



LIMITED LIABILITY PARTNERSHIP  
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

2022 Tax Return

**Marcus J Molinaro & Corinne Adams**

Client Copy



LIMITED LIABILITY PARTNERSHIP  
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

2678 South Rd Ste 101, Poughkeepsie, NY 12601-5254  
845-485-5510

April 10, 2023

**CONFIDENTIAL**

Marcus J Molinaro & Corinne Adams  
75 Glen Ridge Road  
Red Hook, NY 12571

Dear Marcus:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)  
New York Resident Income Tax Return (Form IT-201)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

RBT CPAs, LLP

<b>1040</b>	<b>Federal Return Summary</b>	<b>2022</b>
-------------	-------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

Tax Form 1040  
 Tax Method Used QUAL DIV CAP GAIN WRK

Filing Status MFJ  
 Dependents 3

**Income**

Salaries & wages	<u>150,711</u>
Taxable interest income	<u>87</u>
Tax exempt interest	
Dividend income	<u>80</u>
Qualified dividends	<u>80</u>
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
<b>Total income</b>	<b><u>150,878</u></b>

**Adjustments**

Moving expenses	
Deductible part of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
<b>Adjusted gross income</b>	<b><u>150,878</u></b>

**Deductions**

Medical and Dental expenses	
Taxes paid	
Interest paid	
Charitable contributions	
Other itemized deductions	
Total itemized deductions	
or, Standard deduction	<u>25,900</u>
Taxable income before Qual Bus Inc Ded (QBID)	<u>124,978</u>
QBID	
<b>Taxable income</b>	<b><u>124,978</u></b>

**Tax Computation**

Regular tax	<u>18,724</u>
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	<u>18,724</u>
Child and dependent care credit	
Education credits	
Other credits	<u>4,500</u>
Total credits	<u>4,500</u>
Tax after credits	<u>14,224</u>
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
<b>Total tax</b>	<b><u>14,224</u></b>

**Payments**

Federal income tax withheld	<u>18,598</u>
Estimated payments	
Other payments/credits	
<b>Total payments</b>	<b><u>18,598</u></b>

**Refund/Amount Due**

Amount overpaid	<u>4,374</u>
Overpayment applied	
Form 2210 penalty	
<b>Amount due/-refund</b>	<b><u>-4,374</u></b>
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
<b>Net amount due/-refund</b>	<b><u>-4,374</u></b>

**2023 Estimates**

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

**Tax Rates**

Marginal tax rate - Ordinary income*	<u>22.0</u> %
Marginal tax rate - Capital income*	<u>15.0</u> %
Effective tax rate	<u>11.0</u> %

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

Form <b>1040</b>	<b>Federal Tax Projection Worksheet 1 - Tax Computation</b>	<b>2022 &amp; 2023</b>
------------------	---	------------------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

		2022	2023	Differences	
		MFJ	MFJ		
<b>Filing Status</b>					
<b>Dependents</b>		<b>3</b>	<b>3</b>		
Income	1. Salaries and wages	150,711	150,711		
	2. Interest income	87	87		
	3. Dividend income	80	80		
	4. Taxable state/local refunds				
	5. Alimony received				
	6. Business income/loss				
	7. Capital gain/loss				
	8. Other gains/losses				
	9. Taxable IRA distributions				
	10. Taxable pensions and annuities				
	11. Schedule E income/loss				
	12. Farm income/loss				
	13. Unemployment benefits				
	14. Taxable social security benefits				
	15. Other income				
		<b>16. Total income</b>	<b>150,878</b>	<b>150,878</b>	
Adjustments	17. Moving expenses				
	18. Deductible part of self-employment tax				
	19. SEP/SIMPLE/Qualified plans deductions				
	20. Self-employed health insurance deduction				
	21. Penalty on early withdrawal of savings				
	22. Alimony paid				
	23. IRA deductions				
	24. Student loan interest deduction				
	25. Other adjustments				
		<b>26. Adjusted gross income</b>	<b>150,878</b>	<b>150,878</b>	
	Deductions	27. Medical			
28. State/local income or sales taxes		8,697	8,697		
29. Real estate taxes		9,518	9,518		
30. Personal property taxes					
<b>31. Total State/Local taxes.</b> Add lines 28 - 30		<b>18,215</b>	<b>18,215</b>		
<b>32. State/Local taxes allowed.</b> Lower of line 31 or \$10,000 (\$5,000 if MFS)		<b>10,000</b>	<b>10,000</b>		
33. Other taxes					
34. Interest		14,717	14,717		
35. Contributions		700	700		
36. Casualty losses from a federally declared disaster					
37. Miscellaneous expenses (including qualified disaster loss)					
<b>38. Allowable itemized deductions</b>		<b>25,417</b>	<b>25,417</b>		
<b>39a. Standard deduction</b>		<b>25,900</b>	<b>27,700</b>	<b>1,800</b>	
<b>39b. Reserved for future use</b>					
	<b>STANDARD</b>	<b>STANDARD</b>			
40. Deduction taken	25,900	27,700	1,800		
41. Subtract line 40 from line 26	124,978	123,178	-1,800		
42. Qualified business income deduction		0			
<b>43. Taxable income</b>	<b>124,978</b>	<b>123,178</b>	<b>-1,800</b>		

Form <b>1040</b>	<b>Federal Tax Projection Worksheet 2 - Tax Computation</b>	<b>2022 &amp; 2023</b>
------------------	---	------------------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

		2022	2023	Differences
Filing Status		MFJ	MFJ	
44. Taxable income from TPW page 1, line 43	44.	124,978	123,178	-1,800
45. Tax on taxable income <b>CG TAX</b>	45.	18,724	17,709	-1,015
46. Taxes from Forms 4972, 8814, and add'l taxes	46.			
47. Alternative minimum tax	47.			
48. Add lines 45, 46, and 47	48.	18,724	17,709	-1,015
49. Foreign tax credit	49.			
T a x  C o m p u t e r i n g	50.			
50. Child and dependent care credit	50.			
51. Education credits	51.			
52. Retirement savings credit	52.			
53. Credit for the elderly	53.			
54. Child tax credit/credit for other dependents	54.	4,500	4,000	-500
55. Nonbusiness energy property credit	55.			
56. Alternative motor vehicle credit (Form 8910)	56.			
57. Qualified plug-in electric motor vehicle (Form 8936)	57.			
58. Mortgage interest credit	58.			
59. D.C. first-time homebuyer credit	59.			
60. Residential energy efficient property credit	60.			
61. Adoption credit	61.			
62. General business credit	62.			
63. Prior year minimum tax credit	63.			
64. Other credits	64.			
65. <b>Total credits</b>	65.	4,500	4,000	-500
66. <b>Net tax liability</b>	66.	14,224	13,709	-515
67. Self-employment tax	67.			
68. Tax on unreported tips	68.			
69. Tax on IRA or qualified plans	69.			
70. Household employment taxes	70.			
71. First-time homebuyer credit repayment	71.			
72. Reserved	72.			
73. Additional Medicare Tax	73.			
74. Net Investment Income Tax	74.			
75. Other taxes	75.			
76. <b>Total tax</b>	76.	14,224	13,709	-515
77. Income tax withheld	77.	18,598	18,598	
78. Estimated tax payments	78.			
79. Earned income credit	79.			
80. Additional child tax credit	80.		0	
81. Reserved	81.			
82. Reserved	82.			
83. Other payments	83.			
84. <b>Total payments</b>	84.	18,598	18,598	
85. <b>Net tax due/-refund</b>	85.	-4,374	-4,889	-515
86. <b>Marginal Tax Rate - Ordinary Income</b>	86.	22.0 %	22.0 %	
87. <b>Marginal Tax Rate - Capital Income</b>	87.	15.0 %	15.0 %	
88. <b>Effective Tax Rate</b>	88.	11.0 %	11.0 %	

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

**Child Tax Credit/Credit for Other Dependents - Federal Tax Projection Worksheet, Page 2, Line 54**

1. Number of qualifying children with the required social security number: <u>2</u> x \$2,000. Enter the result.	1. <u>4,000</u>
2. Number of qualifying other dependents: _____ x \$500. Enter the result.	2. _____
3. Add lines 1 and 2.	3. <u>4,000</u>
4. Enter the amount from Federal Tax Projection Worksheet, Page 1, line 26	4. <u>150,878</u>
5. Enter the total of any foreign income and/or housing exclusion/deduction from Federal Tax Projection Worksheet, Page 1, line 15	5. _____
6. Add lines 4 and 5.	6. <u>150,878</u>
7. Enter \$400,000 if married filing jointly; \$200,000 if single, married filing separately, head of household or qualifying surviving spouse	7. <u>400,000</u>
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000	8. _____
9. Multiply the amount on line 8 by 5% (.05). Enter the result.	9. <u>0</u>
10. Subtract line 9 from line 3. If zero or less, <b>stop here</b> ; you <b>cannot</b> take this credit.	10. <u>4,000</u>
11. Enter the amount from Federal Tax Projection Worksheet, Page 2, line 48.	11. <u>17,709</u>
12. Add the amounts from Federal Tax Projection Worksheet, Page 2, lines 49, 50, 51, 52 & 53, plus lines 55, 56 and 57	12. _____
13. Subtract line 12 from line 11.	13. <u>17,709</u>
14. <b>Child tax credit/credit for other dependents.</b> Enter the smaller of line 10 or line 13 here and on Federal Tax Projection Worksheet, Page 2, line 54.	14. <u>4,000</u>

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

1. Enter the amount from line 10 of the Child Tax Credit Worksheet above	1. <u>4,000</u>
2. Enter your child tax credit from Federal Tax Projection Worksheet, Page 2, line 54	2. <u>4,000</u>
3. Subtract line 2 from 1. If zero, stop; you cannot take this credit	3. <u>0</u>
4. Multiply the number of qualifying children from line 1 of the Child Tax Credit Worksheet above by \$1,600	4. _____
5. Enter the <b>smaller</b> of line 3 or line 4	5. _____
6. Enter your total earned income	6. _____
7. If line 6 is less than \$2,500, leave line 7 blank and enter -0- on line 8. Otherwise, subtract \$2,500 from the amount on line 6	7. _____
8. Multiply the amount on line 7 by 15% (.15) and enter the result. If you have three or more qualifying children: If line 8 is equal to or more than line 5, skip lines 9-14 and enter the amount from line 5 on line 15. Otherwise, go to line 9. If you have less than three qualifying children: If line 8 is zero, stop; you cannot take the additional child tax credit. Otherwise, skip lines 9-14 and enter the smaller of line 5 or 8 on line 15.	8. _____
9. Enter your projected social security, Medicare, and Additional Medicare taxes from Form W-2, boxes 4 and 6. Also include any Additional Medicare Tax on Medicare wages, and one-half of any Additional Medicare Tax on self-employment income	9. _____
10. Enter the amount from Federal Tax Projection Worksheet, Page 1, line 18 plus any unreported social security and Medicare tax included on Federal Tax Projection Worksheet, Page 2, line 68	10. _____
11. Add lines 9 and 10	11. _____
12. Enter the amount from Federal Tax Projection Worksheet, Page 2, line 79, plus any excess social security w/h included on line 82	12. _____
13. Subtract line 12 from line 11. If the result is zero or less, enter -0-	13. _____
14. Enter the <b>larger</b> of line 8 or line 13	14. _____
15. <b>Additional child tax credit.</b> Enter the <b>smaller</b> of line 5 or line 14 here and on Federal Tax Projection Worksheet, Page 2, line 80	15. _____

Form <b>1040</b>	<b>Tax Projection Worksheet - Tax Using Capital Gains Rates</b>	<b>2023</b>
------------------	---	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

	Regular	AMT
1. Enter taxable income (TPW or TPW Foreign Earned Income Tax Worksheet) .....	123,178	24,378
2. Enter your qualified dividends .....	80	80
3. Enter net capital gain and qualified dividends elected to be included in investment income .....		
4. Enter the total amount of net capital gain from disposition of investment property .....		
5. Subtract line 4 from line 3. If zero or less, enter -0- .....	0	
6. Subtract line 5 from line 2. If zero or less, enter -0- .....	80	80
7. Enter net capital gain. (Excess of net lt capital gains over net st capital losses) .....		
8. Enter the smaller of line 3 or line 4 .....		
9. Subtract line 8 from line 7. If zero or less, enter -0- .....	0	0
10. Add lines 6 and 9 .....	80	80
11. Enter the sum of the projected Unrecaptured Section 1250 gain and Net 28% gain .....		
12. Enter the smaller of line 9 or line 11 .....		
13. Subtract line 12 from line 10 .....	80	80
14. Subtract line 13 from line 1. If zero or less, enter -0- .....	123,098	
15. Enter: \$44,625 if single or married filing separately; \$89,250 if married filing jointly or qualifying surviving spouse; \$59,750 if head of household. ....	89,250	
16. Enter the smaller of line 1 or line 15 .....	89,250	
17. Enter the smaller of line 14 or line 16 .....	89,250	
18. Subtract line 10 from line 1. If zero or less, enter -0- .....	123,098	
19. Enter the smaller of line 1 or \$182,100 (\$364,200 if MFJ or QSS) .....	123,178	
20. Enter the smaller of line 14 or line 19 .....	123,098	
21. Enter the larger of line 18 or line 20 .....	123,098	
22. Subtract line 17 from line 16. This amount is taxed at 0% .....		
<b>If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44.</b>		
23. Enter the smaller of line 1 or line 13 .....	80	
24. Enter the amount from line 22 (if line 22 is blank, enter -0-) .....	0	
25. Subtract line 24 from line 23. If zero or less, enter -0- .....	80	
26. Enter \$492,300 if Single; \$276,900 if Married filing separately; \$553,850 if Married filing jointly or Qualifying surviving spouse; \$523,050 if Head of household .....	553,850	
27. Enter the smaller of line 1 or line 26 .....	123,178	
28. Add lines 21 and 22 .....	123,098	
29. Subtract line 28 from line 27. If zero or less, enter -0- .....	80	
30. Enter the smaller of line 25 or line 29 .....	80	
31. Multiply line 30 by 15% .....	12	
32. Add lines 24 and 30 .....	80	
<b>If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33.</b>		
33. Subtract line 32 from line 23. ....	0	
34. Multiply line 33 by 20% (.20) .....	0	
<b>If Unrecaptured Section 1250 Gain, is zero/blank, skip lines 35 through 40 and go to line 41.</b>		
35. Enter the smaller of line 9 or the Unrecaptured Section 1250 gain .....		
36. Add lines 10 and 21 .....		
37. Enter the amount from line 1 above .....		
38. Subtract line 37 from line 36. If zero or less, enter -0- .....		
39. Subtract line 38 from line 35. If zero or less, enter -0- .....		
40. Multiply line 39 by 25% (.25). .....		
<b>If Net 28% Rate Gain, is zero (or blank), skip lines 41 through 43 and go to line 44.</b>		
41. Add lines 21, 22, 30, 33 and 39 .....		
42. Subtract line 41 from line 1 .....		
43. Multiply line 42 by 28% (.28) .....		
44. Figure the tax on the amount on line 21 .....	17,697	
45. Add lines 31, 34, 40, 43, and 44 .....	17,709	
46. Figure the tax on the amount on line 1 .....	17,714	
47. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46 here and on the Tax Projection Worksheet 2, line 45 .....	17,709	

Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2022**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number **058-70-6086**

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

Filing Status **MARRIED FILING JOINTLY** Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **15.0 %**  
 Tax Method **QUALIFIED DIVIDENDS & CAPITAL GAIN TAX WORKSHEET**

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

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	124,898	22.0 %	18,712	\$83,550 - \$178,150	53,252
Capital Income	80	15.0 %	12	\$83,550 - \$647,850	647,770
Capital Income - 1250		%			
Capital Income - 1202		%			

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

Income taxed at ordinary rates	(a) Taxable Income	(b) Tax*
1. 10% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$20,550</small>	1a. 20,550	1b. 2,058
2. 12% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$63,000</small>	2a. 63,000	2b. 7,563
3. 22% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$94,600</small>	3a. 41,348	3b. 9,091
4. 24% rate	4a.	4b.
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 124,898	8b. 18,712

Income taxed at capital gains rates	(a) Taxable Income	(b) Tax*
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$433,850</small>	10a. 80	10b. 12
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate <small>Unrecaptured Section 1250 Gain</small>	12a.	12b.
13. 28% capital gains rate <small>Small business stock, collectibles</small>	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a. 80	14b. 12

Total taxable income	
15. Total ordinary taxable income. Enter the amount from line 8a.	15. 124,898
16. Total capital gains taxable income. Enter the amount from line 14a.	16. 80
17. Add lines 15 and 16.	17. 124,978
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19. 124,978

Total tax	
20. Total ordinary tax. Enter the amount from line 8b.	20. 18,712
21. Total capital gains tax. Enter the amount from line 14b.	21. 12
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. 18,724
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27. 18,724



Form **1040** | **Reconciliation Worksheet - Projected Taxable Income & Tax** | **2023**

Name **MARCUS J MOLINARO & CORINNE ADAMS** | Taxpayer Identification Number **058-70-6086**

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how projected 2023 tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY** | Tax Pct Total Tax (In 24) divided by Total Taxable Income (In 19) **14.0 %**  
 Tax Method **CAPITAL GAINS RATE TAX**

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

	Taxable Amount	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	123,098	22.0 %	17,697	\$89,450 - \$190,750	67,652
Capital Income	80	15.0 %	12	\$89,250 - \$553,850	553,770
Capital Income - 1250		%			
Capital Income - 1202		%			

	(a) Taxable Income	(b) Tax
<b>Projected Income taxed at ordinary rates</b>		
1. 10.0% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$22,000</small>	22,000	2,200
2. 12.0% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$67,450</small>	67,450	8,094
3. 22.0% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$101,300</small>	33,648	7,403
4. 24.0% rate		
5. 32.0% rate		
6. 35.0% rate		
7. 37.0% rate		
8. <b>Total projected ordinary taxable income and ordinary tax.</b> Add lines 1 through 7.	<b>123,098</b>	<b>17,697</b>

<b>Projected Income taxed at capital gains rates</b>		
9. 0% capital gains rate		
10. 15% capital gains rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$464,600</small>	80	12
11. 20% capital gains rate		
12. 25% capital gains rate <small>Unrecaptured Section 1250 Gain</small>		
13. 28% capital gains rate <small>Small business stock, collectibles</small>		
14. <b>Total projected taxable capital gains and capital gains tax.</b> Add lines 9 through 13.	<b>80</b>	<b>12</b>

<b>Total projected taxable income</b>		
15. Total ordinary taxable income. Enter the amount from line 8a.		123,098
16. Total capital gains taxable income. Enter the amount from line 14a.		80
17. Add lines 15 and 16.		123,178
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.		
19. <b>Projected taxable income</b> reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.		<b>123,178</b>

<b>Total projected tax</b>		
20. Total ordinary tax. Enter the amount from line 8b.		17,697
21. Total capital gains tax. Enter the amount from line 14b.		12
22. Add lines 20 and 21.		17,709
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.		
24. <b>Total projected 2023 tax</b> reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22		<b>17,709</b>

**Filing Instructions**  
**Electronically Filed**  
**Form 1040 US Individual Income Tax Return**  
**With**  
**Form 8879 IRS e-file Signature Authorization**  
**Taxable Year Ended December 31, 2022**

**Name:** Marcus J Molinaro & Corinne Adams

**Date Due:** April 18, 2023

**Remittance:** None is required. The return shows a total overpayment of \$4,374, which is to be refunded in its entirety.

Your refund will be direct deposited into your Rhinebeck Bank checking account no. \*\*\*\*\*9897.

**Signature:** Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail as soon as possible to:

RBT CPAs, LLP  
2678 South Rd Ste 101  
Poughkeepsie, NY 12601-5254

If you prefer, rather than mailing, you may return the signed form via one of the following methods:

Fax: 845-567-9228  
Upload: [www.rbtcpas.com/efile](http://www.rbtcpas.com/efile)

***Important:* Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.**

**Other:** Initial and date the copy of the Form 1040, and retain it for your records.

Retain a copy of the signed and dated Form 8879 for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form **8879**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID) 

Taxpayer's name <b>MARCUS J MOLINARO</b>		Social security number <b>058-70-6086</b>
Spouse's name <b>CORINNE ADAMS</b>		Spouse's social security number <b>225-47-6299</b>

**Part I Tax Return Information — Tax Year Ending December 31, 2022** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	<b>150,878</b>
2	Total tax	2	<b>14,224</b>
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	<b>18,598</b>
4	Amount you want refunded to you	4	<b>4,374</b>
5	Amount you owe	5	

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

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

**Taxpayer's PIN: check one box only**

I authorize **RBT CPAS, LLP** to enter or generate my PIN **06086** as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature  \_\_\_\_\_ Date  **04/10/23****Spouse's PIN: check one box only**

I authorize **RBT CPAS, LLP** to enter or generate my PIN **76299** as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature  \_\_\_\_\_ Date  **04/10/23****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

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

**14386814106**Don't enter all zeros

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

ERO's signature  **SUSAN L. HOWELL, CPA** Date  **04/10/23**

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

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

Form **8879** (Rev. 01-2021)

**Filing Instructions**  
**Bank Account Verification**

**Name:** Marcus J Molinaro & Corinne Adams

**Date Due:** AS SOON AS POSSIBLE

**Signature:** Review, sign and date the Bank Account Verification on the signature line directly above your printed name. Return as soon as possible to:

RBT CPAs, LLP  
2678 South Rd Ste 101  
Poughkeepsie, NY 12601-5254

If you prefer, rather than mailing, you may return the signed form via one of the following methods:

Fax: 845-567-9228  
Upload: [www.rbtcpas.com/efile](http://www.rbtcpas.com/efile)

**Other:** Retain a copy of the signed and dated form for your records.

New IRS security standards require annual verification of the bank account information you provided before filing your tax return

***Important:* Your return will not be filed with the IRS until the signed Bank Account Verification has been received by this office.**

The Bank Account Verification must be signed by both the taxpayer and spouse.

Some financial institutions do not allow electronic deposits or withdrawals involving individual accounts for joint income tax returns. Be sure and indicate if the account(s) listed on the form are joint accounts.

Checking the accuracy of the information on the Bank Verification form now will save time and frustration later. Erroneous bank account information, such as a closed account or a change in a bank routing transit number, can result in a rejection by the financial institution, causing refund delays or interest and penalties on unpaid balances. An incorrect bank account number can cause a refund to be deposited into the account of another person and your only solution is to work directly with the respective financial institution to recover the funds.

Form <b>1040</b>	<b>Bank Account Verification</b>	<b>2022</b>
------------------	----------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

You have indicated that you would like to receive a refund via direct deposit or make a tax payment via electronic funds withdrawal (EFW) from your bank account(s). Note that electronic funds can only be withdrawn from the primary account. Make sure sufficient funds are available in the primary account. Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If there are any changes please make them on this form. Sign and date at the bottom to indicate upon your review and verification that all account(s) listed are correct and return it to our office.

**Primary Account**

Name of Financial Institution ..... RHINEBECK BANK

Routing Transit Number ..... 221971015

Account Number ..... 0400039897

Type of Account ..... CHECKING

Joint Account? ..... NO

**Secondary Account #1**

Name of Financial Institution .....

Routing Transit Number .....

Account Number .....

Type of Account .....

Joint Account? .....

**Secondary Account #2**

Name of Financial Institution .....

Routing Transit Number .....

Account Number .....

Type of Account .....

Joint Account? .....

\_\_\_\_\_  
Taxpayer Signature **MARCUS J MOLINARO** Date \_\_\_\_\_

\_\_\_\_\_  
Spouse Signature **CORINNE ADAMS** Date \_\_\_\_\_

Form **1040**

Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return**

**2022**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

**Filing Status**

Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)

Check only one box.

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

Your first name and middle initial <b>MARCUS J</b>		Last name <b>MOLINARO</b>		Your social security number <b>058-70-6086</b>	
If joint return, spouse's first name and middle initial <b>CORINNE</b>		Last name <b>ADAMS</b>		Spouse's social security number <b>225-47-6299</b>	
Home address (number and street). If you have a P.O box, see instructions. <b>75 GLEN RIDGE ROAD</b>				Apt. no.	
City, town or post office. If you have a foreign address, also complete spaces below. <b>RED HOOK</b>			State <b>NY</b>	ZIP code <b>12571</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	
				<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse	

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) .....  Yes  No

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

**Age/Blindness** You:  Were born before January 2, 1958  Are blind Spouse:  Was born before January 2, 1958  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>ABIGAL</b>	<b>MOLINARO</b>	<b>059-94-4839</b>	<b>DAUGHTER</b>		<input checked="" type="checkbox"/>
<b>ELIAS A.</b>	<b>MOLINARO</b>	<b>596-51-7888</b>	<b>SON</b>	<input checked="" type="checkbox"/>	
<b>THEO A.</b>	<b>MOLINARO</b>	<b>017-49-6647</b>	<b>SON</b>	<input checked="" type="checkbox"/>	

<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions) .....	<b>1a</b>	<b>150,711</b>	
	<b>b</b>	Household employee wages not reported on Form(s) W-2 .....	<b>1b</b>		
	<b>c</b>	Tip income not reported on line 1a (see instructions) .....	<b>1c</b>		
	<b>d</b>	Medicaid waiver payments not reported on Form(s) W-2 (see instructions) .....	<b>1d</b>		
	<b>e</b>	Taxable dependent care benefits from Form 2441, line 26 .....	<b>1e</b>		
	<b>f</b>	Employer-provided adoption benefits from Form 8839, line 29 .....	<b>1f</b>		
	<b>g</b>	Wages from Form 8919, line 6 .....	<b>1g</b>		
	<b>h</b>	Other earned income (see instructions) .....	<b>1h</b>		
	<b>i</b>	Nontaxable combat pay election (see instructions) .....	<b>1i</b>		
	<b>z</b>	Add lines 1a through 1h .....	<b>1z</b>	<b>150,711</b>	
	Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest .....	<b>2a</b>	
		<b>3a</b>	Qualified dividends .....	<b>3a</b>	<b>80</b>
		<b>4a</b>	IRA distributions .....	<b>4a</b>	
		<b>5a</b>	Pensions and annuities .....	<b>5a</b>	
		<b>6a</b>	Soc. sec. ben. ....	<b>6a</b>	
<b>b</b>		Taxable interest .....	<b>2b</b>	<b>87</b>	
	<b>3b</b>	Ordinary dividends .....	<b>3b</b>	<b>80</b>	
	<b>4b</b>	Taxable amount .....	<b>4b</b>		
	<b>5b</b>	Taxable amount .....	<b>5b</b>		
	<b>6b</b>	Taxable amount .....	<b>6b</b>		
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here .....	<b>7</b>		
	<b>8</b>	Other income from Schedule 1, line 10 .....	<b>8</b>	<b>0</b>	
	<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> .....	<b>9</b>	<b>150,878</b>	
	<b>10</b>	Adjustments to income from Schedule 1, line 26 .....	<b>10</b>	<b>0</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> .....	<b>11</b>	<b>150,878</b>	
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) .....	<b>12</b>	<b>25,900</b>	
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A .....	<b>13</b>		
	<b>14</b>	Add lines 12 and 13 .....	<b>14</b>	<b>25,900</b>	
	<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> .....	<b>15</b>	<b>124,978</b>	

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

Form **1040** (2022)

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	<b>18,724</b>
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	<b>18,724</b>
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	<b>4,500</b>
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	<b>4,500</b>
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	<b>14,224</b>
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	<b>14,224</b>	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:			
	<b>a</b>	Form(s) W-2	<b>25a</b>	<b>18,598</b>	
	<b>b</b>	Form(s) 1099	<b>25b</b>		
	<b>c</b>	Other forms (see instructions)	<b>25c</b>		
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	<b>18,598</b>	
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>		
	<b>27</b>	Earned income credit (EIC)	<b>27</b>		
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>		
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>		
	<b>30</b>	Reserved for future use	<b>30</b>		
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>			
<b>32</b>	Add lines 27, 28, 29 and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>			
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	<b>18,598</b>		

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

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	<b>4,374</b>
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	<b>4,374</b>
	<b>b</b>	Routing number <b>221971015</b>	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number <b>0400039897</b>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 **SUSAN L. HOWELL, CPA** Phone no. **845-485-5510** Personal identification number (PIN) **71387**

**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 instr.)
		<b>CONGRESSMAN</b>	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
		<b>PRESCHOOL TEACHER</b>	

Preparer's name	Preparer's signature	Date	PTIN	Check if:
<b>SUSAN L. HOWELL, CPA</b>	<b>SUSAN L. HOWELL, CPA</b>	<b>04/10/23</b>	<b>P00171387</b>	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
<b>RBT CPAS, LLP</b>	<b>2678 SOUTH RD STE 101 POUGHKEEPSIE NY 12601-5254</b>		<b>845-485-5510</b>	<b>14-1604297</b>

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. Form **1040** (2022)

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

**MARCUS J MOLINARO & CORINNE ADAMS**

**058-70-6086**

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	<b>1</b>	<b>150,878</b>
<b>2a</b>	Enter income from Puerto Rico that you excluded	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d	<b>3</b>	<b>150,878</b>
<b>4</b>	Number of qualifying children under age 17 with the required social security number	<b>4</b>	<b>2</b>
<b>5</b>	Multiply line 4 by \$2,000	<b>5</b>	<b>4,000</b>
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	<b>6</b>	<b>1</b>
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500	<b>7</b>	<b>500</b>
<b>8</b>	Add lines 5 and 7	<b>8</b>	<b>4,500</b>
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	<b>9</b>	<b>400,000</b>
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	<b>10</b>	<b>0</b>
<b>11</b>	Multiply line 10 by 5% (0.05)	<b>11</b>	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	<b>12</b>	<b>4,500</b>
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b>	<b>13</b>	<b>18,724</b>
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents.</b>	<b>14</b>	<b>4,500</b>

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2022



**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			<input type="checkbox"/>
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		<b>16a</b>	
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.		<b>16b</b>	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.			
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b		<b>17</b>	
<b>18a</b>	Earned income (see instructions)	<b>18a</b>		
<b>b</b>	Nontaxable combat pay (see instructions)	<b>18b</b>		
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result	<b>19</b>		
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	<b>21</b>		
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	<b>22</b>		
<b>23</b>	Add lines 21 and 22	<b>23</b>		
<b>24</b>	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	<b>24</b>		
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0-	<b>25</b>		
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>		

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	<b>27</b>		<b>0</b>
-----------	--	-----------	--	----------

Form **8867**

(Rev. November 2022)

Department of the Treasury  
Internal Revenue Service

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 **22**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return  
**MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer identification number  
**058-70-6086**

Preparer's name  
**SUSAN L. HOWELL, CPA**

Preparer taxpayer identification number  
**P00171387**

**Part I Due Diligence Requirements**

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. = Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. = Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: <b>HEALTH CARE PROVIDER STATEMENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2022)

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

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  1. A copy of this Form 8867.
  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

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

Form **1040****Qualified Dividends and Capital Gain Tax Worksheet****2022**

Name

Taxpayer Identification Number

**MARCUS J MOLINARO & CORINNE ADAMS****058-70-6086**

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet .....	1.	<b>124,978</b>	
2. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 3a* .....	2.	<b>80</b>	
3. Are you filing Schedule D?*			
<input type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	}		
<input checked="" type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 7			
4. Add lines 2 and 3 .....	4.	<b>80</b>	
5. Subtract line 4 from line 1. If zero or less, enter -0- .....	5.	<b>124,898</b>	
6. Enter:			
\$41,675 if single or married filing separately,	}		
\$83,350 if married filing jointly or qualifying surviving spouse,			
\$55,800 if head of household.			
7. Enter the smaller of line 1 or line 6 .....	7.	<b>83,350</b>	
8. Enter the smaller of line 5 or line 7 .....	8.	<b>83,350</b>	
9. Subtract line 8 from line 7. This amount is taxed at 0% .....	9.	<b>0</b>	
10. Enter the smaller of line 1 or line 4 .....	10.	<b>80</b>	
11. Enter the amount from line 9 .....	11.	<b>0</b>	
12. Subtract line 11 from line 10 .....	12.	<b>80</b>	
13. Enter:			
\$459,750 if single,	}		
\$258,600 if married filing separately,			
\$517,200 if married filing jointly or qualifying surviving spouse,			
\$488,500 if head of household.			
14. Enter the smaller of line 1 or line 13 .....	14.	<b>124,978</b>	
15. Add lines 5 and 9 .....	15.	<b>124,898</b>	
16. Subtract line 15 from line 14. If zero or less, enter -0- .....	16.	<b>80</b>	
17. Enter the smaller of line 12 or line 16 .....	17.	<b>80</b>	
18. Multiply line 17 by 15% (0.15) .....	18.	<b>12</b>	
19. Add lines 9 and 17 .....	19.	<b>80</b>	
20. Subtract line 19 from line 10 .....	20.	<b>0</b>	
21. Multiply line 20 by 20% (0.20) .....	21.	<b>0</b>	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet .....	22.	<b>18,712</b>	
23. Add lines 18, 21, and 22 .....	23.	<b>18,724</b>	
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet .....	24.	<b>18,729</b>	
25. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24. Also include this amount on the entry space on Form 1040, 1040-SR, or 1040-NR, line 16. If you are filing Form 2555, do not enter this amount on the entry space on 1040, 1040-SR, or 1040-NR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet .....	25.	<b>18,724</b>	

\*If you are filing Form 2555, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

**Credit Limit Worksheet A**

- |   |                  |
|---|------------------|
| 1. Enter the amount from Form 1040, 1040-SR, or Form 1040NR, line 18 .....  | 1. <u>18,724</u> |
| 2. Add the amounts from Schedule 3, lines 1, 2, 3, 4, 6d, 6e, 6f, and 6l; plus Form 5695, ln 30. Enter the total .....  | 2. _____         |
| 3. Subtract line 2 from line 1 .....  | 3. <u>18,724</u> |
| 4. Do you meet all the following conditions?<br><ul style="list-style-type: none"> <li><input type="radio"/> You are claiming one or more of the following credits:<br/>Form 8396; Form 8839; Form 5695, Part I; Form 8859</li> <li><input type="radio"/> You are not filing Form 2555.</li> <li><input type="radio"/> Schedule 8812, line 4 is more than zero.</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter -0- ..... }<br><input type="checkbox"/> <b>Yes.</b> Enter the amount from the Credit Limit Worksheet B. } | 4. <u>0</u>      |
| 5. Subtract line 4 from line 3. Enter the result here and on Schedule 8812, line 13 .....   | 5. <u>18,724</u> |

**Credit Limit Worksheet B**

Use this worksheet **only** if you checked "Yes" on line 4 of the Credit Limit Worksheet A above.

- |  |           |
|--|-----------|
| 1. Enter the amount from Form 8812, line 12 .....  | 1. _____  |
| 2. Number of qualifying children under age 17 with the required social security number: _____ x \$1,500. Enter the result .....  | 2. _____  |
| 3. Enter the earned income from line 7 of the Child Tax Credit Earned Income Worksheet .....   | 3. _____  |
| 4. Is the amount on line 3 more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 4 blank, enter -0- on line 5, and go to line 6.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 3. Enter the result. }  | 4. _____  |
| 5. Multiply the amount on line 4 by 15% (.15) and enter the result .....   | 5. _____  |
| 6. On line 2 of this worksheet, is the amount \$4,500 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico and line 5 above is less than line 1 above, go to line 7.<br>Otherwise, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12.<br><input type="checkbox"/> <b>Yes.</b> If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on<br>line 11, and go to line 12 below. Otherwise go to line 7. | 6. _____  |
| 7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2. ....  | 7. _____  |
| 8. Enter the total of the amounts from Schedule 1, line 15 and Schedule 2, lines 5, 6 and 13 .....   | 8. _____  |
| 9. Add lines 7 and 8. Enter the total .....  | 9. _____  |
| 10. Enter the amounts from Form 1040/1040-SR, line 27 and Schedule 3, line 11; 1040-NR, Schedule 3, line 11 .....  | 10. _____ |
| 11. Subtract line 10 from line 9. If the result is zero or less, enter -0- .....   | 11. _____ |
| 12. Enter the <b>larger</b> of line 5 or line 11 .....   | 12. _____ |
| 13. Enter the <b>smaller</b> of line 2 or line 12 .....  | 13. _____ |
| 14. Is the amount on line 13 of this worksheet more than the amount on line 1?<br><input type="checkbox"/> <b>No.</b> Subtract line 13 from line 1. Enter the result. }<br><input type="checkbox"/> <b>Yes.</b> Enter -0-. }   | 14. _____ |
| 15. Enter the total of the amounts from Schedule 3, lines 6c, 6g, 6h, and Form 5695, line 15. Enter this amount on line 4 of the Credit Limit Worksheet A .....  | 15. _____ |



Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2022</b>
------------------	--------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

Payer's/Trustee's name	<b>NEW YORK 529 COLLEGE SAVING PROGRAM</b>
Account type	<b>STATE QTP</b> Account number <b>381512336-01</b>
Beneficiary first name	<b>ABIGAL</b> Beneficiary last name <b>MOLINARO</b>

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

1. Basis in QTP/ESA as of December 31, 2021	1. <u>20,450</u>
2. Enter QTP/ESA contributions for 2022	2. <u>1,800</u>
3. Add lines 1 and 2	3. <u>22,250</u>
4. Enter distributions from this QTP/ESA during 2022	4. _____
5. Subtract Line 4 from Line 3	5. <u>22,250</u>
6. Other increases or decreases to basis	6. _____
7. <b>Basis in your QTP or ESA as of December 31, 2022</b>	7. <u>22,250</u>

Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2022</b>
------------------	--------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

Payer's/Trustee's name	<b>NEW YORK COLLEGE SAVINGS PLUS</b>	
Account type	<b>STATE QTP</b>	Account number <b>381512366-02</b>
Beneficiary first name	<b>JACK</b>	Beneficiary last name <b>MOLINARO</b>

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

1. Basis in QTP/ESA as of December 31, 2021	1.	<u>9,350</u>
2. Enter QTP/ESA contributions for 2022	2.	<u>1,800</u>
3. Add lines 1 and 2	3.	<u>11,150</u>
4. Enter distributions from this QTP/ESA during 2022	4.	<u>          </u>
5. Subtract Line 4 from Line 3	5.	<u>11,150</u>
6. Other increases or decreases to basis	6.	<u>          </u>
7. <b>Basis in your QTP or ESA as of December 31, 2022</b>	7.	<u>11,150</u>



Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2022</b>
------------------	--------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

Payer's/Trustee's name	<b>NEW YORK COLLEGE PLUS</b>	
Account type	<b>STATE QTP</b>	Account number <b>381512336-03</b>
Beneficiary first name	<b>ELIAS A.</b>	Beneficiary last name <b>MOLINARO</b>

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

1. Basis in QTP/ESA as of December 31, 2021	1.	<b>500</b>
2. Enter QTP/ESA contributions for 2022	2.	<b>1,800</b>
3. Add lines 1 and 2	3.	<b>2,300</b>
4. Enter distributions from this QTP/ESA during 2022	4.	
5. Subtract Line 4 from Line 3	5.	<b>2,300</b>
6. Other increases or decreases to basis	6.	
7. <b>Basis in your QTP or ESA as of December 31, 2022</b>	7.	<b>2,300</b>

Form <b>1040</b>	<b>QTP/ESA Basis Worksheet</b>	<b>2022</b>
------------------	--------------------------------	-------------

Name <b>MARCUS J MOLINARO &amp; CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

Payer's/Trustee's name	<u>NEW YORK COLLEGE PLUS</u>
Account type	<u>STATE QTP</u> Account number _____
Beneficiary first name	<u>THEO A.</u> Beneficiary last name <u>MOLINARO</u>

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

1. Basis in QTP/ESA as of December 31, 2021	1. <u>500</u>
2. Enter QTP/ESA contributions for 2022	2. <u>1,800</u>
3. Add lines 1 and 2	3. <u>2,300</u>
4. Enter distributions from this QTP/ESA during 2022	4. _____
5. Subtract Line 4 from Line 3	5. <u>2,300</u>
6. Other increases or decreases to basis	6. _____
7. <b>Basis in your QTP or ESA as of December 31, 2022</b>	7. <u>2,300</u>

# Federal Statements

## Form 1040, Dividend Income

Payer	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>	<u>Section 199A Dividends</u>
TRUIST	\$ <u>80</u>	\$ <u>80</u>	\$ _____
TOTAL	\$ <u><u>80</u></u>	\$ <u><u>80</u></u>	\$ <u>_____</u>

### Federal Statements

#### Dutchess County

#### Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	\$ 185
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	32,325
SECTION 457(B) CONTRIBUTIONS	3,043
TOTAL	\$ <u>35,553</u>

#### Dutchess County

#### Form W-2, Box 14 - Other

<u>Description</u>	<u>Amount</u>
CAR	\$ 973
TOTAL	\$ <u>973</u>

Form **1040** **Salaries & Wages Report** **2022**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number **058-70-6086**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	<b>T DUTCHESS COUNTY</b>	<b>150,280</b>	<b>18,598</b>	<b>147,000</b>
B	<b>S CHURCH STREET COMMUNITY LTD</b>	<b>431</b>		<b>431</b>
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	<b>Taxpayer</b>	<b>150,280</b>	<b>18,598</b>	<b>147,000</b>
	<b>Spouse</b>	<b>431</b>		<b>431</b>
	<b>Totals</b>	<b>150,711</b>	<b>18,598</b>	<b>147,431</b>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	<b>9,114</b>	<b>153,324</b>	<b>2,223</b>				<b>973</b>
B	<b>27</b>	<b>431</b>	<b>6</b>				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
	<b>Taxpayer</b>	<b>9,114</b>	<b>153,324</b>	<b>2,223</b>			<b>973</b>
	<b>Spouse</b>	<b>27</b>	<b>431</b>	<b>6</b>			
	<b>Totals</b>	<b>9,141</b>	<b>153,755</b>	<b>2,229</b>			<b>973</b>

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	<b>NY</b>	<b>150,280</b>	<b>8,696</b>			
B	<b>NY</b>	<b>431</b>	<b>1</b>			
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
	<b>Taxpayer</b>	<b>150,280</b>	<b>8,696</b>			
	<b>Spouse</b>	<b>431</b>	<b>1</b>			
	<b>Totals</b>	<b>150,711</b>	<b>8,697</b>			



Form **1040****Two Year Comparison Report - Page 1****2021 & 2022**

Name

**MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

**058-70-6086**

	2021		2022		Differences
		MFJ		MFJ	
<b>Filing Status</b>					
<b>Dependents</b>		<b>3</b>		<b>3</b>	
1. Salaries and wages	1.	<b>145,430</b>		<b>150,711</b>	<b>5,281</b>
2. Interest income	2.	<b>88</b>		<b>87</b>	<b>-1</b>
3. Tax exempt interest income	3.				
4. Dividend income	4.	<b>74</b>		<b>80</b>	<b>6</b>
5. Qualified dividend income	5.	<b>74</b>		<b>80</b>	<b>6</b>
6. Taxable state/local refunds	6.				
7. Alimony received	7.				
8. Business income/loss	8.				
9. Capital gain/loss	9.				
10. Other gains/losses	10.				
11. Taxable IRA distributions	11.				
12. Taxable pensions	12.				
13. Rent and royalty income including farm rental	13.				
14. Partnership/S corp income	14.				
15. Estate or trust income	15.				
16. Farm income/loss	16.				
17. Unemployment compensation	17.				
18. Taxable social security	18.				
19. Other income	19.				
20. <b>Total income</b>	20.	<b>145,592</b>		<b>150,878</b>	<b>5,286</b>
21. Moving expenses	21.				
22. Deductible part of self-employment tax	22.				
23. SEP/SIMPLE/Qualified plans deductions	23.				
24. SE health insurance	24.				
25. Penalty on early withdrawal of savings	25.				
26. Alimony paid	26.				
27. IRA deductions	27.				
28. Student loan interest	28.				
29. Other adjustments	29.				
30. <b>Adjusted gross income</b>	30.	<b>145,592</b>		<b>150,878</b>	<b>5,286</b>
31. Medical	31.				
32. Taxes	32.	<b>10,000</b>		<b>10,000</b>	
33. Interest	33.	<b>8,656</b>		<b>14,717</b>	<b>6,061</b>
34. Contributions	34.	<b>828</b>		<b>700</b>	<b>-128</b>
35. Casualty losses	35.				
36. Miscellaneous expenses	36.				
37. <b>Allowable itemized deductions</b>	37.	<b>19,484</b>		<b>25,417</b>	<b>5,933</b>
38. Standard deduction	38.	<b>25,700</b>		<b>25,900</b>	<b>200</b>
		<b>STANDARD</b>		<b>STANDARD</b>	
39. Deduction taken	39.	<b>25,700</b>		<b>25,900</b>	<b>200</b>
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	<b>119,892</b>		<b>124,978</b>	<b>5,086</b>
41. QBID	41.	<b>0</b>		<b>0</b>	
42. <b>Taxable income</b>	42.	<b>119,892</b>		<b>124,978</b>	<b>5,086</b>

Form **1040****Two Year Comparison Report - Page 2****2021 & 2022**

Name

**MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number

**058-70-6086**

		2021	2022	Differences
43.	Taxable income from 2YR page 1, line 42	119,892	124,978	5,086
44.	Tax on taxable income	17,868	18,724	856
45.	Alternative minimum tax			
46.	Excess advance premium tax credit			
47.	Child care credit			
48.	Education credits			
T	49. Retirement savings credit			
a	50. Child & other dependent tax credit		4,500	4,500
x	51. General business credit			
	52. Other credits	150		-150
C	53. <b>Total credits</b>	150	4,500	4,350
o	54. <b>Net tax liability</b>	17,718	14,224	-3,494
m	55. Self-employment taxes			
p	56. Other taxes			
u	57. <b>Total tax</b>	17,718	14,224	-3,494
t	58. Income tax withheld	17,969	18,598	629
a	59. Estimated tax payments			
t	60. Earned income credit			
i	61. Additional Child tax credit	5,100		-5,100
o	62. Other refundable tax credits			
n	63. Other payments			
	64. <b>Total payments</b>	23,069	18,598	-4,471
	65. <b>Tax due/refund</b>	-5,351	-4,374	977
	66. Penalties and interest			
	67. <b>Net tax due/refund</b>	-5,351	-4,374	977
	68. Refund applied to estimated tax payments			
	69. Refund received	-5,351	-4,374	977
	70. <b>Effective tax rate</b>	15.0 %	11.0 %	

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

	2021 Taxable Income	2021 Marginal Tax Rate	2022 Taxable Income	2022 Marginal Tax Rate
Ordinary income	119,818	22.0 %	124,898	22.0 %
Capital income	74	15.0 %	80	15.0 %
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%



Form **1040**

**Tax Return History Report - Page 1**

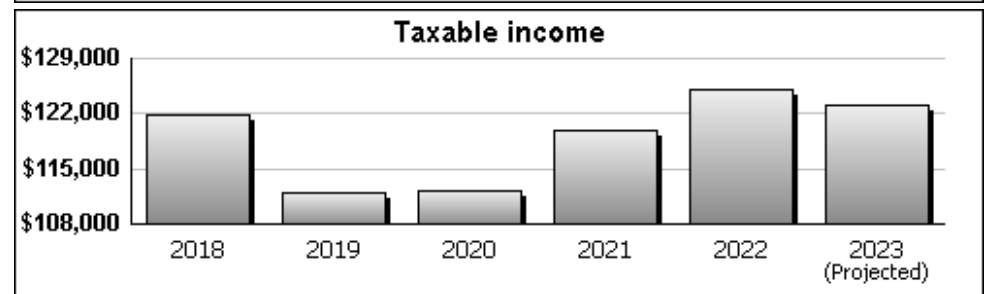
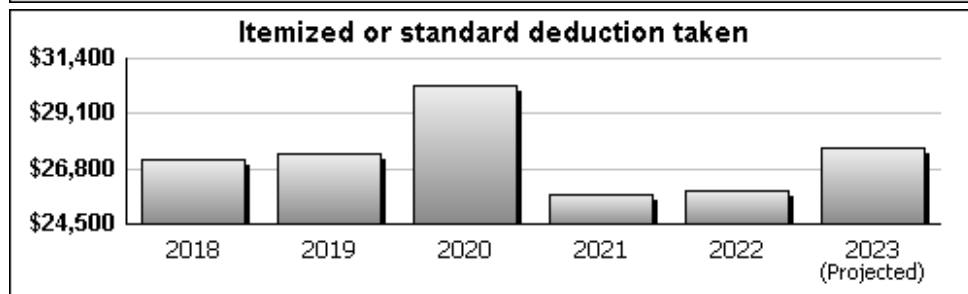
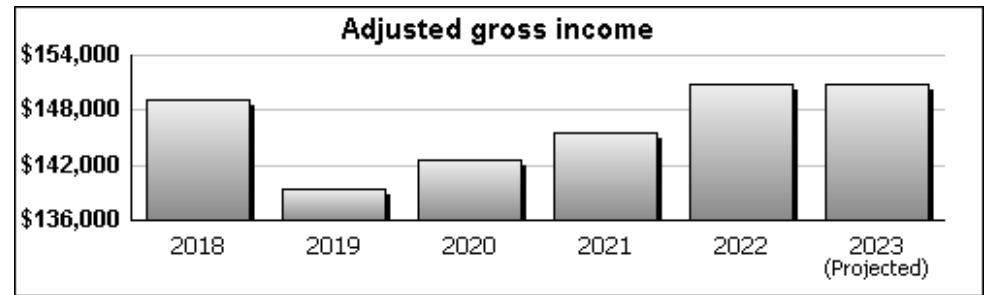
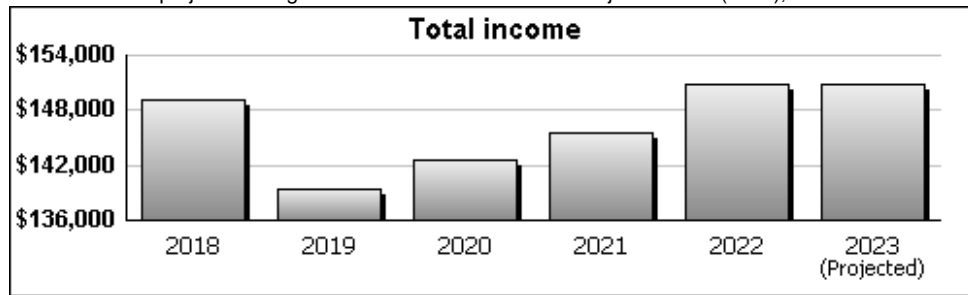
**2022**

Name **MARCUS J MOLINARO & CORINNE ADAMS**

Taxpayer Identification Number **058-70-6086**

	2018	2019	2020	2021	2022	2023 PROJECTED
Filing Status	MFJ	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages .....	151,924	139,349	142,414	145,430	150,711	150,711
Interest income .....	79	71	71	88	87	87
Dividend income .....	62			74	80	80
Business income/loss .....						
Capital gains/losses .....	10,876					
Other gains/losses .....						
IRA distributions, pensions, annuities .....						
Rent, royalty, farm rental income .....	-14,124					
Partnership/S corp income .....						*
Estate or trust income .....						*
Farm income/loss .....						
Other income/loss .....	223					
<b>Total income</b> .....	<b>149,040</b>	<b>139,420</b>	<b>142,485</b>	<b>145,592</b>	<b>150,878</b>	<b>150,878</b>
Total adjustments .....						
<b>Adjusted gross income</b> .....	<b>149,040</b>	<b>139,420</b>	<b>142,485</b>	<b>145,592</b>	<b>150,878</b>	<b>150,878</b>
<b>Allowable itemized deductions</b> .....	<b>27,219</b>	<b>27,385</b>	<b>30,288</b>	<b>19,484</b>	<b>25,417</b>	<b>25,417</b>
Standard deduction .....	24,000	24,400	24,800	25,700	25,900	27,700
<b>Itemized or standard deduction taken</b> .....	<b>27,219</b>	<b>27,385</b>	<b>30,288</b>	<b>25,700</b>	<b>25,900</b>	<b>27,700</b>
Exemptions .....						
Taxable income before Qual Bus Inc Ded .....	121,821	112,035	112,197	119,892	124,978	123,178
Qual Bus Inc Ded .....						
<b>Taxable income</b> .....	<b>121,821</b>	<b>112,035</b>	<b>112,197</b>	<b>119,892</b>	<b>124,978</b>	<b>123,178</b>

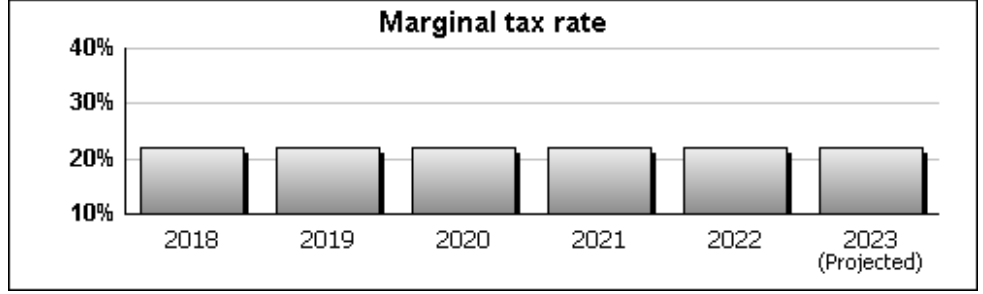
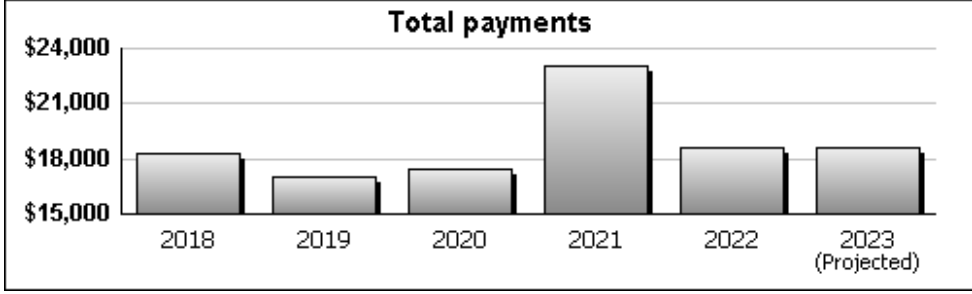
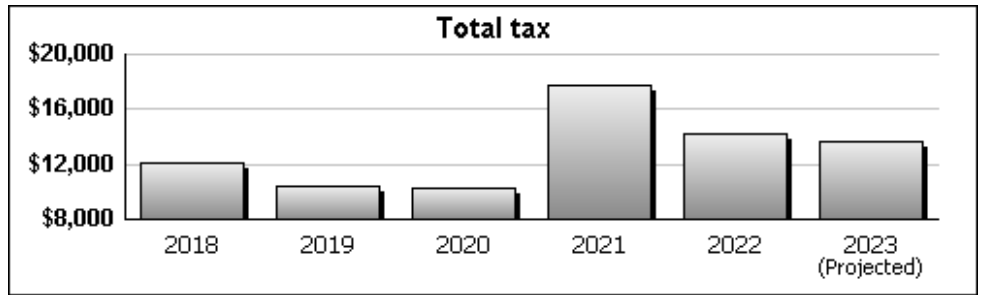
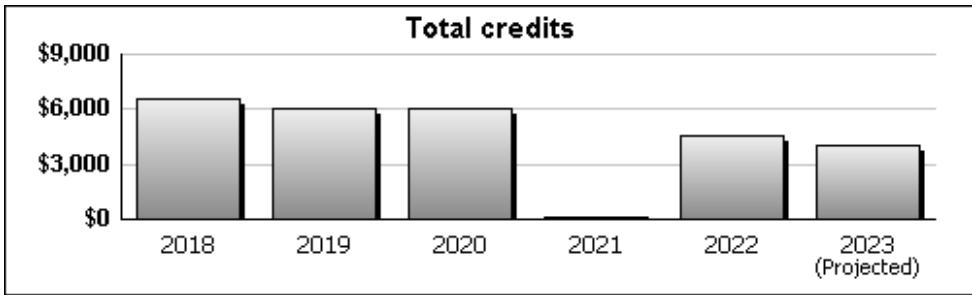
\* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.



Form **1040** Tax Return History Report - Page 2 **2022**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number **058-70-6086**

	2018	2019	2020	2021	2022	2023 PROJECTED
<b>Taxable income</b> .....	<b>121,821</b>	<b>112,035</b>	<b>112,197</b>	<b>119,892</b>	<b>124,978</b>	<b>123,178</b>
Tax on taxable income and Form 8962 .....	<b>18,675</b>	<b>16,365</b>	<b>16,263</b>	<b>17,868</b>	<b>18,724</b>	<b>17,709</b>
Alternative minimum tax .....						
Total credits .....	<b>6,600</b>	<b>6,000</b>	<b>6,000</b>	<b>150</b>	<b>4,500</b>	<b>4,000</b>
<b>Net tax liability</b> .....	<b>12,075</b>	<b>10,365</b>	<b>10,263</b>	<b>17,718</b>	<b>14,224</b>	<b>13,709</b>
Self-employment taxes .....						
Other taxes .....						
<b>Total tax</b> .....	<b>12,075</b>	<b>10,365</b>	<b>10,263</b>	<b>17,718</b>	<b>14,224</b>	<b>13,709</b>
Income tax withheld .....	<b>18,293</b>	<b>16,961</b>	<b>17,455</b>	<b>17,969</b>	<b>18,598</b>	<b>18,598</b>
Estimated tax payments .....						
Other payments .....		<b>13</b>		<b>5,100</b>		
<b>Total payments</b> .....	<b>18,293</b>	<b>16,974</b>	<b>17,455</b>	<b>23,069</b>	<b>18,598</b>	<b>18,598</b>
<b>Total due/-refund</b> .....	<b>-6,218</b>	<b>-6,609</b>	<b>-7,192</b>	<b>-5,351</b>	<b>-4,374</b>	<b>-4,889</b>
Penalties and interest .....						
<b>Net tax due/-refund</b> .....	<b>-6,218</b>	<b>-6,609</b>	<b>-7,192</b>	<b>-5,351</b>	<b>-4,374</b>	<b>-4,889</b>
Refund applied to estimated tax payments .....						
Refund received .....	<b>-6,218</b>	<b>-6,609</b>	<b>-7,192</b>	<b>-5,351</b>	<b>-4,374</b>	
<b>Marginal tax rate</b> .....	<b>22.0 %</b>	<b>22.0 %</b>	<b>22.0 %</b>	<b>22.0 %</b>	<b>22.0 %</b>	<b>22.0 %</b>
<b>Effective tax rate</b> .....	<b>10.0 %</b>	<b>9.0 %</b>	<b>9.0 %</b>	<b>15.0 %</b>	<b>11.0 %</b>	<b>11.0 %</b>



## New York Individual and Other Return Summaries Tax Year 2022

MARCUS J MOLINARO CORINNE ADAMS

### New York State Individual Return

### Other New York and New York City Returns

#### Income, Adjustments and Deductions

Recomputed Federal adjusted gross income	150,878
Net additions and subtractions	-7,200
Adjusted gross income	143,678
Itemized <input checked="" type="checkbox"/> or standard <input type="checkbox"/> deduction	24,935
Exemptions	3,000
<b>Taxable income</b>	<b>115,743</b>

#### LLC and LLP Filing Fee

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

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

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

#### Tax, Payments, and Credits

Base tax	_____
Nonresident income percentage	_____
State tax	6,651
Nonrefundable state credits	_____
Other state taxes	_____
Total	6,651
New York City taxes	_____
New York City nonrefundable credits	_____
MCTMT	_____
Yonkers taxes	_____
Use tax	_____
Contributions	_____
Total	6,651
Total refundable credits	_____
Income tax withheld	8,697
Estimate and extension payments	_____
Total payments and credits	8,697
<b>Amount due/-refund</b>	<b>-2,046</b>
<b>Amount refunded</b>	<b>2,046</b>
<b>Amount deposited into 529 Plan</b>	<b>0</b>
<b>Overpayment applied to next year</b>	<b>_____</b>

#### Penalties and Interest

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

#### Miscellaneous Information

New York State Individual Return

#### 2023 Estimates

Individual New York,  
NYC, Yonkers and MTA

Tax form	IT-201
Residency type	RESIDENT
Direct debit withdrawal date	_____
New York State marginal tax rate	5.850 %
State and cities effective tax rate	5.700 %

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

## Filing Instructions

### Form IT-201 - New York Income Tax Return

Taxable Year Ended December 31, 2022

**Name:** Marcus J Molinaro & Corinne Adams

**Date Due:** April 18, 2023

**Remittance:** None is required. The return shows a total overpayment of \$2,046, which will be direct deposited into your Rhinebeck Bank checking account. Please keep this filing instruction as a reminder of the amount to be deposited into your account.

**Signature:** Sign and date Form TR-579-IT, New York State E-file Signature Authorization. Return it as soon as possible to:

RBT CPAs, LLP  
2678 South Rd Ste 101  
Poughkeepsie, NY 12601-5254

If you prefer, rather than mailing, you may return the signed form via one of the following methods:

Fax: 845-567-9228  
Upload: [www.rbtcpas.com/efile](http://www.rbtcpas.com/efile)

**Other:** Your return is being filed electronically. Do not mail Form IT-201.



New York State E-File Signature Authorization for Tax Year 2022
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

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

Table with 2 columns: Taxpayer's name (MARCUS J MOLINARO) and Spouse's name (CORINNE ADAMS)

Purpose

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

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

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

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

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

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

Part A - Tax return information

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

Table with 2 columns: Line number and Amount. Values include 150,878, 2,046, 221971015, and 0400039897.

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

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Table with 2 columns: Signature (Taxpayer's and Spouse's) and Date (04102023)

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

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

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

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

Table with 3 columns: Signature (ERO's and Paid preparer's), Print name (SUSAN L. HOWELL, CPA), and Date (04102023)



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, 2022, through December 31, 2022, or fiscal year beginning ... 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
MARCUS	J	MOLINARO	10081975	058706086
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
CORINNE		ADAMS	08121987	225476299
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
75 GLEN RIDGE ROAD				DUTC
City, village, or post office		State	ZIP code	Country
RED HOOK		NY	12571	
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district code number
				526
City, village, or post office		State	ZIP code	Decedent information
		NY		
			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

- 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 surviving spouse

- B** Did you itemize your deductions on your 2022 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? Yes  No
- D2 Yonkers residents and Yonkers part-year residents only:**
- (1) Did you receive a homeowner tax rebate credit? (see instructions) Yes  No
- (2) Enter the amount ..... .00
- E** (1) Did you or your spouse maintain living quarters in NYC during 2022? Yes  No
- (2) Enter the number of days spent in NYC in 2022 (any part of a day spent in NYC is considered a day) ....
- F NYC residents and NYC part-year residents only:**
- (1) Number of months you lived in NYC in 2022 .....
- (2) Number of months your spouse lived in NYC in 2022 .....
- G** Enter your 2-character special condition code(s) if applicable .....

## H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
ABIGAL		MOLINARO	DAUGHTER	059944839	04022004
ELIAS	A	MOLINARO	SON	596517888	12262016
THEO	A	MOLINARO	SON	017496647	11292018

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



201001221022

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number  
058706086

**Federal income and adjustments**

Whole dollars only

1	Wages, salaries, tips, etc.	1	150711 .00
2	Taxable interest income	2	87 .00
3	Ordinary dividends	3	80 .00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	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 Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	150878 .00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	150878 .00
19a	Recomputed federal adjusted gross income (see Line 19a worksheet)	19a	150878 .00

**New York additions**

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	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	150878 .00

**New York subtractions**

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	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	29	.00
30	New York's 529 college savings program deduction/earnings	30	7200 .00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	7200 .00
33	New York adjusted gross income (subtract line 32 from line 24)	33	143678 .00



**Standard deduction or itemized deduction**

34	Enter your <b>standard deduction</b> or your <b>itemized deduction</b> (from Form IT-196) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	24935 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	118743 .00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	3 000.00
37	Taxable income (subtract line 36 from line 35)	37	115743 .00

201002221022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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

Your Social Security number  
058706086

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

<b>38</b> Taxable income (from line 37 on page 2)		<b>38</b>	115743 .00
<b>39</b> NYS tax on line 38 amount		<b>39</b>	6651 .00
<b>40</b> NYS household credit	<b>40</b>		.00
<b>41</b> Resident credit	<b>41</b>		.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>		.00
<b>43</b> Add lines 40, 41, and 42		<b>43</b>	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		<b>44</b>	6651 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30)		<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45)		<b>46</b>	6651 .00

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

<b>47</b> NYC taxable income	<b>47</b>		.00
<b>47a</b> NYC resident tax on line 47 amount	<b>47a</b>		.00
<b>48</b> NYC household credit	<b>48</b>		.00
<b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	<b>49</b>		.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1)	<b>50</b>		.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>		.00
<b>52</b> Add lines 49, 50, and 51	<b>52</b>		.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>		.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>		.00
<b>54a</b> MCTMT net earnings base	<b>54a</b>		.00
<b>54b</b> MCTMT	<b>54b</b>		.00
<b>55</b> Yonkers resident income tax surcharge	<b>55</b>		.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>		.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>57</b>		.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)		<b>58</b>	.00
<b>59</b> Sales or use tax (do not leave blank)		<b>59</b>	0 .00
<b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1)		<b>60</b>	.00
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)		<b>61</b>	6651 .00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Your Social Security number  
058706086

62 Enter amount from line 61

62 6651.00

**Payments and refundable credits**

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	.00
69a	NYC school tax credit (rate reduction amount)	69a	.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 <b>New York State</b> tax withheld	72	8697.00
73	Total <b>New York City</b> tax withheld	73	.00
74	Total <b>Yonkers</b> tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	<b>Total payments</b> (add lines 63 through 75)	76	8697.00



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

**Your refund, amount you owe, and account information**

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	2046.00
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	2046.00
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	2046.00

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 instructions for payment options.**

79	Amount of line 77 that you want applied to your 2023 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 <input type="checkbox"/> 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
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)	81	.00
82	Other penalties and interest	82	.00

**See instructions for the proper assembly of your return.**

83 Account information for direct deposit or electronic funds withdrawal.  
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

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

83b Routing number 221971015 83c Account number 0400039897

84 Electronic funds withdrawal Date Amount .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name SUSAN L. HOWELL, CPA	Designee's phone number 845 485 5510	Personal identification number (PIN) 71387
	Email: SLHOWELL@RBTCPAS.COM		

Paid preparer must complete (see instructions)		Preparer's NYTPRIN SUSAN L. HOWELL, CPA	NYTPRIN excl. code 03
Preparer's signature SUSAN L. HOWELL, CPA		Preparer's printed name SUSAN L. HOWELL, CPA	
Firm's name (or yours, if self-employed) RBT CPAS, LLP		Preparer's PTIN or SSN P00171387	
Address 2678 SOUTH RD STE 101 POUGHKEEPSIE NY 126015254		Employer identification number 141604297	
Email: SLHOWELL@RBTCPAS.COM		Date 04102023	

Taxpayer(s) must sign here	
Your signature	
Your occupation CONGRESSMAN	
Spouse's signature and occupation (if joint return) PRESCHOOL TEACH	
Date	Daytime phone #
Email:	

See instructions for where to mail your return.

201004221022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



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

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

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
MARCUS J MOLINARO CORINNE ADAMS	058706086

### Medical and dental expenses (see instructions)

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

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

### Taxes you paid (see instructions)

5 State and local (Mark an X in only one box)		
a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax	5	8697.00
6 State and local real estate taxes .....	6	9518.00
7 State and local personal property taxes .....	7	.00
8 Other taxes. List type and amount .....	8	.00
9 Add lines 5 through 8 .....	9	18215.00

### Interest you paid (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098 .....	10	14717.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address .....	11	.00
12 Points not reported to you on federal Form 1098 .....	12	.00
13 Reserved .....	13	
14 Investment interest .....	14	.00
15 Add lines 10 through 14 .....	15	14717.00

### Gifts to charity (see instructions)

16 Gifts by cash or check .....	16	700.00
16a Qualified contributions included in line 16 .....	16a	.00
17 Other than by cash or check .....	17	.00
18 Carryover from prior year .....	18	.00
19 Add lines 16, 17, and 18 .....	19	700.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Your Social Security number  
058706086

**Casualty and theft losses**

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

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

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

**Other itemized deductions**

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

**Total itemized deductions** (see instructions)

Is Form IT-201 or IT-203, line 19a, over \$174,500? (Mark an X in the appropriate box)

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

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

40 ..... **40** ..... 33632.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Your Social Security number
058706086

**Adjustments** (see instructions)

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

<b>41</b>	8697.00
<b>42</b>	24935.00
<b>43</b>	.00
<b>44</b>	.00
<b>45</b>	24935.00
<b>46</b>	.00
<b>47</b>	24935.00
<b>48</b>	.00
<b>49</b>	24935.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196003221022



Name		Taxpayer Identification Number
Taxpayer	MARCUS J MOLINARO	058-70-6086
Spouse	CORINNE ADAMS	225-47-6299

**Line 19a worksheet**

- 1. Federal adjusted gross income as reported (form IT-201, line 19) ..... 1. 150,878.
- 2. Total addition adjustments (Form IT-558, line 9) ..... 2. \_\_\_\_\_
- 3. Add lines 1 and 2 ..... 3. 150,878.
- 4. Total subtraction adjustments (Form IT-558, line 18) ..... 4. \_\_\_\_\_
- 5. Recomputed federal adjusted gross income, line 3 less line 4 ..... 5. 150,878.

**New York Statements**

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

<u>Description</u>	<u>Amount</u>
RHINEBECK BANK	\$ 9,909
ULSTER SAVINGS BANK	4,093
TEG FEDERAL CREDIT UNION	715
TOTAL	<u>\$ 14,717</u>

Form <b>IT-201</b>	<b>New York College Tuition Addition and Subtraction Worksheet</b>	<b>2022</b>
--------------------	--	-------------

Name <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

**College Choice Tuition Savings Deduction and Earnings Distributions Worksheet**

1. Contributions to New York State College Choice Tuition Savings Program (From federal Screen 1099Q) .....	1.	<b>7,200.</b>
2. Contributions entered from a partnership .....	2.	
3. Total contributions limited to maximum allowed (Added into lines 4 and 5 of next worksheet) .....	3.	<b>7,200.</b>
4. Distributions included in your federal AGI .....	4.	
5. Add lines 3 and 4. This is your 2022 subtraction modification. ....	5.	<b>7,200.</b>

**College Choice Tuition Savings Distribution Worksheet**

1. 2022 and prior years' nonqualified withdrawals from your account(s) .....	1.	
2. Distributions entered from a partnership .....	2.	
3. Total 2022 and prior years' nonqualified withdrawals from your account(s) .....	3.	
4. Total 2022 and prior years' contributions to your account(s) .....	4.	<b>35,100.</b>
5. Total 2022 and prior years' subtraction modifications .....	5.	<b>35,100.</b>
6. Subtract line 5 from line 4 .....	6.	
7. Total prior years' addition modifications .....	7.	
8. Add lines 6 and 7 .....	8.	
9. Subtract line 8 from line 3. This is your 2022 addition modification. ....	9.	

Form <b>IT-196</b>	<b>New York Subtraction Adjustment Limitation Worksheet</b>	<b>2022</b>
-----------------------	---	-------------

Name  <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number  <b>058-70-6086</b>
--	--

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

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

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

- |   |    |                |
|---|----|----------------|
| 1. Total itemized deductions .....  | 1. | <b>33,632.</b> |
| 2. Amount of state, local, foreign income taxes or general sales tax from IT-196, lines 5 and 8 ..... | 2. | <b>8,697.</b>  |
| 3. Other subtraction adjustments .....  | 3. |                |
| 4. Enter the amount of the long-term care adjustment from Part I, line 5 .....                        | 4. |                |
| 5. Add lines 2, 3, and 4. Enter the total on Form IT-196 line 41 .....                                | 5. | <b>8,697.</b>  |



Form <b>IT-201/203</b>	<b>New York State Tax Computation Worksheets</b> <small>(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)</small>	<b>2022</b>
---------------------------	---	-------------

Name <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number <b>058-70-6086</b>
--	--

**New York State Tax Rate Schedule and Computation Worksheets**

Form: **FORM IT-201**

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

If adjusted gross income <= \$107,650

1. New York adjusted gross income (Calculates on worksheets when AGI is greater than \$107,650)	1. <u>143,678.</u>
2. Taxable income	2. <u>115,743.</u>
3. Tax on line 2 based on filing status	3. <u>6,341.</u>

**Tax Computations Worksheets 1, 7, 12:**

If AGI > \$107,650 but <= \$25,000,000

Taxable income <= MFJ/QSS (\$161,550), Single/MFS (\$215,400), HoH (\$269,300)

1. New York adjusted gross income	1.	143,678.	
2. Taxable income	2.	115,743.	
3. Multiply line 2 by MFJ/QSS 5.85%, Single/MFS/HoH 6.25%	3.	6,771.	
<small>(If AGI &gt;= \$157,650 enter on line 9 and skip lines 4-8)</small>			
4. Tax calculated on line 2 based on rate schedule*	4.	6,341.	
5. Subtract line 4 from line 3	5.	430.	
6. Excess of line 1 over \$107,650	6.	36,028.	
7. Divide line 6 by \$50,000	7.	0.7206	
8. Multiply line 5 by line 7	8.	310.	
9. Add lines 4 and 8	9.	<u>6,651.</u>	

**Tax Computation Worksheets 3, 9, 14:**

If AGI > MFJ/QSS \$323,200, Single/MFS \$1,077,550, HoH \$1,616,450; but <= \$25,000,000

Taxable income > MFJ/QSS (\$323,200 but <= \$2,155,350), S/MFS (\$1,077,550 but <= \$5M), HoH (\$1,616,450 but <= \$5M)

1. New York adjusted gross income	1.		
2. Taxable income	2.		
3. Tax calculated on line 2 based on rate schedule*	3.		
4. Enter: MFJ/QSS \$1,076, Single/MFS \$1,829, HoH \$2,366	4.		
5. Incremental benefit: MFJ/QSS \$1,940, S/MFS \$30,171, HoH \$45,261	5.		
6. Excess of line 1 > MFJ/QSS \$323,200, Single/MFS \$1,077,550, HoH \$1,616,450	6.		
7. Lesser of line 6 or \$50,000	7.		
8. Divide line 7 by \$50,000	8.		
9. Multiply line 5 by line 8	9.		
10. Add lines 3, 4, and 9	10.		

**Tax Computation Worksheets 2, 8, 13:**

If AGI: MFJ/QSS >\$161,550, Single/MFS >\$215,400, HoH >\$269,300; but <= \$25,000,000

Taxable income > MFJ/QSS (\$161,550 but <= \$323,200), Single/MFS (\$215,400 but

<= \$1,077,550), HoH (\$269,300 but <= \$1,616,450)

1. New York adjusted gross income	1.		
2. Taxable income	2.		
3. Tax calculated on line 2 based on rate schedule*	3.		
4. Enter: MFJ/QSS \$430, Single/MFS \$536, HoH \$752	4.		
5. Incremental benefit: MFJ/QSS \$646, Single/MFS \$1,293, HoH \$1,616	5.		
6. Excess of line 1 > MFJ/QSS \$161,550, Single/MFS \$215,400, HoH \$269,300	6.		
7. Lesser of line 6 or \$50,000	7.		
8. Divide line 7 by \$50,000	8.		
9. Multiply line 5 by line 8	9.		
10. Add lines 3, 4, and 9	10.		

**Tax Computation Worksheet 4:**

If AGI > MFJ/QSS \$2,155,350 but <= \$25,000,000

Taxable income >\$2,155,350 but >= \$5,000,000

1. New York adjusted gross income	1.		
2. Taxable income	2.		
3. Tax calculated on line 2 based on rate schedule*	3.		
4. Enter: \$3,016	4.		
5. Incremental benefit \$60,349	5.		
6. Excess of line 1 over \$2,155,350	6.		
7. Lesser of line 6 or \$50,000	7.		
8. Divide line 7 by \$50,000	8.		
9. Multiply line 5 by line 8	9.		
10. Add lines 3, 4, and 9	10.		

**Filing Status:** (Used for this calculation)

**2-MARRIED FILING JOINT**

Form <b>IT-201/203</b>	<b>New York State Tax Computation Worksheets</b> <small>(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)</small>	<b>2023</b>
---------------------------	---	-------------

Name  <b>MARCUS J MOLINARO CORINNE ADAMS</b>	Taxpayer Identification Number  <b>058-70-6086</b>
--	--

**New York State Tax Rate Schedule and Computation Worksheets**

Form: FORM IT-201

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

If adjusted gross income <= \$107,650

1. New York adjusted gross income (Calculates on worksheets when AGI is greater than \$107,650) .....	1. <u>143,678.</u>
2. Taxable income .....	2. <u>115,743.</u>
3. Tax on line 2 based on filing status .....	3. <u>6,341.</u>

**Tax Computations Worksheet 5, 10, 15:**

If AGI > \$5,000,000 but <= \$25,000,000

Taxable income > \$5,000,000

1. New York adjusted gross income .....	1. _____
2. Taxable income .....	2. _____
3. Tax calculated on line 2 based on rate schedule* .....	3. _____
4. Enter: MFJ/QSS \$63,365, Single/MFS \$32,000, HoH \$47,624. ....	4. _____
5. Incremental benefit: \$32,500 .....	5. _____
6. Excess of line 1 > \$5,000,000 .....	6. _____
7. Lesser of line 6 or \$50,000 .....	7. _____
8. Divide line 7 by \$50,000 .....	8. _____
9. Multiply line 5 by line 8 .....	9. _____
10. Add lines 3, 4, and 9 .....	10. <u>_____</u>

**Tax Computation Worksheets 6, 11, 16:**

If AGI > \$25,000,000

1. New York adjusted gross income .....	1. _____
2. Taxable income .....	2. _____
3. Multiply line 2 by 10.9% .....	3. <u>_____</u>

**Filing Status:** (Used for this calculation) ..... 2-MARRIED FILING JOINT

**New York Two Year Comparison Report**

**2021 & 2022**

Name **MARCUS J MOLINARO CORINNE ADAMS**

Tp SSN **058-70-6086**

		2021	2022	Differences
<b>Income</b>	1. Wages	1. 145,430.	150,711.	5,281.
	2. Interest and dividends	2. 162.	167.	5.
	3. State tax refund	3.		
	4. Alimony received	4.		
	5. Business income or loss	5.		
	6. Capital gain or loss	6.		
	7. Other gains or losses	7.		
	8. Taxable amount of IRA distributions	8.		
	9. Taxable amount of pensions and annuities	9.		
	10. Rent, royalty, partnership, S corporation and trust income	10.		
	11. Farm income or loss	11.		
	12. Unemployment	12.		
	13. Social security	13.		
	14. Other income	14.		
	15. <b>Total income</b>	15. 145,592.	150,878.	5,286.
	16. Total adjustments to income	16.		
	17. <b>Federal adjusted gross income, recomputed</b>	17. 145,592.	150,878.	5,286.
<b>Adjustments</b>	18. Non-New York municipal income	18.		
	19. Public employee 414(h) retirement contributions	19.		
	20. Tuition and other additions	20.		
	21. <b>Total New York additions to income</b>	21.		
	22. State tax refund	22.		
	23. Pensions of New York, local and federal governments	23.		
	24. Social security and Railroad Tier I	24.		
	25. US obligations	25.		
	26. Pension exclusion	26.		
	27. Tuition and other subtractions	27. 2,500.	7,200.	4,700.
	28. <b>Total New York subtractions from income</b>	28. 2,500.	7,200.	4,700.
	29. <b>New York adjusted gross income</b>	29. 143,092.	143,678.	586.
<b>Deduction</b>	30. Standard or itemized deduction	30. 18,941.	24,935.	5,994.
	31. Exemptions	31. 3,000.	3,000.	
	32. <b>New York taxable income</b>	32. 121,151.	115,743.	-5,408.
<b>Tax Computation</b>	33. New York State tax	33. 7,095.	6,651.	-444.
	34. New York household and other nonrefundable credits	34.		
	35. Other New York State taxes	35.		
	36. New York City resident tax	36.		
	37. New York City household credit	37.		
	38. Other New York City taxes	38.		
	39. New York City nonrefundable credits	39.		
	40. MCTMT	40.		
	41. Yonkers taxes	41.		
	42. Use tax	42.		
	43. Contributions	43.		
	44. <b>Total taxes, gifts and contributions</b>	44. 7,095.	6,651.	-444.
	45. New York State child and dependent care credit	45.		
	46. New York State earned income credit	46.		
	47. Real property tax credit	47.		
	48. All other refundable credits	48. 33.		-33.
	49. Total New York State income tax withheld	49. 8,478.	8,697.	219.
	50. Total New York City income tax withheld	50.		
	51. Total Yonkers income tax withheld	51.		
	52. Estimated tax payments	52.		
	53. Other payments	53.		
	54. <b>Total payments and refundable credits</b>	54. 8,511.	8,697.	186.
	55. Tax due/-refund	55. -1,416.	-2,046.	-630.
	56. Penalties and interest	56.		
	57. <b>Net tax due/-refund</b>	57. -1,416.	-2,046.	-630.
	58. <b>Effective tax rate</b>	58. 6 %	6 %	

Form **IT-201****New York Tax Projection Worksheet****2022 & 2023**

Name

Taxpayer Identification Number

**MARCUS J MOLINARO CORINNE ADAMS****058-70-6086**

		2022	2023	Differences
<b>Income</b>	1. Wages	1. 150,711.	150,711.	
	2. Interest and dividends	2. 167.	167.	
	3. State tax refund	3.		
	4. Alimony received	4.		
	5. Business income or loss	5.		
	6. Capital gain or loss	6.		
	7. Other gains or losses	7.		
	8. Taxable amount of IRA distributions	8.		
	9. Taxable amount of pensions and annuities	9.		
	10. Rent, royalty, partnership, S corporation and trust income	10.		
	11. Farm income or loss	11.		
	12. Unemployment	12.		
	13. Social security	13.		
	14. Other income	14.		
	15. <b>Total income</b>	15. 150,878.	150,878.	
	16. Total adjustments to income	16.		
	17. <b>Federal adjusted gross income, recomputed</b>	17. 150,878.	150,878.	
<b>Adjustments</b>	18. Non-New York municipal income	18.		
	19. Public employee 414(h) retirement contributions	19.		
	20. Tuition and other additions	20.		
	21. <b>Total New York additions to income</b>	21.		
	22. State tax refund	22.		
	23. Pensions of New York, local and federal governments	23.		
	24. Social security and Railroad Tier I	24.		
	25. US obligations	25.		
	26. Pension exclusion	26.		
	27. Tuition and other subtractions	27. 7,200.	7,200.	
	28. <b>Total New York subtractions from income</b>	28. 7,200.	7,200.	
	29. <b>New York adjusted gross income</b>	29. 143,678.	143,678.	
<b>Deduction</b>	30. Standard or itemized deduction	30. 24,935.	16,050.	-8,885.
	31. Exemptions	31. 3,000.	3,000.	
	32. <b>New York taxable income</b>	32. 115,743.	124,628.	8,885.
<b>Tax Computation</b>	33. New York State tax	33. 6,651.	6,762.	111.
	34. New York household and other nonrefundable credits	34.		
	35. Other New York State taxes	35.		
	36. New York City resident tax	36.		
	37. New York City household credit	37.		
	38. Other New York City taxes	38.		
	39. New York City nonrefundable credits	39.		
	40. MCTMT	40.		
	41. Yonkers taxes	41.		
	42. Use tax	42.		
	43. <b>Total taxes</b>	43. 6,651.	6,762.	111.
	44. New York State child and dependent care credit	44.		
	45. New York State earned income credit	45.		
	46. Real property tax credit	46.		
	47. All other refundable credits	47.		
	48. Total New York State income tax withheld	48. 8,697.	8,697.	
	49. Total New York City income tax withheld	49.		
	50. Total Yonkers income tax withheld	50.		
	51. Estimated tax payments	51.		
	52. Other payments	52.		
	53. <b>Total payments and refundable credits</b>	53. 8,697.	8,697.	
	54. <b>Net tax due/-refund</b>	54. -2,046.	-1,935.	111.