



LIMITED LIABILITY PARTNERSHIP
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

2021 Tax Return

Marcus J Molinaro & Corinne Adams

Client Copy



LIMITED LIABILITY PARTNERSHIP
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS DEVELOPMENT CONSULTANTS

11 Racquet Rd, Newburgh, NY 12550
845-567-9000

May 12, 2022

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

1040	Federal Return Summary	2021
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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Tax Form 1040
 Tax Method Used QUAL DIV CAP GAIN WRK

Filing Status MFJ
 Dependents 3

Income

Salaries & wages	145,430
Taxable interest income	88
Tax exempt interest	
Dividend income	74
Qualified dividends	74
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	
Total income	145,592

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	
Adjusted gross income	145,592

Deductions

Medical and Dental expenses	
Taxes paid	
Interest paid	
Charitable contributions	
Other itemized deductions	
Total itemized deductions	
or, Std ded (incl charitable cont w/std ded)	25,700
Taxable income before Qual Bus Inc Ded (QBID)	119,892
QBID	
Taxable income	119,892

Tax Computation

Regular tax	17,868
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	17,868
Child and dependent care credit	
Education credits	
Other credits	150
Total credits	150
Tax after credits	17,718
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
Total tax	17,718

Payments

Federal income tax withheld	17,969
Estimated payments	
Other payments/credits	5,100
Total payments	23,069

Refund/Amount Due

Amount overpaid	5,351
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-5,351
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-5,351

2022 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total Estimates	

Tax Rates

Marginal tax rate - Ordinary income*	22.0	%
Marginal tax rate - Capital income*	15.0	%
Effective tax rate	15.0	%

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

Form 1040	Federal Tax Projection Worksheet 1 - Tax Computation	2021 & 2022
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Name **MARCUS J MOLINARO & CORINNE ADAMS**

		2021	2022	Differences	
		MFJ	MFJ		
	Filing Status				
	Dependents	3	3		
I n c o m e	1. Salaries and wages	145,430	145,430		
	2. Interest income	88	88		
	3. Dividend income	74	74		
	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				
		16. Total income	145,592	145,592	
A d j u s t m e n t s	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				
		26. Adjusted gross income	145,592	145,592	
	D e d u c t i o n s	27. Medical			
28. State/local income or sales taxes		8,478	8,478		
29. Real estate taxes		9,457	9,457		
30. Personal property taxes					
31. Total State/Local taxes. Add lines 28 - 30		17,935	17,935		
32. State/Local taxes allowed. Lower of line 31 or \$10,000 (\$5,000 if MFS)		10,000	10,000		
33. Other taxes					
34. Interest		8,656	8,656		
35. Contributions		828	828		
36. Casualty losses from a federally declared disaster					
37. Miscellaneous expenses (including qualified disaster loss)					
38. Allowable itemized deductions		19,484	19,484		
39a. Standard deduction		25,100	25,900	800	
39b. Charitable contributions if standard deduction	600		-600		
	STANDARD	STANDARD			
40. Deduction taken	25,700	25,900	200		
41. Subtract line 40 from line 26	119,892	119,692	-200		
42. Qualified business income deduction		0			
43. Taxable income	119,892	119,692	-200		

Form 1040		Federal Tax Projection Worksheet 2 - Tax Computation		2021 & 2022
Name MARCUS J MOLINARO & CORINNE ADAMS				
		2021	2022	Differences
	Filing Status	MFJ	MFJ	
	44. Taxable income from TPW page 1, line 43	44. 119,892	119,692	-200
	45. Tax on taxable income CG TAX	45. 17,868	17,561	-307
	46. Taxes from Forms 4972, 8814, and add'l taxes	46.		
	47. Alternative minimum tax	47.		
	48. Add lines 45, 46, and 47	48. 17,868	17,561	-307
	49. Foreign tax credit	49.		
T	50. Child and dependent care credit	50.		
a	51. Education credits	51.		
x	52. Retirement savings credit	52.		
	53. Credit for the elderly	53.		
C	54. Child tax credit/credit for other dependents	54.	4,500	4,500
o	55. Nonbusiness energy property credit	55. 150		-150
m	56. Alternative motor vehicle credit (Form 8910)	56.		
p	57. Qualified plug-in electric motor vehicle (Form 8936)	57.		
u	58. Mortgage interest credit	58.		
t	59. D.C. first-time homebuyer credit	59.		
a	60. Residential energy efficient property credit	60.		
t	61. Adoption credit	61.		
i	62. General business credit	62.		
o	63. Prior year minimum tax credit	63.		
n	64. Other credits	64.		
	65. Total credits	65. 150	4,500	4,350
	66. Net tax liability	66. 17,718	13,061	-4,657
	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. Total tax	76. 17,718	13,061	-4,657
	77. Income tax withheld	77. 17,969	17,969	
	78. Estimated tax payments	78.		
	79. Earned income credit	79.		
	80. Additional child tax credit	80. 5,100	0	-5,100
	81. Child and dependent care credit	81.		
	82. Reserved	82.		
	83. Other payments	83.		
	84. Total payments	84. 23,069	17,969	-5,100
	85. Net tax due/-refund	85. -5,351	-4,908	443
	86. Marginal Tax Rate - Ordinary Income	86. 22.0 %	22.0 %	
	87. Marginal Tax Rate - Capital Income	87. 15.0 %	15.0 %	
	88. Effective Tax Rate	88. 15.0 %	11.0 %	

Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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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: <u>1</u> x \$500. Enter the result.	2. <u>500</u>
3. Add lines 1 and 2.	3. <u>4,500</u>
4. Enter the amount from Federal Tax Projection Worksheet, Page 1, line 26	4. <u>145,592</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>145,592</u>
7. Enter \$400,000 if married filing jointly; \$200,000 if single, married filing separately, head of household or qualifying widow(er)	7. <u>400,000</u>
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. 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, stop here ; you cannot take this credit.	10. <u>4,500</u>
11. Enter the amount from Federal Tax Projection Worksheet, Page 2, line 48.	11. <u>17,561</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>17,561</u>
14. Child tax credit/credit for other dependents. Enter the smaller of line 10 or line 13 here and on Federal Tax Projection Worksheet, Page 2, line 54.	14. <u>4,500</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>4,500</u>
2. Enter your child tax credit from Federal Tax Projection Worksheet, Page 2, line 54	2. <u>4,500</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 \$1,400	4. _____
5. Enter the smaller 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 larger of line 8 or line 13.	14. _____
15. Additional child tax credit. Enter the smaller of line 5 or line 14 here and on Federal Tax Projection Worksheet, Page 2, line 80	15. _____

Form 1040	Tax Projection Worksheet - Tax Using Capital Gains Rates	2022
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Name **MARCUS J MOLINARO & CORINNE ADAMS**

	Regular	AMT
1. Enter taxable income (TPW or TPW Foreign Earned Income Tax Worksheet)	119,692	27,492
2. Enter your qualified dividends	74	74
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-	74	74
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	74	74
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	74	74
14. Subtract line 13 from line 1. If zero or less, enter -0-	119,618	
15. Enter: \$41,675 if single or married filing separately; \$83,350 if married filing jointly or qualifying widow(er); \$55,800 if head of household.	83,350	
16. Enter the smaller of line 1 or line 15	83,350	
17. Enter the smaller of line 14 or line 16	83,350	
18. Subtract line 10 from line 1. If zero or less, enter -0-	119,618	
19. Enter the smaller of line 1 or \$170,050 (\$340,100 if MFJ or QW)	119,692	
20. Enter the smaller of line 14 or line 19	119,618	
21. Enter the larger of line 18 or line 20	119,618	
22. Subtract line 17 from line 16. This amount is taxed at 0% If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44.		
23. Enter the smaller of line 1 or line 13	74	
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-	74	
26. Enter \$459,750 if Single; \$258,600 if Married filing separately; \$517,200 if Married filing jointly or Qualifying widow(er); \$488,500 if Head of household	517,200	
27. Enter the smaller of line 1 or line 26	119,692	
28. Add lines 21 and 22	119,618	
29. Subtract line 28 from line 27. If zero or less, enter -0-	74	
30. Enter the smaller of line 25 or line 29	74	
31. Multiply line 30 by 15% ▶	11	
32. Add lines 24 and 30 If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33.	74	
33. Subtract line 32 from line 23.	0	
34. Multiply line 33 by 20% (.20) ▶ If Unrecaptured Section 1250 Gain, is zero/blank, skip lines 35 through 40 and go to line 41.	0	
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). ▶ If Net 28% Rate Gain, is zero (or blank), skip lines 41 through 43 and go to line 44.		
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 ▶	17,550	
45. Add lines 31, 34, 40, 43, and 44	17,561	
46. Figure the tax on the amount on line 1	17,566	
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	17,561	

Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2021**

Name

MARCUS J MOLINARO & CORINNE ADAMS

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	119,818	22.0 %	17,857	\$81,050 - \$172,750	52,932
Capital Income	74	15.0 %	11	\$81,050 - \$628,300	628,226
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: \$19,900</small>	1a. 19,900	1b. 1,993
2. 12% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$61,150</small>	2a. 61,150	2b. 7,341
3. 22% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$91,700</small>	3a. 38,768	3b. 8,523
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. 119,818	8b. 17,857

Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$420,800</small>	10a. 74	10b. 11
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. 74	14b. 11

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 119,818
16. Total capital gains taxable income. Enter the amount from line 14a.	16. 74
17. Add lines 15 and 16.	17. 119,892
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040, line 11b, (1040NR, line 41, or 1040NR-EZ, line 14). Subtract line 18 from line 17.	19. 119,892

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 17,857
21. Total capital gains tax. Enter the amount from line 14b.	21. 11
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. 17,868
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, line 12b, (1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.	27. 17,868

Form 1040	Reconciliation Worksheet - Projected Taxable Income & Tax	2021
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Name **MARCUS J MOLINARO & CORINNE ADAMS**

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 2022 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) **15.0 %**
 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	119,618	22.0 %	17,550	\$83,550 - \$178,150	58,532
Capital Income	74	15.0 %	11	\$83,350 - \$517,200	517,126
Capital Income - 1250		%			
Capital Income - 1202		%			

	(a) Taxable Income	(b) Tax
Projected Income taxed at ordinary rates		
1. 10.0% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$20,550</small>	20,550	2,055
2. 12.0% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$63,000</small>	63,000	7,560
3. 22.0% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$94,600</small>	36,068	7,935
4. 24.0% rate		
5. 32.0% rate		
6. 35.0% rate		
7. 37.0% rate		
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	119,618	17,550

Projected Income taxed at capital gains rates		
9. 0% capital gains rate		
10. 15% capital gains rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$433,850</small>	74	11
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. Total projected taxable capital gains and capital gains tax. Add lines 9 through 13.	74	11

Total projected taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.		119,618
16. Total capital gains taxable income. Enter the amount from line 14a.		74
17. Add lines 15 and 16.		119,692
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.		
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.		119,692

Total projected tax		
20. Total ordinary tax. Enter the amount from line 8b.		17,550
21. Total capital gains tax. Enter the amount from line 14b.		11
22. Add lines 20 and 21.		17,561
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.		
24. Total projected 2022 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22		17,561

Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return
With
Form 8879 IRS e-file Signature Authorization
Taxable Year Ended December 31, 2021

Name: Marcus J Molinaro & Corinne Adams

Date Due: October 17, 2022

Remittance: None is required. The return shows a total overpayment of \$5,351, 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
11 Racquet Rd
Newburgh, NY 12550

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

***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

u ERO must obtain and retain completed Form 8879.
u Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

MARCUS J MOLINARO

Spouse's name

CORINNE ADAMS

Part I Tax Return Information — Tax Year Ending December 31, 2021 (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	145,592
2	Total tax	2	17,718
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,969
4	Amount you want refunded to you	4	5,351
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 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 **u** _____ Date **u** **05/12/22**

Spouse's PIN: check one box only

I authorize **RBT CPAS, LLP** to enter or generate my PIN 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 **u** _____ Date **u** **05/12/22**

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 **u** **SUSAN L. HOWELL, CPA** Date **u** **05/12/22**

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

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. **u**

Your first name and middle initial MARCUS J		Last name MOLINARO	
If joint return, spouse's first name and middle initial CORINNE		Last name ADAMS	
Home address (number and street). If you have a P.O box, see instructions. 75 GLEN RIDGE ROAD			Apt. no.
City, town or post office. If you have a foreign address, also complete spaces below. RED HOOK		State NY	ZIP code 12571
Foreign country name	Foreign province/state/county		Foreign postal code

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

You Spouse
 Yes No

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ABIGAL	MOLINARO		DAUGHTER	<input checked="" type="checkbox"/>	
ELIAS A.	MOLINARO		SON	<input checked="" type="checkbox"/>	
THEO A.	MOLINARO		SON	<input checked="" type="checkbox"/>	

Attach Sch.B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	145,430
	2a Tax-exempt interest	2a	88
Standard Deduction for - • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	3a Qualified dividends	3a	74
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Soc. sec. ben.	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here u <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	0
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	145,592
	10 Adjustments to income from Schedule 1, line 26	10	0
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	145,592
	12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100
	b Charitable contributions if you take the standard deduction (see instructions)	12b	600
	c Add lines 12a and 12b	12c	25,700
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12c and 13	14	25,700
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	119,892

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2021)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972	16	17,868
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	17,868
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	150
21	Add lines 19 and 20	21	150
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	17,718
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax u	24	17,718
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,969
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,969
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions u <input type="checkbox"/>	27a	
b	Nontaxable combat pay election 27b		
c	Prior year (2019) earned income 27c		
28	Refundable child tax credit or additional child tax credit from Sch. 8812	28	5,100
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits u	32	5,100
33	Add lines 25d, 26, and 32. These are your total payments u	33	23,069
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,351
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here u <input type="checkbox"/>	35a	5,351
Direct deposit? See instructions.	ub Routing number uc Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	ud Account number		
	36 Amount of line 34 you want applied to your 2022 estimated tax u 36		
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions u	37	
	38 Estimated tax penalty (see instructions) u 38		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **u** **Yes**. Complete below. **No**

Designee's name **u** **SUSAN L. HOWELL, CPA** Phone no. **u** **845-567-9000** Personal identification number (PIN) **u** **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.) u
		COUNTY EXECUTIVE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.) u
		HOMEMAKER	

Phone no. _____ Email address _____

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SUSAN L. HOWELL, CPA	SUSAN L. HOWELL, CPA	05/12/22	P00171387	<input type="checkbox"/> Self-employed

Paid Preparer Use Only Firm's name **u** **RBT CPAS, LLP** Phone no. **845-567-9000**

Firm's address **u** **11 RACQUET RD** Firm's EIN **u** **14-1604297**

Firm's address **u** **NEWBURGH NY 12550**

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **03**

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

MARCUS J MOLINARO & CORINNE ADAMS

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	150
6	Other nonrefundable credits:		
	a General business credit. Attach Form 3800	6a	
	b Credit for prior year minimum tax. Attach Form 8801	6b	
	c Adoption credit. Attach Form 8839	6c	
	d Credit for the elderly or disabled. Attach Schedule R	6d	
	e Alternative motor vehicle credit. Attach Form 8910	6e	
	f Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
	g Mortgage interest credit. Attach Form 8396	6g	
	h District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
	i Qualified electric vehicle credit. Attach Form 8834	6i	
	j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
	k Credit to holders of tax credit bonds. Attach Form 8912	6k	
	l Amount on Form 8978, line 14. See instructions	6l	
	z Other nonrefundable credits. List type and amount u	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	150

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

1040
1040-SR
1040-NR

8812

OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

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

u Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

MARCUS J MOLINARO & CORINNE ADAMS

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	145,592
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	145,592
4a	Number of qualifying children under age 18 with the required social security number	4a	3
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	2
c	Subtract line 4b from line 4a	4c	1
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	10,200
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number Caution: 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 4a.	6	
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	10,200
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000
10	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.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	10,200
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	
b	Subtract line 14a from line 12	14b	10,200
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0
d	Enter the smaller of line 14a or line 14c	14d	
e	Add lines 14b and 14d	14e	10,200
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	14f	5,100
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	5,100
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	5,100

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

Schedule 8812 (Form 1040) 2021

MARCUS J MOLINARO & CORINNE ADAMS

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a Enter the amount from the Credit Limit Worksheet A	15a	
b Enter the smaller of line 12 or line 15a	15b	
Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.		
1. You are not filing Form 2555.		
2. Line 4a is more than zero.		
3. Line 12 is more than line 15a.		
c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d Add lines 15b and 15c	15d	
e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g	
h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.		
17 Enter the smaller of line 16a or line 16b	17	
18a Earned income (see instructions)	18a	
b Nontaxable combat pay (see instructions)	18b	
19 Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20 Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c; Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. 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.		

Part II-B Certain Filers Who Have Three or More Qualifying Children

21 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	21	
22 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	22	
23 Add lines 21 and 22	23	
24 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. u 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25 Subtract line 24 from line 23. If zero or less, enter -0-	25	
26 Enter the larger of line 20 or line 25	26	
Next, enter the smaller of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27 Enter this amount on line 15c	27	
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MARCUS J MOLINARO & CORINNE ADAMS

Schedule 8812 (Form 1040) 2021

Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19.	40	

Form **8867**
 (Rev. December 2021)
 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*
U To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
U Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment
 Sequence No. **70**

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

Enter preparer's name and PTIN
SUSAN L. HOWELL, CPA 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 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: <u>HEALTH CARE PROVIDER STATEMENT</u> _____ _____ _____	<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? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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. 12-2021)

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

	Yes	No	N/A
9a 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? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
c 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
10 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"/>	
11 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"/>
12 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
13 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
14 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

u 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).

u 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
15 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"/>

Name(s) shown on return

MARCUS J MOLINARO & CORINNE ADAMS

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2020.

1 Qualified solar electric property costs	1	
2 Qualified solar water heating property costs	2	
3 Qualified small wind energy property costs	3	
4 Qualified geothermal heat pump property costs	4	
5 Qualified biomass fuel property costs	5	
6a Add lines 1 through 5	6a	
b Multiply line 6a by 26% (0.26)	6b	
7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.)	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</p> <p>b Print the complete address of the main home where you installed the fuel cell property.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">Number and streetUnit No.</p> <p>_____</p> <p>City, State, and ZIP code</p>		
8 Qualified fuel cell property costs	8	
9 Multiply line 8 by 26% (0.26)	9	
10 Kilowatt capacity of property on line 8 above u _____ x \$1,000	10	
11 Enter the smaller of line 9 or line 10	11	
12 Credit carryforward from 2020. Enter the amount, if any, from your 2020 Form 5695, line 16	12	
13 Add lines 6b, 11, and 12	13	0
14 Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	
15 Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5	15	0
16 Credit carryforward to 2022. If line 15 is less than line 13, subtract line 15 from line 13	16	

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

Part II Nonbusiness Energy Property Credit

17a	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	u	17a	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.					
b	Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. 75 GLEN RIDGE ROAD Number and street Unit No. RED HOOK NY 12571 City, State, and ZIP code				
c	Were any of these improvements related to the construction of this main home?	u	17c	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.					
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)		18		
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).				
a	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC		19a		
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements		19b		
c	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home		19c		
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements	19d			
e	Maximum amount of cost on which the credit can be figured	19e		2,000	
f	If you claimed window expenses on your Form 5695 prior to 2021, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-	19f		0	
g	Subtract line 19f from line 19e. If zero or less, enter -0-	19g		2,000	
h	Enter the smaller of line 19d or line 19g		19h		
20	Add lines 19a, 19b, 19c, and 19h		20		
21	Multiply line 20 by 10% (0.10)		21		
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).				
a	Energy-efficient building property. Do not enter more than \$300		22a		
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150		22b		150
c	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50		22c		
23	Add lines 22a through 22c		23		150
24	Add lines 21 and 23		24		150
25	Maximum credit amount. (If you jointly occupied the home, see instructions)		25		500
26	Enter the amount, if any, from line 18		26		
27	Subtract line 26 from line 25. If zero or less, stop ; you cannot take the nonbusiness energy property credit		27		500
28	Enter the smaller of line 24 or line 27		28		150
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)		29		17,868
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5		30		150

Form 1040	Qualified Dividends and Capital Gain Tax Worksheet	2021
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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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.	119,892	
2. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 3a*	2.	74	
3. Are you filing Schedule D?*			
<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-			
<input checked="" type="checkbox"/> No. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 7	3.		
4. Add lines 2 and 3	4.	74	
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	119,818	
6. Enter:			
\$40,400 if single or married filing separately,			
\$80,800 if married filing jointly or qualifying widow(er),	6.	80,800	
\$54,100 if head of household.			
7. Enter the smaller of line 1 or line 6	7.	80,800	
8. Enter the smaller of line 5 or line 7	8.	80,800	
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	0	
10. Enter the smaller of line 1 or line 4	10.	74	
11. Enter the amount from line 9	11.	0	
12. Subtract line 11 from line 10	12.	74	
13. Enter:			
\$445,850 if single,			
\$250,800 if married filing separately,	13.	501,600	
\$501,600 if married filing jointly or qualifying widow(er),			
\$473,750 if head of household.			
14. Enter the smaller of line 1 or line 13	14.	119,892	
15. Add lines 5 and 9	15.	119,818	
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	74	
17. Enter the smaller of line 12 or line 16	17.	74	
18. Multiply line 17 by 15% (0.15)	18.	11	
19. Add lines 9 and 17	19.	74	
20. Subtract line 19 from line 10	20.	0	
21. Multiply line 20 by 20% (0.20)	21.	0	
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.	17,857	
23. Add lines 18, 21, and 22	23.	17,868	
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.	17,873	
25. Tax on all taxable income. Enter the smaller 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.	17,868	

*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 MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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Line 5 Worksheet

1. Form 8812, line 4b: <u>2</u> x \$3,600. Enter the result	1. <u>7,200</u>
2. Form 8812, line 4c: <u>1</u> x \$3,000. Enter the result	2. <u>3,000</u>
3. Add lines 1 and 2	3. <u>10,200</u>
4. Form 8812, line 4a: <u>3</u> x \$2,000. Enter the result	4. <u>6,000</u>
5. Subtract Line 4 from Line 3	5. <u>4,200</u>
6. Enter the smaller of Line 5, or the Limitation Reduction	6. <u>4,200</u>
Limitation Reduction: \$ 12,500 if MFJ; \$ 2,500 if QW; \$ 4,375 if HOH; and \$ 6,250 for all others.	
7. Enter \$150,000 if MFJ/QW; \$112,500 if HOH; and \$75,000 for all others	7. <u>150,000</u>
8. Subtract line 7 from Schedule 8812, line 3.	
<input checked="" type="checkbox"/> If zero or less, then enter -0- on line 8.	8. <u>0</u>
<input type="checkbox"/> If more than zero and not a multiple of \$1,000, then increase to the next multiple of \$1,000	
9. Multiply line 8 by 5% (.05). Enter the result	9. <u>0</u>
10. Enter the smaller of Line 6 or Line 9	10. <u>0</u>
11. Subtract Line 10 from Line 3. Enter the result on Schedule 8812, line 5	11. <u>10,200</u>

Credit Limit Worksheet A

1. Enter the amount from Form 1040, 1040-SR, or Form 1040NR, line 18	1. <u>17,868</u>
2. Add the amounts from Sch 3, lines 1, 2, 3, 4, and 6; plus Forms 5695, In 30; 8910, In 15; 8936, In 23; and Sch R, In 22. Enter the total	2. <u>150</u>
3. Subtract line 2 from line 1	3. <u>17,718</u>
4. Do you meet all the following conditions?	
<input type="radio"/> You are completing Part I-C of Schedule 8812.	<input type="radio"/> You are not filing Form 2555.
<input type="radio"/> You are claiming one or more of the following credits: Form 8396; Form 8839; Form 5695, Part I; Form 8859	<input type="radio"/> Form 8812, line 4a is more than zero.
<input checked="" type="checkbox"/> No. Enter-0-	4. <u>0</u>
<input type="checkbox"/> Yes. Enter the amount from the Credit Limit Worksheet B.	
5. Subtract line 4 from line 3. Enter the result here and on Schedule 8812, line 14c or 15a, whichever applies	5. <u>17,718</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 18 with the required social security number: _____ x \$1,400. 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?	
<input type="checkbox"/> No. Leave line 4 blank, enter -0- on line 5, and go to line 6.	4. _____
<input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 3. Enter the result.	
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 \$4,200 or more?	
<input type="checkbox"/> No.	
<input type="radio"/> If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Credit Limit Worksheet A and enter -0- on line 4, and complete line 5.	
<input type="radio"/> If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, go to line 12.	
<input type="checkbox"/> Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.	
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, lines 27a 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 larger of line 5 or line 11	12. _____
13. Enter the smaller of line 2 or line 12	13. _____
14. Is the amount on line 13 of this worksheet more than the amount on line 1?	
<input type="checkbox"/> No. Subtract line 13 from line 1. Enter the result.	14. _____
<input type="checkbox"/> Yes. Enter -0-.	
15. Enter the total of the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3. Enter this amount on line 4 of the Credit Limit Worksheet A	15. _____

Form 1040	QTP/ESA Basis Worksheet	2021
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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Payer's/Trustee's name NEW YORK COLLEGE PLUS

Account type STATE QTP Account number _____

Beneficiary first name ABIGAL Beneficiary last name MOLINARO

Worksheet for Determining QTP/ESA Basis Amounts

1. Basis in QTP/ESA as of December 31, 2020	1.	<u>19,700</u>
2. Enter QTP/ESA contributions for 2021	2.	<u>750</u>
3. Add lines 1 and 2	3.	<u>20,450</u>
4. Enter distributions from this QTP/ESA during 2021	4.	<u> </u>
5. Subtract Line 4 from Line 3	5.	<u>20,450</u>
6. Other increases or decreases to basis	6.	<u> </u>
7. Basis in your QTP or ESA as of December 31, 2021	7.	<u>20,450</u>

Form 1040	QTP/ESA Basis Worksheet	2021
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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Payer's/Trustee's name NEW YORK COLLEGE SAVINGS PLUS
 Account type STATE QTP Account number _____
 Beneficiary first name JACK Beneficiary last name MOLINARO

Worksheet for Determining QTP/ESA Basis Amounts

1. Basis in QTP/ESA as of December 31, 2020	1.	8,600
2. Enter QTP/ESA contributions for 2021	2.	750
3. Add lines 1 and 2	3.	9,350
4. Enter distributions from this QTP/ESA during 2021	4.	
5. Subtract Line 4 from Line 3	5.	9,350
6. Other increases or decreases to basis	6.	
7. Basis in your QTP or ESA as of December 31, 2021	7.	9,350

Form 1040	QTP/ESA Basis Worksheet	2021
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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Payer's/Trustee's name NEW YORK COLLEGE PLUS
 Account type STATE QTP Account number _____
 Beneficiary first name ELIAS A. Beneficiary last name MOLINARO

Worksheet for Determining QTP/ESA Basis Amounts

1. Basis in QTP/ESA as of December 31, 2020	1. _____
2. Enter QTP/ESA contributions for 2021	2. <u>500</u>
3. Add lines 1 and 2	3. <u>500</u>
4. Enter distributions from this QTP/ESA during 2021	4. _____
5. Subtract Line 4 from Line 3	5. <u>500</u>
6. Other increases or decreases to basis	6. _____
7. Basis in your QTP or ESA as of December 31, 2021	7. <u>500</u>

Form 1040	QTP/ESA Basis Worksheet	2021
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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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, 2020	1. _____
2. Enter QTP/ESA contributions for 2021	2. <u>500</u>
3. Add lines 1 and 2	3. <u>500</u>
4. Enter distributions from this QTP/ESA during 2021	4. _____
5. Subtract Line 4 from Line 3	5. <u>500</u>
6. Other increases or decreases to basis	6. _____
7. Basis in your QTP or ESA as of December 31, 2021	7. <u>500</u>

Form 1040	Nonrefundable Personal Credit Limitation Worksheet	2021
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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Amounts from tax return

- | | | | | | |
|--|------------------|---|---------------|-----------------------------|----------|
| a. Regular tax (Form 1040, line 18) | a. <u>17,868</u> | h. CTC Wrk 8, ln 14 or Sch 8812, ln 14a h. | | n. Form 8859, line 3 | |
| b. AMT (Form 1040, Schedule 2, line 1) | b. _____ | i. Child tax cr (Form 1040, line 19) | i. _____ | o. Form 8910, line 15 | o. _____ |
| c. Exc adv PTC (Form 1040, Sch 2, ln 2) | c. _____ | j. Form 5695, line 30 | j. <u>150</u> | p. Form 8936, line 23 | p. _____ |
| d. Foreign tax cr (Form 1040, Sch 3, ln 1) | d. _____ | k. Form 5695, line 15 | k. _____ | q. Form 8834, line 7 | q. _____ |
| e. Child care cr (Form 1040, Sch 3, ln 2) | e. _____ | l. Form 8396, line 9 | l. _____ | r. Form 3800, line 38 | r. _____ |
| f. Education cr (Form 1040, Sch 3, ln 3) | f. _____ | m. Elderly cr (Sch R, line 22) | m. _____ | s. Form 8839, line 16 | s. _____ |
| g. Retirement cr (Form 1040, Sch 3, ln 4) | g. _____ | | | t. Form 8978, line 14 | t. _____ |

	Form 2441	Schedule R	Form 8880	Form 5695, Part II	Form 5695, Part I
1. Total tax available	1. _____	_____	_____	<u>17,868</u>	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____	<u>17,868</u>	_____
4. Amount from line 3 reported on	4. _____	_____	_____	<u>F5695, LN 29</u>	_____
5. Code(s) for tax amount(s) from above	5. _____	_____	_____	<u>A B C</u>	_____
6. Code(s) for credit amount(s) from above	6. _____	_____	_____	<u>D E F G M T</u>	_____

	Form 8910, Part III	Form 8911, Part III	Form 8936, Part III	Form 8396	Form 8839
1. Total tax available	1. _____	_____	_____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____	_____	_____
4. Amount from line 3 reported on	4. _____	_____	_____	_____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____	_____	_____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____	_____	_____	_____

	Form 8859	Form 8801
1. Total tax available	1. _____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____
4. Amount from line 3 reported on	4. _____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____

Form 8863, Line 19

- | | |
|---|---|
| 1. Enter the amount from Form 8863, line 18 | 5. Enter the total of code(s) d, e, m and t from above |
| 2. Enter the amount from Form 8863, line 9 | 6. Subtract line 5 from line 4 |
| 3. Add lines 1 and 2 | 7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 |
| 4. Enter the amount from Form 1040, line 18 | |

Form 1040	Tax Refund Worksheets	2021
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Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
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	2020	2019	2018
1. State and local tax refunds	1. <u>2,039</u>	_____	_____
2a. State and local tax refunds with no tax benefit derived	2a. <u>2,039</u>	_____	_____
2b. Sales tax benefit reduction	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3. <u>0</u>	_____	_____
4. Total itemized deductions from Schedule A	4. _____	_____	_____
5. Standard deduction	5. _____	_____	_____
6. Subtract line 5 from line 4. If result is zero or less, STOP here The amount on line 3 is not taxable	6. _____	_____	_____
7. Enter the smaller of line 3 or line 6	7. _____	_____	_____
8. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.)	8. _____	_____	_____
9. Enter the following amount to include on Form 1040, Sch 1, line 1: If line 8 is:	9. _____	_____	_____
• 0 or more, enter the amount from line 7.			
• A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.			

Tax Refund Worksheet for Itemized Deduction Limitation

	2020*	2019*	2018*
1. State and local tax refunds subject to phase-out	1. _____	_____	_____
2a. State and local tax refunds with no tax benefit derived	2a. _____	_____	_____
2b. Sales tax benefit reduction	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3. _____	_____	_____
Itemized deductions before state and local tax refunds:			
4. Adjusted gross income	4. _____	_____	_____
5. AGI threshold	5. _____	_____	_____
6. Line 4 minus line 5	6. _____	_____	_____
7. Itemized deductions before phase-out	7. _____	_____	_____
8. Itemized deductions subject to phase-out	8. _____	_____	_____
9. Multiply line 6 by 3% (.03)	9. _____	_____	_____
10. Multiply line 8 by 80% (.80)	10. _____	_____	_____
11. Phase-out (smaller of line 9 or line 10)	11. _____	_____	_____
12. Allowable itemized deductions (line 7 minus line 11)	12. _____	_____	_____
Itemized deductions adjusted for state and local tax refund:			
13. Adjusted itemized deductions before phase-out (line 7 minus line 3)	13. _____	_____	_____
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3)	14. _____	_____	_____
15. Multiply line 14 by 80% (.80)	15. _____	_____	_____
16. Adjusted phase-out (smaller of line 9 or 15)	16. _____	_____	_____
17. Adjusted itemized deductions allowed (line 13 minus line 16)	17. _____	_____	_____
18. Standard deduction	18. _____	_____	_____
19. Enter the larger of line 17 or line 18	19. _____	_____	_____
20. Line 12 minus line 19	20. _____	_____	_____
21. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.)	21. _____	_____	_____
22. Enter the following amount to include on Form 1040, Sch 1, line 1: If line 21 is:	22. _____	_____	_____
• 0 or more, enter the amount from line 20.			
• A negative amount, add lines 20 and 21 and enter net amount, but not less than zero.			

* Schedule A limitation did not apply for 2018 forward, due to the Tax Cuts and Jobs Act of 2017.

Federal Statements

Form 1040, Dividend Income

Payer	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>	<u>Section 199A Dividends</u>
TRUIST	\$ <u>74</u>	\$ <u>74</u>	\$ _____
TOTAL	\$ <u><u>74</u></u>	\$ <u><u>74</u></u>	\$ <u><u>_____</u></u>

Federal Statements**Amount Allocated to Tax Paid in the Following Year**

	<u>Description</u>	<u>Amount</u>
NY		
1.	2020 PAYMENT PAID IN 2021	\$ 0
2.	2020 EXTENSION PAID IN 2021	0
3.	2020 ADDITIONAL PAYMENT PAID IN 2021	0
4.	TOTAL 2020 PAYMENTS PAID IN 2021(SUM OF LINES 1 THROUGH 3)	0
5.	TOTAL PAYMENTS ON THE 2020 RETURN	8,391
6.	TOTAL 2020 OVERPAYMENT/REFUND	<u>2,039</u>
7.	2020 REFUND ATTRIBUTABLE TO TAX PAID IN 2021 (LINE 4 DIVIDED BY LINE 5 MULTIPLIED BY LINE 6)	\$ 0
8.	STATE/LOCAL TAX REFUND (LINE 6 MINUS LINE 7)	<u>\$ 2,039</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	\$ 178
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	31,266
SECTION 457(B) CONTRIBUTIONS	2,944
TOTAL	\$ <u>34,388</u>

Dutchess County**Form W-2, Box 14 - Other**

<u>Description</u>	<u>Amount</u>
CAR	\$ 1,025
TOTAL	\$ <u>1,025</u>

Form 1040	Salaries & Wages Report	2021
------------------	------------------------------------	-------------

Name

MARCUS J MOLINARO & CORINNE ADAMS

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T DUTCHESS COUNTY	145,430	17,969	142,800
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	145,430	17,969	142,800
	Spouse			
	Totals	145,430	17,969	142,800

T/S	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	8,854	148,373	2,151				1,025
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
	Taxpayer	8,854	148,373	2,151			1,025
	Spouse						
	Totals	8,854	148,373	2,151			1,025

T/S	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	NY	145,430	8,478			
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
		Taxpayer	145,430			8,478
		Spouse				
		Totals	145,430			8,478

Form 1040	Two Year Comparison Report - Page 1	2020 & 2021
------------------	--	------------------------

Name MARCUS J MOLINARO & CORINNE ADAMS	Taxpayer Identification Number
--	--------------------------------

		2020	2021	Differences
		MFJ	MFJ	
	Filing Status			
	Dependents	3	3	
	1. Salaries and wages	142,414	145,430	3,016
	2. Interest income	71	88	17
	3. Tax exempt interest income			
	4. Dividend income		74	74
	5. Qualified dividend income		74	74
	6. Taxable state/local refunds			
	7. Alimony received			
I	8. Business income/loss			
n	9. Capital gain/loss			
c	10. Other gains/losses			
o	11. Taxable IRA distributions			
m	12. Taxable pensions			
e	13. Rent and royalty income including farm rental			
	14. Partnership/S corp income			
	15. Estate or trust income			
	16. Farm income/loss			
	17. Unemployment compensation			
	18. Taxable social security			
	19. Other income			
	20. Total income	142,485	145,592	3,107
A	21. Moving expenses			
d	22. Deductible part of self-employment tax			
j	23. SEP/SIMPLE/Qualified plans deductions			
u	24. SE health insurance			
s	25. Penalty on early withdrawal of savings			
t	26. Alimony paid			
m	27. IRA deductions			
e	28. Student loan interest			
n	29. Other adjustments			
t	30. Adjusted gross income	142,485	145,592	3,107
s	31. Medical			
D	32. Taxes	10,000	10,000	
e	33. Interest	17,288	8,656	-8,632
d	34. Contributions	3,000	828	-2,172
u	35. Casualty losses			
c	36. Miscellaneous expenses			
t	37. Allowable itemized deductions	30,288	19,484	-10,804
i	38. Standard deduction (incl charitable contrib w/std ded)	24,800	25,700	900
o		ITEMIZED	STANDARD	
n	39. Deduction taken	30,288	25,700	-4,588
s	40. Taxable income before Qual Bus Inc Ded (QBID)	112,197	119,892	7,695
	41. QBID	0	0	
	42. Taxable income	112,197	119,892	7,695

Form **1040****Two Year Comparison Report - Page 2****2020 & 2021**

Name

MARCUS J MOLINARO & CORINNE ADAMS

		2020	2021	Differences
43.	Taxable income from 2YR page 1, line 42	112,197	119,892	7,695
44.	Tax on taxable income	16,263	17,868	1,605
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	6,000		-6,000
x	51. General business credit			
	52. Other credits		150	150
C	53. Total credits	6,000	150	-5,850
o	54. Net tax liability	10,263	17,718	7,455
m	55. Self-employment taxes			
p	56. Other taxes			
u	57. Total tax	10,263	17,718	7,455
t	58. Income tax withheld	17,455	17,969	514
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. Total payments	17,455	23,069	5,614
	65. Tax due/refund	-7,192	-5,351	1,841
	66. Penalties and interest			
	67. Net tax due/refund	-7,192	-5,351	1,841
	68. Refund applied to estimated tax payments			
	69. Refund received	-7,192	-5,351	1,841
	70. Effective tax rate	9.0 %	15.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

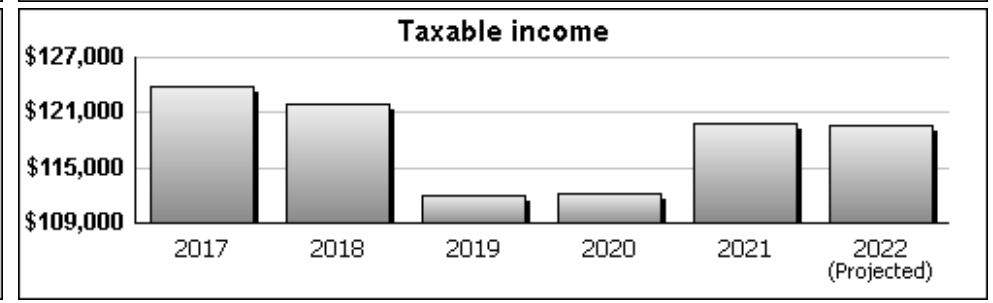
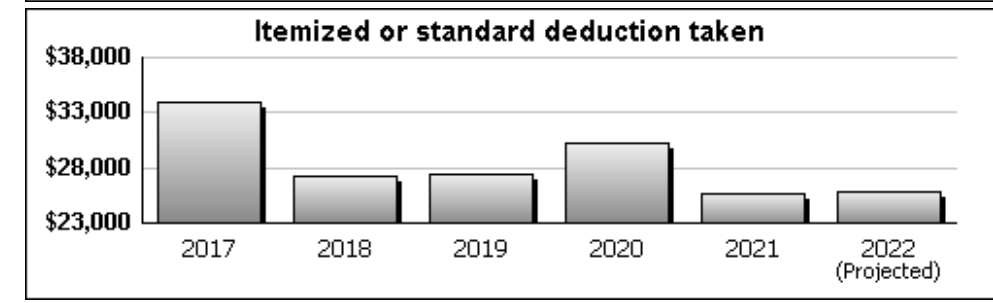
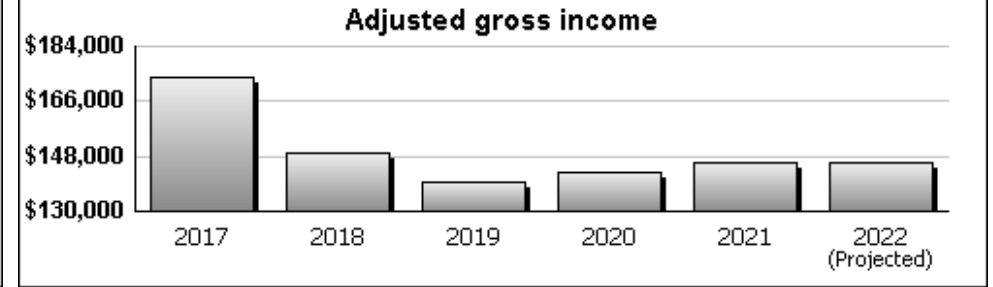
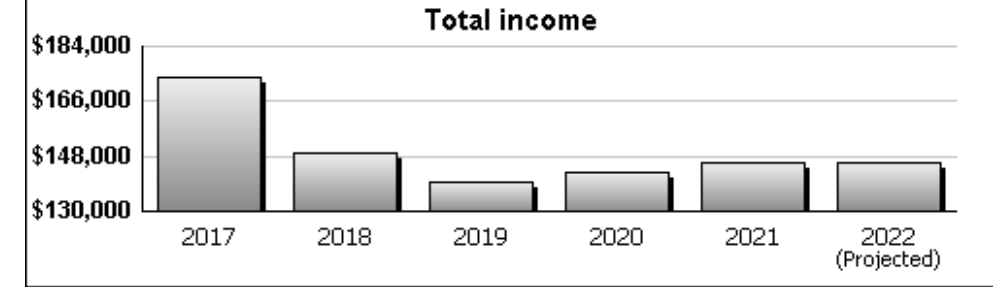
	2020 Taxable Income	2020 Marginal Tax Rate	2021 Taxable Income	2021 Marginal Tax Rate
Ordinary income	112,197	22.0 %	119,818	22.0 %
Capital income		%	74	15.0 %
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040** Tax Return History Report - Page 1 **2021**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number

	2017	2018	2019	2020	2021	
Filing Status	MFJ	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	166,352	151,924	139,349	142,414	145,430	145,430
Interest income	453	79	71	71	88	88
Dividend income		62			74	74
Business income/loss						
Capital gains/losses		10,876				
Other gains/losses						
IRA distributions, pensions, annuities	6,997					
Rent, royalty, farm rental income		-14,124				
Partnership/S corp income						*
Estate or trust income						*
Farm income/loss						
Other income/loss	246	223				
Total income	174,048	149,040	139,420	142,485	145,592	145,592
Total adjustments						
Adjusted gross income	174,048	149,040	139,420	142,485	145,592	145,592
Allowable itemized deductions	34,003	27,219	27,385	30,288	19,484	19,484
Standard deduction	12,700	24,000	24,400	24,800	** 25,700	** 25,900
Itemized or standard deduction taken	34,003	27,219	27,385	30,288	25,700	25,900
Exemptions	16,200					
Taxable income before Qual Bus Inc Ded	123,845	121,821	112,035	112,197	119,892	119,692
Qual Bus Inc Ded						
Taxable income	123,845	121,821	112,035	112,197	119,892	119,692

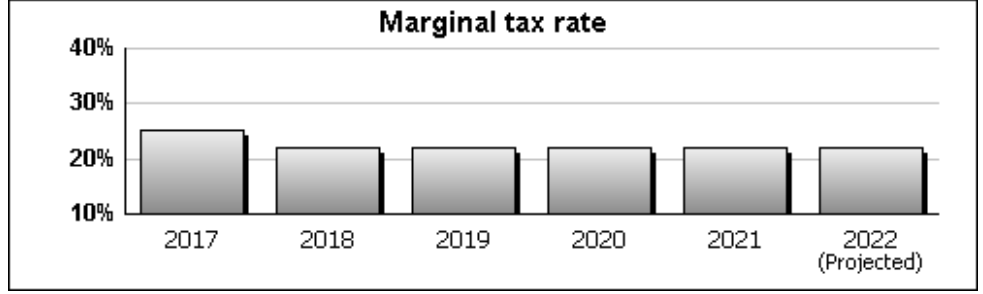
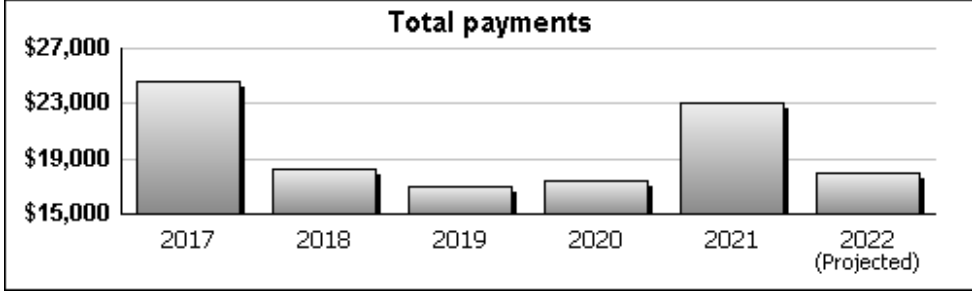
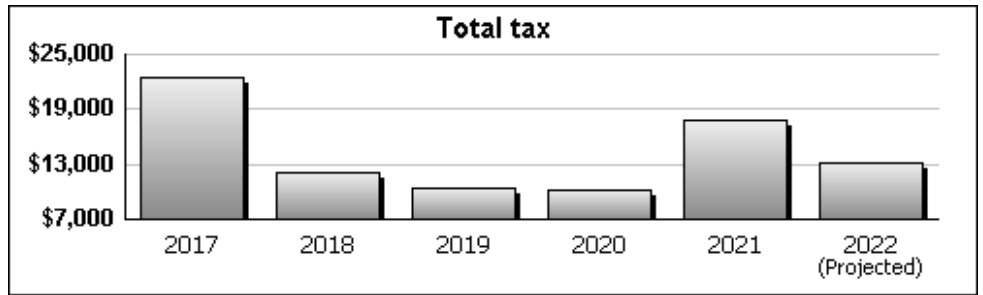
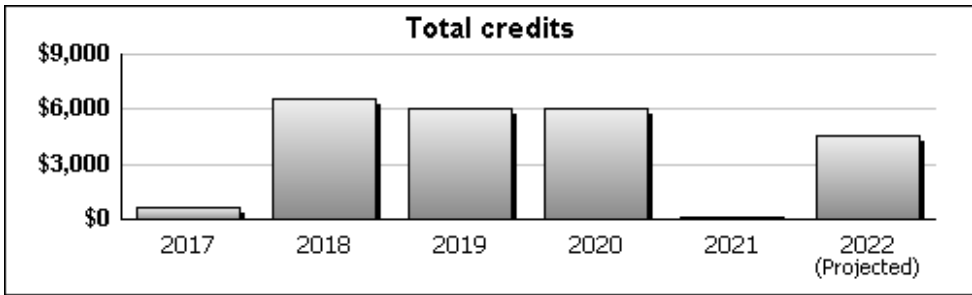
* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW. ** Incl Charitable Contribution w/standard deduction.



Form **1040** Tax Return History Report - Page 2 **2021**

Name **MARCUS J MOLINARO & CORINNE ADAMS** Taxpayer Identification Number

	2017	2018	2019	2020	2021	2022 PROJECTED
Taxable income	123,845	121,821	112,035	112,197	119,892	119,692
Tax on taxable income and Form 8962	22,439	18,675	16,365	16,263	17,868	17,561
Alternative minimum tax						
Total credits	600	6,600	6,000	6,000	150	4,500
Net tax liability	21,839	12,075	10,365	10,263	17,718	13,061
Self-employment taxes						
Other taxes	700					
Total tax	22,539	12,075	10,365	10,263	17,718	13,061
Income tax withheld	24,573	18,293	16,961	17,455	17,969	17,969
Estimated tax payments						
Other payments			13		5,100	
Total payments	24,573	18,293	16,974	17,455	23,069	17,969
Total due/-refund	-2,034	-6,218	-6,609	-7,192	-5,351	-4,908
Penalties and interest						
Net tax due/-refund	-2,034	-6,218	-6,609	-7,192	-5,351	-4,908
Refund applied to estimated tax payments						
Refund received	-2,034	-6,218	-6,609	-7,192	-5,351	
Marginal tax rate	25.0 %	22.0 %	22.0 %	22.0 %	22.0 %	22.0 %
Effective tax rate	18.0 %	10.0 %	9.0 %	9.0 %	15.0 %	11.0 %



Filing Instructions

Form IT-201 - New York Income Tax Return

Taxable Year Ended December 31, 2021

Name: Marcus J Molinaro & Corinne Adams

Date Due: October 17, 2022

Remittance: None is required. The return shows a total overpayment of \$1,416, 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
11 Racquet Rd
Newburgh, NY 12550

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

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



New York State E-File Signature Authorization for Tax Year 2021

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.

Taxpayer's name MARCUS J MOLINARO		Spouse's name <i>(jointly filed return only)</i> CORINNE ADAMS	
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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 2021 Form IT-370 and Tax Year 2022 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: Personal checking Personal savings Business checking Business savings

1.	145,592.
2.	1,416.
3.	
4.	
5.	

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 2021 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 2021 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 2021 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.

Taxpayer's signature	Date 05122022
Spouse's signature <i>(jointly filed return only)</i>	Date 05122022

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

Under penalty of perjury, I declare that the information contained in this 2021 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 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 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 2021 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.

ERO's signature	Print name	Date
Paid preparer's signature SUSAN L. HOWELL, CPA	Print name SUSAN L. HOWELL, CPA	Date 05122022



Department of Taxation and Finance

Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2021, through December 31, 2021, 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	
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
CORINNE		ADAMS	08121987	
Mailing address (see instructions, page 12) (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	School district name
RED HOOK	NY	12571		RED HOOK
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district code number
				526
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			

A Filing status

(mark an X in one box):

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

B Did you itemize your deductions on your 2021 federal income tax return? Yes No

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



D1 Did you have a financial account located in a foreign country? (see page 13) Yes No

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

E (1) Did you or your spouse maintain living quarters in NYC during 2021? (see page 13) Yes No
(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 13):
(1) Number of months you lived in NYC in 2021
(2) Number of months your spouse lived in NYC in 2021

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

H Dependent information (see page 14)

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

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



201001211022

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number

Federal income and adjustments (see page 14)

Whole dollars only

Table with 11 columns for federal income and adjustments, including wages, interest, dividends, and total federal adjusted gross income.

New York additions (see page 15)

Table with 4 columns for New York additions, including interest on state bonds, retirement contributions, and college savings program distributions.

New York subtractions (see page 16)

Table with 11 columns for New York subtractions, including state and local taxes, pensions, and Social Security benefits.

Standard deduction or itemized deduction (see page 19)

Table with 4 columns for standard deduction or itemized deduction, including the deduction amount and dependent exemptions.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201002211022



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

Your Social Security number

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	121151.00
39 NYS tax on line 38 amount (see page 20)	39	7095.00
40 NYS household credit (page 20, table 1, 2, or 3)	40	.00
41 Resident credit (see page 21)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	7095.00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	7095.00

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

47 NYC taxable income (see page 21)	47	.00
47a NYC resident tax on line 47 amount (see page 21)	47a	.00
48 NYC household credit (page 21)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 24)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00
59 Sales or use tax (see page 25; do not leave line 59 blank)	59	0.00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	7095.00

See instructions on pages 21 through 24 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

62 Enter amount from line 61

62 7095.00

Payments and refundable credits (see pages 26 through 29)

Table with 2 columns: Line number and Amount. Rows include Empire State child credit, NYS/ NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit (fixed amount), NYC school tax credit (rate reduction amount), NYC earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments and amount paid with Form IT-370, and Total payments.



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 11). Do not send federal Form W-2 with your return.

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

Table with 2 columns: Line number and Amount. Rows include Amount overpaid, Amount of line 77 available for refund, Amount of line 78 that you want to deposit into a NYS 529 account, and Total refund after NYS 529 account deposit.

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

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

79 Amount of line 77 that you want applied to your 2022 estimated tax (see instructions)

79 .00

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

See page 31 for payment options.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31)

81 .00

See page 34 for the proper assembly of your return.

82 Other penalties and interest (see page 31)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 32)

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

83b Routing number [] 83c Account number []

84 Electronic funds withdrawal (see page 32) Date [] Amount [].00

Third-party designee? (see instr.) Yes [X] No [] Print designee's name: SUSAN L. HOWELL, CPA; Designee's phone number: 845 567 9000; Personal identification number (PIN): 71387; Email: SLHOWELL@RBTCPAS.COM

Preparer's information: Preparer's NYTPRN: []; NYTPRN excl. code: 03; Preparer's signature: SUSAN L. HOWELL, CPA; Preparer's printed name: SUSAN L. HOWELL, CPA; Firm's name: RBT CPAS, LLP; Preparer's PTIN or SSN: P00171387; Address: 11 RACQUET RD, NEWBURGH, NY 12550; Employer identification number: 141604297; Date: 05122022; Email: SLHOWELL@RBTCPAS.COM

Taxpayer(s) must sign here: Your signature: []; Your occupation: COUNTY EXECUTIVE; Spouse's signature and occupation (if joint return): HOMEMAKER; Date: []; Daytime phone #: []; Email: []

See instructions for where to mail your return.

201004211022



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	

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	8478.00
6 State and local real estate taxes	6	9457.00
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	17935.00

Interest you paid (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098	10	8656.00
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	8656.00

Gifts to charity (see instructions)

16 Gifts by cash or check	16	828.00
16a Qualified contributions included in line 16	16a	828.00
17 Other than by cash or check	17	.00
18 Carryover from prior year	18	.00
19 Add lines 16, 17, and 18	19	828.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Your Social Security number

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 \$169,400? (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** 27419.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Your Social Security number

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)

41	8478.00
42	18941.00
43	.00
44	.00
45	18941.00
46	.00
47	18941.00
48	.00
49	18941.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196003211022





Claim for Empire State Child Credit

IT-213

Tax Law – Section 606(c-1)

Submit this form with Form IT-201 or IT-203.

Step 1 – Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
MARCUS J MOLINARO	
Spouse's name	Spouse's SSN
CORINNE ADAMS	

Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for all of 2021? 1 Yes No
If you marked an X in the *No* box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2021? 2 Yes No
- 3 Is your NY recomputed federal adjusted gross income on Form IT-201, line 19a (see instructions)
– \$110,000 or less and your filing status is ② married filing joint return;
– \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); or
– \$55,000 or less and your filing status is ③ married filing separate return? 3 Yes No
If you marked an X in the *No* box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (see instructions) 4
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2021 5
If you entered 0 on line 5, stop; you do not qualify for this credit. (see instructions)

Step 3 – Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmdyyy)
ELIAS	A	MOLINARO			12262016
THEO	A	MOLINARO			11292018

Use Form IT-213-ATT if you have additional children to report (see instructions).

NO HANDWRITTEN ENTRIES ON THIS FORM

213001211022



Step 4 – Compute credit

If you answered *Yes* to question 2, you must complete Worksheet A **or** B **and** Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered *No* to question 2, skip lines 6 through 12, and enter 0 on line 13; continue with line 14.

Whole dollars only

6	Enter the amount from Worksheet A, line 10 or Worksheet B, line 13 (see instructions)	6	200.00
7	Enter your additional child tax credit amount from Worksheet C (see instructions)	7	0.00
8	Add lines 6 and 7	8	200.00
<p>If the amount on line 8 is zero, skip lines 9 through 12, and enter 0 on line 13; continue with line 14. If the amount on line 8 is more than zero, continue with line 9.</p>			
9	Enter the number of children from line 4	9	2
10	Divide line 8 by line 9	10	100.00
11	Enter the number of children from line 5	11	1
12	Multiply line 10 by line 11	12	100.00
13	Multiply line 12 by 33% (.33)	13	33.00

If you marked the *No* box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

All others continue with line 14.

14	Enter the number of children from line 5	14	
15	Multiply line 14 by 100	15	.00
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16	33.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns (see instructions)

17	Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank	17	.00
<p>Enter here and on Form IT-201, line 63.</p>			
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank	18	.00
<p>Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.</p>			

NO HANDWRITTEN ENTRIES ON THIS FORM



Name		Taxpayer Identification Number
Taxpayer	MARCUS J MOLINARO	
Spouse	CORINNE ADAMS	

Line 19a worksheet

1. Federal adjusted gross income as reported (form IT-201, line 19)	1.	<u>145,592.</u>	
2. Total addition adjustments (Form IT-558, line 9)	2.	<u> </u>	
3. Add lines 1 and 2	3.	<u>145,592.</u>	
4. Total subtraction adjustments (Form IT-558, line 18)	4.	<u> </u>	
5. Recomputed federal adjusted gross income, line 3 less line 4	5.	<u>145,592.</u>	

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

<u>Description</u>	<u>Amount</u>
RHINEBECK BANK	\$ 2,853
ULSTER SAVINGS BANK	5,054
TEG FEDERAL CREDIT UNION	749
TOTAL	<u>\$ 8,656</u>

Form IT-201	New York College Tuition Addition and Subtraction Worksheet	2021
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Name MARCUS J MOLINARO CORINNE ADAMS	Taxpayer Identification Number
--	--------------------------------

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.	2,500.
2. Contributions entered from a partnership	2.	
3. Total contributions limited to maximum allowed (Added into lines 4 and 5 of next worksheet)	3.	2,500.
4. Distributions included in your federal AGI	4.	
5. Add lines 3 and 4. This is your 2021 subtraction modification.	5.	2,500.

College Choice Tuition Savings Distribution Worksheet

1. 2021 and prior years' nonqualified withdrawals from your account(s)	1.	
2. Distributions entered from a partnership	2.	
3. Total 2021 and prior years' nonqualified withdrawals from your account(s)	3.	
4. Total 2021 and prior years' contributions to your account(s)	4.	27,900.
5. Total 2021 and prior years' subtraction modifications	5.	27,900.
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 2021 addition modification.	9.	

Form IT-196	New York Subtraction Adjustment Limitation Worksheet	2021
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Name MARCUS J MOLINARO CORINNE ADAMS	Taxpayer Identification Number
--	--------------------------------

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. | 27,419. |
| 2. Amount of state, local, foreign income taxes or general sales tax from IT-196, lines 5 and 8 | 2. | 8,478. |
| 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. | 8,478. |

Name

MARCUS J MOLINARO CORINNE ADAMS

Taxpayer Identification Number

Empire State Child Tax Credit Worksheet - IT-213, Line 6

Part 1

1. Number of qualifying children: 2 x \$1000. Enter the result. 1. 2,000

2. Enter your NY Recomputed federal adjusted gross income 2. 145,592

3. Total of any exclusion of income from Puerto Rico, Form 2555, lines 45 and 50, and 4563, line 15 3. _____

4. Add lines 2 and 3 4. 145,592

5. Enter \$110000 if married filing jointly; \$75000 if single, head of household, or qualifying widow(er); \$55000 if married filing separately. 5. 110,000

6. Is the amount on line 4 more than the amount on line 5?

No. Leave line 6 blank. Enter -0- on line 7. 6. 36,000

Yes. Subtract line 5 from line 4. If the result is not a multiple of \$1000, increase it to the next multiple of \$1000. 6. 36,000

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7. 1,800

8. Subtract line 7 from line 1. If zero or less, enter 0 on IT-213, lines 6 and 7 8. 200

Part 2

9. Enter your 2021 federal tax 9. 17,868

10. Add the amounts from Schedule 3, lines 1, 2, 3, 4, and 6i plus any amounts from Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total. 10. _____

11. Did you claim any of the following federal credits?

Mortgage interest credit, Form 8396 Adoption credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859

No. Enter the amount from line 10. 11. _____

Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, enter the amount from Child Tax Credit - Line 11 Worksheet below. 11. _____

12. Subtract line 11 from line 9. 12. 17,868

13. Is line 8 more than line 12? No. Enter the amount from line 8 on Form IT-213, line 6; and 0 on Form IT-213, line 7. 13. _____

Yes. Enter the amount from line 12 on Form IT-213, line 6 and complete Additional Child Tax Credit worksheet

Empire State Child Tax Credit - Line 11 Worksheet

1. Enter the amount from line 8 of the Child Tax Credit Worksheet above. 1. _____

2. Taxable earned income from the federal instructions for Schedule 8812, Earned Income Worksheet, line 7, adjusted for applicable decoupling. 2. _____

3. Is the amount on line 2 more than \$3000?

No. Leave line 3 blank, enter -0- on line 4, and go to line 5. 3. _____

Yes. Subtract \$3000 from the amount on line 2. Enter the result. 3. _____

4. Multiply the amount on line 3 by 15% (.15) and enter the result. 4. _____

5. Is the amount on line 1 of the Child Tax Worksheet above \$3,000 or more?

No. If line 4 above is:

- Zero, do not complete the rest of this worksheet. Instead, go back to Worksheet B and enter the amount from line 10 on line 11, and complete lines 12 and 13.
- More than zero, enter 0 on line 6, go to line 7 below.

Yes. If line 4 above is equal to or more than line 1 above, enter 0 on line 6 and continue; otherwise continue to line 6 6. 0

6. Amount from federal instructions for Schedule 8812, Line 11, if applicable 6. 0

7. Larger of line 4 or line 6 7. _____

8. Subtract line 7 from line 1 8. 0

9. Amount from federal instructions for Schedule 8812, line 15, if applicable 9. 0

10. Amount from line 10 of Worksheet for Form IT-213, Line 6 10. _____

11. Add lines 9 and 10, enter result here and on line 11 of Worksheet for Form IT-213, Line 6 11. _____

Additional Child Tax Credit Amount

1. Amount from line 8 of IT-213, Line 6 worksheet above 1. _____

2. Amount from IT-213, Line 6 2. _____

3. Subtract line 2 from line 1 3. _____

4a. Earned income, adjusted for applicable decoupling 4a. _____

4b. Nontaxable combat pay 4b. _____

5. Subtract \$3000 from line 4a 5. _____

6. Multiply line 5 by 15% 6. _____

7. Three or more qualifying children? **NO** - enter smaller of line 3 or 6 on Form IT-213, Line 7 7. _____

YES - If line 6 equals or is more than line 3, enter line 3 on Form IT-213 Line 7; - If line 6 is less than line 3, enter amount from federal Schedule 8812, line 25 7. _____

8. Enter larger of line 6 or line 7 8. _____

9. Enter smaller of line 3 or line 8 here and Form IT-213, line 7 9. _____

Form IT-201/203	New York State Tax Computation Worksheets <small>(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)</small>	2021
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Name MARCUS J MOLINARO CORINNE ADAMS	Taxpayer Identification Number
--	--------------------------------

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>143,092.</u> |
| 2. Taxable income | 2. <u>121,151.</u> |
| 3. Tax on line 2 based on filing status | 3. <u>6,759.</u> |

Tax Computations Worksheets 1, 7, 12:

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

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

- | | | |
|--|--------------------|--|
| 1. New York adjusted gross income | 1. <u>143,092.</u> | |
| 2. Taxable income | 2. <u>121,151.</u> | |
| 3. Multiply In 2 by MFJ/QW 5.97%, Single/MFS/HoH 6.33% | 3. <u>7,233.</u> | |
| <small>(If AGI >= \$157,650 enter on line 9 and skip lines 4-8)</small> | | |
| 4. Tax calculated on line 2 based on rate schedule* | 4. <u>6,759.</u> | |
| 5. Subtract line 4 from line 3 | 5. <u>474.</u> | |
| 6. Excess of line 1 over \$107,650 | 6. <u>35,442.</u> | |
| 7. Divide line 6 by \$50,000 | 7. <u>0.7088</u> | |
| 8. Multiply line 5 by line 7 | 8. <u>336.</u> | |
| 9. Add lines 4 and 8 | 9. <u>7,095.</u> | |

Tax Computation Worksheets 2, 8, 13:

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

Taxable income > MFJ/QW (\$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. Multiply In 2 by MFJ/QW 6.33%, Single/MFS/HoH 6.85% | 3. _____ | |
| <small>(If AGI >= MFJ/QW (\$211,550), Single/MFS (\$265,400), HoH (\$319,300) enter on line 11 and skip lines 4-10)</small> | | |
| 4. Tax calculated on line 2 based on rate schedule* | 4. _____ | |
| 5. Subtract line 4 from line 3 | 5. _____ | |
| 6. Enter: MFJ/QW \$474, Single/MFS \$526, HoH \$742 | 6. _____ | |
| 7. Subtract line 6 from line 5 | 7. _____ | |
| 8. Excess of line 1 > MFJ/QW (\$161,550), Single/MFS (\$215,400), HoH (\$269,300) | 8. _____ | |
| 9. Divide line 8 by \$50,000 | 9. _____ | |
| 10. Multiply line 7 by line 9 | 10. _____ | |
| 11. Add lines 4, 6, and 10 | 11. _____ | |

Tax Computation Worksheets 3, 9, 14:

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

Tax.inc.> MFJ/QW (\$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. Multiply In 2 by MFJ/QW 6.85%, Single/MFS/HoH 9.65% | 3. _____ | |
| <small>(If AGI >= MFJ/QW (\$373,200), Single/MFS (\$1,127,550), HoH (\$1,666,450) enter on line 11 and skip lines 4-10)</small> | | |
| 4. Tax calculated on line 2 based on rate schedule* | 4. _____ | |
| 5. Subtract line 4 from line 3 | 5. _____ | |
| 6. Enter: MFJ/QW \$1,056, Single/MFS \$1,646, HoH \$2,143 | 6. _____ | |
| 7. Subtract line 6 from line 5 | 7. _____ | |
| 8. Excess of line 1 > MFJ/QW (\$323,200), Single/MFS (\$1,077,550), HoH (\$1,616,450) | 8. _____ | |
| 9. Divide line 8 by \$50,000 | 9. _____ | |
| 10. Multiply line 7 by line 9 | 10. _____ | |
| 11. Add lines 4, 6, and 10 | 11. _____ | |

Tax Computation Worksheet 4:

If AGI > MFJ/QW \$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. Multiply line 2 by 9.65% | 3. _____ | |
| <small>(If AGI >= \$2,205,350 enter on line 11 and skip lines 4-10)</small> | | |
| 4. Tax calculated on line 2 based on rate schedule* | 4. _____ | |
| 5. Subtract line 4 from line 3 | 5. _____ | |
| 6. Enter: \$2,736 | 6. _____ | |
| 7. Subtract line 6 from line 5 (if less than zero, enter 0) | 7. _____ | |
| 8. Excess of line 1 over \$2,155,350 | 8. _____ | |
| 9. Divide line 8 by \$50,000 | 9. _____ | |
| 10. Multiply line 7 by line 9 | 10. _____ | |
| 11. Add lines 4, 6, and 10 | 11. _____ | |

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

Form IT-201/203	New York State Tax Computation Worksheets <small>(For taxpayers with adjusted gross income or taxable income greater than tax table thresholds)</small>	2022
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Name MARCUS J MOLINARO CORINNE ADAMS	Taxpayer Identification Number
--	--------------------------------

New York State Tax Rate Schedule and Computation Worksheets

Form: FORM IT-201

Tax Rate Schedule: (*Also calculates for worksheets)

If adjusted gross income \leq \$107,650

1. New York adjusted gross income (Calculates on worksheets when AGI is greater than \$107,650)	1. <u>143,092.</u>
2. Taxable income	2. <u>121,151.</u>
3. Tax on line 2 based on filing status	3. <u>6,759.</u>

Tax Computations Worksheet 5, 10, 15:

If AGI > \$5,000,000 but \leq \$25,000,000

Taxable income > \$5,000,000

1. New York adjusted gross income	1. _____
2. Taxable income	2. _____
3. Multiply In 2 by 10.3%	3. _____
<small>(If AGI \geq \$5,050,000 enter on line 11 and skip lines 4-10)</small>	
4. Tax calculated on line 2 based on rate schedule* ..	4. _____
5. Subtract line 4 from line 3	5. _____
6. Enter: MFJ/QW \$63,086, Single/MFS \$31,817, HoH \$47,403 ..	6. _____
7. Subtract line 6 from line 5	7. _____
8. Excess of line 1 > \$5,000,000	8. _____
9. Divide line 8 by \$50,000	9. _____
10. Multiply line 7 by line 9	10. _____
11. Add lines 4, 6, and 10	11. <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 In 2 by 10.9%	3. _____
<small>(If AGI \geq \$25,050,000 enter on line 11 and skip lines 4-10)</small>	
4. Tax calculated on line 2 based on rate schedule* ..	4. _____
5. Subtract line 4 from line 3	5. _____
6. Enter: MFJ/QW if taxable income \leq \$161,550 enter \$474, if > \$161,550 but \leq \$323,200 enter \$1,056, if > \$323,200 but \leq \$2,155,350 enter \$2,736, if > \$2,155,350 but \leq \$5,000,000, enter \$63,086, if > \$5,000,000, enter \$95,586; Single/MFS if NYAGI \leq \$215,400 enter \$526, if > \$215,400 but \leq \$1,077,550 enter \$1,646, if > \$1,077,550 but \leq \$5,000,000 enter \$31,817, if > \$5,000,000 enter \$64,317; HoH if Taxable \leq \$269,300 enter \$742, if > \$269,300 but \leq \$1,616,450 enter \$2,143, if > \$1,616,450 but \leq \$5,000,000 enter \$47,403, if > \$5,000,000 enter \$79,903	6. _____
7. Subtract line 6 from line 5	7. _____
8. Excess of line 1 > \$25,000,000	8. _____
9. Divide line 8 by \$50,000	9. _____
10. Multiply line 7 by line 9	10. _____
11. Add lines 4, 6, and 10	11. <u> </u>

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

New York Two Year Comparison Report

2020 & 2021

Name **MARCUS J MOLINARO CORINNE ADAMS**

Tp SSN

		2020	2021	Differences
Income	1. Wages	1. 142,414.	145,430.	3,016.
	2. Interest and dividends	2. 71.	162.	91.
	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. Total income	15. 142,485.	145,592.	3,107.
	16. Total adjustments to income	16.		
	17. Federal adjusted gross income, recomputed	17. 142,485.	145,592.	3,107.
Adjustments	18. Non-New York municipal income	18.		
	19. Public employee 414(h) retirement contributions	19.		
	20. Tuition and other additions	20.		
	21. Total New York additions to income	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. 2,400.	2,500.	100.
	28. Total New York subtractions from income	28. 2,400.	2,500.	100.
	29. New York adjusted gross income	29. 140,085.	143,092.	3,007.
Deduction	30. Standard or itemized deduction	30. 29,751.	18,941.	-10,810.
	31. Exemptions	31. 3,000.	3,000.	
	32. New York taxable income	32. 107,334.	121,151.	13,817.
Tax Computation	33. New York State tax	33. 6,352.	7,095.	743.
	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. Total taxes, gifts and contributions	44. 6,352.	7,095.	743.
	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. 297.	33.	-264.
	49. Total New York State income tax withheld	49. 8,391.	8,478.	87.
	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. Total payments and refundable credits	54. 8,688.	8,511.	-177.
	55. Tax due/-refund	55. -2,336.	-1,416.	920.
	56. Penalties and interest	56.		
	57. Net tax due/-refund	57. -2,336.	-1,416.	920.
	58. Effective tax rate	58. 6 %	6 %	

Form **IT-201****New York Tax Projection Worksheet****2021 & 2022**

Name

Taxpayer Identification Number

MARCUS J MOLINARO CORINNE ADAMS

		2021	2022	Differences
Income	1. Wages	1. 145,430.	145,430.	
	2. Interest and dividends	2. 162.	162.	
	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. Total income	15. 145,592.	145,592.	
	16. Total adjustments to income	16.		
	17. Federal adjusted gross income, recomputed	17. 145,592.	145,592.	
Adjustments	18. Non-New York municipal income	18.		
	19. Public employee 414(h) retirement contributions	19.		
	20. Tuition and other additions	20.		
	21. Total New York additions to income	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.	2,500.	
	28. Total New York subtractions from income	28. 2,500.	2,500.	
	29. New York adjusted gross income	29. 143,092.	143,092.	
Deduction	30. Standard or itemized deduction	30. 18,941.	16,050.	-2,891.
	31. Exemptions	31. 3,000.	3,000.	
	32. New York taxable income	32. 121,151.	124,042.	2,891.
Tax Computation	33. New York State tax	33. 7,095.	7,131.	36.
	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. Total taxes	43. 7,095.	7,131.	36.
	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. 33.	33.	
	48. Total New York State income tax withheld	48. 8,478.	8,478.	
	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. Total payments and refundable credits	53. 8,511.	8,511.	
	54. Net tax due/-refund	54. -1,416.	-1,380.	36.