

Electronic Filing Instructions for your 2020 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Dirk Lohani
100 Meadow Hill Rd
Newburgh, NY 12550-3878

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$216.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2021. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2020 Federal Tax Return Summary	Adjusted Gross Income	\$	27,360.00
	Taxable Income	\$	14,960.00
	Total Tax	\$	1,600.00
	Total Payments/Credits	\$	1,816.00
	Amount to be Refunded	\$	216.00
	Effective Tax Rate		5.85%



Hi Dirk,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With IRS Free File Program delivered by TurboTax:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

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 Dirk	Last name Lohani	Your social security number 265-16-6451
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. 100 Meadow Hill Rd		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Newburgh		
State NY	ZIP code 125503878	
Foreign country name	Foreign province/state/county	Foreign postal code

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):
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					Child tax credit
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	27,360.
Attach Sch. 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	27,360.
	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	27,360.
	12 Standard deduction or itemized deductions (from Schedule A)			12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14 Add lines 12 and 13			14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	14,960.

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	1,600.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,600.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,600.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	1,600.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,816.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,816.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach 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 13	31	
32	Add lines 27 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	1,816.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	216.																
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	216.																
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
X	X	X	X	X	X	X	X	X	X										
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2021 estimated tax	36																	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
38	Estimated tax penalty (see instructions)	38	

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 Phone no. Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
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.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="text"/> Self-Prepared	Firm's address <input type="text"/>			Phone no. <input type="text"/>
Firm's EIN <input type="text"/>				

Electronic Filing Instructions for your 2020 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



DIRK LOHANI
100 MEADOW HILL RD
Newburgh, NY 12550-3878

Balance Due/Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$14.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.												
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them six weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/ .												
What You Need to Sign	Sign and date E-File Signature Authorization within 1 day of acceptance.												
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the New York State Department of Taxation and Finance already has your return.												
What You Need to Keep	Your Electronic Filing Instructions (this form) - E-File Signature Authorization Printed copy of your state and federal returns												
2020 New York Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>19,360.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>903.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>917.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>14.00</td></tr></table>	Taxable Income	\$	19,360.00	Total Tax	\$	903.00	Total Payments/Credits	\$	917.00	Amount to be Refunded	\$	14.00
Taxable Income	\$	19,360.00											
Total Tax	\$	903.00											
Total Payments/Credits	\$	917.00											
Amount to be Refunded	\$	14.00											



Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ... **20**

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

and ending ...

Your first name DIRK		MI	Your last name (for a joint return, enter spouse's name on line below) LOHANI		Your date of birth (mmdyyyy) 11041996	Your Social Security number 265166451	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyyy)		Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box) 100 MEADOW HILL RD					Apartment number		New York State county of residence ORANGE
City, village, or post office NEWBURGH			State NY	ZIP code 12550-3878	Country (if not United States)		School district name NEWBURGH
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number 433
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmdyyyy)	Spouse's date of death (mmdyyyy)

- 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 2020 federal income tax return? Yes No

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



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

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** during 2020? (see page 15) .. Yes No
(2) Enter the number of days spent in NYC in 2020 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):
(1) Number of months **you** lived in NYC in 2020
(2) Number of months **your spouse** lived in NYC in 2020

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

H Dependent information (see page 16)

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

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



201001204555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
265166451

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	27360.00
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	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	27360.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	27360.00
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	27360.00

New York additions (see page 17)

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 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	27360.00

New York subtractions (see page 18)

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 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.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	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	27360.00



Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) 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	19360.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	19360.00

201002204555



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Name(s) as shown on page 1
DIRK LOHANI

Your Social Security number
265166451

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	19360 .00
39 NYS tax on line 38 amount (see page 22)	39	923 .00
40 NYS household credit (page 22, table 1, 2, or 3)	40	20 .00
41 Resident credit (see page 23)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	20 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	903 .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	903 .00

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

47 NYC taxable income (see page 23).....	47	.00
47a NYC resident tax on line 47 amount (see page 23).....	47a	.00
48 NYC household credit (page 23)	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 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00
59 Sales or use tax (see page 27; do not leave line 59 blank)	59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	903 .00

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



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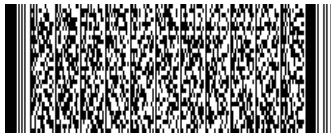


Your Social Security number
265166451

62 Enter amount from line 61 **62** 903 .00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	917 .00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



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

76 Total payments (add lines 63 through 75) **76** 917 .00

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

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	14 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	14 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	14 .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.

79 Amount of line 77 that you want applied to your 2021 estimated tax (see instructions) **79** .00

See page 33 for payment options.

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

See page 36 for the proper assembly of your return.

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

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

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

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

83b Routing number 83c Account number

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

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

Paid preparer must complete (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature SELF-PREPARED		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
Date		Date	
Email:			

Taxpayer(s) must sign here	
Your signature	
Your occupation WAREHOUSE COORDINATOR	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
Email:	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

265166451

Box b Employer identification number (EIN)

930573541

Box c Employer's information

Employer's name			
NIKE, INC.			
Employer's address (number and street)			
900 CORPORATE BLVD			
City	State	ZIP code	Country (if not United States)
NEWBURGH	NY	12250	

Box 1 Wages, tips, other compensation

15860.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

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.

15860.00

Box 17a NYS income tax withheld

591.00

Other state information:

Box 15b other state

.00

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

Box 19 Local income tax withheld

Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

Do not detach.

W-2 Record 2

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

265166451

Box b Employer identification number (EIN)

936187540

Box c Employer's information

Employer's name			
EVOTEK LOGISTICS			
Employer's address (number and street)			
1400 ORR AVENUE BUILDING 3			
City	State	ZIP code	Country (if not United States)
NEWBURGH	NY	12250	

Box 1 Wages, tips, other compensation

11500.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

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.

11500.00

Box 17a NYS income tax withheld

326.00

Other state information:

Box 15b other state

.00

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

Box 19 Local income tax withheld

Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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