

1040

Federal Return Summary

2016

Name

CAROLYN SIMON

Taxpayer Identification Number

149-46-3469

Tax Form 1040Filing Status MFSTax Method Used Tax TableDependents Full-year coverage

Income

Tax Computation

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

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	

Adjustments

Payments

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

Federal income tax withheld	
Estimated payments	
Other payments/credits	
Total payments	

Deductions

Refund/Amount Due

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	

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.

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

OMB No. 1545-0074

2016

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

► Keep this form for your records.

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

Submission Identification Number (SID) ►

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 Enter five digits, but
don't enter all zeros
 ERO firm name
 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**

Taxpayer Name CAROLYN
 Spouse Name _____

SIMON

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	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 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.	
Foreign country name	Foreign province/state/county	Foreign postal code		<input type="checkbox"/> You <input type="checkbox"/> Spouse
Filing Status	1 <input type="checkbox"/> Single	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. ►		
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)			
Check only one box.	3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ► CLAUDE	5 <input type="checkbox"/> Qualifying widow(er) with dependent child SIMON		
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	} Boxes checked on 6a and 6b No. of children on 6c who: ● lived with you _____ ● did not live with you due to divorce or separation (see instructions) _____		1
	6b <input type="checkbox"/> Spouse			
	c Dependents:	(1) First name _____ Last name _____	(2) Dependent's social security number _____	(3) Dependent's relationship to you _____
If more than four dependents, see instructions and check here ►				
	d Total number of exemptions claimed _____			Add numbers on lines above ► 1
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 _____	7	7,540	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required _____	8a		
	b Tax-exempt interest. Do not include on line 8a _____	8b		
	9a Ordinary dividends. Attach Schedule B if required _____	9a		
	b Qualified dividends _____	9b		
If you did not get a W-2, see instructions.	10 Taxable refunds, credits, or offsets of state and local income taxes _____	10		
	11 Alimony received _____	11		
	12 Business income or (loss). Attach Schedule C or C-EZ _____	12		
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13		
	14 Other gains or (losses). Attach Form 4797 _____	14		
	15a IRA distributions _____	15a	b Taxable amount _____	
	16a Pensions and annuities _____	16a	b Taxable amount _____	
	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 _____	
	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	23 Educator expenses _____	23		
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ _____	24		
	25 Health savings account deduction. Attach Form 8889 _____	25		
	26 Moving expenses. Attach Form 3903 _____	26		
	27 Deductible part of self-employment tax. Attach Schedule SE _____	27		
	28 Self-employed SEP, SIMPLE, and qualified plans _____	28		
	29 Self-employed health insurance deduction _____	29		
	30 Penalty on early withdrawal of savings _____	30		
	31a Alimony paid b Recipient's SSN ► _____	31a		
	32 IRA deduction _____	32		
	33 Student loan interest deduction _____	33		
	34 Tuition and fees. Attach Form 8917 _____	34		
	35 Domestic production activities deduction. Attach Form 8903 _____	35		
	36 Add lines 23 through 35 _____	36		
	37 Subtract line 36 from line 22. This is your adjusted gross income ►	37	7,540	

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

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	7,540
	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes checked ► 39a		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300
	41 Subtract line 40 from line 38	41	1,240
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
	44 Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____	44	0
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	
	48 Foreign tax credit. Attach Form 1116 if required	48	
49 Credit for child and dependent care expenses. Attach Form 2441	49		
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Child tax credit. Attach Schedule 8812, if required	52		
53 Residential energy credits. Attach Form 5695	53		
54 Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54		
55 Add lines 48 through 54. These are your total credits	55		
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0	
57 Self-employment tax. Attach Schedule SE	57		
58 Unreported social security and Medicare tax from Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a Household employment taxes from Schedule H	60a		
b First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63 Add lines 56 through 62. This is your total tax	63	0	
64 Federal income tax withheld from Forms W-2 and 1099	64		
65 2016 estimated tax payments and amount applied from 2015 return	65		
66a Earned income credit (EIC)	66a		
b Nontaxable combat pay election <input type="checkbox"/> 66b	66b		
67 Additional child tax credit. Attach Schedule 8812	67		
68 American opportunity credit from Form 8863, line 8	68		
69 Net premium tax credit. Attach Form 8962	69		
70 Amount paid with request for extension to file	70		
71 Excess social security and tier 1 RRTA tax withheld	71		
72 Credit for federal tax on fuels. Attach Form 4136	72		
73 Credits from Form a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	73		
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74		
75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75		
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a		
► b Routing number <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
► d Account number <input type="checkbox"/>			
77 Amount of line 75 you want applied to your 2017 estimated tax ► 77			
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ►	78	0
79 Estimated tax penalty (see instructions)	79		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
Joint return? See instructions.	Personal identification number (PIN) ► <input type="checkbox"/>		
Keep a copy for your records.	Phone no. ► <input type="checkbox"/>		
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.		
Joint return? See instructions.	Your signature	Date	Your occupation CLERICAL
Keep a copy for your records.	Daytime phone number <input type="checkbox"/>		
Spouse's signature. If a joint return, both must sign.	Date	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) <input type="checkbox"/>	
Print/Type preparer's name Arthur Langer CPA	Preparer's signature Arthur Langer CPA		Date 01/21/17 Check <input checked="" type="checkbox"/> if self-employed P01396073
Paid Preparer Firm's name Cohn & Langer, CPAs			Firm's EIN 45-4014297
Use Only Firm's address 18 Blanche St Plainview	NY 11803-4607		Phone no. 516-702-3002

Federal Statements

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		
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
Soc Sec Withheld Medicare Wages		Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben
A	467	7,540	109		
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
Taxpayer					
Spouse					
Totals		467	7,540	109	31
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	0	0		
Dependents claimed				
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.			
I 8. Business income/loss	8.			
n 9. Capital gain/loss	9.			
c 10. Other gains/losses	10.			
o 11. Taxable IRA distributions	11.			
m 12. Taxable pensions	12.			
e 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		
A				
d				
j				
u				
s				
t				
m				
e				
n				
s				
A 21. Moving expenses	21.			
d 22. Deductible part of self-employment tax	22.			
j 23. SEP/SIMPLE/Qualified plans deductions	23.			
u 24. SE health insurance	24.			
s 25. Forfeited interest	25.			
t 26. Alimony paid	26.			
i 27. IRA deductions	27.			
o 28. Student loan interest	28.			
n 29. Other adjustments	29.			
s 30. Adjusted gross income	30. 7,540	7,540		
D				
e				
d				
u				
c				
t				
i				
o				
n				
s				
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			Taxpayer Identification Number 149-46-3469	
Name CAROLYN SIMON				
		2015	2016	Differences
	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.		
T	49. Retirement savings credit	49.		
a	50. Child tax credit	50.		
x	51. General business credit	51.		
C	53. Total credits	53.		
o	54. Net tax liability	54.		
m	55. Self-employment taxes	55.		
p	56. Other taxes	56.		
u	57. Total tax	57.		
t	58. Income tax withheld	58.		
a	59. Estimated tax payments	59.		
t	60. Earned income credit	60.		
i	61. Additional Child tax credit	61.		
o	62. Other refundable tax credits	62.		
n	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
Filing Status	2012	2013	2014	2015	2016	2017 <i>Projected</i>
Salaries and wages	SGL	SGL	MFS	MFS	MFS	MFS
7,540	7,540	7,685	7,540	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 <input type="checkbox"/> or standard <input checked="" type="checkbox"/> 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	
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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

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

2017 Estimates

Individual New York,
NYC, Yonkers and MTA

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



Department of Taxation and Finance

New York State E-File Signature Authorization for Tax Year 2016 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: CAROLYN SIMON

Spouse's name: _____

(jointly filed return only)

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

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

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

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

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

Part A – Tax return information

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

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

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

Taxpayer's signature: _____

Date: 01212017

Spouse's signature: _____

Date: _____

(jointly filed return only)

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

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

ERO's signature: _____

Date: _____

Print name: _____

Date: 01212017

Paid preparer's signature: Arthur Langer CPA

Date: 01212017

Print name: Arthur Langer CPA



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

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

and ending

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

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

A Filing status

(mark an **X** in one box):

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

B Did you itemize your deductions on your 2016 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 14) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

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

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

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

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

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

G Enter your 2-character special condition code(s) if applicable (see page 14)

H Dependent exemption information (see page 15)

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

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

201001161022



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Federal income and adjustments (see page 15)

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

Whole dollars only

1	7540	.00
2		.00
3		.00
4		.00
5		.00
6		.00
7		.00
8		.00
9		.00
10		.00
11		.00

- 12 Rental real estate included in line 11 **12**00
- 13 Farm income or loss (submit a copy of federal Schedule F, Form 1040)
- 14 Unemployment compensation
- 15 Taxable amount of social security benefits (also enter on line 27)
- 16 Other income (see page 15) **Identify:**
- 17 Add lines 1 through 11 and 13 through 16 **17** 7540 .00
- 18 Total federal adjustments to income (see page 15) **Identify:**
- 19 Federal adjusted gross income (subtract line 18 from line 17)

20		.00
21		.00
22		.00
23		.00
24		7540 .00

New York additions (see page 16)

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

New York subtractions (see page 17)

- 25 Taxable refunds, credits, or offsets of state & local income taxes (from line 4) **25**00
- 26 Pensions of NYS & local governments & the federal government (see page 1) **26**00
- 27 Taxable amount of social security benefits (from line 15) **27**00
- 28 Interest income on U.S. government bonds **28**00
- 29 Pension and annuity income exclusion (see page 18) **29**00
- 30 New York's 529 college savings program deduction/earnings **30**00
- 31 Other (Form IT-225, line 18) **31**00
- 32 Add lines 25 through 31
- 33 New York adjusted gross income (subtract line 32 from line 24)

32		.00
33		7540 .00

Standard deduction or itemized deduction (see page 20)

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

34	7950	.00
35		.00
36		000.00
37		.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your social security number
CAROLYN SIMON	149463469

Tax computation, credits, and other taxes

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

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

47 NYC resident tax on line 38 amount (see page 22)	47	.00
48 NYC household credit (page 22, table 4, 5, or 6)	48	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net		
earnings base	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 25)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360)	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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62 Enter amount from line 61

Your social security number
149463469

62	.00
----	-----

Payments and refundable credits (see page 28)

63 Empire State child credit	63	.00
63a Family tax relief credit	63a	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (<i>also complete F on page 1; see page 29</i>)	69	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (<i>Form IT-201-ATT, line 18</i>)	71	.00
72 Total New York State tax withheld	72	.00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-37075		.00
76 Total payments (add lines 63 through 75)	76	.00

If applicable, complete **Form(s) IT-2** and/or **IT-1099-R** and submit them with your return (see page 12).

Do not send federal Form W-2 with your return.

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

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

77	.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	.00
----	-----

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	.00
----	-----

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

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

201004161022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name
CAROLYN SIMON

Taxpayer Identification Number
149-46-3469

Amounts in Available to Carryover column may be further reduced on form. If utilizing non-calculating forms use this information to complete forms.

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)

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.	
	30. Standard or itemized deduction	30.	7,900.	7,950.	50.
	31. Exemptions	31.			
	32. New York taxable income	32.	-360.	-410.	-50.
	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 %		