

Filing status: Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

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

| | | |
|---|------------------------------|---|
| Your first name and middle initial Alexander | Last name Hamilton | Your social security number 111-22-3333 |
| 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. 12 Garden St | | Apt. no. | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). New York, NY 10005 | | | |
| Foreign country name | Foreign province/state/county | Foreign postal code | If more than four dependents, see inst. and check here ▶ <input type="checkbox"/> |

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

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

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

| | | | | | |
|------------|---|-----------|----------------|------------|----------------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 4,175. |
| 2a | Tax-exempt interest | 2a | | 2b | |
| 3a | Qualified dividends | 3a | | 3b | |
| 4a | IRA distributions | 4a | | 4b | |
| c | Pensions and annuities | 4c | | 4d | |
| 5a | Social security benefits | 5a | | 5b | |
| 6 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | | 6 | |
| 7a | Other income from Schedule 1, line 9 | | | 7a | |
| b | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶ | | | 7b | 4,175. |
| 8a | Adjustments to income from Schedule 1, line 22 | | | 8a | |
| b | Subtract line 8a from line 7b. This is your adjusted gross income ▶ | | | 8b | 4,175. |
| 9 | Standard deduction or itemized deductions (from Schedule A) | 9 | 12,200. | | |
| 10 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | | | |
| 11a | Add lines 9 and 10 | | | 11a | 12,200. |
| b | Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | | 11b | 0. |

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

| | | | |
|------------|---|------------|-------------|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 12a | 0. |
| b | Add Schedule 2, line 3, and line 12a and enter the total | 12b | |
| 13a | Child tax credit or credit for other dependents | 13a | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | 13b | 0. |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | 0. |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | 0. |
| 16 | Add lines 14 and 15. This is your total tax | 16 | 0. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | 124. |
| 18 | Other payments and refundable credits: | | |
| a | Earned income credit (EIC) | 18a | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | |
| c | American opportunity credit from Form 8863, line 8 | 18c | |
| d | Schedule 3, line 14 | 18d | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | 0. |
| 19 | Add lines 17 and 18e. These are your total payments | 19 | 124. |

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

Refund

| | | | |
|------------|---|------------|--|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | 124. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | 124. |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |

Direct deposit?
See instructions.

Amount you owe

| | | | |
|-----------|---|-----------|-----------|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions | 23 | 0. |
| 24 | Estimated tax penalty (see instructions) | 24 | |

Third Party Designee

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

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.) |
| Founder of Finance | | Founder of Finance | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | | |

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

Paid Preparer Use Only

| | | | | |
|--------------------------------------|---|---------------------------------|------------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| Susan S Quigley | | | P01468823 | <input checked="" type="checkbox"/> 3rd Party Designee |
| Firm's name ▶ Susan S Quigley | Firm's address ▶ 8 Yale Street, Garden City, NY, 11530 | Phone no. (516) 354-3334 | Firm's EIN ▶ | <input checked="" type="checkbox"/> Self-employed |

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



**Department of
Taxation and Finance**

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning . . . 19
and ending . . .

For help completing your return, see the instructions, Form IT-201-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 | |
| ALEXANDER | | | HAMILTON | | 01112000 | 111223333 | |
| Spouse's first name | | MI | Spouse's last name | | Spouse's date of birth (mmddyyyy) | Spouse's Social Security number | |
| | | | | | | | |
| Mailing address (see instructions, page 14) (number and street or PO box) | | | | | Apartment number | New York State county of residence | |
| 12 GARDEN ST | | | | | | NEW YORK | |
| City, village, or post office | | | State | ZIP code | Country (if not United States) | School district name | |
| NEW YORK | | | NY | 10005 | | MANHATTAN | |
| Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route) | | | | | Apartment number | School district code number | |
| | | | | | | 369 | |
| City, village, or post office | | | State | ZIP code | Decedent information | Taxpayer's date of death (mmddyyyy) | Spouse's date of death (mmddyyyy) |
| | | | NY | | | | |

- A Filing status -** (mark an X in one box):
- ① Single
 - ② Married filing joint return (enter spouse's Social Security number above)
 - ③ Married filing separate return (enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er)

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

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



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

D2 Yonkers residents and Yonkers part-year residents only:

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

(2) Enter the amount00

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

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

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

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

(1) Number of months you lived in NYC in 2019. 12

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

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

H Dependent information (see page 16)

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

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



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Your Social Security number
111223333

Federal income and adjustments (see page 16)

Whole dollars only

Table with 11 columns (line numbers 1-11) and 11 rows. Includes items like Wages, salaries, tips, etc. (4175.00), Taxable interest income (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or loss (.00), Capital gain or loss (.00), Other gains or losses (.00), Taxable amount of IRA distributions (.00), Taxable amount of pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (.00). Total federal adjusted gross income is 4175.00.

New York additions (see page 17)

Table with 4 columns (line numbers 20-24) and 4 rows. Includes Interest income on state and local bonds and obligations (.00), Public employee 414(h) retirement contributions (.00), New York's 529 college savings program distributions (.00), Other (Form IT-225, line 9) (.00). Total New York additions is 4175.00.

New York subtractions (see page 18)

Table with 11 columns (line numbers 25-33) and 11 rows. Includes Taxable refunds, credits, or offsets of state and local income taxes (from line 4) (.00), Pensions of NYS and local governments and the federal government (see page 18) (.00), Taxable amount of Social Security benefits (from line 15) (.00), Interest income on U.S. government bonds (.00), Pension and annuity income exclusion (see page 19) (.00), New York's 529 college savings program deduction/earnings (.00), Other (Form IT-225, line 18) (.00). Total New York adjusted gross income is 4175.00.

Standard deduction or itemized deduction (see page 21)

Table with 4 columns (line numbers 34-37) and 4 rows. Includes Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: [X] Standard - or - [] Itemized (8000.00). Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) (.00). Dependent exemptions (enter the number of dependents listed in item H; see page 21) (000.00). Taxable income (subtract line 36 from line 35) (.00).

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201002193064



Name(s) as shown on page 1
ALEXANDER HAMILTON

Your Social Security number
111223333

Tax computation, credits, and other taxes

| | | | |
|-----------|--|-----------|-------|
| 38 | Taxable income (from line 37 on page 2) | 38 | .00 |
| 39 | NYS tax on line 38 amount (see page 22) | 39 | .00 |
| 40 | NYS household credit (page 22, table 1, 2, or 3) | 40 | 75.00 |
| 41 | Resident credit (see page 23) | 41 | .00 |
| 42 | Other NYS nonrefundable credits (Form IT-201-ATT, line 7) | 42 | .00 |
| 43 | Add lines 40, 41, and 42. | 43 | 75.00 |
| 44 | Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | .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 | .00 |

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

| | | | |
|------------|--|------------|-------|
| 47 | NYC taxable income (see instructions) | 47 | .00 |
| 47a | NYC resident tax on line 47 amount (see page 23) | 47a | .00 |
| 48 | NYC household credit (page 23) | 48 | 15.00 |
| 49 | Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) | 49 | .00 |
| 50 | Part-year NYC resident tax (Form IT-360.1) | 50 | .00 |
| 51 | Other NYC taxes (Form IT-201-ATT, line 34) | 51 | .00 |
| 52 | Add lines 49, 50, and 51. | 52 | .00 |
| 53 | NYC nonrefundable credits (Form IT-201-ATT, line 10) | 53 | .00 |
| 54 | Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) | 54 | .00 |
| 54a | MCTMT net earnings base | 54a | .00 |
| 54b | MCTMT | 54b | .00 |
| 55 | Yonkers resident income tax surcharge (see page 26) | 55 | .00 |
| 56 | Yonkers nonresident earnings tax (Form Y-203) | 56 | .00 |
| 57 | Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 57 | .00 |
| 58 | Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) | 58 | .00 |
| 59 | Sales or use tax (see page 27; do not leave line 59 blank) | 59 | 0.00 |
| 60 | Voluntary contributions (Form IT-227, Part 2, line 1) | 60 | .00 |
| 61 | Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) | 61 | .00 |

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



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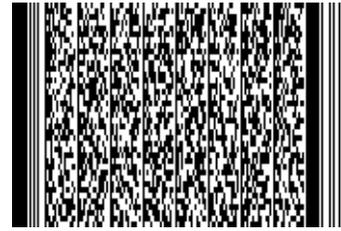


Your Social Security number
111223333

62 Enter amount from line 61 62 .00

Payments and refundable credits (see pages 28 through 31)

| | | | |
|-----|--|-----|-------|
| 63 | Empire State child credit | 63 | .00 |
| 64 | NYS/NYC child and dependent care credit | 64 | .00 |
| 65 | NYS earned income credit (EIC) | 65 | .00 |
| 66 | NYS noncustodial parent EIC | 66 | .00 |
| 67 | Real property tax credit | 67 | .00 |
| 68 | College tuition credit | 68 | .00 |
| 69 | NYC school tax credit (fixed amount) (also complete F on page 1) | 69 | 63.00 |
| 69a | NYC school tax credit (rate reduction amount) | 69a | .00 |
| 70 | NYC earned income credit | 70 | .00 |
| 70a | NYC enhanced real property tax credit | 70a | .00 |
| 71 | Other refundable credits (Form IT-201-ATT, line 18) | 71 | .00 |
| 72 | Total New York State tax withheld | 72 | 68.00 |
| 73 | Total New York City tax withheld | 73 | 33.00 |
| 74 | Total Yonkers tax withheld | 74 | .00 |
| 75 | Total estimated tax payments and amount paid with Form IT-370 | 75 | .00 |



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) 76 164.00

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

| | | | |
|-----|---|-----|--------|
| 77 | Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32) | 77 | 164.00 |
| 78 | Amount of line 77 available for refund (subtract line 79 from line 77) | 78 | 164.00 |
| 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 | 164.00 |

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.

See page 33 for payment options.

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions) 79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 .00

See page 36 for the proper assembly of your return.

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

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

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

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

83b Routing number 83c Account number

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

| | | | |
|--|--|---|--------------------------------------|
| Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Print designee's name SUSAN S QUIGLEY | Designee's phone number 516 354 3334 | Personal identification number (PIN) |
| | Email: TAXES@SQUIGLEYFINANCIAL.COM | | |

| | | |
|--|--|-------------------|
| ▼ Paid preparer must complete ▼ (see instructions) | Preparer's NYTPRN 11676763 | NYTPRN excl. code |
| Preparer's signature | Preparer's printed name SUSAN S QUIGLEY | |
| Firm's name (or yours, if self-employed) SUSAN S QUIGLEY | Preparer's PTIN or SSN P01468823 | |
| Address 8 YALE STREET GARDEN CITY NY 11530 | Employer identification number | |
| Email: TAXES@SQUIGLEYFINANCIAL.COM | Date | |

| | |
|---|----------------------|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation FOUNDER OF FINANCE | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number |
| Email: | |

See instructions for where to mail your return.



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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 record

111223333

Box b Employer identification number (EIN)

445555555

Box c Employer's information

Employer's name

US TREASURY

Employer's address (number and street)

20 EXCHANGE PLACE

City State ZIP code Country (if not United States)

NEW YORK NY 10001

Box 1 Wages, tips, other compensation
4175.00

Box 12a Amount Code
250.00 D

Box 14a Amount Description
.00

Box 8 Allocated tips
.00

Box 12b Amount Code
.00

Box 14b Amount Description
.00

Box 10 Dependent care benefits
.00

Box 12c Amount Code
.00

Box 14c Amount Description
.00

Box 11 Nonqualified plans
.00

Box 12d Amount Code
.00

Box 14d Amount Description
.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
N Y

Box 16a NYS wages, tips, etc.
4175.00

Box 17a NYS income tax withheld
68.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.
Locality a 4175.00
Locality b .00

Box 19 Local income tax withheld
Locality a 33.00
Locality b .00

Box 20 Locality name
Locality a NYC
Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name

Employer's address (number and street)

City State ZIP code Country (if not United States)

Box 1 Wages, tips, other compensation
.00

Box 12a Amount Code
.00

Box 14a Amount Description
.00

Box 8 Allocated tips
.00

Box 12b Amount Code
.00

Box 14b Amount Description
.00

Box 10 Dependent care benefits
.00

Box 12c Amount Code
.00

Box 14c Amount Description
.00

Box 11 Nonqualified plans
.00

Box 12d Amount Code
.00

Box 14d Amount Description
.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
N Y

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

102001193064



NO HANDWRITTEN ENTRIES ON THIS FORM