

At a Term of the Supreme Court of the State of New York,
held in and for the County of Albany, at the Courthouse,
located at 16 Eagle Street, Albany, New York, on the
_____ day of _____, 2024.

PRESENT: Hon.
(Acting) Supreme Court Justice

STATE OF NEW YORK SUPREME COURT
COUNTY OF ALBANY

XIANGXIA CHEN,

Plaintiff,

Index No.: 901524-24

- against -

ORDER TO SHOW CAUSE

DANIEL MAY,

Defendant.

PLEASE TAKE NOTICE, that upon the reading and filing of the annexed Affidavit in Support, sworn to by Plaintiff on the 18th day of September 2024, Affirmation of Support, sworn to by Joseph P. Drescher, Esq., (Mack & Associates, PLLC) on the 18th day of September 2024; and upon all exhibits attached hereto and made a part hereof and proceedings heretofore had herein:

NOW, let Defendant, **DANIEL MAY**, show cause before this Court, located at 16 Eagle Street, Albany, New York 12207, at a Term thereof to be held on the _____ day of _____, 2024, at _____ AM/PM or as soon thereafter as counsel may be heard, why an order, *pendente lite*, should not be made and entered herein:

1. Directing the Defendant to pay **\$2,147.14 monthly** to the Plaintiff, as and for temporary spousal maintenance;
2. Directing the Defendant to pay **\$7,500.00** toward the Plaintiff's counsel fees, payable directly to the Plaintiff's Attorney; and
3. Directing such other, further, and different relief as this Court may seem just and proper; and

SUFFICIENT CAUSE APPEARING THEREFORE, IT IS HEREBY:

ORDERED, that the Defendant shall immediately pay **\$2,147.14 monthly** to the Plaintiff, as and for temporary spousal maintenance, commencing with the first Monday after the signing of this Order to Show Cause; and it is further

ORDERED, that service of a copy of this Order to Show Cause, together with a copy of the papers attached hereto, shall be made upon Defendant's Attorney, Paige Crable, Esq., via email, on or about the ____ day of _____ 2024, which shall be deemed sufficient service hereof; and it is further

ORDERED, that answering papers, if any, shall be served upon Plaintiff's attorneys, **Mack & Associates, PLLC**, with offices at 270 Mount Hope Drive, Albany, NY 12202, by email, on or before the ____ day of _____ 2024; and it is further

SIGNED, this ____ day of _____, 2024,
at Albany, New York

E N T E R

HON.
(Acting) Supreme Court Justice

STATE OF NEW YORK SUPREME COURT
COUNTY OF ALBANY

XIANGXIA CHEN,

Plaintiff,

Index No.: 901524-24

- against -

PLAINTIFF'S AFFIDAVIT IN SUPPORT
OF ORDER TO SHOW CAUSE

DANIEL MAY,

Defendant.

STATE OF NEW YORK)
) ss.:
COUNTY OF ALBANY)

XIANGXIA CHEN, being duly sworn says:

1. I am the Plaintiff in the above-captioned action. I make this Affidavit in support of my motion for *pendente lite* relief, as more specifically itemized in the Order to Show Cause, of which this Affidavit forms a part.
2. I am represented in this matter by **MACK & ASSOCIATES, PLLC**, with offices at 270 Mount Hope Drive, Albany, New York 12202. All documentation and correspondence should be sent to my attorneys. I have read my attorney's affirmation, and all of the facts and statements contained therein are true and accurate to the best of my knowledge.

BACKGROUND

3. Defendant, **DANIEL MAY** [hereinafter the "Husband"] and I were married on August 26, 2003 in Zhanjiang, China, in a religious ceremony. My Husband and I gave birth to one (1) emancipated adult child, namely, **MAXIMILLIAN MAY (DOB: 12/14/2004)**. No other children are expected of this marriage.
4. I commenced the above-captioned action for divorce by the filing of a Summons with Notice and Verified Complaint, which was entered with the Albany County Supreme Court on or about February 9, 2024. My Husband was personally served with same on February 17, 2024, and he subsequently filed a Verified Answer, dated March 7, 2024. A copy of Summons with Notice, Verified Complaint, Affidavit of Plaintiff, Affidavit of Service, and Verified Answer are already on file with this Court and not included herein to avoid unnecessary duplication.

MY REQUEST FOR TEMPORARY SPOUSAL MAINTENANCE

5. My Husband is currently employed as a Business Analyst 3 with the New York State Department of Taxation and Finance, where he has been employed for several years. According to his Statement of Net Worth, dated March 21, 2024, he alleges annual income of \$76,524 (\$6,377 monthly), however, according to the website “SeeThroughNY” he earned an annual income in 2023 of approximately \$96,716, which is more accurate, as our 2022 tax returns reflected total income of \$106,341.00. My Husband has access to all of our past tax returns and refuses to provide me access to same. Furthermore, my Husband has his own Yoga business. Per his Statement of Net Worth, he claims income from his business in the amount of \$10,200 (\$850 monthly). It is clear that his total income is around, or above, \$106,000 in total income and I respectfully request this Court decide his income as such. Copies of the Defendant’s Statement of Net Worth, a screenshot of “SeeThroughNY”, and the only 2022 tax documentation provided by the Defendant to the Plaintiff are attached hereto, and made a part hereof, respectively, as **Exhibit “A”, Exhibit “B”, and Exhibit “C”**.
6. My Husband has always been the sole income earner of the family. He Husband has always controlled the marital purse strings and will often withhold funds from me as a form of punishment and control.
7. I have held various side jobs during our marriage, but these positions were never anything of substance. In 2019 I started a small business with my brother. However, during COVID, the business began to fail, and at my Husband’s urgency and advice, I ended my ties with the business in December 2021. I began to work at an Amazon warehouse in January 2022. Unfortunately, the objects in the warehouse were too heavy for me to lift and triggered my urinary incontinence. As a result, I switched to working part-time with Amazon.
8. Due to my limited English, I have struggled to find substantial and longstanding employment. I have attended several interviews, only to be turned down due to my language limitations. Fortunately, I was just recently able to secure a temporary position with the New York State Taxation and Finance, but only earn \$17.75 per hour for approximately thirty-seven (37) hours per week. I anticipate an annual income for 2024 of approximately \$19,500.00. A copy of my Statement of Net Worth, dated February 22, 2024¹ is attached hereto, and made a part hereof, as **Exhibit “D”**.

¹ Filed prior to commencement of my temporary employment.

9. My Husband and I presently reside together at the marital residence, located at 34 Stony Brooke Drive, Selkirk, New York 12158. However, my Husband has refused to pay the mortgage on the residence, which he historically paid during the marriage, since around April 2024, and we are now receiving foreclosure notices. I am fearful that my Husband is willfully risking foreclosure as a way to further control me and force me into an unfair settlement of this divorce action.
10. As a result of his untoward behavior, and refusal to pay the mortgage, I would like to move out of the home, to escape his verbal/emotional abuse and strife, and list the house for sale to preserve the asset. For this to happen, I would need funds to survive. My current income is not enough to live on, and I would need continued financial assistance from my Husband to live.
11. My attorney informs me that Domestic Relations Law § 236B includes a formula for the calculation of spousal maintenance awards. My attorney further informs me that this statute was recently amended, effective October 25, 2015, and is applicable to all actions commenced on or after that date. My attorney further informs me that the following three (3) steps determine an award of temporary maintenance pursuant to this formula:

STEP I – DETERMINE INCOME

<u>Income:</u>	<u>HUSBAND</u>	<u>WIFE</u>
Gross (total) income	\$ 106,000.00	\$ 19,500.00
FICA Deductions	<u>\$ 8,109.00</u>	<u>\$ 1,491.75</u>
<u>TOTAL NET ANNUAL INCOME:</u>	\$ 97,891.00	\$ 18,008.25

\$29,367.30	(30% of Payor's income)	\$46,359.70	(40% of combined income)
<u>- \$3,601.65</u>	(20% of Payee's income)	<u>- \$18,008.25</u>	(100% of Payee's income)
\$25,765.65		\$28,351.45	

Total presumptive award: \$25,765.65 per year, or approximately \$2,147.14 monthly.

12. Based upon the foregoing calculations, I respectfully request that the Court award me spousal maintenance pursuant to Domestic Relations Law § 236B, in the amount of \$2,147.14 monthly, to be paid by my Husband to me, via income execution.
13. This support would be beneficial in helping me to obtain separate housing (i.e., pay rent) and maintain the quality of life that I was accustomed to during the marriage.
14. I respectfully request that any maintenance award be deemed retroactive to the date of the filing of this application. My attorney informs me that this Court must determine a set amount for arrears. I respectfully request that the amount for arrears be calculated to be the presumptive

amount of maintenance (\$2,120.20 monthly), multiplied by the number of months which have elapsed from the date of the filing of this application to the date of the decision of this Court.

MY REQUEST FOR COUNSEL FEES

15. My Attorney also informs me that Domestic Relations Law § 237 may require my Husband to contribute toward my counsel fees. I do not have the funds to afford litigation and my Husband knows this, which leads me to believe he will stretch this matter out and strongarm me into unreasonable settlement.
16. I respectfully request that my Husband pay my interim counsel fees in the amount of **\$7,500.00** to account for the initial retainer that I paid to my Attorney to prosecute this matter. A copy of my initial retainer is attached hereto, and made a part hereof, as **Exhibit "E"**.

CONCLUSION

17. Based on all of the foregoing, I respectfully submit that the foregoing requests are fair and reasonable in light of the circumstances.
18. No request for the relief sought herein has been made to this or any other Court.

WHEREFORE, Plaintiff requests that the relief sought in the annexed Order to Show Cause be granted in all respects.



XIANGXIA CHEN

Sworn to before me this
18th day of September 2024.



Notary Public

AMANDA S. CONNORS
NOTARY PUBLIC-STATE OF NEW YORK
No. 02CO6260606
Qualified in Albany County
My Commission Expires ~~April 30, 2016~~
March 6, 2025

CERTIFICATE OF COMPLIANCE
Pursuant to 22 N.Y.C.R.R. § 202.8-b(c)

The foregoing Affidavit contains 1,327 words and therefore is in compliance with the word count limit set forth in 22 N.Y.C.R.R. §202.8-b(c).

Dated: September 18, 2024



JOSEPH P. DRESCHER, ESQ.

**STATE OF NEW YORK SUPREME COURT
COUNTY OF ALBANY**

XIANGXIA CHEN,

Plaintiff,

Index No.: 901524-24

- against -

**ATTORNEY AFFIRMATION IN SUPPORT
OF ORDER TO SHOW CAUSE**

DANIEL MAY,

Defendant.

JOSEPH P. DRESCHER, ESQ., an Attorney duly licensed to practice Law in the State of New York, does hereby affirm the following to be true, under penalties of perjury:

1. I am an Associate Attorney with the law firm, **MACK & ASSOCIATES, PLLC**. We represent the Plaintiff, **XIANGXIA CHEN** (hereinafter referred to as "Plaintiff") in the above-captioned matter and, as such, I am fully familiar with the facts, circumstances, documents, and proceedings to the extent discussed herein.
2. I make this Affirmation based upon conversations with my client. I have no actual knowledge that the substance of any statements of fact contained in the annexed document are false or frivolous, as defined in 22 NYCRR § 130-1.1a(2)(c). This certification is made to the best of my knowledge and upon information and belief formed after an inquiry reasonable under the circumstances.
3. I make this Affirmation in support of Plaintiff's application for *pendente lite* relief, as more specifically itemized in the Order to Show Cause, of which this Affirmation forms a part.
4. The relevant facts and circumstances underlying Plaintiff's application for the instant relief are more fully set forth in her accompanying Affidavit and supporting Exhibits, to which the Court's attention is respectfully directed. The relevant law supporting Plaintiff's application is set forth below.

PLAINTIFF'S REQUEST FOR SPOUSAL MAINTENANCE

1. As the Court is aware, the provisions of the maintenance legislation (Domestic Relations Law § 236(B)), which provide a formula for the calculation of spousal maintenance awards, were recently amended, effective October 25, 2015. This amended statutory formula is applicable to all actions commenced on or after that

effective date.

2. Based upon the calculations and reasons more fully set forth in Plaintiff's accompanying Affidavit, and based upon the clear obligations of Domestic Relations Law § 236(B), the Plaintiff respectfully requests that the Court award spousal maintenance in the amount of **\$2,147.14 monthly**. This payment, with this Court's approval, should commence immediately and be retroactive to the date of the filing of this Order to Show Cause, via income execution.

DEFENDANT'S REQUEST FOR COUNSEL FEES

3. Pursuant to Domestic Relations Law § 237: "In any action or proceeding brought...for divorce...the Court may direct either spouse...to pay counsel fees and fees and expenses of experts directly to the attorney of the other spouse to enable the other party to carry on or defend the action or proceeding as, in the court's discretion, justice requires, having regard to the circumstances of the case and of the respective parties. There shall be a rebuttable presumption that counsel fees shall be awarded to the less monied spouse. In exercising the court's discretion, the court shall seek to assure that each party shall be adequately represented and that where fees and expenses are to be awarded, they shall be awarded on a timely basis, pendente lite, so as to enable adequate representation from the commencement of the proceeding.
4. Here, the Plaintiff is clearly the less monied spouse and requires an award of counsel fees from the Defendant to carry on this action and to prevent him from financially strong-arming her into an unfavorable settlement.
5. The Plaintiff retained the services of Mack & Associates, PLLC, on or about February 2, 2024. The Plaintiff paid an initial retainer to the firm of \$7,500.00.
6. Services rendered in connection with this action are based upon the customary charges that we make for such services, and are consistent with rates charged by other practitioners in this geographic area for such services. The Retainer Agreement, attached hereto, contains the entire financial agreement between Plaintiff and Mack & Associates, PLLC, including the schedule of hourly rates charged.
7. Mack & Associates, PLLC, was formed in 2014, and has handled hundreds of complex matrimonial and family law matters in every Supreme and Family Court in the Capital District and the majority of surrounding areas. Based on experience and based on the prevailing rates for experienced matrimonial attorneys in Albany, New York, it is submitted that \$425.00 an

hour for Founding Attorney, Barrett D. Mack, Esq., \$350.00 an hour for your Deponent and Associate Attorney, Amanda S. Connors, Esq., and Katelyn M. Pompey, Esq. Additionally, we charge \$225.00 per hour for the services of our paralegals, who have over fifteen (15) years of combined experience.

8. I respectfully submit that, based upon our collective skills, experience and backgrounds, the nature of the services rendered, the difficulty and complexity of the issues of fact and law involved in this case, the counsel fees requested in connection with the instant matter are reasonable and just.
9. Therefore, the Plaintiff's request for an award of interim counsel fees in the amount of **\$7,500.00** is appropriate and fair, at this time.

WHEREFORE, your deponent respectfully requests that the relief sought in the annexed Order to Show Cause be granted in all respects.

Dated: September 18, 2024



MACK & ASSOCIATES, PLLC

Attorneys for Plaintiff

Joseph P. Drescher, Esq.

270 Mount Hope Drive

Albany, New York 12202

Telephone: (518) 465-1451

Facsimile: (518) 465-1458

CERTIFICATE OF COMPLIANCE
Pursuant to 22 N.Y.C.R.R. § 202.8-b(c)

The foregoing Affirmation contains 869 words and therefore is in compliance with the word count limit set forth in 22 N.Y.C.R.R. §202.8-b(c).

Dated: September 18, 2024



JOSEPH P. DRESCHER, ESQ.

EXHIBIT A

**STATEMENT OF NET WORTH
(Section 236 DRL)**

XIANGXIA CHEN,

Plaintiff,

-against-

Index # 901524-24

DANIEL MAY,

Defendant.

(Complete all items, marking "NONE", "INAPPLICABLE" and "UNKNOWN" (N/A), if appropriate.)

Daniel May, the Defendant, herein, being duly sworn, deposes and says that the foregoing is an accurate statement as of March, 2024 of my net worth (assets of whatsoever kind and nature and wherever situated, minus liabilities), statement of income from all sources, and statement of assets transferred of whatsoever kind and nature and wherever situated:

I. FAMILY DATA

- (a) Husband's Age and d/o/b **12/14/1978 (45)**
 - (b) Wife's Age and d/o/b **10/06/1978 (45)**
 - (c) Date Married _____
 - (d) Date of Separation/Divorce _____
 - (e) Number of Dependent Children under 21 **one (1)**
 - (f) Names, Ages and Dates of Birth of Children
Maximillian May (19 years old)
-
- (g) Custody of Minor Children is with (H/W/J) **Joint**
 - (h) Minor Children of Prior Marriage; Husband **0**
 - (i) Support:
 - Neither spouse is paying or receiving alimony (maintenance) or child support in connection with a prior marriage.
 - The Husband/Wife is Paying/Receiving **--\$0--** per month as alimony (maintenance) and/or child support weekly/monthly in connection with prior marriage.

(j) Custody of Children of Prior Marriage:
(Name and Address of Custodial Parent)

N/A

(k) The marital residence is occupied by (H/W/Both) **Both**

(l) Husband's present address **24 Stony Brook Drive
Selkirk, New York 12158**

Wife's present address **24 Stony Brook Drive
Selkirk, New York 12158**

(m) Occupation of Husband **Civil Service**
Occupation of Wife **Uber**

(n) Husband's Employer **NYS Dept of Taxation & Finance**
Employer Address **Merriman Campus, Washington Ave.
Albany, New York**

(o) Wife's Employer **Master's Degree - 2020**
Employer Address **Associate's Degree - 2023**

(p) Education/Training & Skills
(Include dates of attainment of degrees)

Husband

Wife

(q) Husband's Health **good**

(r) Wife's Health **good**

(s) Children's Health **good**

HOUSEHOLD BUDGET

II. EXPENSES

(Indicate A/Annual; BW/Biweekly; M/Monthly; T/Twice per Month)

(a) Housing:

1. Rent	\$ -0-	4. Condominium charges	\$ -0-
2. Mortgage and amortization	\$1,400.00	5. Cooperative Apartment Maintenance	\$ -0-
3. Real estate taxes	inc.in Mortgage		
			Total Housing:
			\$ 1,400.00

(b) Utilities:

1. Fuel Oil	\$ -0-	4. Telephone	\$ 83.99
2. Gas	electric	5. Water	\$ 100.00
3. Electricity	\$ 190.00		
			Total Utilities:
			\$ 373.00

(c) Food:

1. Groceries	\$ 900.00	5. Liquor/alcohol	\$ -0-
2. School lunches	\$ -0-	6. Home entertainment	\$ -0-
3. Lunches at work	\$ -0-	7. Other	\$ -0-
4. Dining out	\$ 100.00		
			Total Food:
			\$ 1,000.00

(d) Clothing:

1. Husband	\$ 50.00	3. Children	\$ 50.00
2. Wife	\$ -0-	4. Other	\$ -0-
			Total Clothing:
			\$ 100.00

(e) Laundry:

1. Laundry at home	\$ 30.00	3. Other	\$ -0-
2. Dry cleaning	\$ -0-		
			Total Laundry
			\$ 30.00

(f) Insurance:

1. Life	\$ -0-	6. Medical Plan	\$ 700.54
2. Homeowner's/tenant's	in mortgage	7. Dental Plan	\$ 30.00
3. Fire,theft,liability	\$ -0-	8. Optical Plan	\$ -0-
4. Automotive	\$ 25.00	9. Disability	\$ -0-
5. Umbrella policy	\$ -0-	10. Worker's compensation	\$ -0-
		11. Other	\$ -0-
			Total Insurance:
			\$ 985.00

(g) Unreimbursed medical:

- | | | | |
|------------|----------|------------------------------|--------|
| 1. Medical | \$ 20.00 | 4. Pharmaceutical | \$ -0- |
| 2. Dental | \$ -0- | 5. Surgical/nursing/hospital | \$ -0- |
| 3. Optical | \$ -0- | 6. Other | \$ -0- |

Total Unreimbursed Medical: \$ 20.00

(h) Household maintenance:

- | | | | |
|--|-----------|------------------------|-----------|
| 1. Repairs | \$ 100.00 | 5. Painting | \$ -0- |
| 2. Furniture, furnishings,
housewares | \$ -0- | 6. Sanitation/carting | \$ 53.68 |
| 3. Cleaning supplies | \$ 10.00 | 7. Gardening/landscape | \$ 100.00 |
| 4. Appliances
(including maintenance) | \$ -0- | 8. Snow removal | \$ -0- |
| | | 9. Extermination | \$ -0- |
| | | 10. Other (lawn) | \$ -0- |

Total Household Maintenance: \$ 285.00

(i) Household help:

- | | | | |
|--------------------|--------|----------|--------|
| 1. Babysitter | \$ -0- | 3. Nurse | \$ -0- |
| 2. Domestic (Maid) | \$ -0- | 4. Other | \$ -0- |

Total Household help: \$ -0-

(j) Automotive:

1. Year **2020** Make **Jaguar** Model **EPACE**
 Personal (y/n) **yes** Business (y/n) _____
 Primary Driver: **Daniel May**

2. Year **2020** Make **Subaru** Model **Crosstrack**
 Personal (y/n) **yes** Business (y/n) _____
 Primary Driver: **Maximillian May**

3. Year _____ Make _____ Model _____
 Personal (y/n) _____ Business (y/n) _____
 Primary Driver: _____

- | | | | |
|----------------|-----------|-------------------------|----------|
| 1. Payments | \$ 560.00 | 5. Registration/license | \$ -0- |
| 2. Gas and oil | \$ 320.00 | 6. Parking/tolls | \$ 25.00 |
| 3. Repairs | \$ 50.00 | 7. Other | \$ -0- |
| 4. Car Wash | \$ 12.00 | | |

Total Automotive: \$ 967.00

(k) Educational:

1. Nursery/pre-school	\$ -0-	6. School transportation	\$ 125.00
2. Primary/secondary	\$ -0-	7. School supplies/books	\$ -0-
3. College	\$ 208.00	8. Tutoring	\$ -0-
4. Post-graduate	\$ -0-	9. School events	\$ 100.00
5. Religious instruc.	\$ -0-	10. Other	\$ -0-

Total Educational: \$ 433.00

(l) Recreational:

1. Summer camp	\$ -0-	9. Country/pool club	\$ -0-
2. Vacations	\$ 200.00	10. Health club	\$ -0-
3. Movies	\$ -0-	11. Sporting goods	\$ -0-
4. Theater, ballet, etc.	\$ -0-	12. Hobbies	\$ 100.00
5. Video rentals	\$ -0-	13. Music/dance lessons	\$ -0-
6. Tapes, CD's, etc.	\$ -0-	14. Sports lessons	\$ -0-
7. Cable television	\$ 20.00	15. Birthday parties	\$ 20.00
8. Team sports	\$ -0-	16. Other	\$ -0-

Total Recreational: \$ 340.00

(m) Income Taxes: (past due or owed and currently being paid)

1. Federal	\$ 467.00	3. City	\$ -0-
2. State	\$ 318.00	4. Social Security/Medicare	\$ 748.88

Total Taxes: \$ 1,533.00

(n) Miscellaneous:

1. Beauty parlor/ barber	\$ -0-	9. Union/organization dues	\$ 30.00
2. Beauty aides/cosmetics drug items	\$ -0-	10. Commutation and transportation	\$ -0-
3. Cigarettes	\$ 100.00	11. Veterinarian/pet exp.	\$ -0-
4. Books/magazines, newspapers	\$ -0-	12. Child support payments (prior marriage)	\$ -0-
5. Children's allowances	\$ 100.00	13. Alimony/maintenance	\$ -0-
6. Gifts	\$ 100.00	14. Loan Payments	\$ 960.00
7. Charitable cont.	\$ -0-	15. Unreimbursed business expenses	\$ -0-
8. Religious organization dues	\$ -0-		

Total Miscellaneous: \$ 1,290.00

(o) **Other (Specify)**

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Total Other: _____

TOTAL MONTHLY EXPENSES: \$ **8,754.00**

TOTAL ANNUAL EXPENSES: (12 x \$8,754.00) = \$ **105,048.00**

III. GROSS INCOME (Monthly Amounts):

(a) Salary or Wages: (State whether income has changed during the year preceding date of this affidavit. If so, set forth the name and address of all employers during preceding year and an average weekly wage paid by each. Indicate overtime earnings separately. Attach previous year's W-2 or income tax return.)

Employer name & address		Wages
1. NYS Dept of Tax & Finance	(+)	\$ 6,377.00
2. Tai Yoga School	(+)	\$ 850.00
3. _____	(+)	_____

(b) Monthly Deductions:

Employer 1:

1. Federal Tax	(-)	\$ 467.71
2. NYS Tax	(-)	\$ 318.00
3. Local Tax	(-)	\$ -0-
4. Social Security	(-)	\$ 748.00
5. Medicare	(-)	\$ -0-
6. Other Payroll Deductions (Specify)		
Retirement (\$4,731.58 a)	(-)	\$ 394.30
_____	(-)	_____

Employer 2:

1. Federal Tax	(-)	_____
2. NYS Tax	(-)	_____
3. Local Tax	(-)	_____
4. Social Security	(-)	_____
5. Medicare	(-)	_____
6. Other Payroll Deductions (Specify)		
_____	(-)	_____
_____	(-)	_____

Employer 3:

1. Federal Tax	(-)	_____
2. NYS Tax	(-)	_____
3. Local Tax	(-)	_____
4. Social Security	(-)	_____
5. Medicare	(-)	_____
6. Other Payroll Deductions (Specify)		
_____	(-)	_____
_____	(-)	_____

(c)	Social Security Number	466-83-1587
(d)	Names of Dependents	
	<u>Maximillian May</u>	
(e)	Bonus, commissions, fringe benefits, (use of auto membership, etc.)	\$ -0-
(f)	Partnerships, royalties, sale of assets	\$ -0-
(g)	Dividends and interest	
	1. Taxable	\$ -0-
	2. Non-Taxable	\$ -0-
(h)	Real estate (income only)	\$ -0-
(i)	Trust, profit sharing and annuity (principal distribution & income)	\$ -0-
(j)	Pension (income only)	\$ -0-
(k)	Awards, prizes, grants	
	1. Taxable	\$ -0-
	2. Non-Taxable	\$ -0-
(l)	Income from bequests, legacies, gifts	\$ -0-
(m)	Income from all other sources (including alimony, maintenance or child support from prior marriage)	\$ -0-
(n)	Tax preference items	\$ -0
	1. Long term capital gain deduction (-)	_____
	2. Depreciation, amortization or depletion (-)	_____
	3. Stock Options - Excess fair market value over amount paid (-)	_____
(o)	Other household member's income	\$ -0-
	1. _____ (+)	_____
	2. _____ (+)	_____
	3. _____ (+)	_____
	4. _____ (+)	_____

(p)	Social Security	\$ -0-
(q)	Disability Benefits	\$ -0-
(r)	Public Assistance	\$ -0-
(s)	Other	\$ -0-

TOTAL MONTHLY INCOME \$ 6,377.00

TOTAL ANNUAL INCOME \$ 76,525.00

V. ASSETS (If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets, if needed.)

A. Cash Accounts

- 1.1 a. Financial institution N/A
- b. Account number _____
- c. Title holder _____
- d. Date opened _____
- e. Source of funds _____
- f. Other information _____
- g. Balance _____

Checking

- 2.1 a. Financial institution Bank of America
- b. Account number 4830385004795
- c. Title holder Daniel May
- d. Date opened 2010
- e. Source of funds Employment
- f. Other information
- g. Balance \$ 3,803.02

- 2.2 a. Financial institution N/A
- b. Account number _____
- c. Title holder _____
- d. Date opened _____
- e. Source of funds _____
- f. Other information _____
- g. Balance _____

- 2.3 a. Financial institution N/A
- b. Account number _____
- c. Title holder _____
- d. Date opened _____
- e. Source of funds _____
- f. Other information _____
- g. Balance _____

Savings

(Individual, joint, totten trusts, CD's, treasury notes)

- 3.1 a. Financial institution Bank of America
- b. Account number 483044828302
- c. Title holder Daniel May
- d. Type of account Savings

e. Date opened	2010
f. Source of funds	Employment
g. Other information	
h. Balance	\$???

3.2	a. Financial institution	N/A
	b. Account number	_____
	c. Title holder	_____
	d. Type of account	_____
	e. Date opened	_____
	f. Source of funds	_____
	g. Other information	_____
	h. Balance	_____

3.3	a. Financial institution	N/A
	b. Account number	_____
	c. Title holder	_____
	d. Type of account	_____
	e. Date opened	_____
	f. Source of funds	_____
	g. Other information	_____
	h. Balance	_____

Security Deposits (earnest money, etc.)

4.1	a. Location	N/A
	b. Title owner	_____
	c. Type of deposit	_____
	d. Source of funds	_____
	e. Date of deposit	_____
	f. Other information	_____
	g. Amount	_____

Other

5.1	a. Location	N/A
	b. Title owner	_____
	c. Type of deposit	_____
	d. Source of funds	_____
	e. Date of deposit	_____
	f. Other information	_____
	g. Amount	_____

B. Securities
Bonds, notes, mortgages

- 1.1 a. Description of security N/A
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Other information _____
- h. Current value _____

Stocks, options, etc.

- 2.1 a. Description of security N/A
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Other information _____
- h. Current value _____

- 2.2 a. Description of security N/A
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Other information _____
- h. Current value _____

- 2.3 a. Description of security N/A
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Other information _____
- h. Current value _____

- 2.4 a. Description of security N/A
- b. Title holder _____
- c. Location _____
- d. Date of acquisition _____
- e. Original price or value _____
- f. Source of funds to acquire _____
- g. Other information _____
- h. Current value _____

Broker Margin Accounts

- 3.1 a. Name and address of broker **N/A**
- b. Title holder _____
- c. Date account opened _____
- d. Original value of account _____
- e. Source of funds _____
- f. Other information _____
- g. Current value _____

C. Loans & Accounts Receivable

- 1.1 a. Debtor's name and address **N/A**
- b. Original amount of loan or debt _____
- c. Source of funds from which loan made/origin of debt _____
- d. Date payment(s) due _____
- e. Other information _____
- f. Current amount due _____

- 1.2 a. Debtor's name and address **N/A**
- b. Original amount of loan or debt _____
- c. Source of funds from which loan made/origin of debt _____
- d. Date payment(s) due _____
- e. Other information _____
- f. Current amount due _____

D. Business Interests

- 1.1 a. Business name and address **Yoga Lessons**
- b. Type of business (corporate, partnership, etc.) **sole proprietorship**
- c. Your capital contribution **\$2,500.00**
- d. Your percentage of interest **100%**
- e. Date of acquisition **01/01/2023**
- f. Original price or value _____
- g. Source of funds to acquire **employment**
- h. Method of valuation _____
- i. Other relevant information _____
- j. Current net worth of business **\$** **????**

- 1.2 a. Business name and address **N/A**
- b. Type of business (corporate, partnership, etc.) _____
- c. Your capital contribution _____
- d. Your percentage of interest _____
- e. Date of acquisition _____
- f. Original price or value _____
- g. Source of funds to acquire _____
- h. Method of valuation _____
- i. Other relevant information _____
- j. Current net worth of business _____

E. Life Insurance Cash Value

- 1.1 a. Insurer's name and address **N/A**
- b. Name of insured _____
- c. Policy number _____
- d. Face amount of policy _____
- e. Policy owner _____
- f. Date of acquisition _____
- g. Source of funds to acquire _____
- h. Other information _____
- i. Current cash surrender value _____

- 1.2 a. Insurer's name and address **N/A**
- b. Name of insured _____
- c. Policy number _____
- d. Face amount of policy _____
- e. Policy owner _____
- f. Date of acquisition _____
- g. Source of funds to acquire _____
- h. Other information _____
- i. Current cash surrender value _____

F. Vehicles (automobile, boat, plane, truck, camper, etc.)

- 1.1 a. Description **Jaquar**
- b. Title owner **Daniel May**
- c. Date of acquisition **07/26/2023**
- d. Original price **\$42,200.00**
- e. Source of funds to acquire **loan**
- f. Amount of current lien unpaid **\$32,692.00**
- g. Other information _____
- h. Current fair market value **\$34,466.00**

1.2 a. Description N/A
 b. Title owner _____
 c. Date of acquisition _____
 d. Original price _____
 e. Source of funds to acquire _____
 f. Amount of current lien unpaid _____
 g. Other information _____
 h. Current fair market value _____

1.3 a. Description N/A
 b. Title owner _____
 c. Date of acquisition _____
 d. Original price _____
 e. Source of funds to acquire _____
 f. Amount of current lien unpaid _____
 g. Other information _____
 h. Current fair market value _____

**G. Real Estate (including real property, leaseholds, life estates, etc.
 at market value - do not deduct any mortgage)**

1.1 a. Description **Residence – 37 Stony Brook Drive**
 b. Title holder **Daniel May & Xiangxia Chen**
 c. Date of acquisition **03/01/2017**
 d. Original price **\$277,009.00**
 e. Source of funds to acquire **employment**
 f. Amount of current mortgage
 unpaid **\$147,600.00**
 g. Other information _____
 h. Estimated current market value **\$399,900.00**

1.2 a. Description N/A
 b. Title holder _____
 c. Date of acquisition _____
 d. Original price _____
 e. Source of funds to acquire _____
 f. Amount of current mortgage
 unpaid _____
 g. Other information _____
 h. Estimated current market value _____

1.3 a. Description N/A
 b. Title holder _____
 c. Date of acquisition _____
 d. Original price _____
 e. Source of funds to acquire _____

- f. Amount of current mortgage unpaid _____
- g. Other information _____
- h. Estimated current market value _____

- 1.4 a. Description **N/A**
- b. Title holder _____
- c. Date of acquisition _____
- d. Original price _____
- e. Source of funds to acquire _____
- f. Amount of current mortgage unpaid _____
- g. Other information _____
- h. Estimated current market value _____

H. Pensions & Trusts
(Pension, profit sharing, legacies, deferred compensation, etc.)

- 1.1 a. Description of trust **Pension**
- b. Location of assets **New York State Retirement**
- c. Title owner **Daniel May**
- d. Date of acquisition **09/17/2015**
- e. Original investment _____
- f. Source of funds **employment**
- g. Amount of unpaid liens _____
- h. Other information _____
- i. Current value **\$22,268.00**

- 1.2 a. Description of trust **N/A**
- b. Location of assets _____
- c. Title owner _____
- d. Date of acquisition _____
- e. Original investment _____
- f. Source of funds _____
- g. Amount of unpaid liens _____
- h. Other information _____
- i. Current value _____

I. Contingent Interests
(Stock options, interests subject to life estates, prospective inheritances, etc.)

- 1.1 a. Description **N/A**
- b. Location _____
- c. Date of vesting _____
- d. Title owner _____

- e. Date of acquisition _____
- f. Original price or value _____
- g. Source of funds to acquire _____
- h. Method of valuation _____
- i. Other information _____
- j. Current value _____

J. Household Furnishings

- 1.1 a. Description **N/A**
- b. Location _____
- c. Title owner _____
- d. Original price _____
- e. Source of funds to acquire _____
- f. Amount of lien unpaid _____
- g. Other information _____
- h. Current value _____

K. Jewelry/Art/Antiques (Only if valued at more than \$500.00)

- 1.1 a. Description **N/A**
- b. Title owner _____
- c. Location _____
- d. Original price or value _____
- e. Source of funds to acquire _____
- f. Amount of lien unpaid _____
- g. Other information _____
- h. Current value _____

- 1.2 a. Description **N/A**
- b. Title owner _____
- c. Location _____
- d. Original price or value _____
- e. Source of funds to acquire _____
- f. Amount of lien unpaid _____
- g. Other information _____
- h. Current value _____

- 1.3 a. Description **N/A**
- b. Title owner _____
- c. Location _____
- d. Original price or value _____
- e. Source of funds to acquire _____
- f. Amount of lien unpaid _____
- g. Other information _____
- h. Current value _____

L. Other Assets
(Tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights and any other asset not hereinabove itemized)

1.1	a. Description	N/A
	b. Title owner	
	c. Location	_____
	d. Original price or value	_____
	e. Source of funds to acquire	_____
	f. Amount of lien unpaid	_____
	g. Other information	_____
	h. Current value	_____

1.2	a. Description	N/A
	b. Title owner	
	c. Location	_____
	d. Original price or value	_____
	e. Source of funds to acquire	_____
	f. Amount of lien unpaid	_____
	g. Other information	_____
	h. Current value	_____

V. LIABILITIES

A. Accounts Payable

1.1	a. Name and address of creditor	Capital One
	b. Debtor	Daniel May
	c. Amount of original debt	_____
	d. Date of incurring debt	_____
	e. Purpose	credit card
	f. Monthly/other periodic payment	\$ 293.00
	g. Other information	_____
	h. Amount of current debt	\$ 8,965.95

1.2	a. Name and address of creditor	Chase Bank
	b. Debtor	Daniel May
	c. Amount of original debt	_____
	d. Date of incurring debt	_____
	e. Purpose	credit card
	f. Monthly/other periodic payment	\$800.00
	g. Other information	_____
	h. Amount of current debt	\$19,830.00

- 1.3 a. Name and address of creditor **Discover Loans**
b. Debtor **Daniel May**
c. Amount of original debt **\$37,000.00**
d. Date of incurring debt **04/12/2023**
e. Purpose **pay credit cards bills**
f. Monthly/other periodic payment **\$956.53**
g. Other information _____
h. Amount of current debt **\$34,470.00**

- 1.4 a. Name and address of creditor **Discover Credit Card (Illinois)**
b. Debtor **Daniel May**
c. Amount of original debt _____
d. Date of incurring debt _____
e. Purpose _____
f. Monthly/other periodic payment **\$60.00**
g. Other information _____
h. Amount of current debt **\$2,854.00**

- 1.5 a. Name and address of creditor **Best Buy (Missouri)**
b. Debtor **Daniel May**
c. Amount of original debt _____
d. Date of incurring debt _____
e. Purpose _____
f. Monthly/other periodic payment **\$377.21**
g. Other information _____
h. Amount of current debt **\$7,171.20**

- 1.6 a. Name and address of creditor **N/A**
b. Debtor _____
c. Amount of original debt _____
d. Date of incurring debt _____
e. Purpose _____
f. Monthly/other periodic payment _____
g. Other information _____
h. Amount of current debt _____

- 1.7 a. Name and address of creditor **N/A**
b. Debtor _____
c. Amount of original debt _____
d. Date of incurring debt _____
e. Purpose _____
f. Monthly/other periodic payment _____
g. Other information _____
h. Amount of current debt _____

- 1.8 a. Name and address of creditor N/A
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly/other periodic payment _____
- g. Other information _____
- h. Amount of current debt _____

B. Notes Payable

- 1.1 a. Name and address of note holder N/A
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly/other periodic payment _____
- g. Other information _____
- h. Amount of current debt _____

- 1.2 a. Name and address of note holder N/A
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly/other periodic payment _____
- g. Other information _____
- h. Amount of current debt _____

**C. Installment Accounts Payable
(Security agreements, chattel mortgages)**

- 1.1 a. Name and address of creditor N/A
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly/other periodic payment _____
- g. Other information _____
- h. Amount of current debt _____

- 1.2 a. Name and address of creditor N/A
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____

- f. Monthly/other periodic payment _____
- g. Other information _____
- h. Amount of current debt _____

D. Broker Margin Accounts

- 1.1 a. Name and address of broker **N/A**
- b. Debtor _____
- c. Amount of original debt _____
- d. Date of incurring debt _____
- e. Purpose _____
- f. Monthly/other periodic payment _____
- g. Other information _____
- h. Amount of current debt _____

E. Mortgages on Real Estate

- 1.1 a. Name and address of mortgagee **Rocket Mortgage, Detroit, MI**
- b. Address of property mortgaged **34 Stonybrook Dr, Selkirk, NY**
- c. Mortgagor **Daniel May**
- d. Original debt **\$277,009.00**
- e. Date of incurring debt **03/01/2017**
- f. Monthly/other periodic payment **\$1,400.00**
- g. Maturity date **03/01/2052**
- h. Other information _____
- i. Amount of current debt **\$147,600.00**

- 1.2 a. Name and address of mortgagee **N/A**
- b. Address of property mortgaged _____
- c. Mortgagor _____
- d. Original debt _____
- e. Date of incurring debt _____
- f. Monthly/other periodic payment _____
- g. Maturity date _____
- h. Other information _____
- i. Amount of current debt _____

- 1.3 a. Name and address of mortgagee **N/A**
- b. Address of property mortgaged _____
- c. Mortgagor _____
- d. Original debt _____
- e. Date of incurring debt _____
- f. Monthly/other periodic payment _____
- g. Maturity date _____
- h. Other information _____
- i. Amount of current debt _____

F. Taxes Payable **N/A**

- 1.1 a. Description of tax _____
- b. Amount of tax _____
- c. Date due _____
- d. Other information _____

G. Loans of Life Insurance **N/A**

- 1.1 a. Name and address of insurer _____
- b. Amount of lien _____
- c. Date incurred _____
- d. Purpose _____
- e. Borrower _____
- f. Monthly/other periodic payment _____
- g. Other information _____
- h. Amount of current debt _____

H. Other Liabilities

- 1.1 a. Description **N/A**
- b. Name and address of creditor _____
- c. Debtor _____
- d. Amount of original debt _____
- e. Date incurred _____
- f. Purpose _____
- g. Monthly/other periodic payment _____
- h. Other information _____
- i. Amount of current debt _____

- 1.2 a. Description **N/A**
- b. Name and address of creditor _____
- c. Debtor _____
- d. Amount of original debt _____
- e. Date incurred _____
- f. Purpose _____
- g. Monthly/other periodic payment _____
- h. Other information _____
- i. Amount of current debt _____

TOTAL ASSETS: \$466,922.00

TOTAL LIABILITIES: (Minus) \$220,890.00

NET WORTH: \$246,032.00

VI. ASSETS TRANSFERRED:

List all assets transferred in any manner during the preceding three (3) years, or length of the marriage, whichever is shorter (transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are identified in the Statement of Net Worth.)

DESCRIPTION OF PROPERTY TRANSFERRED	TO WHOM TRANSFERRED & RELATIONSHIP	DATE OF TRANSFER	VALUE
-------------------------------------	------------------------------------	------------------	-------

N/A			

VII. SUPPORT REQUIREMENTS

- At this time, Deponent is not paying or receiving support.
- Deponent is at present (paying/receiving) \$_____ per (week/month) and prior to separation (paid/received) \$_____ per (week/month) to cover expenses for:

These payments are being made voluntarily, or pursuant to Court Order or Judgment, and there are (no) arrears outstanding in the sum of \$_____.

- Deponent requests for self \$_____ per (week/month).
- The day of the (week/month) payment should be made is _____.

VIII. COUNSEL FEE REQUIREMENTS

- Deponent requests no counsel fees or disbursements at this time.
- Deponent requests counsel fees and disbursements at this time.
- Deponent has paid the sum of \$_____ and has agreed with counsel concerning fees as follows: _____

- There is/is not a Retainer Agreement or written agreement relating to payment of legal fees. (A copy of any such agreement should be annexed.)

IX. ACCOUNTANT AND APPRAISAL FEE REQUIREMENTS

- Deponent requests no expert fees at this time.
- Deponent requests for accountant's fees and disbursements the sum of \$ _____ based on an hourly/flat rate fee.
- Deponent requests for appraisal fees and disbursements the sum of \$ _____ based on hourly/flat rate fee.
- Deponent requires services of an accountant for the following reasons:

- Deponent requires services of an appraiser for the following reasons:

X. OTHER DATA

Other data regarding the financial circumstances of the parties that should be brought to the attention of the Court: _____

The foregoing statements and a rider consisting of _____ pages annexed hereto and made a part hereof, have been carefully read by the undersigned who states that they are true and correct.

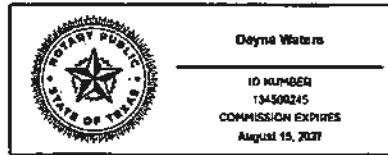
OM

NAME _____

Sworn to before me this
21ST day of March, 2024

[Signature]

Notary Public



Electronically signed and notarized online using the Proof platform.

CERTIFICATION OF ATTORNEY

I hereby certify under penalty of perjury, and as an Officer of the Court, that I have no knowledge that the substance of any of the factual submissions contained in this document is false.

LAW OFFICE OF PAIGE E. CRABLE, PLLC.

By 

ATTORNEY

DATED: 3/27, 2024

EXHIBIT C



This Product Contains Sensitive Taxpayer Data

Request Date: 01-09-2024
Response Date: 01-09-2024
Tracking Number: 105385128950

Account Transcript

FORM NUMBER: 1040 TAX PERIOD: Dec. 31, 2022

TAXPAYER IDENTIFICATION NUMBER: XXX-XX-1587
SPOUSE TAXPAYER IDENTIFICATION NUMBER: XXX-XX-0957

DANI M MA & XIAN CHE
34 STO

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00
ACCRUED INTEREST: 0.00 AS OF: May 15, 2023
ACCRUED PENALTY: 0.00 AS OF: May 15, 2023

ACCOUNT BALANCE
PLUS ACCRUALS
(this is not a
payoff amount): 0.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS: 03
FILING STATUS: Married Filing Joint
ADJUSTED GROSS
INCOME: 94,778.00
TAXABLE INCOME: 66,904.00
TAX PER RETURN: 7,120.00
SE TAXABLE INCOME
TAXPAYER: 0.00
SE TAXABLE INCOME
SPOUSE: 0.00
TOTAL SELF
EMPLOYMENT TAX: 0.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Apr. 15, 2023
PROCESSING DATE May 15, 2023

TRANSACTIONS			
CODE	EXPLANATION OF TRANSACTION	CYCLE DATE	AMOUNT
150	Tax return filed 14211-513-71367-3	20231701 05-15-2023	\$7,120.00
806	W-2 or 1099 withholding	04-15-2023	-\$6,177.00
610	Payment with return	04-18-2023	-\$943.00

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Request Date: 01-09-2024
Response Date: 01-09-2024
Tracking Number: 105385138290

Record of Account

FORM NUMBER: 1040 TAX PERIOD: Dec. 31, 2022

TAXPAYER IDENTIFICATION NUMBER: XXX-XX-1587
SPOUSE TAXPAYER IDENTIFICATION NUMBER: XXX-XX-0957

DANI M MA & XIAN CHE
34 STO

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00
ACCRUED INTEREST: 0.00 AS OF: May 15, 2023
ACCRUED PENALTY: 0.00 AS OF: May 15, 2023

ACCOUNT BALANCE
PLUS ACCRUALS
(this is not a
payoff amount): 0.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS: 03
FILING STATUS: Married Filing Joint
ADJUSTED GROSS
INCOME: 94,778.00
TAXABLE INCOME: 66,904.00
TAX PER RETURN: 7,120.00
SE TAXABLE INCOME
TAXPAYER: 0.00
SE TAXABLE INCOME
SPOUSE: 0.00
TOTAL SELF
EMPLOYMENT TAX: 0.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Apr. 15, 2023
PROCESSING DATE May 15, 2023

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	Tax return filed 14211-513-71367-3	20231701	05-15-2023	\$7,120.00
806	W-2 or 1099 withholding		04-15-2023	-\$6,177.00
610	Payment with return		04-18-2023	-\$943.00

SSN Provided: XXX-XX-1587

Tax Period Ending: Dec. 31, 2022

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-1587 SPOUSE SSN: XXX-XX-0957
NAME(S) SHOWN ON RETURN: DANI M MA & XIAN CHE

ADDRESS: 34 STO

FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20231701
RECEIVED DATE: Apr.15, 2023
REMITTANCE: \$0.00
EXEMPTION NUMBER: 3
DEPENDENT 1 NAME CTRL: MAY
DEPENDENT 1 SSN: XXX-XX-8614
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
IDENTITY THEFT PERSONAL ID NUMBER:
PTIN:
PREPARER EIN:

Income

TOTAL WAGES:.....\$106,341.00
FORM W-2 WAGES:.....\$106,341.00
TAXABLE INTEREST INCOME: SCH B:.....\$64.00
TAX-EXEMPT INTEREST:.....\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....\$0.00
QUALIFIED DIVIDENDS:.....\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....\$0.00
ALIMONY RECEIVED:.....\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....\$-11,327.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....\$-11,327.00
CAPITAL GAIN OR LOSS: (Schedule D):.....\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....\$0.00
TOTAL IRA DISTRIBUTIONS:.....\$0.00
TAXABLE IRA DISTRIBUTIONS:.....\$0.00
TOTAL PENSIONS AND ANNUITIES:.....\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....\$0.00
ADDITIONAL INCOME:.....\$-11,327.00
ADDITIONAL INCOME PER COMPUTER:.....\$-11,327.00
REFUNDABLE CREDITS PER COMPUTER:.....\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:.....\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....\$0.00
FARM INCOME OR LOSS (Schedule F):.....\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....\$0.00
UNEMPLOYMENT COMPENSATION:.....\$0.00

TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00
OTHER INCOME:.....	\$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:.....	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00
EXCESS ADV CHILD TAX CREDIT PER COMPUTER:.....	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT 2:.....	0
SECONDARY ECONOMIC IMPACT PAYMENT 2:.....	0
PRIMARY ADVANCED CTC PAYMENTS:.....	\$0.00
SECONDARY ADVANCED CTC PAYMENTS:.....	\$0.00
ADDITIONAL CTC EARNED INCOME:.....	\$0.00
EIC PRIOR YEAR EARNED INCOME:.....	\$0.00
CTC PRIOR YEAR EARNED INCOME:.....	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:.....	\$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:.....	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT:.....	\$0.00
SECONDARY ECONOMIC IMPACT PAYMENT:.....	\$0.00
SCHOLARSHIP FELLOWSHIP GRANT:.....	\$0.00
TOTAL INCOME:.....	\$95,078.00
TOTAL INCOME PER COMPUTER:.....	\$95,078.00

Adjustments to Income

EDUCATOR EXPENSES:.....	\$300.00
EDUCATOR EXPENSES PER COMPUTER:.....	\$300.00
RESERVIST AND OTHER BUSINESS EXPENSE:.....	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:.....	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....	\$0.00
MOVING EXPENSES: F3903:.....	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:.....	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:.....	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:.....	\$0.00
SELF-EMP HEALTH INS DEDUCTION:.....	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:.....	\$0.00
ALIMONY PAID SSN:.....	
ALIMONY PAID:.....	\$0.00
SCHOLARSHIP FELLOWSHIP EXCLUDED:.....	\$0.00
IRA DEDUCTION:.....	\$0.00
IRA DEDUCTION PER COMPUTER:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:.....	\$0.00
TUITION AND FEES DEDUCTION:.....	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:.....	\$0.00
OTHER ADJUSTMENTS:.....	\$0.00
ARCHER MSA DEDUCTION:.....	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:.....	\$0.00
TOTAL ADJUSTMENTS:.....	\$300.00
TOTAL ADJUSTMENTS PER COMPUTER:.....	\$300.00
ADJUSTED GROSS INCOME:.....	\$94,778.00
ADJUSTED GROSS INCOME PER COMPUTER:.....	\$94,778.00

Tax and Credits

65-OR-OVER:.....	NO
BLIND:.....	NO
SPOUSE 65-OR-OVER:.....	NO
SPOUSE BLIND:.....	NO
STANDARD DEDUCTION PER COMPUTER:.....	\$0.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....	\$0.00

TAX TABLE INCOME PER COMPUTER:.....	\$66,904.00
EXEMPTION AMOUNT PER COMPUTER:.....	\$0.00
TAXABLE INCOME:.....	\$66,904.00
TAXABLE INCOME PER COMPUTER:.....	\$66,904.00
TOTAL POSITIVE INCOME PER COMPUTER:.....	\$106,405.00
TENTATIVE TAX:.....	\$7,620.00
TENTATIVE TAX PER COMPUTER:.....	\$7,620.00
FORM 8814 ADDITIONAL TAX AMOUNT:.....	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....	\$0.00
FOREIGN TAX CREDIT:.....	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....	\$0.00
EDUCATION CREDIT:.....	\$0.00
EDUCATION CREDIT PER COMPUTER:.....	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:.....	\$0.00
RETIREMENT SAVINGS CONTRB CREDIT:.....	\$0.00
RETIREMENT SAVINGS CONTRB CREDIT PER COMPUTER:.....	\$0.00
PRIM RET SAV CONTRB: F8880 LN6A:.....	\$0.00
SEC RET SAV CONTRB: F8880 LN6B:.....	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....	\$0.00
RESIDENTIAL ENERGY CREDIT:.....	\$0.00
RESIDENTIAL CLEAN ENERGY CREDIT PER COMPUTER:.....	\$0.00
CHILD AND OTHER DEPENDENT CREDIT:.....	\$500.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:.....	\$500.00
ADOPTION CREDIT: F8839:.....	\$0.00
ADOPTION CREDIT PER COMPUTER:.....	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....	\$0.00
TOTAL OTHER NON REFUNDABLE CREDIT:.....	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:.....	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:.....	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....	\$0.00
EARLIER YEAR INCOME REPAYMENT CREDIT:.....	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
SICK FAMILY LEAVE CREDIT:.....	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:.....	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:.....	\$0.00
REFUNDABLE CHILD CARE CREDIT:.....	\$0.00
SICK FAMILY LEAVE CREDIT AFTER 3-31-21:.....	\$0.00
REFUNDABLE CHILD CARE CREDIT VERIFIED:.....	\$0.00
RECOVERY REBATE CREDIT:.....	\$0.00
RECOVERY REBATE CREDIT PER COMPUTER:.....	\$0.00
RECOVERY REBATE CREDIT VERIFIED:.....	\$0.00
OTHER CREDITS:.....	\$0.00
TOTAL CREDITS:.....	\$500.00
TOTAL CREDITS PER COMPUTER:.....	\$500.00
INCOME TAX AFTER CREDITS PER COMPUTER:.....	\$7,120.00

Other Taxes

SE TAX:	\$0.00
SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$7,120.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$7,120.00
TOTAL OTHER TAXES PER COMPUTER:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
F8959 ADDITIONAL MEDICARE TAX:	\$0.00
F8960 NET INVESTMENT INCOME TAX:	\$0.00
INTEREST ON DEFERRED TAX:	\$0.00
TOTAL OTHER TAXES:	\$0.00
RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$0.00
INTEREST DUE ON INSTALLMENT:	\$0.00
SCH 8812 ADDITIONAL TAX COMPUTER:	\$0.00
REFUNDABLE CHILD CARE COMPUTER:	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:	\$0.00
DEFERRED TAX SCH H SE:	\$0.00
MAX DEFERRED TAX PER COMPUTER:	\$0.00
TOTAL ADDITIONAL TAXES:	\$0.00
TOTAL ASSESSMENT PER COMPUTER:	\$7,120.00
TOTAL TAX LIABILITY TP FIGURES:	\$7,120.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$7,120.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$6,177.00
SCH 8812 ADDITIONAL TAX:	\$0.00
ESTIMATED TAX PAYMENTS:	\$0.00
OTHER PAYMENT CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	\$0.00
REFUNDABLE CREDITS:	\$0.00
EARNED INCOME CREDIT:	\$0.00
EARNED INCOME CREDIT PER COMPUTER:	\$0.00
NONTAXABLE COMBAT PAY:	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$0.00
AMOUNT PAID WITH FORM 4868:	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	\$0.00
HEALTH COVERAGE TX CR: F8885:	\$0.00
SEC 965 TAX INSTALLMENT:	\$0.00
SEC 965 TAX LIABILITY:	\$0.00
PREMIUM TAX CREDIT AMOUNT:	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):	\$0.00

TOTAL OTHER PAYMENTS REFUNDABLE:.....\$0.00
TOTAL PAYMENTS:.....\$6,177.00
TOTAL PAYMENTS PER COMPUTER:.....\$6,177.00

Refund or Amount Owed

AMOUNT YOU OWE:.....\$943.00
ESTIMATED TAX CREDIT APPLIED TO NEXT YEAR:.....\$0.00
ESTIMATED TAX PENALTY:.....\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$943.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$943.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
AUTHORIZATION INDICATOR:.....0
THIRD PARTY DESIGNEE NAME:.....

Schedule A--Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:.....\$20,183.00
ADJUSTED GROSS INCOME PERCENTAGE:.....\$7,108.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....\$0.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....\$7,108.00
NET MEDICAL DEDUCTION:.....\$13,075.00
NET MEDICAL DEDUCTION PER COMPUTER:.....\$13,075.00

TAXES PAID

STATE AND LOCAL INCOME OR SALES TAXES:.....\$4,994.00
REAL ESTATE TAXES:.....\$7,661.00
PERSONAL PROPERTY TAXES:.....\$7,661.00
OTHER TAXES AMOUNT:.....\$0.00
SCH A TAX DEDUCTIONS:.....\$10,000.00
SCH A TAX PER COMPUTER:.....\$10,000.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....\$4,799.00
MORTGAGE INTEREST (INDIVIDUAL):.....\$0.00
DEDUCTIBLE POINTS:.....\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....\$0.00
DEDUCTIBLE INVESTMENT INTEREST:.....\$0.00
TOTAL INTEREST DEDUCTION:.....\$4,799.00
TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$4,799.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$0.00
OTHER THAN CASH: Form 8283:.....\$0.00
CARRYOVER FROM PRIOR YEAR:.....\$0.00
SCH A TOTAL CONTRIBUTIONS:.....\$0.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$0.00

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$0.00

JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00
TOTAL LIMITED MISC EXPENSES:.....\$0.00
NET LIMITED MISC DEDUCTION:.....\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$0.00
OTHER MISC DEDUCTIONS:.....\$0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$27,874.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$27,874.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00

Schedule C--Profit or Loss From Business

SOCIAL SECURITY NUMBER:.....XXX-XX-1587
EMPLOYER ID NUMBER:.....
BUSINESS NAME:.....KAD YOC
DESCRIPTION OF BUSINESS/PROFESSION:.....
NAICS CODE:.....812990
ACCT MTHD:.....Cash
FIRST TIME SCHEDULE C FILED:.....Y
STATUTORY EMPLOYEE IND:.....N

INCOME

GROSS RECEIPTS OR SALES:.....\$480.00
RETURNS AND ALLOWANCES:.....\$0.00
NET GROSS RECEIPTS:.....\$480.00
COST OF GOODS SOLD:.....\$0.00
SCHEDULE C FORM 1099 REQUIRED:.....NO
SCHEDULE C FORM 1099 FILED:.....NONE
OTHER INCOME:.....\$0.00

EXPENSES

CAR AND TRUCK EXPENSES:.....\$960.00
DEPRECIATION:.....\$0.00
INSURANCE (OTHER THAN HEALTH):.....\$100.00
MORTGAGE INTEREST:.....\$0.00
LEGAL AND PROFESSIONAL SERVICES:.....\$0.00
REPAIRS AND MAINTENANCE:.....\$0.00
TRAVEL:.....\$575.00
MEALS AND ENTERTAINMENT:.....\$0.00
WAGES:.....\$0.00
OTHER EXPENSES:.....\$8,180.00
TOTAL EXPENSES:.....\$11,807.00
EXP FOR BUSINESS USE OF HOME:.....\$0.00
SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$-11,327.00
AT RISK CD:.....All investment at risk
OFFICE EXPENSE AMOUNT:.....\$0.00
UTILITIES EXPENSE AMOUNT:.....\$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$0.00

INVENTORY AT END OF YEAR:.....\$0.00

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00

TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00

TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

Form 8995-A, 8995 Qualified Business Income Deduction

QUALIFIED BUSINESS INCOME COMPONENT:.....\$0.00

REIT AND PTP COMPONENT:.....\$0.00

F8995 NET CAPITAL GAINS:.....\$0.00

F8995 DOMESTIC PRODUCTION DEDUCTION:.....\$0.00

QUALIFIED BUSINESS NET LOSS CARRYFORWARD:.....\$0.00

QUALIFIED REIT DIV AND PTP LOSS CARRYFORWARD:.....\$0.00

TOTAL QUALIFIED BUSINESS LOSS CARRYFORWARD:.....\$11,327.00

TOTAL REIT DIV LOSS CARRYFORWARD:.....\$0.00

TOTAL QUALIFIED BUSINESS INCOME OR LOSS:.....\$-11,327.00

QUALIFIED REIT DIV AND PTP INCOME OR LOSS:.....\$0.00

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Request Date: 01-09-2024
Response Date: 01-09-2024
Tracking Number: 105385122733

Tax Return Transcript

SSN Provided: XXX-XX-1587
Tax Period Ending: Dec. 31, 2022

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-1587
SPOUSE SSN: XXX-XX-0957

NAME(S) SHOWN ON RETURN: DANI M MA & XIAN CHE

ADDRESS: 34 STO

FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20231701
RECEIVED DATE: Apr.15, 2023
REMITTANCE: \$0.00
EXEMPTION NUMBER: 3
DEPENDENT 1 NAME CTRL: MAY
DEPENDENT 1 SSN: XXX-XX-8614
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PTIN:
PREPARER EIN:

Income

TOTAL WAGES:.....\$106,341.00
FORM W-2 WAGES:.....\$106,341.00
TAXABLE INTEREST INCOME: SCH B:.....\$64.00
TAX-EXEMPT INTEREST:.....\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....\$0.00
QUALIFIED DIVIDENDS:.....\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....\$0.00
ALIMONY RECEIVED:.....\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....\$-11,327.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....\$-11,327.00
CAPITAL GAIN OR LOSS: (Schedule D):.....\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....\$0.00
TOTAL IRA DISTRIBUTIONS:.....\$0.00
TAXABLE IRA DISTRIBUTIONS:.....\$0.00
TOTAL PENSIONS AND ANNUITIES:.....\$0.00

TAXABLE PENSION/ANNUITY AMOUNT:	\$0.00
ADDITIONAL INCOME:	\$-11,327.00
ADDITIONAL INCOME PER COMPUTER:	\$-11,327.00
REFUNDABLE CREDITS PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (Schedule F):	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
UNEMPLOYMENT COMPENSATION:	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
OTHER INCOME:	\$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$0.00
EXCESS ADV CHILD TAX CREDIT PER COMPUTER:	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT 2:	0
SECONDARY ECONOMIC IMPACT PAYMENT 2:	0
PRIMARY ADVANCED CTC PAYMENTS:	\$0.00
SECONDARY ADVANCED CTC PAYMENTS:	\$0.00
ADDITIONAL CTC EARNED INCOME:	\$0.00
EIC PRIOR YEAR EARNED INCOME:	\$0.00
CTC PRIOR YEAR EARNED INCOME:	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:	\$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT:	\$0.00
SECONDARY ECONOMIC IMPACT PAYMENT:	\$0.00
SCHOLARSHIP FELLOWSHIP GRANT:	\$0.00
TOTAL INCOME:	\$95,078.00
TOTAL INCOME PER COMPUTER:	\$95,078.00

Adjustments to Income

EDUCATOR EXPENSES:	\$300.00
EDUCATOR EXPENSES PER COMPUTER:	\$300.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTER:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	
ALIMONY PAID:	\$0.00
SCHOLARSHIP FELLOWSHIP EXCLUDED:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMEUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00

ARCHER MSA DEDUCTION PER COMPUTER:.....\$0.00
 TOTAL ADJUSTMENTS:.....\$300.00
 TOTAL ADJUSTMENTS PER COMPUTER:.....\$300.00
 ADJUSTED GROSS INCOME:.....\$94,778.00
 ADJUSTED GROSS INCOME PER COMPUTER:.....\$94,778.00

Tax and Credits

65-OR-OVER:.....NO
 BLIND:.....NO
 SPOUSE 65-OR-OVER:.....NO
 SPOUSE BLIND:.....NO
 STANDARD DEDUCTION PER COMPUTER:.....\$0.00
 ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....\$0.00
 TAX TABLE INCOME PER COMPUTER:.....\$66,904.00
 EXEMPTION AMOUNT PER COMPUTER:.....\$0.00
 TAXABLE INCOME:.....\$66,904.00
 TAXABLE INCOME PER COMPUTER:.....\$66,904.00
 TOTAL POSITIVE INCOME PER COMPUTER:.....\$106,405.00
 TENTATIVE TAX:.....\$7,620.00
 TENTATIVE TAX PER COMPUTER:.....\$7,620.00
 FORM 8814 ADDITIONAL TAX AMOUNT:.....\$0.00
 TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....\$0.00
 FORM 6251 ALTERNATIVE MINIMUM TAX:.....\$0.00
 FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....\$0.00
 FOREIGN TAX CREDIT:.....\$0.00
 FOREIGN TAX CREDIT PER COMPUTER:.....\$0.00
 FOREIGN INCOME EXCLUSION PER COMPUTER:.....\$0.00
 FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....\$0.00
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....\$0.00
 EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....\$0.00
 CHILD & DEPENDENT CARE CREDIT:.....\$0.00
 CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$0.00
 CREDIT FOR ELDERLY AND DISABLED:.....\$0.00
 CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00
 EDUCATION CREDIT:.....\$0.00
 EDUCATION CREDIT PER COMPUTER:.....\$0.00
 GROSS EDUCATION CREDIT PER COMPUTER:.....\$0.00
 RETIREMENT SAVINGS CONTRB CREDIT:.....\$0.00
 RETIREMENT SAVINGS CONTRB CREDIT PER COMPUTER:.....\$0.00
 PRIM RET SAV CONTRB: F8880 LN6A:.....\$0.00
 SEC RET SAV CONTRB: F8880 LN6B:.....\$0.00
 TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....\$0.00
 RESIDENTIAL ENERGY CREDIT:.....\$0.00
 RESIDENTIAL CLEAN ENERGY CREDIT PER COMPUTER:.....\$0.00
 CHILD AND OTHER DEPENDENT CREDIT:.....\$500.00
 CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:.....\$500.00
 ADOPTION CREDIT: F8839:.....\$0.00
 ADOPTION CREDIT PER COMPUTER:.....\$0.00
 FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....\$0.00
 FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....\$0.00
 TOTAL OTHER NON REFUNDABLE CREDIT:.....\$0.00
 FORM 3800 GENERAL BUSINESS CREDITS:.....\$0.00
 FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....\$0.00
 PRIOR YR MIN TAX CREDIT: F8801:.....\$0.00
 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....\$0.00
 EARLIER YEAR INCOME REPAYMENT CREDIT:.....\$0.00
 F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00
 F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00
 F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00
 F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00
 SICK FAMILY LEAVE CREDIT:.....\$0.00
 NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:.....\$0.00

NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:.....\$0.00
 REFUNDABLE CHILD CARE CREDIT:.....\$0.00
 SICK FAMILY LEAVE CREDIT AFTER 3-31-21:.....\$0.00
 REFUNDABLE CHILD CARE CREDIT VERIFIED:.....\$0.00
 RECOVERY REBATE CREDIT:.....\$0.00
 RECOVERY REBATE CREDIT PER COMPUTER:.....\$0.00
 RECOVERY REBATE CREDIT VERIFIED:.....\$0.00
 OTHER CREDITS:.....\$0.00
 TOTAL CREDITS:.....\$500.00
 TOTAL CREDITS PER COMPUTER:.....\$500.00
 INCOME TAX AFTER CREDITS PER COMPUTER:.....\$7,120.00

Other Taxes

SE TAX:.....\$0.00
 SE TAX PER COMPUTER:.....\$0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....\$0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....\$0.00
 TAX ON QUALIFIED PLANS F5329 (PR):.....\$0.00
 TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....\$0.00
 IRAF TAX PER COMPUTER:.....\$0.00
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....\$7,120.00
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....\$7,120.00
 TOTAL OTHER TAXES PER COMPUTER:.....\$0.00
 UNPAID FICA ON REPORTED TIPS:.....\$0.00
 F8959 ADDITIONAL MEDICARE TAX:.....\$0.00
 F8960 NET INVESTMENT INCOME TAX:.....\$0.00
 INTEREST ON DEFERRED TAX:.....\$0.00
 TOTAL OTHER TAXES:.....\$0.00
 RECAPTURE TAX: F8611:.....\$0.00
 HOUSEHOLD EMPLOYMENT TAXES:.....\$0.00
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....\$0.00
 INTEREST DUE ON INSTALLMENT:.....\$0.00
 SCH 8812 ADDITIONAL TAX COMPUTER:.....\$0.00
 REFUNDABLE CHILD CARE COMPUTER:.....\$0.00
 HEALTH COVERAGE RECAPTURE: F8885:.....\$0.00
 DEFERRED TAX SCH H SE:.....\$0.00
 MAX DEFERRED TAX PER COMPUTER:.....\$0.00
 TOTAL ADDITIONAL TAXES:.....\$0.00
 TOTAL ASSESSMENT PER COMPUTER:.....\$7,120.00
 TOTAL TAX LIABILITY TP FIGURES:.....\$7,120.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$7,120.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$6,177.00
 SCH 8812 ADDITIONAL TAX:.....\$0.00
 ESTIMATED TAX PAYMENTS:.....\$0.00
 OTHER PAYMENT CREDIT:.....\$0.00
 REFUNDABLE EDUCATION CREDIT:.....\$0.00
 REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00
 REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00
 REFUNDABLE CREDITS:.....\$0.00
 EARNED INCOME CREDIT:.....\$0.00
 EARNED INCOME CREDIT PER COMPUTER:.....\$0.00
 NONTAXABLE COMBAT PAY:.....\$0.00
 SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00
 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....\$0.00
 SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00
 SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00
 AMOUNT PAID WITH FORM 4868:.....\$0.00

FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....\$0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....\$0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....\$0.00
 HEALTH COVERAGE TX CR: F8885:.....\$0.00
 SEC 965 TAX INSTALLMENT:.....\$0.00
 SEC 965 TAX LIABILITY:.....\$0.00
 PREMIUM TAX CREDIT AMOUNT:.....\$0.00
 PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00
 PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
 SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
 FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....\$0.00
 FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....\$0.00
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
 SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....\$0.00
 TOTAL OTHER PAYMENTS REFUNDABLE:.....\$0.00
 TOTAL PAYMENTS:.....\$6,177.00
 TOTAL PAYMENTS PER COMPUTER:.....\$6,177.00

Refund or Amount Owed

AMOUNT YOU OWE:.....\$943.00
 ESTIMATED TAX CREDIT APPLIED TO NEXT YEAR:.....\$0.00
 ESTIMATED TAX PENALTY:.....\$0.00
 TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00
 BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$943.00
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$943.00
 FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
 AUTHORIZATION INDICATOR:.....0
 THIRD PARTY DESIGNEE NAME:.....

Schedule A--Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:.....\$20,183.00
 ADJUSTED GROSS INCOME PERCENTAGE:.....\$7,108.00
 ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....\$0.00
 ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....\$7,108.00
 NET MEDICAL DEDUCTION:.....\$13,075.00
 NET MEDICAL DEDUCTION PER COMPUTER:.....\$13,075.00

TAXES PAID

STATE AND LOCAL INCOME OR SALES TAXES:.....\$4,994.00
 REAL ESTATE TAXES:.....\$7,661.00
 PERSONAL PROPERTY TAXES:.....\$7,661.00
 OTHER TAXES AMOUNT:.....\$0.00
 SCH A TAX DEDUCTIONS:.....\$10,000.00
 SCH A TAX PER COMPUTER:.....\$10,000.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....\$4,799.00
 MORTGAGE INTEREST (INDIVIDUAL):.....\$0.00
 DEDUCTIBLE POINTS:.....\$0.00
 QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....\$0.00
 DEDUCTIBLE INVESTMENT INTEREST:.....\$0.00
 TOTAL INTEREST DEDUCTION:.....\$4,799.00

TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$4,799.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$0.00
OTHER THAN CASH: Form 8283:.....\$0.00
CARRYOVER FROM PRIOR YEAR:.....\$0.00
SCH A TOTAL CONTRIBUTIONS:.....\$0.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$0.00

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$0.00

JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00
TOTAL LIMITED MISC EXPENSES:.....\$0.00
NET LIMITED MISC DEDUCTION:.....\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$0.00
OTHER MISC DEDUCTIONS:.....\$0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$27,874.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$27,874.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00

Schedule C--Profit or Loss From Business

SOCIAL SECURITY NUMBER:.....XXX-XX-1587
EMPLOYER ID NUMBER:.....
BUSINESS NAME:.....NAD YOG
DESCRIPTION OF BUSINESS/PROFESSION:.....
NAICS CODE:.....812990
ACCT MTHD:.....Cash
FIRST TIME SCHEDULE C FILED:.....Y
STATUTORY EMPLOYEE IND:.....N

INCOME

GROSS RECEIPTS OR SALES:.....\$480.00
RETURNS AND ALLOWANCES:.....\$0.00
NET GROSS RECEIPTS:.....\$480.00
COST OF GOODS SOLD:.....\$0.00
SCHEDULE C FORM 1099 REQUIRED:.....NO
SCHEDULE C FORM 1099 FILED:.....NONE
OTHER INCOME:.....\$0.00

EXPENSES

CAR AND TRUCK EXPENSES:.....\$960.00
DEPRECIATION:.....\$0.00
INSURANCE (OTHER THAN HEALTH):.....\$100.00
MORTGAGE INTEREST:.....\$0.00
LEGAL AND PROFESSIONAL SERVICES:.....\$0.00
REPAIRS AND MAINTENANCE:.....\$0.00

TRAVEL:.....\$575.00
 MEALS AND ENTERTAINMENT:.....\$0.00
 WAGES:.....\$0.00
 OTHER EXPENSES:.....\$8,180.00
 TOTAL EXPENSES:.....\$11,807.00
 EXP FOR BUSINESS USE OF HOME:.....\$0.00
 SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$-11,327.00
 AT RISK CD:.....All investment at risk
 OFFICE EXPENSE AMOUNT:.....\$0.00
 UTILITIES EXPENSE AMOUNT:.....\$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$0.00
 INVENTORY AT END OF YEAR:.....\$0.00

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00
 TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

Form 8995-A, 8995 Qualified Business Income Deduction

QUALIFIED BUSINESS INCOME COMPONENT:.....\$0.00
 REIT AND PTP COMPONENT:.....\$0.00
 F8995 NET CAPITAL GAINS:.....\$0.00
 F8995 DOMESTIC PRODUCTION DEDUCTION:.....\$0.00
 QUALIFIED BUSINESS NET LOSS CARRYFORWARD:.....\$0.00
 QUALIFIED REIT DIV AND PTP LOSS CARRYFORWARD:.....\$0.00
 TOTAL QUALIFIED BUSINESS LOSS CARRYFORWARD:.....\$11,327.00
 TOTAL REIT DIV LOSS CARRYFORWARD:.....\$0.00
 TOTAL QUALIFIED BUSINESS INCOME OR LOSS:.....\$-11,327.00
 QUALIFIED REIT DIV AND PTP INCOME OR LOSS:.....\$0.00

This Product Contains Sensitive Taxpayer Data

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year, if you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP.

G—Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan.

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5).

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable).

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 625, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan.

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement.

GG—Income from qualified equity grants under section 83(f).

HH—Aggregate deferrals under section 83(f) elections as of the close of the calendar year.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

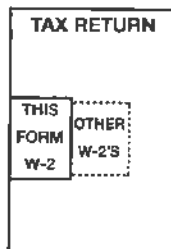
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

EXHIBIT D

**STATE OF NEW YORK SUPREME COURT
COUNTY OF ALBANY**

XIANGXIA CHEN,

Plaintiff,

- against -

DANIEL MAY,

Defendant.

Index No.: 901524-24

STATEMENT OF NET WORTH

Date of Commencement: 02/09/2024

STATE OF NEW YORK)
)ss.:
COUNTY OF ALBANY)

XIANGXIA CHEN, being duly sworn, deposes and says that, **subject to the penalties of perjury**, the following is an accurate statement as of **February 22, 2024**, of my net worth (assets of whatsoever kind and nature and wherever situated minus liabilities), statement of income from all sources and statement of assets transferred of whatsoever kind and nature and wherever situated and statement of expenses:

I. FAMILY DATA

(a)	Plaintiff's date of birth:	10/06/1978
(b)	Defendant's date of birth:	12/14/1978
(c)	Date married:	08/26/2003
(d)	Names and dates of birth of Child(ren) of the marriage:	Maximillian May (DOB: 12/14/2004)
(e)	Minor child(ren) of prior marriage:	N/A
(f)	Custody of child(ren) of prior marriage:	N/A
(g)	Plaintiff's present address:	34 Stony Brook Drive Selkirk, New York 12158
	Defendant's present address:	34 Stony Brook Drive Selkirk, New York 12158
(h)	Occupation/Employer of Plaintiff:	Customer Service
	Occupation/Employer of Defendant:	Business SYS Analyst NYS Tax Department

[UCS Rev. 6/2016 eff. 8/1/16]

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Attorneys at Law
270 Mount Hope Drive
Albany, New York 12202
P (518) 465-1451 / F (518) 465-1458

II. **EXPENSES:** (List your current expenses on a monthly basis. If there has been any change in these expenses during the recent past please indicate). Items included under "other" should be listed separately with separate dollar amounts.)

(a)		Housing: Monthly	
	1.	Mortgage/Co-op Loan	\$1,367.68 (Paid by Defendant)
	2.	Home Equity Line of Credit/Second Mortgage	
	3.	Real Estate Taxes (if not included in mortgage payment)	Included in Mortgage
	4.	Homeowners/Renter's Insurance	Included in Mortgage
	5.	Homeowner's Association, Maintenance charges, Condominium charges	
	6.	Rent	
	7.	Other:	
		TOTAL: HOUSING	\$0.00
(b)		Utilities: Monthly	
	1.	Fuel Oil/Gas	\$89.63 (Paid by Defendant)
	2.	Electric	\$105.77 (Paid by Defendant)
	3.	Telephone	
	4.	Mobile Phone	\$55.85
	5.	Cable/Satellite TV	
	6.	Internet	
	7.	Alarm	
	8.	Water	\$77.67 (Paid by Defendant)
	9.	Other: Culligan Service Plan	
		TOTAL: UTILITIES	\$55.85
(c)		Food: Monthly	
	1.	Groceries	\$226.39
	2.	Dining Out/Take Out	\$51.08
	3.	Other:	
		TOTAL: FOOD	\$277.47
(d)		Clothing: Monthly	
	1.	Yourself	\$105.48
	2.	Child(ren)	\$85.45
	3.	Dry Cleaning	
	4.	Other	
		TOTAL: CLOTHING	\$190.93
(e)		Insurance: Monthly	
	1.	Life	
	2.	Fire, theft and liability and personal articles policy	

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	3.	Automotive	
	4.	Umbrella Policy	
	5.	Medical Plan	Unknown (Paid by Defendant)
		5A. Medical Plan for yourself (Including name of carrier and name of insured)	
		5B. Medical Plan for children (Including name of carrier and name of insured)	
	6.	Dental Plan	\$2.08
	7.	Optical Plan	
	8.	Disability	
	9.	Worker's Compensation	
	10.	Long Term Care Insurance	
	11.	Other	
		TOTAL: INSURANCE	\$2.08
(f)		Unreimbursed Medical: Monthly	
	1.	Medical	\$86.97
	2.	Dental	
	3.	Optical	
	4.	Pharmaceutical	
	5.	Surgical, Nursing, Hospital	
	6.	Psychotherapy	
	7.	Other	
		TOTAL: UNREIMBURSED MEDICAL	\$86.97
(g)		Household Maintenance: Monthly	
	1.	Repairs/Maintenance	
	2.	Gardening/landscaping	
	3.	Sanitation/carting	
	4.	Snow Removal	
	5.	Extermination	
	6.	Other	
		TOTAL: HOUSEHOLD MAINTENANCE	\$0.00
(h)		Household Help: Monthly	
	1.	Domestic (housekeeper, etc.)	
	2.	Nanny/Au Pair/Child Care	
	3.	Babysitter	
	4.	Other	
		TOTAL: HOUSEHOLD HELP	\$0.00
(i)		Automobile: Monthly (List a date for each car separately)	
		Year: 2019 Make: Chevy Trax Personal	
	1.	Lease or Loan Payments (indicate lease term)	\$256.88
	2.	Gas and Oil	\$134.03

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	3.	Repairs	
	4.	Car Wash	\$7.17
	5.	Parking and tolls	
	6.	Other	
		TOTAL: AUTOMOTIVE	\$398.08
(i)		Education Costs: Monthly	
	1.	Nursery and Pre-school	
	2.	Primary and Secondary	
	3.	College	\$97.27
	4.	Post-Graduate	
	5.	Religious Instruction	
	6.	School Transportation	
	7.	School Supplies/Books	\$18.45
	8.	School Lunches	
	9.	Tutoring	
	10.	School Events	
	11.	Child(ren)'s extra-curricular and educational enrichment activities (Dance, Music, Sports, etc.)	
	12.	Other:	\$74.00
		TOTAL: EDUCATION	\$190.92
(k)		Recreational: Monthly	
	1.	Vacations	
	2.	Movies, Theatre, Ballet, Etc.	
	3.	Music (Digital or Physical Media)	
	4.	Recreation Clubs and Memberships	
	5.	Activities for yourself	
	6.	Health Club	
	7.	Summer Camp	
	8.	Birthday party costs for your child(ren)	
	9.	Other: Peloton	
		TOTAL: RECREATIONAL	\$0.00
(l)		Income Taxes: Monthly	
	1.	Federal	\$7.95
	2.	State	\$61.19
	3.	City	
	4.	Social Security and Medicare	\$168.08
	5.	Number of dependents claimed in prior tax year	
	6.	List any refund received by you for prior tax year	
		TOTAL: INCOME TAXES	\$237.22
(m)		Miscellaneous: Monthly	
	1.	Beauty parlor/barber/Spa	
	2.	Toiletries/Non-Prescription Drugs	\$38.50
	3.	Books, magazines, newspapers	\$18.45

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	4.	Gifts to others	\$159.58
	5.	Charitable contributions	
	6.	Religious organizations dues	
	7.	Union and organization dues	
	8.	Commutation expenses	
	9.	Veterinarian/pet expenses	
	10.	Child support payments (for Child(ren) of a prior marriage or relationship pursuant to court order or agreement)	
	11.	Alimony and maintenance payments (prior marriage pursuant to court order or agreement)	
	12.	Loan payments	
	13.	Unreimbursed business expenses	
	14.	Safe Deposit Box rental fee	
		TOTAL: MISCELLANEOUS	\$216.58
(n)		Other: Monthly	
	1.	Check to Defendant for contribution toward bills	\$954.17
	2.	Cell Phone	\$71.15
	3.	Travel and transportation	\$70.28
		TOTAL: OTHER	
		TOTAL: MONTHLY EXPENSES	\$1,095.60

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III.		GROSS INCOME INFORMATION:	
	(a)	Gross (total) income - as should have been or should be reported in the most recent Federal income tax return. (State whether your income has changed during the year preceding date of this affidavit. If so, please explain.) Attach most recent W-2, 1099s, K1s and income tax returns. List any amount deducted from gross income for retirement benefits or tax deferred savings.	\$22,792.39
	(b)	To the extent not already included in gross income in (a) above:	
		1. Investment income, including interest and dividend income, reduced by sums expended in connection with such investment	
		2. Worker's compensation (indicate percentage of amount due to lost wages)	
		3. Disability benefits (indicate percentage of amount due to lost wages)	
		4. Unemployment insurance benefits	
		5. Social Security benefits	
		6. Supplemental Security Income	
		7. Public assistance	
		8. Food stamps	
		9. Veterans benefits	
		10. Pensions and retirement benefits	
		11. Fellowships and stipends	
		12. Annuity payments	
	(c)	If any child or other member of your household is employed, set forth name and that person's annual income:	
	(d)	List any maintenance and/or child support you are receiving pursuant to court order or agreement	
	(e)	Other:	

IV. ASSETS (If any asset is held jointly with spouse or another, so state, and set forth your respective shares. Attach additional sheets, if needed)

A.	1.	Cash Accounts:	
		Cash	
	1.1	a. Location	
		b. Source of Funds	
		c. Amount as of date of commencement	
		d. Current amount	
		TOTAL: CASH	N/A
	2.	Checking Accounts:	
	2.1	a. Financial Institution	Wood Forest
		b. Account Number	****6109
		c. Title holder	Xiangxia Chen
		d. Date opened	Unknown
		e. Source of Funds	Wife's Income + Family
		f. Balance as of date of commencement	Approx. \$427.66
		g. Current balance	\$0.00
	2.2	a. Financial Institution	Bank of America
		b. Account Number	****84171
		c. Title holder	Xiangzia Chen
		d. Date opened	2017
		e. Source of Funds	Wife's Income + Family
		f. Balance as of date of commencement	Approx. \$2,457.14
		g. Current balance	Approx. \$2,457.14
	2.3	a. Financial Institution	
		b. Account Number	
		c. Title holder	
		d. Date opened	
		e. Source of Funds	
		f. Balance as of date of commencement	
		g. Current balance	
		TOTAL: Checking	
	3.	Savings Account (including individual, joint, totten trust, certificates of deposit, treasury notes)	
	3.1	a. Financial Institution	
		b. Account Number	
		c. Title holder	
		d. Type of account	
		e. Date opened	
		f. Source of Funds	

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		g. Balance as of date of commencement	
		h. Current balance	
	3.2	a. Financial Institution	
		b. Account Number	
		c. Title holder	
		d. Type of account	
		e. Date opened	
		f. Source of Funds	
		g. Balance as of date of commencement	
		h. Current balance	
		TOTAL: Savings	
		TOTAL: Accounts	
B.	4.	Real Estate (Including real property, leaseholds, life estates, etc. at market value – do not deduct any mortgage)	
	4.1	a. Description	34 Stony Brook Drive Selkirk, New York 12158
		b. Title owner	Joint
		c. Date of acquisition	02/22/2017
		d. Original price	\$277,009.00
		e. Source of funds to acquire	Marital
		f. Amount of mortgage or lien unpaid	\$1,367.68
		g. Estimate current fair market value	To be appraised
	4.2	a. Description	
		b. Title owner	
		c. Date of acquisition	
		d. Original price	
		e. Source of funds to acquire	
		f. Amount of mortgage or lien unpaid	
		g. Estimate current fair market value	
		TOTAL: Real Estate	TBD
C.	5.	Retirement Accounts (e.g. IRAs, 401(k)s, 403(b)s, pension, profit sharing plans, deferred compensation plans, etc.)	
	5.1	a. Description	401(k) Plan
		b. Location of assets	Amazon
		c. Title Owner	Xiangxia Chen
		d. Date of acquisition	01/23/2022
		e. Source of funds	Marital
		f. Amount of unpaid liens	Unknown
		g. Value as of date of commencement	TBD
		h. Current value	\$6,806.48
	5.2	a. Description	

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		b. Location of assets	
		c. Title Owner	
		d. Date of acquisition	
		e. Source of funds	
		f. Amount of unpaid liens	
		g. Value as of date of commencement	
		h. Current value	
		TOTAL: Retirement Accounts	TBD
D.	6.	Vehicles (Auto, Boat, Truck, Plane, Camper, Motorcycles, etc.)	
	6.1	a. Description	2019 Chevrolet Trax
		b. Title owner	Xiangxia Chen
		c. Date of acquisition	02/14/2022
		d. Original price	\$38,009.20
		e. Source of funds to acquire	Marital
		f. Amount of lien unpaid	\$256.88 per month
		g. Current fair market value	To be valued
		h. Value as of date of commencement	To be valued
	6.2	a. Description	2020 Jaguar F-Pace 3.0 RSPT
		b. Title owner	Daniel May
		c. Date of acquisition	07/26/2023
		d. Original price	\$42,200.00
		e. Source of funds to acquire	Marital
		f. Amount of lien unpaid	Unknown
		g. Current fair market value	To be valued
		h. Value as of date of commencement	To be valued
		TOTAL: Value of Vehicles	TBD
E.	7.	Jewelry, art, antiques, household furnishings, precious objects, gold and precious metals (only if valued at more than \$500)	
	7.1	a. Description	Martin Guitar (2695093)
		b. Title Owner	Daniel May
		c. Location	Marital Residence
		d. Original price or value	Unknown
		e. Source of funds to acquire	Marital
		f. Amount of lien unpaid	Unknown
		g. Value as of date of commencement	To be valued
		h. Estimate Current Value	To be valued
		i. Value as of date of commencement	To be valued
	7.2	a. Description	Taylor Guitar GS Mini
		b. Title Owner	Daniel May
		c. Location	Marital Residence

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		d. Original price or value	Unknown
		e. Source of funds to acquire	Marital
		f. Amount of lien unpaid	Unknown
		g. Value as of date of commencement	To be valued
		h. Estimate Current Value	To be valued
		i. Value as of date of commencement	To be valued
		TOTAL:	TBD
		IF YOU HAVE NO OTHER ASSETS OR BUSINESS INTERESTS, GO TO THE LIABILITIES SECTION ON PAGE 16	
F.	8.	Interest in any Business	
	8.1	a. Name and Address of Business	
		b. Type of Business (corporate, partnership, sole proprietorship or other)	
		c. Your percentage of interest	
		d. Date of acquisition	
		e. Original price or value	
		f. Source of funds to acquire	
		g. Net worth of business and date of such valuation	
		h. Other relevant information	
		TOTAL: Value of Business Interest	N/A
G.	9.	Cash Surrender Value of Life Insurance	
	9.1	a. Insurer's name and address	
		b. Name of insured	
		c. Policy number	
		d. Face amount of policy	
		e. Policy owner	
		f. Date of acquisition	
		g. Source of funds	
		h. Cash surrender value as of date of commencement	
		i. Current cash surrender value	
	9.2	a. Insurer's name and address	
		b. Name of insured	
		c. Policy number	
		d. Face amount of policy	
		e. Policy owner	
		f. Date of acquisition	
		g. Source of funds	
		h. Cash surrender value as of date of commencement	
		i. Current cash surrender value	N/A

H.	10.	Investment Accounts/Securities/Stock Options/Commodities/Broker Margin Accounts	
	10.1	a. Description	
		b. Title holder	
		c. Location	
		d. Date of acquisition	
		e. Source of funds	
		f. Value as of date of commencement	
		g. Current value	
	10.2	a. Description	
		b. Title holder	
		c. Location	
		d. Date of acquisition	
		e. Source of funds	
		f. Value as of date of commencement	
		g. Current Value	
		TOTAL: Investment Accounts/Securities/Stock Options/Commodities/Broker Margin Accounts	N/A
		TOTAL Value of Securities	N/A
I.	11.	Loans to Others and Accounts Receivable	
	11.1	a. Debtor's Name and Address	
		b. Original amount of loan or debt	
		c. Source of funds from which loan made or origin of debt	
		d. Date payment(s) due	
		e. Amount due as of date of commencement	
		f. Current amount due	
		TOTAL: Loans to Others and Accounts Receivable	N/A
J.	12.	Contingent Interests (stock options, interests subject to life estates, prospective inheritances)	
	12.1	a. Description	
		b. Location	
		c. Date of vesting	
		d. Title owner	
		e. Date of acquisition	
		f. Original price or value	
		g. Source of acquisition to acquire	
		h. Method of valuation	
		i. Value as of date of commencement	
		j. Current value	
		TOTAL: Contingent Interests	N/A
K.	13.	Other Assets (e.g., tax shelter investments, collections, judgments, causes of action, patents, trademarks,	

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	copyrights, and any other asset not hereinabove itemized)	
13.1	a. Description	
	b. Title owner	
	c. Location	
	d. Original Price or value	
	e. Source of funds to acquire	
	f. Amount of lien unpaid	
	g. Value as of date of commencement	
	h. Current value	
	TOTAL: Other Assets	N/A
	TOTAL ASSETS:	TBD

V.		LIABILITIES	
A.	1.	Accounts Payable	
	1.1	a. Name and address of creditor	NBT Bank
		b. Debtor	Daniel May
		c. Amount of original debt	Unknown
		d. Date of incurring debt	Unknown
		e. Purpose	Unknown
		f. Monthly or other periodic payment	Unknown
		g. Amount of debt as of date of commencement	Approx. \$36,770.00
		h. Amount of current debt	Approx. \$36,770.00
	1.2	a. Name and address of creditor	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Accounts Payable	\$36,770.00
B.		Credit Card Debt	
	2.	2.1 a. Creditor	Bank of America
		b. Debtor	Xiangxia Chen
		c. Amount of original debt	\$1,610.88
		d. Date of incurring debt	01/2024
		e. Purpose	Household/Marital Expenses
		f. Monthly or other periodic payment	\$25.00
		g. Amount of debt as of date of commencement	Approx. \$1,610.88
		h. Amount of current debt	Approx. \$1,610.88
	2.2	a. Creditor	Synchrony/Amazon
		b. Debtor	Xiangxia Chen
		c. Amount of original debt	\$0.00
		d. Date of incurring debt	Unknown
		e. Purpose	Household/Marital Expenses
		f. Monthly or other periodic payment	\$0.00
		g. Amount of debt as of date of commencement	\$0.00
		h. Amount of current debt	\$0.00

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	2.3	a. Creditor	Macy's Rewards Card
		b. Debtor	Xiangxia Chen
		c. Amount of original debt	\$0.00
		d. Date of incurring debt	Unknown
		e. Purpose	Household/Marital Expenses
		f. Monthly or other periodic payment	\$0.00
		g. Amount of debt as of date of commencement	\$0.00
		h. Amount of current debt	\$0.00
	2.3	a. Creditor	Lowe's
		b. Debtor	Xiangxia Chen
		c. Amount of original debt	Unknown
		d. Date of incurring debt	\$0.00
		e. Purpose	Unknown
		f. Monthly or other periodic payment	Household/Marital Expenses
		g. Amount of debt as of date of commencement	\$0.00
		h. Amount of current debt	\$0.00
	2.4	a. Creditor	Capital One
		b. Debtor	Daniel May
		c. Amount of original debt	Unknown
		d. Date of incurring debt	Unknown
		e. Purpose	Unknown
		f. Monthly or other periodic payment	Unknown
		g. Amount of debt as of date of commencement	Approx. \$5,359.00
		h. Amount of current debt	Approx. \$5,359.00
	2.5	a. Creditor	Capital One
		b. Debtor	Daniel May
		c. Amount of original debt	Unknown
		d. Date of incurring debt	Unknown
		e. Purpose	Unknown
		f. Monthly or other periodic payment	Unknown
		g. Amount of debt as of date of commencement	Approx. \$4,226.00
		h. Amount of current debt	Approx. \$4,226.00
	2.6	a. Creditor	Discover
		b. Debtor	Daniel May
		c. Amount of original debt	Unknown
		d. Date of incurring debt	Unknown
		e. Purpose	Unknown

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		f. Monthly or other periodic payment	Unknown
		g. Amount of debt as of date of commencement	Approx. \$2,078.00
		h. Amount of current debt	Approx. \$2,078.00
	2.7	a. Creditor	JPMCB
		b. Debtor	Daniel May
		c. Amount of original debt	Unknown
		d. Date of incurring debt	Unknown
		e. Purpose	Unknown
		f. Monthly or other periodic payment	Unknown
		g. Amount of debt as of date of commencement	Approx. \$1,959.00
		h. Amount of current debt	Approx. \$1,959.00
	2.8	a. Creditor	Best Buy
		b. Debtor	Daniel May
		c. Amount of original debt	Unknown
		d. Date of incurring debt	Unknown
		e. Purpose	Unknown
		f. Monthly or other periodic payment	Unknown
		g. Amount of debt as of date of commencement	Unknown
		h. Amount of current debt	Unknown
		TOTAL: Credit Card Debt	\$15,232.88
C.	3.	Mortgages Payable on Real Estate	
	3.1	a. Name and address of mortgagee	Quicken Loans
		b. Address of property mortgaged	34 Stony Brook Drive Selkirk, New York 12158
		c. Mortgagor(s)	Daniel May
		d. Original debt	\$159,472.00
		e. Date of incurring debt	06/30/2020
		f. Monthly or other periodic payment	\$1,367.68
		g. Maturity date	Unknown
		h. Amount of debt as of date of commencement	Approx. \$78,755.12
		i. Amount of current debt	Approx. \$78,755.12
	3.2	a. Name and address of mortgagee	
		b. Address of property mortgaged	
		c. Mortgagor(s)	
		d. Original debt	
		e. Date of incurring debt	
		f. Monthly or other periodic payment	
		g. Maturity date	
		h. Amount of debt as of date of	

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		commencement	
		i. Amount of current debt	
		TOTAL: Mortgages Payable	\$78,755.12
D.	4.	Home Equity and Other Lines of Credit	
	4.1	a. Name and address of mortgagee	
		b. Address of property mortgaged	
		c. Mortgagor(s)	
		d. Original debt	
		e. Date of incurring debt	
		f. Monthly or other periodic payment	
		g. Maturity date	
		h. Amount of current debt	
		i. Current equity	
		TOTAL: Home Equity and Other Lines of Credit	N/A
E.	6.	Notes Payable	
	6.1	a. Name and address of noteholder	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
	6.2	a. Name and address of noteholder	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Notes Payable	N/A
F.	7.	Brokers Margin Accounts	
	7.1	a. Name and address of broker	
		b. Amount of original debt	
		c. Date of incurring debt	
		d. Purpose	
		e. Monthly or other periodic payment	
		f. Amount of debt as of date of commencement	
		g. Amount of current debt	
		TOTAL: Broker's Margin Accounts	N/A

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G.	8.	Taxes Payable	
	8.1	a. Description of Tax	
		b. Amount of Tax	
		c. Date Due	
		TOTAL: Taxes Payable	N/A
H.	9.	Loans on Life Insurance Policies	
	9.1	a. Name and address of insurer	
		b. Amount of loan	
		c. Date incurred	
		d. Purpose	
		e. Name of Borrower	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Loans on Life Insurance	N/A
I.	10.	Installment accounts payable (security agreements, chattel mortgages)	
	10.1	a. Name and address of creditor	
		b. Debtor	
		c. Amount of original debt	
		d. Date of incurring debt	
		e. Purpose	
		f. Monthly or other periodic payment	
		g. Amount of debt as of date of commencement	
		h. Amount of current debt	
		TOTAL: Installment Accounts	N/A
J.	11.	Other Liabilities	
	11.1	a. Description	
		b. Name and address of creditor	
		c. Debtor	
		d. Original amount of debt	
		e. Date incurred	
		f. Purpose	
		g. Monthly or other periodic payment	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
	11.2	a. Description	
		b. Name and address of creditor	
		c. Debtor	
		d. Original amount of debt	
		e. Date incurred	

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		f. Purpose	
		g. Monthly or other periodic payment	
		h. Amount of debt as of date of commencement	
		i. Amount of current debt	
		TOTAL: Other Liabilities	N/A
		TOTAL LIABILITIES	TBD

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VI. ASSETS TRANSFERRED

List all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter. Note: Transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the Statement of Net Worth.

Description of Property	To Whom Transferred and Relationship to Transferee	Date of Transfer	Value
None.			

VII. LEGAL & EXPERT FEES

Please state the amount you have paid to all lawyers and experts retained in connection with your marital dissolution, including name of professional, amounts and dates paid, and source of funds. Attach retainer agreement for your present attorney: I have paid my attorneys an initial retainer of \$7,500.00 and agree to pay the following: Barrett D. Mack, Esq., \$425.00 per hour; Associate Counsel, \$415.00 - \$350.00 per hour; Paralegals, \$225.00 - \$150.00 per hour; plus costs and disbursements of this action.

VIII. OTHER DATA CONCERNING THE FINANCIAL CIRCUMSTANCES OF THE PARTIES THAT SHOULD BE BROUGHT TO THE ATTENTION OF THE COURT ARE: None at this time.

The foregoing statements and a rider consisting of 0 page(s) annexed hereto and made a part hereof, have been carefully read by the undersigned who states that they are true and correct and states same, under oath, subject to the penalties of perjury.

Sworn to before me this
20th day of February 2024.

Sheila Gray
 Notary Public
 Sheila Gray
 Notary Public, State of New York
 Qualified in Albany County
 No. 01GR6115566
 Commission Expires September 7, 2024

Xiangxia Chen
 XIANGXIA CHEN

This is the 1st Statement of Net Worth
 I have filed in this proceeding.

Attorney Certification:

Joseph P. Drescher
 JOSEPH P. DRESCHER, ESQ.

REQUIRED ATTACHMENTS:

- Retainer Agreement
- Most recent W-2, 1009s, K1s and Income Tax Returns
- Tax Returns

EXHIBIT E

MACK & ASSOCIATES, PLLC

**Kenwood Office Park
270 Mount Hope Drive
Albany, New York 12202
Telephone (518) 465-1451
Facsimile (518) 465-1458**

RETAINER AGREEMENT **DOMESTIC RELATIONS MATTER**

This is a written Retainer Agreement between attorney and client as required by the Appellate Division of Supreme Court, New York State, pursuant to Title 22 of the official compilation of the codes, rules and regulations of the State of New York.

In consideration of the mutual covenants, and conditions set forth herein, the parties agree as follows:

1. Mack & Associates, PLLC hereinafter referred to as the "law firm," agrees to undertake the legal representation of

**Xiangxia Chen
34 Stony Brook Drive
Selkirk, NY 12158
(518) 368-4230
mynewlife818@@gmail.com**

hereinafter referred to as the "client", with regard to a Divorce matter against Daniel May.

RETAINER FEE

2. The client shall pay a retainer fee in the amount of **\$ 7,500.00** upon the signing of this Agreement. No services will be rendered until this initial retainer fee is paid. The retainer fee initially hires the services of the law firm to represent the client. The nature and extent of the services, which shall be rendered, may be such that additional fees may be requested during the course of this representation. The retainer fee is a refundable retainer fee. All charges to your account with us will be applied against the retainer. All charges will be billed to you as described below.

TERMS OF COMPENSATION

3. The law firm endeavors to afford the client the highest degree of professional representation possible and as such, Attorneys and Paralegals may be utilized to assist the attorney handling this file. The hourly rate shall be billed as follows:

**Barrett D. Mack, Esq., \$425.00, per hour
Lucas G. Mihuta, Esq., \$415.00, per hour
Brenda K. Eckstein, Esq., \$415.00, per hour
Amanda S. Connors, Esq., \$350.00, per hour
Joseph P. Drescher, Esq., \$350.00 per hour**

Katelyn M. Pompey, Esq., \$350.00, per hour
Nevin J. Smith, Esq., \$350.00, per hour

Sarah Keefer, Paralegal, \$225.00 per hour
Sheila Gray, Paralegal, \$225.00, per hour
Rebecca Duncan, Senior Legal Assistant, \$200.00, per hour
Law Clerks, \$200.00 per hour
Legal Assistants, \$150.00, per hour

There shall be no increase in the above hourly rates absent a specific written amendment to this Agreement executed by both the firm and the client.

It is possible that more than one attorney will work on your file & represent you. This includes court appearances. You are advised that any attorney associated with our office can appear & represent you in any court proceedings & you agree to that.

REFUND UPON DISCHARGE/LIENS

4. The client understands that the client has the absolute right to cancel this Retainer Agreement and discharge the firm at any time. However, should any fees or disbursements be due and owing to the firm at the time of the discharge, the firm shall have the right, in addition to any other remedy, to impose a "retaining lien", i.e., a lien upon the transfer of the file to a new attorney until all fees and disbursements are paid, or to seek a "charging lien", i.e., a lien upon the property that is awarded to the client as a result of the equitable distribution in the final Order or Judgment in the client's case. No such lien may attach to maintenance or child support payments.

5. The retainer fee will serve as a credit against the entire bill for legal services rendered when the bill exceeds the amount of the retainer and only in that event.

TYPES OF SERVICES TO BE BILLED

6. PLEASE NOTE: The above rates shall apply to all time expended upon the client's behalf commencing upon the signing of this agreement and continuing thereafter until the matter is concluded. The client understands that the time expended by all attorneys and paralegals in rendering services to the client shall be billed and that the aforesaid services shall include but not be limited to time expended upon telephone conferences, conferences in or outside of the office, review and dictation of documents, correspondence, legal research, attendance at depositions, drafting of pleadings, motion papers and affidavits, the review and analysis of financial documents, appearances in court, travel to and from appearances and the preparation necessary for all court appearances, depositions or conferences required to properly conclude the matter.

INTERMITTENT BILLING AND TERMS FOR PAYMENT

7. The firm shall further endeavor to provide the client with intermittent billing statements on a monthly or bi-monthly basis, showing the unused balance of the client's retainer or the balance due to the firm. The client should note that billing statements will generally, if not otherwise stated on the face of the statement, reflect amounts for services rendered as of the last day of the month immediately preceding the date of the statement, together with disbursements incurred and any past due amounts there may be. The client is expected to read and review all billing statements and raise any objections there

may be to such statements within thirty (30) days of receipt of the same. From time to time, the client may be requested to acknowledge in writing the balance due to the firm, which may accrue during the course of the action. A request for additional funds to be applied towards the client's retainer may be requested by the law firm to client in order to replenish the client's retainer. The firm shall not charge the client for attorney, paralegal or law clerk time expended with respect to the discussion of billing matters.

_____ I agree to accept the law firm's billing statements via email. My email address is **mynewlife818@@gmail.com**.

ADDITIONAL TRIAL RETAINER

8. If your legal matter has to resolve via a trial and/or hearing, we may at that time require an additional retainer in an amount to be determined at that time. Of course, we will discuss this issue with you well in advance of a possible trial date.

PAYMENT OF DISBURSEMENTS

9. The client further agrees to pay the law firm all reasonable and necessary costs and disbursements incurred during the course of representation. These disbursements normally include, but are not limited to items such as the following: Court costs (i.e. filing for index numbers, requests for judicial intervention), mandatory surcharges imposed by the Court (Commencing April 1, 2021 there is a 2.99% service fee charged by New York State for all electronically filed matters), service of process, legal recording, photocopying, travel and related costs where applicable. Costs and disbursements are billed in addition to fees for services rendered and shall be charged against any retainer paid pursuant to this Agreement.

CONTRIBUTION FROM SPOUSE AND RESPONSIBILITY OF CLIENT

10. In the event that it becomes necessary to request a contribution of the attorney's fees from the client's spouse, it is understood that at the conclusion of the case when the final billing is totaled, that the client will be given credit for any actual amounts of attorney's fees recovered from the spouse. However, the client remains solely and personally responsible for the payment of the retainer, together with any additional fees and costs which may be incurred during the course of the representation.

SECURITY INTEREST

11. In the event the client does not have funds readily available to pay additional fees as they accrue, the firm may, as an accommodation, agree to take a security interest in property in lieu of immediate payment. A security interest may take the form of a confession of judgment, promissory note, or mortgage upon a specified property. In either event, a lien will attach to your property. In the case of the client's marital residence, any such security interest shall be non-foreclosable, i.e., the firm shall not force the sale of the client's home, but would be paid at the time the client sells the premises. The client is advised that any such security interest can be granted to the firm only with permission of the justice assigned to the client's case upon an application on notice to the opposing party, and after an application has been made for the client's spouse to pay any outstanding fees. In the event such an application for payment of counsel fees by the client's spouse and a security interest for the fees due to the firm is made to the Court, the client agrees to cooperate in connection with such application and to consent to the relief being requested from the court. Failure on the part of the client to so cooperate and consent shall

be deemed as basis to seek withdrawal from representation of the client.

CHARGING OF INTEREST

12. PLEASE NOTE: All payments are due immediately upon the client's receipt of the statement. In the event that any billing statement remains due and unpaid for a period in excess of sixty (60) days, the law firm shall have the discretion to charge upon any past due amount interest at the rate of twelve percent (12%) per annum.

HIRING AND PAYMENT OF EXPERTS

13. It is also agreed that it may become necessary to request additional services of outside experts, including tax consultants, accountants, real estate appraisers, real estate attorneys, estate attorneys, and business and pension evaluators. However, no such outside experts shall be retained unless specifically authorized and agreed to in advance by the client. It is understood that these experts may have separate Retainer Agreements entered into directly between the client and such expert; if so, the client will solely be responsible for all fees due and owing to such outside experts.

NOTICE OF CASE STATUS AND PROVISION OF COPIES

14. The firm shall keep the client informed of the status of the case and agree to explain the laws pertinent to the client's situation, the available course of action, and the attendant risks. The firm shall notify the client promptly of any developments in the case, including court appearances, and will be available for meetings and telephone conversations with the client at mutually convenient times. The firm insists that appointments be made for personal visits to the office. Copies of all papers will be supplied to the client as they are prepared (unless the client request to the contrary in writing) and the client will be billed a reasonable photocopy charge for these materials which will be included in the periodic billing statements forwarded to the client.

NO GUARANTEE OF RESULTS

15. It is understood that the law firm will diligently and faithfully attempt to reach a settlement and/or to prosecute or pursue this matter to the best of the attorney's abilities and in any manner which is in the client's best interests. The law firm makes no promises express or implied, except that it shall utilize the utmost professional skill and diligence to attain the most equitable result in this given action. The client understands no specific results can be guaranteed.

RIGHT TO ARBITRATION

16. In the event that a dispute arises between the firm and the client pertaining to attorney fees and disbursements, the client has the right to arbitration of the dispute pursuant to Part 137 of the rules of the Chief Administrator of the Courts, a copy of which is available upon request, and/or will be provided in the event of a dispute.

CLIENT'S OBLIGATION REGARDING ATTORNEY CERTIFICATION

17. The client understands that pursuant to Court rule, the firm is required, as your attorneys, to certify court papers submitted by you which contain statements of fact, and specifically to certify that the firm has no knowledge that the substance of any such submission is false. Accordingly, the client agrees to provide the firm with complete and accurate information which forms the basis of court papers and to certify in writing to the firm, prior to the time the papers are actually submitted to the court, the accuracy of the court submissions which the firm prepares upon the client's behalf and which the client shall review and sign.

ENTIRE AGREEMENT

18. This Agreement represents the complete understanding of the parties; and it constitutes the only Retainer Agreement in this action, authorizing the law firm to act on the client's behalf, there being no other understandings or Agreement whatsoever.

FILE RETENTION

19. Unless the Client specifically requests the Client's file from the Firm at the completion of the representation, the firm will maintain the client's file for at least seven (7) years after the representation is completed. At that time, the Client's file may be confidentially shredded.

RIGHT TO COUNSEL

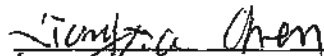
20. The client hereby acknowledges that he or she has been advised by the law firm not to sign this Retainer Agreement unless the client fully and completely understands it, and further that the client has the absolute right to consult with an attorney, independent from the law firm, before signing this Retainer Agreement.

TAX MATTERS


21. It is understood that the attorney will provide no advice relative to tax matters. It is suggested that the client direct all questions concerning tax matters to an accountant or tax attorney.

I have read and understand the within Retainer Agreement. I have received a copy of the same and accept and agree to be bound by all of its items.

Dated: 2/2/24



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Louis-Jack Pozner, Esq. ☐
Joseph P. Drescher, Esq. ☞
Nevin J. Smith, Esq.

STATEMENT OF CLIENT'S RIGHTS AND RESPONSIBILITIES

Your attorney is providing you with this document to inform you of what you, as a client, are entitled to by law or by custom. To help prevent any misunderstanding between you and your attorney, please read this document carefully.

If you ever have any questions about these rights, or about the way your case is being handled, do not hesitate to ask your attorney. He or she should be readily available to represent your best interests and keep you informed about your case.

STATEMENT OF CLIENT'S RIGHTS

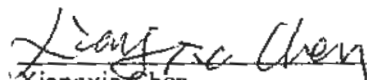
1. You are entitled to be treated with courtesy and consideration at all times by your lawyer and the other lawyers and non-lawyer personnel in your lawyer's office.
2. You are entitled to have your attorney handle your legal matter competently and diligently, in accordance with the highest standards of the profession. If you are not satisfied with how your matter is being handled, you have the right to discharge your attorney and terminate the attorney-client relationship at any time (court approval may be required in some matters and your attorney may have a claim against you for the value of services rendered to you up to the point of discharge).
3. You are entitled to your lawyer's independent professional judgment and undivided loyalty uncompromised by conflicts of interest.
4. You are entitled to be charged a reasonable fees and expenses and to have your lawyer explain before or within a reasonable time after the commencement of the representation how the fees and expenses will be computed and the manner and frequency of billing. You are entitled to request and receive a written itemized bill from your attorney at reasonable intervals. You may refuse to enter into any arrangement for fees and expenses that you find unsatisfactory. In the event of a fee dispute, you may have the right to seek arbitration: your attorney will provide you with the necessary information regarding arbitration in the event of a fee dispute, or upon your request.
5. You are entitled to have your questions and concerns addressed promptly and to receive a prompt reply to your letters, telephone calls, emails, faxes and other communications.
6. You are entitled to be kept reasonably informed as to the status of your matter and are entitled to have your attorney promptly comply with your reasonable requests for information, including your requests for copies of papers relevant to the matter. You are entitled to sufficient information to allow you to participate meaningfully in the development of your matter and make informed decisions regarding the representation.

7. You are entitled to have your legitimate objectives respected by your attorney. In particular, the decision of whether to settle your matter is yours and not your lawyer's. (Court approval of a settlement is required in some matters.)
8. You have the right to privacy in your communications with your lawyer and to have your confidential information preserved by your lawyer to the extent required by law.
9. You are entitled to have your attorney conduct himself or herself ethically in accordance with the New York Rules of Professional Conduct.
10. You may not be refused representation on the basis of race, creed, color, religion, sex, sexual orientation, age, national origin or disability.

STATEMENT OF CLIENT'S RESPONSIBILITIES

1. The client is expected to treat the lawyer and the lawyer's staff with courtesy and consideration.
2. The client's relationship with the lawyer should be one of complete candor and the client should apprise the lawyer of all facts or circumstances of the matter being handled by the lawyer even if the client believes that those facts may be detrimental to the client's cause or unflattering to the client.
3. The client must honor the fee arrangement as agreed to with the lawyer to the extent required by law.
4. All bills tendered to the client for services rendered pursuant to the agreed upon arrangement regarding fees and expenses should be paid when due.
5. A client who discharges the attorney and terminates the attorney-client relationship must nevertheless honor financial commitments under the agreed to arrangement regarding fees and expenses to the extent required by law.
6. Although the client should expect that his or her letters, telephone calls, emails, faxes and other communications to the lawyer will be answered within a reasonable time, the client should recognize that the lawyer has other clients who may be equally deserving of the lawyer's time and attention.
7. The client should maintain contact with the lawyer, promptly notify the lawyer of any change in telephone number, address, email, or other electronic contact information, and respond promptly to a request from the lawyer for information and cooperation.
8. The client must realize that the lawyer is required to respect only legitimate objectives of the client and that the lawyer will not advocate or propose positions that are unprofessional or contrary to law or the New York Rules of Professional Conduct.
9. The lawyer may decline to accept a matter of the lawyer has previous personal or professional commitments that will prohibit the lawyer from devoting adequate time to representing the client competently and diligently.
10. A lawyer is under no obligation to accept a client if the lawyer determines that the cause of the client is without merit, a conflict of interest would exist or a suitable working relationship with the client is not likely.

Date: 2/2/2024


Xiangxia Chen