

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

CAROLYN SIMON
71 TONJES ROAD
CALLICOON, NY 12723
llllllllllllllllllll

Filing Instructions

COPY

**Electronically Filed
Form 1040 US Individual Income Tax Return**

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

Taxable Year Ended December 31, 2013

Name: CAROLYN SIMON

Date Due: April 15, 2014

Remittance: None is required. The return shows a total overpayment of \$487, which is to be refunded in its entirety.

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.

Other: Initial and date the copy of the Form 1040, and retain it for your records.

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

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.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning						2013, ending		20			
Your first name and initial CAROLYN				Last name SIMON				Your social security number 149-46-3469			
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. 71 TONJES ROAD								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). CALLICOON NY 12723								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. <input type="checkbox"/> You <input type="checkbox"/> Spouse			
Foreign country name				Foreign province/state/country				Foreign postal code			
Filing Status											
1 <input checked="" type="checkbox"/> Single											
2 <input type="checkbox"/> Married filing jointly (even if only one had income)											
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ▶											
4 <input type="checkbox"/> 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. ▶											
5 <input type="checkbox"/> Qualifying widow(er) with dependent child											
Check only one box.											
Exemptions											
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a											
b <input type="checkbox"/> 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 qual. for child tax credit (see instr.)											
d Total number of exemptions claimed											
Add numbers on lines above ▶ 1											
Income											
7 Wages, salaries, tips, etc. Attach Form(s) W-2											
8a Taxable interest. Attach Schedule B if required											
b Tax-exempt interest. Do not include on line 8a											
9a Ordinary dividends. Attach Schedule B if required											
b Qualified dividends											
10 Taxable refunds, credits, or offsets of state and local income taxes											
11 Alimony received											
12 Business income or (loss). Attach Schedule C or C-EZ											
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶											
14 Other gains or (losses). Attach Form 4797											
15a IRA distributions 15a Taxable amount											
16a Pensions and annuities 16a Taxable amount											
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E											
18 Farm income or (loss). Attach Schedule F											
19 Unemployment compensation											
20a Social security benefits 20a Taxable amount											
21 Other income. List type and amount											
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶											
Adjusted Gross Income											
23 Educator expenses											
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ											
25 Health savings account deduction. Attach Form 8889											
26 Moving expenses. Attach Form 3903											
27 Deductible part of self-employment tax. Attach Schedule SE											
28 Self-employed SEP, SIMPLE, and qualified plans											
29 Self-employed health insurance deduction											
30 Penalty on early withdrawal of savings											
31a Alimony paid b Recipient's SSN ▶											
32 IRA deduction											
33 Student loan interest deduction											
34 Tuition and fees. Attach Form 8917											
35 Domestic production activities deduction. Attach Form 8903											
36 Add lines 23 through 35											
37 Subtract line 36 from line 22. This is your adjusted gross income ▶											

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, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
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	6,100
41	Subtract line 40 from line 38	41	1,440
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900
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	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0

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, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	0

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	487
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	487

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	487
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	487
b	Routing number XXXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

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 complete. 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.) _____

Paid

Print/Type preparer's name Arthur Langer CPA Preparer's signature Arthur Langer CPA Date 02/05/14 Check ☒ if self-employed PTIN P01396073

Firm's name Cohn & Langer, CPAs Firm's EIN 45-4014297

Firm's address 18 Blanche St Plainview NY 11803-4607 Phone no. 516-702-3002

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Earned Income Credit Checklist**

OMB No. 1545-1629

2013Attachment
Sequence No. **177**

▶ To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Taxpayer name(s) shown on return

CAROLYN SIMON

Taxpayer's social security number

149-46-3469

For the definitions of the following terms, see Pub. 596.

● Investment Income

● Qualifying Child

● Earned Income

● Full-time Student

Part I All Taxpayers1 Enter preparer's name and PTIN ▶ **Arthur Langer CPA** **P01396073**

2 Is the taxpayer's filing status married filing separately?

☐ Yes ☒ No▶ If you checked "Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering

☒ Yes ☐ No▶ If you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)?

☐ Yes ☒ No▶ If you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2013?

☐ Yes ☒ No

▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly?

☐ Yes ☐ No▶ If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

6 Is the taxpayer's investment income more than \$3,300? See Rule 6 in Pub. 596 before answering

☐ Yes ☒ No▶ If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

7 Could the taxpayer be a qualifying child of another person for 2013? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering

☐ Yes ☒ No▶ If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2013)

CAROLYN SIMON

149-46-3469

Form 8867 (2013)

Page 3

Part III Taxpayers Without a Qualifying Child

16	Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	▶ If you checked "No" on line 16, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	
17	Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2013? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	▶ If you checked "No" on line 17, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	
18	Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2013? If the taxpayer's filing status is married filing jointly, check "No"	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 18, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	
19	Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2013? See Pub. 596 for the limit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	▶ If you checked "No" on line 19, stop ; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.	

Part IV Due Diligence Requirements

20	Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21	Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22	If any qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
23	If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
24	Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering To comply with the EIC knowledge requirement, you must not know or have reason to know that any information you used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to you or known by you, and you must make reasonable inquiries if the information furnished to you appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
25	Did you document (a) the taxpayer's answer to question 22 (if applicable), (b) whether you explained the tiebreaker rules to the taxpayer and any additional information you got from the taxpayer as a result, and (c) any additional questions you asked and the taxpayer's answers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
	▶ You have complied with all the due diligence requirements if you:	
	1. Completed the actions described on lines 20 and 21 and checked "Yes" on those lines,	
	2. Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines,	
	3. Submit Form 8867 in the manner required, and	
	4. Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under Document Retention:	
	a. Form 8867, Paid Preparer's Earned Income Credit Checklist,	
	b. The EIC worksheet(s) or your own worksheet(s),	
	c. Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,	
	d. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and	
	e. A record of any additional questions you asked and your client's answers.	
	▶ You have not complied with all the due diligence requirements if you checked "No" on line 20, 21, 22, 23, 24, or 25. You may have to pay a \$500 penalty for each failure to comply.	

CAROLYN SIMON

149-46-3469

Form 8867 (2013)

Page 4

Part V Documents Provided to You

- 26** Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

Residency of Qualifying Child(ren)

- | | |
|---|---|
| <input checked="" type="checkbox"/> a No qualifying child | <input type="checkbox"/> i Place of worship statement |
| <input type="checkbox"/> b School records or statement | <input type="checkbox"/> j Indian tribal official statement |
| <input type="checkbox"/> c Landlord or property management statement | <input type="checkbox"/> k Employer statement |
| <input type="checkbox"/> d Health care provider statement | <input type="checkbox"/> l Other (specify) ▼ |
| <input type="checkbox"/> e Medical records | |
| <input type="checkbox"/> f Child care provider records | |
| <input type="checkbox"/> g Placement agency statement | |
| <input type="checkbox"/> h Social service records or statement | <input type="checkbox"/> m Did not rely on any documents, but made notes in file |
| | <input type="checkbox"/> n Did not rely on any documents |

Disability of Qualifying Child(ren)

- | | |
|---|---|
| <input type="checkbox"/> o No disabled child | <input type="checkbox"/> s Other (specify) ▼ |
| <input type="checkbox"/> p Doctor statement | |
| <input type="checkbox"/> q Other health care provider statement | |
| <input type="checkbox"/> r Social services agency or program statement | <input type="checkbox"/> t Did not rely on any documents, but made notes in file |
| | <input type="checkbox"/> u Did not rely on any documents |

- 27** If a Schedule C is included with this return, identify below the information that the taxpayer provided to you and that you relied on to prepare the Schedule C. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

Documents or Other Information

- | | |
|--|---|
| <input checked="" type="checkbox"/> a No Schedule C | <input type="checkbox"/> h Bank statements |
| <input type="checkbox"/> b Business license | <input type="checkbox"/> i Reconstruction of income and expenses |
| <input type="checkbox"/> c Forms 1099 | <input type="checkbox"/> j Other (specify) ▼ |
| <input type="checkbox"/> d Records of gross receipts provided by taxpayer | |
| <input type="checkbox"/> e Taxpayer summary of income | |
| <input type="checkbox"/> f Records of expenses provided by taxpayer | <input type="checkbox"/> k Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> g Taxpayer summary of expenses | <input type="checkbox"/> l Did not rely on any documents |

Form **8867** (2013)

Filing Instructions

COPY

Form IT-201 - New York Resident Income Tax Return

Taxable Year Ended December 31, 2013

Name: CAROLYN SIMON

Date Due: April 15, 2014

Remittance: None is required. There is a total overpayment of \$146, which is to be refunded in its entirety.

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. Initial and date the copy of the return and retain it for your records.

2013

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201For the full year January 1, 2013, through December 31, 2013, or fiscal year beginning
and ending

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

Your first name and middle initial CAROLYN		Your last name (for a joint return, enter spouse's name on line below) SIMON		Your date of birth (mm-dd-yyyy) 03-15-1968	Your social security number 149-46-3469
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number
Mailing address (see instructions, page 12) (number and street or rural route) 71 TONJES ROAD				Apartment number	New York State county of residence Sull
City, village, or post office CALLICOON		State NY	ZIP code 12723	Country (if not United States)	School district name Sullivan West
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number 143
City, village, or post office NY		State NY	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

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 2013 federal income tax return? Yes ☐ No ☒**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D** Did you have a financial account located in a foreign country? (see page 13) Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2013? (see page 13) Yes ☐ No ☒(2) Enter the number of days spent in NYC in 2013 (any part of a day spent in NYC is considered a day) **F** NYC residents and NYC part-year residents only (see page 13):(1) Number of months you lived in NYC in 2013 (2) Number of months your spouse lived in NYC in 2013 **G** Enter your 2-character special condition code if applicable (see page 13) If applicable, also enter your second 2-character special condition code **H Dependent exemption information** (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)

If more than 9 dependents, mark an X in the box. ☐

201001131022



Your social security number

149-46-3469

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	7,540.
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)	
12	Rental real estate included in line 11	
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 14) Identify:	
17	Add lines 1 through 11 and 13 through 16	7,540.
18	Total federal adjustments to income (see page 14) Identify:	
19	Federal adjusted gross income (subtract line 18 from line 17)	7,540.

New York additions (see page 14)

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 15)	
22	New York's 529 college savings program distributions (see page 15)	
23	Other (see page 16) Identify:	
24	Add lines 19 through 23	7,540.

New York subtractions (see page 19)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	
26	Pensions of NYS and local governments and the federal government (see page 19)	
27	Taxable amount of social security benefits (from line 15)	
28	Interest income on U.S. government bonds	
29	Pension and annuity income exclusion (see page 19)	
30	New York's 529 college savings program deduction/earnings	
31	Other (see page 20) Identify:	
32	Add lines 25 through 31	
33	New York adjusted gross income (subtract line 32 from line 24)	7,540.

Standard deduction or itemized deduction (see page 24)

34	Enter your standard deduction (table on page 24) 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	7,700.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	
37	Taxable income (subtract line 36 from line 35)	



Name(s) as shown on page 1
CAROLYN SIMON

Your social security number
149-46-3469

IT-201 (2013) Page 3 of 4

Tax computation, credits, and other taxes (see page 25)

38 Taxable income (from line 37 on page 2)	38	
39 NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	39	
40 NYS household credit (page 25, table 1, 2, or 3)	40	45.
41 Resident credit (see page 26)	41	
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	
43 Add lines 40, 41, and 42	43	45.
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	
46 Total New York State taxes (add lines 44 and 45)	46	

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

47 NYC resident tax on line 38 amount (see page 26)	47	
48 NYC household credit (page 26, table 4, 5, or 6)	48	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	
50 Part-year NYC resident tax (Form IT-360.1)	50	
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	
52 Add lines 49, 50, and 51	52	
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	
55 Yonkers resident income tax surcharge (see page 28)	55	
56 Yonkers nonresident earnings tax (Form Y-203)	56	
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58	
59 Sales or use tax (see page 29; do not leave line 59 blank)	59	0.

See instructions on pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.

Voluntary contributions (see page 30)

60a Return a Gift to Wildlife	60a	
60b Missing/Exploited Children Fund	60b	
60c Breast Cancer Research Fund	60c	
60d Alzheimer's Fund	60d	
60e Olympic Fund (\$2 or \$4; see page 30)	60e	
60f Prostate Cancer Research Fund	60f	
60g 9/11 Memorial	60g	
60h Volunteer Firefighting & EMS Recruitment Fund	60h	
60i Teen Health Education	60i	
60j Veterans Remembrance	60j	
60 Total voluntary contributions (add lines 60a through 60j)	60	
61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61	

201003131022



Your social security number

149-46-3469

62 Enter amount from line 61

62

Payments and refundable credits

(see page 31)

- 63 Empire State child credit
- 64 NYS/NYC child and dependent care credit
- 65 NYS earned income credit (EIC)
- 66 NYS noncustodial parent EIC
- 67 Real property tax credit
- 68 College tuition credit
- 69 NYC school tax credit (also complete F on page 1; see page 31)
- 70 NYC earned income credit
- 71 Other refundable credits (Form IT-201-ATT, line 18)
- 72 Total New York State tax withheld
- 73 Total New York City tax withheld
- 74 Total Yonkers tax withheld
- 75 Total estimated tax payments and amount paid with Form IT-370
- 76 Total payments (add lines 63 through 75)

63	
64	
65	146.
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	

Submit your wage and tax
statements with your return
(see page 33).

76 146.

Your refund, amount you owe, and account information

(see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)

77 146.

78 Amount of line 77 to be refunded

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

78 146.

See pages 33 and 34 for
information about your three
refund choices.

79 Amount of line 77 that you want applied to your

2014 estimated tax (see instructions)

79

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

See page 35 for payment
options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34)

81	
82	

82 Other penalties and interest (see page 35)

83 Account information for direct deposit or electronic funds withdrawal (see page 35)

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. 35) ☐

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 36)

Date

Amount

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 instr.) ▼		Date 02-05-2014
Preparer's signature Arthur Langer CPA		Preparer's NYTPRN
Firm's name (or yours, if self-employed) Cohn & Langer, CPAs		Preparer's PTIN or SSN P01396073
Address 18 Blanche St Plainview NY 11803		Employer identification number 45-4014297
E-mail:		Mark an X if self-employed <input checked="" type="checkbox"/>

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

See instructions for where to mail your return.

201004131022



2013

Claim for Earned Income Credit

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return CAROLYN SIMON	Your social security number 149-46-3469
--	---

- 1 Did you claim the federal earned income credit? If **No**, stop; you do not qualify for these credits. 1 Yes ☒ No ☐
- 2 Is your investment income (see instructions) greater than \$3,300? If **Yes**, stop; you do not qualify for these credits. 2 Yes ☐ No ☒
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return. 3 Yes ☐ No ☒
- 4 Did you claim qualifying children on your federal Schedule EIC? If **No**, continue with line 5. 4 Yes ☐ No ☒
- If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.
- If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mm-dd-yyyy)

* Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your federal earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).
The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form. 5 Yes ☐ No ☒
- Whole dollars only
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. 6 **7,540.**
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions) 7
- 8 Business income or loss (from your federal Form 1040 line instructions, **Earned Income Credit Worksheet B**, lines 1a, 2c, and 3)
Employer identification number (see instructions) 8
- 9 Enter your federal adjusted gross income
(from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) 9 **7,540.**
- 10 Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 38a, or Form 1040, line 64a) 10 **487.**
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11 **.30**
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 12 **146.**

Complete Worksheet B on the back page before continuing.

- 13 Enter the amount from Worksheet B, line 5, on the back of this form 13
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14 **45.**
- 15 Enter the smaller of line 13 or line 14 15
- 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) 16 **146.**
- 17 If your New York State filing status is ③, Married filing separate return, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17
- Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)

215001131022



Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

- 18 Enter your New York State earned income credit (from line 16 or line 17) 18
- 19 Enter the amount from Form IT-203, line 42 19
- If line 19 is equal to or more than line 18, **stop. You do not have excess New York State earned income credit.**
- If line 19 is less than line 18, **continue on line 20 below.**
- 20 **Excess New York State earned income credit** (subtract line 19 from line 18) 20
- 21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.) 21
- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, **stop. Do not continue with this computation.** Enter the amount from line 20 above on Form IT-203-ATT, line 32.
- If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.
- 22 Subtract line 21 from line 20. **This is your remaining excess New York State earned income credit.** 22
- 23 Enter the amount from line 19, Column D, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet 23
- 24 Enter the amount from line 19, Column A, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet 24
- 25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000). 25
- 26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. 26
- This is the refundable portion of your part-year New York State resident earned income credit.**

New York City earned income credit (full-year and part-year New York City residents)

- 27 From **Worksheet C, New York City earned income credit**, on page 3 of Form IT-215-I, Instructions for Form IT-215. Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11. 27
- Part-year New York City residents must also complete line 28 below.
- 28 **Part-year New York City adjusted gross income** 28A 28B
- Enter the amounts from Worksheet C, lines 6 and 7

Worksheet B

- 1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) 1
- 2 Resident credit (see instructions) 2
- 3 Accumulation distribution credit (see instructions) 3
- 4 Add lines 2 and 3 4
- 5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form. 5



**New York State E-File Signature Authorization for Tax Year 2013
For Forms IT-201, IT-203, IT-214, 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-203, Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for 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-203, IT-214, 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 2013 Form IT-370.

Part A – Tax return information

1 Federal adjusted gross income (from Form IT-201, line 19, or IT-203, line 19)	1. <u>7,540.</u>
2 Refund (from Form IT-201, line 78, or IT-203, line 68)	2. <u>146.</u>
3 Amount you owe (from Form IT-201, line 80, or IT-203, line 70)	3. _____

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

Under penalty of perjury, I declare that I have examined the information on my 2013 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 2013 New York State electronic return to New York State through the Internal Revenue Service (IRS). 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 authorize 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 2013 electronic return, and I authorize my financial institution to withdraw the amount from my account. 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: 02-05-14

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 2013 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 2013 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2013 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 2013 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: 02-05-14

Print name: Arthur Langer CPA

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

OMB No. 1545-0074

2013Department of the Treasury
Internal Revenue Service

- ▶ Do not send to the IRS. This is not 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) 

Taxpayer's name CAROLYN SIMON		Social security number 149-46-3469
Spouse's name		Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2013 (Whole Dollars Only)		
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	7,540
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 13a)	4	487
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

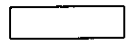
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)


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, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. 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
as my signature on my tax year 2013 electronically filed income tax return.
Enter five numbers, but do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2013 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  **02/05/14****Spouse's PIN: check one box only**

- ☐ I authorize _____ to enter or generate my PIN 
ERO firm name
as my signature on my tax year 2013 electronically filed income tax return.
Enter five numbers, but do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2013 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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 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 Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature  **Arthur Langer CPA** Date  **02/05/14**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879** (2013)

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2013**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7540.00	2 Federal income tax withheld
	3 Social security wages 7540.00	4 Social security tax withheld 467.48
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7540.00	6 Medicare tax withheld 109.33
	c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2104.32
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 31.20		
NY	7540.00	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2013**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7540.00	2 Federal income tax withheld
	3 Social security wages 7540.00	4 Social security tax withheld 467.48
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7540.00	6 Medicare tax withheld 109.33
	c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2104.32
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 31.20		
NY	7540.00	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To be Filed With Employee's State, City,
or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

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

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2013**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7540.00	2 Federal income tax withheld
	3 Social security wages 7540.00	4 Social security tax withheld 467.48
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7540.00	6 Medicare tax withheld 109.33
	c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2104.32
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 31.20		
NY	7540.00	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2013**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7540.00	2 Federal income tax withheld
	3 Social security wages 7540.00	4 Social security tax withheld 467.48
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7540.00	6 Medicare tax withheld 109.33
	c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2104.32
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 31.20		
NY	7540.00	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 To be Filed With Employee's State, City,
or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

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

CAROLYN SIMON
71 TONJES ROAD
CALLICOON, NY 12723
|||||

Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return

CCPY

Taxable Year Ended December 31, 2012

Name: CAROLYN SIMON

Date Due: April 15, 2013

Remittance: None is required. The return shows a total overpayment of \$475, which is to be refunded in its entirety.

Signature: You have signed your electronically filed return with a Personal Identification Number (PIN). No further action is required.

Other: Initial and date the copy of the Form 1040, and retain it for your records.

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.

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20

See separate instructions.

Your first name and initial
CAROLYN

Last name
SIMON

Your social security number
149-46-3469

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.
71 TONJES ROAD

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).
CALLICOON NY 12723

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

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

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. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

6b ☐ Spouse

Boxes checked on 6a and 6b **1**

No. of children on 6c who:
• 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 ▶ **1**

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qual. for child tax credit (see instr.)

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

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7,540**

8a Taxable interest. Attach Schedule B if required

8b

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

9a Ordinary dividends. Attach Schedule B if required

9b

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

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a Taxable amount

16a Pensions and annuities 16a Taxable amount

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **7,540**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

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

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income **7,540**

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, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

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

Preparer

Use Only

38	Amount from line 37 (adjusted gross income)	38	7,540
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
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	5,950
41	Subtract line 40 from line 38	41	1,590
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800
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"/> 962 elec.	44	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	0
62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	475
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	475
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	475
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	475
b	Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name		Personal identification number (PIN)	
Date		Phone no.	
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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature		Your occupation	
Date		CLERICAL	
Spouse's signature If a joint return, both must sign.		Spouse's occupation	
Date		If the IRS sent you an Identity Protection PIN, enter it here (see instr.)	
Print/Type preparer's name		Preparer's signature	
Date		Check <input checked="" type="checkbox"/> if self-employed PTIN	
Arthur Langer CPA		04/04/13 P01396073	
Firm's name		Firm's EIN	
Cohn & Langer, CPAs		45-4014297	
Firm's address		Phone no.	
18 Blanche St Plainview NY 11803-4607		516-702-3002	

Form **8867**

Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-1629
2012
Attachment Sequence No. **177**

Department of the Treasury
Internal Revenue Service

▶ To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.
▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Taxpayer name(s) shown on return
CAROLYN SIMON

Taxpayer's social security number
149-46-3469

For the definitions of the following terms, see Pub. 596.

☐ Investment Income

☐ Qualifying Child

☐ Earned Income

☐ Full-time Student

Part I All Taxpayers	
1 Enter preparer's name and PTIN ▶ <u>Arthur Langer CPA</u> <u>P01396073</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 Is the taxpayer's filing status married filing separately? ▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering ▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? ▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a Was the taxpayer a nonresident alien for any part of 2012? ▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Is the taxpayer's filing status married filing jointly? ▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Is the taxpayer's investment income more than \$3,200? See Rule 6 in Pub. 596 before answering ▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2012? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering ▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CAROLYN SIMON

149-46-3469

Form 8867 (2012)

Part III Taxpayers Without a Qualifying Child	
16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2012? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2012? If the taxpayer's filing status is married filing jointly, check "No"	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.	

Part IV Due Diligence Requirements	
20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not claiming the child and document the answer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.	
25 Did you document the additional questions you asked and your client's answers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply

CAROLYN SIMON

149-46-3469

Page 4

Form 8867 (2012)

- 26** Which documents below, if any, did you rely on to determine EIC eligibility for the qualifying child(ren) listed on Schedule EIC? Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

Residency of Qualifying Child(ren)

- | | |
|---|---|
| <input checked="" type="checkbox"/> a No qualifying child | <input type="checkbox"/> i Place of worship statement |
| <input type="checkbox"/> b School records or statement | <input type="checkbox"/> j Indian tribal official statement |
| <input type="checkbox"/> c Landlord or property management statement | <input type="checkbox"/> k Employer statement |
| <input type="checkbox"/> d Health care provider statement | <input type="checkbox"/> l Other (specify) ▼ |
| <input type="checkbox"/> e Medical records | |
| <input type="checkbox"/> f Child care provider records | |
| <input type="checkbox"/> g Placement agency statement | |
| <input type="checkbox"/> h Social services records or statement | <input type="checkbox"/> m Did not rely on any documents, but made notes in file |
| | <input type="checkbox"/> n Did not rely on any documents |

Disability of Qualifying Child(ren)

- | | |
|---|---|
| <input type="checkbox"/> o No disabled child | <input type="checkbox"/> s Other (specify) ▼ |
| <input type="checkbox"/> p Doctor statement | |
| <input type="checkbox"/> q Other health care provider statement | |
| <input type="checkbox"/> r Social services agency or program statement | <input type="checkbox"/> t Did not rely on any documents, but made notes in file |
| | <input type="checkbox"/> u Did not rely on any documents |

- 27** If a Schedule C is included with this return, which documents or other information, if any, did you rely on to confirm the existence of the business and to figure the amount of Schedule C income and expenses reported on the return? Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

Documents or Other Information

- | | |
|--|---|
| <input checked="" type="checkbox"/> a No Schedule C | <input type="checkbox"/> h Bank statements |
| <input type="checkbox"/> b Business license | <input type="checkbox"/> i Reconstruction of income and expenses |
| <input type="checkbox"/> c Forms 1099 | <input type="checkbox"/> j Other (specify) ▼ |
| <input type="checkbox"/> d Records of gross receipts provided by taxpayer | |
| <input type="checkbox"/> e Taxpayer summary of income | |
| <input type="checkbox"/> f Records of expenses provided by taxpayer | <input type="checkbox"/> k Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> g Taxpayer summary of expenses | <input type="checkbox"/> l Did not rely on any documents |

► You have complied with all the due diligence requirements if you:

- Completed the actions described on lines 20 and 21 and checked "Yes" on these lines,
- Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines,
- Submit Form 8867 in the manner required, and
- Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under Document Retention:
 - Form 8867, Paid Preparer's Earned Income Credit Checklist,
 - The EIC worksheet(s) or your own worksheet(s),
 - Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,
 - A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 - A record of any additional questions you asked and your client's answers.

- If you checked "No" on line 20, 21, 22, 23, 24, or 25, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply.

Form **8867** (2012)

		a Employee's social security number 149-46-3469		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. OMB No. 1545-0008		
b Employer identification number (EIN) 13-2804148		1 Wages, tips, other compensation 7540.00		2 Federal income tax withheld		
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10001		3 Social security wages 7540.00		4 Social security tax withheld 316.68		
		5 Medicare wages and tips 7540.00		6 Medicare tax withheld 109.33		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's name, address, and ZIP code CAROLYN J SIMON 71 TONJES ROAD CALLICOON, NY 12723		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other SDI 31.20		12c		
				12d		
15 State NY	Employer's state ID number 132804148	16 State wages, tips, etc. 7540.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name


Form **W-2** Wage and Tax Statement
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

2012

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use



a Employee's social security number 149-46-3469		Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile .		
b Employer identification number (EIN) 13-2804148		1 Wages, tips, other compensation 7540.00		2 Federal income tax withheld		
c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10001		3 Social security wages 7540.00		4 Social security tax withheld 316.68		
		5 Medicare wages and tips 7540.00		6 Medicare tax withheld 109.33		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's name, address, and ZIP code CAROLYN J SIMON 71 TONJES ROAD CALLICOON, NY 12723		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other SDI 31.20		12c		
				12d		
15 State NY	Employer's state ID number 132804148	16 State wages, tips, etc. 7540.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax
Statement

2012

Department of the Treasury Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

COPY

Filing Instructions

Form IT-201 - New York Resident Income Tax Return

Taxable Year Ended December 31, 2012

Name: CAROLYN SIMON

Date Due: April 15, 2013

Remittance: None is required. There is a total overpayment of \$141, which is to be refunded in its entirety.

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. Initial and date the copy of the return and retain it for your records.

2012

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning
and ending

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

Your first name and middle initial CAROLYN		Your last name (for a joint return, enter spouse's name on line below) SIMON		Your date of birth (mm-dd-yyyy) 03-15-1968		Your social security number 149-46-3469	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)		Spouse's social security number	
Mailing address (see instructions, page 12) (number and street or rural route) 71 TONJES ROAD				Apartment number		New York State county of residence Sull	
City, village, or post office CALLICOON		State NY	ZIP code 12723	Country (if not United States)		School district name Sullivan West	
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number		School district code number 143	
City, village, or post office		State NY	ZIP code	Decedent information		Taxpayer's date of death	Spouse's date of death

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 2012 federal income tax return? Yes ☐ No ☒C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒NEW D Did you have a financial account located in a foreign country? (see page 13) Yes ☐ No ☒E (1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes ☐ No ☒(2) Enter the number of days spent in NYC in 2012
(any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months you lived in NYC in 2012 (2) Number of months your spouse lived in NYC in 2012 G Enter your 2-character special condition code if applicable (see page 13) If applicable, also enter your second 2-character special condition code

H Dependent exemption information (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)

If more than 9 dependents, mark an X in the box. ☐

201001121022



Your social security number
149-46-3469

Federal income and adjustments

(see page 14)

Whole dollars only

- 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)

1	7,540.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

- 12 Rental real estate included in line 11
 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 14) Identify:
 17 Add lines 1 through 11 and 13 through 16
 18 Total federal adjustments to income (see page 14) Identify:
 19 Federal adjusted gross income (subtract line 18 from line 17)

12	
13	
14	
15	
16	
17	7,540.
18	
19	7,540.

New York additions

(see page 14)

- 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 15)
 22 New York's 529 college savings program distributions (see page 15)
 23 Other (see page 16) Identify:
 24 Add lines 19 through 23

20	
21	
22	
23	
24	7,540.

New York subtractions

(see page 19)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)
 26 Pensions of NYS and local governments and the federal government (see page 19)
 27 Taxable amount of social security benefits (from line 15)
 28 Interest income on U.S. government bonds
 29 Pension and annuity income exclusion (see page 19)
 30 New York's 529 college savings program deduction/earnings
 31 Other (see page 20) Identify:
 32 Add lines 25 through 31
 33 New York adjusted gross income (subtract line 32 from line 24)

25	
26	
27	
28	
29	
30	
31	
32	
33	7,540.

Standard deduction or itemized deduction

(see page 24)

- 34 Enter your **standard deduction** (table on page 24) 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 (not the same as total federal exemptions; see page 24)
 37 Taxable income (subtract line 36 from line 35)

34	7,500.
35	40.
36	
37	40.



Name(s) as shown on page 1
CAROLYN SIMON

Your social security number
149-46-3469

IT-201 (2012) Page 3 of 4

Tax computation, credits, and other taxes

(see page 25)

38 Taxable income (from line 37 on page 2)	38	40.
39 NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	39	2.
40 NYS household credit (page 25, table 1, 2, or 3)	40	45.
41 Resident credit (see page 26)	41	
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	
43 Add lines 40, 41, and 42	43	45.
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	
46 Total New York State taxes (add lines 44 and 45)	46	

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

47 NYC resident tax on line 38 amount (see page 26)	47	
48 NYC household credit (page 26, table 4, 5, or 6)	48	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	
50 Part-year NYC resident tax (Form IT-360.1)	50	
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	
52 Add lines 49, 50, and 51	52	
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	
55 Yonkers resident income tax surcharge (see page 28)	55	
56 Yonkers nonresident earnings tax (Form Y-203)	56	
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58	
59 Sales or use tax (see page 29, do not leave line 59 blank)	59	0.

See instructions on pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.

Voluntary contributions

(see page 30)

60a Return a Gift to Wildlife	60a	
60b Missing/Exploited Children Fund	60b	
60c Breast Cancer Research Fund	60c	
60d Alzheimer's Fund	60d	
60e Olympic Fund (\$2 or \$4, see page 30)	60e	
60f Prostate Cancer Research Fund	60f	
60g 9/11 Memorial	60g	
60h Volunteer Firefighting & EMS Recruitment Fund	60h	
60 Total voluntary contributions (add lines 60a through 60h)	60	
61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61	

201003121022



Your social security number
149-46-3469

62 Enter amount from line 61

62

Payments and refundable credits

(see page 31)

- 63 Empire State child credit
 64 NYS/NYC child and dependent care credit
 65 NYS earned income credit (EIC)
 66 NYS noncustodial parent EIC
 67 Real property tax credit
 68 College tuition credit
 69 NYC school tax credit (also complete F on page 1; see page 31)
 70 NYC earned income credit
 71 Other refundable credits (Form IT-201-ATT, line 18)
 72 Total New York State tax withheld
 73 Total New York City tax withheld
 74 Total Yonkers tax withheld
 75 Total estimated tax payments and amount paid with Form IT-370
 76 Total payments (add lines 63 through 75)

63	
64	
65	141.
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	

Submit your wage and tax
statements with your return
(see page 33).

76 141.

Your refund, amount you owe, and account information

(see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)

77 141.

78 Amount of line 77 to be refunded

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

78 141.

79 Amount of line 77 that you want applied to your
2013 estimated tax (see instructions)

79

See pages 33 and 34 for
information about your three
refund choices.

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

80

81 Estimated tax penalty (include this amount in line 80 or
reduce the overpayment on line 77; see page 34)

81	
82	

See page 37 for the proper
assembly of your return.

82 Other penalties and interest (see page 35)

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

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. 35) ☐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 36)

Date Amount

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

▼ Paid preparer must complete (see instr.) ▼		Date 04-04-2013
Preparer's signature Arthur Langer CPA		Preparer's NYTPRN
Firm's name (or yours, if self-employed) Cohn & Langer, CPAs		Preparer's PTIN or SSN P01396073
Address 18 Blanche St Plainview NY 11803		Employer identification number 45-4014297
E-mail:		Mark an X if self-employed <input checked="" type="checkbox"/>

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

201004121022

See instructions for where to mail your return.



2012

New York State Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

IT-215

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return CAROLYN SIMON	Your social security number 149-46-3469
--	---

- 1 Did you claim the federal earned income credit? If **No**, stop; you do not qualify for these credits. 1 Yes ☒ No ☐
- 2 Is your investment income (see instructions) greater than \$3,200? If **Yes**, stop; you do not qualify for these credits. 2 Yes ☐ No ☒
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return. 3 Yes ☐ No ☒
- 4 Did you claim qualifying children on your federal Schedule EIC? If **No**, continue with line 5. 4 Yes ☐ No ☒
- If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.
- If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mm-dd-yyyy)

* Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your federal earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part year New York City resident).

The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part year New York City residents must also complete line 28 on the back of this claim form.

- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. 5 Yes ☐ No ☒
Whole dollars only
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions) 6 **7,540.**
- 8 Business income or loss (from your federal Form 1040 line instructions, **Earned Income Credit Worksheet B**, lines 1e, 2c, and 3) 7
- Employer identification number (see instructions) 8
- 9 Enter your federal adjusted gross income 9 **7,540.**
- (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column)
- 10 Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a) 10 **475.**
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11 **.30**
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 12 **143.**

Complete Worksheet B on the back page before continuing.

- 13 Enter the amount from Worksheet B, line 5, on the back of this form 13 **2.**
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14 **45.**
- 15 Enter the smaller of line 13 or line 14 15 **2.**
- 16 Allowable New York State earned income credit (subtract line 15 from line 12, see instructions) 16 **141.**
- 17 If your New York State filing status is ③, Married filing separate return, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17
- Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)

215001121022



Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18 Enter your New York State earned income credit (from line 16 or line 17)

18	
19	

19 Enter the amount from Form IT-203, line 42

- If line 19 is equal to or more than line 18, **stop. You do not have excess New York State earned income credit.**
- If line 19 is less than line 18, **continue on line 20 below.**

20 **Excess New York State earned income credit** (subtract line 19 from line 18)

20	
21	

21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)

- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, **stop. Do not continue with this computation.** Enter the amount from line 20 above on Form IT-203-ATT, line 32.
- If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.

22 Subtract line 21 from line 20. **This is your remaining excess New York State earned income credit.**

22	
----	--

23 Enter the amount from line 19, Column D, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet

23	
----	--

24 Enter the amount from line 19, Column A, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet

24	
----	--

25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).

25	
----	--

26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10.

26	
----	--

This is the refundable portion of your part-year New York State resident earned income credit.

New York City earned income credit (full-year and part-year New York City residents)

27 From **Worksheet C, New York City earned income credit**, on page 3 of Form IT-215-I, Instructions for Form IT-215. Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11.

27	
----	--

Part-year New York City residents must also complete line 28 below.

28 **Part-year New York City adjusted gross income**

Enter the amounts from Worksheet C, lines 6 and 7

28A	
-----	--

28B	
-----	--

Worksheet B

1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)

1	2.
---	----

2 Resident credit (see instructions)

2	
---	--

3 Accumulation distribution credit (see instructions)

3	
---	--

4 Add lines 2 and 3

4	
---	--

5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.

5	2.
---	----



New York State E-File Signature Authorization for Tax Year 2012
For Forms IT-201, IT-203, IT-214, 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-203, Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for 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-203, IT-214, 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 2012 Form IT-370.

Part A – Tax return information

1 Federal adjusted gross income (from Form IT-201, line 19, or IT-203, line 19)	1. <u>7,540.</u>
2 Refund (from Form IT-201, line 78, or IT-203, line 68)	2. <u>141.</u>
3 Amount you owe (from Form IT-201, line 80, or IT-203, line 70)	3. _____

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

Under penalty of perjury, I declare that I have examined the information on my 2012 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 2012 New York State electronic return to New York State through the Internal Revenue Service (IRS). 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 authorize 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 2012 electronic return, and I authorize my financial institution to withdraw the amount from my account. 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: 04-04-13

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 2012 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 2012 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2012 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 2012 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: 04-04-13

Print name: Arthur Langer CPA