

1040	Federal Return Summary	2016
Name CAROLYN SIMON		Taxpayer Identification Number 149-46-3469

Tax Form 1040Tax Method Used Tax TableFiling Status MFS

Dependents _____

Healthcare Full-year coverage**Income**

Salaries & wages 7,540

Taxable interest income _____

Tax exempt interest _____

Dividend income _____

Qualified dividends _____

Taxable state/local refunds _____

Alimony received _____

Business income/-loss _____

Capital gain/-loss _____

Other gain/-loss (Form 4797) _____

Taxable IRA distributions _____

Taxable pension distributions _____

Rental, royalty, partnership, etc. income/-loss _____

Farm income/-loss _____

Unemployment compensation _____

Taxable social security benefits _____

Other income _____

Total income 7,540

Adjustments

Moving expenses _____

Deductible part of self-employment tax _____

SEP, SIMPLE, and qualified plan deduction _____

Self-employed health insurance deduction _____

Alimony paid _____

IRA deduction _____

Student loan interest deduction _____

Other adjustments _____

Total adjustments _____

Adjusted gross income 7,540

Deductions

Medical and Dental expenses _____

Taxes paid _____

Interest paid _____

Charitable contributions _____

Other itemized deductions _____

Total allowable itemized deductions _____

or, Standard deduction 6,300

Exemption amount 4,050

Taxable income _____

Tax Computation

Regular tax _____

Alternative minimum tax _____

Excess advance premium tax credit _____

Total tax before credits _____

Child and dependent care credit _____

Education credits _____

Other credits _____

Total credits _____

Tax after credits _____

Self-employment tax _____

Additional tax on IRAs, etc. _____

Other taxes _____

Total tax _____

Payments

Federal income tax withheld _____

Estimated payments _____

Other payments/credits _____

Total payments _____

Refund/Amount Due

Amount overpaid _____

Overpayment applied _____

Form 2210 penalty _____

Amount due/-refund _____

Failure to file penalty _____

Failure to pay penalty _____

Late filing interest _____

Net amount due/-refund _____

2017 Estimates

1st quarter _____

2nd quarter _____

3rd quarter _____

4th quarter _____

Total Estimates _____

Tax Rates

Marginal tax rate - Ordinary income * 10.0 %

Marginal tax rate - Capital income* _____ %

Effective tax rate _____ %

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

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

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.**2016**

Submission Identification Number (SID) ▶

Taxpayer's name

CAROLYN**SIMON**

Social security number

149-46-3469

Spouse's name

Spouse's social security number

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	7,540
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize **Cohn & Langer, CPAs** to enter or generate my PIN **54321**
ERO firm name Enter five digits, but don't enter all zeros
 as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ **01/21/17****Spouse's PIN: check one box only**

- ☐ I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but don't enter all zeros
 as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

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

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

12076312345

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ **Arthur Langer CPA** Date ▶ **01/21/17**

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

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

Form **8879** (2016)

DAA

Taxpayer Name CAROLYN SIMON
 Spouse Name _____

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 12076312345

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or 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.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 01/21/17

Taxpayer's PIN (enter five numbers, other than all zeroes)

54321

Spouse's PIN (enter five numbers, other than all zeroes)

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of person claiming refund

 Date

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2016	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																																																																																																																								
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning			, 2016, ending		, 20																																																																																																																																																								
Your first name and initial 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 106-50-1158																																																																																																																																																								
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/county		Foreign postal code																																																																																																																																																									
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Attach Form 4797	14		15a	IRA distributions	15a				b Taxable amount	15b	16a	Pensions and annuities	16a				b Taxable amount	16b	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		18	Farm income or (loss). Attach Schedule F	18		19	Unemployment compensation	19		20a	Social security benefits	20a				b Taxable amount	20b	21	Other income. List type and amount	21		22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	7,540	Adjusted Gross Income <table style="width:100%; border: none;"> <tr> <td style="width:5%; text-align: right;">23</td> <td style="width:65%;">Educator expenses</td> <td style="width:10%; text-align: right;">23</td> <td style="width:20%; text-align: right;"> </td> </tr> <tr> <td>24</td> <td>Certain business expenses of reservists, performing artists, and fee-basis government officials. 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7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	7,540																																																																																																																																																										
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b	Tax-exempt interest. Do not include on line 8a	8b																																																																																																																																																											
9a	Ordinary dividends. Attach Schedule B if required	9a																																																																																																																																																											
b	Qualified dividends	9b																																																																																																																																																											
10	Taxable refunds, credits, or offsets of state and local income taxes	10																																																																																																																																																											
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Form 1040 (2016)

CAROLYN SIMON

149-46-3469 Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	7,540
	39a	Check if: <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300
	41	Subtract line 40 from line 38	41	1,240
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	47	Add lines 44, 45, and 46	47	
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	0
	64	Federal income tax withheld from Forms W-2 and 1099	64	
	65	2016 estimated tax payments and amount applied from 2015 return	65	
Payments If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	
Refund Direct deposit? See instructions.	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number <input type="text"/>		
	77	Amount of line 75 you want applied to your 2017 estimated tax	77	
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0
	79	Estimated tax penalty (see instructions)	79	
	Amount You Owe			

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

Designee's name Personal identification number (PIN) Phone no.

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

Your signature Date Your occupation **CLERICAL**

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

Daytime phone number

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

Paid Preparer Use Only

Print/Type preparer's name **Arthur Langer CPA** Preparer's signature **Arthur Langer CPA** Date **01/21/17** 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**

VERATEX INC

Form W-2, Box 12

Description	Amount
Cost of employer-sponsored health coverage	\$ 2,077
Total	\$ 2,077

VERATEX INC

Form W-2, Box 14 - Other

Description	Amount
State Disability Insurance withholding (SDI)	\$ 31
Total	\$ 31

Form 1040	Salaries & Wages Report	2016
------------------	------------------------------------	-------------

Name CAROLYN SIMON	Taxpayer Identification Number 149-46-3469
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T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	VERATEX INC	7,540		7,540
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer				
Spouse				
Totals		7,540		7,540

T/S	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	467	7,540	109				31
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer							
Spouse							
Totals		467	7,540	109			31

T/S	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	NY	7,540				
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals		7,540				

Form 1040	Two Year Comparison Report - Page 1	2015 & 2016
Name CAROLYN SIMON		Taxpayer Identification Number 149-46-3469

		2015	2016	Differences
		MFS	MFS	
Filing Status				
Dependents claimed		0	0	
1. Salaries and wages	1.	7,540	7,540	
2. Interest income	2.			
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.			
20. Total income	20.	7,540	7,540	
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.			
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Forfeited interest	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	7,540	7,540	
31. Medical	31.			
32. Taxes	32.	174	190	16
33. Interest	33.			
34. Contributions	34.			
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	174	190	16
38. Standard deduction	38.	6,300	6,300	
		Standard	Standard	
39. Deduction taken	39.	6,300	6,300	
40. Subtract line 39 from line 30	40.	1,240	1,240	
41. Exemptions	41.	4,000	4,050	50
42. Taxable income	42.	0	0	

Form **1040****Two Year Comparison Report - Page 2****2015 & 2016**

Name

CAROLYN SIMON

Taxpayer Identification Number

149-46-3469

		2015	2016	Differences
T a x C o m p u t e r i n g	43. Taxable income from 2YR page 1, line 42	43. 0	0	
	44. Tax on taxable income	44. 0	0	
	45. Alternative minimum tax	45.		
	46. Excess advance premium tax credit	46.		
	47. Child care credit	47.		
	48. Education credits	48.		
	49. Retirement savings credit	49.		
	50. Child tax credit	50.		
	51. General business credit	51.		
	52. Other credits	52.		
	53. Total credits	53.		
	54. Net tax liability	54.		
	55. Self-employment taxes	55.		
	56. Other taxes	56.		
	57. Total tax	57.		
	58. Income tax withheld	58.		
	59. Estimated tax payments	59.		
	60. Earned income credit	60.		
	61. Additional Child tax credit	61.		
	62. Other refundable tax credits	62.		
	63. Other payments	63.		
	64. Total payments	64.		
	65. Tax due/-refund	65.		
	66. Penalties and interest	66.		
	67. Net tax due/-refund	67.		
	68. Refund applied to estimated tax payments	68.		
	69. Refund received	69.		
	70. Marginal tax rate	70. 10.0 %	10.0 %	
	71. Effective tax rate	71. %	%	

Form **1040****Tax Return History Report - Page 1****2016**Name **CAROLYN SIMON**

Taxpayer Identification Number

149-46-3469

	2012	2013	2014	2015	2016	2017 Projected
Filing Status	SGL	SGL	MFS	MFS	MFS	MFS
Salaries and wages	7,540	7,540	7,685	7,540	7,540	7,540
Interest income						
Dividend income						
Business income/loss						
Capital gains/losses						
Other gains/losses						
IRA distributions, pensions, annuities						
Rent, royalty, farm rental income						
Partnership/S corp income						*
Estate or trust income						*
Farm income/loss						
Other income/loss						
Total income	7,540	7,540	7,685	7,540	7,540	7,540
Total adjustments						
Adjusted gross income	7,540	7,540	7,685	7,540	7,540	7,540
Allowable itemized deductions	171	170	176	174	190	190
Standard deduction	5,950	6,100	6,200	6,300	6,300	6,350
Itemized or standard deduction taken	5,950	6,100	6,200	6,300	6,300	6,350
Exemptions	3,800	3,900	3,950	4,000	4,050	4,050
Taxable income						

* Combined with Rent, royalty, farm rental income on the Federal Tax Projection Worksheet as Schedule E income/loss

Form 1040	Tax Return History Report - Page 2	2016
Name CAROLYN SIMON		Taxpayer Identification Number 149-46-3469

	2012	2013	2014	2015	2016	2017 Projected
Taxable income						
Tax on taxable income and Form 8962						
Alternative minimum tax						
Total credits						
Net tax liability						
Self-employment taxes						
Other taxes						
Total tax						
Income tax withheld						
Estimated tax payments						
Other payments	475	487				
Total payments	475	487				
Total due/-refund	-475	-487				
Penalties and interest						
Net tax due/-refund	-475	-487				
Refund applied to estimated tax payments						
Refund received	-475	-487				
Marginal tax rate	10.0 %	10.0 %	10.0 %	10.0 %	10.0 %	10.0 %
Effective tax rate	%	%	%	%	%	%

New York Individual and Other Return Summaries

Tax Year 2016

CAROLYN SIMON

New York State Individual Return

Other New York and New York City Returns

Income, Adjustments and Deductions

Federal adjusted gross income **7,540**
 Net additions and subtractions
 Adjusted gross income **7,540**
 Itemized ☐ or standard ☒ deduction **7,950**
 Exemptions
Taxable income **0**

LLC and LLP Filing Fee

Form IT-204-LL, amount due

Nonresident Employee of the City of New York

Form NYC-1127, amount due/-refund

Tax, Payments, and Credits

Base tax
 Nonresident income percentage
 State tax
 Nonrefundable state credits
 Other state taxes
 Total **0**
 New York City taxes
 New York City nonrefundable credits
 MCTMT
 Yonkers taxes
 Use tax
 Contributions
 Total **0**
 Total refundable credits
 Income tax withheld
 Estimate and extension payments
 Total payments and credits **0**
Amount due/-refund **0**
Amount refunded **0**
Overpayment applied to next year

Penalties and Interest

Underpayment of estimates penalty
 Failure to file penalty
 Failure to pay penalty
 Late filing interest
Total balance due **0**

Miscellaneous Information

New York State Individual Return

2017 Estimates

Individual New York,
NYC, Yonkers and MTA

Tax form **IT-201**
 Residency type **Resident**
 Direct debit withdrawal date
 New York State marginal tax rate %
 State and cities effective tax rate %

1st quarter
 2nd quarter
 3rd quarter
 4th quarter
Total

**New York State E-File Signature Authorization for Tax Year 2016
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210**Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.Taxpayer's name: CAROLYN SIMON

Spouse's name: _____

(jointly filed return only)

Purpose

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

General instructions

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

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

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

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

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

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*.

See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2016 Form IT-370 and Tax Year 2017 Form IT-2105*.

Part A – Tax return information

- | | | | |
|---|---|----|---------------|
| 1 | Federal adjusted gross income (from applicable line) | 1. | <u>7,540.</u> |
| 2 | Refund | 2. | _____ |
| 3 | Amount you owe | 3. | _____ |
| 4 | Financial institution routing number | 4. | _____ |
| 5 | Financial institution account number | 5. | _____ |
| 6 | Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

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

Under penalty of perjury, I declare that I have examined the information on my 2016 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2016 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2016 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: _____ Date: 01212017
Spouse's signature: _____ Date: _____

(jointly filed return only)

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

Under penalty of perjury, I declare that the information contained in this 2016 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2016 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2016 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2016 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____
Print name: _____
Paid preparer's signature: Arthur Langer CPA Date: 01212017
Print name: Arthur Langer CPA



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning ..

and ending ..

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

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

A Filing status

(mark an X in one box):

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

B Did you itemize your deductions on your 2016 federal income tax return? Yes ☐ No ☒**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 14) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 14) Yes ☐ No ☐
- (2) If Yes, enter the total amount00

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

(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day) ..

F NYC residents and NYC part-year residents only (see page 14):

- (1) Number of months you lived in NYC in 2016
- (2) Number of months your spouse lived in NYC in 2016

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

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

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

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For office use only

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Your social security number

149463469

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	7540 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	7540 .00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	7540 .00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	7540 .00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	25	.00
26	Pensions of NYS & local governments & the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	7540 .00

Standard deduction or itemized deduction (see page 20)

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

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Name(s) as shown on page 1
CAROLYN SIMON

Your social security number
149463469

IT-201 (2016) Page 3 of 4

Tax computation, credits, and other taxes

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

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

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

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

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

Voluntary contributions (see page 27)

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

61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	.00
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Your social security number

149463469

62 Enter amount from line 61

62

.00

Payments and refundable credits (see page 28)

63 Empire State child credit	63	.00
63a Family tax relief credit	63a	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (also complete F on page 1; see page 29)	69	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	.00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00

76 Total payments (add lines 63 through 75)

76

.00

Your refund, amount you owe, and account information (see pages 31 through 33)

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

77

.00

78 Amount of line 77 to be refunded

Mark one refund choice:

☐ direct
deposit (fill in line 83)

- or -

☐ paper
check

78

.00

79 Amount of line 77 that you want applied to your
2017 estimated tax (see instructions)

79

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

See page 32 for payment options.

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

80

.00

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

81

See page 35 for the proper
assembly of your return.

82 Other penalties and interest (see page 32)

82

.00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 32) ☐83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 33)

Date

Amount

.00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code	03
Preparer's signature Arthur Langer CPA		Preparer's printed name Arthur Langer CPA		
Firm's name (or yours, if self-employed) Cohn & Langer, CPAs		Preparer's PTIN or SSN P01396073		
Address 18 Blanche St Plainview NY 118034607		Employer identification number 454014297		
E-mail:		Date 01212017		

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

See instructions for where to mail your return.

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CAROLYN SIMON

149-46-3469

Tax due before credits (From Form IT-201, line 39, plus Form IT-201-ATT, line 21 or from Form IT-203, line 46 plus Form IT-203-ATT, line 20)

[illegible]

Form IT-201	New York Two Year Comparison Report	2015 & 2016
--------------------	--	------------------------

Name **CAROLYN SIMON**Tp SSN **149-46-3469**

		2015	2016	Differences
Income	1. Wages	1. 7,540.	7,540.	
	2. Interest and dividends	2.		
	3. State tax refund	3.		
	4. Alimony received	4.		
	5. Business income or loss	5.		
	6. Capital gain or loss	6.		
	7. Other gains or losses	7.		
	8. Taxable amount of IRA distributions	8.		
	9. Taxable amount of pensions and annuities	9.		
	10. Rent, royalty, partnership, S corporation and trust income	10.		
	11. Farm income or loss	11.		
	12. Unemployment	12.		
	13. Social security	13.		
	14. Other income	14.		
	15. Total income	15. 7,540.	7,540.	
	16. Total adjustments to income	16.		
	17. Federal adjusted gross income	17. 7,540.	7,540.	
Adjustments	18. Non-New York municipal income	18.		
	19. Public employee 414(h) retirement contributions	19.		
	20. Tuition and other additions	20.		
	21. Total New York additions to income	21.		
	22. State tax refund	22.		
	23. Pensions of New York, local and federal governments	23.		
	24. Social security and Railroad Tier I	24.		
	25. US obligations	25.		
	26. Pension exclusion	26.		
	27. Tuition and other subtractions	27.		
	28. Total New York subtractions from income	28.		
	29. New York adjusted gross income	29. 7,540.	7,540.	
Deduction	30. Standard or itemized deduction	30. 7,900.	7,950.	50.
	31. Exemptions	31.		
	32. New York taxable income	32. -360.	-410.	-50.
Tax Computation	33. New York State tax	33.	0.	
	34. New York household and other nonrefundable credits	34. 30.	30.	
	35. Other New York State taxes	35.		
	36. New York City resident tax	36.		
	37. New York City household credit	37.		
	38. Other New York City taxes	38.		
	39. New York City nonrefundable credits	39.		
	40. MCTMT	40.		
	41. Yonkers taxes	41.		
	42. Use tax	42.		
	43. Contributions	43.		
	44. Total taxes, gifts and contributions	44.	0.	
	45. New York State child and dependent care credit	45.		
	46. New York State earned income credit	46.		
	47. Real property tax credit	47.		
	48. All other refundable credits	48.		
	49. Total New York State income tax withheld	49.		
	50. Total New York City income tax withheld	50.		
	51. Total Yonkers income tax withheld	51.		
	52. Estimated tax payments	52.		
	53. Other payments	53.		
	54. Total payments and refundable credits	54.		
	55. Tax due/-refund	55.		
	56. Penalties and interest	56.		
	57. Net tax due/-refund	57.	0.	
	58. Effective tax rate	58. 0 %	0 %	