

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)
U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status

 Single Married filing jointly Married filing separately (MFS) Head of household (HOH) 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

City, town or post office. If you have a foreign address, also complete spaces below.

CALLICOONState
NYZIP code
12723

Foreign country name

Foreign province/state/county

Foreign postal code

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.
 You Spouse

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency?

 Yes No
Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alienAge/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(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	2b
3a Qualified dividends	3b
4a IRA distributions	4b
5a Pensions and annuities	5b
6a Soc. sec. ben.	6b
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7 <input type="checkbox"/>
8 Other income from Schedule 1, line 9	8 0
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 7,540
10 Adjustments to income:	
a From Schedule 1, line 22	10a 0
b Charitable contributions if you take the standard deduction. See instructions 10b	
c Add line 10a and 10b. These are your total adjustments to income	
11 Subtract line 10c from line 9. This is your adjusted gross income	11 7,540
12 Standard deduction or itemized deductions (from Schedule A)	12 12,400
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13 0
14 Add lines 12 and 13	14 12,400
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15 0

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"/> 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:	25a		
a	Form(s) W-2	25b		
b	Form(s) 1099	25c		
c	Other forms (see instructions)	25d		
d	Add lines 25a through 25c	26		
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	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid ►	34	600	
Direct deposit? See instructions	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		
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now ►	37		
For details on how to pay, see instructions.	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.			
38 Estimated tax penalty (see instructions)	38			
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			
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 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 Paid Arthur Langer CPA	Preparer's signature Arthur Langer CPA	Date 02/01/21	PTIN P01396073	Check if: <input checked="" type="checkbox"/> Self-employed
Preparer Firm's name ► Arthur Langer CPA PC	Phone no. 516-702-3002			
Use Only Firm's address ► 18 Blanche St				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
Name CAROLYN SIMON		Taxpayer Identification Number 149-46-3469
Filing Status MFS		1040/1040-SR Line 11 (AGI) 7,540
EIP 1 (Line 5/16 below) 600		EIP 2 (Line 8/19 below) 600
Tp/Joint Sp Total 600		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.
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. <input checked="" type="checkbox"/> No. Go to line 2. <input type="checkbox"/> 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 <i>Valid social security number</i> , below)* for you and, if filing joint return, your spouse? <input checked="" type="checkbox"/> Yes. Skip lines 3 and 4 and go to line 5. <input type="checkbox"/> 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 <i>Valid social security number</i> , below)?* <input type="checkbox"/> Yes. Your credit is not limited. Go to line 5. <input type="checkbox"/> No. Go to line 4.		
4. Does one of you have a valid social number (defined under <i>Valid social security number</i> , below)?* <input type="checkbox"/> Yes. Your credit is limited. Go to line 5. <input type="checkbox"/> 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 5. 1,200 ● \$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.		
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 8. 600 ● \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3 8. 1,200		
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.		
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? <input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 below and the amount from line 10 on line 18. <input type="checkbox"/> 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 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 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. 0		
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
					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 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

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)

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)

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

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

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)

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 19a 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 24)

26 Pensions of NYS & local governments & the federal government (see page 18)

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 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.



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 .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-ATT, line 18)	78a .00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b .00

direct deposit to checking or
Mark one refund choice: 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 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.

See page 33 for payment options

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

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 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	Preparer's printed name			
Arthur Langer CPA	Arthur Langer CPA			
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN			
Arthur Langer CPA PC	P01396073			
Address	Employer identification number			
18 Blanche St Plainview	814277329			
NY 118034607	Date			
	02012021			

▼ 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.

201004201022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



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 1 Wages, tips, other compensation

7540.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information

Employer's name

VERATEX INC

Employer's address (number and street)

534 WEST 42ND STREET #8

City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10036	

Box 12a Amount

2706.00

Code

DD

Box 14a Amount

41.00

Description

SDI

Box 12b Amount

Code

Box 14b Amount

.00

Description

Box 12c Amount

Code

Box 14c Amount

.00

Description

Box 12d Amount

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

 N Y

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.):

Locality a

Box 18 Local wages, tips, etc.

.00

Locality b

.00

Box 19 Local income tax withheld

.00

Box 20 Locality name

.00

Locality a

Locality b

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information

Employer's name

Employer's address (number and street)

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

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

 N Y

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.):

Locality a

Box 18 Local wages, tips, etc.

.00

Locality b

.00

Box 19 Local income tax withheld

.00

Box 20 Locality name

.00

Locality a

Locality b

102001201022



NO HANDWRITTEN ENTRIES ON THIS FORM

Name Taxpayer	CAROLYN	SIMON	Taxpayer Identification Number 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.