

KAHN GOODMAN CPAS LLP
125 Jericho Turnpike
Jericho, NY 11753

2017 Individual Return
prepared for:

KRISTIANA ZUCCARINI
9 HAYES HILL DRIVE
FORT SALONGA, NY 11768



**KAHN GOODMAN CPAS LLP
125 JERICHO TURNPIKE
JERICHO, NY 11753
516-997-7500**

March 3, 2018

KRISTIANA ZUCCARINI
9 HAYES HILL DRIVE
FORT SALONGA, NY 11768

Dear Kristiana,

Enclosed for your review:

Form 1040 2017 U.S. Individual Income Tax Return

Form IT-201 2017 New York Resident Income Tax Return

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call if you have any questions.

Sincerely,

MICHAEL R GOODMAN

2017

FEDERAL FILING INSTRUCTIONS

KRISTIANA ZUCCARINI

468-25-9960

ELECTRONICALLY FILED:

FORM 1040 - 2017 U.S. INDIVIDUAL INCOME TAX RETURN

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879 - IRS E-FILE SIGNATURE AUTHORIZATION.

SIGNATURE:

SIGN AND DATE THE FOLLOWING FORMS:

FORM 8879 - IRS E-FILE SIGNATURE AUTHORIZATION.

RETURN SIGNED FORMS TO OUR OFFICE:

ALL SIGNED FORMS MUST BE RETURNED TO OUR OFFICE BEFORE YOUR RETURN CAN BE ELECTRONICALLY FILED.

PAYMENT:

NO PAYMENT IS REQUIRED.

REFUND:

YOU WILL RECEIVE A REFUND OF \$1,443.

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**▶ **Go to www.irs.gov/Form8879 for the latest information.****2017**

Submission Identification Number (SID) ▶

Taxpayer's name

KRISTIANA ZUCCARINI

Spouse's name

Social security number

468-25-9960

Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37).....	1	33,395.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61).....	2	2,980.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a).....	3	4,423.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a).....	4	1,443.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)...	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize KAHN GOODMAN CPAS LLP to enter or generate my PIN 20169
ERO firm name Enter five digits, but don't enter all zeros
- ☐ as my signature on my tax year 2017 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but don't enter all zeros
- ☐ as my signature on my tax year 2017 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

12839611753

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶

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

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

Form **8879** (2017)

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number

KRISTIANA ZUCCARINI 468-25-9960

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.

9 HAYES HILL DRIVE

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

FORT SALONGA, NY 11768

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

Presidential Election Campaign

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

Filing Status 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above & full name here. 5 ☐ Qualifying widow(er) (see instructions)

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b. No. of children on 6c who: 1

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	<ul style="list-style-type: none"> lived with you did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above. Add numbers on lines above.
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If more than four dependents, see instructions and check here. ☐

d Total number of exemptions claimed 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 35,556.

8a Taxable interest. Attach Schedule B if required. 8a

b Tax-exempt interest. Do not include on line 8a. 8b

9a Ordinary dividends. Attach Schedule B if required. 9a

b Qualified dividends. 9b

10 Taxable refunds, credits, or offsets of state and local income taxes. 10

11 Alimony received. 11

12 Business income or (loss). Attach Schedule C or C-EZ. 12 339.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ☐ 13

14 Other gains or (losses). Attach Form 4797. 14

15a IRA distributions. 15a b Taxable amount. 15b

16a Pensions and annuities. 16a b Taxable amount. 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17

18 Farm income or (loss). Attach Schedule F. 18

19 Unemployment compensation. 19

20a Social security benefits. 20a b Taxable amount. 20b

21 Other income. List type and amount. 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 35,895.

Adjusted Gross Income 23 Educator expenses. 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24

25 Health savings account deduction. Attach Form 8889. 25

26 Moving expenses. Attach Form 3903. 26

27 Deductible part of self-employment tax. Attach Schedule SE. 27

28 Self-employed SEP, SIMPLE, and qualified plans. 28

29 Self-employed health insurance deduction. 29

30 Penalty on early withdrawal of savings. 30

31a Alimony paid b Recipient's SSN. 31a

32 IRA deduction. 32

33 Student loan interest deduction. 33 2,500.

34 Tuition and fees. Attach Form 8917. 34

35 Domestic production activities deduction. Attach Form 8903. 35

36 Add lines 23 through 35. 36 2,500.

37 Subtract line 36 from line 22. This is your adjusted gross income. 37 33,395.

Tax and Credits**Standard Deduction for —**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	33,395.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here.		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
41	Subtract line 40 from line 38.	41	27,045.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs.	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	22,995.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/>	44	2,980.
	b <input type="checkbox"/> Form 4972	45	0.
45	Alternative minimum tax (see instructions). Attach Form 6251.	45	
46	Excess advance premium tax credit repayment. Attach Form 8962.	46	
47	Add lines 44, 45, and 46	47	2,980.
48	Foreign tax credit. Attach Form 1116 if required.	48	
49	Credit for child and dependent care expenses. Attach Form 2441.	49	
50	Education credits from Form 8863, line 19.	50	
51	Retirement savings contributions credit. Attach Form 8880.	51	
52	Child tax credit. Attach Schedule 8812, if required.	52	
53	Residential energy credits. Attach Form 5695.	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2,980.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919.	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	59	
60a	Household employment taxes from Schedule H.	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	2,980.
64	Federal income tax withheld from Forms W-2 and 1099.	64	4,423.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812.	67	
68	American opportunity credit from Form 8863, line 8.	68	
69	Net premium tax credit. Attach Form 8962.	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld.	71	
72	Credit for federal tax on fuels. Attach Form 4136.	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,423.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,443.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here.	76a	1,443.
b	Routing number. XXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number. XXXXXXXXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2018 estimated tax.	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions.	78	
79	Estimated tax penalty (see instructions)	79	

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **MICHAEL R GOODMAN**

Phone no. **516-997-7500**

Personal identification number (PIN) **11753**

Sign Here

Joint return? See instructions.

Keep a copy for your records.

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

Your signature

Date

Your occupation

Daytime phone number

ATTORNEY

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

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

Paid Preparer Use Only

Print/Type preparer's name

MICHAEL R GOODMAN

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P01231207

Firm's name **KAHN GOODMAN CPAS LLP**

Firm's address **125 JERICHO TURNPIKE**

Firm's EIN **47-5680236**

JERICHO, NY 11753

Phone no. **516-997-7500**

SCHEDULE C-EZ
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Net Profit From Business**
(Sole Proprietorship)

- Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

2017Attachment
Sequence No. **09A**

Name of proprietor

KRISTIANA ZUCCARINI

Social security number (SSN)

468-25-9960

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service
ATTORNEY

B Enter business code (see instrs)

► 541100

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

D Enter your EIN (see instructions)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

City, town or post office, state, and ZIP code

F Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C).....

☒ Yes☐ No

G If 'Yes,' did you or will you file required Forms 1099?.....

☒ Yes☐ No**Part II** Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here.....	<input type="checkbox"/>	1	1,000.
2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C.....		2	661.
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 , and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3		3	339.

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ► 1/01/17

5 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business 955 **b** Commuting (see instructions) 3,000 **c** Other 7,520

6 Was your vehicle available for personal use during off-duty hours?..... ☒ Yes ☐ No

7 Do you (or your spouse) have another vehicle available for personal use?..... ☐ Yes ☒ No

8a Do you have evidence to support your deduction?..... ☒ Yes ☐ No

b If 'Yes,' is the evidence written?..... ☒ Yes ☐ No

2017

FEDERAL STATEMENTS

PAGE 1

KRISTIANA ZUCCARINI

468-25-9960

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
ADP TOTALSOURCE	33,836.	4,423.	2,098.	491.	1,556.	23.
HPP RINX INC	1,720.		107.	25.		
GRAND TOTAL	<u>35,556.</u>	<u>4,423.</u>	<u>2,205.</u>	<u>516.</u>	<u>1,556.</u>	<u>23.</u>

2017

NEW YORK FILING INSTRUCTIONS

KRISTIANA ZUCCARINI

468-25-9960

ELECTRONICALLY FILED:

FORM IT-201 - 2017 NEW YORK RESIDENT INCOME TAX RETURN (LONG FORM)

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE UPON RECEIPT OF A SIGNED NYS E-FILE SIGNATURE AUTHORIZATION FOR TAX YEAR 2017.

REFUND:

YOU WILL RECEIVE A REFUND OF \$258.

**New York State E-File Signature Authorization for Tax Year 2017 For
Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210**Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.Taxpayer's name: KRISTIANA ZUCCARINI

Spouse's name: _____

(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

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

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

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

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2017 Form IT-370 and Tax Year 2018 Form IT-2105*.

Part A – Tax return information

1	Federal adjusted gross income (from applicable line)	1.	<u>33,395.</u>
2	Refund	2.	<u>258.</u>
3	Amount you owe	3.	_____
4	Financial institution routing number	4.	_____
5	Financial institution account number	5.	_____
6	Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2017 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: _____

Date: _____

Spouse's signature: _____

Date: _____

(jointly filed return only)

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

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____

Date: _____

Print name: _____

Paid preparer's signature: _____

Date: _____

Print name: MICHAEL R GOODMAN

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning
and ending...**17**

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
KRISTIANA		ZUCCARINI	12081991	468259960
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
9 HAYES HILL DRIVE				SUFFOLK
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
FORT SALONGA	NY	11768		NORTHPORT
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number
				452
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			
Decedent information				

A Filing status
(mark an X in one box):

- 1 ☒ Single
- 2 ☐ Married filing joint return
(enter spouse's social security number above)
- 3 ☐ Married filing separate return
(enter spouse's social security number above)
- 4 ☐ Head of household (with qualifying person)
- 5 ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2017 federal income tax return? Yes ☐ No ☒**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 14)... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 14)... Yes ☐ No ☐
- (2) Enter the amount... .00

D3 Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14)... Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2017? (see page 14)... Yes ☐ No ☒(2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day)... **F NYC residents and NYC part-year residents only (see page 14):**

- (1) Number of months you lived in NYC in 2017...
- (2) Number of months your spouse lived in NYC in 2017...

G Enter your 2-character special condition code(s) if applicable (see page 14)... **H Dependent exemption information (see page 15)**

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

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

201001171032



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

4 68259960

NYIA1312L 11/17/17

KRISTIANA ZUCCARINI

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	35556.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	339.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	35895.00
18	Total federal adjustments to income (see page 15) Identify: SEE STATEMENT 1	18	2500.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	33395.00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	33395.00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	33395.00

Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	25395.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	25395.00

201002171032



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
KRISTIANA ZUCCARINI

Your social security number
468259960

IT-201 (2017) Page 3 of 4
NY1A1334L 11/17/17

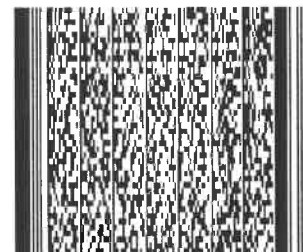
Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	25395.00
39	NYS tax on line 38 amount (see page 21)	39	1298.00
40	NYS household credit (page 21, table 1, 2, or 3)	40	.00
41	Resident credit (see page 22)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	1298.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	1298.00

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

47	NYC resident tax on line 38 amount (see page 22)	47	.00
48	NYC household credit (page 22, table 4, 5, or 6)	48	.00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 25)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00
59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



Voluntary contributions (see page 27)

60a	Return a Gift to Wildlife	60a	.00
60b	Missing/Exploited Children Fund	60b	.00
60c	Breast Cancer Research Fund	60c	.00
60d	Alzheimer's Fund	60d	.00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f	Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g	9/11 Memorial	60g	.00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i	Teen Health Education	60i	.00
60j	Veterans Remembrance	60j	.00
60k	Homeless Veterans	60k	.00
60l	Mental Illness Anti-Stigma Fund	60l	.00
60m	Women's Cancers Education and Prevention Fund	60m	.00
60n	Autism Fund	60n	.00
60o	Veterans' Homes	60o	.00
60	Total voluntary contributions (add lines 60a through 60o)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	1298.00

201003171032



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

NYIA1334L 11/17/17

468259960

62 Enter amount from line 61

62

1298.00

KRISTIANA ZUCCARINI

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	1556.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76

1556.00

Your refund, amount you owe, and account information (see pages 31 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	258.00
78	Amount of line 77 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit to checking or savings account (fill in line 83) - or - <input checked="" type="checkbox"/> paper check	78	258.00
79	Amount of line 77 that you want applied to your 2018 estimated tax (see instructions)	79	.00
79a	Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195)	79a	.00
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	80	.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32)	81	.00
82	Other penalties and interest (see page 32)	82	.00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 32 for payment options.

See page 35 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 33).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 33) ☐

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

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 33)

Date

Amount

.00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name MICHAEL R GOODMAN	Designee's phone number (516) 997-7500	Personal identification number (PIN) 11753
	E-mail: MGOODMAN@KGSLLP.COM		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN 0 3
Preparer's signature		Preparer's printed name MICHAEL R GOODMAN
Firm's name (or yours, if self-employed) KAHN GOODMAN CPAS LLP		Preparer's PTIN or SSN P01231207
Address 125 JERICHO TURNPIKE JERICHO, NY 11753		Employer identification number 475680236
E-mail: MGOODMAN@KGSLLP.COM		Date

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation ATTORNEY	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
E-mail:	

See instructions for where to mail your return.

201004171032



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's social security number
for this W-2 Record

468259960

Box b Employer identification number (EIN)

650161093

Box 1 Wages, tips, other compensation

33836.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information

Employer's name

ADP TOTALSOURCE

Employer's address (number and street)

10200 SUNSET DRIVE

City

MIAMI

State

FL

ZIP code

33173

Country (if not United States)

Box 12a Amount

.00

Code

D D

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

23.00

Description

STATE DISABILIT

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

33836.00

Box 17a NYS income tax withheld

1556.00

Other state information:

Box 15b
other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Locality a

.00

Locality b

.00

Locality a

.00

Locality b

.00

Locality a

Locality b

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

Do not detach.

W-2 Record 2

Box a Employee's social security number
for this W-2 Record

468259960

Box b Employer identification number (EIN)

201191876

Box 1 Wages, tips, other compensation

1720.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information

Employer's name

HPP RINX INC

Employer's address (number and street)

660 TERRY RD

City

HAUPPAUGE

State

NY

ZIP code

11768

Country (if not United States)

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

1720.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Locality a

.00

Locality b

.00

Locality a

.00

Locality b

.00

Locality a

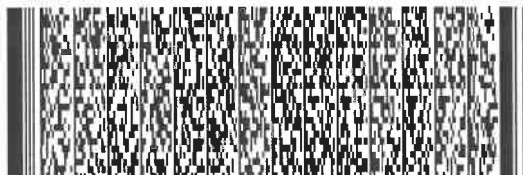
Locality b

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

102001171032



NO HANDWRITTEN ENTRIES ON THIS FORM

2017

NEW YORK STATEMENTS

PAGE 1

KRISTIANA ZUCCARINI

468-25-9960

STATEMENT 1
FORM IT-201, LINE 18
ADJUSTMENTS TO INCOME

STUDENT LOAN INTEREST DEDUCTION	\$	2,500.
TOTAL	\$	<u>2,500.</u>

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business
(Sole Proprietorship)

- Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

2017

Attachment
Sequence No. **09A**

Name of proprietor

KRISTIANA ZUCCARINI

Social security number (SSN)

468-25-9960

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service
ATTORNEY

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

B Enter business code (see instrs)
► 541100

D Enter your EIN (see instructions)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

City, town or post office, state, and ZIP code

F Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)

☒ Yes ☐ No

G If 'Yes,' did you or will you file required Forms 1099?

☒ Yes ☐ No

Part II Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here	<input type="checkbox"/>	1	1,000.
2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C.		2	661.
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 , and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3		3	339.

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ► 1/01/17

5 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business 955 **b** Commuting (see instructions) 3,000 **c** Other 7,520

6 Was your vehicle available for personal use during off-duty hours?

☒ Yes ☐ No

7 Do you (or your spouse) have another vehicle available for personal use?

☐ Yes ☒ No

8a Do you have evidence to support your deduction?

☒ Yes ☐ No

b If 'Yes,' is the evidence written?

☒ Yes ☐ No

2017

NEW YORK FILING INSTRUCTIONS

KRISTIANA ZUCCARINI

468-25-9960

ELECTRONICALLY FILED:

FORM IT-201 - 2017 NEW YORK RESIDENT INCOME TAX RETURN (LONG FORM)

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE UPON RECEIPT OF A SIGNED NYS E-FILE SIGNATURE AUTHORIZATION FOR TAX YEAR 2017.

REFUND:

YOU WILL RECEIVE A REFUND OF \$258.

2017

FEDERAL FILING INSTRUCTIONS

KRISTIANA ZUCCARINI

468-25-9960

ELECTRONICALLY FILED:

FORM 1040 - 2017 U.S. INDIVIDUAL INCOME TAX RETURN

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879 - IRS E-FILE SIGNATURE AUTHORIZATION.

SIGNATURE:

SIGN AND DATE THE FOLLOWING FORMS:

FORM 8879 - IRS E-FILE SIGNATURE AUTHORIZATION.

RETURN SIGNED FORMS TO OUR OFFICE:

ALL SIGNED FORMS MUST BE RETURNED TO OUR OFFICE BEFORE YOUR RETURN CAN BE ELECTRONICALLY FILED.

PAYMENT:

NO PAYMENT IS REQUIRED.

REFUND:

YOU WILL RECEIVE A REFUND OF \$1,443.

Employee Reference Copy
W-2 Wage and Tax Statement 2017
OMB No. 1545-0008

Copy C for employee's records.		Copy B for employer's records.	
d Control number	Dept.	Corp.	Employer use only
000879 LONG/SCF	001201		A 241
c Employer's name, address, and ZIP code			
HPP RINX INC. 660 TERRY RD HAPPAUGE NY 11788			
Batch #00562			
e/f Employee's name, address, and ZIP code			
KRISTINA ZUCCARINI 9 HAYES HILL DR. NORTHPORT,NY 11768			
b Employer's FED ID number	a Employee's SSA number		
20-1191876	468-25-9960		
1 Wages, tips, other comp.	2 Federal income tax withheld		
1720.00			
3 Social security wages	4 Social security tax withheld		
1720.00	106.64		
5 Medicare wages and tips	6 Medicare tax withheld		
1720.00	24.94		
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
32b3-ed4b-9fa1-618f			
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
8.26 SDI	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
NY	20-1191876	1720.00	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

Gross Pay	1720.00	Social Security Tax Withheld Box 4 of W-2	106.64	NY. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	8.26
Fed. Income Tax Withheld Box 2 of W-2		Medicare Tax Withheld Box 6 of W-2	24.94		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	1,720.00	1,720.00	1,720.00	1,720.00
Reported W-2 Wages	1,720.00	1,720.00	1,720.00	1,720.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

KRISTINA ZUCCARINI
9 HAYES HILL DR.
NORTHPORT, NY 11768

Social Security Number: 468-25-9960
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0 Tax Blocked
STATE: 0 Tax Blocked

* If you are claiming exempt from Federal Withholding, you are required to file a new W-4 form by February 15, 2018

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← Fold and Detach Here →

1 Wages, tips, other comp.	2 Federal income tax withheld		
1720.00			
3 Social security wages	4 Social security tax withheld		
1720.00	106.64		
5 Medicare wages and tips	6 Medicare tax withheld		
1720.00	24.94		
d Control number	Dept.	Corp.	Employer use only
000879 LONG/SCF	001201		A 241
c Employer's name, address, and ZIP code			
HPP RINX INC. 660 TERRY RD HAPPAUGE NY 11788			
b Employer's FED ID number	a Employee's SSA number		
20-1191876	468-25-9960		
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
32b3-ed4b-9fa1-618f			
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
8.26 SDI	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
e/f Employee's name, address and ZIP code			
KRISTINA ZUCCARINI 9 HAYES HILL DR. NORTHPORT,NY 11768			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
NY	20-1191876	1720.00	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

Federal Filing Copy
W-2 Wage and Tax Statement 2017
OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld		
1720.00			
3 Social security wages	4 Social security tax withheld		
1720.00	106.64		
5 Medicare wages and tips	6 Medicare tax withheld		
1720.00	24.94		
d Control number	Dept.	Corp.	Employer use only
000879 LONG/SCF	001201		A 241
c Employer's name, address, and ZIP code			
HPP RINX INC. 660 TERRY RD HAPPAUGE NY 11788			
b Employer's FED ID number	a Employee's SSA number		
20-1191876	468-25-9960		
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other	12b		
8.26 SDI	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
e/f Employee's name, address and ZIP code			
KRISTINA ZUCCARINI 9 HAYES HILL DR. NORTHPORT,NY 11768			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
NY	20-1191876	1720.00	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

NY State Reference Copy
W-2 Wage and Tax Statement 2017
OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld		
1720.00			
3 Social security wages	4 Social security tax withheld		
1720.00	106.64		
5 Medicare wages and tips	6 Medicare tax withheld		
1720.00	24.94		
d Control number	Dept.	Corp.	Employer use only
000879 LONG/SCF	001201		A 241
c Employer's name, address, and ZIP code			
HPP RINX INC. 660 TERRY RD HAPPAUGE NY 11788			
b Employer's FED ID number	a Employee's SSA number		
20-1191876	468-25-9960		
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other	12b		
8.26 SDI	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
e/f Employee's name, address and ZIP code			
KRISTINA ZUCCARINI 9 HAYES HILL DR. NORTHPORT,NY 11768			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
NY	20-1191876	1720.00	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

NY State Filing Copy
W-2 Wage and Tax Statement 2017
OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

2017 W-2 and EARNINGS SUMMARY



Employee Reference Copy
W-2 Wage and Tax Statement 2017
OMB No. 1545-0008

Copy C for employee's records

d Control number 000196 NCTS/HIK	Dept. 000100	Corp. T	Employer use only 132
-------------------------------------	-----------------	------------	--------------------------

c Employer's name, address, and ZIP code
**ADP TOTALSOURCE FL XVI
INC
BRUNO, GERBINO, & SORIA
10200 SUNSET DRIVE
MIAMI FL 33173-0000**
Batch #03450

e/f Employee's name, address, and ZIP code
**KRISTIANA ZUCCARINI
9 HAYES HILL DRIVE
FT. SALONGA NY 11768**

b Employer's FED ID number 65-0161093	a Employee's SSA number 468-25-9960
1 Wages, tips, other comp. 33835.66	2 Federal income tax withheld 4422.98
3 Social security wages 33835.66	4 Social security tax withheld 2097.81
5 Medicare wages and tips 33835.66	6 Medicare tax withheld 490.62
7 Social security tips	8 Allocated tips
9 Verification Code ef84-1ead-29ff-0e78	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 4695.00
14 Other 22.80 SDI	12b 12c 12d
15 State NY	13 Stat emp Ret. plan 3rd party sick pay
Employer's state ID no. 65-0161093	16 State wages, tips, etc. 33835.66
17 State income tax 1556.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer.

Gross Pay	35913.90	Social Security Tax Withheld Box 4 of W-2	2097.81	NY. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	1556.00 22.80
Fed. Income Tax Withheld Box 2 of W-2	4422.98	Medicare Tax Withheld Box 6 of W-2	490.62		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	35,913.90	35,913.90	35,913.90	35,913.90
Less Other Cafe 125	2,078.24	2,078.24	2,078.24	2,078.24
Reported W-2 Wages	33,835.66	33,835.66	33,835.66	33,835.66

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**KRISTIANA ZUCCARINI
9 HAYES HILL DRIVE
FT. SALONGA NY 11768**

Social Security Number: 468-25-9960
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 1
STATE: 1

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← Fold and Detach Here →

1 Wages, tips, other comp. 33835.66	2 Federal income tax withheld 4422.98
3 Social security wages 33835.66	4 Social security tax withheld 2097.81
5 Medicare wages and tips 33835.66	6 Medicare tax withheld 490.62
d Control number 000196 NCTS/HIK	Dept. 000100
Corp. T	Employer use only 132
c Employer's name, address, and ZIP code ADP TOTALSOURCE FL XVI INC BRUNO, GERBINO, & SORIA 10200 SUNSET DRIVE MIAMI FL 33173-0000	
b Employer's FED ID number 65-0161093	a Employee's SSA number 468-25-9960
7 Social security tips	8 Allocated tips
9 Verification Code ef84-1ead-29ff-0e78	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 4695.00
14 Other 22.80 SDI	12b 12c 12d
13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code KRISTIANA ZUCCARINI 9 HAYES HILL DRIVE FT. SALONGA NY 11768	
15 State NY	16 State wages, tips, etc. 33835.66
17 State income tax 1556.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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17 State income tax 1556.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2017
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

NY State Reference Copy
W-2 Wage and Tax Statement 2017
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

NY State Filing Copy
W-2 Wage and Tax Statement 2017
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Bruno, Gerbino & Soriano, LLP 445 Broad Hollow Rd, Suite 220 Melville NY 11747		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2017 Miscellaneous Income Form 1099-MISC Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number 11-3330389		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 468-25-9960		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address Kristiana Zuccarini 9 Hayes Hill Drive Ft. Salonga NY 11768		7 Nonemployee compensation \$ 1000.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
FATCA filing requirement <input type="checkbox"/>		11 <input type="checkbox"/>	12 <input type="checkbox"/>	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	
			18 State income \$	

Form **1099-MISC** (keep for your records)
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Bruno, Gerbino & Soriano, LLP 445 Broad Hollow Rd, Suite 220 Melville NY 11747		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2017 Miscellaneous Income Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 11-3330389		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 468-25-9960		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
RECIPIENT'S name and address Kristiana Zuccarini 9 Hayes Hill Drive Ft. Salonga NY 11768		7 Nonemployee compensation \$ 1000.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
FATCA filing requirement <input type="checkbox"/>		11 <input type="checkbox"/>	12 <input type="checkbox"/>	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	
			18 State income \$	

Form **1099-MISC**
DXA

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

Form
1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095B for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2252

2017

Part I Responsible Individual

1 Name of responsible individual KRISTIANA ZUCCARINI	2 Social security number (SSN) or other TIN *****9960	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 9 HAYES HILL DRIVE	5 City or town FT SALONGA	6 State or province NY
	7 Country and ZIP or foreign postal code 11768	

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): **B**

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name ADP TOTALSOURCE 04 STEPPED EPO 8 TIER 0.88	11 Employer identification number (EIN) *****6484
12 Street address (including room or suite no.) 10200 SUNSET DRIVE	13 City or town MIAMI
	14 State or province FL
	15 Country and ZIP or foreign postal code 33173

Part III Issuer or Other Coverage Provider (see instructions)

16 Name EMPIRE HEALTHCHOICE ASSURANCE, INC.	17 Employer identification number (EIN) 23-7391136	18 Contact telephone number 1-(800)-453-0113
19 Street address (including room or suite no.) 120 MONUMENT CIRCLE	20 City or town INDIANAPOLIS	21 State or province IN
		22 Country and ZIP or foreign postal code 46204-4903

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
KRISTIANA ZUCCARINI	*****9960		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.

TIP

Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

Part I. Responsible Individual, lines 1-9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.



If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage

TIP

If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals.

Line 9. Reserved.

Part II. Information About Certain Employer-Sponsored Coverage, lines 10-15. If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part also may be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

Part III. Issuer or Other Coverage Provider, lines 16-22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). **Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.**

Part IV. Covered Individuals, lines 23-28. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if the SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.

Form **1095-B****Health Coverage**☐ VOID

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service☐ CORRECTED**2017**

▶ Do not attach to your tax return. Keep for your records.

▶ Go to www.irs.gov/Form1095B for instructions and the latest information.**Part I Responsible Individual**

1	Name of responsible individual	2	Social security number (SSN) or other TIN	3	Date of birth (if SSN or other TIN is not available)
	KRISTIANA ZUCCARINI		XXX-XX-9960		
4	Street address (including apartment no.)	5	City or town	6	State or province
	HAYES HILL DR		NORTHPORT		NY
7	Country and ZIP or foreign postal code	8	Reserved	9	Reserved
	11768				

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ ☐ C**Part II Information About Certain Employer-Sponsored Coverage** (see instructions)

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name

NEW YORK STATE DEPARTMENT OF HEALTH

17 Employer identification number (EIN)

14-6033200

18 Contact telephone number

(855) 766-7860

19 Street address (including room or suite no.)

110 STATE STREET

20 City or town

ALBANY

21 State or province

NY

22 Country and ZIP or foreign postal code

12236

Part IV Covered Individuals (Enter the information for each covered individual.)

	(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	KRISTIANA ZUCCARINI	XXX-XX-9960		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cat. No. 60704B

Form **1095-B** (2017)

New York State Of Health (NYSOH)
P.O. Box 11775
Albany, NY 12211

AV 01 064106 53927E130 A*5DGT



KRISTIANA ZUCCARINI
9 HAYES HILL DR
NORTHPORT, NY 11768

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/individuals-and-Families-Shared-Responsibility-Provision.

Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.



Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see www.irs.gov/Affordable-Care-Act/individuals-and-Families or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

Part I. Responsible individual, lines 1–9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.



CAUTION
If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiple employer plan
- F. Other designated minimum essential coverage

Part IV. Covered individuals, lines 23–28. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.

Part III. Issuer or Other Coverage Provider, lines 16–22. This part reports information about the coverage provider that you can call if you have questions about the information reported on the form.

Part II. Information about Certain Employer-Sponsored Coverage, lines 10–15. If you had employer-sponsored health coverage, this part may show only the last four digits of the employer's EIN. This part may also be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

Line 9. Reserved.



If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>.

ANTHEM INC.
MAILSTOP: CAT201-C008
120 S. VIA MERIDA
THOUSAND OAKS, CA 91362-3816

1 of 2
12117

01/08/2018

|||||
*****SCH 5-DIGIT 11731
22707 1 AV 0.373 87
KRISTIANA ZUCCARINI
9 HAYES HILL DR
FORT SALONGA NY 11768-1331

The 1095-B form - your proof of health insurance

The Affordable Care Act (ACA), also called health care reform law, requires every person to have basic health insurance or face a penalty. The Internal Revenue Service (IRS) requires us to report who we've covered. The IRS also requires us to let you know with this **1095-B form, called the Statement of Minimum Essential Coverage**. This is your proof that you had health care coverage for all or part of the tax year.

If you have questions

Read the instructions on the back of the form. For all tax-related questions, talk with your tax advisor. Or contact the IRS by going to irs.gov.

CNYLG

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20180110B0C J1F2
20180109 060437 Env [22,707] 1 of 3



P.O. Box 1407
Church Street Station
New York, NY 10008-1407

1 of 2

04537



*****SCH 5-DIGIT 11731
22749 1 AV 0.373 105
KRISTIANA ZUCCARINI
9 HAYES HILL DR
FORT SALONGANY 11768-1331

December 10, 2017

002269020101

CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

1. Name of Group Health Plan: **ADP TOTALSOURCE 04
STEPPED EPO 8 TIER 0.88**
2. Name of Subscriber: **KRISTIANA ZUCCARINI**
3. Date waiting period (if any) began: **PLEASE CONTACT YOUR GROUP
FOR THIS INFORMATION.**
4. Identification or Contract Number of Subscriber: **85150304**
5. Current Contract Type: **INDIVIDUAL**
6. Name of Subscriber and/or dependents to whom this certificate applies:

<u>Subscriber Name</u>	<u>Coverage Effective Date</u>	<u>Coverage Termination Date</u>
KRISTIANA ZUCCARINI	06/01/2017	11/01/2017

IF DEPENDENT(S) WERE ON FILE, PLEASE SEE REVERSE SIDE.

7. Name and address of issuer responsible for providing this certificate:

**EMPIRE HEALTHCHOICE ASSURANCE, INC.
1 Liberty Plaza, 165 Broadway
New York, NY 10006**

NOTE: This certificate only reflects the effective and termination dates of your most recent period of coverage with Empire. If you need to obtain previous periods of coverage, a summary of health care coverage is available upon request. For further information, please call 1- 212-476-1000.

NYLH002 BOWE 2017/12/14B00 J4A5
20171210 002269 Env [22.749] 1 of 3

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)



Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoot'í t'áá ní nizaad k'ehj' níká a' doowof t'áá j'ik'e. Naaltsoos bee atah n'ílinígíí bee néécho' dólzingo nanitínígíí b'éesh bee hane'í bikzá' áa'j' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.






A more human resource.®

Kristiana Zuccarini
9 Hayes Hill Drive
Ft. Salonga NY 11768



17677

The IRS requires that your employer provide all full-time employees with an annual statement (Form 1095-C) that provides information about the health insurance coverage offered by your employer in 2017. At the request of your employer, ADP TotalSource® is providing you with the enclosed Form 1095-C.

<p>What is a 1095-C?</p> 	<p>Form 1095-C is required to be provided to all employees who worked as a full-time employee in any month of 2017 for an applicable large employer (generally, employers with more than 50 full-time employees). It shows whether your employer offered coverage and for how long during 2017. Even if you did not receive coverage, you should receive this form.</p> <p>This form provides information to the IRS that helps validate if you had insurance through your employer or your eligibility for a premium tax credit if you purchased an individual health insurance policy through the Health Insurance Marketplace and applied for such credit.</p>
<p>What do I do with this form?</p> 	<ol style="list-style-type: none">1. Verify that your name is as it appears on your Social Security card. To be accepted without error by the IRS, your name AND Social Security Number must match the IRS database.2. Please retain this document with your other tax documentation, e.g. Form W-2, as it may be needed to prepare your 2017 tax return. This form is informational only and need not be included with your annual income tax filing.
<p>What if I have additional questions?</p> 	<p>To correct either your name or Social Security Number, as shown on your Form 1095-C or in TotalSource.adp.com, contact a MyLife Advisor via email at MyLifeAdvisorTS@adp.com.</p> <p>For specific questions, please speak with your tax professional or legal advisor.</p>

IMPORTANT - KEEP THIS CERTIFICATE. This certificate is evidence of your coverage under this plan. Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or get certain types of individual health coverage even if you have health problems.

Preexisting condition exclusions. Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "preexisting condition exclusions." A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months before your "enrollment date." Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a preexisting condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a preexisting condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption, or placement for adoption.

If a plan imposes a preexisting condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you went for 63 days or more without any coverage (called a break in coverage) a plan may not have to count the coverage you had before the break.

Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day break. You may use this certificate as evidence of your creditable coverage to reduce the length of any preexisting condition exclusion if you enroll in another plan.

Right to get special enrollment in another plan. Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible.

Prohibition against discrimination based on a health factor. Under HIPAA, a group health may not keep you (or your dependents) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

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Right to individual health coverage. Under HIPAA, if you are an "eligible individual," you have a right to buy certain individual health policies (or in some states, to buy coverage through a high-risk pool) without a preexisting condition exclusion. To be an eligible individual, you must meet the following requirements:

- You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- Your most recent coverage was under a group health plan (which can be shown by this certificate);
- Your group coverage was not terminated because of fraud or nonpayment of premiums;
- You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision); and
- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

The right to buy individual coverage is the same whether you are laid off, fired, or quit your job.

Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63-day break.

State flexibility. This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

For more information. If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for "Protecting Your Health Insurance Coverage"). These publications and other useful information are also available on the internet at:

<http://www.dol.gov/ebsa>, the DOL's interactive web pages - Health Elaws, or

<http://www.cms.hhs.gov/hipaa1>.

Get help in your language

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Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

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Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

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Tagalog

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Arabic

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Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

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Japanese

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Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoot'í' t'áá ni nizaad k'ehj́ níká a'doowo! t'áá j́ík'e. Naaltsoos bee atah nilinígíí bee nécho'dóizingo namitinígíí bécsh bee hane'í bikáá' ááǫ' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

WE ARE SENDING YOU AN IMPORTANT TAX DOCUMENT

You were enrolled in Medicaid, Child Health Plus or Essential Plan for part or all of the past year and you might need this form for your federal tax return.

You were enrolled in Medicaid, Child Health Plus (CHP) or Essential Plan (EP) for part or all of the past year. With this letter, we are sending you Form 1095-B, Health Coverage. This form is your proof of coverage of the months you had health insurance in these programs. You will need this form if you are required to file federal income taxes. Receipt of this form does not create a federal tax return filing requirement with the Internal Revenue Services (IRS). Please keep this form for your records.

IT IS IMPORTANT FOR YOU TO KNOW

... You may get other forms if your coverage changed during the year ...

You may get more than one Form 1095-B if you:

- Switched between Medicaid and CHP or EP
- Were enrolled in Medicaid and moved to or from New York City and somewhere else in the state

If you had coverage other than Medicaid, CHP or EP you will get other important tax forms. These are **Forms 1095-A and 1095-C**.

If you or a family member were enrolled in a Bronze, Silver, Gold or Platinum plan through NY State of Health (NYSOH), you will receive Form 1095-A from the Marketplace. If you were enrolled in other types of coverage – such as a Catastrophic plan, Medicare Parts A or C, TRICARE, benefits from the Department of Veterans Affairs (VA), or certain employer-sponsored health insurance – you will receive Form 1095-B or Form 1095-C from other sources.

IT IS IMPORTANT FOR YOU TO KNOW

... Who to contact for help

If you have questions about this Form 1095-B, Health Coverage, call New York State Department of Health at 1-855-766-7860.

If you think we made a mistake on this Form 1095-B, call New York State Department of Health **as soon as possible** at 1-855-766-7860.

If you have a question about the 1095-A or 1095-C tax forms you may have received, call the number on those forms.

For more information about form 1095-B, and other health care tax documents, please visit www.irs.gov/aca.

If you have tax-related questions, visit www.irs.gov.

Filing electronically is the easiest way to file a complete and accurate tax return as the software guides you through the filing process. Electronic filing options include: free Volunteer Assistance, IRS Free File, commercial software, and professional assistance.

LE ENVIAMOS UN DOCUMENTO FISCAL IMPORTANTE

Usted estuvo inscrito(a) en Medicaid, Child Health Plus o Essential Plan durante todo el año pasado o una parte de este y es posible que necesite este formulario para presentar su declaración de impuestos federales.

Usted estuvo inscrito(a) en Medicaid, Child Health Plus (CHP) o Essential Plan (EP) durante todo el año pasado o una parte de este. Junto con esta carta, le enviamos el Formulario 1095-B, Cobertura médica (Health Coverage). Este formulario es su prueba de cobertura de los meses en los que tuvo seguro médico a través de estos programas. Necesitará este formulario si se le exige que presente una declaración de impuestos federales. El hecho de recibir este formulario no implica un requisito para la presentación de una declaración de impuestos federales ante el Servicio de Impuestos Internos (Internal Revenue Services, IRS). Conserve este formulario en sus archivos.

ES IMPORTANTE QUE SEPA...

... que podría recibir otros formularios si su cobertura cambió durante el año.

Es posible que reciba más de un Formulario 1095-B si usted:

- Cambió entre Medicaid y CHP o EP.
- Se inscribió en Medicaid y se mudó hacia o desde la ciudad de Nueva York y algún otro lugar en el estado.

Si tenía otra cobertura distinta de Medicaid, CHP o EP, recibirá otros formularios fiscales importantes. Estos son los **Formularios 1095-A y 1095-C**.

Si usted o un familiar estaban inscritos en un plan Bronze, Silver, Gold o Platinum a través de NY State of Health (NYSOH), recibirá el Formulario 1095-A del mercado. Si estaban inscritos en otros tipos de cobertura, como un plan de cobertura para catástrofes, las Partes A o C de Medicare, TRICARE, los beneficios del Departamento de Asuntos de Veteranos (Department of Veterans Affairs, VA) o determinados seguros médicos patrocinados por el empleador, recibirá el Formulario 1095-B o el Formulario 1095-C de otras fuentes.

ES IMPORTANTE QUE SEPA...

con quién puede comunicarse para obtener ayuda.

Si tiene alguna pregunta sobre el Formulario 1095-B, Cobertura médica, comuníquese con el Departamento de Salud del Estado de Nueva York llamando al 1-855-766-7860.

Si cree que cometimos un error en el Formulario 1095-B, llame **cuanto antes** al Departamento de Salud del Estado de Nueva York al 1-855-766-7860.

Si tiene alguna pregunta sobre los formularios de impuestos 1095-A o 1095-C que posiblemente haya recibido, llame al número que aparece en dichos formularios.

Si desea obtener más información sobre el Formulario 1095-B y otros documentos fiscales relacionados con el cuidado de la salud, visite el sitio web www.irs.gov/aca.

Si tiene alguna pregunta relacionada con los impuestos, visite el sitio web www.irs.gov.

La forma más fácil de presentar una declaración de impuestos completa y precisa es de manera electrónica, ya que el software le guía a través del proceso de presentación de declaraciones. Las opciones de presentación electrónica de declaraciones incluyen: asistencia voluntaria gratuita, software Free File del IRS, software comercial y asistencia profesional.

P O Box 9500
Wilkes-Barre, PA 18773-9500

KRISTIANA C ZUCCARINI
9 HAYES HILL DR
NORTHPORT NY 117681331

03/02/2018

Account number: 9477023341

Important Tax Information

While we cannot offer tax advice, you may be able to deduct student loan interest that you paid in 2017 on your income tax return, and other amounts paid such as loan origination fees. If you have questions about filing your taxes, please see either IRS Pub. 970, Tax Benefits for Education, or the Student Loan Interest Deduction Worksheet in your 1040 or 1040A instructions. You can also call the IRS toll-free at 800-829-1040, visit www.irs.gov, or consult your tax advisor. For questions about your Navient account, you are welcome to visit us online at Navient.com or call us toll-free at 844-NAVIENTAX (844-628-4829). We are here to help you Monday - Thursday 8 a.m. to 9 p.m., and Friday 8 a.m. to 8 p.m., ET.

Instructions for Borrower

A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you.

You may be able to deduct student loan interest that you actually paid in 2017 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, Tax Benefits for Education, and the Student Loan Interest Deduction Worksheet in your Form 1040 or 1040A instructions.

Borrower's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the lender assigned to distinguish your account.

Box 1. Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2017. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

Box 2. If checked, indicates that loan origination fees and/or capitalized interest are included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

Future developments. For the latest information about developments related to Form 1098-E and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1098e.

☐ CORRECTED (if checked)

RECIPIENT/LENDER'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Navient Solutions, Inc. P.O. Box 9500 Wilkes Barre, PA 18773-9500 1-888-272-5543		RECIPIENT'S federal identification no. 46-4054283	BORROWER'S social security number ***-**-9960	1 Student loan interest received by lender \$ 219.03	OMB No. 1545-1576 2017 Form 1098-E	Student Loan Interest Statement Copy B For Borrower	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code KRISTIANA C ZUCCARINI 9 HAYES HILL DR NORTHPORT NY 117681331		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004					
Account number (see instructions) 9477023341		Department of the Treasury – Internal Revenue Service www.irs.gov/form1098e (Keep for your records)					



P O Box 9635
Wilkes-Barre, PA 18773-9635

KRISTIANA C ZUCCARINI
9 HAYES HILL DR
NORTHPORT NY 117681331

03/02/2018

Account number: 9477023341

Important Tax Information

While we cannot offer tax advice, you may be able to deduct student loan interest that you paid in 2017 on your income tax return, and other amounts paid such as loan origination fees. If you have questions about filing your taxes, please see either IRS Pub. 970, Tax Benefits for Education, or the Student Loan Interest Deduction Worksheet in your 1040 or 1040A instructions. You can also call the IRS toll-free at 800- 829-1040, visit www.irs.gov, or consult your tax advisor. For questions about your Navient – Department of Education Loan Servicing account, you are welcome to visit us online at Navient.com or call us toll-free at 844-NAVIENTAX (844-628-4829). We are here to help you Monday – Thursday 8 a.m. to 9 p.m., and Friday 8 a.m. to 8 p.m., ET.

Instructions for Borrower

A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you.

You may be able to deduct student loan interest that you actually paid in 2017 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, Tax Benefits for Education, and the Student Loan Interest Deduction Worksheet in your Form 1040 or 1040A instructions.

Borrower's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the lender assigned to distinguish your account.

Box 1. Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2017. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

Box 2. If checked, indicates that loan origination fees and/or capitalized interest are not included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

Future developments. For the latest information about developments related to Form 1098-E and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1098e.

☐ CORRECTED (if checked)

RECIPIENT'S name, address, city or town, state or ZIP or foreign postal code, and telephone number Department of Education Loan Servicing P O Box 9635 Wilkes Barre, PA 18773-9635 1-800-722-1300		RECIPIENT'S federal identification no. 52-1198289		BORROWER'S social security number ***-**-9960		1 Student loan interest received by lender \$ 2965.46		BORROWER'S name, street address (including apt. no.), city or town, state or ZIP or foreign postal code KRISTIANA C ZUCCARINI 9 HAYES HILL DR NORTHPORT NY 117681331		Account number (see instructions) 9477023341	
OMB No. 1545-1576 2017 Form 1098-E		Student Loan Interest Statement Copy B		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004		Form 1098-E (keep for your records) www.irs.gov/form1098e Department of the Treasury – Internal Revenue Service			

This letter was downloaded from Navient.com on the date noted at the top of the letter. Please note that this version may be slightly different than the letter you may have received by USPS or email.

1095-C

Form
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

► Do not attach to your tax return. Keep for your records.

► Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID

OMB No. 1545-2251

☐ CORRECTED

2017

Part I Employee

1 Name of employee Kristiana Zuccarini	2 Social security number (SSN) *****9960	7 Name of employer Bruno, Gerbino, & Soriano, LL	8 Employer identification number (EIN) 11-3330389
3 Street address (including apartment no.) 9 Hayes Hill Drive	6 Country and ZIP or foreign postal code 11768	9 Street address (including room or suite no.) 445 Broad Hollow Road	10 Contact telephone number 631 390-0010
4 City or town Ft. Salonga	5 State or province NY	11 City or town Melville	12 State or province NY
13 Country and ZIP or foreign postal code 11747			

Part II Employee Offer of Coverage

Plan Start Month (Enter 2-digit number): 06

	All 12 Months	Months of Coverage											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1H	1H
15 Employee Required Contribution (see instructions)	\$ 225.00	\$ 225.00	\$ 225.00	\$ 225.00	\$ 225.00	\$ 225.00	\$ 244.50	\$ 244.50	\$ 244.50	\$ 244.50	\$ 244.50	\$ 244.50	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2A	2A

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III provides information to assist you in completing your income tax return by showing you or those family members had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, the issuer of the insurance or the sponsor of the plan providing the coverage will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, the provider of that coverage will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

Part I. Employee

Lines 1-6. Part I, lines 1-6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

If you do not provide your SSN and the SSNs of all covered individuals to the plan administrator, the IRS may not be able to match the Form 1095-C to determine that you and the other covered individuals have complied with the individual shared responsibility provision. For covered individuals other than the employee listed in Part I, a Taxpayer Identification Number (TIN) may be provided instead of an SSN. See Part III.



Part I. Applicable Large Employer Member (Employer)

Lines 7-13. Part I, lines 7-13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lines 14-16

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, see irs.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to you or your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, or 1K is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report a "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, see irs.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see irs.gov.

Part III. Covered Individuals, Lines 17-22

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, see the additional covered individuals on Part III, Continuation Sheet(s).

**New York State E-File Signature Authorization for Tax Year 2017 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210**Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.Taxpayer's name: KRISTIANA ZUCCARINI

Spouse's name: _____

(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

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

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

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

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2017 Form IT-370 and Tax Year 2018 Form IT-2105*.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line)	1.	33,395.
2 Refund	2.	258.
3 Amount you owe	3.	
4 Financial institution routing number	4.	
5 Financial institution account number	5.	
6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2017 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: K.C. Zuccarini Date: 3/12/2018
Spouse's signature: _____ Date: _____
(jointly filed return only)

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

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____
Print name: _____

Paid preparer's signature: _____ Date: _____
Print name: MICHAEL R GOODMAN

**PLEASE SIGN & RETURN THIS FORM TO
KGCPA BY MAIL, FAX #516-997-7500 OR
EMAIL TO BGOODMAN@KGCPALLP.COM**

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Return completed Form 8879 to your ERO. (Do not send to IRS.)

▶ Go to www.irs.gov/Form8879 for the latest information.**2017**

Submission Identification Number (SID) ▶

Taxpayer's name

KRISTIANA ZUCCARINI

Spouse's name

Social security number

468-25-9960

Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37).....	1	33,395.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61).....	2	2,980.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a).....	3	4,423.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a).....	4	1,443.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)...	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize KAHN GOODMAN CPAS LLP to enter or generate my PIN 20169
ERO firm name Enter five digits, but don't enter all zeros
- as my signature on my tax year 2017 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

K. C. Zuccarini

Date ▶

3/12/2018**Spouse's PIN: check one box only**

- ☐ I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but don't enter all zeros
- as my signature on my tax year 2017 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

12839611753
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶

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

BAA For Paperwork Reduction Act Notice,

**PLEASE SIGN & RETURN THIS FORM TO
KGCPA BY MAIL, FAX #516-997-7500 OR
EMAIL TO BGOODMAN@KGCPALLP.COM**

Form 8879 (2017)