Ohio | Public Utilities Commission

DIS Case Number: 19-1422-EL-AGG

Section A: Application Information

A-1. Provider type:

☒ Power Broker ☒ Aggregator ☐ Retail Generation Provider ☐ Power Marketer

A-2. Applicant's legal name and contact information.

Legal Name: Quick Energy Solutions, LLC
Phone: 8555352149 **Extension (if applicable):**
Website (if any): www.qenergysolutions.com

Country: United States
Street: 1524 Sheepshead Bay Rd, Apt 11H
City: Brooklyn **Province/State:** NY
Postal Code: 11235

A-3. Names and contact information under which the applicant will do business in Ohio

Provide the names and contact information the business entity will use for business in Ohio. This does not have to be an Ohio address and may be the same contact information given in A-2.

Name	Type	Address	Active?	Proof
Quick Energy Solutions		,	Yes	File

A-4. Names under which the applicant does business in North America

Provide all business names the applicant uses in North America, including the names provided in A-2 and A-3.

Name	Type	Address	Active?	Proof
Quick Energy Solutions		,	Yes	File

A-5. Contact person for regulatory matters

Svetlana Newberry
1524 Sheepshead Bay Rd #11H
Brooklyn, NY 11235
US
lnazarkina@qenergysolutions.com
8555352149

A-6. Contact person for PUCO Staff use in investigating consumer complaints

Svetlana Newberry
1975 84th St
Brooklyn, NY 11214
US
lnazarkina@qenergysolutions.com
9172428249

A-7. Applicant's address and toll-free number for customer service and complaints

Phone: 855-535-2149	**Extension (if applicable):**	**Country:** United States	
Fax: 888-979-8737	**Extension (if applicable):**	**Street:** 1524 Sheepshead Bay Rd Apt 11H	
Email: lnazarkina@qenergysolutions.com		**City:** Brooklyn **Postal Code:** 11235	**Province/State:** NY

A-8. Applicant's federal employer identification number

47-4047419

A-9. Applicant's form of ownership

Form of ownership: Limited Liability Company (LLC)

A-10. Identify current or proposed service areas

Identify each service area in which the applicant is currently providing service or intends to provide service and identify each customer class that the applicant is currently serving or intends to serve.

Service area selection

AEP Ohio

Ohio | Public Utilities Commission

Duke Energy Ohio
FirstEnergy - Cleveland Electric Illuminating
FirstEnergy - Ohio Edison
FirstEnergy - Toledo Edison
AES Ohio

Class of customer selection

Commercial

A-11. Start date

Indicate the approximate start date the applicant began/will begin offering services: 09-14-2023

A-12. Principal officers, directors, and partners

Please provide all contacts that should be listed as an officer, director or partner.

Name	**Email**	Title	Address
Svetlana Newberry	lnazarkina@qenergysolutions.com		1524 Sheepshead Bay Rd #11H Brooklyn, NY 11235 US

A-13. Company history

Quick Energy Solutions, LLC is a nationwide, privately held energy brokerage based out of New York. QES provides brokerage and market advisory services for commercial electricity customers in deregulated markets.

A-14. Secretary of State

Secretary of State Link:

Section B: Applicant Managerial Capability and Experience

B-1. Jurisdiction of operations

List all jurisdictions in which the applicant or any affiliated interest of the applicant is certified, licensed, registered or otherwise authorized to provide retail natural gas service or retail/wholesale electric service as of the date of filing the application..

Jurisdiction of Operation: Quick Energy Solutions operates in NY, PA, MD, DC, IL, OH

B-2. Experience and plans

Describe the applicant's experience in providing the service(s) for which it is applying (e.g., number and type of customers served, utility service areas, amount of load, etc.). Include the plan for contracting with customers, providing contracted services, providing billing statements and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Sections 4928.10 and/or 4929.22 of the Ohio Revised Code.

Application Experience and Plan Description: Quick Energy Solutions, LLC augments rate analysis with a comprehensive set of other valuable services that mines not only regulated markets but the deregulated territories for opportunity. Our extensive and detailed approach reaches both and includes the following services: Rate Analysis, Contract Negotiations, Market Intelligence, Energy Budgeting. We are doing business over the phone. Quick Energy Solutions, LLC did not have any complaints. Quick Energy Solutions, LLC billing is done through suppliers we are Brokers only.

B-3. Disclosure of liabilities and investigations

For the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant, describe all existing, pending or past rulings, judgments, findings, contingent liabilities, revocation of authority, regulatory investigations, judicial actions, or other formal or informal notices of violations, or any other matter related to competitive services in Ohio or equivalent services in another jurisdiction..

Liability and Investigations Disclosures: Quick Energy Solutions has a limited number of city only is where we aggregate the usage for town facilities as well as some franchise businesses with more than one location that we have brokered between supplier and customer.

B-4. Disclosure of consumer protection violations

Has the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant been convicted orheld liable for fraud or for violation of any consumer protection or antitrust laws within the past five years?

No

B-5. Disclosure of certification, denial, curtailment, suspension or revocation

Has the applicant, affiliate, or a predecessor of the applicant had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, revoked, or cancelled or been terminated or suspended from any of Ohio's Natural Gas or Electric Utility's Choice programs within the past two years?

No

Section C: Applicant Financial Capability and Experience

C-1. Financial reporting

Provide a current link to the most recent Form 10-K filed with the Securities and Exchange Commission (SEC) or upload the form. If the applicant does not have a Form 10-K, submit the parent company's Form 10-K. If neither the applicant nor its parent is required to file Form 10-K, state that the applicant is not required to make such filings with the SEC and provide an explanation as to why it is not required.

Does not apply

C-2. Financial statements

Provide copies of the applicant's <u>two most recent years</u> of audited financial statements, including a balance sheet, income statement, and cash flow statement. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, provide audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns with **social security numbers and bank account numbers redacted.**

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

File(s) attached

C-3. Forecasted financial statements

Provide two years of forecasted income statements **based solely on the applicant's anticipated business activities in the state of Ohio.**

Include the following information with the forecast: a list of assumptions used to generate the forecast; a statement indicating that the forecast is based solely on Ohio business activities only; and the name, address, email address, and telephone number of the preparer of the forecast.

The forecast may be in one of two acceptable formats: 1) an annual format that includes the current year and the two years succeeding the current year; or 2) a monthly format showing 24 consecutive months following the month of filing this application broken down into two 12-month periods with totals for revenues, expenses, and projected net incomes for both periods. Please show revenues, expenses, and net income (revenues minus total expenses) that is expected to be earned and incurred in **business activities only in the state of Ohio** for those periods.

If the applicant is filing for both an electric certificate and a natural gas certificate, please provide a separate and distinct forecast for revenues and expenses representing Ohio electric business activities in the application for the electric certificate and another forecast representing Ohio natural gas business activities in the application for the natural gas certificate.

File(s) attached

C-4. Credit rating

Provide a credit opinion disclosing the applicant's credit rating as reported by at least one of the following ratings agencies: Moody's Investors Service, Standard & Poor's Financial Services, Fitch Ratings or the National Association of Insurance Commissioners. If the applicant does not have its own credit ratings, substitute the credit ratings of a parent or an affiliate organization and submit a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. If an applicant or its parent does not have such a credit rating, enter 'Not Rated'.

This does not apply

C-5. Credit report

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. **Bank/credit account numbers and highly sensitive identification information must be redacted.** If the applicant provides an acceptable credit rating(s) in response to C-4, then the applicant may select 'This does not apply' and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

File(s) attached

C-6. Bankruptcy information

Within the previous 24 months, have any of the following filed for reorganization, protection from creditors or any other form of bankruptcy?

- Applicant
- Parent company of the applicant
- Affiliate company that guarantees the financial obligations of the applicant
- Any owner or officer of the applicant

No

C-7. Merger information

Is the applicant currently involved in any dissolution, merger or acquisition activity, or otherwise participated in such activities within the previous 24 months?

No

C-8. Corporate structure

Provide a graphical depiction of the applicant's corporate structure. Do not provide an internal organizational chart. The graphical depiction should include all parent holding companies, subsidiaries and affiliates as well as a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required, and the applicant may respond by stating that it is a stand-alone entity with no affiliate or subsidiary companies.

Stand-alone entity with no affiliate or subsidiary companies

Section D: Applicant Technical Capacity

D-1. Operations

Power brokers/aggregators: Include details of the applicant's business operations and plans for arranging and/or aggregating for the supply of electricity to retail customers.

Operations Description: Quick Energy Solutions, LLC has contracts with electric suppliers: Direct Energy, Hudson Energy, Nordic Energy, Engie Energy and Public Power. Quick Energy Solutions has many clients in the state of Ohio. We are renewing our clients with electric supplier that came back with the lowest rate for the next term. We are sending contracts by fax, email of mail. Quick Energy Solutions will for client protection and certainty send a copy of his/her original agreement with new proposal, so they know it is truly us. We do not do TPV.

D-2. Operations Expertise & Key Technical Personnel

Given the operational nature of the applicant's business, provide evidence of the applicant's experience and technical expertise in performing such operations. Include the names, titles, e-mail addresses, and background of key personnel involved in the operations of the applicant's business.

Operations Expertise & Personnel Description: Quick Energy Solutions got flowcharts, processes, savings analysis charts, and operational diagrams that impress even the largest clients we deal with. We are here for one purpose, to help clients control their energy costs but also other expenditures most do not know about as well as show you several sustainable solutions that are proven. With the energy crisis's we are facing on our planet a lot of our clients need a system that works for them individually. Let the experts at Quick Energy Solutions show client the way to reduce costs and raise his profits without ever affecting the quality of client company valued product today.

Svetlana Newberry - President

Ohio | Public Utilities Commission

855-535-2149 Phone
Email: Info@Qenergysolutions.com
www.Qenergysolutions.com

Ohio | Public Utilities Commission

Application Attachments

FRANK LAROSE
Ohio Secretary of State

Thu Jul 11 2019

Entity#: 3861654

Filing Type: FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date: 02/08/2016

Location: --

Business Name: QUICK ENERGY SOLUTIONS, LLC

Status: Active

Exp. Date: -

Agent/Registrant Information

REGISTERED AGENT SOLUTIONS, INC.
4568 MAYFIELD RD
SUITE 204
CLEVELAND OH 44121
02/08/2016
Active

Filings

Filing Type	Date of Filing	Document ID
REG. OF FOR. PROFIT LIM. LIAB. CO.	02/08/2016	201604003244

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th of July, A.D. 2019

Ohio Secretary of State

Quick Energy Solutions Llc **DUNS: 08-026-7312**

Print

Quick View Report

Company Information

2277 Mc Donald Ave

Brooklyn, NY 11223

This is a **single location** location.

Telephone	(855) 535-2149
Chief Executive:	DIRECTOR(S): THE OFFICER(S)
Stock Symbol:	NA
Year Started	2015
Employees	20

Financial Statement

Sales	NA
Net Worth	NA
History:	NA
Financial Condition:	NA
Financing:	NA
SIC:	4911
Line of Business:	Electric services

Corporate Family:

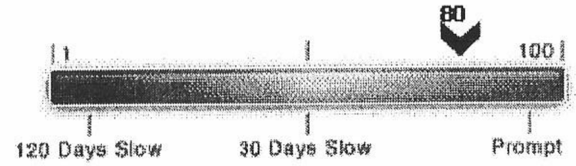
This business is a single location of the corporate family.

Scores

PAYDEX ®

80 ▲

ON TERMS



Based on up to 24 months of trade.
D&B PAYDEX® Key

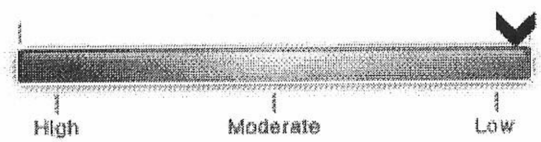
- High risk of late payment (average 30 to 120 days beyond terms)
- Medium risk of late payment (average 30 days or less beyond terms)
- Low risk of late payment (average prompt to 30+ days sooner)

Credit Limit Recommendation

Risk Category
Low

Conservative Credit Limit
$35k

Aggressive Credit Limit
$70k



D&B Rating ®

Rating

--

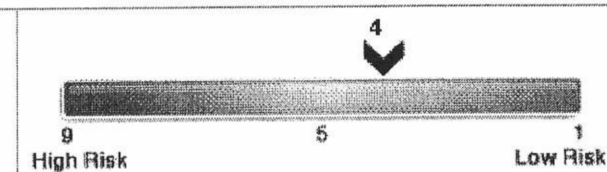
The credit rating was assigned based on D&B's assessment of the company's financial ratios and its cash flow. For more information, see the D&B Rating Key.

Below is an overview of the company's rating history since 05/20/2016

D&B Rating	Date Applied
--	2016-05-20

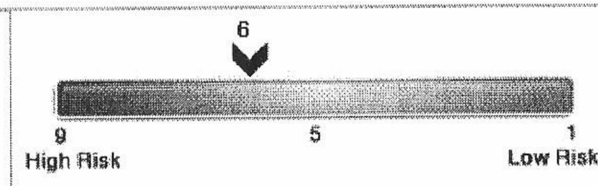
The Summary Analysis section reflects information in D&B's file as of July 11, 2019

D&B Viability Rating

4	Viability Score	

Compared to ALL US Businesses within the D&B Database:

- Level of Risk: **Low Risk**
- Businesses ranked 4 have a probability of becoming no longer viable: **5%**
- Percentage of businesses ranked 4: **14%**
- Across all US businesses, the average probability of becoming no longer viable: **14%**

6	Portfolio Comparison	

Compared to ALL US Businesses within the D&B Database:

- Model Segment: **Established Trade Payments**
- Level of Risk: **Moderate Risk**
- Businesses ranked 6 within this model segment have a probability of becoming no longer viable: **5%**
- Percentage of businesses ranked6 within this model segment: **9%**
- Within this model segment, the average probability of becoming no longer viable: **5%**

Data Depth Indicator

C

C

G Descriptive — A Predictive

Data Depth Indicator:

Rich Firmographics
Extensive Commercial Trading Activity
No Financial Attributes

J	Company Profile	Financial Data	Trade Payments	Company Size	Years in Business
		Not Available	**Available (3+Trade)**	**Medium**	**Young**

Compared to ALL US Businesses within the D&B Database:

- Financial Data: **Not Available**
- Trade Payments: **Available: 3+Trade**
- Company Size: **Medium: Employees: 10-49 or Sales: $100K-$499K**
- Years in Business: **Young: <5**

History & Operations

History

The following information was reported: **06/22/2019**

Officer(s):
SVETLANA NEWBERRY, MBR

DIRECTOR(S):
THE OFFICER(S)

The Delaware Secretary of State's business registrations file showed that Quick Energy Solutions LLC was registered as a Limited Liability Company on May 13, 2015, under the file registration number 5746944.
Business started 2015.
SVETLANA NEWBERRY. Antecedents are undetermined.

Operations

06/22/2019

Description:
Provides electric services, specializing in energy brokerage (100%).

ADDITIONAL TELEPHONE NUMBER(S): Toll-Free 855 535-2149.

Terms are undetermined. Sells to undetermined.

Employees: 20 which includes officer(s).

Facilities: Occupies premises in a building.

Location: Commercial section.

SIC & NAICS

SIC:
Based on information in our file, D&B has assigned this company an extended 8-digit SIC. D&B's use of 8-digit SICs enables us to be more specific to a company's operations that if we use the standard 4-digit code.The 4-digit SIC numbers link to the description on the Occupational Safety & Health Administration (OSHA) Web site. Links open in a new browser window.

4911 9904 Electric power broker

NAICS:
221122 Electric Power Distribution

Payments

PAYDEX® ®

Score Not Available

You must have three reported payment experiences, from at least two different vendors, to establish a PAYDEX® score. To ensure all of your payments are reflected in your credit file, add trade references to your report. Visit the Action Center to learn more.

Payments Summary

Total (Last 24 Months): 3

	Total Received	Total Dollar Amount	Largest High Credit Payment summary	Within Terms	Days Slow 31	30-80	81-90	90
Top Industries								
Lithographic printing	1	$50.00	$50.00	100%	0	0	0	0
Other Categories								
Cash experiences	2	$350	$250	--	--	--	--	--
Unknown	0	$0	$0	--	--	--	--	--
Unfavorable comments	0	$0	$0	--	--	--	--	--
Placed for collections with D&B:	0	$0	$0	--	--	--	--	--
Other	0	N/A	$0	--	--	--	--	--
Total in D&B's file	3	$400	$250	--	--	--	--	--

The highest Now Owes on file is $0

The highest Past Due on file is $0

There are 3 payment experience(s) in D&Bs file for the most recent 24 months, with 1 experience(s) reported during the last three month period.

Payments Details

Total (Last 24 Months): 3

Date	Paying Record	High Credit	Now Owes	Past Due	Selling Terms	Last sale w/f (Mo.)
06/2019	(001)	$250	$0	$0	Cash account	2-3 mos
10/2018	(002)	$100	–	–	Cash account	6-12 mos
10/2017	Ppt	$50	–	–	–	1 mo

Payments Detail Key: ■ 30 or more days beyond terms

Accounts are sometimes placed for collection even though the existence or amount of the debt is disputed.

Payment experiences reflect how bills are met in relation to the terms granted. In some instances payment beyond terms can be the result of disputes over merchandise, skipped invoices etc.

Each experience shown is from a separate supplier. Updated trade experiences replace those previously reported.

Banking and Finance

Statement Update

Key Business Ratios from D&B

We currently do not have enough information to generate the graphs for the selected Key Business Ratio.

- **This Company**

Key Financial Comparisons

	($)	($)	($)
This Company's Operating Results Year Over Year			
Net Sales	NA	NA	NA
Gross Profit	NA	NA	NA
Net Profit	NA	NA	NA
Dividends / Withdrawals	NA	NA	NA
Working Capital	NA	NA	NA
This Company's Assets Year Over Year			
Cash	NA	NA	NA
Accounts Receivable	NA	NA	NA
Notes Receivable	NA	NA	NA
Inventories	NA	NA	NA
Other Current	NA	NA	NA
Total Current	NA	NA	NA
Fixed Assets	NA	NA	NA
Other Non Current	NA	NA	NA
Total Assets	NA	NA	NA
This Company's Liabilities Year Over Year			
Accounts Payable	NA	NA	NA
Bank Loan	NA	NA	NA
Notes Payable	NA	NA	NA

Other Current Liabilities	NA	NA	NA
Total Current Liabilities	NA	NA	NA
Other Long Term and Short Term Liabilities	NA	NA	NA
Defferred Credit	NA	NA	NA
Net Worth	NA	NA	NA
Total Liabilities and Net Worth	NA	NA	NA

We currently do not have any recent financial statements on file for your business. Submitting financial statements can help improve your D&B scores. To submit a financial statement, please call customer service at 800-333-0505.

Key Business Ratios

	This Company	Industry Median	Industry Quartile
Solvency			
Quick Ratio	NA	NA	NA
Current Ratio	NA	NA	NA
Current Liabilities to Net Worth	NA	NA	NA
Current Liabilities to Inventory	NA	NA	NA
Total Current	NA	NA	NA
Fixed Assets to Net Worth	NA	NA	NA
Efficiency			
Collection Period	NA	NA	NA
Inventory Turn Over	NA	NA	NA

Sales to NWC	NA	NA	NA
Acct Pay to Sales	NA	NA	NA
Profitability			
Return on Sales	NA	NA	NA
Return on Assets	NA	NA	NA
Return on NetWorth	NA	NA	NA

Public Filings

Summary

The following data includes both open and closed filings found in D&B's database on this company.

Record Type	# of Records	Most Recent Filing Date
Bankruptcy Proceedings	0	-
Judgments	0	-
Liens	1	04/30/18
Suits	0	-
UCCs	0	-

The following Public Filing data is for information purposes only and is not the official record.
Certified copies can only be obtained from the official source.

Judgments

We currently don't have enough data to display this section

Liens

A lien holder can file the same lien in more than one filing location. The appearance of multiple liens filed by the same lien holder against a debtor may be indicative of such an occurrence..

Amount:	2090
Status:	Released
DOCKET NO.	003743088
Type State:	Local Tax
Filed By:	COMMISSIONER OF LABOR STATE OF NEW YORK
Against:	QUICK ENERGY SOLUTIONS LLC
Where Filed:	KINGS COUNTY SUPREME COURT, BROOKLYN, NY
Date Status Attained:	01/11/19
Date Filed:	04/30/18
Latest Info Received:	01/11/19

Suits

We currently don't have enough data to display this section

UCC Filings

We currently don't have enough data to display this section

Government Activity

Summary

Borrower (Dir/Guar):	NO
Administrative Debt:	NO
Contractor:	NO
Grantee:	NO
Party excluded from federal program(s):	NO

Possible Candidate:

Labor Surplus Area: N/A

Small Business: N/A

8(A) Firm: N/A

The public record items contained herein may have been paid, terminated, vacated, or released prior to today's date

The public record items contained herein may have been paid, terminated, vacated or released prior to today's date.

Special Events

N/A

Corporate Linkage

Parent

Company Name	DUNS #	City, State
QUICK ENERGY SOLUTIONS LLC	08-026-7312	BROOKLYN, NEW YORK

QUICK ENERGY SOLUTIONS
Your Bottom Line Is Our Priority
www.Qenergysolutions.com
1524 SHEEPSHEAD BAY RD #11H
BROOKLYN, NY 11235
Phone: 855-535-2149
Fax: 720-362-5542

9/14/2023

C3

Quick Energy Solutions LLC: We plan to do $2100.00 in business profit 2023
$0 in expenses in Ohio 2023.

Quick Energy Solutions LLC: We plan to do $4700.00 in business profit 2024
$0 in expenses in Ohio 2024.

Quick Energy Solutions LLC: We plan to do $7500.00in business profit 2025
$0 in expenses in Ohio 2025.

Svetlana Newberry- President
855.535.2149 Phone
720.362.5542 Fax
888.979.8737 Fax
Email: LNAZARKINA@QENERGYSOLUTIONS.COM
www.Qenergysolutions.com

Competitive Retail Electric Service Affidavit

County of Kings **:**

State of New York **:**

Svetlana Newberry, Affiant, being duly sworn/affirmed, hereby states that:

1. The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant, and that it will amend its application while it is pending if any substantial changes occur regarding the information provided.

2. The applicant will timely file an annual report of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Sections 4905.10(A), 4911.18(A), and 4928.06(F), Ohio Revised Code.

3. The applicant will timely pay any assessment made pursuant to Sections 4905.10, 4911.18, and 4928.06(F), Ohio Revised Code.

4. The applicant will comply with all applicable rules and orders adopted by the Public Utilities Commission of Ohio pursuant to Title 49, Ohio Revised Code.

5. The applicant will cooperate fully with the Public Utilities Commission of Ohio, and its Staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the applicant.

6. The applicant will fully comply with Section 4928.09, Ohio Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.

7. The applicant will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.

8. The applicant will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.

9. The applicant will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.

10. If applicable to the service(s) the applicant will provide, it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio.

11. The Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating consumer complaints.

12. The facts set forth above are true and accurate to the best of his/her knowledge, information, and belief and that he/she expects said applicant to be able to prove the same at any hearing hereof.

13. Affiant further sayeth naught.

President

Signature of Affiant & Title

Sworn and subscribed before me this 15 day of September, 2023
Month Year

Ilya Albert. T
Signature of official administering oath

Ilya Albert Turchaninov
Print Name and Title Notary Public

My commission expires on 09/06/2026

ILYA ALBERT TURCHANINOV
Notary Public - State of New York
No. 01TU6440256
Qualified in Kings County
My Commission Expires 09/06/2026

QUICK ENERGY SOLUTIONS TAXES FOR 2021

Form **1040** Department of the Treasury-Internal Revenue Service (99)
U.S. Individual Income Tax Return 2021
OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.
[x] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

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

Your first name and middle initial	Last name	Your social security number
SVETLANA	NEWBERRY	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
1524 SHEEPSHEAD BAY ROAD	11H

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
BROOKLYN	NY	11235

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

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [x] No

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

Age/Blindness **You:** [ ] Were born before January 2, 1957 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1957 [ ] Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here ▶ [ ]

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]			7	
8	Other income from Schedule 1, line 10			8	28,434
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	28,434
10	Adjustments to income from Schedule 1, line 26			10	2,009
11	Subtract line 10 from line 9. This is your **adjusted gross income** ▶			11	26,425
12a	**Standard deduction or itemized deductions** (from Schedule A)	12a	12,550		
b	Charitable contributions if you take the standard deduction (see instructions)	12b			
c	Add lines 12a and 12b			12c	12,550
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	2,775
14	Add lines 12c and 13			14	15,325
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	11,100

Standard Deduction for-
- Single or Married filing separately, $12,550
- Married filing jointly or Qualifying widow(er), $25,100
- Head of household, $18,800
- If you checked any box under *Standard Deduction,* see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	1,136
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	1,136
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
20	Amount from Schedule 3, line 8		20	
21	Add lines 19 and 20		21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	1,136
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	4,018
24	Add lines 22 and 23. This is your **total tax** ▶		24	5,154
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	
26	2021 estimated tax payments and amount applied from 2020 return		26	
27a	Earned income credit (EIC)	27a		
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐			
b	Nontaxable combat pay election 27b			
c	Prior year (2019) earned income 27c			
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30 0		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a and 28 through 31. These are your **total other payments and refundable credits** ▶		32	0
33	Add lines 25d, 26, and 32. These are your **total payments** ▶		33	0

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		35a	0
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings			
▶ d	Account number			
36	Amount of line 34 you want **applied to your 2022 estimated tax** ▶	36		

Direct deposit? See instructions.

Amount You Owe

37	**Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions ▶		37	5,247
38	Estimated tax penalty (see instructions) ▶	38 93		

Third Party Designee

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

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
15630	04-13-2022		
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
Phone no. 917-499-7875	Email address		

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

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
DAVID A YELLOZ CPA	04-27-2022	P01234203	☒ Self-employed
Preparer's name DAVID A YELLOZ CPA	Phone no. 917-202-0800		
Firm's name ▶ DAY ACCOUNTANTS			
Firm's address ▶ 2016 82ND STREET BROOKLYN, NY 11214	Firm's EIN ▶ 45-3420085		

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2021
Attachment Sequence No. **01**

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

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	28,434
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	( )
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	( )
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040,1040-SR, or 1040-NR line 8	10	28,434

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	2,009
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN ▶				
c	Date of original divorce or separation agreement (see instructions) ▶				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount ▶	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			26	2,009

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
SVETLANA NEWBERRY	

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	4,018
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▸	**17a**	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	**17b**	
c	Additional tax on HSA distributions. Attach Form 8889	**17c**	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**	
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**	
j	Section 72(m)(5) excess benefits tax	**17j**	
k	Golden parachute payments	**17k**	
l	Tax on accumulation distribution of trusts	**17l**	
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**	
q	Any interest from Form 8621, line 24	**17q**	
z	Any other taxes. List type and amount ▸	**17z**	

18	Total additional taxes. Add lines 17a through 17z	**18**	
19	Additional tax from Schedule 8812	**19**	
20	Section 965 net tax liability installment from Form 965-A (**20**)		
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	**21**	4,018

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SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **09**

Name of proprietor: SVETLANA NEWBERRY

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): ENERGY BROKER

B Enter code from instructions: ▶425120

C Business name. If no separate business name, leave blank.: SVETLANA NEWBERRY

D Employer ID number (EIN) (see instr.):

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 2021? If "No," see instructions for limit on losses . . . . . [X] Yes [ ] No

H If you started or acquired this business during 2021, check here . . . . ▶ [ ]

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? . . . . [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ [ ]	1	1,226
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	1,226
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3.	5	1,226
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).	6	
7	**Gross income.** Add lines 5 and 6 . . . ▶	7	1,226

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

8	Advertising	8	54	18	Office expense (see instructions)	18	168
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	467
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	250	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	1,204
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a. . . ▶	28	2,143
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(917)
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: ______ and (b) the part of your home used for business: ______ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	(917)

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [X] All investment is at risk.
32b [ ] Some investment is not at risk.

Name(s): SVETLANA NEWBERRY

SSN:

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

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	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ► ____________

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ 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.

LOCAL TRANSPORTATION EXP	214
TELEPHONE AND INTERNET	613
COMPUTER EXP	377
48 **Total other expenses.** Enter here and on line 27a (48)	1,204

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **09**

Name of proprietor: SVETLANA NEWBERRY

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): ENERGY BROKERAGE

B Enter code from instructions ▶425120

C Business name. If no separate business name, leave blank.: QUICK ENERGY SOLUTIONS LLC

D Employer ID number (EIN) (see instr.): 46-3486931

E Business address (including suite or room no.) ▶ 1524 SHEEPSHEAD BAY ROAD APT 11H

City, town or post office, state, and ZIP code: BROOKLYN, NY 11235

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . . . . . [X] Yes [ ] No

H If you started or acquired this business during 2021, check here . . . ▶ [ ]

I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? . . . [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ [ ]	1	122,612
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	122,612
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3.	5	122,612
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 . . . ▶	7	122,612

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

8	Advertising	8	784	18	Office expense (see instructions)	18	1,949
9	Car and truck expenses (see instructions)	9	17,939	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	30,400
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	5,972	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	1,472
15	Insurance (other than health)	15	5,319	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	1,241
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	1,460	25	Utilities	25	1,514
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	25,211
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a . . . ▶	28	93,261
29	Tentative profit or (loss). Subtract line 28 from line 7	29	29,351
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: ______ and (b) the part of your home used for business: ______ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	29,351

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.

32b [ ] Some investment is not at risk.

Name(s): SVETLANA NEWBERRY

SSN [redacted]

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

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 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ ____________

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ 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.

Statement #1	
48 **Total other expenses.** Enter here and on line 27a — 48	25,211

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

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

OMB No. 1545-0074

2021

Attachment Sequence No. **17**

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

Social security number of person with **self-employment** income ▶

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶ ☐

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

1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A			1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH			1b	( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order			2	28,434
3	Combine lines 1a, 1b, and 2			3	28,434
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3			4a	26,259
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.				
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here			4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue ▶			4c	26,259
5 a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a			
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-			5b	
6	Add lines 4c and 5b			6	26,259
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021			7	142,800
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $142,800 or more, skip lines 8b through 10, and go to line 11	8a			
b	Unreported tips subject to social security tax from Form 4137, line 10	8b			
c	Wages subject to social security tax from Form 8919, line 10	8c			
d	Add lines 8a, 8b, and 8c			8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶			9	142,800
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)			10	3,256
11	Multiply line 6 by 2.9% (0.029)			11	762
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**			12	4,018
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 15**	13	2,009		

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[1] wasn't more than $8,820, **or (b)** your net farm profits[2] were less than $6,367.

14	Maximum income for optional methods	14	5,880
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,880. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,367 and also less than 72.189% of your gross nonfarm income[4], **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

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

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

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

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

Form **4562** | Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172 | **2021** | Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SVETLANA NEWBERRY	QUICK ENERGY SOLUTIONS	[redacted]

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	3,401
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
OFFICE FURNITURE	1,096	1,096
OFFICE EQUIPMENT	2,305	2,305
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,401
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	3,401
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	31,835
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	3,401
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ►	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	5,972
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No **24b** If "Yes," is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25		
26 Property used more than 50% in a qualified business use:								
2019 MERCEDES	10-12-2019	67.9%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)	3,586											
31 Total commuting miles driven during the year	210											
32 Total other personal (noncommuting) miles driven	1,485											
33 Total miles driven during the year. Add lines 30 through 32	5,281											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?		X										

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

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

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

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Recovery Rebate Credit Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: SVETLANA NEWBERRY

Tax ID Number: [redacted]

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.

☒ **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 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?

☒ **Yes.** Go to line 6.

☐ **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.

3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?

☐ **Yes.** Your credit is not limited. Go to line 6.

☐ **No.** Go to line 4.

4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?

☐ **Yes.** Your credit is limited. Go to line 6.

☐ **No.** Go to line 5.

5. Do you have any dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?

☐ **Yes.** Enter zero on line 6 and go to line 7.

☐ **No.** **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

6. Enter:
- $1,400 if single, head of household, married filing separately, or qualifying widow(er),
- $1,400 if married filing jointly and you answered "Yes" to question 4, or
- $2,800 if married filing jointly and you answered "Yes" to question 2 or 3 . . . **6.** 1,400

7. Multiply $1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number . . . **7.**

8. Add lines 6 and 7 . . . **8.** 1,400

9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
- Single or Married filing separately—$75,000
- Married filing jointly or qualifying widow(er)—$150,000
- Head of household—$112,500

☐ **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 . . . **9.**

☒ **No.** Enter the amount from line 8 on line 12 and skip lines 10 and 11.

10. Is line 9 more than the amount shown below for your filing status?
- Single or married filing separately—$80,000
- Married filing jointly or qualifying widow(er)—$160,000
- Head of household—$120,000

☐ **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.

☐ **No.** Subtract line 9 from the amount shown above for your filing status . . . **10.**

11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
- Single or married filing separately—$5,000
- Married filing jointly or qualifying widow(er)—$10,000
- Head of household—$7,500 . . . **11.**

12. Multiply line 8 by line 11 . . . **12.** 1,400

13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at *IRS.gov/Account* for the amount to enter here . . . **13.** 1,400

14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR . . . **14.** 0

Federal Supporting Statements

2021 PG01

Name(s) as shown on return: SVETLANA NEWBERRY

Tax ID Number

Schedule C - Part V - Other Expenses

Statement #1

Description	Amount
SOFTWARE EXP	251
BANK CHARGES	361
PARKING and TOLLS	421
SECURITY EXP	618
CLEANING and SUPPLIES	1,335
GIFT EXP	1,454
TELEPHONE EXP	1,726
WEBSITE EXP	1,809
INTERNET EXP	2,282
MARKETING EXP	2,551
BUSINEES MEETING EXP	3,403
POST and DELIVERY	4,375
FEES and LICENSES	4,625
Total	**25,211**

Summary of Estimates

2022

Name(s) as shown on return: SVETLANA NEWBERRY

Your SSN/EIN:

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-18-2022	06-15-2022	09-15-2022	01-17-2023	Total
Total Installment Amount	1,290	1,290	1,290	1,290	5,160
Overpayment Applied	0	0	0	0	0
Net Installment Due	1,290	1,290	1,290	1,290	5,160

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation					

New York

Form: IT-2105

Payment Schedule

Due Date	04-18-2022	06-15-2022	09-15-2022	01-17-2023	Total
Total Installment Amount	175	175	175	175	700
Overpayment Applied					
Net Installment Due	175	175	175	175	700

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Estimated Tax Worksheet for Next Year

(Keep for your records)

2021

Name(s) as shown on return	Tax ID Number
SVETLANA NEWBERRY	[redacted]

1.	Wages			1.	
2.	Interest and Dividend income			2.	
3.	Capital gain income			3.	
4.	Taxable IRA/Pension income			4.	
5.	Taxable Social Security income			5.	
6.	Business income			6.	
7.	Other income			7.	
8.	Total income (add lines 1 thru 7)			8.	
9.	Adjustments to income			9.	
10.	Adjusted gross income (subtract line 9 from line 8)			10.	
11a.	Itemized deductions			11a.	
11b.	Standard deduction			11b.	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)			12.	
13.	Estimated Section 199A deduction for qualified trade or business income			13.	
14.	Projected taxable income (subtract line 13 from line 12)			14.	
15.	Projected Tax			15.	
16.	Alternative Minimum Tax			16.	
17.	Total tax			17.	
18a.	Child Tax Credit and Other Dependent Credit	18a.			
18b.	Other projected Credits	18b.			
18c.	Total projected credits			18c.	
19.	Subtract line 18d from line 17			19.	
20.	Projected SE Tax - Taxpayer			20.	
21.	Projected SE Tax - Spouse			21.	
22.	Other taxes			22.	
23a.	Add lines 19 through 22			23a.	
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885			23b.	
c.	**Total 2022 estimated tax.** Subtract line 23b from line 23a. If zero or less enter -0-			23c.	
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.			
b.	Required annual payment based on prior year's tax (see instructions)	24b.	5,154		
c.	**Required annual payment to avoid a penalty.** Enter the **smaller** of line 24a or 24b			24c.	5,154
25.	Projected Withholding			25.	
26.	Projected Net Tax (subtract line 25 from line 24c)			26.	5,154

Estimates will be computed on $5,154. This is line 26.

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

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

SVETLANA NEWBERRY

Tax ID Number

Statement for line 16 of Form 1040

Tax per Tax Table	$	1,136

$ 1,136 Tax computed using only available method

Worksheet B
Form 1040

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2021

Name(s) as shown on return: SVETLANA NEWBERRY

Tax ID Number: [redacted]

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

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

Part 1

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

1a.	Enter the amount from Schedule SE, Part I, line 3.		1a	28,434
b.	Enter any amount from Schedule SE, Part I, line 4b and line 5a.	+	1b	
c.	Combine lines 1a and 1b.	=	1c	28,434
d.	Enter the amount from Schedule SE, Part I, line 13.	-	1d	2,009
e.	Subtract line 1d from line 1c.	=	1e	26,425

Part 2

Self-Employed NOT Required To File Schedule SE

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

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

a.	Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.		2a	
b.	Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.	+	2b	
c.	Combine lines 2a and 2b.	=	2c	

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

Part 3

Statutory Employees Filing Schedule C

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

Part 4

All Filers Using Worksheet B

4.	Combine lines 1e, 2c, and 3 **This is your total self-employed income.**	4	26,425

Auto Expense Worksheet

(Keep for your records)

2021

Name(s) as shown on return: SVETLANA NEWBERRY

Tax ID Number:

Profession/Business: ENERGY BROKERAGE \QUICK ENERGY SOLUTIONS LLC

Description: 2019 MERCEDES SL

Date placed in service: 2019-10-12

Number of miles your vehicle was used for:

Total Business miles driven during the year	3,586
Total Commuting miles driven during the year	210
Total Other miles driven during the year	1,485
Total Miles driven during the year	5,281
Business Use percentage	67.90

Expenses:

	Total	Business Percentage	
Section 179			
Bonus Depreciation			
Depreciation			
Garage Rent			
Gas	1,229	67.90	834
Insurance			
Licenses			
Oil			
Parking Fees			
Rental Fees			
Interest			
Personal Property Tax			
Repairs			
Tires			
Tolls			
Lease Add Back			
Other Expenses:			
LEASE PMTS	17,105		17,105
Total Expenses			17,939

Standard Mileage Rate Calculation

Business miles	3,586 X 0.56	2,008	2,008
Parking fees			
Tolls			
Interest			
Personal Property Tax			
Total Standard Mile Rate deduction			2,008

How it is reported:

Depreciation deduction	
Auto Expense	17,939
Personal Property Taxes, Schedule A, Line 5c	

Worksheet for Form 2210, Part III, Section B - Figure the Penalty

(Keep for your records)

2021

Name(s) as shown on return: SVETLANA NEWBERRY

Tax ID Number

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/21	(b) 06/15/21	(c) 09/15/21	(d) 01/15/22
1a Enter your underpayment from Part III, Section A, line 17	1a	1,160	1,160	1,160	1,160
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). **Note.** Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b	04-15-2022 1,160	04-15-2022 1,160	04-15-2022 1,160	04-15-2022 1,160
Rate Period 1: April 16, 2021 - June 30, 2021					
2 Computation starting dates for this period	2	04/15/21	06/15/21		
3 Number of days **from** the date on line 2 to the date the amount on line 1a was paid **or** 6/30/21, whichever is earlier	3	Days: 76	Days: 15		
4 Underpayment on line 1a × (Number of days on line 3 / 365) × 0.03	4	$ 7	$ 1		
Rate Period 2: July 1, 2021 - September 30, 2021					
5 Computation starting dates for this period	5	06/30/21	06/30/21	09/15/21	
6 Number of days **from** the date on line 5 to the date the amount on line 1a was paid **or** 9/30/21, whichever is earlier	6	Days: 92	Days: 92	Days: 15	
7 Underpayment on line 1a × (Number of days on line 6 / 365) × 0.03	7	$ 9	$ 9	$ 1	
Rate Period 3: October 1, 2021 - December 31, 2021					
8 Computation starting dates for this period	8	09/30/21	09/30/21	09/30/21	
9 Number of days **from** the date on line 8 to the date the amount on line 1a was paid **or** 12/31/21, whichever is earlier	9	Days: 92	Days: 92	Days: 92	
10 Underpayment on line 1a × (Number of days on line 9 / 365) × 0.03	10	$ 9	$ 9	$ 9	
Rate Period 4: January 1, 2022 - April 15, 2022					
11 Computation starting dates for this period	11	12/31/21	12/31/21	12/31/21	01/15/22
12 Number of days **from** the date on line 11 to the date the amount on line 1a was paid **or** 4/15/22, whichever is earlier	12	Days: 105	Days: 105	Days: 105	Days: 90
13 Underpayment on line 1a × (Number of days on line 12 / 365) × 0.03	13	$ 10	$ 10	$ 10	$ 9
14 **Penalty.** Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14				$ 93

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Form **8995**

Department of the Treasury
Internal Revenue Service

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

2021

Attachment Sequence No. **55**

Name(s) shown on return: 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 $164,900 ($164,925 if married filing separately; $329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	Schedule C: SVETLANA NEWBERRY		(917)
ii	Schedule C: QUICK ENERGY SOLUTIONS LLC	46-3486931	27,342
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	26,425		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	26,425		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	5,285
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	5,285
11	Taxable income before qualified business income deduction (see instructions)	11	13,875		
12	Net capital gain (see instructions)	12	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	13,875		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	2,775
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ►			15	2,775
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2021)

EEA

```
Amount from Form 1040, line 11..............................  26,425
Amount from Form 1040, line 12..............................  12,550

Line 11 above is the difference between these amounts.........  13,875
```

QBI Explanation Worksheet

Form 1040 (This page is not filed with the return. It is for your records only.) **2021**

Name(s) as shown on return: SVETLANA NEWBERRY

Tax ID Number:

Name of business activity: Schedule C: QUICK ENERGY SOLUTIONS LLC

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	29,351	29,351
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		2,009
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		27,342
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBIA of qualified property carried to Form 8995 / 8995-A		172,914
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

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

- [x] Form 8995, line 1
- [ ] Form 8995-A, line 2
- [ ] Form 8995-A, Schedule A, line 2
- [ ] Form 8995-A, Schedule A, line 16
- [ ] Form 8995-A, Schedule B, line 3
- [ ] Form 8995-A, Schedule C, line 1

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

Carryover Worksheet
List of items that will carryover to the 2022 tax return

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: SVETLANA NEWBERRY

Tax ID Number:

Itemized Deductions

				Carryover Amount
Contributions subject to 100% of AGI limitations				
Contributions subject to 60% of AGI limitations				
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)				
Contributions subject to 30% of AGI limitations				
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)				
Taxable state and local refunds to Schedule 1 (Form 1040) line 1				
State/local taxes paid in 2022 to flow to the Schedule A				1,116
State donations and contributions carryover				
State overpayment applied to next year				

Expenses

Office in home operating expenses				
Office in home excess casualty losses and depreciation				
Disallowed investment interest expense	AMT		Reg. Tax	
Section 179 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

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

Credits

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

Other

Preparer Fee				
Overpayment applied to next year's estimates				
Estimated Tax Payment 1	1,290		Estimated Tax Payment 2	1,290
Estimated Tax Payment 3	1,290		Estimated Tax Payment 4	1,290
Federal tax liability for 2210 calculation				5,154
State tax liability for state 2210 calculation				1,209
IRA basis	Taxpayer		Spouse	
Disaster distributions taxable in 2022	Taxpayer		Spouse	
Disaster distributions taxable in 2023	Taxpayer		Spouse	
Excess repayments from 8915-F	Taxpayer		Spouse	
Deferred SE tax to be repaid by 12/31/2022				

Passive Activity

At Risk Limitations

1040	Individual Diagnostic Summary	2021

Name(s)
SVETLANA NEWBERRY

Social Security No.
[redacted]

Spouse SSN No.

Mailing Address:		Taxpayer	Spouse
1524 SHEEPSHEAD BAY ROAD APT 11H	Daytime Phone:	917-499-7875	
BROOKLYN, NY 11235	Evening Phone:		
	Cell Phone:		
	TP email:		
Resident State: NY	SP email:		

Date of Birth: Taxpayer 02-10-1979 Spouse

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

Name	SSN	Relationship	Date of Birth	Dependent Status

Preparer: DAVID A YELLOZ CPA Invoice: Date: 04-27-2022

Return Information Form Type: 1040

Item on Return	2021 Federal	2020 Federal (If available)
Filing Status	1	1
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	28,434	29,088
AGI	26,425	24,506
Deductions	12,550	12,400
Taxable Income	11,100	9,685
Tax (before credits)	1,136	968
Tax Rate Percentage	12	10
SE Tax	4,018	4,110
Tax (after credits)	1,136	968
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	5,247	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)

T/S/J	State/City	AGI	Taxable Income	Tax	Refund/ (Balance Due)
T	NY201	23,854	15,854	1,209	(1,163)

TAX RETURN COMPARISON
2019 / 2020 / 2021

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return: SVETLANA NEWBERRY

Identifying number:

	2019	2020	2021	Difference 2020-2021
Filing Status	Single	Single	Single	
Number of Dependents				
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)	141,169	29,088	28,434	(654)
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	141,169	29,088	28,434	(654)
Adjusted Gross Income				
Half of self-employment tax	9,974	2,055	2,009	(46)
IRA deduction				
Other adjustments	9,389	2,527		(2,527)
Total Adjusted Gross Income	121,806	24,506	26,425	1,919
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions	12,200	12,400	12,550	150
Total deductions claimed	12,200	12,400	12,550	150
Qualified Business Income Deduction	21,921	2,421	2,775	354
Tax and Credits				
Taxable Income	87,685	9,685	11,100	1,415
Tax	15,217	968	1,136	168
Credits				
Self-employment tax	19,947	4,110	4,018	(92)
Other taxes				
Total Tax	35,164	5,078	5,154	76
Payments				
Withholdings				
Estimated tax payments	1,660			
Earned income credit				
Other payments and credits	1,000	600		(600)
Estimated tax penalty		70	93	23
Overpayment				
Overpayment Applied				
Refund				
Balance Due	32,525	4,548	5,247	699
Marginal tax rate	24.00	10.00	12.00	2.00
Effective tax rate	17.00	9.99	10.23	0.24

Auto Mileage Worksheet

(Keep for your records)

2021

Name(s) as shown on return: SVETLANA NEWBERRY

Tax ID Number

Profession/Business: ENERGY BROKERAGE \QUICK ENERGY SOLUTIONS LLC

Description 2019 MERCEDES SL

Date placed in service 10-12-2019

Business Miles		**Rate of Depreciation allowed for Standard Mileage Rate**
2021	3,586	0.26
2020	3,482	0.27
2019		0.26
2018		0.25
2017		0.25
2016		0.24
2015		0.24
2014		0.22
2013		0.23
2012		0.23
pre-2011		See Publication 463
Total Business Miles	7,068	

This worksheet displays the business miles taken by year for vehicles with the standard mileage rate deduction. When the vehicle is sold, the amount of the depreciation that is factored into the standard mileage rate should reduce the basis of the vehicle. If actual expenses were taken on the vehicle, then do 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.

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2021

Name of proprietor: SVETLANA NEWBERRY

Tax ID Number: [redacted]

Principal business: ENERGY BROKER

Business name: SVETLANA NEWBERRY

	2020	2021	Difference
Income			
Gross Receipts or sales	1,407	1,226	(181)
Returns & allowances			
Cost of goods sold			
Gross profit	1,407	1,226	(181)
Other income			
Gross income	1,407	1,226	(181)
Expenses			
Advertising	68	54	(14)
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179			
Employee benefit programs			
Insurance			
Mortgage interest			
Other interest			
Legal & Professional services	250	250	
Office expense	197	168	(29)
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance			
Supplies	586	467	(119)
Taxes and licenses			
Travel			
Deductible meals			
Utilities			
Wages			
Other expenses	1,388	1,204	(184)
Total expenses	2,489	2,143	(346)
Business use of home			
Net profit or (loss)	(1,082)	(917)	165
Allowed on return after Form 6198 and Form 8582 limitations	(1,082)	(917)	165

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2021

Name of proprietor: SVETLANA NEWBERRY

Tax ID Number:

Principal business: ENERGY BROKERAGE

Business name: QUICK ENERGY SOLUTIONS LLC

	2020	2021	Difference
Income			
Gross Receipts or sales	207,612	122,612	(85,000)
Returns & allowances			
Cost of goods sold			
Gross profit	207,612	122,612	(85,000)
Other income			
Gross income	207,612	122,612	(85,000)
Expenses			
Advertising		784	784
Car and truck expenses	41,375	17,939	(23,436)
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179	6,105	5,972	(133)
Employee benefit programs			
Insurance	6,291	5,319	(972)
Mortgage interest			
Other interest			
Legal & Professional services	1,866	1,460	(406)
Office expense	1,654	1,949	295
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property	26,712	30,400	3,688
Repairs & maintenance			
Supplies	3,108	1,472	(1,636)
Taxes and licenses			
Travel	7,386	1,241	(6,145)
Deductible meals			
Utilities	1,587	1,514	(73)
Wages			
Other expenses	81,358	25,211	(56,147)
Total expenses	177,442	93,261	(84,181)
Business use of home			
Net profit or (loss)	30,170	29,351	(819)
Allowed on return after Form 6198 and Form 8582 limitations	30,170	29,351	(819)

COMPC.LD

New York Return Summary

(Keep for your records)

2021

Your Name	Your social security number
SVETLANA NEWBERRY	
Spouse's Name	Spouse's social security number

Mailing address	Apartment number	Daytime Phone #
1524 SHEEPSHEAD BAY ROAD	11H	917-499-7875
City State Zip	Email	
BROOKLYN NY 11235		

New York State Income Tax Return

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

Advanced Payments Received

Property tax freeze credit	0.

Income, Adjustments and Deductions

Federal adjusted gross income (FAGI)	26425.
FAGI (NYS Column - IT-203 filers)	
Total additions	2571.
Total Subtractions	5142.
New York AGI	23854.
NY AGI (NYS Col - IT-203 filers)	
Itemized ☐ or standard ☒ deduction	8000.
Dependent Exemptions	
Taxable income	15854.
MCTMT net earnings base	

Tax, Payments, and Credits

New York State tax	715.
Nonrefundable state credits	20.
Net other state taxes	
Total NYS tax	695.
New York City taxes	514.
New York City nonrefundable credits	
MCTMT	
Yonkers taxes	
Use tax and contributions	0.
Total tax and contributions	1209.
Total refundable credits	63.
Income tax withheld	
Estimate and extension payments	
Total payments and credits	93.
Penalties and Interest	47.
Refund	0.
Overpayment applied to next year	0.
Amt as a NYS 529 account deposit	
Amount refunded	0.
Amount due	1163.

Other New York and New York City Returns

Unincorporated Business Tax (NYC-202)

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

LLC and LLP Filing Fee

Form IT-204-LL, amount due		

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

Taxable income		
Tax		
Credits and withholdings		
Balance due		
Refund		

Miscellaneous Information

Refundable Credits claimed

Empire State child credit (IT-213)	
NYS/NYC Child Dep (IT-216)	
NYS EIC (IT-215 or IT-209)	
NYS noncustodial EIC (IT-209)	
NYC EIC IT-215 or IT-209)	
Real property tax credit (IT-214)	
College tuition credit (IT-272)	
NYC school tax credit (fixed amount)	63.
NYC school tax credit (rate reduction amount)	30.

NEW YORK STATE 2021

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ... 21

and ending ...

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

Your first name	MI	Your last name (*for a **joint return**, enter spouse's name on line below*)	Your date of birth (*mmddyyyy*)	Your Social Security number
SVETLANA		NEWBERRY	02101979	[redacted]
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (*mmddyyyy*)	Spouse's Social Security number

Mailing address (*see instructions, page 12*) (*number and street or PO Box*)	Apartment number	New York State county of residence
1524 SHEEPSHEAD BAY ROAD	11H	KINGS

City, village, or post office	State	ZIP code	Country	School district name
BROOKLYN	NY	11235		BROOKLYN

Taxpayer's permanent home address (*see instructions, page 12*) (*number and street or rural route*)	Apartment number	School district code number . . .
		071

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death (*mmddyyyy*)	Spouse's date of death (*mmddyyyy*)
	NY				

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

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

B **Did you itemize** your deductions on your 2021 federal income tax return? . . . . Yes [ ] No [X]

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

D1 Did you have a financial account located in a foreign country? (*see page 13*) . . . . Yes [ ] No [X]

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (*see page 13*) . . . Yes [ ] No [X]

E (1) Did you or your spouse **maintain living quarters in NYC** during 2021? (*see page 13*) . . Yes [ ] No [ ]

(2) Enter the number of days spent in NYC in 2021 (*any part of a day spent in NYC is considered a day*) . . . .

F **NYC residents and NYC part-year residents only** (*see page 13*):

(1) Number of months **you** lived in NYC in 2021 12

(2) Number of months **your spouse** lived in NYC in 2021 . . .

G Enter your **2-character special condition code(s) if applicable** (*see page 13*) . . . . . .

H Dependent information (*see page 14*)

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

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

201001211024

For office use only

Your Social Security number

Federal income and adjustments (see page 14)

			Whole dollars only
1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	6	28434 .00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00
12	Rental real estate included in line 11 — 12 .00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits *(also enter on line 27)*	15	.00
16	Other income *(see page 14)* Identify:	16	.00
17	Add lines **1 through 11** and **13 through 16**	17	28434 .00
18	Total federal adjustments to income *(see page 14)* Identify: SEE ATTACHMENT NY FAGI	18	2009 .00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	19	26425
19a	**Recomputed federal adjusted gross income** *(see page 14, Line 19a worksheet)*	19a	26425

New York additions (see page 15)

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 15)*	21	.00
22	**New York's** 529 college savings program distributions *(see page 15)*	22	.00
23	Other *(Form IT-225, line 9)*	23	2571 .00
24	Add lines **19a** through **23**	24	28996 .00

New York subtractions (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	25	.00
26	Pensions of NYS and local governments and the federal government *(see page 16)*	26	.00
27	Taxable amount of Social Security benefits *(from line 15)*	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion *(see page 17)*	29	.00
30	**New York's** 529 college savings program deduction/earnings	30	.00
31	Other *(Form IT-225, line 18)*	31	5142 .00
32	Add lines 25 through 31	32	5142 .00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	33	23854 .00

Standard deduction or itemized deduction (see page 19)

34	Enter your **standard deduction** *(table on page 19)* **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 line 34 is more than line 33, leave blank)*	35	15854 .00
36	Dependent exemptions *(enter the number of dependents listed in item H; see page 19)*	36	000.00
37	**Taxable income** *(subtract line 36 from line 35)*	37	15854 .00

201002211024

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

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

Tax computation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*			38	15854 .00
39	NYS tax on line 38 amount *(see page 20)*			39	715 .00
40	NYS household credit *(page 20, table 1, 2, or 3)*	40	20 .00		
41	Resident credit *(see page 21)*	41	.00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	.00		
43	Add lines 40, 41, and 42			43	20 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	695 .00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*			45	.00
46	**Total New York State taxes** *(add lines 44 and 45)*			46	695 .00

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

See instructions on pages 21 through 24 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

47	NYC taxable income *(see page 21)*	47	15854 .00		
47a	NYC resident tax on line 47 amount *(see page 21)*	47a	514 .00		
48	NYC household credit *(page 21)*	48	.00		
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, leave blank)*	49	514 .00		
50	Part-year NYC resident tax *(Form IT-360.1)*	50	.00		
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	51	.00		
52	Add lines 49, 50, and 51	52	514 .00		
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	53	.00		
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	54	514 .00		
54a	MCTMT net earnings base — 54a .00				
54b	MCTMT	54b	.00		
55	Yonkers resident income tax surcharge *(see page 24)*	55	.00		
56	Yonkers nonresident earnings tax *(Form Y-203)*	56	.00		
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	57	.00		
58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54b through 57)*			58	514 .00
59	**Sales or use tax** *(see page 25;* ***do not leave line 59 blank****)*			59	0 .00
60	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*			60	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)*			61	1209 .00

201003211024

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

Your Social Security number

62	Enter amount from line 61	62	1209 .00

Payments and refundable credits *(see pages 26 through 29)*

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***	69	63 .00
69a	NYC school tax credit (rate reduction amount)	69a	30 .00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits *(Form IT-201-ATT, line 18)*	71	.00
72	Total **New York State** tax withheld	72	.00
73	Total **New York City** tax withheld	73	.00
74	Total **Yonkers** tax withheld	74	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	75	.00
76	**Total payments** *(add lines 63 through 75)*	76	93 .00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return *(see page 11)*.

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

Your refund, amount you owe, and account information *(see pages 30 through 32)*

77	**Amount overpaid** *(if line 76 is **more than** line 62, subtract line 62 from line 76; see page 30)*	77	.00
78	Amount of line 77 **available for refund** *(subtract line 79 from line 77)* **TIP:** Use this amount to check your refund status online.	78	.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)*	78a	.00
78b	Total refund after NYS 529 account deposit *(subtract line 78a from line 78)*	78b	.00

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

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

79	Amount of line 77 that you want applied to your 2022 estimated tax *(see instructions)*	79	.00
80	Amount you **owe** *(if line 76 is **less than** line 62, subtract line 76 from line 62)*. To pay by electronic funds withdrawal, mark an ***X*** in the box [X] and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.	80	1163 .00
81	Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77; see page 31)*	81	47 .00
82	Other penalties and interest *(see page 31)*	82	.00

See page 31 for payment options.

See page 36 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal *(see page 32)*.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box *(see pg. 32)* ☐

83a Account type: [X] Personal checking **- or -** ☐ Personal savings **- or -** ☐ Business checking **- or -** ☐ Business savings

83b Routing number

83c Account number

84 Electronic funds withdrawal *(see page 32)* Date 04182022 Amount 1163 .00

Third-party designee? *(see instr.)*	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes ☐ No [X]	Email:		

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

Preparer's NYTPRIN	NYTPRIN excl. code	03
Preparer's signature	Preparer's printed name: DAVID A YELLOZ CPA	
Firm's name *(or yours, if self-employed)*: DAY ACCOUNTANTS	Preparer's PTIN or SSN: P01234203	
Address: 2016 82ND STREET BROOKLYN NY 11214	Employer identification number: 45 3420085	
	Date: 04132022	
Email:		

▼ Taxpayer(s) must sign here ▼

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

See instructions for where to mail your return.

201004211024

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

Federal Adjustments to Income	New York Supporting Statements	2021
Name(s) as shown on return SVETLANA NEWBERRY		Your Social Security Number

DESCRIPTION	AMOUNT
HALF OF SE TAX	2009.

TOTAL ADJUSTMENTS 2009.

2021

Department of Taxation and Finance

New York State Modifications

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

IT-225

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

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

Mark an ***X*** in the box identifying the return you are filing: IT-201 [X] IT-203 [ ] IT-204 [ ] IT-205 [ ]

Schedule A - New York State additions *(enter whole dollars only)*

Part 1 - Individuals, partnerships, and estates or trusts

1 New York State additions

	Number	A - Total amount	B - NYS allocated amount
1a	A - 2 0 9	2571 .00	.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2	Total *(add column **A**, lines 1a through 1g)*	2	2571 .00
3	Total of Schedule A, Part 1, column **A** amounts from additional Form(s) IT-225, if any	3	.00
4	Add lines 2 and 3	4	2571 .00

Part 2 - Partners, shareholders, and beneficiaries

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

5 New York State additions

	Number	A - Total amount	B - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6	Total *(add column **A**, lines 5a through 5g)*	6	.00
7	Total of Schedule A, Part 2, column **A** amounts from additional Form(s) IT-225, if any	7	.00
8	Add lines 6 and 7	8	.00
9	**Total additions** *(add lines 4 and 8; see instructions)*	9	2571 .00

(continued)

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SVETLANA NEWBERRY

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

Part 1 - Individuals, partnerships, and estates or trusts

10 New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
10a	S-213	5142.00	.00
10b	S-	.00	.00
10c	S-	.00	.00
10d	S-	.00	.00
10e	S-	.00	.00
10f	S-	.00	.00
10g	S-	.00	.00

11 Total *(add column **A**, lines 10a through 10g)*	11	5142.00
12 Total of Schedule B, Part 1, column **A** amounts from additional Form(s) IT-225, if any	12	.00
13 Add lines 11 and 12	13	5142.00

Part 2 - Partners, shareholders, and beneficiaries

Form IT-201 filers: do not enter ES-106, ES-107, or ES-125
Form IT-203 filers: do not enter ES-106, ES-107, or ES-125
Form IT-205 filers: do not enter ES-125

14 New York State subtractions

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

15 Total *(add column **A**, lines 14a through 14g)*	15	.00
16 Total of Schedule B, Part 2, column **A** amounts from additional Form(s) IT-225, if any	16	.00
17 Add lines 15 and 16	17	.00
18 **Total subtractions** *(add lines 13 and 17; see instructions)*	18	5142.00

NEW YORK STATE 2021

Department of Taxation and Finance

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

IT-398

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

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

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

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

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

A Description of property *(use additional sheet if needed)*	B Date placed in service *(mmddyyyy)*	C Depreciable basis	D Conv.	E Method	F New York depreciation deduction	G Federal depreciation deduction
LEASE IMPROVEMENT	04032017	25710 .00	HY	SL	5142 .00	2571.00
		.00			.00	.00
		.00			.00	.00
		.00			.00	.00

1 Enter column F and column G totals . . . . 1 | 5142 .00 | 2571.00

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

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

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

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

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

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

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NEW YORK STATE 2021

Department of Taxation and Finance

Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

Name(s) as shown on return	Identification number *(SSN or EIN)*
SVETLANA NEWBERRY	

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

1	Total tax from your 2021 return before withholding and estimated tax payments *(**caution:** see instructions)*			1	1209.00
2	Empire State child credit *(from Form IT-201, line 63)*	2	.00		
3	NYS/NYC child and dependent care credit *(from Form IT-201, line 64)*	3	.00		
4	NY State earned income credit (EIC) *(from Form IT-201, line 65)*	4	.00		
5	NY State noncustodial parent EIC *(from Form IT-201, line 66)*	5	.00		
6	Real property tax credit *(from Form IT-201, line 67)*	6	.00		
7	College tuition credit *(from Form IT-201, line 68)*	7	.00		
7a	STAR credit *(see instructions)*	7a	.00		
8	NY City school tax credit *(from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a)*	8	93.00		
9	NY City earned income credit *(from Form IT-201, line 70)*	9	.00		
9a	This line intentionally left blank	9a			
10	Other refundable credits *(from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)*	10	.00		
11	Add lines 2 through 10			11	93.00
12	Current year tax *(subtract line 11 from line 1)*			12	1116.00
13	Multiply line 12 by 90% (.90)	13	1004.00		
14	Income taxes withheld *(from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)*			14	.00
15	Subtract line 14 from line 12. If the result is less than $300, **do not** complete the rest of this form *(see instructions)*			15	1116.00
16	Enter your 2020 tax *(**caution:** see instructions)*			16	944.00
17	Enter the **smaller** of line 13 or line 16			17	944.00

Part 2 - Short method for computing the penalty -

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

18	Enter the amount from line 14 above	18	.00		
19	Enter the total amount of estimated tax payments you made *(see instructions)*	19	.00		
20	Add lines 18 and 19			20	.00
21	**Total underpayment for year.** Subtract line 20 from line 17 *(if zero or less, you do not owe the penalty)*			21	944.00
22	Multiply line 21 by .04985 and enter the result			22	47.00
23	If the amount on line 21 was paid **on or after** April 15, 2022, enter ***0***. If the amount on line 21 was paid **before** April 15, 2022, make the following computation to find the amount to enter on this line: Amount on line 21 **x** number of days paid before April 15, 2022 **x** .00020 =			23	.00
24	**Penalty.** Subtract line 23 from line 22. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.			24	47.00

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

Payment due dates		A 4/15/21	B 6/15/21	C 9/15/21	D 1/15/22
25 Required installments. Enter 1/4 of line 17 in each column. *(If you used the annualized income installment method, see instructions.)*	25	.00	.00	.00	.00
26 Estimated tax paid and tax withheld *(see instructions)*	26	.00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27		.00	.00	.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 *(see instr.)*	28	.00	.00	.00	.00
29 Underpayment *(subtract line 28 from line 25)* **or** overpayment *(subtract line 25 from line 28; see instructions)*	29	.00	.00	.00	.00

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

Payment due dates		A 4/15/21	B 6/15/21	C 9/15/21	D 1/15/22
30 Amount of underpayment *(from line 29)*	30	.00	.00	.00	.00

First installment penalty period (April 15 - June 15, 2021)

31 April 15 - June 15 = (61 ÷ 365) x 7.5% = .01253

- or -

April 15 - ________ = (÷ 365) x 7.5% = . (line 31)

32 Multiply line 30, column A by line 31 . . . . 32 .00

Second installment penalty period (June 15 - September 15, 2021)

33 June15 - September 15 = (92 ÷ 365) x 7.5% = .01890

- or -

June 15 - ________ = (÷ 365) x 7.5% = . (line 33)

34 Multiply line 30, column B by line 33 . . . . 34 .00

Third installment penalty period (September 15, 2021 - January 15, 2022)

37 September 15 - January 15 = (122 ÷ 365) x 7.5% = .02506

- or -

September 15 - ________ = (÷ 365) x 7.5% = . (line 35)

36 Multiply line 30, column C by line 35 . . . . 36 .00

Fourth installment penalty period (January 15 - April 15, 2022)

37 January 15 - April 15 = (90 ÷ 365) x 7.5% = .01848

- or -

January 15 - ________ = (÷ 365) x 7.5% = . (line 37)

38 Multiply line 30, column D by line 37 . . . . 38 .00

39 **Penalty.** Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42 . . . . 39 .00

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Submit this form with your New York State return.

New York Worksheet	Form IT-2105.9 - Underpayment of Estimated Income Tax - Worksheets for Lines 1, 15, and 16 (Keep for your records)	2021

Name(s) as shown on return	Your social security number
SVETLANA NEWBERRY	

Line 1 worksheet - Total Tax from the 2021 return before withholding and estimated tax payments

Complete the following worksheet to compute amount for line 1.

1	Total tax from 2021 Form IT-201, line 61; or Form IT-203, line 58	1	1209.
2	Enter sales or use tax from 2021 Form IT-201, line 59; or Form IT-203, line 56	2	
3	Enter voluntary contributions from 2021 Form IT-201, line 60; or Form IT-203, line 57	3	
4	Add lines 2 and 3	4	
5	Subtract line 4 from line 1. Enter here and on Form IT-2105.9, Part 1, line 1	5	1209.

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

Are you subject to:

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

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

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

Line 16 worksheet - Prior Year Tax

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

Complete the following worksheet to compute amount for line 16.

1	Tax from 2020 Form IT-201 (total of lines 46 and 58); or Form IT-203 (total of lines 50 and 55)	1	1033.
2	Enter the total of any credits claimed from 2020 Form IT-201, lines 63-71; or Form IT-203, lines 60, 60a, and 61. Also include any payment (check) received in the fall of 2020 for the STAR credit	2	89.
3	Subtract line 2 from line 1. Enter here and on Form IT-2105.9, Part 1, line 16. **If your New York adjusted gross income (or net earnings from self-employment allocated to the MCTD) for 2020 is more than $150,000 ($75,000 if married filing separately for 2021) enter 110% of this amount**	3	944.

Line 16 Worksheet - Next Year Tax

The amount calculated for this worksheet, is the amount that should be entered on line 16 of the 2022 IT-2105.9

Complete the following worksheet to compute amount for line 16.

1	Tax from 2021 Form IT-201 (total of lines 46 and 58); or Form IT-203 (total of lines 50 and 55)	1	1209.
2	Enter the total of any credits claimed from 2021 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 2021 for the STAR credit	2	93.
3	Subtract line 2 from line 1. Enter here and on Form IT-2105.9, Part 1, line 16. **If your New York adjusted gross income (or net earnings from self-employment allocated to the MCTD) for 2021 is more than $150,000 ($75,000 if married filing separately for 2021) enter 110% of this amount**	3	1116.

New York Worksheet

New York City school tax credit (NYC residents only)

(Keep for your records)

2021

Name(s) as shown on return: SVETLANA NEWBERRY

Your social security number: [redacted]

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

Filing status:	If your income (see below) is:	Your credit* is:
— Single, filing status (1), or — Married filing separate return, filing status (3), or — Head of household, filing status (4)	$250,000 or less	**$ 63**
— Married filing joint return, filing status (2) — Qualifying widow(er) filing status (5)	$250,000 or less	**$ 125**

* The statutory credit amounts have been rounded.

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

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

* The statutory credit amounts have been rounded.

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

New York City school tax credit worksheet

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

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet	2021 AGI FD/ST Summary
Name(s) as shown on state return SVETLANA NEWBERRY		Social Security Number

Federal 1040 Income and Adjustments

Federal 1040

		Federal Col. A Taxpayer	Federal Col. B Spouse	State Col. A Taxpayer	State Col. B Spouse
1 Wages, salaries, tips, etc.	1				
2b **Taxable** interest	2b				
3b Ordinary dividends	3b				
4b Taxable amount of IRA distributions	4b				
5b Taxable amount of Pensions and annuities	5b				
6b Taxable amount of Social security benefits	6b				
7 Capital gain or (loss)	7				
8 Other income from Schedule 1	8	28,434		28,434	
9 Total income (Sum of Lines 1-8)	9	28,434		28,434	
10 Adjustments to income from Schedule 1	10	2,009		2,009	
11 **Adjusted Gross Income** (line 9 - line 10)	11	26,425		26,425	

Schedule 1 - Additional Income

		Federal Col. A Taxpayer	Federal Col. B Spouse	State Col. A Taxpayer	State Col. B Spouse
1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss)	3	28,434		28,434	
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5				
6 Farm income or (loss)	6				
7 Unemployment compensation	7				
8 Other income..	8				
10 Total Additional Income (Sum of lines 1-8)	10	28,434		28,434	

Schedule 1 - Adjustments to Income

		Federal Col. A Taxpayer	Federal Col. B Spouse	State Col. A Taxpayer	State Col. B Spouse
11 Educator Expenses	11				
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12				
13 Health savings account deduction	13				
14 Moving expenses	14				
15 Deductible part of self-employment tax	15	2,009		2,009	
16 Self-employed SEP, SIMPLE, and qualified plans	16				
17 Self-employed health insurance deduction	17				
18 Penalty on early withdrawal of savings	18				
19a Alimony paid	19a				
20 IRA deduction	20				
21 Student loan interest deduction	21				
22 Reserved	22				
23 Archer MSA Deduction	23				
24 Other Deductions (see STWK_ADJ)	24				
26 Total Adjustments to income (Sum of lines 11-24)	26	2,009		2,009	

NYWK_A5	State / Local tax payments made after 12/31/2021 that will be deductible on 2022 Federal Schedule A	2021
Name(s) as shown on return SVETLANA NEWBERRY		Your Social Security Number

A. 2021 Income taxes due that were paid after 12/31/2021

A1.	4th quarter estimate/extension (may be adj. by refund)			
A2.	Amount paid with return	1,163		
A3.	Total payments made in 2022		A.	1,163

B. Adjustments made to payments

B1.	Interest & Penalty	47		
B2.	Contributions, Donations, Checkoffs			
B3.	Other Tax payments (Use Tax, property tax, tangible tax, etc)			
B4.	Total adjustments		B.	47

C.	Total tax payments potentially deductible in 2022 (Line A less line B)	C.	1,116

NY-COMP	Three-year State Tax Return Comparison	2021

Name(s) as shown on return
SVETLANA NEWBERRY

Taxpayer ID Number
[redacted]

[State] Income Tax Return	2019	2020	2021	Difference 2020-2021
Filing Status	S	S	S	
Gross Income	141,169	29,088	28,434	(654)
Additions	2,571	2,571	2,571	
Subtractions	5,142	5,142	5,142	
Exemptions				
Standard Deduction	8,000	8,000	8,000	
Itemized Deduction				
Deductions				
Taxable Income	111,235	14,235	15,854	1,619
Actual State Income	111,235	14,235	15,854	1,619
State Income Tax	11,011	1,033	1,209	176
Local Taxes	4,186	453	514	61
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments	500			
Underpayment Penalty		37	47	10
Overpayment Applied to Next Year				
Refund				
Balance Due	10,201	981	1,163	182
Marginal tax rate	6.490000	5.900000	5.900000	
Effective tax rate	9.900000	7.260000	7.630000	0.370000