

12a Tax (see instr.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972**3** ☐**12a** 0**b** Add Schedule 2, line 3, and line 12a and enter the total**12b** 0**13a** Child tax credit or credit for other dependents**13a****b** Add Schedule 3, line 7, and line 13a and enter the total**13b****14** Subtract line 13b from line 12b. If zero or less, enter -0-**14** 0**15** Other taxes, including self-employment tax, from Schedule 2, line 10**15****16** Add lines 14 and 15. This is your **total tax****16** 0**17** Federal income tax withheld from Forms W-2 and 1099**17****18** Other payments and refundable credits:**a** Earned income credit (EIC)**18a****b** Additional child tax credit. Attach Schedule 8812**18b****c** American opportunity credit from Form 8863, line 8**18c****d** Schedule 3, line 14**18d****e** Add lines 18a through 18d. These are your **total other payments and refundable credits****18e****19** Add lines 17 and 18e. These are your **total payments****19****Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid****20****21a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐**21a**Direct deposit?
See instructions.**b** Routing number**c** Type: ☐ Checking ☐ Savings**d** Account number**22** Amount of line 20 you want **applied to your 2020 estimated tax****22****Amount
You Owe****23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions**23** 0**24** Estimated tax penalty (see instructions)**24****Third Party
Designee**Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instruction ☐ **Yes**. Complete below.☒ **No**(Other than
paid preparer)Designee's
name ▶Phone
no. ▶Personal identification number
(PIN) ▶**Sign
Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity
Protection PIN, enter it here
(see instr.)**CLERICAL**Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

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

Phone no.

Email address

Preparer's name

Preparer's signature

PTIN

Check if:

Paid**Arthur Langer CPA****Arthur Langer CPA****P01396073**☐ 3rd Party Designee**Preparer
Use Only**Firm's name ▶ **Arthur Langer CPA PC**Date **03/09/21****18 Blanche St**Phone no. **516-702-3002**☒ Self-employedFirm's address ▶ **Plainview****NY 11803-4607**Firm's EIN ▶ **81-4277329**Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2019)

Form 1040	CARES Act COVID-19 - (EIP) Recovery Rebate Worksheet	2019 & 2020
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Name CAROLYN SIMON	Taxpayer Identification Number 149-46-3469
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- | | 2018 | 2019
<u>MFS</u> | 2020
<u>MFS</u> |
|--|--|---|---|
| A. Filing Status | | | |
| B. Can taxpayer or spouse, if filing a joint return, be claimed as a dependent on another person's return? No go to C. Yes Stop here | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| C. Does the taxpayer, and spouse if filing jointly, have a valid social security number? Yes skip line D and go to line 1. No, go to line D | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Were either taxpayer or spouse a member of the U.S. Armed Forces at any time during the tax year? Yes go to line 1. No, Stop here | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

	2018	2019	2020
1. Adjusted gross income (AGI) from the return	1. 7,540	7,540	7,540
2. Recovery rebates based upon filing status. Enter \$1,200 (\$2,400 if MFJ)	2. 1,200	1,200	1,200
3. Number of children qualified for the child tax credit	3.		
4. Number of children under 17 with adoption taxpayer identification number (ATIN)	4.		
5. Add lines 3 and 4	5.		
6. Enter \$500	6. 500	500	500
7. Rebate credit for qualifying child dependent under age 17. Multiply line 6 by 5.	7.		
8. Total rebate check before AGI limits. Add line 2 and 7.	8. 1,200	1,200	1,200
9. Phaseout limit based upon filing status. Enter \$75,000 (\$150,000 MFJ; \$112,500 HH)	9. 75,000	75,000	75,000
10. Subtract line 9 from line 1. If less than zero, enter -0-	10. 0	0	0
11. Recovery rebate reduction. Multiply line 10 by 5% (0.05)	11.		
12. Projected rebate check. Subtract line 11 from line 8. If less than zero, enter -0-	12. 1,200	1,200	1,200
13. Enter the amount from line 12 of the year used to calculate	13.		1,200
14. Recovery rebate credit for 2020. Subtract line 13 from line 12. If zero or less, enter -0-. Enter the result here and on Tax Projection Worksheet line 82	14.		0

2019 Tax Return



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, 2019, through December 31, 2019, 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 14) (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)
CALLICOON		NY	12723	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district name
				Sullivan West
				School district code number
				143
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	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)

B Did you itemize your deductions on your 2019 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 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) Enter the amount

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2019? (see page 15) Yes ☐ No ☒(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day) .. **F NYC residents and NYC part-year residents only (see page 15):**

- (1) Number of months you lived in NYC in 2019
- (2) Number of months your spouse lived in NYC in 2019

G Enter your 2-character special condition code(s) if applicable (see page 15) **H Dependent information (see page 16)**

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

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

201001191022



For office use only

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Your Social Security number

149463469

Federal income and adjustments (see page 16)

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, 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 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	7540.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	7540.00

New York additions (see page 17)

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 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	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 18)

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 18)	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 19)	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 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
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 21)	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	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 22)	39	.00
40 NYS household credit (page 22, table 1, 2, or 3)	40	30.00
41 Resident credit (see page 23)	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 taxable income (see instructions)	47	.00
47a NYC resident tax on line 47 amount (see page 23)	47a	.00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, 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 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00
59 Sales or use tax (see page 27; do not leave line 59 blank)	59	0.00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	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

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

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Your Social Security number

149463469

62 Enter amount from line 61

62 .00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.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 (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.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

If applicable, complete Form(s) IT-201 and/or IT-1099-R and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.**Your refund, amount you owe, and account information** (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	.00

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

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

79	Amount of line 77 that you want applied to your 2020 estimated tax (see instructions)	79	.00
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 <input type="checkbox"/> 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

See page 33 for payment options

81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33)	81	.00
82	Other penalties and interest (see page 33)	82	.00

See page 36 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 34). 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. 34) ☐83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings83b Routing number 83c Account number 84 Electronic funds withdrawal (see page 34) 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)
	Email:		

▼ 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) Arthur Langer CPA PC	Preparer's PTIN or SSN P01396073		
Address 18 Blanche St Plainview NY 118034607	Employer identification number 814277329		
Email:	Date 03092021		

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

See instructions for where to mail your return.

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