

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, ending _____ See separate instructions.

Your first name and initial **Thomas R** Last name **Poole** Your social security number **064-54-8519**

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. **22 Wisconsin Ave** 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). **Rensselaer, NY 12144** Presidential Election Campaign

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ 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

Filing Status 1 Single 4 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** Married filing jointly (even if only one had income) 5 Qualifying widow(er) (see instructions) 3 Married filing separately. Enter spouse's SSN above and full name here. **▶**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. } Boxes checked on 6a and 6b **1**
 b Spouse. } No. of children on 6c who:
 ● lived with you **1**
 ● did not live with you due to divorce or separation (see instructions) **0**
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instr.)
Marylou Poole 061-86-2024 Daughter
 If more than four dependents, see instructions and check here Dependents on 6c not entered above **0**
 d Total number of exemptions claimed **2** Add numbers on lines above **▶ 2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7 42,953.**
 8a Taxable interest. Attach Schedule B if required. **8a**
 b Tax-exempt interest. Do not include on line 8a. **8b**
 9a Ordinary dividends. Attach Schedule B if required. **9a**
 b Qualified dividends. **9b**
 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**
 14 Other gains or (losses). Attach Form 4797. **14**
 15a IRA distributions. **15a** b Taxable amount. **15b**
 16a Pensions and annuities. **16a** b Taxable amount. **16b**
 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. **19 870.**
 20a Social security benefits. **20a** b Taxable amount. **20b**
 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 total income **▶ 22 43,823.**

Adjusted Gross Income 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 0.**
 37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 37 43,823.**

Tax and Credits

| | | | |
|------------|--|-----------|----------------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 43,823. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/> 0 | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 9,350. |
| 41 | Subtract line 40 from line 38 | 41 | 34,473. |
| 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions. | 42 | 8,100. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 26,373. |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 3,289. |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 | 47 | 3,289. |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | 180. |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | 180. |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 3,109. |

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, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

Other Taxes

| | | | |
|------------|---|------------|---------------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 3,109. |

Payments

| | | | |
|------------|---|------------|---------------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 6,438. |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | |
| 66a | Earned income credit (EIC). NO. | 66a | |
| b | Nontaxable combat pay election. 66b | | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | |
| 70 | Amount paid with request for extension to file | 70 | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 6,438. |

If you have a qualifying child, attach Schedule EIC.

Refund

| | | | |
|------------|--|------------|---------------|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 3,329. |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | 3,329. |
| b | Routing number 021300077 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 325810048505 | | |
| 77 | Amount of line 75 you want applied to your 2018 estimated tax | 77 | |

Direct deposit? See instructions.

Amount You Owe

| | | | |
|-----------|---|-----------|-----------|
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | 0. |
| 79 | Estimated tax penalty (see instructions) | 79 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Sign Here

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

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|---------------------|---|
| Your signature | Date | Your occupation | Daytime phone number |
| Boiler Operator/Mechanic | | | (518) 928-5222 |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | | |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | Firm's EIN | | Phone no. | |
| Firm's address | | | | |

Investment Interest Expense Deduction

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4952 for the latest information.
▶ Attach to your tax return.

2017
Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

Thomas R Poole

064-54-8519

Part I Total Investment Interest Expense

| | | |
|--|----------|-----------|
| 1 Investment interest expense paid or accrued in 2017 (see instructions) | 1 | |
| 2 Disallowed investment interest expense from 2016 Form 4952, line 7 | 2 | 1. |
| 3 Total investment interest expense. Add lines 1 and 2 | 3 | 1. |

Part II Net Investment Income

| | | | |
|--|-----------|-----------|-----------|
| 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) | 4a | | |
| b Qualified dividends included on line 4a. | 4b | | |
| c Subtract line 4b from line 4a. | | 4c | |
| d Net gain from the disposition of property held for investment. | 4d | | |
| e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) | 4e | | |
| f Subtract line 4e from line 4d. | | 4f | 0. |
| g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) | | 4g | |
| h Investment income. Add lines 4c, 4f, and 4g. | | 4h | |
| 5 Investment expenses (see instructions). | | 5 | |
| 6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- | | 6 | 0. |

Part III Investment Interest Expense Deduction

| | | |
|--|----------|-----------|
| 7 Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0-. | 7 | 1. |
| 8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions | 8 | 0. |

For Paperwork Reduction Act Notice, see instructions.
UYA

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to www.irs.gov/Form8880 for instructions and the latest information.

Attachment
Sequence No. **54**

Name(s) shown on return

Thomas R Poole

Your social security number

064-54-8519



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$31,000 (\$46,500 if head of household; \$62,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2000, (b) is claimed as a dependent on someone else's 2017 tax return, or (c) was a **student** (see instructions).

| | (a) You | (b) Your spouse |
|---|----------------|-----------------|
| 1 Traditional and Roth IRA (including <i>myRA</i>) contributions for 2017. Do not include rollover contributions | | |
| 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2017 (see instructions) | 1,800. | |
| 3 Add lines 1 and 2 | 1,800. | |
| 4 Certain distributions received after 2014 and before the due date (including extensions) of your 2017 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception | | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 1,800. | |
| 6 In each column, enter the smaller of line 5 or \$2,000 | 1,800. | |
| 7 Add the amounts on line 6. If zero, stop ; you cannot take this credit | | 1,800. |
| 8 Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37 | 43,823. | |
| 9 Enter the applicable decimal amount shown below. | | |

| If line 8 is- | | And your filing status is- | | |
|------------------|---------------|----------------------------|-------------------|--|
| Over- | But not over- | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9- | | | | |
| --- | \$18,500 | .5 | .5 | .5 |
| \$18,500 | \$20,000 | .5 | .5 | .2 |
| \$20,000 | \$27,750 | .5 | .5 | .1 |
| \$27,750 | \$30,000 | .5 | .2 | .1 |
| \$30,000 | \$31,000 | .5 | .1 | .1 |
| \$31,000 | \$37,000 | .5 | .1 | .0 |
| \$37,000 | \$40,000 | .2 | .1 | .0 |
| \$40,000 | \$46,500 | .1 | .1 | .0 |
| \$46,500 | \$62,000 | .1 | .0 | .0 |
| \$62,000 | --- | .0 | .0 | .0 |

Note: If line 9 is zero, **stop**; you cannot take this credit.

| | |
|---|---------------|
| 10 Multiply line 7 by line 9 | 180. |
| 11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | 3,289. |
| 12 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48 | 180. |

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.



New York State requires this income tax return to be filed electronically.

New York State law requires income tax returns prepared using software to be e-filed. Because this New York State tax return was prepared using software, you **MUST** file it electronically.

Besides being the law, e-filing has many advantages:

- Taxpayers using e-file get their New York State refunds **twice** as fast as paper filers.
- E-filing is fast, easy, and secure.
- There are no additional costs for e-filing. Once you've paid for your New York State tax preparation software, you're entitled to FREE e-filing of your New York State return.

92% of New Yorkers enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning . . . 17
and ending . . .

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

| | | | | |
|---|---------|---|---|---|
| Your first name THOMAS | MI R | Your last name (for a joint return, enter spouse's name on line below) POOLE | Your date of birth (mmddyyyy) 08061958 | Your social security number 064548519 |
| 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) 22 WISCONSIN AVE | | | Apartment number | New York State county of residence RENSSELAER |
| City, village, or post office RENSSELAER | | State NY | ZIP code 12144 | School district name EAST GREENBUSH |
| Taxpayer's permanent home address (see instructions) (number and street or rural route) | | | Apartment number | School district code number 158 |
| City, village, or post office | | State NY | ZIP code | Taxpayer's date of death (mmddyyyy) Decedent information |
| | | | | Spouse's date of death (mmddyyyy) |

- A Filing status -** (mark an **X** in one box):
- ① Single
 - ② Married filing joint return (enter spouse's social security number above)
 - ③ Married filing separate return (enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2017 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 relief credit? (see page 14). Yes No

(2) Enter the amount00

D3 Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14). Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** during 2017 (see page 14)? Yes No

(2) Enter the number of days spent in NYC in 2017 (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 2017.

(2) Number of months **your spouse** lived in NYC in 2017

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

H Dependent exemption information (see instructions)

| First name | MI | Last name | Relationship | Social security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
| MARYLOU | | POOLE | DAUGHTER | 061862024 | 03291996 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

201001171064



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Your social security number
064548519

Federal income and adjustments (see page 15)

Whole dollars only

| | | | |
|----|--|----|----------|
| 1 | Wages, salaries, tips, etc. | 1 | 42953.00 |
| 2 | Taxable interest income | 2 | .00 |
| 3 | Ordinary dividends | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | 4 | .00 |
| 5 | Alimony received | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 |
| 9 | Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box | 9 | .00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) | 11 | .00 |
| 12 | Rental real estate included in line 11 | 12 | .00 |
| 13 | Farm income or loss (submit a copy of federal Schedule F, Form 1040) | 13 | .00 |
| 14 | Unemployment compensation | 14 | 870.00 |
| 15 | Taxable amount of social security benefits (also enter on line 27) | 15 | .00 |
| 16 | Other income (see page 15) Identify: | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 43823.00 |
| 18 | Total federal adjustments to income (see page 15) Identify: | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 43823.00 |

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) | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) | 21 | .00 |
| 22 | New York's 529 college savings program distributions (see page 16) | 22 | .00 |
| 23 | Other (Form IT-225, line 9) | 23 | .00 |
| 24 | Add lines 19 through 23 | 24 | 43823.00 |

New York subtractions (see page 17)

| | | | |
|----|--|----|----------|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | .00 |
| 26 | Pensions of NYS and local governments and the federal government (see page 17) | 26 | .00 |
| 27 | Taxable amount of social security benefits (from line 15) | 27 | .00 |
| 28 | Interest income on U.S. government bonds | 28 | .00 |
| 29 | Pension and annuity income exclusion (see page 18) | 29 | .00 |
| 30 | New York's 529 college savings program deduction/earnings | 30 | .00 |
| 31 | Other (Form IT-225, line 18) | 31 | .00 |
| 32 | Add lines 25 through 31 | 32 | .00 |
| 33 | New York adjusted gross income (subtract line 32 from line 24) | 33 | 43823.00 |



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: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized | 34 | 11200.00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) | 35 | 32623.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 20) | 36 | 1000.00 |
| 37 | Taxable income (subtract line 36 from line 35) | 37 | 31623.00 |

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Name(s) as shown on page 1
THOMAS R POOLE

Your social security number
064548519

Tax computation, credits, and other taxes

| | | | |
|---|-----------|-----------|----------|
| 38 Taxable income (from line 37 on page 2) | | 38 | 31623.00 |
| 39 NYS tax on line 38 amount (see page 21) | | 39 | 1534.00 |
| 40 NYS household credit (table 1, 2, or 3) | 40 | | .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 | .00 |
| 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank). | | 44 | 1534.00 |
| 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 | 1534.00 |

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 |

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and tax surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

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 |
| 60o Veterans' Homes | 60o | .00 |
| 60 Total voluntary contributions (add lines 60a through 60o) | 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 | 1534.00 |

201003171064



Your social security number
064548519

62 Enter amount from line 61 62 1534.00

Payments and refundable credits (see pages 28 through 31)

| | | | | |
|-----|--|-----|---------|-----|
| 63 | Empire State child credit | 63 | | .00 |
| 64 | NYS/ NYC child and dependent care credit | 64 | | .00 |
| 65 | NYS earned income credit (EIC) | 65 | | .00 |
| 66 | NYS noncustodial parent EIC | 66 | | .00 |
| 67 | Real property tax credit | 67 | | .00 |
| 68 | College tuition credit | 68 | | .00 |
| 69 | NYC school tax credit (fixed amount) (also complete F on page 1) | 69 | | .00 |
| 69a | NYC school tax credit (rate reduction amount) | 69a | | .00 |
| 70 | NYC earned income credit | 70 | | .00 |
| 70a | NYC enhanced real property tax credit | 70a | | .00 |
| 71 | Other refundable credits (Form IT-201-ATT, line 18) | 71 | | .00 |
| 72 | Total New York State tax withheld | 72 | 2178.00 | |
| 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 12)
Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) 76 2178.00

Your refund, amount you owe, and account information (see pages 31 through 34)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 644.00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit to checking or savings account (fill in line 83) -or- paper check 78 644.00

79 Amount of line 77 that you want applied to your 2018 estimated tax (see instructions) 79 .00

79a Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195) 79a .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 .00

81 Estimated tax penalty (Include this amount in line 80 or reduce the overpayment on line 77; see page 32). 81 .00

82 Other penalties and interest (see page 32). 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 33).
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. 33)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 021300077 83c Account number 325810048505

84 Electronic funds withdrawal (see page 33) Date _____ Amount _____ .00

| | | | |
|---|-----------------------|-------------------------|--------------------------------------|
| Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/> | Print designee's name | Designee's phone number | Personal identification number (PIN) |
| | E-mail: | | |

| | | |
|--|--------------------------------|--------------------|
| ▼ Paid preparer must complete ▼ (see instructions) | Preparer's NYTPRIN | NYTPRIN excl. code |
| Preparer's signature | Preparer's printed name | |
| Firm's name (or yours, if self-employed) | Preparer's PTIN or SSN | |
| Address | Employer identification number | |
| | Date | |
| E-mail: | | |

| | |
|---|------------------------------------|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation BOILER OPERATOR/MECHANIC | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number 5189285222 |
| E-mail: | |

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



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. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 record

064548519

Box b Employer identification number (EIN)

141338428

Box c Employer's information

Employer's name

ELLIS HOSPITAL

Employer's address (number and street)

1101 NOTT STREET

City State ZIP code Country (if not United States)

SCHNECTADY NY 12308

Box 1 Wages, tips, other compensation
42953.00

Box 12a Amount Code
5.00 C

Box 14a Amount Description
31.00 NYSDI

Box 8 Allocated tips
.00

Box 12b Amount Code
1800.00 E

Box 14b Amount Description
.00

Box 10 Dependent care benefits
.00

Box 12c Amount Code
13838.00 DD

Box 14c Amount Description
.00

Box 11 Nonqualified plans
.00

Box 12d Amount Code
.00

Box 14d Amount Description
.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.
42953.00

Box 17a NYS income tax withheld
2178.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

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 c Employer's information

Employer's name

Employer's address (number and street)

City State ZIP code Country (if not United States)

Box 1 Wages, tips, other compensation
.00

Box 12a Amount Code
.00

Box 14a Amount Description
.00

Box 8 Allocated tips
.00

Box 12b Amount Code
.00

Box 14b Amount Description
.00

Box 10 Dependent care benefits
.00

Box 12c Amount Code
.00

Box 14c Amount Description
.00

Box 11 Nonqualified plans
.00

Box 12d Amount Code
.00

Box 14d Amount Description
.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.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

102001171064



NO HANDWRITTEN ENTRIES ON THIS FORM