

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  
CALLICOON, 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](http://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.

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form8879).**2016**

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	<b>7,540</b>
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**

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

Form **8879** (2016)

DAA

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2016	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																																																										
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20																																																																																															
Your first name and initial <b>CAROLYN</b>		Last name <b>SIMON</b>		Your social security number <b>149-46-3469</b>																																																																																											
If a joint return, spouse's first name and initial		Last name		Spouse's social security number <b>106-50-1158</b>																																																																																											
Home address (number and street). If you have a P.O. box, see instructions. <b>71 TONJES ROAD</b>				Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.																																																																																										
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>CALLICOON NY 12723</b>				<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																																											
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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	31a	b Recipient's SSN ▶																																																																																												
32	IRA deduction	32																																																																																													
33	Student loan interest deduction	33																																																																																													
34	Tuition and fees. Attach Form 8917	34																																																																																													
35	Domestic production activities deduction. Attach Form 8903	35																																																																																													
36	Add lines 23 through 35		36																																																																																												
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶		37	<b>7,540</b>																																																																																											

Form 1040 (2016)

CAROLYN SIMON

149-46-3469 Page 2

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	<b>7,540</b>
	<b>39a</b>	Check if: <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. <b>Total boxes checked</b> <b>39a</b>		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>		
	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	<b>6,300</b>
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	<b>1,240</b>
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	<b>4,050</b>
	<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	<b>0</b>
	<b>44</b>	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	<b>44</b>	<b>0</b>
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>Standard Deduction for—</b> • 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>47</b>	Add lines 44, 45, and 46	<b>47</b>	
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b>	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>	
	<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
	<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	<b>0</b>
<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b>	Unreported social security and Medicare tax from Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b>	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	<b>0</b>
	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	
	<b>65</b>	2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	
<b>Payments</b> If you have a qualifying child, attach Schedule EIC.	<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>		
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	<b>73</b>	
	<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	
<b>Refund</b> Direct deposit? See instructions.	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	
	<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	
	<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number <input type="text"/>		
	<b>77</b>	Amount of line 75 you want <b>applied to your 2017 estimated tax</b>	<b>77</b>	
	<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	<b>0</b>
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	
	<b>Amount You Owe</b>			

**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  Personal identification number (PIN)  Phone no.

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and 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**

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

Daytime phone number

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

Print/Type preparer's name **Arthur Langer CPA** Preparer's signature **Arthur Langer CPA** Date **06/12/17** Check ☒ if self-employed PTIN **P01396073**

**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.



**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)

**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 Web site at [www.tax.ny.gov](http://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. | <u>7,540.</u> |
| 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: \_\_\_\_\_

Paid preparer's signature: Arthur Langer CPA Date: 01212017Print 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.

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)	School district name
CALLICOON	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			

**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 amount ..... .00

**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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

149463469

**Federal income and adjustments** (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	7540 .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	.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 <b>X</b> in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box	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	7540 .00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17)	19	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)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	.00
22	<b>New York's</b> 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	7540 .00

**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 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24)	33	7540 .00

**Standard deduction or itemized deduction** (see page 20)

34	Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	7950 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	.00

201002161022



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**

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2)	<b>38</b>	.00
<b>39</b>	<b>NYS tax on line 38 amount</b> (see page 21)	<b>39</b>	.00
<b>40</b>	<b>NYS household credit</b> (page 21, table 1, 2, or 3)	<b>40</b>	30.00
<b>41</b>	<b>Resident credit</b> (see page 22)	<b>41</b>	.00
<b>42</b>	<b>Other NYS nonrefundable credits</b> (Form IT-201-ATT, line 7)	<b>42</b>	.00
<b>43</b>	<b>Add lines 40, 41, and 42</b>	<b>43</b>	30.00
<b>44</b>	<b>Subtract line 43 from line 39</b> (if line 43 is more than line 39, leave blank)	<b>44</b>	.00
<b>45</b>	<b>Net other NYS taxes</b> (Form IT-201-ATT, line 30)	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45)	<b>46</b>	.00

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

<b>47</b>	<b>NYC resident tax on line 38 amount</b> (see page 22)	<b>47</b>	.00
<b>48</b>	<b>NYC household credit</b> (page 22, table 4, 5, or 6)	<b>48</b>	.00
<b>49</b>	<b>Subtract line 48 from line 47</b> (if line 48 is more than line 47, leave blank)	<b>49</b>	.00
<b>50</b>	<b>Part-year NYC resident tax</b> (Form IT-360.1)	<b>50</b>	.00
<b>51</b>	<b>Other NYC taxes</b> (Form IT-201-ATT, line 34)	<b>51</b>	.00
<b>52</b>	<b>Add lines 49, 50, and 51</b>	<b>52</b>	.00
<b>53</b>	<b>NYC nonrefundable credits</b> (Form IT-201-ATT, line 10)	<b>53</b>	.00
<b>54</b>	<b>Subtract line 53 from line 52</b> (if line 53 is more than line 52, leave blank)	<b>54</b>	.00
<b>54a</b>	<b>MCTMT net earnings base</b>	<b>54a</b>	.00
<b>54b</b>	<b>MCTMT</b>	<b>54b</b>	.00
<b>55</b>	<b>Yonkers resident income tax surcharge</b> (see page 25)	<b>55</b>	.00
<b>56</b>	<b>Yonkers nonresident earnings tax</b> (Form Y-203)	<b>56</b>	.00
<b>57</b>	<b>Part-year Yonkers resident income tax surcharge</b> (Form IT-360.1)	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57)	<b>58</b>	.00

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

<b>59</b>	<b>Sales or use tax</b> (see page 26; do not leave line 59 blank)	<b>59</b>	0.00
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**Voluntary contributions** (see page 27)

<b>60a</b>	<b>Return a Gift to Wildlife</b>	<b>60a</b>	.00
<b>60b</b>	<b>Missing/Exploited Children Fund</b>	<b>60b</b>	.00
<b>60c</b>	<b>Breast Cancer Research Fund</b>	<b>60c</b>	.00
<b>60d</b>	<b>Alzheimer's Fund</b>	<b>60d</b>	.00
<b>60e</b>	<b>Olympic Fund (\$2 or \$4; see page 27)</b>	<b>60e</b>	.00
<b>60f</b>	<b>Prostate and Testicular Cancer Research and Education Fund</b>	<b>60f</b>	.00
<b>60g</b>	<b>9/11 Memorial</b>	<b>60g</b>	.00
<b>60h</b>	<b>Volunteer Firefighting &amp; EMS Recruitment Fund</b>	<b>60h</b>	.00
<b>60i</b>	<b>Teen Health Education</b>	<b>60i</b>	.00
<b>60j</b>	<b>Veterans Remembrance</b>	<b>60j</b>	.00
<b>60k</b>	<b>Homeless Veterans</b>	<b>60k</b>	.00
<b>60l</b>	<b>Mental Illness Anti-Stigma Fund</b>	<b>60l</b>	.00
<b>60m</b>	<b>Women's Cancers Education and Prevention Fund</b>	<b>60m</b>	.00
<b>60n</b>	<b>Autism Fund</b>	<b>60n</b>	.00
<b>60</b>	<b>Total voluntary contributions</b> (add lines 60a through 60n)	<b>60</b>	.00

<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60)	<b>61</b>	.00
-----------	--	-----------	-----



Your social security number

149463469

62 Enter amount from line 61

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 (also complete F on page 1; see page 29)	69	.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

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

.00

**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

78 Amount of line 77 to be refunded

Mark one refund choice: ☐ direct deposit (fill in line 83) - or - ☐ paper check

78

.00

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

.00

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

.00

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

Amount

.00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code 03
Preparer's signature Arthur Langer CPA		Preparer's printed name Arthur Langer CPA	
Firm's name (or yours, if self-employed) Cohn & Langer, CPAs		Preparer's PTIN or SSN P01396073	
Address 18 Blanche St Plainview NY 118034607		Employer identification number 454014297	
E-mail:		Date 06122017	

▼ 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.

201004161022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM