

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

**CAROLYN SIMON
71 TONJES ROAD
CALLICOON, NY 12723**
.....

**Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607
516-702-3002**

June 12, 2017

CONFIDENTIAL

CAROLYN SIMON
71 TONJES ROAD
CALICOON, NY 12723

Dear CAROLYN:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
New York Resident Income Tax Return (Form IT-201)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Cohn & Langer, CPAs

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607
516-702-3002

Make Check Payable to ARTHUR LANGER CPA

June 12, 2017

CONFIDENTIAL

CAROLYN SIMON
71 TONJES ROAD
CALLICOON, NY 12723

For professional services rendered in connection with the preparation of your 2016 individual tax return:

Amount due \$ 0.00

Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return

With
Form 8879 IRS e-file Signature Authorization

Taxable Year Ended December 31, 2016

Name: CAROLYN SIMON

Date Due: AS SOON AS POSSIBLE

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.

8879Form of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

2016

► Don't send to the IRS. This isn't a tax return.

► Keep this form for your records.

► Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID)

12076320170240004398

Taxpayer's name

CAROLYN**SIMON**

Social security number

149-46-3469

Spouse's name

Spouse's social security number

106-50-1158**Part I Tax Return Information — Tax Year Ending December 31, 2016 (Whole dollars only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	7,540
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	
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	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	
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, 2016, 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 **Cohn & Langer, CPAs** to enter or generate my PIN **54321**
 ERO firm name Enter five digits, but
don't enter all zeros
 as my signature on my tax year 2016 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2016 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 ► **01/21/17****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 2016 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2016 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.

12076312345

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 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 ► **Arthur Langer CPA**Date ► **01/21/17**

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

Form 1040 (2016) **CAROLYN SIMON****149-46-3469** Page 2

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	7,540	
	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes checked ► 39a			
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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b			
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300	
	41 Subtract line 40 from line 38	41	1,240	
	42 Exemptions. If line 38 is \$155,650 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 2016 estimated tax payments and amount applied from 2015 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			
Refund	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			
Direct deposit? See instructions. ► 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 2017 estimated tax ► 77				
Amount You Owe	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			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> 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	
Print/Type preparer's name Arthur Langer CPA		Preparer's signature Arthur Langer CPA	Date 06/12/17 Check <input checked="" type="checkbox"/> if self-employed	PTIN P01396073
Paid Preparer	Firm's name Cohn & Langer, CPAs Firm's EIN ► 45-4014297			
Use Only	Firm's address 18 Blanche St Plainview NY 11803-4607			Phone no. 516-702-3002

Filing Instructions

Form IT-201 - New York Resident Income Tax Return

Taxable Year Ended December 31, 2016

Name: CAROLYN SIMON

Date Due: AS SOON AS POSSIBLE

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

New York State E-File Signature Authorization for Tax Year 2016 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: CAROLYN SIMON

Spouse's name: _____

(jointly filed return only)

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 Web site 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 2016 Form IT-370 and Tax Year 2017 Form IT-2105*.

Part A – Tax return information

1	Federal adjusted gross income (from applicable line)	1. _____	7 , 540 .
2	Refund	2. _____	
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 2016 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 2016 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 2016 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: 01212017

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 2016 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 2016 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2016 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 2016 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: _____

Date: 01212017

Paid preparer's signature: Arthur Langer CPA

Date: 01212017

Print name: Arthur Langer CPA



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, 2016, through December 31, 2016, or fiscal year beginning

and ending

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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
					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 2016 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 freeze or property tax relief credit? (see page 14) Yes No

(2) If Yes, enter the total amount00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2016? (see page 14) Yes No

(2) Enter the number of days spent in NYC in 2016 (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 2016

(2) Number of months **your spouse** lived in NYC in 2016

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

201001161022



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)

20		.00
21		.00
22		.00
23		.00
24		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	7950	.00
35		.00
36		000.00
37		.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your social security number
CAROLYN SIMON	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

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
60 Total voluntary contributions (add lines 60a through 60n)	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


NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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

62 Enter amount from line 61

Your social security number
149463469

62 .00

Payments and refundable credits (see page 28)

63 Empire State child credit	63 .....	.00
63a Family tax relief credit	63a .....	.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 (<i>also complete F on page 1; see page 29</i>)	69 .....	.00
70 NYC earned income credit	70 .....	.00
70a NYC enhanced real property tax credit	70a .....	.00
71 Other refundable credits (<i>Form IT-201-ATT, line 18</i>)	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-37075	75 .....	.00
76 Total payments (<i>add lines 63 through 75</i>)	76 .....	.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.

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

78 Amount of line 77 to be **refunded**Mark one refund choice: direct deposit (*fill in line 83*)

- or -

 paper

check

78

79 Amount of line 77 that you want applied to your

2017 estimated tax (*see instructions*)

79

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

See page 32 for payment options.

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

80

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

81

See page 35 for the proper assembly of your return.

82 Other penalties and interest (*see page 32*)

82

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*) 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 Amount00

Third-party designee? (<i>see instr.</i>)	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 ▼ (<i>see instructions</i>)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Arthur Langer CPA	Arthur Langer CPA		
Firm's name (<i>or yours, if self-employed</i>)	Preparer's PTIN or SSN		
Cohn & Langer, CPAs	P01396073		
Address	Employer identification number		
18 Blanche St Plainview	454014297		
	Date		
	06122017		
E-mail:			

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

See instructions for where to mail your return.

201004161022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM