

Filing Instructions

Form 1040 US Individual Income Tax Return

Taxable Year Ended December 31, 2020

Name: CAROLYN SIMON

Date Due: April 15, 2021

Remittance: None is required. The return shows a total overpayment of \$600, which is to be refunded in its entirety.

Mail To: Department of the Treasury
Internal Revenue Service
Kansas City, MO 64999-0002

Signature: You should sign and date the return on Page 2.

Other: Retain a copy of the signed and dated return for your records.

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2020	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 your 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.																																																																		
City, town or post office. If you have a foreign address, also complete spaces below. CALLICOON			State NY	ZIP code 12723																																																																		
Foreign country name		Foreign province/state/county		Foreign postal code																																																																		
				<input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																		
At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																						
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																																																																						
Age/Blindness You: <input type="checkbox"/> Were born before January 2, 1956 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1956 <input type="checkbox"/> Is blind																																																																						
Dependents (see instructions):																																																																						
<table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width:30%;">(1) First name Last name</th> <th style="width:15%;">(2) Social security number</th> <th style="width:15%;">(3) Relationship to you</th> <th style="width:15%;">(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):</th> <th style="width:10%;">Child tax credit</th> <th style="width:15%;">Credit for other dependents</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						(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																																																											
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020)

CAROLYN SIMON**149-46-3469** Page **2**

16	Tax (see instructions). Check if any from Form(s) <input type="checkbox"/> 8814 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4972 <input type="checkbox"/> 3	16	0
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	0
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	600
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600
33	Add lines 25d, 26, and 32. These are your total payments	33	600
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	600
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	600
b	Routing number XXXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number XXXXXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38	Estimated tax penalty (see instructions)	38	

RefundDirect deposit?
See instructions**Amount You Owe**For details on
how to pay, see
instructions.**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions

☐ Yes. Complete below. ☒ NoDesignee'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 inst.)

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 inst.)

Phone no.

Email address

Preparer's name

Preparer's signature

Date

PTIN

Check if:

Paid **Arthur Langer CPA****Arthur Langer CPA****02/01/21****P01396073**☒ Self-employed**Preparer** Firm's name ▶ **Arthur Langer CPA PC**Phone no. **516-702-3002****Use Only** **18 Blanche St**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** (2020)

Form 1040	Recovery Rebate Credit Worksheet	2020
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Name **CAROLYN SIMON** Taxpayer Identification Number **149-46-3469**

Filing Status MFS <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> EIP 1 (Line 5/16 below) Tp/Joint 600 Sp _____ Total 600 </div> <div style="text-align: center;"> EIP 2 (Line 8/19 below) Tp/Joint 600 Sp _____ Total 600 </div> </div>	1040/1040-SR Line 11 (AGI) 7,540 Qualifying children for economic impact payment: a. Children qualified for the child tax credit a. _____ b. Children under 17 with adoption taxpayer id no. (ATIN) b. _____ c. Line a + b. Total qualifying children under 17 with valid SSN c. _____ d. Multiply line c by \$500 and enter on line 6 below d. _____ e. Multiply line c by \$600 and enter on line 9 below e. _____
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EIP = Economic Impact Payment also referred to as stimulus check/payment

1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.
☒ **No.** Go to line 2.
☐ **Yes. STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2020 return include a valid social security number (defined under *Valid social security number*, below)* for you and, if filing joint return, your spouse?
☒ **Yes.** Skip lines 3 and 4 and go to line 5.
☐ **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, **STOP** you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under *Valid social security number*, below)*?
☐ **Yes.** Your credit is not limited. Go to line 5.
☐ **No.** Go to line 4.
4. Does one of you have a valid social number (defined under *Valid social security number*, below)*?
☐ **Yes.** Your credit is limited. Go to line 5.
☐ **No. STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
5. If your **EIP 1** was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020 skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:
 • \$1,200 if single, HOH, MFS, QW, or if MFJ and answered "Yes" to question 4
 • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3 **5. 1,200**
6. Multiply \$500 by the number of qualifying children under 17 at the end of 2020 listed in the Dependents section on pg 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit box or entered an adoption taxpayer id no.
6. 1,200
7. Add lines 5 and 6 **7. 1,200**
8. If your **EIP 2** was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:
 • \$600 if single, HOH, MFS, QW, or if MFJ and answered "Yes" to question 4
 • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3 **8. 0**
9. Multiply \$600 by the number of qualifying children under 17 at the end of 2020 listed in Dependents section of Form 1040 or 1040-SR for whom you either checked the "Child tax credit box or entered an adoption taxpayer id no.
9. 0
10. Add lines 8 and 9 **10. 0**
11. Enter the amount from line 11 of Form 1040 or 1040-SR **11. 7,540**
12. Enter the amount shown below for your filing status:
 • \$150,000 if married filing jointly • \$112,500 if head of household.
 • \$75,000 if single or married filing separately, or qualifying widow(er) **12. 75,000**
13. Is the amount on line 11 more than the amount on line 12?
☒ **No.** Skip line 14. Enter the amount from line 7 on line 15 below and the amount from line 10 on line 18.
☐ **Yes.** Subtract line 12 from line 11 **13. 0**
14. Multiply line 13 by 5% (0.05) **14. 0**
15. Subtract line 14 from line 7. If zero or less, enter -0- **15. 1,200**
16. Enter the amount, if any, of the EIP 1 that was issued to you (before offset for any past-due child support payment) You may refer to Notice 1444 or your tax account at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here **16. 600**
17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference **17. 600**
18. Subtract line 14 from line 10. If zero or less, enter -0- **18. 0**
19. Enter the amount, if any, of the EIP 2 that was issued to you You may refer to Notice 1444-B or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here **19. 600**
20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference **20. 600**
21. **Recovery rebate credit for 2020.** Add lines 17 and 20. Enter results here and on Form 1040/1040-SR line 30 **21. 600**

*A valid social security number is one that is valid for employment in the United States and is issued before the due date of your 2020 return (including extensions).

Filing Instructions

Form IT-201 - New York Income Tax Return

Taxable Year Ended December 31, 2020

Name: CAROLYN SIMON

Date Due: April 15, 2021

Remittance: None is required. No amount is due or overpaid.

Mail To: State Processing Center
P.O. Box 61000
Albany, NY 12261-0001

Signature: Sign and date the 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, 2020, through December 31, 2020, 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
City, village, or post office			State	ZIP code
			NY	
Decedent information			Taxpayer's date of death (mmddyyyy)	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 2020 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** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2020? (see page 15) Yes ☐ No ☒
(2) Enter the number of days spent in NYC in 2020 (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 2020
(2) Number of months your spouse lived in NYC in 2020 **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 ☐

201001201022



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	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 government)	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 19a 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

201002201022



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 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 page 23)	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	This line intentionally left blank	70a	
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 2021 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 02012021		

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

201004201022

See instructions for where to mail your return.



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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

149463469

Box b Employer identification number (EIN)

132804148

Box c Employer's information

Employer's name VERATEX INC			
Employer's address (number and street) 534 WEST 42ND STREET #8			
City NEW YORK	State NY	ZIP code 10036	Country (if not United States)

Box 1 Wages, tips, other compensation

7540.00

Box 12a Amount

2706.00

Code

DD

Box 14a Amount

41.00

Description

SDI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

7540.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

Box 19 Local income tax withheld

Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

Box 19 Local income tax withheld

Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

102001201022



NO HANDWRITTEN ENTRIES ON THIS FORM

Form	IT-201	New York Recomputed Federal AGI Worksheet	2020
Name			Taxpayer Identification Number
Taxpayer CAROLYN SIMON			149-46-3469
Spouse			106-50-1158

Line 19a worksheet

- | | | | |
|---|----|--------|--|
| 1. Federal adjusted gross income as reported (form IT-201, line 19) | 1. | 7,540. | |
| 2. Total addition adjustments (Form IT-558, line 9) | 2. | | |
| 3. Add lines 1 and 2 | 3. | 7,540. | |
| 4. Total subtraction adjustments (Form IT-558, line 18) | 4. | | |
| 5. Recomputed federal adjusted gross income, line 3 less line 4 | 5. | 7,540. | |