

Form 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2019

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly	<input checked="" type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> Head of household (HOH)	<input type="checkbox"/> Qualifying widow(er) (QW)		
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ► CLAUDE SIMON								
Your first name and middle initial CAROLYN		Last name SIMON			Your social security number 149-46-3469			
If joint return, spouse's first name and middle 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.	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			
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CALICOON NY 12723				Foreign country name		Foreign province/state/county	Foreign postal code	If more than four dependents, see instr. and <input checked="" type="checkbox"/> here ► <input type="checkbox"/>

Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien
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Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1955 <input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1955 <input type="checkbox"/> Is blind
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Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	7,540
2a Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required
3a Qualified dividends	3a	b Ordinary divs. Alt. Sch. B if req.
4a IRA distributions	4a	b Taxable amount
c Pensions and annuities	4c	d Taxable amount
5a Soc. sec. ben.	5a	b Taxable amount
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		
7a Other income from Schedule 1, line 9	7a	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income
8a Adjustments to income from Schedule 1, line 22	8a	b Subtract line 8a from line 7b. This is your adjusted gross income
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	12,200
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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12a	Tax (see instr.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a 0		
13a	b Add Schedule 2, line 3, and line 12a and enter the total	13a 0	12b 0	
13a	Child tax credit or credit for other dependents	13a 0	13b 0	
14	b Add Schedule 3, line 7, and line 13a and enter the total	14 0	14 0	
15	Subtract line 13b from line 12b. If zero or less, enter -0-	15 0	15 0	
16	Other taxes, including self-employment tax, from Schedule 2, line 10	16 0	16 0	
17	Add lines 14 and 15. This is your total tax	17 0	17 0	
18	Federal income tax withheld from Forms W-2 and 1099			
18	Other payments and refundable credits:			
18a	a Earned income credit (EIC)	18a 0	18e 0	
18b	b Additional child tax credit. Attach Schedule 8812	18b 0	19 0	
18c	c American opportunity credit from Form 8863, line 8	18c 0	20 0	
18d	d Schedule 3, line 14	18d 0	21a 0	
18e	e Add lines 18a through 18d. These are your total other payments and refundable credits	18e 0		
19	Add lines 17 and 18e. These are your total payments	19 0		
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20 0		
Direct deposit? See instructions.	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a 0		
	► b Routing number ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	► d Account number			
22	Amount of line 20 you want applied to your 2020 estimated tax	22 0		
Amount You Owe	23 Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions ►	23 0	0	
	24 Estimated tax penalty (see instructions)	24 0		
Third Party Designee	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions			
(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.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation CLERICAL	
			If the IRS sent you an Identity Protection PIN, enter it here (see instr.)	
	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		
Paid Preparer Use Only	Preparer's name Arthur Langer CPA	Preparer's signature Arthur Langer CPA	PTIN P01396073	Check if: <input type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
	Firm's name ► Arthur Langer CPA PC 18 Blanche St	Date 03/09/21	Phone no. 516-702-3002	
	Firm'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
Name CAROLYN SIMON		Taxpayer Identification Number 149-46-3469

	2018	2019	2020
	MFS	MFS	MFS
A. Filing Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
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"/>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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"/>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
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"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No

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

	2018	2019	2020
1.	7,540	7,540	7,540
2.	1,200	1,200	1,200
3.			
4.			
5.			
6.	500	500	500
7.			
8.	1,200	1,200	1,200
9.	75,000	75,000	75,000
10.	0	0	0
11.			
12.	1,200	1,200	1,200
13.			1,200
14.			2019 Tax Return
			0



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)	School district name
CALICOOON		NY	12723		Sullivan West
Taxpayer's permanent home address (see instructions, page 14) (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		Decedent information	

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

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201001191022



For office use only

Federal income and adjustments (see page 16)

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

13	.00
14	.00
15	.00
16	.00
17	7540 .00
18	.00
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)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)
- 22 **New York's 529 college savings program distributions** (see page 17)
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

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

New York subtractions (see page 18)

- 25 Taxable refunds, credits, or offsets of state & local income taxes (from line 4)
- 26 Pensions of NYS & local governments & the federal government (see page 15)
- 27 Taxable amount of Social Security benefits (from line 15)
- 28 Interest income on U.S. government bonds
- 29 Pension and annuity income exclusion (see page 19)
- 30 **New York's 529 college savings program deduction/earnings**
- 31 Other (Form IT-225, line 18)
- 32 Add lines 25 through 31
- 33 **New York adjusted gross income** (subtract line 32 from line 24)

25	.00
26	.00
27	.00
28	.00
29	.00
30	.00
31	.00
32	.00
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: **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 21)
- 37 **Taxable income** (subtract line 36 from line 35)

34	8000 .00
35	.00
36	000.00
37	.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
CAROLYN SIMON

Your Social Security number
149463469

Tax computation, credits, and other taxes

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.



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

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

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions)

79 .00

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 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 33)

81 .00

82 Other penalties and interest (see page 33)

82 .00

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 savings

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 34)

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"/>	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		
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.

201004191022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM