

Arthur Langer CPA PC
18 Blanche St
Plainview, NY 11803-4607

CAROLYN SIMON
71 TONJES ROAD
CALLICOOON, NY 12723

Filing Instructions



COPY

Form 1040 US Individual Income Tax Return

Taxable Year Ended December 31, 2018

Name: CAROLYN SIMON

Date Due: April 15, 2019

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

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

Signature: You should sign and date the return on Page 1.

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

✓✓✓
✓✓✓

Carolyn

Carolyn

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

Form 1040 (2018)

Form 1040 (2018) CAROLYN SIMON

149-46-3469 Page 2

Attach Form(s)
W-2. Also attach
Form(s) W-2G and
1099-R if tax was
withheld.

1 Wages, salaries, tips, etc. Attach Form(s) W-2	2a Tax-exempt interest	2a Taxable interest
2a Qualified dividends	3a	b Ordinary dividends
4a IRAs, pensions, and annuities	4a	b Taxable amount
5a Social security benefits	5a	b Taxable amount

6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22

7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise subtract Schedule 1, line 36, from line 6

8 Standard deduction or itemized deductions (from Schedule A)

9 Qualified business income deduction (see instructions)

10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-

11 a Tax (see instr.) 0 (check if any from: 1 Form(s) 8814 2 Form 4972
3 _____)b Add any amount from Schedule 2 and check here ► 12 a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here ►

13 Subtract line 12 from line 11. If zero or less, enter -0-

14 Other taxes. Attach Schedule 4

15 Total tax. Add lines 13 and 14

16 Federal income tax withheld from Forms W-2 and 1099

17 Refundable credits: a EIC (see instr.) _____ b Sch 8812 _____

c Form 8863 _____

Add any amount from Schedule 5 _____

18 Add lines 16 and 17. These are your total payments

19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid

Refund

Direct deposit?
See instructions.

20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ► b Routing number _____ ► c Type: Checking Savings

d Account number _____

21 Amount of line 19 you want applied to your 2019 estimated tax ► 21

Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ►

23 Estimated tax penalty (see instructions) ► 23

1	7,540
2b	
3b	
4b	
5b	
6	7,540
7	7,540
8	12,000
9	
10	0
11	0
12	
13	0
14	
15	0
16	
17	
18	
19	
20a	
22	0

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

SCHEDULE 6
(Form 1040)Department of the Treasury
Internal Revenue Service**Foreign Address and Third Party Designee**

OMB No. 1545-0074

2018Attachment
Sequence No. 05A

Name(s) shown on Form 1040

CAROLYN SIMONYour social security number
149-46-3469

Foreign Address	Foreign country name	Foreign province/county	Foreign postal code
------------------------	----------------------	-------------------------	---------------------

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? Designee's name ►	<input type="checkbox"/> Yes. Complete below. Phone no. ►	<input checked="" type="checkbox"/> No Personal identification number (PIN) ►
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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 6 (Form 1040) 2018

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2018**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld 7539.96
b Employer ID number (EIN) 13-2804148	3 Social security wages 7539.96	4 Social security tax withheld 467.52
	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.32

c Employer's name, address, and ZIP code

VERATEX INC.

254 FIFTH AVENUE 3RD FLOOR
NEW YORK NY 10001

d Control number

e Employee's name, address, and ZIP code

CAROLYN J. SIMON
71 TONJES ROAD
CALICOON NY 12723

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	35.94	
NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2018**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld 7539.96
b Employer ID number (EIN) 13-2804148	3 Social security wages 7539.96	4 Social security tax withheld 467.52
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NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C - For EMPLOYEE'S RECORDS (See Notice on back.)
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2018**

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71 TONJES ROAD
CALICOON NY 12723

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13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	35.94	
NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 - To be Filed With Employee's State, City,
or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2018**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld 7539.96
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c Employer's name, address, and ZIP code

VERATEX INC.

254 FIFTH AVENUE 3RD FLOOR
NEW YORK NY 10001

d Control number

e Employee's name, address, and ZIP code

CAROLYN J. SIMON
71 TONJES ROAD
CALICOON NY 12723

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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
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13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	35.94	
NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 - To be Filed With Employee's State, City,
or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

Filing Instructions

 **COPY**

Form IT-201 - New York Income Tax Return

Taxable Year Ended December 31, 2018

Name: CAROLYN SIMON

Date Due: April 15, 2019

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, 2018, through December 31, 2018, 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	School district name	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)				Apartment number	Sullivan West
					School district code number
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 2018 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.

201001181022



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)

- 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 16) Identify:
- 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

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


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 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) 33 7540 .00

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


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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 21, 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

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

**Voluntary contributions** (see page 28)

60a Return a Gift to Wildlife	60a	.00	60o Veterans' Homes	60o	.00
60b Missing/Exploited Children	60b	.00	60p Love Your Library Fund	60p	.00
60c Breast Cancer Research	60c	.00	60q Lupus Fund	60q	.00
60d Alzheimer's Fund	60d	.00	60r Military Family Fund	60r	.00
60e Olympic Fund (\$2 or \$4)	60e	.00	60s CUNY Fund	60s	.00
60f Prostate Cancer	60f	.00			
60g 9/11 Memorial	60g	.00			
60h Volunteer Firefighting	60h	.00			
60i Teen Health Education	60i	.00			
60j Veterans Remembrance	60j	.00			
60k Homeless Veterans	60k	.00			
60l Mental Illness Anti-Stigma	60l	.00			
60m Women's Cancers Fund	60m	.00			
60n Autism Fund	60n	.00			
60 Total voluntary contributions (add lines 60a through 60s)	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			



Your social security number

149463469

62

.00

62 Enter amount from line 61

Payments and refundable credits (see pages 29 through 32)

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



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).

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

76 Total payments (add lines 63 through 75)

76 .00

Your refund, amount you owe, and account information (see pages 33 through 35)

77 Amount overpaid (see instructions)	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

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.

See page 34 for payment options.

79 Amount of line 77 that you want applied to your 2019 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

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34)

81 .00

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 34)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

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. 35)



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 35)

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	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	814277329			
Plainview	NY	118034607	Date	01212019
E-mail:				

▼ 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.

201004181022



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

754 0.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount	Code	Box 14a Amount	Description
.00		36.00	SDI
Box 12b Amount	Code	Box 14b Amount	Description
.00		.00	
Box 12c Amount	Code	Box 14c Amount	Description
.00		.00	
Box 12d Amount	Code	Box 14d Amount	Description
.00		.00	

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.

754 0.00

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
Locality b

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

Locality a
Locality bLocality 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 12a Amount	Code	Box 14a Amount	Description
.00		.00	
Box 12b Amount	Code	Box 14b Amount	Description
.00		.00	
Box 12c Amount	Code	Box 14c Amount	Description
.00		.00	
Box 12d Amount	Code	Box 14d Amount	Description
.00		.00	

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
Locality b

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

Locality a
Locality bLocality a
Locality b

102001181022



NO HANDWRITTEN ENTRIES ON THIS FORM