

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

2008

Declaration Control Number (DCN) ▶ 0011736000009

Taxpayer's name

ANA BOVE

Spouse's name

Social security number

938-88-4270

Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2008 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	4,664
2	Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)	2	709
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7)	3	0
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	91
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13)	5	0

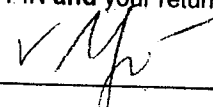
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, 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 my electronic income tax return. 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. 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 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 further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Accounting and Tax Services ERO firm name to enter or generate my PIN 32164 Enter five numbers, but do not enter all zeros as my signature on my tax year 2008 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. 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 ▶ 10.09.09

Spouse's PIN: check one box only

I authorize _____ ERO firm name to enter or generate my PIN Enter five numbers, but do not enter all zeros as my signature on my tax year 2008 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. 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.

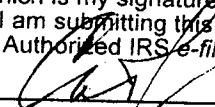
Spouse's signature ▶ _____ Date ▶ _____

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. 11736011736 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically filed income tax return 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 Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶  Date ▶ 10.12.09

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So



New York State E-File Signature Authorization for Tax Year 2008

For Forms IT-150, IT-201, and IT-203

Electronic return originators (EROs): **do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: ANA BOVE

Spouse's name: _____
(jointly filed return only)

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 Form IT-150, *Resident Income Tax Return (short form)*; IT-201, *Resident Income Tax Return (long form)*; or IT-203, *Nonresident and Part-Year Resident Income Tax Return*.

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-150, IT-201, and IT-203).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at www.nystax.gov and click on the *Publications and Bulletins* link to find this document.

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.

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 2008 Form IT-370*.

Part A — Tax return information

1	Federal adjusted gross income (from Form IT-150, line 11; IT-201, line 18; or IT-203, line 18)	1.	<u>4,664.</u>
2	Refund (from Form IT-150, line 52; IT-201, line 78; or IT-203, line 68)	2.	<u>0.</u>
3	Amount you owe (from Form IT-150, line 54; IT-201, line 80; or IT-203, line 70)	3.	<u>0.</u>

Part B — Declaration of taxpayer and authorizations for Forms IT-150, IT-201, and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2008 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 2008 New York State electronic return to New York State through the Internal Revenue Service (IRS). 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 authorize 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 2008 electronic return, and I authorize my financial institution to withdraw the amount from my account.

Taxpayer's signature:

Date: 10.09.09.

Spouse's signature: _____
(jointly filed return only)

Date: _____

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

Under penalty of perjury, I declare that the information contained in this 2008 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 2008 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2008 New York State electronic return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2008 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.

ERO's signature:

Date: 10-9-2009

Print name: _____

Paid preparer's signature: _____

Date: 10-9-2009

Print name: _____

**Federal
Tax Return
for**

ANA BOVE

2008

**Accounting and Tax Services
1815 Avenue U
Brooklyn, NY 11229
718-645-3074**

Accounting and Tax Services
1815 Avenue U
Brooklyn, NY 11229
718-645-3074
Skovyshtaxes@yahoo.com

October 9, 2009

ANA BOVE
2100 EAST 21ST STREET
BROOKLYN, NY 11229

Dear ANA,

We have prepared your 2008 federal income tax return based on the information you provided. The return has been successfully e-filed and a copy is enclosed for your records.

You will receive a federal refund check in the amount of \$91 in the mail.

You can check the status of your federal tax refund by using "Where's My Refund?", an interactive tool available on www.irs.gov. You can also call the IRS TeleTax System at 1-800-829-4477 or the IRS Refund Hotline at 1-800-829-1954. When you call or visit the irs.gov website, you will need the following information:

- The first social security number shown on the federal return
- Your filing status (Single)
- The exact amount of the refund shown on your federal return (\$91)

If you have questions about your return(s) or about your tax situation during the year, please do not hesitate to call us at 718-645-3074. We appreciate this opportunity to serve you.

Sincerely,

Tatiana Skovysh, EA
Accounting and Tax Services

Your marginal federal tax rate ("tax bracket") for 2008 was 10%.

Accounting and Tax Services
1815 Avenue U
Brooklyn, NY 11229
718-645-3074
Skovyshtaxes@yahoo.com

October 9, 2009

ANA BOVE
2100 EAST 21ST STREET
BROOKLYN, NY 11229

Dear ANA,

Enclosed please find two copies of your 2008 New York IT-201 tax return which were prepared based on the information you provided. Review your return, then file one copy with the state and retain the second copy for your records. Sign and date your filing copy on page 4 before you mail the return.

Your 2008 New York IT-201 taxes have been paid in full. You have neither a refund nor a balance due.

We recommend that you mail your New York IT-201 return on or before October 15, 2009, using the United States Post Office certified mail service or another approved delivery service that will provide proof of your mailing date, to:

State Processing Center
P.O. Box 61000
Albany, NY 12261-0001

If you have questions about your return(s) or about your tax situation during the year, please do not hesitate to call us at 718-645-3074. We appreciate this opportunity to serve you.

Sincerely,

Tatiana Skovysh, EA
Accounting and Tax Services

Label

(See instructions on page 14.)
Use the IRS label.
Otherwise, please print or type.

LABE L
HERE

For the year Jan. 1–Dec. 31, 2008, or other tax year beginning _____ ending _____

Your first name **ANA** M.I. _____ Last name **BOVE** Suffix _____

If a joint return, spouse's first name _____ M.I. _____ Last name _____ Suffix _____

Home address (number and street). If you have a P.O. box, see page 14. **2100 EAST 21ST STREET** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. **BROOKLYN NY 11229**

OMB No. 1545-0074
Your social security number **938-88-4270**
Spouse's social security number _____

You must enter your SSN(s) above.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (see page 16)

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 17)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **1**

Boxes checked on 6a and 6b: **1**
No. of children on 6c who:
• lived with you: **0**
• did not live with you due to divorce or separation (see page 18): **0**
Dependents on 6c not entered above: **0**
Add numbers on lines above: **1**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 21)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	10,782
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 23)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 24)	16b	-5,763
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 26)	20b	0
21	Other income. List type and amount (see page 28)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	5,019

Adjusted Gross Income

23	Educator expenses (see page 28)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	355
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction (see page 30)	32	
33	Student loan interest deduction (see page 33)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	355
37	Subtract line 36 from line 22. This is your adjusted gross income	37	4,664

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering tax and credit calculations.

Standard Deduction for—
• People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.
• All others:
Single or Married filing separately, \$5,450
Married filing jointly or Qualifying widow(er), \$10,900
Head of household, \$8,000

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-61 for other taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 for tax payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for refund information.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for amount owed.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? [X] Yes. Complete the following. [] No
Designee's name: Preparer Phone no. Personal identification number (PIN): 91862

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: [Signature] Date: 10.09.09 Your occupation: DESIGNER Daytime phone number:
Spouse's signature: [Signature] Date: Spouse's occupation:

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 10/9/2009 Check if self-employed: [] Preparer's SSN or PTIN: P00274484
Firm's name (or yours if self-employed), address, and ZIP code: Accounting and Tax Services, 1815 Avenue U, Brooklyn, State NY, ZIP code 11229
EIN: 16-1662361 Phone no.: 718-645-3074

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2008

Attachment
Sequence No. **09**

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

Name of proprietor
ANA BOVE

Social security number (SSN)
938-88-4270

A Principal business or profession, including product or service (see page C-3 of the instructions)
AMBRODERY DESIGNER

B Enter code from pages C-9, 10, & 11
541400

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2008? If "No," see page C-4 for limit on losses Yes No

H If you started or acquired this business during 2008, check here

Part I Income

1 Gross receipts or sales. Caution. See page C-4 and check the box if: <ul style="list-style-type: none"> This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-4 for limit on losses. 	<input type="checkbox"/>	1	24,620
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	24,620
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	24,620
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)		6	
7 Gross income. Add lines 5 and 6		7	24,620

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense	18	482
9 Car and truck expenses (see page C-5)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	25	20 Rent or lease (see page C-6):		
11 Contract labor (see page C-5)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)	13	285	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see page C-7)	24b	
17 Legal and professional services	17	2,057	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	10,989
28 Total expenses before expenses for business use of home. Add lines 8 through 27	28		28	13,838	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29	10,782	
30 Expenses for business use of your home. Attach Form 8829	30		30		
31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 	31		31	10,782	
32 If you have a loss, check the box that describes your investment in this activity (see page C-8). <ul style="list-style-type: none"> If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). 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.		

Part III Cost of Goods Sold (see page C-8)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	0
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:
 a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47 a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CONTRACT LABOR	7,120
INTERNET ACCESS	329
OUTSIDE SERVICE	3,117
CELLULAR PHONE	393
SMALL SOFTWARE	30
48 Total other expenses. Enter here and on page 1, line 27	10,989

Name(s) shown on return. Do not enter name and social security number if shown on other side.

ANA BOVE

Your social security number 938-88-4270

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? [] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: 6, P, [], 26-2543742, []

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Row A: 5,763

Summary rows for Part II: 29 a Totals, b Totals, 30 Add columns (g) and (j) of line 29a, 31 Add columns (f), (h), and (i) of line 29b, 32 Total partnership and S corporation income or (loss). Result: -5,763

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are empty.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Row A: Totals

Summary rows for Part III: 35 Add columns (d) and (f) of line 34a, 36 Add columns (c) and (e) of line 34b, 37 Total estate and trust income or (loss). Result: 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row A: Totals

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below. Result: 0

Part V Summary

Summary rows: 40 Net farm rental income or (loss) from Form 4835, 41 Total income or (loss) (-5,763), 42 Reconciliation of farming and fishing income, 43 Reconciliation for real estate professionals.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2008

Attachment
Sequence No. **17**

▶ Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

Social security number of person
with self-employment income ▶

938-88-4270

Who Must File Schedule SE

You must file Schedule SE if:

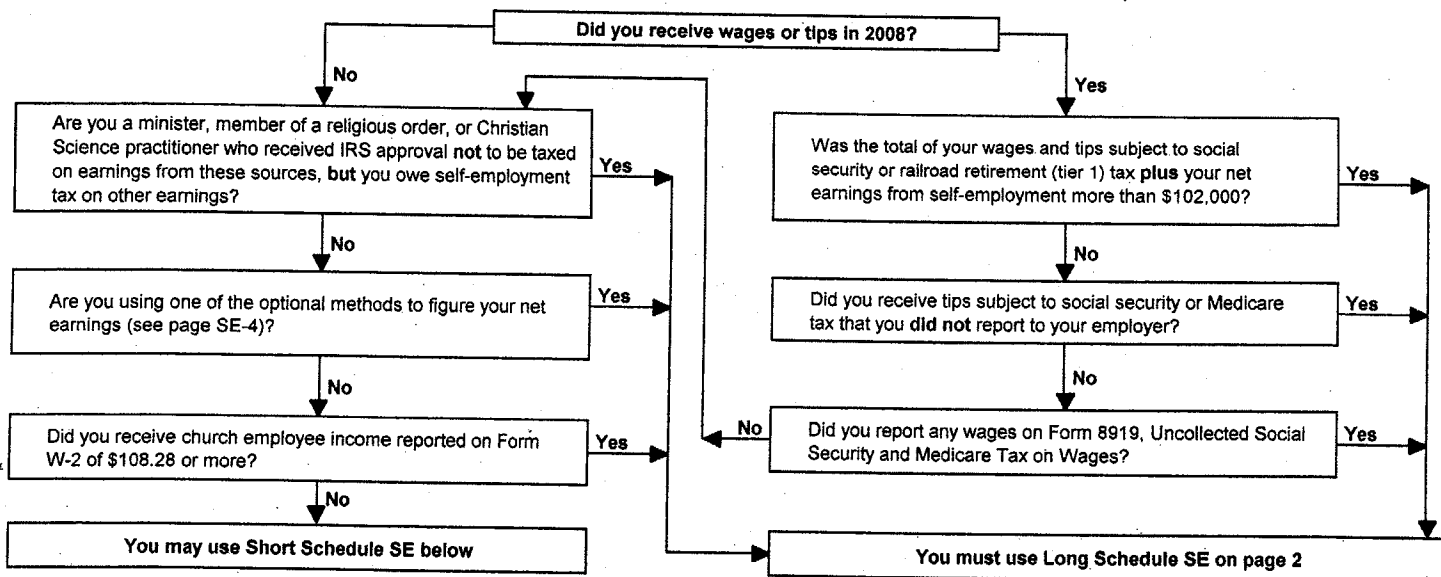
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is **not** church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt—Form 4361" on Form 1040, line 57.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, above.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a		
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code X	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report	2		5,019
3 Combine lines 1a, 1b, and 2	3		5,019
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax ▶	4		4,635
5 Self-employment tax. If the amount on line 4 is: • \$102,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57. • More than \$102,000, multiply line 4 by 2.9% (.029). Then, add \$12,648 to the result. Enter the total here and on Form 1040, line 57	5		709
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6		355

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return ANA BOVE	Business or activity to which this form relates Sch C: 01 - AMBRODERY DESIGNER	Identifying number 938-88-4270
--	--	--

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	1,575
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,061	5	HY	200DB	212
c 7-year property		514	7	HY	200DB	73
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20 a Class life						
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	285
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

New York State Department of Taxation and Finance
Resident Income Tax Return (long form)
New York State • New York City • Yonkers

IT-201

For the full year January 1, 2008, through December 31, 2008, or fiscal year beginning and ending

For help completing your return, see the combined Instructions, Form IT-150 and IT-201.

Important: You must enter your social security number(s) in the boxes to the right.

Form fields for personal information including: Your first name and middle initial (ANA), Your last name (BOVE), Spouse's first name and middle initial, Spouse's last name, Mailing address (2100 EAST 21ST STREET, BROOKLYN, NY), Apartment number, New York State county of residence (KING), School district name (BROOKLYN), Permanent home address, City, village, or post office, State (NY), ZIP code, Decedent information, Taxpayer's date of death, Spouse's date of death, School district code number (071).

- (A) Filing status — mark an X in one box:
1 X Single
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying widow(er) with dependent child

- (D) Have you underreported your tax due on past returns?
(E) Did you or your spouse maintain living quarters in NYC during 2008?
(F) NYC residents and NYC part-year residents only:
(1) Number of months you lived in NY City in 2008: 12
(2) Number of months your spouse lived in NY City in 2008:
(G) Enter your 2 digit special condition code if applicable:
If applicable, also enter your second 2-digit special condition code.

- (B) Did you itemize your deductions on your 2008 federal income tax return? Yes No X
(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X

Federal income and adjustments

Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 67). Also see page 67 instructions for showing a loss.

Table with 18 rows of income and adjustment items and their dollar amounts. Total federal adjusted gross income is \$4,664.

You must file all four pages of this original scannable return with the Tax Department.



19 Enter the amount from line 18 on page 1. This is your federal adjusted gross income. 19.

4,664.

New York additions (see page 68)

- 20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 69) .. 21.
- 22 New York's 529 college savings program distributions (see page 69) 22.
- 23 Other (see page 70) Identify: 23.
- 24 Add lines 19 through 23 24.

4,664.

New York subtractions (see page 73)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
- 26 Pensions of NYS and local governments and the federal government (see page 73) 26.
- 27 Taxable amount of social security benefits (from line 14) 27.
- 28 Interest income on U.S. government bonds 28.
- 29 Pension and annuity income exclusion (see page 73) 29.
- 30 New York's 529 college savings program deduction/earnings 30.
- 31 Other (see page 74) Identify: 31.
- 32 Add lines 25 through 31 32.
- 33 Subtract line 32 from line 24. This is your New York adjusted gross income. 33.

4,664.

Standard deduction or itemized deduction (see page 78)

- 34 Enter your **standard deduction** (from the table below) or your **itemized deduction** (from the worksheet below). Mark an X in the appropriate box: ● X Standard ...or... ● Itemized 34.
- 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35.
- 36 Dependent exemptions (not the same as total federal exemptions; see page 80) 36.
- 37 Subtract line 36 from line 35. This is your taxable income. 37.

7,500.



New York State standard deduction table	
Filing status <small>(from the front page)</small>	Standard deduction <small>(enter on line 34 above)</small>
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (from federal Schedule A, line 4)	a.
b Taxes you paid (from federal Schedule A, line 9)	b.
c Interest you paid (from federal Schedule A, line 15)	c.
d Gifts to charity (from federal Schedule A, line 19)	d.
e Casualty and theft losses (from federal Schedule A, line 20)	e.
f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27)	f.
g Other miscellaneous deductions (from federal Schedule A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes and other subtraction adjustments (see page 78)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 79)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 80)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p Add lines n and o. This is your New York State itemized deduction; enter on line 34 above.	p.



Tax computation, credits, and other taxes (see page 81)

Dollars

38	Enter the amount from line 37 on page 2. This is your taxable income .	38.	
39	New York State tax on line 38 amount (see page 81 and Tax Computation on page 52)	39.	
40	New York State household credit (from table 1, 2, or 3 on pages 81 and 82)	40.	75.
41	Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 82)	41.	
42	Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.	
43	Add lines 40, 41, and 42	43.	75.
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	
45	Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.	
46	Add lines 44 and 45. This is the total of your New York State taxes .	46.	

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

47	New York City resident tax on line 38 amount (see page 82)	47.	
48	New York City household credit (from table 4, 5, or 6 on page 83)	48.	15.
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50	Part-year New York City resident tax (attach Form IT-360.1)	50.	
51	Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.	
52	Add lines 49, 50, and 51	52.	
53	NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.	
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	
55	Yonkers resident income tax surcharge (see page 84)	55.	
56	Yonkers nonresident earnings tax (attach Form Y-203)	56.	
57	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.	
58	Add lines 54 through 57. This is the total of your New York City and Yonkers taxes / surcharges .	58.	
59	Sales or use tax (See the instructions on page 85.) Do not leave line 59 blank.	59.	0.

See instructions
beginning on pages 82,
83, and 84, to compute
New York City and
Yonkers taxes, credits,
and tax surcharges.

Voluntary contributions (whole dollar amounts only; see page 86)

60a	Return a Gift to Wildlife	60a.	
60b	Missing/Exploited Children Fund	60b.	
60c	Breast Cancer Research Fund	60c.	
60d	Alzheimer's Fund	60d.	
60e	Olympic Fund (\$2 or \$4; see page 86)	60e.	
60f	Prostate Cancer Research Fund	60f.	
60g	National 9/11 Memorial	60g.	
60	Add lines 60a through 60g. This is your total voluntary contributions .	60.	
61	Add lines 46, 58, 59, and 60. This is your total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions .	61.	



▼ Enter your social security number

938-88-4270

62 Enter the amount from line 61 on page 3. This is your total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions 62.

Dollars

Payments and refundable credits (see page 87)

- 63 Empire State child credit (attach Form IT-213) 63.
64 NYS/NYC State child and dependent care credit (attach Form IT-216) 64.
65 NY State earned income credit (EIC) (attach Form IT-215 or IT-209) 65.
66 NY State noncustodial parent EIC (attach Form IT-209) 66.
67 Real property tax credit (attach Form IT-214) 67.
68 College tuition credit (attach Form IT-272) 68.
69 NY City school tax credit (also complete (F) on page 1; see page 88) 69.
70 NY City earned income credit (attach Form IT-215 or IT-209) 70.
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form) 71.
72 Total New York State tax withheld 72.
73 Total New York City tax withheld 73.
74 Total Yonkers tax withheld 74.
75 Total estimated tax payments / Amount paid with Form IT-370 ... 75.
76 Add lines 63 through 75. This is the total of your payments. 76.

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Forms W-2 and/or 1099-R.

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 94 for the proper assembly of your four-page return and all attachments.

Your refund / amount overpaid (see page 90)

- 77 If line 76 is more than line 62, subtract line 62 from line 76. 77.
78 Amount of line 77 that you want refunded to you. Complete line 82. Refund 78.
79 Amount of line 77 that you want applied to your 2009 estimated tax (see instructions) 79.

Amount you owe (see page 91)

- 80 If line 76 is less than line 62, subtract line 76 from line 62. Complete line 82. Owe 80.
81 Estimated tax penalty (Include this amount on line 80 or reduce the overpayment on line 77; see page 91) 81.

82 Account information (see page 92) Mark one: • Refund - Direct Deposit • Owe - Electronic funds withdrawal

82a Routing number: •

Electronic funds withdrawal effective date:

82b Account number: •

82c Account type: • Checking • Savings

Third - party designee? (see instr.)

Print designee's name PREPARER

Designee's phone number

Personal identification number (PIN)

Yes X No

E-mail:

91862

Paid preparer's use only

Sign your return here

Preparer's signature

Your signature

Date

10-09-2009

▼ Preparer's SSN or PTIN

• Employer identification number

Your occupation: • DESIGNER

P00274484

16-1662361

Spouse's signature (if joint return)

Firm's name (or yours, if self-employed)

Mark an X if self employed

Spouse's occupation (if joint return).

ACCOUNTING AND TAX SERVICES

Address

1815 AVENUE U

BROOKLYN, NY 11229

E-mail: Skovyshtaxes@yahoo.com

▼ Daytime phone number

Date

E-mail:

Mail your completed return and any attachments to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001. For information about private delivery services, see page 38.

File all four pages of this original scannable return with the Tax Department.

2014081015

