

Prepared For:

DANIEL J. MCCLELLAN AND JENNIFER S.
MCCLELLAN
01/27/2018

Today's Savings

- * By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by: \$52.00
- * In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2017, your Marginal Tax Rate is 15% and your Effective Tax Rate is 10%.

Total Savings **\$52.00**

Filing, Refund and Balance Due Information

| Tax Return | efile | Refund / (Balance Due) | Summary | | Message |
|-------------------|--------------|-----------------------------------|----------------|------------|--|
| Federal | Yes | \$3,657.00 | Refund | \$3,657.00 | See the Filing Checklist for instructions. |
| New York | Yes | \$2,282.00 | Refund | \$2,282.00 | See the Filing Checklist for mailing instructions. |

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2017 Tax Return Summary

Federal Year over Year Comparison

| INCOME | Year 2017 | Year 2016 | Change(\$) |
|---|------------------------|-----------|------------|
| Wages, salaries, tips | \$81,488 | \$0 | \$81,488 |
| Total income | \$81,488 | \$0 | \$81,488 |
| ADJUSTED GROSS INCOME | | | |
| Total income less total adjustments | \$81,488 | \$0 | \$81,488 |
| TAXABLE INCOME | | | |
| Standard deductions | \$12,700 | \$0 | \$12,700 |
| Exemptions | \$8,100 | \$0 | \$8,100 |
| Taxable income | \$60,688 | \$0 | \$60,688 |
| TAX COMPUTATION | | | |
| Income tax | \$8,169 | \$0 | \$8,169 |
| Tax before credits | \$8,169 | \$0 | \$8,169 |
| OTHER TAXES | | | |
| ACA Tax Penalty (Shared Responsibility Payment) | \$253 | \$0 | \$253 |
| Total tax | \$8,422 | \$0 | \$8,422 |
| PAYMENTS | | | |
| Federal withholding | \$12,079 | \$0 | \$12,079 |
| Total payments | \$12,079 | \$0 | \$12,079 |
| REFUND | | | |
| Overpayment | \$3,657 | \$0 | \$3,657 |
| Refund due | \$3,657 | \$0 | \$3,657 |
| OTHER COMPUTATIONS | | | |
| Alternative minimum taxable income | \$81,488 | \$0 | \$81,488 |
| Marginal tax bracket | 15% | | |
| Effective tax bracket | 10% | | |
| Filing status | Married Filing Jointly | | |

DANIEL J MCCLELLAN
JENNIFER S MCCLELLAN

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit**

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

| | | | |
|--|------------|-------|------------|
| Taxpayer's PIN: | 71313 | Date: | 01/27/2018 |
| Taxpayer's Date of Birth: | 06/08/1993 | | |
| Taxpayer's Prior Year Adjusted Gross Income: | 0. | | |
| Taxpayer's Prior year PIN | | | |
| Taxpayer's Electronic Filing PIN | | | |
| Spouse's PIN: | 71313 | | |
| Spouse's Date of Birth: | 01/04/1993 | | |
| Spouse's Prior Year Adjusted Gross Income: | 0. | | |
| Spouse's Prior year PIN | | | |
| Spouse's Electronic Filing PIN | | | |

FILE

**New York State E-File Signature Authorization for Tax Year 2017**
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.Taxpayer's name: DANIEL J MCCLELLANSpouse's name: JENNIFER S MCCLELLAN
(jointly filed return only)**Purpose**

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

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 website at 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.**General instructions**Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT- 201, *Resident Income Tax Return*, IT- 201- X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part- Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT- 214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC- 210, *Claim for New York City School Tax Credit*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

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 2017 Form IT- 370 and Tax Year 2018 Form IT-2105*.**Part A — Tax return information**

| | |
|--|---------------------|
| 1 Federal adjusted gross income (from applicable line) | 1. <u>81,488</u> |
| 2 Refund | 2. <u>2,282</u> |
| 3 Amount you owe | 3. _____ |
| 4 Financial institution routing number | 4. <u>124000054</u> |
| 5 Financial institution account number | 5. <u>041484882</u> |
| 6 Account type: <input checked="" 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-203X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 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 2017 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 2017 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: _____
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 2017 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 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 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 2017 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: _____
Paid preparer's signature: _____ Date: _____
Print name: _____

2017 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2017

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--------------------|----|--------|-----------------------------|----|--------|------------------------|----|--------|----------------------------|----|--------|-----------------|----|-------|----------------------|----|--------|---------------------|----|-------|----------------------|----|---|
| Prepared for | DANIEL J MCCLELLAN JENNIFER S MCCLELLAN | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Summary | <table> <tr> <td>Gross Income</td> <td>\$</td> <td>81,488</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$</td> <td>81,488</td> </tr> <tr> <td>Total Deductions</td> <td>\$</td> <td>20,800</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$</td> <td>60,688</td> </tr> <tr> <td>Total Tax</td> <td>\$</td> <td>8,422</td> </tr> <tr> <td>Total Payments</td> <td>\$</td> <td>12,079</td> </tr> <tr> <td>Refund Amount</td> <td>\$</td> <td>3,657</td> </tr> <tr> <td>Amount You Owe</td> <td>\$</td> <td>0</td> </tr> </table> | Gross Income | \$ | 81,488 | Adjusted Gross Income | \$ | 81,488 | Total Deductions | \$ | 20,800 | Total Taxable Income | \$ | 60,688 | Total Tax | \$ | 8,422 | Total Payments | \$ | 12,079 | Refund Amount | \$ | 3,657 | Amount You Owe | \$ | 0 |
| Gross Income | \$ | 81,488 | | | | | | | | | | | | | | | | | | | | | | | |
| Adjusted Gross Income | \$ | 81,488 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Deductions | \$ | 20,800 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Taxable Income | \$ | 60,688 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Tax | \$ | 8,422 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Payments | \$ | 12,079 | | | | | | | | | | | | | | | | | | | | | | | |
| Refund Amount | \$ | 3,657 | | | | | | | | | | | | | | | | | | | | | | | |
| Amount You Owe | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| Make check payable to | United States Treasury | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return. | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

For the year Jan. 1- Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

DANIEL J MCCLELLAN
JENNIFER S MCCLELLAN
1 ARDEN STREET APT. 408
NEW YORK, NY 10040

Your social security number
621-80-2238
Spouse's social security number
608-64-4858
Make sure the SSN(s) above and on line 6c are correct.
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
You Spouse

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

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) 3 Married filing separately Enter spouse's SSN above & full name here. 5 Qualifying widow(er) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child <17 for qual. for child tax cr. (see inst) Boxes checked on 6a and 6b 2 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see inst) Dependents on 6c not entered above Add numbers on lines above 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 81,488. 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b 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 amt 15b 16a Pensions and annuities 16a b Taxable amt 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 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 81,488.

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 Reserved for future use 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 adjusted gross income. 37 81,488.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2017)

Tax and Credits

| | | | |
|------------|---|-----------|----------------|
| 38 | Amount from line 37 (adjusted gross income). | 38 | 81,488. |
| 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 <input type="checkbox"/> 39a <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 12,700. |
| 41 | Subtract line 40 from line 38 | 41 | 68,788. |
| 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 | 60,688. |
| 44 | Tax (see inst.) Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 8,169. |
| 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 | 8,169. |
| 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 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credit. 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 in 48 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter - 0- | 56 | 8,169. |

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 type="checkbox"/> | 61 | 253. |
| 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 | 8,422. |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|------------|--|------------|----------------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 12,079. |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | |
| 66a | Earned income credit (EIC) | 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"/> 2439 b <input type="checkbox"/> Re-served 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 | 12,079. |

Refund

Direct deposit? See instructions.

| | | | |
|------------|--|------------|---------------|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 3,657. |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | 3,657. |
| b | Routing number 124000054 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 041484882 | | |
| 77 | Amount of line 75 you want applied to your 2018 estimated tax | 77 | |

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | |
| 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**

Designee's name _____ Phone no. _____ Personal ID number (PIN) ☐

Sign Here

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

| | | | |
|---|------|---|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation WRITER | If the IRS sent you an ID 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 | | | | |

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.**2017**
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

DANIEL J MCCLELLANSocial security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶**621-80-2238****Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.****Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | | |
|----|---|----|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions). | ▶ | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions). | | 2 | |
| 3 | If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see instructions for the amount to enter. | | 3 | 6,750. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs. | | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 6,750. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter. | | 6 | 6,750. |
| 7 | If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions). | | 7 | |
| 8 | Add lines 6 and 7. | | 8 | 6,750. |
| 9 | Employer contributions made to your HSAs for 2017. | 9 | 2,000. | |
| 10 | Qualified HSA funding distributions. | 10 | | |
| 11 | Add lines 9 and 10. | | 11 | 2,000. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | | 12 | 4,750. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25. | | 13 | 0. |

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|---|-----|--|
| 14a | Total distributions you received in 2017 from all HSAs (see instructions). | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions). | 14b | |
| c | Subtract line 14b from line 14a. | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions). | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount. | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here. ▶ <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box. | 17b | |

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

Form 8889 (2017)



H&R BLOCK®

2017 STATE TAX RETURN FILING INSTRUCTIONS

NEW YORK

FOR THE YEAR ENDING

December 31, 2017

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--------------------|----|--------|-----------------------------|----|--------|------------------------|----|--------|----------------------------|----|--------|-----------------|----|-------|----------------------|----|-------|---------------------|----|-------|----------------------|----|---|
| Prepared for | DANIEL J MCCLELLAN and JENNIFER S MCCLELLAN | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Summary | <table><tr><td>Gross Income</td><td>\$</td><td>81,488</td></tr><tr><td>Adjusted Gross Income</td><td>\$</td><td>81,488</td></tr><tr><td>Total Deductions</td><td>\$</td><td>16,050</td></tr><tr><td>Total Taxable Income</td><td>\$</td><td>65,438</td></tr><tr><td>Total Tax</td><td>\$</td><td>5,968</td></tr><tr><td>Total Payments</td><td>\$</td><td>8,003</td></tr><tr><td>Refund Amount</td><td>\$</td><td>2,282</td></tr><tr><td>Amount You Owe</td><td>\$</td><td>0</td></tr></table> | Gross Income | \$ | 81,488 | Adjusted Gross Income | \$ | 81,488 | Total Deductions | \$ | 16,050 | Total Taxable Income | \$ | 65,438 | Total Tax | \$ | 5,968 | Total Payments | \$ | 8,003 | Refund Amount | \$ | 2,282 | Amount You Owe | \$ | 0 |
| Gross Income | \$ | 81,488 | | | | | | | | | | | | | | | | | | | | | | | |
| Adjusted Gross Income | \$ | 81,488 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Deductions | \$ | 16,050 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Taxable Income | \$ | 65,438 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Tax | \$ | 5,968 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Payments | \$ | 8,003 | | | | | | | | | | | | | | | | | | | | | | | |
| Refund Amount | \$ | 2,282 | | | | | | | | | | | | | | | | | | | | | | | |
| Amount You Owe | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| Make check payable to | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Instructions | <p>SIGN AND DATE YOUR RETURN Please sign and date Form NY TR-579. When filing a joint return, both you and your spouse need to sign the form. Keep a copy with your records for three years.</p> <p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p> | | | | | | | | | | | | | | | | | | | | | | | | |



Department of Taxation and Finance

**Nonresident and Part-Year Resident
Income Tax Return**

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning . . .

IT-203

and ending . . .

17

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | | | |
|--|--|--|--------------------------|--|--------------------------------|---|---|
| Your first name and middle initial DANIEL | | Your last name (for a joint return, enter spouse's name on line below) J MCCLELLAN | | Your date of birth (mmddyyyy) 06081993 | | Your social security number 621802238 | |
| Spouse's first name and MI JENNIFER | | Spouse's last name S MCCLELLAN | | Spouse's DOB (mmddyyyy) 01041993 | | Spouse's social security number 608644858 | |
| Mailing address (see instructions, page 13) (number and street or PO box) 1 ARDEN STREET | | | | Apartment number 408 | | New York State county of residence NEW YORK | |
| City, village, or post office NEW YORK | | | State NY | ZIP code 10040 | Country (if not United States) | | School district name MANHATTAN |
| Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route) | | | | Apartment no. | City, village, or post office | | School district code number 369 |
| State NY | | | ZIP code 10040 | | Country (if not United States) | | Decedent information |
| | | | | Taxpayer's date of death | | Spouse's date of death | |

- A Filing status** (mark an **X** in one box):
- ① ☐ Single
- ② ☒ Married filing joint return (enter both spouses' social security numbers above)
- ③ ☐ Married filing separate return (enter both spouses' social security numbers 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 part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 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 New York City part-year residents only (see page 14)

- (1) Number of months **you** lived in NY City in 2017 10
- (2) Number of months **your spouse** lived in NY City in 2017 10

F Enter your 2-character special condition code(s) if applicable (see page 15).

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mmddyyyy) 03012017

On the last day of the tax year (mark an **X** in one box):

- 1) Lived in NYS. ☒
- 2) Lived outside NYS; received income from NYS sources during nonresident period. ☐
- 3) Lived outside NYS; received no income from NYS sources during nonresident period. ☐

H New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2017? Yes ☐ No ☐
(if Yes, complete Form IT-203-B)

**I Dependent exemption information** (see page 16)

| First name and middle initial | Last name | Relationship | Social security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an **X** in the box. ☐

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For office use only

NONRESIDENT AND PART-YEAR RESIDENT INCOME TAX RETURN

Enter your social security number
 621802238

Federal income and adjustments (see page 17)

Federal amount
 Whole dollars only

New York State amount
 Whole dollars only

| | | | | | |
|----|--|----|----------|----|----------|
| 1 | Wages, salaries, tips, etc. | 1 | 81488.00 | 1 | 81488.00 |
| 2 | Taxable interest income | 2 | .00 | 2 | .00 |
| 3 | Ordinary dividends | 3 | .00 | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | .00 | 4 | .00 |
| 5 | Alimony received | 5 | .00 | 5 | .00 |
| 6 | Business income or loss (submit a copy of fed Sch. C or C-EZ, Fm 1040) | 6 | .00 | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Sch. D, Fm 1040) | 7 | .00 | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 | 8 | .00 |
| 9 | Taxable amt of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> <input type="checkbox"/> | 9 | .00 | 9 | .00 |
| 10 | Taxable amount of pensions/annuities, Beneficiaries: mark X in box <input type="checkbox"/> <input type="checkbox"/> | 10 | .00 | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | .00 | 11 | .00 |
| 12 | Rental real estate included in line 11 (federal amount) 12 .00 | | | | |
| 13 | Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | .00 | 13 | .00 |
| 14 | Unemployment compensation | 14 | .00 | 14 | .00 |
| 15 | Taxable amount of social security benefits (also enter on line 26) | 15 | .00 | 15 | .00 |
| 16 | Other income (see page 23) Identify: | 16 | .00 | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16. | 17 | 81488.00 | 17 | 81488.00 |
| 18 | Total federal adjustments to income (see page 23) Identify: | 18 | .00 | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 81488.00 | 19 | 81488.00 |

New York additions (see page 25)

| | | | | | |
|----|--|----|----------|----|----------|
| 20 | Interest income on state and local bonds and obligations (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19 through 22 | 23 | 81488.00 | 23 | 81488.00 |

New York subtractions (see page 26)

| | | | | | |
|----|--|----|----------|----|----------|
| 24 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 24 | .00 |
| 25 | Pensions of NYS and local governments and the federal government (see page 26) | 25 | .00 | 25 | .00 |
| 26 | Taxable amount of social security benefits (from line 15) | 26 | .00 | 26 | .00 |
| 27 | Interest income on U.S. government bonds | 27 | .00 | 27 | .00 |
| 28 | Pension and annuity income exclusion | 28 | .00 | 28 | .00 |
| 29 | Other (Form IT-225, line 18) | 29 | .00 | 29 | .00 |
| 30 | Add lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 | New York adjusted gross income (subtract line 30 from line 23) | 31 | 81488.00 | 31 | 81488.00 |

32 Enter the amount from line 31, Federal amount column. 32 81488.00

Standard deduction or itemized deduction (see page 28)

| | | | |
|----|--|----|----------|
| 33 | Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard -or- <input type="checkbox"/> Itemized | 33 | 16050.00 |
| 34 | Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 34 | 65438.00 |
| 35 | Dependent exemptions (enter the number of dependents listed in Item I; see page 28) | 35 | 000.00 |
| 36 | New York taxable income (subtract line 35 from line 34) | 36 | 65438.00 |

NO HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM



Name(s) as shown on page 1
DANIEL J MCCLELLAN

Enter your social security number
621802238

IT-203 (2017) Page 3 of 4

Tax computation, credits, and other taxes

| | | | | |
|----|--|------------------------------------|-----------------------------|----------------------------------|
| 37 | New York taxable income (from line 36 on page 2) | 37 | 65438.00 | |
| 38 | New York State tax on line 37 amount (see page 29) | 38 | 3540.00 | |
| 39 | New York State household credit (page 29, table 1, 2, or 3) | 39 | .00 | |
| 40 | Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 40 | 3540.00 | |
| 41 | New York State child and dependent care credit (see page 30) | 41 | .00 | |
| 42 | Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 42 | 3540.00 | |
| 43 | New York State earned income credit (see page 30) | 43 | .00 | |
| 44 | Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44 | 3540.00 | |
| 45 | Income percentage (see page 30) | New York State amount from line 31 | Federal amount from line 31 | Round result to 4 decimal places |
| | | 81488.00 | 81488.00 | 1.0000 |
| 46 | Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 3540.00 | |
| 47 | New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 | |
| 48 | Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 3540.00 | |
| 49 | Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 | |
| 50 | Total New York State taxes (add lines 48 and 49) | 50 | 3540.00 | |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | |
|-----|--|-----|---------|
| 51 | Part-year New York City resident tax (Form IT-360.1) | 51 | 2428.00 |
| 52 | Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 |
| 52a | Subtract line 52 from line 51 | 52a | 2428.00 |
| 52b | MCTMT net earnings base | 52b | .00 |
| 52c | MCTMT | 52c | .00 |
| 53 | Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 |
| 54 | Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 |
| 55 | Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) | 55 | 2428.00 |
| 56 | Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.) | 56 | 0.00 |

Voluntary contributions (see page 33)

| | | | |
|-----|---|-----|---------|
| 57a | Return a Gift to Wildlife | 57a | .00 |
| 57b | Missing/Exploited Children Fund | 57b | .00 |
| 57c | Breast Cancer Research Fund | 57c | .00 |
| 57d | Alzheimer's Fund | 57d | .00 |
| 57e | Olympic Fund (\$2 or \$4) | 57e | .00 |
| 57f | Prostate and Testicular Cancer Research and Education Fund | 57f | .00 |
| 57g | 9/11 Memorial | 57g | .00 |
| 57h | Volunteer Firefighting & EMS Recruitment Fund | 57h | .00 |
| 57i | Teen Health Education | 57i | .00 |
| 57j | Veterans Remembrance | 57j | .00 |
| 57k | Homeless Veterans | 57k | .00 |
| 57l | Mental Illness Anti-Stigma Fund | 57l | .00 |
| 57m | Women's Cancers Education and Prevention Fund | 57m | .00 |
| 57n | Autism Fund | 57n | .00 |
| 57o | Veterans Homes | 57o | .00 |
| 57 | Total voluntary contributions (add lines 57a through 57o) | 57 | .00 |
| 58 | Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 5968.00 |

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NO HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM

Enter your social security number
621802238

59 Enter amount from line 58. **59** 5968.00

Payments and refundable credits (see page 34)

| | | | |
|-----|--|------------|---------|
| 60 | Part-year NYC school tax credit (fixed amount) (also complete E on front). | 60 | 104.00 |
| 60a | NYC school tax credit (rate reduction amount) | 60a | 143.00 |
| 61 | Other refundable credits (Form IT-203-ATT, line 17) | 61 | .00 |
| 62 | Total New York State tax withheld | 62 | 4927.00 |
| 63 | Total New York City tax withheld | 63 | 3076.00 |
| 64 | Total Yonkers tax withheld | 64 | .00 |
| 65 | Total estimated tax payments/amount paid with Form IT-370. . . | 65 | .00 |
| 66 | Total payments and refundable credits (add lines 60 through 65). | 66 | 8250.00 |

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.**

Your refund, amount you owe, and account information (see pages 36 through 38)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66). **67** 2282.00

68 Amount of line 67 to be refunded

Mark one refund choice: ☒ direct deposit to checking or savings account (fill in line 73) -or- ☐ paper check. **68** 2282.00

69 Amount of line 67 that you want applied to your 2018 estimated tax (see instructions) **69** .00

69a Amount of line 67 that you want as a NYS 529 account deposit (submit Form IT-195) **69a** .00

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return **70** .00

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

See page 37 for payment options.

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37) **71** .00

72 Other penalties and interest (see page 37) **72** .00

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38).
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. 38) ☐

73a Account type: ☒ Personal checking -or- ☐ Personal savings -or- ☐ Business checking -or- ☐ Business savings

73b Routing number 124000054 73c Account number 041484882

74 Electronic funds withdrawal (see page 38) Date Amount .00

| | | | |
|---|--|--|--|
| Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Print designee's name Designee's phone number Personal identification number (PIN) | |
| E-mail: | | | |
| ▼ Paid preparer must complete ▼ (see instructions) Preparer's signature Preparer's printed name Firm's name (or yours, if self-employed) Address E-mail: | | Preparer's NYTPRIN NYTPRIN excl. code Preparer's PTIN or SSN Employer identification number Date | |
| | | ▼ Taxpayer(s) must sign here ▼ Your signature For Information Only Your occupation SOFTWARE ENGINEER Spouse's signature and occupation (if joint return) For Info Only WRITER Date Daytime phone number 3852692834 E-mail: HARUPHOENIX@GMAIL.COM | |

See instructions for where to mail your return.

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NON HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM

**Nonresident and Part-Year Resident Income Allocation
And College Tuition Itemized Deduction Worksheet**

Name(s) and occupation(s) as shown on Form IT-203

D MCCLELLAN & J MCCLELLAN SOFTWARE E WRITER

Your social security number

621802238

Complete all parts that apply to you; see instructions (Form IT- 203- I). Submit this form with your Form IT- 203.**Schedule A - Allocation of wage and salary income to New York State**

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

An additional Schedule A section is provided on the back of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT- 203, line 1, in the *New York State amount* column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
- You had a job for only part of the year; or
- You and your spouse each had a job that requires allocation.

| | | |
|---|-----------|-----|
| 1a Total days (see instructions) | 1a | |
| Nonworking days included in line 1a: | | |
| 1b Saturdays and Sundays (not worked) | 1b | |
| 1c Holidays (not worked) | 1c | |
| 1d Sick leave | 1d | |
| 1e Vacation | 1e | |
| 1f Other nonworking days | 1f | |
| 1g Total nonworking days (add lines 1b through 1f) | 1g | |
| 1h Total days worked in year at this job (subtract line 1g from line 1a) | 1h | |
| 1i Total days included in line 1h worked outside New York State | 1i | |
| 1j Enter number of days worked at home included in line 1i amount | 1j | |
| 1k Subtract line 1j from line 1i | 1k | |
| 1l Days worked in New York State (subtract line 1k from line 1h) | 1l | |
| 1m Enter number of days from line 1h above | 1m | |
| 1n Divide line 1l by line 1m; round the result to the fourth decimal place | 1n | |
| 1o Wages, salaries, tips, etc. (to be allocated) | 1o | .00 |
| 1p New York State allocated wage and salary income (multiply line 1n by line 1o) | 1p | .00 |

Include the line 1p amount on Form IT- 203, line 1, in the *New York State amount* column.**Schedule B -Living quarters maintained in New York State by a nonresident**Mark an **X** in the box if NYS living quarters were maintained for you or by you for the entire tax year ☐If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. For column E, mark an **X** in the box if the living quarters are still maintained for or by you.

| A — Street address | B — City, village, or post office | C | D — ZIP code | E |
|--------------------|-----------------------------------|----|--------------|-------------------------------------|
| 1 ARDEN STREET | NYC | NY | 10040 | <input checked="" type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |

Enter the number of days spent in New York State in this tax year

306

Any part of a day spent in New York State is considered a day spent in New York State.



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NO HANDWRITTEN ENTRIES ON THIS FORM

Enter your social security number
621802238

Schedule C - College tuition itemized deduction worksheet (See the instructions for Schedule C.)

1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? **1** Yes ☐ No ☐

- If **Yes**, **stop; you do not qualify for the college tuition itemized deduction.**
- If **No**, continue. Complete lines A through H below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.

| | 1 – Student 1 | 2 – Student 2 | 3 – Student 3 |
|---|--|--|--|
| A Eligible student's name | | | |
| B Eligible student's social security number (SSN) | | | |
| C Is the student claimed as a dependent on your NYS return? (see instructions) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| D EIN of college or university (see instr.) | | | |
| E Name of college or university (see instr.) | | | |
| F Were expenses for undergraduate tuition? (see instructions) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| G Amount of qualified college tuition expenses (see instructions) | .00 | .00 | .00 |
| H Enter the lesser of line G or 10,000 | .00 | .00 | .00 |

2 **College tuition itemized deduction** (add line H, columns 1, 2, and 3; include amounts from any additional sheets).

Also enter this amount on your itemized deduction schedule **2** .00

Schedule A - Allocation of wage and salary income to New York State

| | | |
|---|-----------|-----|
| 2a Total days (see instructions) | 2a | |
| Nonworking days included in line 2a: | | |
| 2b Saturdays and Sundays (not worked) | 2b | |
| 2c Holidays (not worked) | 2c | |
| 2d Sick leave | 2d | |
| 2e Vacation | 2e | |
| 2f Other nonworking days | 2f | |
| 2g Total nonworking days (add lines 2b through 2f) | 2g | |
| 2h Total days worked in year at this job (subtract line 2g from line 2a) | 2h | |
| 2i Total days included in line 2h worked outside New York State | 2i | |
| 2j Enter number of days worked at home included in line 2i amount | 2j | |
| 2k Subtract line 2j from line 2i | 2k | |
| 2l Days worked in New York State (subtract line 2k from line 2h) | 2l | |
| 2m Enter number of days from line 2h above | 2m | |
| 2n Divide line 2l by line 2m; round the result to the fourth decimal place | 2n | |
| 2o Wages, salaries, tips, etc. (to be allocated) | 2o | .00 |
| 2p New York State allocated wage and salary income (multiply line 2n by line 2o) | 2p | .00 |

Include the line 2p amount on Form IT- 203, line 1, in the **New York State amount** column.





Change of City Resident Status

New York City • Yonkers

IT-360.1

Submit this form with Form IT-201 or Form IT-203.

| | |
|---|-------------------------------------|
| Name(s) as shown on return DANIEL J & JENNIFER S MCCLELLAN | Social security number 621802238 |
|---|-------------------------------------|

Change of resident status - If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an X in only one box

- (A) ☒ **New York City change of residence** - Complete Parts 1, 2, 3, and 4.
- (B) ☐ **Yonkers change of residence** - Complete Parts 1 and 5.
- (C) ☐ **New York City and Yonkers change of residence** - Complete the entire form.

| Part 1 - New York adjusted gross income (see instructions, page 3) | | Column A Federal income and adjustments (all sources) | Column B Amount of Column A for New York City resident period | Column C Amount of Column A for Yonkers resident period |
|--|--|--|--|--|
| 1 | Wages, salaries, tips, etc. | 81488 .00 | 81488 .00 | .00 |
| 2 | Taxable interest income | .00 | .00 | .00 |
| 3 | Ordinary dividends | .00 | .00 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes | .00 | .00 | .00 |
| 5 | Alimony received | .00 | .00 | .00 |
| 6 | Business income or loss (submit copy of federal Schedule C or C-EZ, Form 1040) | .00 | .00 | .00 |
| 7 | Capital gain or loss (submit copy of federal Schedule D, Form 1040) | .00 | .00 | .00 |
| 8 | Other gains or losses (submit copy of federal Form 4797) | .00 | .00 | .00 |
| 9 | Taxable amount of IRA distributions | .00 | .00 | .00 |
| 10 | Taxable amount of pensions and annuities | .00 | .00 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) | .00 | .00 | .00 |
| 12 | Farm income or loss (submit copy of federal Schedule F, Form 1040) | .00 | .00 | .00 |
| 13 | Unemployment compensation | .00 | .00 | .00 |
| 14 | Taxable amount of social security benefits | .00 | .00 | .00 |
| 15 | Other income Identify: | .00 | .00 | .00 |
| 16 | Total (add lines 1 through 15) | 81488 .00 | 81488 .00 | .00 |
| 17 | Total federal adjustments to income Identify: | .00 | .00 | .00 |
| 18 | Federal adjusted gross income (subtract line 17 from line 16) | 81488 .00 | 81488 .00 | .00 |
| 19 | New York adjustments (submit schedule) | .00 | .00 | .00 |
| 20 | New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43) | 81488 .00 | 81488 .00 | .00 |

NO HANDWRITTEN ENTRIES ON THIS FORM



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| Part 2 - Itemized deductions for New York City (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2. | | Column A Itemized deductions (see instructions) | Column B Amount of Column A for New York City resident period |
|---|--|--|--|
| 21 | Medical and dental expenses | 21 .00 | .00 |
| 22 | Taxes you paid | 22 .00 | .00 |
| 23 | Interest you paid | 23 .00 | .00 |
| 24 | Gifts to charity | 24 .00 | .00 |
| 25 | Casualty and theft losses | 25 .00 | .00 |
| 26 | Job expenses and most other miscellaneous deductions | 26 .00 | .00 |
| 27 | Other miscellaneous deductions | 27 .00 | .00 |
| 28 | Add lines 21 through 27 | 28 .00 | .00 |
| 29 | Reduction for federal itemized deduction limitation (from federal Form 1040 Schedule A instr., Itemized Deductions Worksheet, line 9) | 29 .00 | .00 |
| 30 | Total itemized deductions (subtract line 29 from line 28) | 30 .00 | .00 |
| 31 | State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments | 31 .00 | .00 |
| 32 | Subtract line 31 from line 30 | 32 .00 | .00 |
| 33 | Addition adjustments and college tuition itemized deduction (see instructions) | 33 .00 | .00 |
| 34 | Add lines 32 and 33 | 34 .00 | .00 |
| 35 | Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35) | 35 .00 | .00 |
| 36 | Itemized deduction (subtract line 35 from line 34, enter here and on line 44) | 36 .00 | .00 |

Part 3 - Dependent exemptions (see instructions, page 5)

| | | |
|----|--|--------------|
| 37 | Enter the period you were a New York City resident during 2017; use a two-digit number to represent the month and day (see instructions) From: month <input type="text" value="03"/> day <input type="text" value="01"/> To: month <input type="text" value="12"/> day <input type="text" value="31"/> (mm) (dd) (mm) (dd) | |
| 38 | Enter the county where you resided while a nonresident of New York City | OUT OF STATE |
| 39 | Enter the number of full months in the New York City resident period | 39 10 |
| 40 | Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2) | 40 .00 |
| 41 | Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35 | 41 |
| 42 | Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46) | 42 .00 |

Part 4 - Part-year New York City resident tax (see instructions, page 5)

| | | |
|----|---|-------------|
| 43 | New York adjusted gross income (from line 20, Column B) | 43 81488.00 |
| 44 | Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36) | 44 13375.00 |
| 45 | Subtract line 44 from line 43 | 45 68113.00 |
| 46 | Dependent exemption amount (from line 42) | 46 .00 |
| 47 | New York City taxable income (subtract line 46 from line 45) | 47 68113.00 |
| 48 | New York City tax on line 47 amount (see instructions, page 5) | 48 2428.00 |
| 49 | Total New York City household credit and accumulation distribution credit (see instructions, page 6) | 49 .00 |
| 50 | Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0) | 50 2428.00 |
| 51 | Part-year New York City separate tax on lump-sum distributions (from Form IT-230) | 51 .00 |
| 52 | Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230) | 52 .00 |
| 53 | Add lines 50, 51, and 52 | 53 2428.00 |
| 54 | Credit for part-year New York City unincorporated business tax paid (see instructions, page 8) | 54 .00 |
| 55 | Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0) | 55 2428.00 |



Part 5 - Part-year Yonkers resident income tax surcharge (see instructions, page 8)

| | Full-year NYS resident | Part-year NYS resident |
|--|---------------------------|---------------------------|
| 56 Total New York State taxes (Form IT-201, line 46) | 56 .00 | |
| 57 Empire State child credit (Form IT-201, line 63) | 57 .00 | |
| 58 NYS child and dependent care credit (Form IT-216, line 14) | 58 .00 | |
| 59 Earned income credit (Form IT-201, line 65) | 59 .00 | |
| 60 Noncustodial parent New York State earned income credit (Form IT- 201, line 66) | 60 .00 | |
| 61 Real property tax credit (Form IT-201, line 67) | 61 .00 | |
| 61a New York City school tax credit (Form IT-201, lines 69 and 69a) | 61a .00 | |
| 62 College tuition credit (Form IT-201, line 68) | 62 .00 | |
| 62a Property tax relief credit (see instructions) | 62a .00 | |
| 63 Amount from Form IT-201-ATT, line 13 | 63 .00 | |
| 64 Add lines 57 through 63. | 64 .00 | |
| 65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT- 201, line 57) | 65 .00 | |
| 66 Base tax (Form IT-203, line 44) | 66 | .00 |
| 67 New York State nonrefundable credits (Form IT-203-ATT, line 8) | 67 | .00 |
| 68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) | 68 | .00 |
| 69 Net other New York State taxes (Form IT-203-ATT, line 33) | 69 | .00 |
| 70 Add lines 68 and 69. | 70 | .00 |
| 71 Total of amounts from Form IT- 203- ATT, lines 9, 10, and 12 | 71 | .00 |
| 71a Property tax relief credit (see instructions) | 71a | .00 |
| 71b New York City school tax credit (Form IT-203, lines 60 and 60a) | 71b | .00 |
| 71c Add lines 71, 71a, and 71b | 71c | .00 |
| 72 Subtract line 71c from line 70 (if line 71c is more than line 70, enter 0) | 72 | .00 |
| 73 Income percentage (see worksheet on page 8 of the instructions) | 73 | |
| 74 Multiply line 65 by line 73. This is the net state tax for full- year state residents. | 74 .00 | |
| 75 Multiply line 72 by line 73. This is the net state tax for part- year state residents. | 75 | .00 |
| 76 Yonkers resident tax rate. | 76 .1675 | |

77 Part- year Yonkers resident income tax surcharge

(Full- year NYS residents: Multiply line 74 by line 76. Part- year NYS residents: Multiply line 75 by line 76.)

77 .00

Enter the line 77 amount on Form IT- 201, line 57, or Form IT- 203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.

NO HANDWRITTEN ENTRIES ON THIS FORM





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

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

621802238

Box b Employer ID number (EIN)

770493581

Box c Employer's information

Employer's name

GOOGLE LLC

Employer's address (number and street)

1600 AMPHITHEATRE PARKWAY

City

MOUNTAIN VIEW

State

CA

ZIP code

94043

Country (if not United States)

Box 1 Wages, tips, other compens

81488.00

Box 12a Amount

107.00

Code

C

Box 14a Amount

Description

Box 8 Allocated tips

.00

Box 12b Amount

325.00

Code

D

Box 14b Amount

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

2000.00

Code

W

Box 14c Amount

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

12915.00

Code

DD

Box 14d Amount

Description

Box 13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

81488.00

Box 17a NYS income tax withheld

4927.00

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.

81488.00

Locality a

Locality b

Box 19 Local income tax withheld

3076.00

Locality a

Locality b

Box 20 Locality name

NYC

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 ID 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 comp

.00

Box 12a Amount

.00

Code

Box 14a Amount

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

.00

Locality a

Locality b

Box 19 Local income tax withheld

.00

Locality a

Locality b

Box 20 Locality name

102001171029



NO HANDWRITTEN ENTRIES ON THIS FORM

Worksheet B

| Do not complete this worksheet unless the amount on line 10 of the Shared Responsibility Payment Worksheet is less than \$2085 | | |
|---|---|---------------------------------------|
| For each month, is the amount on line 5 of the Shared Responsibility Payment Worksheet less than the amount on line 10 of the Shared Responsibility Payment Worksheet?* | Yes Enter the amount from line 10 | No Enter the amount from line 5 |
| 1. January | 1,517 | |
| 2. February | 1,517 | |
| 3. March | | |
| 4. April | | |
| 5. May | | |
| 6. June | | |
| 7. July | | |
| 8. August | | |
| 9. September | | |
| 10. October | | |
| 11. November | | |
| 12. December | | |
| 13. Add the amounts in each column | 3,034 | |
| 14. Add the amounts on line 13 of both columns. Enter the result on line 11 of the Shared Responsibility Payment Worksheet | | 3,034 |

* If the amount on line 1 of the Shared Responsibility Payment Worksheet is - 0- for any month, leave both columns of this worksheet blank for that month.

FILE