

Cohn & Langer, CPAs  
18 Blanche St  
Plainview, NY 11803-4607

VICKI SIMON  
6 EDWARDS LANE  
GLEN COVE, NY 11542

**Filing Instructions**  
**Electronically Filed**  
**Form 1040 US Individual Income Tax Return**

**Taxable Year Ended December 31, 2016**

**Name:** VICKI SIMON

**Date Due:** April 18, 2017

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

**Signature:** You have signed your electronically filed return with a Personal Identification Number (PIN). No further action is required.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service**2016**

Submission Identification Number (SID) ►

Taxpayer's name <b>VICKI</b>	SIMON	Social security number <b>067-24-5882</b>
Spouse's name		Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2016 (Whole dollars only)**

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) .....	1	9,025
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) .....	2	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) .....	3	
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) .....	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) .....	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN **54321**  
 ERO firm name \_\_\_\_\_  
 Enter five digits, but  
 don't enter all zeros

as my signature on my tax year 2016 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are  
 entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► \_\_\_\_\_ Date ► **04/12/17****Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_  
 ERO firm name \_\_\_\_\_  
 Enter five digits, but  
 don't enter all zeros

as my signature on my tax year 2016 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are  
 entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

\_\_\_\_\_

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**ERO Must Retain This Form — See Instructions  
 Don't Submit This Form to the IRS Unless Requested To Do So**

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2016** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning		, 2016, ending	, 20	See separate instructions.
Your first name and initial <b>VICKI</b>	Last name <b>SIMON</b>			Your social security number <b>067-24-5882</b>
If a joint return, spouse's first name and initial	Last name			Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>6 EDWARDS LANE</b>			Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>GLEN COVE NY 11542</b>			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.	
Foreign country name	Foreign province/state/county	Foreign postal code		<input type="checkbox"/> You <input type="checkbox"/> Spouse
<b>Filing Status</b>	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►		
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
Check only one box.	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►			
<b>Exemptions</b>	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, <b>do not</b> check box 6a	} Boxes checked on 6a and 6b No. of children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) _____		1
	6b <input type="checkbox"/> Spouse			
	c <b>Dependents:</b>	(1) First name _____ Last name _____ _____ _____ _____ _____	(2) Dependent's social security number _____ _____ _____ _____	(3) Dependent's relationship to you _____ _____ _____ _____
If more than four dependents, see instructions and check here ►	d Total number of exemptions claimed _____			Add numbers on lines above ► 1
<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2 _____	7		
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a <b>Taxable</b> interest. Attach Schedule B if required _____	8a	87	
	b <b>Tax-exempt</b> interest. Do not include on line 8a _____	8b	9, 437	
	9a Ordinary dividends. Attach Schedule B if required _____	9a	9, 820	
	b Qualified dividends _____	9b	2, 847	
If you did not get a W-2, see instructions.	10 Taxable refunds, credits, or offsets of state and local income taxes _____	10		
	11 Alimony received _____	11		
	12 Business income or (loss). Attach Schedule C or C-EZ _____	12		
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13	-3, 000	
	14 Other gains or (losses). Attach Form 4797 _____	14		
	15a IRA distributions _____	15a	b Taxable amount _____	
	16a Pensions and annuities _____	16a	b Taxable amount _____	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E _____	17		
	18 Farm income or (loss). Attach Schedule F _____	18		
	19 Unemployment compensation _____	19		
	20a Social security benefits _____	20a	21, 611	b Taxable amount _____
	21 Other income. List type and amount _____	21		
	22 Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ►	22	9, 025	

<b>Adjusted Gross Income</b>	23 Educator expenses _____	23		
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ _____	24		
	25 Health savings account deduction. Attach Form 8889 _____	25		
	26 Moving expenses. Attach Form 3903 _____	26		
	27 Deductible part of self-employment tax. Attach Schedule SE _____	27		
	28 Self-employed SEP, SIMPLE, and qualified plans _____	28		
	29 Self-employed health insurance deduction _____	29		
	30 Penalty on early withdrawal of savings _____	30		
	31a Alimony paid b Recipient's SSN ► _____	31a		
	32 IRA deduction _____	32		
	33 Student loan interest deduction _____	33		
	34 Tuition and fees. Attach Form 8917 _____	34		
	35 Domestic production activities deduction. Attach Form 8903 _____	35		
	36 Add lines 23 through 35 _____	36		
	37 Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ►	37	9, 025	

Form 1040 (2016) **VICKI SIMON****067-24-5882** Page 2**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600  
Head of household, \$9,300

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions.

**Amount You Owe****Third Party Designee**

Joint return? See instructions. Keep a copy for your records.

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

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**SCHEDULE A**  
(Form 1040)Department of the Treasury  
Internal Revenue Service  
(99)

Name(s) shown on Form 1040

**VICKI SIMON****Itemized Deductions**► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

OMB No. 1545-0074

**2016**Attachment  
Sequence No. **07**Your social security number  
**067-24-5882**

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.		<b>4</b>	<b>582</b>
	1	<b>1,259</b>		
	2	<b>9,025</b>		
	3	<b>677</b>		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				
<b>Taxes You Paid</b>	5	<b>316</b>	<b>9</b>	<b>16,684</b>
	a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes } .....			
	6 Real estate taxes (see instructions) .....	<b>16,368</b>		
	7 Personal property taxes .....			
8 Other taxes. List type and amount ► .....				
9 Add lines 5 through 8 .....				
<b>Interest You Paid</b>  <b>Note:</b> Your mortgage interest deduction may be limited (see instructions).	10		<b>15</b>	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► .....			
	12 Points not reported to you on Form 1098. See instructions for special rules .....			
	13 Mortgage insurance premiums (see instructions) .....			
14 Investment interest. Attach Form 4952 if required. (See instructions.) .....				
15 Add lines 10 through 14 .....				
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see instructions.	16		<b>19</b>	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....			
	18 Carryover from prior year .....			
	19 Add lines 16 through 18 .....			
<b>Casualty and Theft Losses</b> 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....				
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21		<b>27</b>	<b>4,391</b>
	22 Tax preparation fees .....			
	23 Other expenses—investment, safe deposit box, etc. List type and amount ► .....			
	<b>MORGAN STANLEY</b>			
24 Add lines 21 through 23 .....				
25 Enter amount from Form 1040, line 38 <b>25</b> <b>9,025</b>				
26 Multiply line 25 by 2% (0.02) .....	<b>181</b>			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				
<b>Other Miscellaneous Deductions</b>	28		<b>28</b>	
	29 Is Form 1040, line 38, over \$155,650?			
	<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>				



**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service

(99)

**Capital Gains and Losses**

OMB No. 1545-0074

- Attach to Form 1040 or Form 1040NR.  
 ► Information about Schedule D and its separate instructions is at [www.irs.gov/schedule](http://www.irs.gov/schedule).  
 ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

**2016**  
 Attachment  
 Sequence No. **12**

Name(s) shown on return

**VICKI SIMON**

Your social security number

**067-24-5882****Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . .				<b>7</b> <b>0</b>

**Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).  However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . .	<b>2,560</b>	<b>2,562</b>		<b>0</b> <b>-2</b>
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . .				<b>13</b> <b>104</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . .				<b>14</b> ( ) <b>43,530</b>
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . .				<b>15</b> <b>-43,428</b>

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2016

VICKI SIMON

Schedule D (Form 1040) 2016

067-24-5882

Page 2

## Part III Summary

16	Combine lines 7 and 15 and enter the result .....	16	-43,428
	<ul style="list-style-type: none"> <li>If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17	Are lines 15 and 16 <b>both</b> gains?	18	
	<input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.	19	
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions .....	18	
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions .....	19	
20	Are lines 18 and 19 <b>both</b> zero or blank?	21	
	<input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below. <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.	3,000	3,000
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:		
	<ul style="list-style-type: none"> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>		
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	<input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2016

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

**VICKI SIMON**

067-24-5882

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

## Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

**2016**Attachment Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

**VICKI SIMON****067-24-5882**Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions  
 b  General category income      d  Certain income re-sourced by treaty

**f Resident of (name of country) ► US United States**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A OC	B	C	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	ASIA			
	6,972			1a 6,972
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement) .....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions) .....	17,266			
b Other debts (attach stmt.) .....				
c Add lines 3a and 3b .....	17,266			
d Gross foreign source income (see instructions) .....	7,076			
e Gross income from all sources (see instructions) .....	12,129			
f Divide line 3d by line 3e (see instructions) .....	0.5834			
g Multiply line 3c by line 3f .....	10,073			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) .....				
b Other interest expense .....				
5 Losses from foreign sources .....				
6 Add lines 2, 3g, 4a, 4b, and 5 .....	10,073			6 10,073
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 .....				7 -3,101

**Part II Foreign Taxes Paid or Accrued (see instructions)**

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		(h) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued
A 1099 Tax	(i) <input type="checkbox"/> Accrued	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 .....						128				128

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

VICKI SIMON

067-24-5882

Page 2

Form 1116 (2016)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	9	128	
10 Carryback or carryover (attach detailed computation) .....	10	197	
11 Add lines 9 and 10 .....	11	325	
12 Reduction in foreign taxes (see instructions) .....	12	( )	
13 Taxes reclassified under high tax kickout (see instructions) .....	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	14	325	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) .....	15	-3,101	
16 Adjustments to line 15 (see instructions) .....	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....	17	-3,101	
18 <b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....	18		
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	19		
20 <b>Individuals:</b> Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39 .....	20		
<b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit) .....	21		
22 Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions) .....	22		

**Part IV Summary of Credits From Separate Parts III (see instructions)**

23 Credit for taxes on passive category income .....	23		
24 Credit for taxes on general category income .....	24		
25 Credit for taxes on certain income re-sourced by treaty .....	25		
26 Credit for taxes on lump-sum distributions .....	26		
27 Add lines 23 through 26 .....	27		
28 Enter the <b>smaller</b> of line 20 or line 27 .....	28		
29 Reduction of credit for international boycott operations. See instructions for line 12 .....	29		
30 Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a .....	30	0	

Form 1116 (2016)

## Federal Statements

### Passive Income

#### Statement 1 - Form 1116, Line 10 - Carryback or Carryover

Year	Fgn Taxes Pd/Accrued	Limit	Available to Carryover
2006	\$	\$	\$
2007			
2008	408	588	
2009	139	214	
2010			
2011	155	633	
2012	120		
2013	57		57
2014	67		67
2015	73		73
Carryback to 2016			
Total			\$ <u>197</u>

## **Filing Instructions**

### **Form IT-201 - New York Resident Income Tax Return**

#### **Taxable Year Ended December 31, 2016**

**Name:** VICKI SIMON

**Date Due:** April 18, 2017

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

**Signature:** Sign and date Form TR-579-IT, New York State E-file Signature Authorization. Return it as soon as possible to:

Cohn & Langer, CPAs  
18 Blanche St  
Plainview, NY 11803-4607

**Other:** Your return is being filed electronically. Do not mail Form IT-201.



Department of Taxation and Finance

## New York State E-File Signature Authorization for Tax Year 2016 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: VICKI SIMON

Spouse's name: \_\_\_\_\_

*(jointly filed return only)*

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at [www.tax.ny.gov](http://www.tax.ny.gov) to view this document.

**Do not mail Form TR-579-IT to the Tax Department.** EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*.

See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2016 Form IT-370 and Tax Year 2017 Form IT-2105*.

### Part A – Tax return information

- |   |   |           |
|---|---|-----------|
| 1 | Federal adjusted gross income <i>(from applicable line)</i> .....   | 1. 9,025. |
| 2 | Refund .....  | 2. _____  |
| 3 | Amount you owe .....  | 3. _____  |
| 4 | Financial institution routing number .....  | 4. _____  |
| 5 | Financial institution account number .....  | 5. _____  |
| 6 | Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings |           |

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2016 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2016 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2016 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: \_\_\_\_\_

Date: 04122017

Spouse's signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(jointly filed return only)*

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2016 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2016 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2016 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2016 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Paid preparer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: Allan C. Cohn CPA



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, 2016, through December 31, 2016, or fiscal year beginning .....

and ending .....

For help completing your return, see the instructions, Form IT-201-I.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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
VICKI		SIMON			08191924	067245882
Spouse's first name	MI	Spouse's last name			Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)					Apartment number	New York State county of residence
6 EDWARDS LANE						Nass
City, village, or post office		State	ZIP code	Country (if not United States)		School district name
GLEN COVE		NY	11542			Glen Cove
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number	School district code number .....
						224
City, village, or post office		State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY				

**A Filing status**  Single

- (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) with dependent child

**B Did you itemize** your deductions on your 2016 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 14) .... Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 14) .... Yes  No
- (2) If Yes, enter the total amount .....  .00

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2016? (see page 14) Yes  No

- (2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day) ....

**F NYC residents and NYC part-year residents only** (see page 14):

- (1) Number of months **you** lived in NYC in 2016 .....
- (2) Number of months **your spouse** lived in NYC in 2016 .....

**G** Enter your **2-character special condition code(s)** if applicable (see page 14) .....

**H Dependent exemption information** (see page 15)

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

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

201001161022



For office use only

**Federal income and adjustments** (see page 15)

- 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	.00
2	87.00
3	9820.00
4	.00
5	.00
6	.00
7	-3000.00
8	.00
9	.00
10	695.00
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 15) **Identify:** ....
- 17 Add lines 1 through 11 and 13 through 16 ....
- 18 Total federal adjustments to income (see page 15) **Identify:** ....
- 19 Federal adjusted gross income (subtract line 18 from line 17) ....

13	.00
14	.00
15	1423.00
16	.00
17	9025.00
18	.00
19	9025.00

**New York additions** (see page 16)

- 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 16) ....
- 22 New York's 529 college savings program distributions (see page 16) ....
- 23 Other (Form IT-225, line 9) ....
- 24 Add lines 19 through 23 ....

20	.00
21	.00
22	.00
23	.00
24	9025.00

**New York subtractions** (see page 17)

- 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 17) .... **26** .00
- 27 Taxable amount of social security benefits (from line 15) .... **27** 1423.00
- 28 Interest income on U.S. government bonds .... **28** .00
- 29 Pension and annuity income exclusion (see page 18) .... **29** 695.00
- 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 ....
- 33 New York adjusted gross income (subtract line 32 from line 24) ....

32	2118.00
33	6907.00

**Standard deduction or itemized deduction** (see page 20)

- 34 Enter your **standard deduction** (table on page 20) **or** your **itemized deduction** (from Form IT-201-D)

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 20) ....
- 37 Taxable income (subtract line 36 from line 35) ....

34	21341.00
35	.00
36	000.00
37	.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
VICKI SIMON

Your social security number
067245882

**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 21) .....	39	.00
40 NYS household credit (page 21, table 1, 2, or 3) .....	40	45.00
41 Resident credit (see page 22) .....	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	42	.00
43 Add lines 40, 41, and 42 .....	43	45.00
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 resident tax on line 38 amount (see page 22) .....	47	.00
48 NYC household credit (page 22, table 4, 5, or 6) .....	48	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, 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 25) .....	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 26; do not leave line 59 blank) .....	59	0.00
---	----	------

**Voluntary contributions** (see page 27)

60a Return a Gift to Wildlife .....	60a	.00
60b Missing/Exploited Children Fund .....	60b	.00
60c Breast Cancer Research Fund .....	60c	.00
60d Alzheimer's Fund .....	60d	.00
60e Olympic Fund (\$2 or \$4; see page 27) .....	60e	.00
60f Prostate and Testicular Cancer Research and Education Fund .....	60f	.00
60g 9/11 Memorial .....	60g	.00
60h Volunteer Firefighting & EMS Recruitment Fund .....	60h	.00
60i Teen Health Education .....	60i	.00
60j Veterans Remembrance .....	60j	.00
60k Homeless Veterans .....	60k	.00
60l Mental Illness Anti-Stigma Fund .....	60l	.00
60m Women's Cancers Education and Prevention Fund .....	60m	.00
60n Autism Fund .....	60n	.00
60 Total voluntary contributions (add lines 60a through 60n) .....	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


**NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM**

62 Enter amount from line 61

Your social security number
067245882

62 .00

**Payments and refundable credits** (see page 28)

63 Empire State child credit .....	63 .....	.00
63a Family tax relief credit .....	63a .....	.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 ( <i>also complete F on page 1; see page 29</i> ) .....	69 .....	.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 <b>and</b> amount paid with Form IT-370	75 .....	.00

76 **Total payments** (add lines 63 through 75) .....If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 12).**Do not send federal Form W-2 with your return.****Your refund, amount you owe, and account information** (see pages 31 through 33)77 **Amount overpaid** (if line 76 is **more than** line 62, subtract line 62 from line 76) .....

77 .....

78 Amount of line 77 to be **refunded**Mark one refund choice:  **direct deposit** (fill in line 83) - or -  **paper check** .....

78 .....

79 Amount of line 77 that you want applied to your

2017 estimated tax (see instructions) .....

79 .....

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

See page 32 for payment options.

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 .....

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) .....

81 .....

See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32) .....

82 .....

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

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. 32) 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 33) .....

Date .....

Amount .....

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: .....		

<b>▼ Paid preparer must complete▼</b> (see instructions)	Preparer's NYTPRIN .....	NYTPRIN excl. code .....
--	--------------------------	--------------------------

Preparer's signature .....

Preparer's printed name .....

03

Firm's name (or yours, if self-employed) .....

Cohn &amp; Langer, CPAs .....

Preparer's PTIN or SSN .....

P00447700

Address .....

18 Blanche St .....

Employer identification number .....

454014297

Plainview NY 118034607 .....

Date .....

04142017

E-mail: .....

<b>▼ Taxpayer(s) must sign here▼</b>	
--------------------------------------	--

Your signature .....

Your occupation .....

RETIRED

Spouse's signature and occupation (if joint return) .....

Date .....

Daytime phone # .....

E-mail: .....

See instructions for where to mail your return.

201004161022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

**Resident Itemized Deduction Schedule****IT-201-D**

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
VICKI SIMON	067245882

- 1 Medical and dental expenses (*federal Schedule A, line 4*) .....
- 2 Taxes you paid (*federal Schedule A, line 9*) .....
- 3 Interest you paid (*federal Schedule A, line 15*) .....
- 4 Gifts to charity (*federal Schedule A, line 19*) .....
- 5 Casualty and theft losses (*federal Schedule A, line 20*) .....
- 6 Job expenses / miscellaneous deductions (*federal Schedule A, line 27*) .....
- 7 Other miscellaneous deductions (*federal Schedule A, line 28*) .....
- 8 Enter amount from **federal Schedule A, line 29** .....
- 9 State, local, and foreign **income** taxes (*or general sales tax, if applicable*)  
and other subtraction adjustments (*see instructions*) .....
- 10 Subtract line 9 from line 8 .....
- 11 Addition adjustments (*see instructions*) .....
- 12 Add lines 10 and 11 .....
- 13 Itemized deduction adjustment (*see instructions*) .....
- 14 Subtract line 13 from line 12 .....
- 15 College tuition itemized deduction (*see Form IT-272*) .....
- 16 **New York State itemized deduction** (*add lines 14 and 15; enter on Form IT-201, line 34*) .....

Whole dollars only

1	582 .00
2	16684 .00
3	.00
4	.00
5	.00
6	4391 .00
7	.00
8	21657 .00

9	316 .00
10	21341 .00
11	.00
12	21341 .00
13	.00
14	21341 .00
15	.00
16	21341 .00

NO HANDWRITTEN ENTRIES ON THIS FORM



## New York Statements

### Statement 1 - Form IT-201-D - Subtraction Adjustments

Class Code	Description	Amount
	State/local/foreign taxes	\$ 316
Total		\$ 316