

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

**CAROLYN SIMON
71 TONJES ROAD
CALLICOON, NY 12723**
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Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return

With
Form 8879 IRS e-file Signature Authorization

Taxable Year Ended December 31, 2017

Name: CAROLYN SIMON

Date Due: April 17, 2018

Remittance: None is required. No amount is due or overpaid.

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form 1040 (2017)

CAROLYN SIMON**149-46-3469** Page 2**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

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee**

Joint return? See instructions. Keep a copy for your records.

38	Amount from line 37 (adjusted gross income)	38	7,540
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked ► 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350
41	Subtract line 40 from line 38	41	1,190
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____	44	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	
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 credits 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	0
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"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0
64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b	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	
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	
b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax ► 77	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ►	78	0
79	Estimated tax penalty (see instructions)	79	

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

Designee's name ►

Personal identification number (PIN) ►

Phone no. ►

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

CLERICAL

Daytime phone number

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 instr.)

Print/Type preparer's name

Preparer's signature

Date

Check if

PTIN self-employed

P01396073**Paid****Arthur Langer CPA****Arthur Langer CPA**Date **03/18/18**Firm's EIN ► **81-4277329****Preparer****Cohn & Langer, CPAs****Use Only**Firm's address ► **18 Blanche St****Plainview****NY 11803-4607****516-702-3002**

Filing Instructions

Form IT-201 - New York Resident Income Tax Return

Taxable Year Ended December 31, 2017

Name: CAROLYN SIMON

Date Due: April 17, 2018

Remittance: None is required. No amount is due or overpaid.

Signature: Sign and date Form TR-579-IT, New York State E-file Signature Authorization. Return it as soon as possible to:

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

Other: Your return is being filed electronically. Do not mail Form IT-201.



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning

and ending

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your social security number
CAROLYN		SIMON		03151968	149463469
Spouse's first name	MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
					106501158
Mailing address (see instructions, page 13) (number and street or PO box)				Apartment number	New York State county of residence
71 TONJES ROAD					Sull
City, village, or post office		State	ZIP code	Country (if not United States)	
CALICOON		NY	12723	Sullivan West	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)				Apartment number	School district
					district code number 143
City, village, or post office		State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)
		NY			Spouse's date of death (mmddyyyy)

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

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201001171022



For office use only

Federal income and adjustments (see page 15)

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)
- 5 Alimony received
- 6 Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)
- 7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)
- 8 Other gains or losses (submit a copy of federal Form 4797)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)

Whole dollars only

1	7540	.00
2		.00
3		.00
4		.00
5		.00
6		.00
7		.00
8		.00
9		.00
10		.00
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)
- 14 Unemployment compensation
- 15 Taxable amount of social security benefits (also enter on line 27)
- 16 Other income (see page 15) **Identify:**
- 17 Add lines 1 through 11 and 13 through 16 **17** 7540 .00
- 18 Total federal adjustments to income (see page 15) **Identify:**
- 19 Federal adjusted gross income (subtract line 18 from line 17)

20		.00
21		.00
22		.00
23		.00
24		7540 .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)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)
- 22 New York's 529 college savings program distributions (see page 16)
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

New York subtractions (see page 17)

- 25 Taxable refunds, credits, or offsets of state & local income taxes (from line 4) **25**00
- 26 Pensions of NYS & local governments & the federal government (see page 1) **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)

32		.00
33		7540 .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: **Standard** - or - **Itemized**
- 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)
- 36 Dependent exemptions (enter the number of dependents listed in item H; see page 20)
- 37 Taxable income (subtract line 36 from line 35)

34	8000	.00
35		.00
36		000.00
37		.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
CAROLYN SIMON

Your social security number
149463469

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	.00
39 NYS tax on line 38 amount (see page 21)	39	.00
40 NYS household credit (page 21, table 1, 2, or 3)	40	30.00
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	30.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.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	.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

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

59 Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00
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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	.00



62 Enter amount from line 61

Your social security number
149463469

62	.00
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Payments and refundable credits (see pages 28 through 30)

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	.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

76 Total payments (add lines 63 through 75)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	.00
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Your refund, amount you owe, and account information (see pages 31 through 33)**77 Amount overpaid** (if line 76 is more than line 62, subtract line 62 from line 76)

77	.00
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78 Amount of line 77 to be refundedMark one refund choice: direct deposit to checking or- or - paper

check

78	.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 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
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81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31)

81	.00
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82 Other penalties and interest (see page 32)

82	.00
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83 Account information for direct deposit or electronic funds withdrawal (see page 32).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. 32) **See page 35 for the proper assembly of your return.**83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings83b Routing number 83c Account number **84 Electronic funds withdrawal** (see page 33) Date Amount .00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Arthur Langer CPA	Arthur Langer CPA		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
Cohn & Langer, CPAs	P01396073		
Address	Employer identification number		
18 Blanche St Plainview	814277329		
	Date		
	03182018		
E-mail:			

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

See instructions for where to mail your return.

201004171022



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