional methods, enter the total of lines 15 and 17, from c Combine lines 4a and 4b. It less than \$400, stop; you don't own self-amployment tax. Exception: If less than \$400 and you had church employee income, enter -0-and continue.  5 a Enter your church employee income on from Form W-2. See instructions for definition of church employee income on from Form W-2. See instructions for definition of church employee income and self-amployment earnings subject to social security wages and self-amployment earnings subject to social social social social security wages and lipe (lites if howes 2 and 7 on Rom's) W-2 and ratiosal retirement (liter 1) competitation. If \$137/200 cm more way in lines b) through 10, and go to line 11  b) Unreported tips subject to social security fast from point 4137 (ratio)  4 Add lines 8a, 8b, and 8c  3 Add lines 8a, 8b, and 8c  4 Add lines 8a, 8b, and 8c  5 Self-employment 8a. Add lines 0) and 15 Self-employment 15 self-employment 15 self-employment 15 self-employment 15 self-employment 15 self-employment 15 self-employment 15 self-employment 15 self-emplo							. 1a		
Program payments included on Schedule F. line 4b, or stand on Schedule K-1 (Form 1065), box 20-coce At 1.  Skip line 2 if you use the norriam optional method in Part II. See Instructions.  Not profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (critish than family). See Instructions for other income to report or if you are a minister or member of a reflection of the seed of	ь	•			n Rese	rei Lieur			
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2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other inex tarming). See instructions for other income to report of if you are a minister or member of a distinct order.  2 29,088  3 29,088  4 a 18 fine 3 is more then zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter atmost from line 3.  Note: If line 4 a is less than \$400 due to Conservation Reserve Program payments on this by.  5 if you elect one or both of the optional methods, enter the total of lines 15 and 1/2 fines.  4 26,863  6 Combine lines 4 as and 4b. If less than \$400, stop; you don't owe self-amployment tax. Exception: If less than \$400 and you had church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for line 6.25 portion of the 7.55% railroad retirement (life if ) law 2.02.00  5 Add lines 4c and 5b  6 26,863  7 Maximum amount of combined wages and self-employment earnings subject to social security wages and lips (total of boxes. 2 and 7 on Form(s) W-2) and railroad retirement (life if ) compensation. If 3 137,000 monous spl lines by 50 subject to social security water from \$4137, line 20  6 Add lines 8a, 8b, and 8c  9 Subtract line 8d inprinting 1/1 and 1/2 line 1/2	Skip line		,	,-		han Villa			
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3 29,088 4 all filino 3 is more than 2ero, multiply lino 3 by 92,35% (0,9235). Otherwise, enter anothing miling 3. 44 26,863 Notes: If line 4 is less than \$400 due to Conservation Reserve Program psytherits on this 1b, see instructions. b If you elect one or both of the optional methods, enter the total of lines 15 and 12 fere. c Combine lines 4a and 4b. If less than \$400, stop; you don't owe set employment tex. Exception: If less than \$400 and you had church employee income, enter -0-and continue. 5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of 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 Maximum amount of combined wages and self-employment text subject to social security wages and line (lost of boxes 3 text 7 on 6 cm/(s) W-2) and national effective filter 1) compensation If \$137,700 more style lines 8b through 10, and go to line 11 b Unreported tips subject to social security as from \$437 (line) 10 d Add lines 6a, 8b, and 86 9 Subtract line 8d traph for \$2,100 feet and \$2,000 more style lines 8b through 10, and go to line 11 9 Lines 6a, 8b, and 86 9 Subtract line 8d traph for \$2,100 feet and for filter \$2,000 more style lines 10 Multiply time \$100 feet filter \$2,000 feet filter \$2,0	_			47.0000	44 44 44	- 40,510	. 2	29	.088
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Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on the 1b. See instructions.  b If you elect one or both of the optional methods, enter the total of lines 15 and 12 term.  c Combine lines 4a and 4b. If less than \$400, stop; you don't owe see familiary matrix. Exception: If less than \$400 and you had church employee income, onter -0-end-continue.  5 a Enter your church employee income from Form W-2. See instructions for definition of 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 wages and lips (lots of broke) and 7 on Eom(s) W-2)  and ratioad retirement (tier 1) compensation if \$137,700 or more skip lines  8b through 10, and go to line 11.  b Unreported sps subject to social security as from Form \$4137, line 10.  d Add lines 8a, 8b, and 8b.  9 Subtreat tine 8d from the 5d broke 2 level (2.4%, 0.124).  10 Multiply line 8a, 8b, and 8b, 0.0239.  11 777.  12 Self-employment 8x, Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4.  13 Deduction for one-half of self-employment fax.  Multiply line 12 by 50% (0.529). Enter here and on Schedule 1 (Form 1040), line 14.  15 Enter the smaller of two-thirds (2/3) of gross farm income* (not less than zero) or \$5,640. Also, include this amount on line 4b above.  16 Subtract line 15 from line 14.  17 Enter the smaller of: two-thirds (2/3) of gross farm income* (not less than zero) or \$6,640. Also, include this amount on line 4b above.  18 Subtract line 15 from line 14.  19 Enter the smaller of: two-thirds (2/3) of gross nonfarm income* (not less than zero) or the amount on line 4b above.  19 Subtract line 15 from line 14.  10 Enter the smaller of: two-thirds (2/3) of gross nonfarm income* (not less than zero) or the amount on line 4b. Above.  10 Lines 14.  11 Enter the smaller of: two-thirds (2/3)	-		ter amou	ni mad in	2.4		33N	<del></del>	
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c Combine lines 4a and 4b. If less than \$400, stop; you don't own self-analyomathax. Exception: If less than \$400 and you had church employee income, enter -0- and continue.  5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for definition of church employee income from Form W-2. See instructions for the sea of the set of the sea of the se	ь		100	March 4	N. Kiti	A.	.   4b	ĺ	
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5 a 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 tince 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 (fier 1) tax is of 200 and 100 and 100 and 100 (or 100 and 100	U	At North 1	656 W.			A.D.	<b>▶</b> 4c	26	863
b Multiply line 5 by 92.35% (0.928). If less than \$100, enter -0	5.2	hash d			極		` <u>~~</u>		,000
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-empty interferentings subject to social security tax or line 6.2% portion of the 7.65% railroad retirement (filer 1) back 3.2020  8 a Total social security wages and lips (lotat of boxes, 3 and 7 on Rom(s) W-2) and railroad retirement (filer 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11.  8 b Unreported tips subject to social security tax from Form \$137, lines 10.  8 b Unreported tips subject to social security tax from Form \$19, line 10.  8 c Wages subject to social security tax from Form \$19, line 10.  8 d Add lines 8a, 8b, and 86.  9 Subtract line 8d from \$100, 100, 100, 100, 100, 100, 100, 100	3 6	with					ļ		
Add tines 4c and 5b  Maximum amount of combined wages and self-simply/marit earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (filer 1) backs 2020  8 a Total social security wages and tipe (total of boxes, 3 and 7 on Romits) W-2) and railroad retirement (filer 1) compensation. If \$137,000 or more skip lines 8b through 10, and go to line 11.  b Unreported tips subject to social security tax from Form \$919, line 10.  d Add lines 8a, 8b, and 86.  9 Subtract line 8d front inpd 2 (1x and online 9 to 12.4% (0.124).  10 Multiply the smaller of line 6 online 9 to 12.4% (0.124).  11 Multiply line 6 to 2, 25% (0.026)  12 Self-employment (ax. Add lines 10) and 11, grier here and on Schedule 2 (Form 1040), line 4.  13 Deduction for one-half of self-employment fax.  Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 4.  Part II Optional Methods. To Figure Net Earnings (see instructions).  14 Maximum income for optional methods  15 Enter the smaller of: two-thirds (2/3) of gross farm income* (not less than zero) or \$5,640. Also, include this amount on line 4b above.  16 Subtract line 15 from line 14  17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income* (not less than zero) or the amount on line 4b above.  17	h	<b>V6</b> (7.2)			<u> </u>	<del></del>	<del>-</del>   հե	1	
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and railroad retirement (tier 1) compensation. If \$137,00 or more skip lines 8b through 10, and go to line 11.  b Unreported tips subject to social security tax from Form 4137 [inte 10].  c Wages subject to social security tax from Form 89.9, line 10.  d Add lines 8a, 8b, and 8c.  9 Subtract line 8d from the 6 2 1 core on loss, enter 10 from and on line 10 and go to line 11.  9 137,700 10 Multiply the smaller of line 6 chiline 9 by 12.4% (0.124).  11 Multiply line 6 ty, 2.9% (0.028) 11 77: 12 Self-employment tax, Add lines 10 and 11 Enter here and on Schedule 2 (Form 1040), line 4.  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 income* (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 profils* were less than \$6,107 and also less than 72.188% of your gross nonfarm income* (not less than zero) or \$5,640. Also, include this amount on line 4b above.  16  Subtract line 15 from line 14.  17  Enter the emailler of: two-thirds (2/3) of gross nonfarm income* (not less than zero) or the amount on line 16. Also, include this amount on line 4b above.  17			 1	· · · · · i	· · · i		' <del>  '</del> -	107,1	<u> </u>
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	17		migni reit	o, or the s	a HOUSE	OII	1 17		
The state of the s	1 From	,	3 From S	sch, C. line	31; and	Sch, K-1 (Form	<b>—</b> —	14, code A.	
<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1965), box 14, code A-minus the amount		• • • • • • • • • • • • • • • • • • • •							

Sched	ulo SE (Form 1040) 2020 SVETLANA NEWBERRY Attachment Sequence No. 1	7	ı <u>e</u> 2
	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 estributed to March 27, 2020, through December 31, 2020	. 18	
19	If line 18 is more than zero, multiply fine 18 by 92.35% (0.9235); otherwise, enter the amount from line 18		
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		
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)		
24	Add lines 21 and 23		
25	Enter the smaller of line 9 or lino 24		
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form		
	Multiply fine 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	_ 26	
EEA		Schedule SE (F	orm 1040) 2020



Form 8962

Department of the Treasury

Internal Revenue Service

**Premium Tax Credit (PTC)** 

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

► Go to www.irs.gov/Form8962 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. 73

lame s	hown on your retu	it)			Your	social security number	
VET	LANA NEW	BERRY					
You	annot take the l	PTC if your filing status is	married filing separately u	inless you qualify for an ex	ception. See instructions.	. If you qualify, check the	o toox ×out e
Par	t I Annu	al and Monthly C	ontribution Amo	unt			
1	Tax family siz	ze, Enter your tax family	y size. See instructions			1	1
2a	Modified AGI	. Enter your modified A	GI. See instructions .		2a	24,506	]
Ь	Enter the total	al of your dependents' rr	nodified AGI, See instru	nctions	. 2b		<u> </u>
3	Household in	come. Add the amount	s on lines 2a and 2b. S	ee instructions			24,506
4	Federal pove	rty line. Enter the feder	al poverty line amount	from Table 1-1, 1-2, or	1-3. See instructions. (	Check the	]
	appropriate b	ox for the federal pove	rty table used. a	🗒 Alaska. b 🔲 Hav	vali c 🛛 Other 48:	states and DC 4	12,490
5	Household in	come as a percentage	of federal poverty line	(see Instructions)		. 🦓 5	196%
6	Did you enter	r 401% on line 5? (See	instructions if you ente	red less than 100%.)	L'En.		]
	No. Conf	tinue to line 7.				Adough .	
		u are not eligible to tak			as made, see the instr	uctions for	
		eport your excess adva	• •				
7	Applicable Fi	igure. Using your line 5	percentage, locate you				0.0630
8a	Annual contributi	lon amount. Multiply line 3 by	1	1 3	contribution amount (		
		nearest whole dollar amount			Round to nearest whole		
		nium Tax Credit C			Water and the second se	70.7	
9		cating policy amounts v		#20 197 20 HOUSE	70'9E45 12'13'45 .		
		to Part IV, Allocation of P	-	X(%%)	1000 MAN 100	X No. Continue to	line 10.
10	_	uctions to determine if y		(3) 3	CONTRACTOR OF THE PARTY OF THE		
		ntinue to line 11. Comp linue to line 24.	oute your annual PTC.	Then skip lines 12-23	A MANAGEMENT		lines 12-23. Compute C and continue to line 24.
			disk of Books		(d) Arimual maximum	<del>,</del>	<del></del>
	Annual	(a) Annual enrollment premiums (Form(s)	(b) Annual applicable SLCSP premium	(c) Annual (c) Special (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Distriction assistance	(e) Annual premium ta: credit allowed	<ul> <li>(f) Annual advance payment of PTC (Form(s)</li> </ul>
Ca	lculation	1095-A, line 33A)	(Form(s) 1095 A	(line 8a)	(subtract (c) from (b); if	(smaller of (a) or (d))	
11	A Tatala		line 33B) (	A300	zero or less, enter -0-)	<del></del>	<del></del> -
	Annual Totals	· <del></del>	ACCOUNTY TON	(-100-6)		<del> </del>	<del> </del>
	Marshi.	(a) Monthly enrollment premiums (Form(s)	(b) Monthly applicable SLGSP premittim	(c) Monthly	(d) Monthly maximum premium assistance	(e) Monthly premium to	(f) Monthly advance payment of PTC (Form(s)
	Monthly ilculation	1095-A, lines 21-32,	(Form(s) 1095-A lines	(emount from line 8b	(subtract (c) from (b); if	credit allowed (smaller of (a) or (d))	1006 A lines 21 32
0.	in Calendaria	column A)	21-32, ເຕີນເກືອ ອີ)	of etternative marriage monthly calculation)	zero or lass, enter -0-)	(3111020) 01 (0) 01 (4))	column C)
12	January	742	7965	129		<del> </del>	d
13	Fobruary	742		129			a o
14	March	143	100 A 100 A	129		<del>}</del>	d o
15	April	437	N VOL ASSE				<del></del>
16	May	TO A ASA	WAY CHAM	ļ-·· ——		<del></del>	
17	June		The Total Control of the Control of				<del>                                     </del>
18	July	100	100				
19	August					<del>                                     </del>	
20	September	<i>69</i>					
21	October						
22	November						<u> </u>
23	December						
24	Total premiu	ım tax credit. Enter the	amount from line 11(e)	or add lines 12(e) thro	ugh 23(o) and enter the	e total here	24
25	Advance pa	yment of PTC. Enter th	e amount from line 11(f	) or add lines 12(f) thro	ugh 23(f) and enter the	total here	25
26		n tex credit. If line 24 is					
		3 (Form 1040), line 8.					
		ne blank and continue to					26 (
Pa		ayment of Exces					
27	Excess adva	ance payment of PTC,	If line 25 is greater than	n line 24, subtract line 2	4 from line 25. Enter th	ne difference here	27
28	Repayment	limitation (see instruction	ons)				28
29	Excess adva	ance premium tax cred	it repayment. Enter the	smaller of line 27 or lin	e 28 here and on Sche	edule 2	
	(Form 1040)	), line 2				. <u> </u>	29

Form 4562

**Depreciation and Amortization** 

OMB No. 1545-0172 (Including Information on Listed Property) 2020 Attach to your tax return. Attachment Department of the Treasury Sequence No. 179 ► Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Rusiness or activity to which this form relate Mentifying member SVETLANA NEWBERRY OUICK ENERGY SOLUTIONS Part Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 2 3.243 2 2,590,000 3 4 Odlar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling 1,040,000 (a) Description of property (b) Cost (business use only) OFFICE EQUIPMENT 1.657 1,657 1,586 1,586 OFFICE FURNITURES Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . A 3,243 9 3,243 10 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 . . . . . Business income limitation. Enter the smaller of business income (not less than early or line 5) 32.331 11 644 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1. 12 3,243 Carryover of disallowed deduction to 2021, Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part Vin. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 16 Other depreciation (including ACRS) . . 2,571 Part'lll MACRS Depreciation (Don't include listed property. See instructions.) Section A AMES! 17 17 291 If you are electing to group any assets blackd in service during the law year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year placed in (c) Basis for depreciation (business use (a) Depreciption deduction (a) Classification of propert only see instructions) 19a 3-year property 5-year property? 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/Ł h Residential rental 27.5 yrs. мм 27.5 yrs. MM SA property ММ S/L i Norresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life SΛ b 12-year 12 yrs. MM SIL c 30-year 30 yrs. MM S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

For assets shown above and placed in service during the current year, enter the

here and on the appropriate lines of your return, Partnerships and S corporations - see instructions . . . . . .

Form 4562 (2020)

6,105

22

23

	1 4562 (2020) ST													_	Page 2
Pa		Property (Inc		-		other v	ehicles	, certai	n aircrafi	, anu p	open	used to	or		
		ment, recreati	•		•										
	Note: Fo	or any vehicle f	for which yo	ou are u	ising the	stand	ard mile	eage r	ite or de	ducting =!:==bl=	lease	expens	e, com	olete on	iy 248.
	24b, col	umns (a) throu	gn (c) of Se	ction A	, all of S	ection	B, and	Secur	n C II ap	pacable or limite	for no		r outon	obiles 1	
24-		epreclation a					Yes			_		ence wr		X Yes	-
_448	Do you have eviden	oa to support tha b	(c)	ment use	ciameo r			[140	240 "	153, 23	UIO OTIC	201100 111	RIGH:	(i)	
т.	(a)	(b)	Bushess/	Com	(d)	Bos	(e) sis for dep	reciation	(f)	(g		(h		Elected sec	
ıy	Type of property (list vehicles first) Dato placed in service percentage perc											COS			
25	Special depreciation	n allowance for a	L	d omneri	v obced	in servi				···	T				
	the tax year and us		•					_			25	<b>}</b>			
	Property used mor					200111		<u></u>			<u> </u>	L		·	
_		07-10-2017				$\neg$						[			
		10-12-2019							1	1	a.				
			%						1	1	1 IA				
27	Property used 50%	6 or less in a qua	dified busine	ss use:						Allrean	Vil.	···			
			1 %						1	SIL	EV.				
			%			_			A	S/L					
			%			1				S/L		Dr.			
28	Add amounts in co	lumn (h), lines 2	5 through 27.	Enter h	ere and o	n line 2	1, page	1		· 1674	28	Aug V		L	_
29	Add amounts in co	olumn (i), line 26.	Enter here a	nd on lin	e 7, page	1	<u></u>	#172	Part Sell	大學達		1000	29		
			S	ection	B - Info	rmatio	n on U	se of \	enicles						
Соп	mplete this section (	or vehicles used	by a sole on	oprietor,	partner, e	or other	"more t	han 5%	owner	related	person	. If you p	rovided	vehicles	
lo y	our employees, firs	t answer the que	stions in Sec	tion C to	see if yo	u meet	an exce	ot noutg	completin	g this se	cuon fo	those v	ehicles.		
					•		32 100	200	ej.	(d)	1300		j	(1	
30	Total business/inv	estment mites dr	iven during	) Vehic	abe 1	Verte	<b>2</b> 34	Veh	Co. 3.	Venice	8.4	Vehic	±e 5	Vehic	ė 6
	the year (don't in	ctude commuting	miles) .	3	,858	<u>"</u>	482	857		39			<u> </u>	l	<u>.</u>
31	Total commuting r	niles driven dum	ig the year		218		16B.	1	<u> </u>			ļ			
32	Total other person	al (noncommutin	g)	200	D.		1	J (							
	miles driven			# T	241	1	,286	CONTRACT.	<u> </u>			<u> </u>			
33	Total miles driven	during the year.	Add	1	100	ŽĄ.		ŀ				ļ			
	lines 30 through 3	2		·	317	<u> </u>	,936	<b> </b>	<u> </u>			<del> </del>		<b> </b>	
34	Was the vehicle a	vailable for perso	onal [	Yes	®No	Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No
	use during off-dut	•	47.65	X 13	2000 2000	X	<b>├</b> ──	<b>↓</b>	-			<del> </del> -	<del> </del>		<b></b>
35	Was the vehicle u	` ` `	a more		1		ļ	1	1 1	· 1		1		} ;	
	than 5% owner or	****		X	- <del>1880  </del>	₹X″	├	<b>├</b>	<del>-</del>			<del>-</del>	<del></del>	<del></del>	
36	Is another vehicle			X	15:12:1	X	<u> </u>	1	<u> </u>			<u> </u>	L	<u> </u>	L
		Section C C													
	swer these ques					on to c	omplet	ing se	STORES TO	ar venica	ies us	за ву ег	прюуеч	es who a	nent
	ore than 5% own						- F File	-100 100	ludiaa aaa		hu.	<del></del> -		Yes	No
31	Do you maintain a			biourous	an perso	mai use	OI ARIM	Jes, arc	imisiñ cos	imiudiig,	υy			163	- 140
20	your employees?	C-000	10.77	anabibita					t commut	nn huw				<del></del>	
30	Do you maintain a employees? See	and the same			-									}	1
30	Do you treat all us	***.`A.A.	`	•	•									<del></del>	
	Do you provide m												• • •	<b></b>	<del>                                     </del>
**	use of the vehicle													)	
41	Do you meet the														
•••	Note: If your ans														<u></u>
P		tization	, 10, 0, 11 40			<del></del>								<del></del>	
1	2,1-1, 1,11-0,				$\top$							9)			
	(a)	•	Date amo	(b) ortiz:xtion	} .		(c) le emouni	1	(d Code se		Amont	zation	Amortiza	(f) Mon for Unis	Vear
	Description	of costs		gins							percer				,
42	Amortization of o	osts that begins o	lutina vour 20	020 tax v	ear (sen	instructi	ons):				·				
			[	<u> </u>							T				
			<del>-  </del>												
43	Amortization of o	osts that began h	efore your 20	120 tax v	ear .							43			
	Total. Add amou	-	-	-								44			
<u> </u>								<del></del> -				<u> </u>	F	orm 456	2 (2020

[D:1614466D313 ]	
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Page: 60

		Due Dilige	ence		
		(Keep for your r	ecords)	2020	
Name(s) as shown on ratum	<del></del>			Tax ID Number	
SVETLANA NEWBERRY	!				
		<del></del> .			
Income					
• •	be sufficient to support the tax			<b>□</b> v <sub></sub>	П.
	· •			X Yes	∐ No
Taxpayers with self-empl	ioyment income:				
Not applicable			0.100.00		
1. How long have you ow	<del>-</del>		8 YEARS		
	locumentation to substantiate you		instingal lineage (# conviced)		
X Business cards ☐ Business stationary		==	occupational license (if required) retums (sales/excise, employment/etc.)		
	y t book (with company header)		nents (newspaper, flyer, yellow pages, etc.)		
	comentation you can provide to		787S4		
FORMS 1099	scumenauon you can provide to	sousialmate your out			
3. Who maintains the but	rinare meanda?	TAXPAYER			
	rate banking accounts for person		actions?	X Yes	∏ No
-	n of records were provided?	ai aiki busiiloss vate	School State of the State of th	<u>M</u>	LJ 140
	TIDED A LIST OF INCOM	D AND DVDDNOD			
	ou differentiate between personal			, geographic control of the control	
D. II NO. IDW OU YO	u umaramizia perwaar parsurzi	and pusiness dense	CHOICE AND THE COLOR		
5. Were satisfactory reci	ords of income and expense pro	vided?	The same of the sa	🛣 Yes	∏No
-	orm were these records provided	150° E			
X Accounting red		\$ <u>)</u>			
Paid involces/	_				
Log books	· <u> </u>	bank accounts			
Computer rocc					
<del>-</del>	er forms of documentation you co	en provide to support	your business)		
	OVIDED A LIST OF INCO	5.17.15 ZIP 20.1888P			
b. If "No," how did y	605				
The amount of inc	#59200V				
The amount of ex	pense?	解 越 企			
6. Form 1099-NEC:	VALOR	DY SOUTH			
a. Do you have any	Forms 1009-NEC to support the	income?		🔃 Yes	☐ No
b. If not, is it reason	able that the business type would	not receive Form 10	99-NEC?	Yes	∏ No
7. Are the expenses con	service of the artification of the territism	53000		🔃 Yes	☐ No
8. Are the amounts of o	kgebso reasprieble? It are typical for this type of busin	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		🗓 Yes	☐ No
9. Are any expenses that	t are typical for this tyne of busin	jess missing?		🗌 Yes	X No
10. List any other Informa	liprtyour can provide related to y	our business:			
Variable and a	AND A	l Date	Spouse's signature. If joint return, BOTH must sign.	Date	
Your signature	N. C.	Date	operen e signame, ii joint return, e o tri must sign.	) Care	
Pold preparer's signature	A. 13m	Data		<del></del>	
· m -p -ver v viginaria		10-13-2021			
	<del></del>	F0_T3-E05T	J		

	Due Diligence - Notes	
	(Keep for your records)	2020
Name(s) as shown on return		Tax ID Number
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	Name of taxpayer interviewed		Texpayer interviewed by	
10-05-2021	SVETLANA NEWBERRY	<del></del>	PREPARER	
Note:				
<del></del>	· <del></del>	<del></del>		
Note:				·
- <del></del>	<del></del>	<del></del> -		<u>x</u>
- <del></del>				<del>y</del>
			1000	·
		<i>B</i> (1)		
Note:				
	<del></del>		VA VE	
		r.		<u> </u>
	Ass	Tinh.		
				<del></del>
Note:				
		Wast Start		<del></del>
		ASS.		
	AND WAY	W.		
Your signature		Pato	Spouse's algnature, if joint return, BOTH must sign.	Data
Paid preparer's eignosture	25.25 ANSW	Date 0-13-2021		: <u>-</u> -: <del></del> :

## **Recovery Rebate Credit Worksheet**

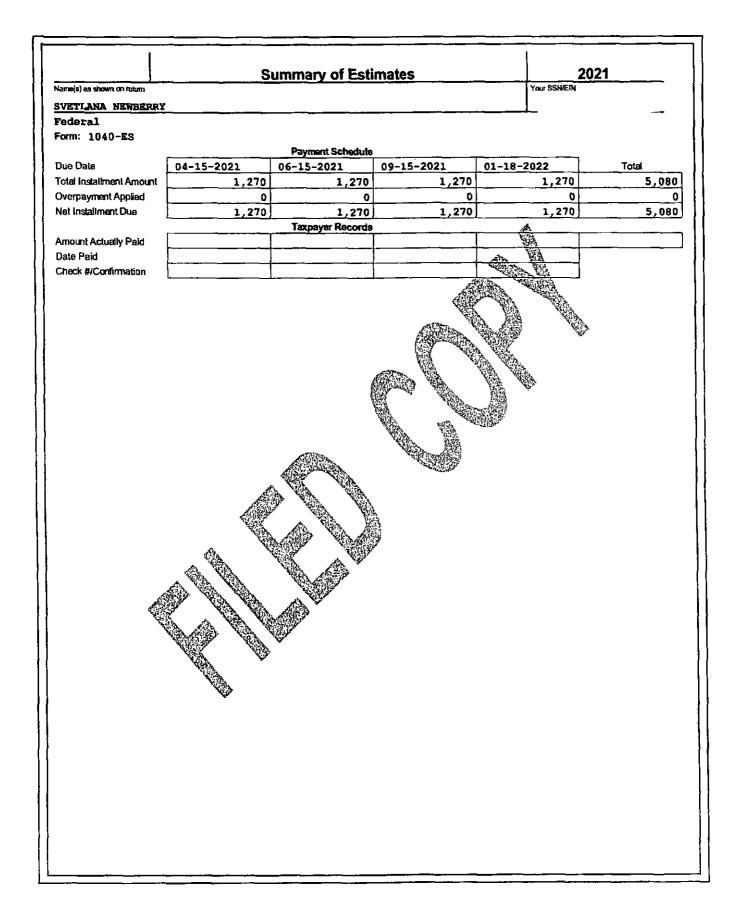
(keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SVETL	ANA 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.
i	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 worksness and durif enter any enrocast an 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, earner)?
1	Yes. Your credit is not ilmited. Go to line 5.
1	No. Go to line 4.
♣	Does one of you have a valid social security number (defined under Valid social security number, earlier)?
1	Yes. Your credit is Ilmited. Go to lino 5.
(	No. STOP You can't teke the credit. Don't complete the rest of this
_ ا	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	S1 200 if single, head of household, married filing separately, qualifying widow(er), or if married filing
1	jointly and you answered "Yes" to question 4, or
}	• \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3
6.	Multiply \$500 by the number of qualifying children under age 17 at the end of 2020-listed to the Dependents
ł	section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child lax credit" box or entered an
_	edoption taxpayer Identification number
7.	Add lines 5 and 6
"	lines 8 and 9, enter zero on lines 10 and 19, and go to line 14. Otherwise, enter:
	• \$600 it single, head of household দুটিয়ালিব ভিন্ন separately, qualifying widow(er), or if married filing
)	jointy and you answered "Yes" to duestion 4, or
	• \$1,200 if married filling jointly analysis accepted these to question 2 or 3
9.	Multiply \$600 by the number of qualitying children under age of Tabline end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040 Skillor whom you either checked the "Child tax credit" box or entered an
	adoption texpayer identification number
10.	Add lines 8 and 9 10. 600
11.	Enter the amount from line 1 to Form 1040 or 1040 SR
12.	Enter the amount shown below to your filling skillus:
·	\$150,000 t married fling binty or qualifying widow(er)
	- \$112,500 il head of household
1	• \$75,000 If single, married filing separately
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.
1	Yes. Subtract line 12 from line 11.
14.	Multiply fine 13 by 5% (0.05)
15.	Subtract line 14 from line 7, 1f zero or less, enter -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 for the amount to
l	enter here
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
1	the difference
18.	Subtract line 14 from line 10. If zero or less, enter -0
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
1	information at IRS.gov/Account for the amount to enter here
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
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



## **Estimated Tax Worksheet for Next Year**

		(Keep for your records)	2020
ame(s)	as shown on return		Tax IO Number
VETI	ANA NEWBERRY		
1.	Wages		1
2,	Interest and Divide	nd income ,	2
3.	Capital gain incom	8,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3
4.	Taxable IRA/Pensi	on income	4.
5.	Taxable Social Se	curity Income	5
6.	Business income	• • • • • • • • • • • • • • • • • • • •	6
7.	Other income		7.
8.		lines 1 thru 7)	
9.	Adjustments to inco	ome ,	Ą 9.
10.	Adjusted gross inc	ome (subtract line 9 from line 8)	take 10.
ffa.	itemized deduction	6	\ .\. , . 11a.
11b.		The state of the s	. \ \ \ 11h
12.	Taxable income (s	approper me render of this interior in moth mig to)	Programme of a marginal programme of the contract of the contr
13.	Estimated Soction	199A deduction for qualified trade or business income	
14.	Projected texable	ncome (subtract line 13 from line 12)	
15.	Projected Tax		
16.	Alternative Minimu		16,
17.	Total tax	٠٠٠٠ المراق المر	17.
18a,	Child Tax Credit a	nd Other Dependent Credit	7°
18b.	Other projected Co	nd Other Dependent Credit 18a. 18b.	<u> </u>
18c.	Total projected cre	adits.	18c.
19.	Subtract line 18d f	rom line 17	19
20.	Projected SE Tax	- Τεχραγεί	. , 20.
21.	Projected SE Tax	- Spouse	21.
22.	Other taxes	gh 22	22.
23a.	Add lines 19 throu	gh 22	23a.
Ь	Earned income cre	edit, additional child tax credit, fuel tax credit, net premium tax credit,	
	refundable Americ	can opportunity credit, and refundable credit from Form 8885	23b
C	Total 2021 estim	ated tax. Subtract line 23b from line 23a (f zero or loss enter -0	23c.
24a.	Multiply line 23c b	y 90% (66 2/3% for farquers and fishermen)	
b	. Required annual p	ayment 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	
25.	Projected Withhol	diffe In the second second second second second second second second second second second second second second	25.
26.	Projected Net Te	(Subtract The 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. It screen ETA is used, lines 1-24a of this worksheet will be autofilled.

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## **Computation of Regular Tax**

(Keep for your records)

2020

Name(s) as shown on return

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SVETLANA NEWBERRY

Statement for line 16 of Form 1040

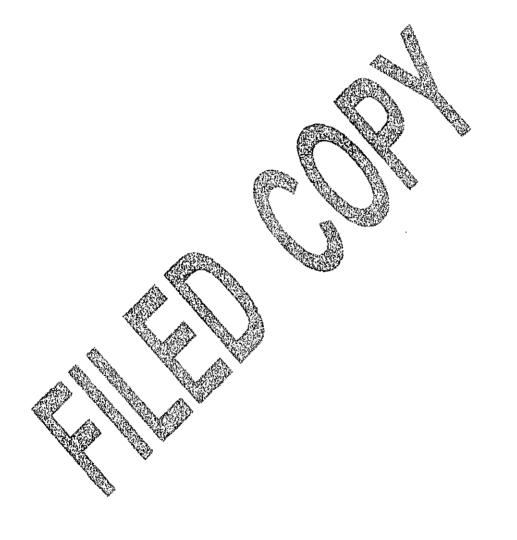
Tax per Tax Table

968

\$

\$ 968

Tax computed using only available method



Page: 67

Worksheet B	Earned Income Credit (EIC) - Line 27	
orm 1040	(Keep for your records)	2020
muter no nworla es (a)emé		Tax ID Number
<u>Vetlana newberr</u>	Y	'
<ul> <li>Complete the par</li> </ul>	rou answered "Yes" to Step 5, question 2.  ts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.  If filing a joint return, include your spouse's amounts, If any, with yours to figure the amounts to brough 3.	
Part 1		<del>_</del>
	1a. Enter the amount from Schedule SE, Part I, line 3.	1a 29,088
Self-Employed, Members of the	b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.	16
Clergy, and People With	c. Combine lines 1a and 1b.	1e 29,088
Church Employee	d. Enter the amount from Schedule SE, Part I, line 13.	1d 2,055
Income Filing Schedule SE	e. Subtract line 1d from line 1c.	1e 27,033
<u> </u>	2. Don't include on these lines any statutory employee income profit include on these lines any statutory employee income profit include on these lines are statutory employee income profit include on these lines are statutory employee.	- Y
Part 2 Self-Employed NOT Required	notary public, any amount exempt from self-employment tax as the result of the filling and approach and operations of the filling and approach and approach are any not farm profit or (loss) from Schedule 1.1634 and from farm partnerships, Schedule K-1 (Form 1965), box 14, code A.	
To File Schedule SE	b. Enter any net profit or (loss) from Schedule C, tine 31; and Schedule  K-1 (Form 1065), box 14, code A (other than farming);	<b>2</b> b
For example, your net earnings from self-employment were less than \$400.	c. Combine lines 2a and 2b. =  "If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, P.	2c
	Reduce the Schedule K-1 amounts as described in the Pertner's Instructions for Schedule K your name and social security number on Schedule SE and attach it to your return.	
Part 3		
Statutory Employees Filing	3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.	3
Schedule C		·
Part 4	4. Company lines 1e, 2c, and 3 This is your total self-employed income.	4 27,033
All Filers Using Worksheet B		

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## **Auto Expense Worksheet**

l	(Keep for your	records)	2020
me(s) es shown on return			Tax ID Number
VETLANA NEWBERRY			
Profession/Business			
NERGY BROKERAGE	\QUICK ENERGY SOLUTIONS LLC		·
<b>.</b>			
Description 2017	<del></del>		<del></del>
Date placed in service	2017-07-10		
Number of miles your v	chicle was used for		
· · · · · · · · · · · · · · · · · · ·	driven during the year		3,858
	es driven during the year	·	218
•	ven during the year		1,241
	dng the year	<del>اب ۱</del> ۰	5,317
TOTAL MINGS GITTER CO.	ing the year 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		7,317
Pusinger Hea navour	to a	The state of the s	√ <sup>1</sup> 72.56
Business Use percer	itage	2	72.36
			- AA
Expenses:		The state of the s	No. of the state o
Expenses.		Total Business Percentage	by M.
C		Learannage	4,
		· · · · ·	
		٠	• • • • • • • • • • • • • • • • • • • •
•		**************************************	· · · · · · <u> </u>
<del>-</del>		the state of the s	
	· · · · · · · · · · · · · · · · · · ·		. · · · · · <u> </u>
		And the same of th	· · · · · ·
		<del></del>	_ · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
•	· · · · · · · · · · · · · · · · · · ·	ne Action	· · · · · · <u> </u>
Rental Fees	X 1 1/2 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X		• • • • • • • • • • • • • • • • • • • •
Interest	· · · · · · · · · · · · · · · · · · ·		_ · · · · · <u></u>
Personal Property Tex		• • • • <u></u>	_ · · · · ·
Repairs	٠٠٠٠٠ م م م م م م م م م م م م م م م م م	••••	
Tires	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Tolls			
Lease Add Back			
Other Expenses:			
LEASE PMT		24,270	24,27
		· · · ·	
		••••	
Total Expenses			24,27
	fr. if		
Standard Mileage Rate			
	3,858 X		
Interest	- · · · · · · · · · · · · · · · · · · ·	· · · ·	
Personal Property T	ax	· · · · ·	
Total Standard Mile	Rate deduction		2,21
How it is reported:			
Depreciation deduction	n ,		
Auto Expense		, <i></i>	24,27
Personal Property Tax	es, Schedule A, Line 5c		
• •			

<u></u>		(Keep for your records)	2020
S) as shown on return			Tax ID Number
TLANA NEWBERRY	<del></del>		<del></del>
ession/Business RGY BROKERAGE	\QUICK ENERGY SOL	UNIONG TIC	
NGI DRUKERAGE	/QUICK BRENGI SOL	OTIONS IDC	<del></del>
Description 2019	MERCEDES SL		
Date placed in service	2019-10-12		
lumber of miles your vi			
	• •		
			. 1,936
		<i>2</i> **	1/1/2/22
Business Use percen	tage		70.54
			The state of the s
		Carlot Control	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan
cpenses:		Total Busin	
D- elia - 470			ntage
		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1.0 - 2.17 (- 1)	<del></del>
Insurance			
Licenses		· · · · · · · · · · · · · · · · · · ·	······
	· · · · · · · · · · · · · · · · · · ·		· · · · · ·
-	· · · · · · · · · · · · · · · · · /o/		· · · · · · · · · · · · · · · · · · ·
Rental Fees	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Personal Property Tax	J. 100		
Repairs	/ × W		
Tires	N /X /		
Tolis	$\ldots, \langle j_1, \ldots, j_n \rangle$		
Lease Add Back			
Other Expenses:	9/3/2/ /		
LEASE PMTS		17,105	17,10
	The state of the s	<del></del> ····	
Total Expenses	Carried Andrews		
TOWN Experience	A. C. Comment		
Standard Mileage Rate	Calculation		
Business miles		3,482 X 0.575 2,002	2,00
=			
			_ <del></del>
		• • • • • • • • • • • • • • • • • • • •	· · · · ·
		·····	
	Kate deduction		2,00
Total Standard Mile			
How it is reported:	) <i>, , , , , , , , , , , , , , , , , , ,</i>	,	

## **Modified AGI Worksheets for Form 8962**

(Keep for your records)

2020

Name(s) as shown on return

SVETLANA NEWBERRY

Tax ID Number

Worksheet 1-1. Taxpayer's Modified AGI Worksheet - Line 2a
Enter your adjusted gross income (AGI) from Form 1040,     1040-SR, or 1040-NR, line 11
50
5. Add lines 1 through 4. Enter here and on Form 8962, line 2a
1. Enter the AGI for your dependents from Form 1040, 1040-SR, or 1040-NR, line 11 2. Enter any tax-exempt interest for your dependents
from Form 1040, 1040-SR, or 1040-NR, line 2a
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
5. Add lines 1 through 4. Enter here and on Form 8962.  line 2b
1. Enter the amount from line 3 of Form 8962
3. Multiply the amount on line 2 by 4.0
Then 400% of the federal powerty line. Enter 401  There and on line 5 of Form 8962.  Not 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 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 hand on line 5 of Form 8962

8773349597

## **Qualified Business Income Deduction Simplified Computation**

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2020

Attachment Sequence No. 55

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Form 8995

SVETLANA NEWBERRY

Your taxpayer identification number

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

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	
111					
_iv					
٧					
2	Total qualified business income or (loss). Combine lines 11 through 1v.	2 24,806			
3	Qualified business net (loss) carryforward from the prior year	3 (			
4	Total qualified business income. Combine lines Zand 3 1 zero or less, enter -0-10 .	4 24,806	[		
5	Qualified business income component. Multiply line 4 by 20% (0,20)	<i></i>	5	4,961	
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 Total qualified REIT dividends and PTP income (Combine lines 6 and 7, ff zero	7 (	{		
8					
_	or less, enter -0	8 0		_	
9	REIT and PTP combonent Multiply line 8 by 20% (0.20)		-	0	
10	Qualified business income deduction before the income firmitation. Add lines 5 and 9	i	10	4,961	
11	Taxable income before qualified business modifie deduction	11 12,106	1 1		
12	Net capital gain (see instructions)	12 0	1 1		
13	Subtract line 12 from (ine.) A. If zero or less, other -0-	13 12,106	1		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	2,421	
15	Qualified business income deduction. Enter the lessor of line 10 or line 14. Also enter this amount and the lessor of line 10 or line 14.		4	2 40-	
	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 -		16	. 0	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater the				

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

Form 8995 (2020)

Amount from Form 1040, line 11	
Line 11 whome is the difference between these amounts	12 106

### 8773349597

## **QBI Explanation Worksheet**

Form 1040

(Do not file. Keep for your records)

2020

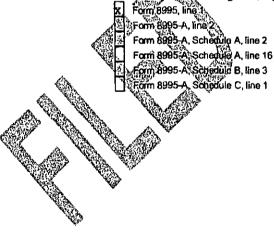
Name(s) as shown on return

Tax IO Number

#### SVETLANA NEWBERRY

Name of business activity	Schedule	c: goic	K ENERGY	SOLUTIONS	B LLC	
					As reported	As allowed on 1040 after timitations
1. Ordinary business Income (loss)					30,170	30,170
2. Rental income (loss)						
3. Royalty income (loss)				<i></i>		
4. Section 1231 gain (loss)	. <b></b> .				,A2.	
5. Open moone (1000)	<i></i>				(KOP)	
6. Section 179 deduction					Ox VA	
7. Other deductions					THE PARTY OF THE P	
8. Deduction for half of SE tax						2,055
9. Self-employed health insurance ded	duction .					2,227
10. Self-employed pension deduction						M.
11. QBI amount carried to Form 899	95 / 8995-A					25,888
12, W-2 wages carried to Form 8995	S / 8995-A			1000		
13. UBIA of qualified property carrie	ed to Form 89	95 / 8995-A		199		169,513
14. Section 199A REIT dividends				The said		
15. 199(A)(g) deduction				had Ap		
16. QBI allocable to cooperative payr						
17. W-2 wages allocable to cooperati						

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



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

Neuma(a) as shown on return Tax ID Number SVETLANA NEWBERRY Income Pre-CARES Act Post-CARES Act Difference Ordinary dividends Business income or (loss) ...... 29,088 29,088 Capital gain or (loss) Other gains or (losses) Taxable IRA distributions ..... Farm income or (loss) Unemployment compensation ..... Net Operating Loss (NOL) . . . . . . . Limitation on business losses - Form 461 (ELA) 29,088 **Adjustments** Post-CARES Act Difference Educator expenses . . Employee business expenses Health savings account deduction 2,055 Deductible part of self-employment tax 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 deduct Tuition and fees Other adjustments Charitable contributions if laking standard deduction 300 300 4,282 4,582 300 **Adjusted Gross Income** 24,806 24,506 (300)

# **₩**8773349597

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

2	٥	2	O
	•	-	•

(Keep for your records) 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 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 Expenses Disallowed investment interest expense 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 Reg. Tax Reg. Tax Reg, Tex Excess business lose from Form 461 (becomes part of NOL next year) Reg, Tax Nonrecaptured net section 1231 losses from WK 12310 . . . . AM1 Reg. Tex Credits Mortgage interest credit . . . . . Credit for prior year minimum tax . . Foreign Tax credit . . . . . . . . . . . . . . . . District of Columbia first time home owner's credit-Res. energy efficient property ofedit Other Preparer Fee . . . Overpayment applied to next year's estimates Estimated Tax Payment 1 Estimated Tax Payment 2 1,270 Estimated Tax Payment 3 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 . . . . . . . . . Spouse Amount from 8915-E texable in 2021 Spouse Amount from 8915-E taxable in 2022 . . . . . . . . . . . . Taxpayer Spouse Excess repayment from 8915-E . . . . . . . . . . . . . . . . Taxpayer **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 10213-2021 from your CITIBANK checking account ending in 7389. To cancel this payment, contact the IRS Effile 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 of or before the due date of the return.

#### Mail-to address:

Internal Revenue Service P.O. Eax 931000 Louisville LKY 40293-1000 13 F2 8773349597

Individual 1040 2020 **Diagnostic Summary** Name(s) Social Security No. SVETLANA NEWBERRY Spouse SSN No. Mailing Address: Taxpayer Spouse 1524 SHEEPSHEAD BAY ROAD APT 118 Daytime Phone: 917-499-7875 BROOKLYN, NY 11235 Evening Phone: Cell Phone: TP email: Resident State: SP email: Date of Birth: Taxpayer Spouse Dependent Information: (\*If more than 5 dependents see last page of summary) Name SSN Relationship Dependent Status Preparer: DAVID A YELLOZ CPA involce: 10-13-2021

Return Information

Form Type: 1040

2020 2019 Federal Item on Return Federal (If available) CE 250 Filing Status Exemptions (suspended until tax year 2025) A/K N/A Total Income 29,088 141,169 AGI 24,506 <u>121,806</u> Deductions 12,400 12,200 Taxable Incomo 9,685 87,685 Tex (before credits) 968 15,217 Tax (after credits) 968 24 Tax Rate Percentage Additional CTC Overpayment Refund Refund Applied to ES Balance Due 32,525 4,548

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)

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

Name(s) as shown on return  SVETLANA NEWBERRY  Account #1  Financial Institution  Routing Transit Number  Account Number  Account Type  Federal Main Form  Federal Debit  State Main Form(s)	CITIBANK		Your ID Number
Account #1 Financial Institution Routing Transit Number Account Number Account Type Federal Main Form Federal Debit	SHOOKING		
Federal Main Form Federal Debit	-		
State Main Form(a)	(2,250)	Date of Debit	10-13-2021
NY Debit	(981)	Date of Debit	10-13-2021
PLEASE VERIFY BANK INFORMATION  1. Bank Name  2. Bank Routing Transit Number  3. Bank Account Number  4. Bank Account Type	(3,231)		
This information is used to deposit your re			

Date

Spouse's Signature (If Married Filing Jointy)

Date

Your Signature

TO:16144660313 EPON: 8773349597

Auto	Mileage	Worksheet
------	---------	-----------

(Keep for your records)

2020

Tax ID Number

SVETLANA NEWBERRY

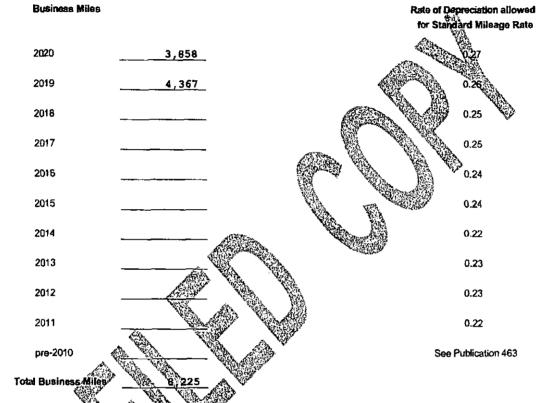
Name(s) on shown on return

Profession/Business ENERGY BROKERAGE

QUICK ENERGY SOLUTIONS LLC

Description 2017 MERCEDES 400-E

Date placed in service 07-10-2017



is 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 no 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.

TO:16144660313 FROM: 8773349597

# **Auto Mileage Worksheet**

(Keep for your records)

2020

Tex ID Number

Name(s) es shown on return

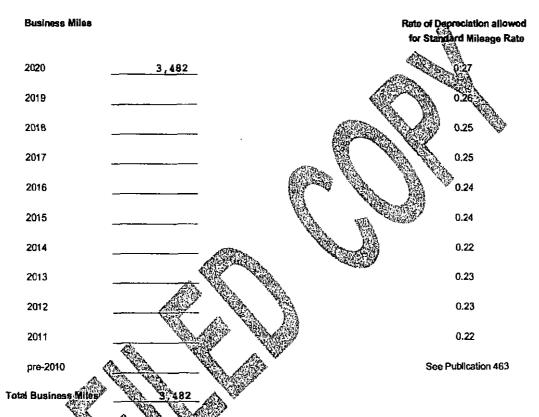
SVETLANA NEWBERRY

Profession/Business

ENERGY BROKERAGE \QUICK ENERGY SOLUTIONS LLC

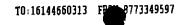
Description 2019 MERCEDES SL

Date placed in service 10-12-2019



s 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 expansion were taken on the vehicle, then do no 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 vahicles.

			Return Summary for your records)		2020
Your Name		<del></del>			ecurity pumber
SVETLANA NE	EWBERRY				
pouse's Name		<del></del>	<del> </del>	Spouse's cocial	security number
				'	·
folling address			Apartment number	Daytime Pl	
1524 SHEEPS	SHEAD BAY ROAD	<del></del>	11H	917-4	99-7875
City State Zip BROOKLYN NY	Y 11235		Emeil		
New Yo	ork State Income	Tax Return	Other New York and New	v York Cit	y Returns
orm Filed	IT-201		Unincorporated Business Tax (N	YC-202)	
Filing Status	SINGLE			xpayer	Spouse
NYS Residency	FULL-YEAR RES	DENT	Taxable income		
NYC Residency	RESIDENT		Tax		
Yonkers Residency	NONRESIDENT	<del></del>	Credits	<del></del>	<del></del>
			Estimate and extension payments	<u> </u>	
Advanced Payn	nents Received		Amount due or -refund	io h	
Property tex freeze			Amount refunded	The state of the s	
. Topony was notice			Overpayment applied	Total Control	
Income. Adiusti	ments and Deduction	s	Underpayment of estimates		
	gross income (FAGI)	24806.	Failure to pay penalty	<del></del>	
	S Column - IT-203 filers)	24000.	Failure to file penalty	<del></del> -	<del></del> -
Total additions		2571.	Late filing Interest		
Total Subtractions	· · · <i>· ·</i> · · · · · · ·	5142.			
New York AGI		22235.	Total balance due		
	IVE Col. IT 702 Flore)	44433.			
	IYS Col - IT-203 filers)	0000			
	tandard 🔯 deduction	8000.	LLC and LLP Filing Fee		
	tions	14235	Form IT-204-LL amount due		
Taxable income		WELLEY CONTRACTOR	<u> </u>		
MOTING	h				
MCTMT net earnin	ıgs base	OF WELL	Nonresident Employee of the		
Tau Daves-1-1-	and Coodle		City of New York (NYC 1127)		
Tax, Payments,	ďi.		Taxable income		
New York State to	- iddir	620	Tax		
Norrefundable st	- Dell Carl	4.015	Credits and withholdings		
Net other state tax	xes 🍂 . 🍇 . 🍇 _		Balance due		
Total NYS tax	TELL MY AT	580.	Refund		
New York City tax	70 Kills 24 VANA -	<u> 453453.</u>			
	orrefundable credits	All the second s			
MCTMT	· · · · · · · · · · · · · · · · · · ·	<u></u>			
		•	Miscellaneous Information		
Yonkers taxes	·····-		Refundable Credits claimed		
Use tax and contr		<u> </u>	Empire State child credit (IT-213)		
Total tex and cont		1033.	NYS/NYC Child Dep (IT-216)		
Total refundable	credits	63.	NYS EIC (IT-215 or IT-209)		
			NYS noncustodial EIC (IT-209)		
Income tax withhe	- · · · · · · · · ·		NYC EIC IT-215 or IT-209)		
Estimate and exte	ension payments		Real property tax credit (IT-214)		
Total payments a	nd credits	89.	College tuition credit (IT-272)		
Penalties and Inte	erest	37.	NYC school tax credit (fixed amoun	it)	
Rofund		0.	NYC school tax credit (rate reduction	on amount)	
Overpayment ap	plied to next year	0.	·		
	9 account deposit				
Amount refunde	_	0.			
Amount due	-	981.			



# Department of Taxetion and Finance Resident Income Tax Return

IT-201 ≥

, 1	Õ
20 	HANDWRITTEN ENTRIES,
12	OTHER THAN
(27)	SIGNATURE,
	ON THIS FORM.

Your first name				tions, Form IT-20			nd ending .	
*******	MI			um, enter spouse's name	on line below)	Your date of birth (mindalyyyy)	Your Social	Security number
SVETLANA Spouse's first name	Mi	NEWBERRY Spouse's last name						7,5
		Special of max (min)				Spouse's date of birth (mendalyyyy)	Spouse 1 So	cial Socurity number
Maling address (see instructions, p	Nege 14	) (number and street i	r PO box	<del></del>		Apartment number	New York St	tate county of residence
1524 SHEEPSHEA						11H	KINGS	
City, village, or post office		<u> </u>	Storie	ZIP code	Country (if re	ot United States)	School disbi	
BROOKLYN		_ <del>-</del>	NY	11235		A	BROOK	LYN
(axpayer's permanent home addre	S\$ (50	instructions, page	14) (num	er and street or naret route	1)	Apartment number	School distri	
				<del>,</del>	<u>,</u>	An M	code numbe	<u>,) 071 </u>
City, villaga, or post office			State	ZfP code	Decodent	Texpayer's date of death fremody	ÿyy) Spou Sch □	sa's date of death (mmddyyyy)
		<del></del>	NY	<u> </u>	Information			
Filing (1) X S	Single					ou have a linencial account	located in a	
status	g.c				74	country ??(see page 15)		Yes L No LA_
1-7	Aarrie Aarrie	d filing joint retur pouse's Social Sec	n N	mher ehouel	D2 Were	you required to report any i go compaisation as requir	bëfilisupnon a ⊃¤i va ba	467A [
havi:			-	moor above;	on you	go compensation as required as required as 2020 federal return of the control of	page 15),	Yes No X
(3)     1		d filing separate pouse's Social Sec		mber above) 🕺	E (i) D	d you or your spouso maintair	. Rying	
			•		qı	uarters in NYC duning 20207 (	suc pago 15)	Yes L. No L
(4) L H	tead (	of household (wit	h qualify	ing parson)		nter the number of days spent i		0
(5)	Turalita	ring widow(er)			(8)	ny pari of a day spant in NYC is cor	nsiderad a day)	
/3/ [	-eucany	ing widow(er)			× 31.5	residents and NYC part-ye	ar	
3 Did you itemize your d			V		444	ants only (see page 15); which is months you lived in N	YC in 2020	12
your 2020 federal incom			res		( )	N. W. William		
Can you be claimed a on another taxpayer's fe		. ,	Vas `		(2) N	umber of months your spouse	lived in NYC	in 2020
		188	VSP.		G Enter	your 2-character special	condition	[] <b>[</b>
			<u>ک </u>		code(	6) if applicable (see page 1	5)	
	43	Z MANGEN A	1 1		ř			
	2 <b>998</b> (8	EN MATERIAL PORT						
	isia 🖏		*					
د .		All All All All All All All All All All	2					
	2.3	**************************************						
l Dependent informat	ion (	seo page 16)	But	200				
H Dependent informat	*	(see page 16)	name	Rela	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wilds	*	l A les	<del></del>	Rela	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wilds	*	12. 12. 12.	<del></del>	Rela	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wilds	*	l A les	<del></del>	Rela	tionship	Social Security nur	mber	Date of birth (mmddyyyy)
Wildi	*	l A les	<del></del>	Rola	tionship	Social Security nur	mber	Date of birth (mmddyyyy)
Wild i	*	l A les	<del></del>	Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wilds	*	l A les	<del></del>	Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wildi	*	l A les	<del></del>	Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wildi	*	l A les	<del></del>	Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wildi	*	l A les	<del></del>	Rola	tionship	Social Security nur	mber	Date of birth (mmddyyyy)
Wilds	*	l A les	<del></del>	Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wildi	*	l A les	<del></del>	Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wildi	*	l A les	<del></del>	Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wildi	*	l A les	<del></del>	Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)
Wilds		IS Albasi		Rola	tionship	Social Security nu	mber	Date of birth (mmddyyyy)

Page 2 of 4 IT-201 (2020)

1	Year Castel Paraders 1		
ı	<u> </u>	_	 _
1			
	Ŀ		 

'ag	2 of 4 IT-201 (2020)			2
				ō
Fed	eral income and adjustments (see page 16)		Whole dollars only	
		7		7
1	Wages, salaries, tips, etc.	1	.00	2
2	Taxable interest Income	2	.00.	~
	Ordinary dividends	_3	.00	O
	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	00	WRI
	Alimony received  Business income or loss (submit a copy of federal Schedule C, Form 1040)	5 6	29088.00	7
	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040).	7	.00	2
	Other gains or losses (submit a copy of federal Form 4797).	8	.00.	7
	·	<u>19</u>	.00.	_
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	Ĥ	.00.	TI.
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	HII)	.00.	2
		4	À	
	Rental real estate included in line 11	1	6 <u>8</u>	
	Farm income or loss (submit a copy of federal Schedule F, Form 1040).	13	00.	
	Unemployment compensation  Taxable amount of Social Security benefits (also enter on line 27).	15	.00	
	Other income (see page 16) Identify:	16	.00.	2
	11.0			П
		17	29088.00	C
18	Total federal adjustments to income (see page 16) Identify: SEE FORM NY FAGI	<b>6.18</b>	4582 .00	
19	Federal adjusted gross income (subtract line 18 from line 17)	19	24506	0
19a	Recomputed lederal adjusted gross income (see page 16, Line 19a worksheet)	19a	24806	
				-
Ne	w York additions (see page 17)			m
	Interest income on state and local bonds and obligations (but not trose of NYS or its local governments)	20	.00.	
	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	<del></del>	Z
	New York's 529 college savings program distributions (sed page 17)	22	.00.	
	Other (Form IT-225, line 9)	23	2571 .00	I
24	Add lines 19a through 23	24	27377.00	NAH
				>
Na	w York subtractions (see page 18)			The same
	1 100 Oct 1 100 1	. [		S
25	Taxable refunds, credits, or official of state sink local income taxes (from line-4) . 25		ENGRYPHERIOTECHT III	2
20	Pensions of NYS and local governments and the recertal potential (see page 15)  Taxable amount of Social Security boroutta (from fine 15)			3
28	Interest income on U.S. government bonds		15月1日   15	Z
	Pension and annuity income exclucion (coo page 10) 29	}		130
30	New York's 529 college savings program deduction/earnings . 30			
	Other (Form IT-225, line 18)	<del> </del> _		
32	Add lines 25 through 31	32	5142.00	TURI
33	New York adjusted gross income (subtract line 32 from line 24)	33	22235 .00	M
St	andard deduction or itemized deduction (see page 21)			NO
<u> </u>	mand deadolog of homized dodderson			~
34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196)		T	
	Mark an X in the appropriate box: X Standard - or - Itemized	34	8000 .00	7
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	14235.00	
	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	<del></del>	SIH
27	Tayable income (cubicac) line 26 from line 261	37	14235 .00	_
3/	Taxable income (subtract line 36 from line 35)	31	14477 100)	T
111=	201002201024 CERRITARIO ART BALLERIA (R. R.			ORN
				2
				S

# 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: X Standard - or - Itemized	34	8000 .00
35	Subtract line 34 from line 33 (if tine 34 is more than line 33, leave blank)	35	14235.00
	Dependent exemptions (enter the number of dependents listed in item H; see page 21)		00.000
37	Taxable income (subtract line 36 from line 35)	37	14235.00

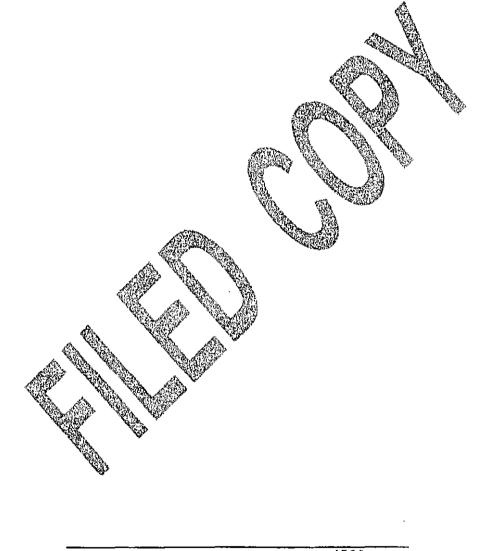


age 4 of 4	IT-201	(2020)	Ē	Your Social Ser	urity nun	nber	ר					
		и ол	Γ	-			_1	ſ	$\Box$		101	33 .00
		ndable credits					<i></i>	٠٠٠٠ ل	62		103	33.00
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,		credit			<del></del>			00.		MAXI'		
		nd dependent care cre						.00		対が対		Y III
		ne credit (EIC)			65	<u> </u>	<del></del>	.00				
		parent EIC						.00			WIND W	
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•		edit			_	<del> </del>		.00				3
		redit (fixed amount) (a	-		69		·····	63 .00	min e.	NIN DUNCTO	Administration (1971.)	- American
		redit (rate reduction as	-		_			26.00				
		ne crodit		_	70	<del></del>		.00				
		aily left blank			_	<del></del>			A			
Other re	emndable	credits (Form IT-201-	AII, (INB 16)		71	<del></del>		(00.			mplete Form	
Total No	w York S	State tax withheld			72	<u> </u>		<b>€</b> 1000	44.		R and submi	
Total No	aw York (	City tax withheld		<i>.</i>	73		ميار مارا	.00.	20.00		(see page 13	•
Total Yo	onkers ta	x withheld			74		AND	\$\$\$.00		ột send fe Your retur	derai Form V '	V-2
Total es	itimated to	ax payments and am	ont paid with	Form IT-37	0 75		E.B.	₹00	MIUI!	April Lerrin	··	
Total n	avments	(add lines 63 through	75)			AN	The state of the s		76	100		89.00
	-	int you owe, and a	•			ALC: A			· • ·			0 0 .00
Amara	t oversal	d (it line 76 is man 4	han line 62 4	uhtmet lies	62 6-	m line 75: al	an and street	A VA				00
		<b>d</b> ( <i>if line 76 is <b>more</b> t</i> <sup>7</sup> available for refund				2 7 Z 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3490 32). 3	10 M	77 78			.00.
		that you want to depo	•		- 1	CONTRACT TO THE PARTY OF THE PA	Nev.					
i Amount	di illia 10	men you want to dapt	SILINIDANTS	329 80000	i ii (Fom	( I I E I BO, MIND 4) (	aiso suomii i	rovgi i j∈ i⊌oj roka i	/8a		·	.00
Total re	fund after	NYS 529 account do	•			10.000			78b		<del></del>	.00
			direct	t deposit to	chack	ing or no 83) or	P	aper	Dof.	and? Direc	t deposit is th	
		ne refund choice:	saving	gs account	(1111 111 11	no 83) 📆		heck			way to get yo	
Amount	of line 77	that you want applied	to your 2021		79	*****	NE STATE OF THE ST	00	rafur	-	, , ,	
esun America	lated tax (	(see instructions) (if line 76 is less tha	- 1-2600	74			. h alaataa	.00				
mucum u	i you owe	val, mark an <b>X</b> in the l	n ine passuo	macenno 70	TRUTH I	ane ozj. 10 paj	oy electro	THC	See	page 33 fc	r payment o	ptlons.
0.00	opov Orda	er you <b>must</b> complete	17-201	l and the sy	li milli	Naid O4. II you Mark to turn	pay by the	XCK	80		a	81 .00
		-	V 100	SEED AND	n wiii	your return		• • • • •	60			01.00
		nalty (include this am orpayment on Jine 77;			V 81	4		37 .00	See	page 36 fe	or the proper	
		and interest (see page			82	<del> </del>		.00.	286	embly of y	our return.	
		. 26 A 70//A	, ' 1	المتحالة والمتحالين المتحالين		<del></del>		.00	l			
3 Account	it informat inde for vo	ion for diroct deposit ur payment (or retur	g) goody cou Sy eigenous i	in to most a	n to) a	sao pago 34). n account outs	ida Iha Li S	markon	Y in th	ie hav (ea	ano 34)	🗀
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83a A	count typ	e XX Personal d	iecking - or	2º [] P	ersona	l savings • o	· [] [	Business ch	ecking	g -or-	Busine	ss saving
		ALL STRONG	dilly dis.	7				<del></del>				
<b>83b</b> R	outing nun	nber Territ			83c /	Account numbe	r					
				Des	. [	1012201	. 1		. 🗀		0.0	1 00
Electro	NIC IUNOS	withdrawal (see page	34)	. Det	e	1013202	<u> </u>	Amour	<b>н</b>		90	1 .00
Third-p	arty	Print designee's name				Dosig	noe's phone	number			Personal idea	
designee? (											number	(cnt)
'es 🔲 1	<u>₩ [X]</u>	Email:				·						
Paid pre		t complete 🔻 Pr	eparer's NYTPRIN	1	NYTPRI		,	▼ Taxpa	yer(s	) must si	gn here ▼	
(See Insu parera signa			Preparer's printe			- I V I J	Your signatu	<u> </u>	-		<u></u>	
-1	<del></del>	'ab	DAVID A			<u> </u>	<u></u>			· · · · · · · · · · · · · · · · · · ·		
m's name (or LY ACCO				Preparers PT P012	1N or SSI 13420		Үсиг оссира	1007)				
idress				Employer iden	dication	unuper	Spouso's 6kg	grature and oc	cupation	(il joint return	)	
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ROOKLYN	NY 1121	4			Date 051	.62021	Date				one number 99 7875	
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201	0042010	24	struction:	BITW TOLE	# 10 N	nali your ret	uril.					
U A SHILL I BU		ii i <b>diei ij 5</b> 1										

Federal Adjustments **New York Supporting Statements** ta Income 2020 Name(s) os shown on return Your Social Security Number

SVETLANA NEWBERRY

DESCRIPTION AMOUNT 1/2 SE TAX 2055. 2227. SE HEALTH INSURANCE CHARITABLE CONTRIBUTIONS



TOTAL ADJUSTMENTS

4582.



Department of Taxatlon 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-20	33, IT-204, or IT-205.
ark an X in the box identifying the return you are filing: IT-201 X IT-203 IT-204	IT-205
chedule A - New York State additions (enter whole dollars only)	
art 1 - Individuals, partnerships, and estates or trusts	
1 New York State additions	
Number	
2 Total (add column A, lines 1a through 1g) 3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-225 It any	2 2571.00 3 .00
4 Add lines 2 and 3	4 2571.00
Form IT-201 filers: do not enter EA-113 Form IT-203 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	
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 (continue





#### Schedule B - New York State subtractions (enter whole dollars only)

#### Part 1 - Individuals, partnerships, and estates or trusts

#### 10 New York State subtractions

	Number						
10a	S٠	2	1	3			
10b	s.	L.					
10c	s٠	ı	L 1				
10d	s.	L					
10e	S-						
10f	s-						
10g	S-	L					
بعب	<u> </u>	_		_			

A - To	otal amount
	5142.00
	.00.
	.00,
	.00
	.00
	.00
	00.

B - NYS allocated	d amount
	.00,
	.00.
	.00.
	.00
	.00.
	,00,
	700.

11 Total (edd column A, lines 10e through 10g) . . . . . . .

5142.00

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

5142.00

13 Add lines 11 and 12 . . .

#### 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

	Nun	Number					
14a	ES-	1.					
14b	ES.	1	_i				
14c	ES-	1	ı				
140	ES-	.1	1				
14e	ES-	. 1	.1				
141	ES-	1	1				
14g	ES-1	1					

A - Total amount 🚕 🚓		
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1337	,ôố.	
A Ch	00	M
	<b>₽00</b>	
A W	V00.	
Va.AXV	.00	N
100 Tarabata (20		16.

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

B - NYS allocated amo	นกt
(A) (A) (A)	.00
	.00
STA.	.00
A STATE OF THE STA	.00
JE-SA	.00
ON I	.00
7	.00

15 Total (add column A, dines

.00

17 Add lines 15 and 16

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

5142.00





NO HANDWRIT



Department of Taxation and Finance

# IT-558

(continued)

# New York State Adjustments due to Decoupling from the IRC

Name(s) as shown on return	Attachment to Form 11-2	301, 11-203, IT-204, or IT-20	Identifying number as shown on return
SVETLANA NEWBER	RV		
omplete all parts that ap	ply to you; see instructions (Form ying the return you are filing:		IT-201, IT-203, IT-204, or IT-205.
chedule A - New Yo	rk State addition adjustment	s to recompute federal amo	unts (enter whole dollars only)
art 1 - Individuals, par 1 New York State addition	tnerships, and estates or trusts		
Number  1g	A - Total amount 300 .00 .00 .00 .00 .00 .00 .00	B - NYS allocated amount 00 00 00 00 00 00 00 00 00 00 00 00 00	
	Part 1, column A amounts from addition	onal Form(s) IT-558, if any	2 300.00 3 .00 4 300.00
art 2 - Partners, share 5 New York State additi	***************************************		
Number  5a	A - Total amount  .00  .00  .00  .00  .00  .00  .00	B - NYS allocated amount	
	nes 5a thigugh 5g)	Ī	6 .000 7 .000
\$ Add lines 6 and 7			88
A Takel additions (add	francisco de la companya del companya de la companya del companya de la companya	1	300 m





IT-558 (2020) (Page 2)

SVETLANA	NEWBERRY
2 1 1 1 1 1 1 1 1	117117777777

#### 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 .00 10a S-I .00 10b .00 .00 10c .00 .00 10d S-.00 .00 10e .00 .00 S-10f s-.00 .00 10g S-.00 .00 11 Total (add column A, lines 10a through 10g) .00 12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-558, if 13 Add lines 11 and 12 Part 2 - Partners, shareholders, and beneficiaries 14 New York State subtractions Number A - Total emount B - NYS allocated amount 14a .00 ES -14b ES-.00 .00 .00 14c <u>E</u>S -.00 7.00 14d ES -.00 14e ES .00 14f ES -149 ES -.00 15 Total (add column A, lines 14a through 14g) 16 Total of Schedule B, Part 2 column A amounts from additional Form(s) IT-558, if any .00 17 Add lines 15 and 16 .00



18 Total subtractions (and lie







Department of Taxation and Finance

IT-398

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

Page: 90

Jse th	is form on	lly for prope	erty placed in	service insid	le or outside N	ew York	State	after Ma	y 31, 2003	<b>3.</b>		
•	s) as shown									Identifying n	umber as shown on ret	turn
SVE	TLANA	NEWBE	RRY							<u> </u>		'
Aark a	n X in one	box to shov	the income to	ex return you a	re filing and sub	mlt this	form v	with that re	eturn,			
T-201,	Resident	<u>X</u>	IT-203, Non	resident and pa	rt-year resident			IT-204, §	artnership		IT-205, Fiduciary	
Part 1	New Yo	ork liberty z	one property	lernal Revent described in see instruction	IRC section 14	section 100L(b)	168(k (2)) pl	) property aced in se	(except for	or resurgence te or outside	zone property ar New York State,	nd
		A		В	С		D	E	THE STATE OF THE PARTY OF THE P	, Fill	G	
		ription of prope itional sheat if i		Date placed in service (mmddyyyy)	Depreciab basis	le	Conv.	Method		ew York tion deduction	Federal depreciat deduction	ion
LEA	SE IM	PROVEM	ENT	04032017	257	10.00	HY	SL 🦋	The state of the s	_514½Àqo	257	1.00
					·	00	A.		<b>多。《新</b>	00.		.00
		<del></del>		ļ	<u> </u>	.00			TOWN.	.00.		.00
					\	.00,	150	- 45	A 450	.00.		.00
						A STATE	1 m		All All	<u> </u>	<del></del>	
1 1	Enter colum	on Fand colu	mn G totels	• • • • • • •			ইট		188	5142 .00	257	1.00
						1 V.S.		200	4000			
}			fer the colum		<del></del>	2000 E				in G total to:		
- }		•	•	ount column ar		<b></b>		1000		ount column ar		
Į	subf	traction mod	fication S-213	In the Number	COLUMN.	Ě	iddilior	_modificali	on <i>A-209</i> In	the Number of	olumn.	
							-64	7.1933v	_	_		
Mark a	zone p May 3	oroperty des 1, 2003 (so box if you cla	cribed in IR0 e instructions	C section 140 s)(()	iộn, 168(k) proc 0K(b)(2)) pláce p.Form IT-212, II	d in se	rvice i	nside of o	utside Nev	w York State,	New York liberty beginning after	,
		AA	19 EV 1	N. T.	CABUS		С			Ď	E	
	(บรอ	Description of additional sha	et if needed)		Date of disposition		Method dispositi			New York on deduction	Total fedoral depreciation dedu	
			A official a							.00		.00
			GG/	May 12						.00	<u> </u>	.00
ļ			6635	*KAN						.00		.00
L			A 630%							00.		.00
			umn E totals					. 2		.00	<u></u>	.00
		unt from line			<b></b>	• • • •				3		.00
		unt from line :	•	• • • • • •	• • • • • • • •		· · · ·		- • • • •	4		.00
5	Subtract lin	ne 4 from line	3			<i>.</i>				5	<u></u>	.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.









# Underpayment of Estimated Tax By Individuals and Fiduciaries New York State • New York City • Yorkers • MCTMT

IT-2105.9

Na	ne(s) as shown on return						Identification	n num	bor (SSN c	r EIN)
S١	/ETLANA NEWBERRY			_			<u> </u>			'
Pa	rt 1 - All filers must complete this	g pa	rt (see instructions, Fon	n IT-2105.9-I	, for assi	stance)				
1	Total tax from your 2020 return before with	holdl	ng and estimated tox pays	nents (cauti	on: 800 ii	structions)	<u> </u>	1		1033.00
2	Empire State child credit (from Form IT-201	l, 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	1T-201, line 65)		4		.00			
5	NY State noncustodial parent EIC (from Fo	m N	-201, line 66)		5		.00			
6	Real property tax credit (from Form IT-201,	lino	67)		6		.00			
7	College tuition credit (from Form IT-201, lin	o 68,			7		.00			
7a	STAR credit (see instructions)				7a		.00			
8	NY City school tax credit/from Form IT-201, liii	nes 69	and 69a, or Form IT-203, lin	es 60 and 60a)	8	Alm	00. PB			
9	NY City earned income credit (from Form I	T-20	1, line 70)		9	**************************************	× \$ 400			
	This fine intentionally left blank				9a 🦽		SELVI -			
10	Other refundable credits (from Form IT-201, Ine	71; Fo	um (T-203, line 61; or Form (T-20)	5, ilne 33)	10	Service Service	·.00.	5		
	•						٩ ٩	91		89.00
	Current year tax (subtract line 11 from line	•		\$ 07.	270	V.00\	<del>"</del>	123		944.00
13	Multiply line 12 by 90% (.90)		<i></i>		13	W ASSE	850.00			
	income taxes withhold (from Form IT-201, lines in				77,	7.73	(A)	14		.00
	Subtract line 14 from line 12, if the result is				this for	m (see instr	uctions) .	15		944.00
	Enter your 2019 tax (caution: see instruction						.*	16		10701.00
_	Enter the smaller of line 13 or line 16			7.1		and the board of	, . <u></u>	17		850.00
	irt 2 - Short method for computing imated tax installments (on the due dates),									
			<del></del>	ASMINITED IN	z. Qiijari	vise, you me	.00	ran	3 - 116yon	at tribution.
19	Enter the total amount of estimated tax pay			tions)			.00			
	Add lines 18 and 19	ymen	re Ann marra laga menar	uurisy	WE13		.00	20		.00.
	Total underpayment for year. Subtract l	inesiin	Thom line 17 (if you by	ee non qu u	of own th		• • •	21		850.00
	Multiply line 21 by .04356 and enter the res	11/21/15	3120 M. 21 M. 20 M	233, YOU UU 11	Of OWC ()	e pondity).		22		37.00
	If the amount on line 21 was paid on or af			e amount on	lina 21 u	vas neid <b>he</b> i	inre			
_	April 15, 2021, make the following compu					roo pala ba	.010	1 1		
	Amount on line 21 x number of days							23		.00
24	Penalty. Subtract line 23 from line 22	<b>P</b> 4.4					24			37.00
	Enter here and on Form (T-201) line 81). F	αm	T-203 Not 7/1 or Form IT	-205, line 42.						
Pa	art 3 - Regular method - Schedul	À.	Computing your u	nderpayn	nent (	Schodule B	s on page 2	?)		
	Payment due dates	A. S.	A 6/15/20	B 7/1	5/20	C	9/15/20	_	D	1/15/21
25	Required installments, Enter 1/4 of line 17	* A								
	in each column. (If you used the annualized	A.	A.							
	income installment method, see instructions.)	25	.00,			00		.00		.00
26	Estimated tax paid and tax withheld		l	1		1			 	
	(see instructions)	26	.00.			.00		.00		.00.
	implete lines 27 through 29, one column									
	at a time, starting in column A.  Overpayment or underpayment from									,
21	prior period			<b> </b>				00	ļ	
28	· ·	27				.00		.00		.00
20	If fine 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment.								ĺ	
	subtract line 27 from line 26 (see instr.)					00		00		
20	• •	28	.00.	<del> </del>		.00		.00	<del></del>	.00
49	Underpayment (subtract line 28 from								1	
	line 25) or overpayment (subtract line 25	20	00	1		00		00	1	00
	from line 28; see instructions)	29	.00.	L		.00 (		.00	L	.00.



## IT-2105.9 (2020) (Page 2)

Part 3 - Regular method - Schedule B -	Com	puting the pe	enalty				
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	.00	0000				
32 Your underpayment penalty for the first installment penalty period is 0.00 (see instructions)	32		0.00		(A		
	_						
Second installment penalty period (July 15 - Sept			1 1	400			
33 July 15 - September 15 = (62 + 366) x 7.5	5% ≃	01269					
- or -			1 1				
July 15 = ( + 366) x	7.5%	• []	32		Ž.		
34 Multiply line 30, column B by line 33			33	20.00		1	
Third installment penalty period (September 15, 2	020	lanuary 15, 2021)	W.				
35 September 15 - December 31 = (107 + 36)	6) x 7	.5% = .02192	M.		3	Į	
Jenuary 1 ∼ January 15 = (15 + 36)		.5% = <u>.00307</u> otal <u>.02499</u>	¥			   	
- of -							
	200	.5%)=					
January 1 = ( = )	65) x 7	5% Total					
38 Multiply line 30, column C by line 35,			<b>.</b> .	35	.00.		
Fourth installment penalty period (January 15 A	neil 14	*20021)					
37 January 15 - April 15 = (90 + 365), x	· 495	.01848					
January 15+ 3	65) x	7.5% = .			37		
38 Multiply line 30, column D by line 37			<i>.</i> .			<u> </u>	.00
39 Penalty. Add lines 32, 34, 36, and 38. Enter				•	_ <del></del> -		
Form IT-203, line 71; or Form IT-205, line 4	2				39		.00.

New York Worksheet	2020			
Name(s) as shown on return	(Keep for your records)			
SVETLANA NEW	BERRY	Your social security number		
		<u> </u>		
	Total Tax from the 2020 return before withholding and estimated tax p	ayments		
_	orksheet to compute amount for line 1.			
	orm IT-201, line 61; or Form IT-203, line 58			
2 Enter sales or use ter	x from 2020 Form (T-201, line 59; or Form (T-203, line 56	2		
	butions from 2020 Form IT-201, line 60; or Form IT-203, line 57			
5 Subtract line 4 from li	ne 1. Enter here and on Form IT-2105.9, Part 1, lino 1	5 1033.		
·				
6.5 A @ 184				
Line 15 Worksneet	: - If this line is less than \$300, you do not owe a ponalty and do not need to complete Form IT-2 ect to more than one of the following taxes (New York State, New York City, Yorks as MCTM)	105.9. If this line is \$300		
foliowing worksheet to se	et to more than one of the drowing taxes (New York State, New York City, Yorkets or Mis Mis e if you may owe a penalty.	), complete the		
_				
Are you subject to:				
•	(enter 1)	1.		
	nter 1)	b. 1.		
	)	°		
		d		
•		600.		
f) Multiply line e by \$30	00	000.		
Miling 15 in last than lies	. F. often de part complete the met of this form			
If line 15 is more than line	of, stop; do not complete the rest of this form.			
II III TO IS THOTO CHEN TILL	e i, compline with little 10.			
Line 16 Workshee	t - 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			
	rorksheet to compute amount for lifte 16.			
<del>_</del>	IT-201 (total of lines 46 and 56); or Form IT-203 (total of lines 50 and 55),	1 11011.		
	credits claimed from 2019 Form IT-201, lines 63-71; or Form IT-203, lines 60, 60a, and			
	payment (check) received in the fall of 2019 for the property tax relicf credit and the			
		2 310.		
3 Subtract (ine 2 from)	line 1. Enlecthere and on Form 4T-2105.9, Part 1, line 16. If your New York			
RAY	Dine (or net earnings from self-employment allocated to the MCTD)			
for 2019 is more the	1 \$150,000 \$75,000 if married filing separately for 2020) enter 110%			
of this amount .		. 310701.		
	- Autor			
Line 16 Workshee	t - Novt Your Tay			
THE IN MAINTING	- ITGAL LEDI LIA			
The amount calculated	for this worksheet, is the amount that should be entered on line 16 of the 2021 IT-2105.9			
	orksheet to compute amount for line 16.			
1 Tax from 2020 Form	IT-201 (total of lines 46 and 58); or Form IT-203 (total of lines 50 and 55)	1 1033.		

•	Tax from 2020 FORM THEO TO BIRD 90 BIRD 90), OF FORM THEO TO BIRD 50 BIRD 50)	1055.
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	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 not earnings from self-employment allocated to the MCTD) for 2020 is more than \$150,000 (\$75,000 if married filling separately for 2020) enter 110% of this amount

3 \_\_\_\_\_944.

i i	16466454118	
	h	

	Recomputed Federal Adjusted Gross Income	
	(Keep for your records.)	2020
Your first name		Your Social Security number
SVETLANA NEWBERR	XYY_	<u> </u>
· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·		

#### 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, Fedoral amount column, on the line 19a, Federal amount column. Enter the line 19 amount, New York State amount column, on the line 19a, New York State emount column.

If Yes, complete the Line 19a Federal amount column worksheet and the Line 19a New York State column worksheet below. Do not leave line 19a blank.

#### Line 19a - Recomputed Federal Adjusted Gross Income

•	receis adjusted gross income as reported from 11-201, the 1s, or Committee 1st		
2	Total addition adjustments (Form 17-558, line 9)		
3	Add lines 1 and 2	3	24806
	Total subtraction adjustments (Form IT-558, line 18)		
	Recomputed federal adjusted gross income. Subtract lines 4 from 3. Egier here and on Form IT-201, line 19a or		
	Form IT-203, line 19a, Federal amount column.	5	24806
	19a New York State amount column worksheet		
1	Federal adjusted gross income as reported (Form IT-203 line 19)		
	NYS allocated amount of total additions (The sum of the entries from Form(s) IT-558, line 1 and line 5, column 8)		
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)		
5	Recomputed federal adjusted gross income. Subtract lines 4 from 3. Enter here and on Form IT-203, line 19a,		

New York State en

TO:16144660313 FPAN 8773349597

New	York
Worl	ksheet

# New York City school tax credit (NYC residents only)

(Keep for your records)

2020

Name(s) as shown on return

SVETLANA NEWBERRY

Your social security number

Filing status:	If your income (see below) is:	Your credit* is:
- Single, filing status (1), or	Τ	T
Married filing separate return, filing status (3), or	\$250,000 or less	\$ 63
Head of household, filing status (4)		
Married filing joint return, filing status (2)		4
<ul> <li>Qualifying widow(er) filing status (5)</li> </ul>	\$250,000 or less	\$ 125

Table 2 - Part-year New York City residents New York City echool tax credit projection chi If your income (septelow) is \$250,000 or less land Resident period (number Your filling status is (1), (3) Your filing status is (2) months) or (4), your credit\* is: or (5) your credit is: 是例如 10 21 31 42 52 63 73 83 94 104 115 125 The statulory credit amounts have been rounded.

ſ	New York City school tax credit worksheet	
	1. Full-year resident's credit from Table 1 above	163.
	Parl-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	363.

<sup>\*</sup> Income, for purposits of determining your New York City school tax credit, means your recomputed federal AGI from Form IT-201, line 19a, (or IT-203, line 18a) Federal amount column), minus distributions from an individual retirement account and an individual retirement annuity, from IT-201, line 9, if they were included in your recomputed federal AGI.

**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

SVETLANA NEWBERRY

Your social security number

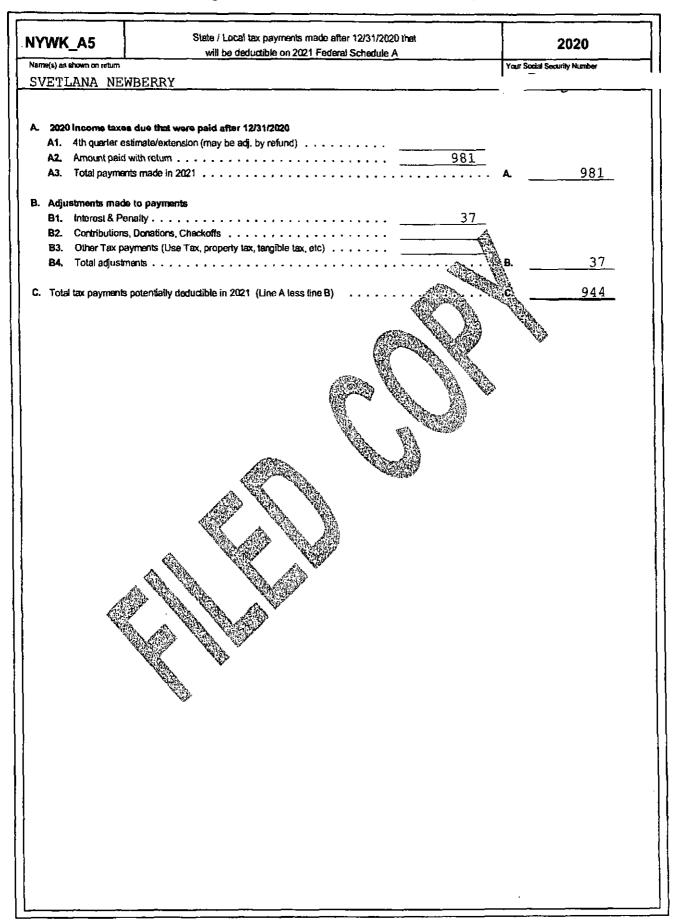
ı	(rat	e reduction a	n of NYC school tax credit mount) for married filing jointly qualifying widow(er)
If city taxable income is:			
over but not over		but not over	The credit is:
\$	0	\$ 21,600	.171% of taxable income
21	,600	500,000	\$37 plus .228% of the excess over \$21,600

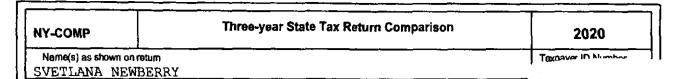
		(rate reduct	of NYC school tax ion amount) for sing led filing separately		
If city taxable Incomo is:		ble Incomo is:		A Property of	
ovel	r	but not over	The credit is:	No.	WA
\$	0	\$ 12,000	.171% of ta	cable income	
12	000,	500,000	\$21 plus .228% of the	e espoxe e	c\$12.000

(	Calculation rate reduction	n of NYC school tax credit
If city tax	xable income is;	
over	but not over	The credit is:
\$ 0	\$ 14,400	.171% of taxable income
14,400	500,000	\$25 plus 228% 61 he excess over \$14,400

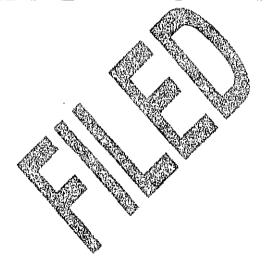
1	NYC Taxable Income, from 17-201, Line 47 (NYC full year resident),	
	or from IT-360.1 Line 47 (Part year NYC residents), of from NYC-1127, line 1 (NYC	
	full year employment)	14235.
2	if only one spouse was a full-year resident of NYC:	
	NYC Taxable income of the full-year NYC resident spouse	
3	Add inces 1 and 2	
4	NYC School Tax Credit, rate reduction amount, include on Form IT-201, Line 69a	0.6
	(Or Form 17,203, Line 60a), or NYC-1127, Schedule B, line A1	26.

NYWK_AGI For you Adjusted Gross				records only.	rkehaat	2020 FD/ST	
Name(s) as shown on state return			V33 I	ncome opin we	IKSIIGEL	FD/ST Summary Social Security Number	
SV	<u>ETLANA NE</u>	WBERRY				-	
Œ.	odoral 1040 lm	some and Adiustments		Fede	rai	St	ate .
	adelai iv40 ili	come and Adjustments		Col. A	Col. B	Col. A	Col. B
Fed	eral 1040	_ <del></del>		Taxpayer	Spouse	Taxpayer	Spouse
				<del></del>		<del></del>	
		ps, etc	1				
			2b			<del></del>	
	•		3b				
		IRA distributions				<u> </u>	
		f Pensions and annuities				WA .	<del></del>
		Social security benefits		<u> </u>	A STATE OF THE STA		
7	Capital gain or (lo	ss)	7_	) <u> </u>	100		
					ASSESSED AND ADDRESSED AND ADD	-50.234	
Sch	edule 1 - Add	itional Income					
1	Taxable refunds,	credits, or offsets			MAN VOLUM	£33	
	of state and local i	ncome taxes	1_				
28	Allmony received		2a		AND LOW		
3	Business income	or (loss)	3	<u>/29)/0888</u>	1 100	29,088	
4	Other gains or (los	sses)	4	The state of	1992 1993	W.	
5	Rental real estate	royalties, partnerships,		100	Carried St.		
	S corporations, tru	ısts, etc.	5				
6	Farm income or (I	oss)	6	V.	EM		
7	•	mpensation	7	The state of the s	AND	· · · · · · · · · · · · · · · · · · ·	
8		A	8	1	VALUE OF THE PARTY		<del> </del>
9		in each column for Federal 1040.	475	*.			
	Lines 1-7 and Sch	nedule 1 lines 1-8. This is your 🖏	"	10			
	total income .		9	29,088		29,088	
			Val. Com	ARIA		·	
<u> </u>		V77-4823P	W	M133			
SCI	reaule 1 - Aaji	ustments to Income	* A				
10	Educator Expense		(orb)	J	T		
11	•	expenses of reservists.	100				
	performing artists	& fee-basis dov. officials	11	}		<u> </u>	
12	Health savings a	count deduction)	12		- <del>-</del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
13	Moving expenses		13			<u> </u>	
14	Deductible part of	self-employment tax	14	2,055	<del> </del>	2,055	
15	Self-employed SE	P. SIMPLE and			<del> </del>		
	quelified plans	₹/ <b>%</b> 1/%	15	1	1		
16	-	alth insurance deduction	_	2,227	† <del></del>	2,227	<del></del>
17		withdrawal of savings	17				
		· · · · · · · · · · · · · · · · · · ·	18a	<del> </del>	<del>                                     </del>		
19	• •		19	1	<del> </del>	<del>                                     </del>	<del></del>
20		est deduction	20		<del> </del>	<del>                                     </del>	<del>-</del>
20 21		estueducion	21	<del></del>	<del> </del>	<del> </del>	<del></del> -
22		ustments	_	<del></del>	<del> </del>	†	
		outions (Standard Deduction Only)	\ <del></del>	300	<del>                                     </del>	300	
		ugh 22 plus Charitable Contributions	<u> </u>	4,582	<del> </del>	4,582	<del></del>
		22. This is your <b>AGI</b>	<u> </u>	24,506	<del> </del>	24,506	
	Line 3 1855 Line 7	cz. itila ia yuul Aul		47,300	<u> </u>	73,000	





[				
[State] Income Tex Return	2018	2019	2020	Difference 2019-2020
Filling Status	S	S	S	
Groce Insamo	13,149	141,169	29,088	(112,081)
Standard Deduction	8,000	8,000	8,000	
Iternized Deduction				
Deductions			A	
Taxable Income	1,649	111,235	14 235	(97,000)
Actual State Income	1,649	111,235	<u>4</u> 14) 235	(97,000)
State Income Tax	62	11,011	<b>1083</b> , <b>1083</b>	(9,978)
Local Taxes	41_	4,186	ANA. *414513	(3,733)
Use Tax		- W.	Share the state of	
Contributions		A	y the start	
Income Tex Withheld			TO ACT	<b>₩</b>
Estimates and Extension payments	2,880	\$00 G	y AM	(500)
Underpayment Penalty			18 18 18 37	37
Overpayment Applied to Next Year		ATTION VOL	Villa Tipo	
Refund	2,921	BOWN WAY		
Balance Due		[ 10,201歳	981	(9,220)
Marginal tax rate	4.000000	₩6,490000	900000	(0.590000)
Effective tax rate	3.760000	923900000	7.260000	(2.640000)







Your Bottom Line Is Our Priority

www.Qenergysolutions.com 1524 SHEEPSHEAD BAY RD SUITE 11H **BROOKLYN, NY 11235** 

Phone: 855-535-2149 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 855.535,2149 Phone 720.362.5542 Fax 888.979.8737 Fax Email: Lnazarkina@Qenergysolutions.com www.Qenergysolutions.com