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CLIENT'S COPY

Two-Year Comparison Worksheet

2021

Name(s) as shown on return THOMAS R. POOLE		Social security number 064-54-8519
2020 Filing Status HEAD OF HOUSEHOLD	2021 Filing Status SINGLE	
2020 Tax Bracket 12.0%	2021 Tax Bracket 22.0%	

Description	Tax Year 2020	Tax Year 2021	Increase (Decrease)
WAGES, SALARIES, AND TIPS	41,315.	19,954.	-21,361.
TAXABLE IRA DISTRIBUTIONS	0.	55,000.	55,000.
TAXABLE PENSIONS AND ANNUITIES	0.	7,977.	7,977.
TAXABLE SOCIAL SECURITY BENEFITS	0.	9,244.	9,244.
TOTAL INCOME	41,315.	92,175.	50,860.
ADJUSTED GROSS INCOME	41,315.	92,175.	50,860.
STANDARD DEDUCTION	18,650.	12,550.	-6,100.
TOTAL DEDUCTIONS	18,650.	12,550.	-6,100.
TAXABLE INCOME	22,665.	79,625.	56,960.
TAX	2,439.	13,266.	10,827.
TAX BEFORE CREDITS	2,439.	13,266.	10,827.
CHILD TAX CR. AND CR. FOR OTH. DEP. FORM 8880 (RETIREMENT SAVINGS CR.)	500.	0.	-500.
TAX AFTER NON-REFUNDABLE CREDITS	200.	0.	-200.
TOTAL TAX	1,739.	13,266.	11,527.
FED. INCOME TAX WITHHELD, FORM W-2	4,348.	2,122.	-2,226.
FED. INCOME TAX WITHHELD, FORM 1099	0.	8,871.	8,871.
TOTAL PAYMENTS	4,348.	10,993.	6,645.
TAX OVERPAID	2,609.	0.	-2,609.
BALANCE DUE	0.	2,273.	2,273.
NEW YORK STATE RETURN			
TAXABLE INCOME	29,115.	54,931.	25,816.
TAX	1,386.	3,043.	1,657.
PAYMENTS	1,753.	829.	-924.
BALANCE DUE INCLUDING PEN. & INT.	0.	2,242.	2,242.
AMOUNT REFUNDED	367.	0.	-367.

WOJESKI & COMPANY CPA'S, PC
159 WOLF RD
ALBANY, NY 12205
518-477-1102

March 22, 2022

Thomas R. Poole
22 Wisconsin Ave
Rensselaer, NY 12144

Dear Thomas:

Enclosed are your 2021 income tax returns.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

This return has qualified for electronic filing and the practitioner PIN program has been elected. After reviewing the return for completeness and accuracy, please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS, and no further action is required. Return federal Form 8879 to us by April 18, 2022.

Your check for \$2,273, payable to the United States Treasury, must be paid by April 18, 2022. Be sure to include your payment with Form 1040-V, Form 1040 Payment Voucher. Include your social security number, daytime phone number, and the words "2021 Form 1040" on your check.

Mail to - Internal Revenue Service Center
P.O. Box 931000
Louisville, KY 40293-1000

NEW YORK INCOME TAX RETURN:

This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form TR-579-IT to our office. We will then transmit your return electronically to the NY Tax Dept, and no further action is required. Do not mail the paper copy of the return to the NY Tax Dept. Return Form TR-579-IT to us by April 18, 2022.

Your check for \$2,242, payable to New York State Income Tax, must be mailed by April 18, 2022. Be sure to attach your payment to New York Form IT-201-V, Payment Voucher. Include your social security number and the words "2021 Income Tax" on your check.

Mail to - NYS Personal Income Tax
Processing Center
P.O. Box 4124
Binghamton, NY 13902-4124

Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

John E. Dzurilla, CPA
Senior Manager

WOJESKI & COMPANY CPA'S, PC
159 WOLF RD
ALBANY, NY 12205
518-477-1102

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name THOMAS R. POOLE	Social security number 064 54 8519
Spouse's name	Spouse's social security number

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	92,175.
2 Total tax	2	13,266.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,993.
4 Amount you want refunded to you	4	
5 Amount you owe	5	2,273.

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 WOJESKI & COMPANY CPA'S, P.C. to enter or generate my PIN 38519 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ 03/22/2022

Spouse's PIN: check one box only

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

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

Spouse's signature ▶ _____ Date ▶ _____

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. 14133498364
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 ▶ _____ Date ▶ 03/22/2022

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

**Tax Year 2021 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 14133498364
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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 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 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 38519 Date 03222022

Spouse's PIN: _____

2021

Form 1040-V

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

110681 05-17-21

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. ▼ DETACH HERE ▼ Form 1040-V (2021)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074
2021

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040
- ▶ Do not staple this voucher or your payment to Form 1040
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	Dollars	Cents
	2,273	

1019

THOMAS R. POOLE
22 WISCONSIN AVE
RENSSELAER, NY 12144

P.O. BOX 931000
LOUISVILLE, KY 40293-1000

064548519 IS POOL 30 0 202112 610

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 ▶

Your first name and middle initial THOMAS R.	Last name POOLE	Your social security number 064 54 8519
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 22 WISCONSIN AVE		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. RENSSELAER		
State NY	ZIP code 12144	
Foreign country name	Foreign province/state/county	Foreign postal code

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 Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):

If more than four dependents, see instr. and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2.....	STMT 1		19,954.
	2a	Tax-exempt interest	2a		
	3a	Qualified dividends	3a		
	4a	IRA distributions	4a		55,000.
	5a	Pensions and annuities	5a	295,380.	7,977.
	6a	Social security benefits	6a	10,875.	9,244.
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7		
	8	Other income from Schedule 1, line 10.....	8		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9		92,175.
	10	Adjustments to income from Schedule 1, line 26	10		
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11		92,175.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.	
	b	Charitable contributions if you take the standard deduction (see instr.) ...	12b		
	c	Add lines 12a and 12b	12c		12,550.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12c and 13	14		12,550.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		79,625.	

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	13,266.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	13,266.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,266.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	13,266.
25	Federal income tax withheld from:		
a	Form(s) W-2 SEE STATEMENT 5	25a	2,122.
b	Form(s) 1099 SEE STATEMENT 6	25b	8,871.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,993.
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 the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. <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 Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	10,993.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	2,273.
	38 Estimated tax penalty (see instructions)	38	

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

Direct deposit? See instructions.

Third Party Designee

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

Designee's name **JOHN E. DZURILLA, CPA** Phone no. **518-477-1102** Personal identification number (PIN) **12110**

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 **MECHANIC** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name **JOHN E. DZURILLA, CPA** Preparer's signature _____ Date **03/22/22** PTIN **P00059657** Check if: Self-employed

Firm's name **WOJESKI & COMPANY CPA'S, P.C.** Phone no. **518-477-1102**
159 WOLF RD
 Firm's address **ALBANY, NY 12205** Firm's EIN **14-1798364**

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return THOMAS R. POOLE	Your SSN 064-54-8519
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Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444-C, have it available.
 Don't include on line 13 any amount you received but later returned to the IRS.
 If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on Form 1040 or 1040-SR.

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
 No. Go to line 2.
 Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?
 Yes. Go to line 6.
 No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, go to line 5.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
 Yes. Your credit is not limited. Go to line 6.
 No. Go to line 4.
4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
 Yes. Your credit is limited. Go to line 6.
 No. Go to line 5.
5. Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
 Yes. Enter zero on line 6 and go to line 7.
 No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
6. Enter:
 - \$1,400 if single, head of household, married filing separately or qualifying widow(er),
 - \$1,400 if married filing jointly and you answered "Yes" to question 4, or
 - \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3

6. 1,400.
7. Multiply \$1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number
8. Add lines 6 and 7

8. 1,400.

9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
 - Single or Married filing separately - \$75,000
 - Married filing jointly or qualifying widow(er) - \$150,000
 - Head of household - \$112,500 **Yes.** Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10
10. Is line 9 more than the amount shown below for your filing status?
 - Single or married filing separately - \$80,000
 - Married filing jointly or qualifying widow(er) - \$160,000
 - Head of household - \$120,000 **Yes.** STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
 No. Subtract line 9 from the amount shown above for your filing status
11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
 - Single or married filing separately - \$5,000
 - Married filing jointly or qualifying widow(er) - \$10,000
 - Head of household - \$7,500

11. _____
12. Multiply line 8 by line 11

12. _____

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

13. _____

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

14. 4.1

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T SAMARITAN HOSPITAL	19,954.	2,122.	829.		1,409.	329.
TOTALS	19,954.	2,122.	829.		1,409.	329.

FORM 1040 IRA DISTRIBUTIONS STATEMENT 2

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
PERSHING LLC	55,000.	55,000.
TOTAL TO FORM 1040, LINES 4A AND 4B	55,000.	55,000.

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 3

CONSOLIDATED EDISON CO

AMOUNT RECEIVED THIS YEAR	241,058.	
NONTAXABLE AMOUNT (ROLLOVER)	241,058.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		0.

VALIC RETIREMENT SERVICES COMPANY

AMOUNT RECEIVED THIS YEAR	10,717.	
NONTAXABLE AMOUNT (ROLLOVER)	10,717.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		0.

VALIC RETIREMENT SERVICES COMPANY

AMOUNT RECEIVED THIS YEAR	10,718.	
NONTAXABLE AMOUNT (ROLLOVER)	10,718.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		0.

VALIC RETIREMENT SERVICES COMPANY

AMOUNT RECEIVED THIS YEAR	24,910.	
NONTAXABLE AMOUNT (ROLLOVER)	24,910.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		0.

NORTHERN TRUST COMPANY

AMOUNT RECEIVED THIS YEAR	7,977.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		7,977.

TOTAL INCLUDED IN FORM 1040, LINE 5B		7,977.
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FORM 1040

SOCIAL SECURITY BENEFITS WORKSHEET

STATEMENT 4

CHECK ONLY ONE BOX:

- X A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
 B. MARRIED FILING JOINTLY
 C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE
 AT ANY TIME DURING 2021
 D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE
 FOR ALL OF 2021
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR
 FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON
 FORM 1040, LINE 6A 10,875.
 IF YOU CHECKED BOX B: TAXPAYER AMOUNT
 SPOUSE AMOUNT
2. MULTIPLY LINE 1 BY 50% (0.50) 5,438.
3. ADD THE AMOUNTS ON FORM 1040, LINES 1, 2A, 2B, 3B, 4B, 5B,
 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM
 LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2.
 DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR
 RRB-1099 82,931.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED
 INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,
 OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF
 PUERTO RICO THAT YOU CLAIMED
5. ADD LINES 2, 3, AND 4 88,369.
6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20,
 AND 23 AND 25 0.
7. SUBTRACT LINE 6 FROM LINE 5 88,369.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR
 \$32,000 IF YOU CHECKED BOX B, OR
 \$-0- IF YOU CHECKED BOX C 25,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?
 [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE
 TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE
 MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR
 SPOUSE FOR ALL OF 2021, BE SURE YOU ENTERED 'D' TO THE
 RIGHT OF THE WORD "BENEFITS" ON LINE 6A.
 [X] YES. SUBTRACT LINE 8 FROM LINE 7 63,369.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D,
 \$12,000 IF YOU CHECKED BOX B
 \$-0- IF YOU CHECKED BOX C 9,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 54,369.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 9,000.
13. ENTER ONE HALF OF LINE 12 4,500.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 4,500.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 46,214.
16. ADD LINES 14 AND 15 50,714.
17. MULTIPLY LINE 1 BY 85% (.85) 9,244.
-
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 9,244.
 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B
-

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 STATEMENT 5

T S DESCRIPTION	AMOUNT
-	
T SAMARITAN HOSPITAL	2,122.
TOTAL TO FORM 1040, LINE 25A	2,122.

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) 1099 STATEMENT 6

T S DESCRIPTION	AMOUNT
-	
T PERSHING LLC	8,250.
T NORTHERN TRUST COMPANY	621.
TOTAL TO FORM 1040, LINE 25B	8,871.



Department of Taxation and Finance
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

188351 10-19-21

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

Taxpayer's name THOMAS R. POOLE	Spouse's name <i>(jointly filed return only)</i>
---	--

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.

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*.

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

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).

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*.

Part A - Tax return information

1 Federal adjusted gross income <i>(from applicable line)</i>	1.	92175.
2 Refund	2.	
3 Amount you owe	3.	2242.
4 Financial institution routing number	4.	
5 Financial institution account number	5.	
6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

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	Print name JOHN E. DZURILLA, CPA	Date 03222022

www.tax.ny.gov



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address - Enter the city, province, or state all in the *City* box, and the **full** country name in the *Country* box. Enter the postal code, if any, in the *ZIP code* box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns



IT-201-V

(12/21)

Tax year (yyyy) 2021		Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax .	
Your first name and middle initial THOMAS R	Your last name (for a joint return, enter spouse's name below) POOLE	Your full SSN 064548519	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 22 WISCONSIN AVE		Apartment number	Country (if not United States)
City, village or post office RENSSELAER		State NY	ZIP code 12144
040001211019		Email:	

Payment amount	Dollars	Cents
	2242	00



0401211019 064548519 7

For office use only



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

168001 11-03-21

IT-201

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 THOMAS	MI R	Your last name (for a joint return, enter spouse's name on line below) POOLE	Your date of birth (mmddyyyy) 08061958	Your Social Security number 064548519
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box) 22 WISCONSIN AVE			Apartment number	New York State county of residence RENS
City, village, or post office RENSSELAER		State NY	ZIP code 12144	Country
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district name RENSSELAER
City, village, or post office			State NY	ZIP code
Taxpayer's date of death (mmddyyyy)			Spouse's date of death (mmddyyyy)	School district code number 530
Decedent information				

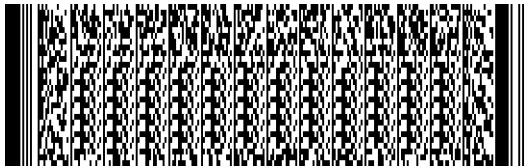
A Filing status

(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)

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

201001211019



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
064548519

Federal income and adjustments (see page 14)

Whole dollars only

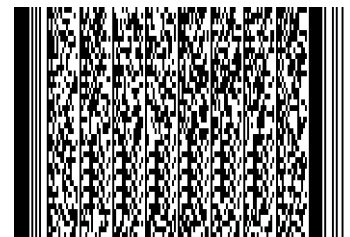
1	Wages, salaries, tips, etc.	1	19954.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	55000.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	7977.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	9244.00
16	Other income (see page 14) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	92175.00
18	Total federal adjustments to income (see page 14) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	92175.00
19a	Recomputed federal adjusted gross income (see page 14, Line 19a worksheet)	19a	92175.00

New York additions (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	.00
22	New York's 529 college savings program distributions (see page 15)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	92175.00

New York subtractions (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 16)	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	9244.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 17)	29	20000.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	29244.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	62931.00



Standard deduction or itemized deduction (see page 19)

34	Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	54931.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 19)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	54931.00

201002211019



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1 THOMAS R POOLE	Your Social Security number 064548519
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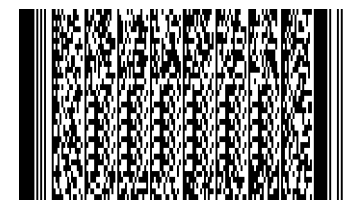
Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)		38	54931.00
39 NYS tax on line 38 amount (see page 20)		39	3043.00
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	3043.00
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	3043.00

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	3043.00

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

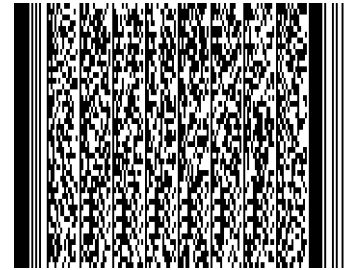


Your Social Security number
064548519

62 Enter amount from line 61 62 3043.00

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 (829.00), Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments and amount paid with Form IT-370.



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.

76 Total payments (add lines 63 through 75) 76 829.00

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

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30) 77 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77) 78 .00

TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) 78a .00

78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) 78b .00

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

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 31 for payment options.

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. 80 2242.00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) 81 28.00

82 Other penalties and interest (see page 31) 82 .00

See page 34 for the proper assembly of your return.

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

83a Account type: [] 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

Form with sections: Third-party designee (JOHN E. DZURILLA, CPA), Preparer's signature (JOHN E. DZURILLA), Firm's name (WOJESKI & COMPANY CPA'S, P.), Address (159 WOLF RD, ALBANY NY 12205), Designee's phone number (518 477 1102), Personal identification number (PIN) (12110), Taxpayer(s) must sign here (MECHANIC), Preparer's PTIN or SSN (P00059657), Employer identification number (141798364), Date (03222022).

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See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance
**Underpayment of Estimated Tax
 By Individuals and Fiduciaries**
 New York State • New York City • Yonkers • MCTMT

168051 11-10-21
IT-2105.9

Name(s) as shown on return THOMAS R POOLE	Identification number (SSN or EIN) 064548519
---	--

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

1 Total tax from your 2021 return before withholding and estimated tax payments (<i>caution: see instructions</i>)	1	3043.00
2 Empire State child credit (from Form IT-201, line 63)	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5	.00
6 Real property tax credit (from Form IT-201, line 67)	6	.00
7 College tuition credit (from Form IT-201, line 68)	7	.00
7a STAR credit (see instructions)	7a	.00
8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a)	8	.00
9 NY City earned income credit (from Form IT-201, line 70)	9	.00
9a This line intentionally left blank	9a	
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10	11	.00
12 Current year tax (subtract line 11 from line 1)	12	3043.00
13 Multiply line 12 by 90% (.90)	13	2739.00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	829.00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15	2214.00
16 Enter your 2020 tax (<i>caution: see instructions</i>)	16	1386.00
17 Enter the smaller of line 13 or line 16	17	1386.00

Part 2 - Short method for computing the penalty - Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 - Regular method*.

18 Enter the amount from line 14 above	18	829.00
19 Enter the total amount of estimated tax payments you made (see instructions)	19	.00
20 Add lines 18 and 19	20	829.00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21	557.00
22 Multiply line 21 by .04985 and enter the result	22	28.00
23 If the amount on line 21 was paid on or after April 15, 2022, enter 0 . If the amount on line 21 was paid before April 15, 2022, make the following computation to find the amount to enter on this line: Amount on line 21 x number of days paid before April 15, 2022 x .00020 =	23	0.00
24 Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.	24	28.00

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

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

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

Payment due dates	A 4/15/21	B 6/15/21	C 9/15/21	D 1/15/22
30 Amount of underpayment (from line 29)	30 .00	.00	.00	.00
First installment penalty period (April 15 - June 15, 2021)				
31 April 15 - June 15 = $(61 \div 365) \times 7.5\% = .01253$ - or - April 15 - _____ = $(\text{ } \div 365) \times 7.5\% = \text{.}$	31			
32 Multiply line 30, column A by line 31	32 .00			
Second installment penalty period (June 15 - September 15, 2021)				
33 June 15 - September 15 = $(92 \div 365) \times 7.5\% = .01890$ - or - June 15 - _____ = $(\text{ } \div 365) \times 7.5\% = \text{.}$	33			
34 Multiply line 30, column B by line 33	34	.00		
Third installment penalty period (September 15, 2021 - January 15, 2022)				
35 September 15 - January 15 = $(122 \div 365) \times 7.5\% = .02506$ - or - September 15 - _____ = $(\text{ } \div 365) \times 7.5\% = \text{.}$	35			
36 Multiply line 30, column C by line 35	36		.00	
Fourth installment penalty period (January 15 - April 15, 2022)				
37 January 15 - April 15 = $(90 \div 365) \times 7.5\% = .01848$ - or - January 15 - _____ = $(\text{ } \div 365) \times 7.5\% = \text{.}$	37			
38 Multiply line 30, column D by line 37	38			.00
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42	39			.00

059002211019



Submit this form with your New York State return.



Department of Taxation and Finance
Summary of W-2 Statements

168015 09-23-21

IT-2

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

W-2 Record 1

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

064548519

Box b Employer identification number (EIN)

141338544

Box c Employer's information

Employer's name: SAMARITAN HOSPITAL
Employer's address: 2215 BURDETT AVE
City: ALBANY, State: NY, ZIP code: 12180

Box 1 Wages, tips, other compensation: 19954.00

Box 12a Amount: 2764.00, Code: E

Box 14a Amount: 126.00, Description: NY PFL

Box 8 Allocated tips: .00

Box 12b Amount: 6089.00, Code: DD

Box 14b Amount: 17.00, Description: NY SDI

Box 10 Dependent care benefits: .00

Box 12c Amount: .00, Code:

Box 14c Amount: .00, Description:

Box 11 Nonqualified plans: .00

Box 12d Amount: .00, Code:

Box 14d Amount: .00, Description:

Box 13 Statutory employee: Retirement plan, Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State: NY

Box 16a NYS wages, tips, etc.: 19954.00

Box 17a NYS income tax withheld: 829.00

Other state information: Box 15b other state

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

Box 17b Other state income tax withheld: .00

NYC and Yonkers information

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

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

Box 20 Locality name

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name
Employer's address
City, State, ZIP code, Country

Box 1 Wages, tips, other compensation: .00

Box 12a Amount: .00, Code:

Box 14a Amount: .00, Description:

Box 8 Allocated tips: .00

Box 12b Amount: .00, Code:

Box 14b Amount: .00, Description:

Box 10 Dependent care benefits: .00

Box 12c Amount: .00, Code:

Box 14c Amount: .00, Description:

Box 11 Nonqualified plans: .00

Box 12d Amount: .00, Code:

Box 14d Amount: .00, Description:

Box 13 Statutory employee: Retirement plan, Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State: NY

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

Box 17a NYS income tax withheld: .00

Other state information: Box 15b other state

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

Box 17b Other state income tax withheld: .00

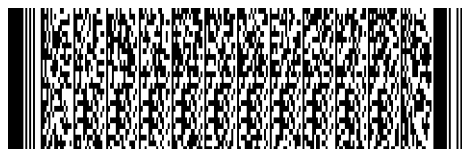
NYC and Yonkers information

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

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

Box 20 Locality name

102001211019



NO HANDWRITTEN ENTRIES ON THIS FORM