

DEPARTMENT OF HOUSING PRESERVATION & DEVELOPMENT



SCRIE/CAPITAL ASSESSMENT APPLICATION Visual Guide to Documents



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I. Sample Income Proof Documents

NOTE: The following are some of the most common income documents. Yours may look slightly different from the samples that follow.

A. Proof of Salary (Form W-2 – Wage and Tax Statement)

If anyone in the household is still working, please submit a copy of last year's Form W-2.

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld			
			5 Medicare wages and tips	6 Medicare tax withheld			
			7 Social security tips	8 Allocated tips			
d Control number			9	10 Dependent care benefits			
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans	12a		
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b	
			14 Other			12c	
						12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
<p>Form W-2 Wage and Tax Statement Copy 1 – For State, City, or Local Tax Department</p> <p style="text-align: right;">Department of the Treasury—Internal Revenue Service</p>							

B. Proof of Pension, Annuities, Retirement or Profit-Sharing Plans, IRAs, etc. (Form 1099-R)

If anyone in the household receives a pension, or payments from an annuity, retirement

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119	
		2a Taxable amount		Form 1099-R	
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a)	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution		9b Total employee contributions	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 State tax withheld	
Account number (see instructions)		Date of payment		15 Local tax withheld	
				13 State/Payer's state no.	
				14 State distribution	
				16 Name of locality	
				17 Local distribution	

Copy 1 For State, City, or Local Tax Department

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

plan, IRA, etc., please include a copy of last year's Form 1099-R.

C. Proof of Federal Employee Retirement Benefits

If you are a retired federal employee who receives payments from a federal pension system, a copy of the 1099-R (Statement of Annuity Paid) that was sent by the Office of Personnel Management Retirement Operations is required as proof of your pension.

PAID BY	OFFICE OF PERSONNEL MANAGEMENT RETIREMENT OPERATIONS P.O. BOX 45 BOYERS, PA 16017-0045	STATEMENT OF ANNUITY PAID Copy C - For annuitant's records. This information is being furnished to the U.S. Internal Revenue	2017	OMB No. 1545-0119 Form: 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Form CSA 1099R (Rev. 1/2017) This information is being furnished to the Department of Treasury - Internal Revenue Service	PAYER's Federal Identification 52-6083699	Recipient's ID No. (Annuitant) 123-45-6789	Account number (Retirement Claim No.) CS A1234567	1. Gross distribution 25000.00
	5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums 3133.00	PAID TO Tom T Jones 123 Main Street Joppa, MD 21085		2a. Taxable amount 23000.00
	7. Distribution Code(s) 7 - NONDISABILITY			4. Federal Income Tax Withheld 3750.00
	9b. Total Employee Contributions 99999.00			12. State tax withheld 2000.00
				13. State/Payer's state no. MD / 0363444
				12. State tax withheld NONE
				13. State/Payer's state no.

To separate, tear on perforation

II. Sample Social Security Benefit Letters Social Security Benefits (SSA)

D. Social Security Benefit Statement (Form SSA-1099)

If anyone in your household receives Social Security Retirement or Disability benefits, they must include proof of those benefits, via the SSA-1099 Benefit Statement, or a Benefit Verification letter.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT		
• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid	Box 4. Benefits Repaid to SSA	Box 5. Net Benefits (Box 3 minus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
SAMPLE		Box 6. Voluntary Federal Income Tax Withheld
		Box 7. Address
		Box 8. Claim Number (Use this number if you need to contact SSA.)
Form SSA-1099-SM (1-2021)		DO NOT RETURN THIS FORM TO SSA OR IRS

E. Social Security Benefit Verification Letter



Social Security Administration Benefit Verification Letter

Date: October 28, 2020
BNC#: 20I5450G31882
REF: A, C1, DI

Jane Doe
1411 MAIN ST UNIT B
ANYWHERE, NY 11001

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2019, the full monthly Social Security benefit before any deductions is \$1,014.40.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,014.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month.

(For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Past Social Security Benefits

From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was \$998.50.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$998.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

See Next Page

F. Supplemental Security Income (SSI) Benefit Verification Letter



Social Security Administration

Date:

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2021, the current Supplemental Security Income payment is \$xxx.xx.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. For example, Supplemental Security Income Payments for March are paid in March.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled child.

Date of Birth Information

The date of birth shown on our records is .

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 877-697-4799. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at

SOCIAL SECURITY

G. Supplemental Security Income (SSI) Notice of Change in Payment Letter

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: December 1, 2019
BNC#:

We plan to increase your monthly Supplemental Security Income (SSI) payment from \$xxx.00 to \$xxx.00 beginning January 2020. The amount will change because the cost of living increased during the past year. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments

Your bank or other financial institution will receive your monthly payment of \$xxx.00 around January 1, 2020, and on the first of each month after that.

Information Used In Making The Decision

Our records show that the following income used to figure your payment has also changed-

Your increased Social Security benefits--before any deductions for Medicare premiums-- of \$xxx.00. You should receive the increased Social Security benefit about January 3, 2020. We must count the increase in your benefits for January 2020 even though we are counting your other income for November 2019.

See Next Page

H. New York State Supplement Program (SSP) Benefit Verification Letter

New York State Supplement Program (SSP) recipients, their payees and authorized representatives can request an SSP Benefit Verification letter by calling the SSP Customer Support Center toll free at 1-855-488-0541 or by emailing otda.sm.ssp@otda.ny.gov.

NYS OTDA
STATE SUPPLEMENT PROGRAM
PO BOX 1740
ALBANY, NEW YORK 12201

SAMPLE

04/20/2023

Person ID Number:

In response to your recent request, below is a summary of the New York State Supplement Program (SSP) and or State Supplemental Personal Needs Allowance (SSPNA) monthly benefits paid to you from 01/20XX to 12/20XX.

New York State can only provide SSP benefits and or SSPNA information beginning with benefits issued in October 2014. Benefit information for the months prior to October 2014 must be obtained from the Social Security Administration.

SSP Benefit Amount	Benefit Month	Payment Date
\$23.00	01/20XX	12/27/20XX
\$23.00	02/20XX	01/27/20XX
\$23.00	03/20XX	02/24/20XX
\$23.00	04/20XX	03/22/20XX
\$23.00	05/20XX	04/26/20XX
\$23.00	06/20XX	05/26/20XX
\$23.00	07/20XX	06/27/20XX
\$23.00	08/20XX	07/27/20XX
\$23.00	09/20XX	08/29/20XX
\$23.00	10/20XX	09/26/20XX
\$23.00	11/20XX	10/27/20XX
\$23.00	12/20XX	11/28/20XX

Need more information?

Call us toll free at 1-855-488-0541 or visit our website at www.otda.ny.gov/programs/ssp.

PBV(5/20)

III. Proof of Unemployment Benefits

If you received unemployment benefits, a copy of the 1099-G that was sent to you by the Department of Labor is required.

I. Statement for Recipients of Certain Government Payments (Form 1099-G)

NEW YORK STATE DEPARTMENT OF LABOR
 PAYMENT UNIT, BUILDING 12 1099-G
 PO BOX 621
 ALBANY, NY 12201-0621

John Doe
 111 Any Lane
 NY, NY 10000

Do You Qualify For An Earned Income Credit?

You may be entitled to a Federal tax credit. The amount of the credit is based on your earned income such as wages and self-employment. This credit may be allowed even if you do not owe any Federal income tax. However, you must file a Federal income tax return to obtain the credit. See the instructions on your Federal income tax forms to determine if the amount of your income allows you to claim this credit.

Important Information About Form 1099-G

Because you received unemployment compensation payments of \$10 or more in 2020, New York State is required to report those payments to the Internal Revenue Service, and give you Form 1099-G by January 31, 2021. Unemployment compensation includes:

- Unemployment Insurance payments
- Federal Extended Benefits payments
- TAA (Trade Adjustment Act) basic, retroactive, and additional training payments
- PUA (Pandemic Unemployment Assistance) payments
- LWA (Lost Wages Assistance) payments

Please keep Form 1099-G for your records. You will need this information to complete your Federal, State and local income tax returns. If you did not receive any unemployment compensation this year, but repaid an overpayment, this form is being sent in case it will be of help to you.

Note: Unless you have voluntarily authorized Federal or State withholding, Federal, State and local income taxes are not withheld on unemployment compensation. If you expect to receive these benefits in the future, you can ask the Department to withhold Federal and State income tax from each payment. Or, you can make estimated tax payments during the year. For more information regarding how to make estimated tax payments see instructions on the appropriate tax return, or, contact the Internal Revenue Service or the NYS Department of Taxation and Finance.

BOX 1 Shows the total unemployment compensation paid to you this year. For tax year 2020, combine the box 1 amounts from all Forms 1099-G, and report the amount as income on the unemployment compensation line on your return. Except as explained in the following instructions for the remaining boxes, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately.

If this 1099-G is for a year other than 2020, see the instructions on the appropriate tax return, or contact the Internal Revenue Service, the NYS Department of Taxation and Finance or your local taxing authority to determine the amount of taxable unemployment insurance.

BOX 2 Shows adjustments credited to you this year. **INCLUDES:** Your cash payments and income tax refunds used to pay back overpaid benefits. **DOES NOT INCLUDE:** Your payments to cover penalties, and your unemployment insurance benefits used to pay back overpaid benefits. Adjustment information may be helpful to you in filing your return.

BOX 4 Shows total Federal income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding tax has been withheld at a 10% rate. Include this amount on your income tax return as tax withheld.

BOX 5 Shows Reemployment Trade Adjustment Assistance (RTAA) payments you received. The amounts are not included in the Box 1 total. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.

BOX 10a Shows the payer's state.

BOX 10b Shows the payer's Federal Identification Number.

BOX 11 Shows total State income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 2.5% rate. Include tax withheld, if any, on your income tax return.

Future developments. For the latest information about developments related to Form 1099-G and its instructions, such as legislation enacted after they were published go to www.nys.gov/form1099g.

PAYER'S name, street address, city, state, ZIP code, Federal identification number, and telephone number

NEW YORK STATE
 DEPARTMENT OF LABOR-UNEMPLOYMENT INSURANCE
 ALBANY, N.Y. 12240-0001

PAYER'S Fed. Id. No. 27-0293117

<https://on.ny.gov/1099-G>
 Phone 888-209-8124

OMB No. 1545-0120

Statement for
 Recipients of
 Certain
 Government
 Payments

2020

Form 1099-G (12/20)

RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.	4. Federal income tax withheld
XXX-XX-XXXX	\$XX,XXX.00	\$0.00		\$0.00
RECIPIENT'S name, street address, city, state and ZIP code				5. RTAA Payments
John Doe 111 Any Lane NY, NY 10000				\$0.00
		7.	8.	9.
		10 a. State	10 b. State Identification No.	11. State income tax withheld
		NY	XX-XXXXXXX	\$0.00

This is important tax information and is being furnished to the Internal Revenue Service if you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

J. Unemployment Benefit Payment History

(Note- if you are applying for an increase that occurred in 2021 or 2022, and received unemployment, a complete breakdown of all weekly payments you received is required.)

Menu Department of Labor

Official Record of Benefit Payment History

Current Claim

Name:	JohnDoe
Social Security Number:	XXX-XX-XXXX
Start/Effective Date:	03/09/2020
Benefit Year Ending Date:	03/14/2021
Weekly Benefit Amount:	\$182.00
Maximum Amount Payable:	\$XX,XXX.00
Effective Days Remaining:	0

Latest Transaction(s) as of 05/16/2023

- You last certified for benefits for the week ending 09/05/2021.
- Your payment for the week ending 09/05/2021 was released on 09/07/2021.
- Weekly payments for \$600 showing "0" under the "Effective Days" column, and Debit Card or Direct Deposit under the "Type" column, are the Federal Pandemic Unemployment Compensation (FPUC) payments.

Effective Days

Each day in a week (Monday through Sunday) that you qualify for benefits is called an effective day. There is a maximum of 4 effective days each week, and you must qualify for all 4 effective days in order to receive your total weekly benefit rate. For each day in the week that you are not eligible to receive benefits, you will receive one less effective day, which is equivalent to one fourth of your weekly benefit rate. For example, if you are not available to work one day in a week, or if you have worked any part of a day, or have received vacation or holiday pay for one day in a week, your benefits will be reduced by one effective day (the same as one-quarter of your benefit rate). You can receive a maximum of 104 effective days on your claim.

Once your claim becomes payable, you may see fewer effective days remaining. This means you are being paid for those days and will soon see this change reflected via the funds in your bank account or debit card.

If three days have passed since a payment was released and the funds are not in your account, you should contact KeyBank Customer Service at (866) 295-2955 if you have a debit card. If you have direct deposit, contact your bank. If there is a holiday in a given week, payments may be delayed by one day that week.

Payment History

Week Ending	Total Amount	Net Amount	Effective Days	Release Date	Type
09/05/2021	\$240.00	\$240.00	0	09/07/2021	Direct Deposit
09/05/2021	\$145.60	\$145.60	4	09/07/2021	Direct Deposit
09/05/2021	\$60.00	\$60.00	0	09/10/2021	Offset
09/05/2021	\$36.40	\$36.40	0	09/10/2021	Offset
08/29/2021	\$240.00	\$240.00	0	08/31/2021	Direct Deposit
08/29/2021	\$145.60	\$145.60	4	08/31/2021	Direct Deposit
08/29/2021	\$60.00	\$60.00	0	09/03/2021	Offset
08/29/2021	\$36.40	\$36.40	0	09/03/2021	Offset

L. U.S. Tax Return for Seniors (Form 1040-SR)

Form **1040-SR** Department of the Treasury—Internal Revenue Service (99) OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

U.S. Tax Return for Seniors

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

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

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

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire 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, 1956 Are blind
Spouse: Was born before January 2, 1956 Is blind

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2					1
Attach Schedule B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b	
	3a Qualified dividends	3a	b Ordinary dividends	3b	
	4a IRA distributions	4a	b Taxable amount	4b	
	5a Pensions and annuities	5a	b Taxable amount	5b	
	6a Social security benefits	6a	b Taxable amount	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>				7
8 Other income from Schedule 1, line 9				8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶					9
10 Adjustments to income:					
a From Schedule 1, line 22		10a			
b Charitable contributions if you take the standard deduction. See instructions		10b			
c Add lines 10a and 10b. These are your total adjustments to income ▶					10c
11 Subtract line 10c from line 9. This is your adjusted gross income . . ▶					11

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 71930F Form **1040-SR**

M. IRS Verification of Non-Filing Letter

If anyone did not file taxes, then they must request a Verification of non-filing letter from the IRS by calling 800-908-9946, or you can request it online by going to <https://www.irs.gov/individuals/transcript-types-and-ways-to-order-them>

 **Internal Revenue Service**
United States Department of the Treasury

Tracking ID:
Date of Issue:

Taxpayer's Name:
Taxpayer Identification Number:
Tax Period or Periods:
Return:

Information About the Request We Received

Why We're Contacting You

We're contacting you to report on the status of the request we received.

Information About the Status of The Request

On _____ your office submitted a request for taxpayer information.

We received a request dated June 10, 2009 for verification of non-filing of returns for above tax period or periods. We have no record of a filed Form 1040, 1040A, or 1040EZ using the above Social Security Number. You can consider this letter a verification of non-filing.

How To Contact Us

Please call us at 1-800-829-8374 if you have any questions regarding this letter or if you need additional information.

Sincerely Yours,

N. Additional Income and Adjustments to Income (Schedule 1)

If you received unemployment benefits, had business income, rental income or any other form of additional income, a copy of the Schedule 1 that was filed with your federal taxes is required.

SCHEDULE 1 (Form 1040)		Additional Income and Adjustments to Income		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.		2022 Attachment Sequence No. 01	
Name(s) shown on Form 1040, 1040-SR, or 1040-NR				Your social security number	
Part I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions): _____				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	()		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLÉ account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount: _____	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2022

P. Profit or Loss from Business (Schedule C)

If you have income from a business, a copy of the Schedule C form that was filed with your federal taxes is required.

SCHEDULE C (Form 1040)		Profit or Loss From Business (Sole Proprietorship)		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/ScheduleC for instructions and the latest information.		2022
		Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.		Attachment Sequence No. 09
Name of proprietor			Social security number (SSN)	
A	Principal business or profession, including product or service (see instructions)		B Enter code from instructions	
C	Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)	
E	Business address (including suite or room no.) City, town or post office, state, and ZIP code			
F	Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____			
G	Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses			<input type="checkbox"/> Yes <input type="checkbox"/> No
H	If you started or acquired this business during 2022, check here			<input type="checkbox"/>
I	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions			<input type="checkbox"/> Yes <input type="checkbox"/> No
J	If "Yes," did you or will you file required Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Part I Income				
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>			1
2	Returns and allowances			2
3	Subtract line 2 from line 1			3
4	Cost of goods sold (from line 42)			4
5	Gross profit. Subtract line 4 from line 3			5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)			6
7	Gross income. Add lines 5 and 6			7
Part II Expenses. Enter expenses for business use of your home only on line 30.				
8	8	Advertising		18
9	9	Car and truck expenses (see instructions)		19
10	10	Commissions and fees		20
11	11	Contract labor (see instructions)		20a
12	12	Depreciation		20b
13	13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)		21
14	14	Employee benefit programs (other than on line 19)		22
15	15	Insurance (other than health)		23
16	16a	Interest (see instructions):		24
	16b	a Mortgage (paid to banks, etc.)		24a
	17	b Other		24b
17		Legal and professional services		25
				26
				27a
				27b
18		Office expense (see instructions)		28
19		Pension and profit-sharing plans		29
20		Rent or lease (see instructions):		
		a Vehicles, machinery, and equipment		
		b Other business property		
21		Repairs and maintenance		
22		Supplies (not included in Part III)		
23		Taxes and licenses		
24		Travel and meals:		
		a Travel		
		b Deductible meals (see instructions)		
25		Utilities		
26		Wages (less employment credits)		
27a		Other expenses (from line 48)		
27b		Reserved for future use		
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			28
29	Tentative profit or (loss). Subtract line 28 from line 7			29
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2022

Q. Capital Gains and Losses (Schedule D)

If you reported any capital gains or losses, a copy of the Schedule D form that was filed with your federal taxes is required.

SCHEDULE D (Form 1040) Department of the Treasury Internal Revenue Service	Capital Gains and Losses Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2022</div> Attachment Sequence No. 12		
Name(s) shown on return		Your social security number		
Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.				
Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7
Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15
For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11338H Schedule D (Form 1040) 2022				

R. Supplemental Income and Loss (Schedule E)

If you received rental income, royalties, or income from partnerships, etc., a copy of the Schedule E that was filed with your federal taxes is required.

SCHEDULE E (Form 1040) Department of the Treasury Internal Revenue Service	Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.	OMB No. 1545-0074 2022 Attachment Sequence No. 13												
Name(s) shown on return		Your social security number												
Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C . See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.														
A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input type="checkbox"/> No												
B If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No												
1a Physical address of each property (street, city, state, ZIP code)														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%; text-align: center;">A</td><td style="width:95%;"></td></tr> <tr><td style="text-align: center;">B</td><td></td></tr> <tr><td style="text-align: center;">C</td><td></td></tr> </table>			A		B		C							
A														
B														
C														
1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width:5%;">Fair Rental Days</th><th style="width:5%;">Personal Use Days</th><th style="width:5%;">QJV</th></tr> <tr><td style="text-align: center;">A</td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">B</td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">C</td><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Fair Rental Days	Personal Use Days	QJV	A		<input type="checkbox"/>	B		<input type="checkbox"/>	C		<input type="checkbox"/>
Fair Rental Days	Personal Use Days	QJV												
A		<input type="checkbox"/>												
B		<input type="checkbox"/>												
C		<input type="checkbox"/>												
Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____														
Income:	Properties:													
	A	B	C											
3 Rents received	3													
4 Royalties received	4													
Expenses:														
5 Advertising	5													
6 Auto and travel (see instructions)	6													
7 Cleaning and maintenance	7													
8 Commissions	8													
9 Insurance	9													
10 Legal and other professional fees	10													
11 Management fees	11													
12 Mortgage interest paid to banks, etc. (see instructions)	12													
13 Other interest	13													
14 Repairs	14													
15 Supplies	15													
16 Taxes	16													
17 Utilities	17													
18 Depreciation expense or depletion	18													
19 Other (list) _____	19													
20 Total expenses. Add lines 5 through 19	20													
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21													
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()											
23a Total of all amounts reported on line 3 for all rental properties	23a													
b Total of all amounts reported on line 4 for all royalty properties	23b													
c Total of all amounts reported on line 12 for all properties	23c													
d Total of all amounts reported on line 18 for all properties	23d													
e Total of all amounts reported on line 20 for all properties	23e													
24 Income. Add positive amounts shown on line 21. Do not include any losses	24													
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()												
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26													

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11344L

Schedule E (Form 1040) 2022

S. NYS Resident Income Tax Return (IT-201)



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2022, through December 31, 2022, or fiscal year beginning ... and ending ...

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your Social Security number
Spouse's first name	MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box)				Apartment number	New York State county of residence
City, village, or post office		State	ZIP code	Country	School district name
Taxpayer's permanent home address (see instructions) (number and street or rural route)				Apartment number	School district code number
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY		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 surviving spouse
- B** Did you itemize your deductions on your 2022 federal income tax return? Yes No
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes No

- D1** Did you have a financial account located in a foreign country? Yes No
- D2 Yonkers residents and Yonkers part-year residents only:**
- (1) Did you receive a homeowner tax rebate credit? (see instructions) Yes No
- (2) Enter the amount .00
- E** (1) Did you or your spouse maintain living quarters in NYC during 2022? Yes No
- (2) Enter the number of days spent in NYC in 2022 (any part of a day spent in NYC is considered a day)
- F NYC residents and NYC part-year residents only:**
- (1) Number of months you lived in NYC in 2022
- (2) Number of months your spouse lived in NYC in 2022
- G** Enter your 2-character special condition code(s) if applicable

H Dependent information

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

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



For office use only

V. Sample Explanation Letters

T. Family Monetary Support Letter

If you are receiving monetary support from a family member, please submit an explanation letter signed by the family member stating how much they are contributing, and how often you receive these payments.

Name of Family Member
Address of Family Member
City, State, Zip Code

DATE

NYC Department of Housing Preservation & Development
SCRIE Unit
100 Gold Street, Room 7M
New York, NY 10038

To Whom It May Concern:

This letter is to verify that I, _____ (family member's name), am the _____ (relationship to applicant) of _____ (applicant's name), and that I am providing _____ (applicant's name), with \$_____ (amount of contribution) per month. This support started on _____ and will end on _____.

Sincerely,

Signature of Family Member
Printed Name of Family Member

NYC



Department of
Housing Preservation
& Development

