

# Electronic Filing Instructions for your 2016 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Camila Nery  
15 Calder Place, Apt. 2e  
Brooklyn, NY 11215

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a balance due of \$1,064.00.		
	Your return shows you have elected to pay your balance due of \$1,064.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$1,064.00	
	- Account Number:	483066540574	
	- Routing Transit Number:	021000322	
	- Date of Withdrawal:	02/09/2017	
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form)		
	Printed copy of your federal return		
<b>2016 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	2,830.00
	Taxable Income	\$	0.00
	Total Tax	\$	1,039.00
	Payment Due	\$	1,039.00
	Penalty/Interest	\$	25.00
	Balance Due With Penalty/Interest	\$	1,064.00
	Effective Tax Rate		0.00%
<b>Estimated Payments to Make for Next Year's Return</b>	Estimated Payments for 2017 - Do not mail these vouchers with your 2016 income tax return. The estimated vouchers displayed below are used to prepay your 2017 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2017, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	04/18/2017	\$ 260.00
	2	06/15/2017	\$ 260.00
	3	09/15/2017	\$ 260.00
	4	01/16/2018	\$ 260.00
	Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.		
	Mail payments to:		
	Internal Revenue Service		
	P.O. Box 37007		
	Hartford, CT 06176-7007		



Hi Camila,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2016 taxes:

Your federal balance due is:               \$ 1,064.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2017**

# 2017 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

260.

REV 01/25/17 TTO 1555

161-84-6863  
CAMILA NERY

15 CALDER PLACE APT 2E  
BROOKLYN NY 11215

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-7007

161846863 RS NERY 30 0 201712 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **06/15/2017**

## 2017 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

260.

REV 01/25/17 TTO 1555

161-84-6863  
CAMILA NERY

15 CALDER PLACE APT 2E  
BROOKLYN NY 11215

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-7007

161846863 RS NERY 30 0 201712 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **09/15/2017**

# 2017 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

260.

REV 01/25/17 TTO 1555

161-84-6863  
CAMILA NERY

15 CALDER PLACE APT 2E  
BROOKLYN NY 11215

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-7007

161846863 RS NERY 30 0 201712 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **01/16/2018**

# 2017 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

260.

REV 01/25/17 TTO 1555

161-84-6863  
CAMILA NERY

15 CALDER PLACE APT 2E  
BROOKLYN NY 11215

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-7007

161846863 RS NERY 30 0 201712 430

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20		See separate instructions.
Your first name and initial <b>Camila</b>	Last name <b>Nery</b>	<b>Your social security number</b> <b>161-84-6863</b>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>15 Calder Place</b>		Apt. no. <b>2e</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Brooklyn NY 11215</b>		<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing Status**

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

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. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .

b ☐ **Spouse** . . . . .

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b** **1**

**No. of children on 6c who:**

- lived with you
- did not live with you due to divorce or separation (see instructions)

**Dependents on 6c not entered above**

**Add numbers on lines above ▶** **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . **7** **0.**

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** **7,350.**

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**

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** **7,350.**

**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** **520.**

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** **4,000.**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 . . . . . **36** **4,520.**

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ **37** **2,830.**

BEV 01/25/17 TIO Form **1040** (2016)



**SCHEDULE C-EZ  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

Camila Nery

**Net Profit From Business**

(Sole Proprietorship)

- Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.  
► Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.

OMB No. 1545-0074

**2016**Attachment  
Sequence No. **09A**

Social security number (SSN)

161-84-6863

**Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

**And You:**

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

**A** Principal business or profession, including product or service  
**Graphic Designer**

**B Enter business code (see page 2)**

9 9 9 9 9 9

**C** Business name. If no separate business name, leave blank.

**D Enter your EIN (see page 2)**

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

15 Calder Place, Apt. 2e

City, town or post office, state, and ZIP code

Brooklyn, NY 11215

**F** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)

☐ Yes ☒ No

**G** If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No**Part II Figure Your Net Profit**

<b>1</b>	<b>Gross receipts. Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here	<input type="checkbox"/>	<b>1</b>	7,350.
<b>2</b>	<b>Total expenses</b> (see page 2). If more than \$5,000, you <b>must</b> use Schedule C		<b>2</b>	
<b>3</b>	<b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> , or on <b>Form 1040NR, line 13</b> , and <b>Schedule SE, line 2</b> (see page 2). (Statutory employees <b>do not</b> report this amount on Schedule SE, line 2.) Estates and trusts, enter on <b>Form 1041, line 3</b>		<b>3</b>	7,350.

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ► .....
- 5** Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
- a** Business ..... **b** Commuting (see page 2) ..... **c** Other .....
- 6** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► **Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).**  
► **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Camila Nery

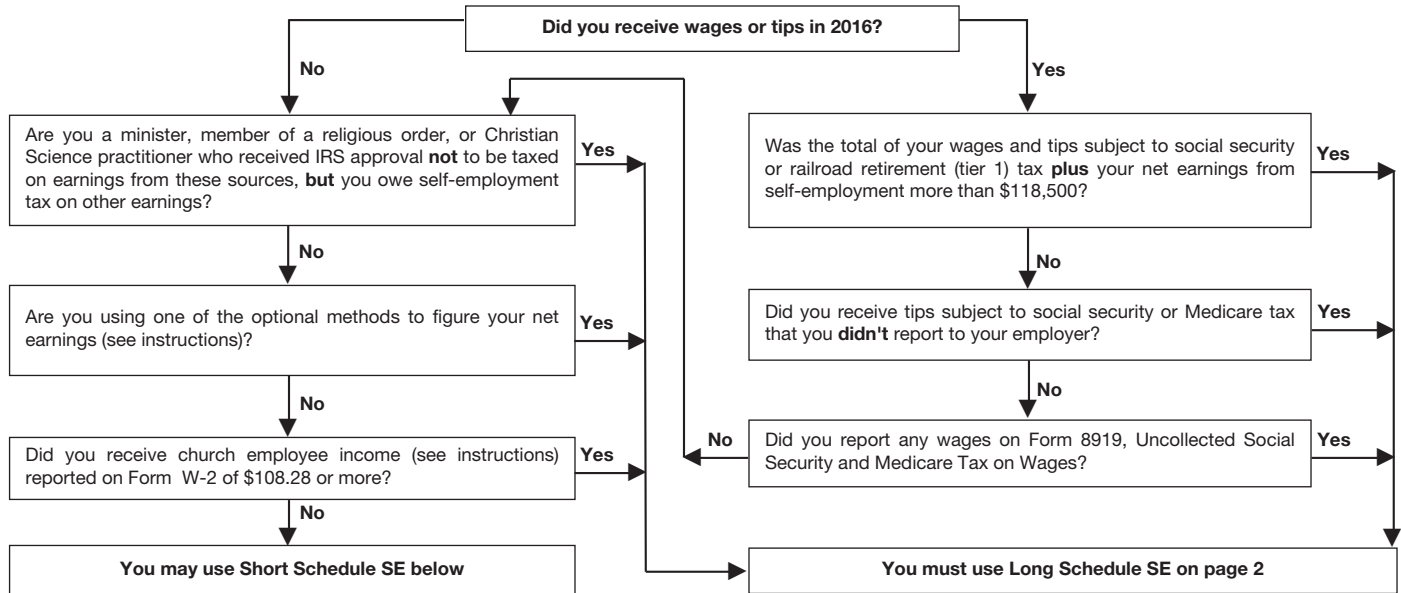
Social security number of person  
with **self-employment** income ►

161-84-6863

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	7,350.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	7,350.
<b>4</b>	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b. . . . . ►	<b>4</b>	6,788.
<b>Note.</b>	If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> • More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . .	<b>5</b>	1,039.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	520.

**Tuition and Fees Deduction**

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8917 and its instructions is at [www.irs.gov/form8917](http://www.irs.gov/form8917).

Camila Nery

Your social security number

161-84-6863



You **cannot** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

**Before you begin:** ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.

✓ If you file Form 1040, figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2016 Form 1040 instructions for line 36.

<b>1</b>	<b>(a)</b> Student's name (as shown on page 1 of your tax return)	<b>(b)</b> Student's social security number (as shown on page 1 of your tax return)	<b>(c)</b> Adjusted qualified expenses (see instructions)
	First name Last name		
	Camila Nery	161-84-6863	8,601.
<b>2</b>	Add the amounts on line 1, column (c), and enter the total . . . . .	<b>2</b>	8,601.
<b>3</b>	Enter the amount from Form 1040, line 22, or Form 1040A, line 15	<b>3</b>	7,350.
<b>4</b>	Enter the total from either:	<b>4</b>	520.
	• Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, <b>or</b>		
	• Form 1040A, lines 16 through 18. . . . .		
<b>5</b>	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you cannot take the deduction for tuition and fees . . . . .	<b>5</b>	6,830.
	*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970, chapter 6, to figure the amount to enter on line 5.		
<b>6</b>	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?	<b>6</b>	4,000.
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. }		
	<input checked="" type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000. }		

**Also enter** this amount on Form 1040, line 34, or Form 1040A, line 19.

# Health Coverage Exemptions

► Attach to Form 1040, Form 1040A, or Form 1040EZ.

► Information about Form 8965 and its separate instructions is at [www.irs.gov/form8965](http://www.irs.gov/form8965).

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **75**

Name as shown on return

Camila Nery

Your social security number

161-84-6863

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

## Part I

**Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

## Part II

**Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here. ☒

## Part III

**Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	Camila Nery	161-84-6863	B										X	X		
9																
10																
11																
12																
13																

# Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

Camila Nery

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status . . . . .					Single
Total income . . . . .					7,350.
Adjustments to income					4,520.
Adjusted gross income					2,830.
Tax expense . . . . .					
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					0.
Total itemized/standard deduction . .					6,300.
Exemption amount . .					4,050.
Taxable income . . . .					0.
Tax. . . . .					
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					1,039.
Payments . . . . .					
Form 2210 penalty . .					25.
Amount owed . . . . .					1,064.
Applied to next year's estimated tax .					
Refund. . . . .					
Effective tax rate % . .					0.00
**Tax bracket % . . . .					10.0

\*\*Tax bracket % is based on Taxable income.

# Healthcare Entry Sheet

► Keep for your records

2016

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap  
Eligible\*  
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 Camila Nery	161-84-6863	10/19/93	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

**Completion checkbox:**

☒ Check this box once you are finished with all the healthcare related entries.

**1098-T**  
Worksheet

**Tuition Statement**  
► Keep for your records

**2016**

Taxpayer's name <u>Camila Nery</u>	Social Security No. <u>161-84-6863</u>
---------------------------------------	---

**1098-T Information (Required):**

- A** A Form 1098-T was received from this institution for 2016. . . . . Yes ☐ No ☒
- B** A Form 1098-T was received from this institution for **2015** with Box 2 filled in and Box 7 checked . . . . . Yes ☒ No ☐

**Identify Student (Required):**

- A** If student is Camila  
**Double-click** to link this 1098-T to the applicable **Taxpayer or Spouse Student Information Worksheet** . . . . . ► Camila
- B** If student is \_\_\_\_\_  
**Double-click** to link this 1098-T to the applicable **Dependent Student Information Worksheet** . . . . . ► \_\_\_\_\_

Filer's name <u>Maryland Institute College of Art</u> Street address <u>1400 W Mt Royal Ave</u> City State Zip Code <u>Baltimore MD 21217</u> Foreign province/county _____ Foreign postal code Foreign country _____		<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ <u>21,964.</u>	
<b>Filer's</b> Federal identification number <u>52-0591661</u>		<b>Student's</b> Taxpayer Identification Number. <u>161-84-6863</u>	
<b>Student's</b> name <u>Camila</u> Street address Apt. No. <u>15 Calder Place 2e</u> City State Zip Code <u>Brooklyn NY 11215</u>		<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ _____
Service Provider/ Acct No _____		<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 . . . . ► <input type="checkbox"/>
<b>8</b> Check if at least half-time student ► <input type="checkbox"/>		<b>9</b> Checked if a graduate student . . ► <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**

- A** Enter box 1 amount **not** paid during 2016 . . . . . 0.
- B** Enter box 1 amount actually paid during 2016 . . . . . 21,964.

**Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses**

- A** Enter box 2 amount **not** paid during 2016. . . . . \_\_\_\_\_
- B** Enter box 2 amount actually paid during 2016 . . . . . \_\_\_\_\_

**Reconciliation of Box 5, Scholarships or Grants**

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . . \_\_\_\_\_
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . . \_\_\_\_\_
- C** Portion of box 5 amount from scholarships or grants . . . . . \_\_\_\_\_
- D** Box 5 amount includes veteran- or employer-provided educational assistance . . . . . ☐

# Education Tuition and Fees Summary

**2016**

► Keep for your records

Name(s) Shown on Return <u>Camila Nery</u>	Your Social Security No. <u>161-84-6863</u>
---	--

## Part I - Qualified Education Expense Summary

(a) Student's name First Name <u>                    </u> MI <u>          </u> Last Name <u>                    </u> Suffix <u>          </u> Social Security Number <u>                    </u>	(b) Qualified Education Expenses	(c) Qualified for:  Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
<u>Camila</u> <u>                    </u>	8,601.	Amer Opp Cr . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Nery</u> <u>                    </u>	8,601.	Lifetime Cr . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>161-84-6863</u> <u>                    </u>	8,601.	Tuition Ded . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	X
<u>                    </u> <u>                    </u>	8,601.	Total Qualified Expenses		
<u>                    </u> <u>                    </u>		Amer Opp Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u> <u>                    </u>		Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u> <u>                    </u>		Tuition Ded . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u> <u>                    </u>		Total Qualified Expenses		
<u>                    </u> <u>                    </u>		Amer Opp Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u> <u>                    </u>		Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u> <u>                    </u>		Tuition Ded . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u> <u>                    </u>		Total Qualified Expenses		
Total qualified expenses . . . . .	8,601. 8,601. 8,601.	American Opportunity Credit		
		Lifetime Learning Credit		
		Tuition and Fees Deduction		

## Part II - Optimize Education Expenses for the Lowest Tax

### Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now . . . . . ► ☐
- 2 **Automatic** - Check to use the Credit choices calculated in Part I, column (e) above . . . . . ► ☒
- or
- 3 **Manual** - Check to use the Credit choices you entered in Part I, column (d) above . . . . . ► ☐

## Part III - Summary of Deduction and Credits

### Tuition and Fees Deduction Summary

1	Total 2016 tuition and fees paid for purposes of deduction. . . . .	1	8,601.
2	Modified adjusted gross income . . . . .	2	6,830.
3	Maximum deduction allowed . . . . .	3	4,000.
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 3) . . . . .	4	4,000.

### American Opportunity, Lifetime Learning Credits Summary

5	Tentative American Opportunity Credit . . . . .	5	
6	Tentative Lifetime Learning Credit . . . . .	6	
7	Total Education Credits (after limitations) . . . . .	7	0.



# Federal Carryover Worksheet

2016

► Keep for your records

Name(s) Shown on Return Camila Nery	Social Security Number 161-84-6863
--	---------------------------------------

## 2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

## Other Tax and Income Information

			2015	2016
1	Filing status . . . . .	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3		0.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5		2,830.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6		1,039.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

## Excess Contributions

			2015	2016
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2015	2016
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2016 . . . . .	b		
	b 2015 . . . . .	c		
	c 2014 . . . . .	d		
	d 2013 . . . . .	e		
	e 2012 . . . . .	f		
	f 2011 . . . . .			

# Electronic Filing Instructions for your 2016 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



CAMILA NERY  
15 CALDER PLACE 2e  
Brooklyn, NY 11215

<b>Balance Due/Refund</b>		Your New York state tax return (Form IT-203) shows a balance due of \$4.00.		
		Your return shows you have elected to pay your balance due of \$4.00 by Direct Debit using the following information:		
		- Amount Withdrawn:	\$4.00	
		- Account Number:	483066540574	
		- Routing Transit Number:	021000322	
		- Date of Withdrawal:	02/09/2017	
		To inquire about the status of your Direct Debit call the New York State Department of Taxation and Finance directly at 1-800-225-5829.		
<b>No Signature Document Needed</b>		No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>		Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2016 New York Tax Return Summary</b>		Total Tax	\$	20.00
		Total Payments/Credits	\$	16.00
		Payment Due	\$	4.00



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

REV 01/25/17 TTO

**IT-203****16**

and ending .....

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

Your first name and middle initial <b>CAMILA</b>		Your last name (for a joint return, enter spouse's name on line below) <b>NERY</b>		Your date of birth (mmddyyyy) <b>10191993</b>		Your social security number <b>161846863</b>	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's social security number	
Mailing address (see instructions, page 14) (number and street or PO box) <b>15 CALDER PLACE</b>				Apartment number <b>2E</b>		New York State county of residence <b>KINGS</b>	
City, village, or post office <b>BROOKLYN</b>		State <b>NY</b>		ZIP code <b>11215</b>		Country (if not United States)	
School district name <b>BROOKLYN</b>							
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number <b>071</b>	
State		ZIP code		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 2016 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1 Did you have a financial account** located in a foreign country? (see page 15) Yes ☐ No ☒**D2 Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) If Yes, enter the total amount .....  .00

**E New York City part-year residents only** (see page 15)(1) Number of months **you** lived in NY City in 2016 ....  **3**(2) Number of months **your spouse** lived in NY City in 2016 ..... **F Enter your 2-character special condition code(s) if applicable** (see page 15) .....  **G New York State part-year residents** (see page 16)Enter the date you moved into or out of NYS (mmddyyyy) .....  **09202016**

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 16)Did you or your spouse maintain living quarters in NYS in 2016? ..... 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. ☐

203001161555



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number

161846863

**Federal income and adjustments** (see page 17)Federal amount  
Whole dollars onlyNew York State amount  
Whole dollars only

1 Wages, salaries, tips, etc. ....	1	0 .00	1	.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 federal Sch. C or C-EZ, Form 1040) .....	6	7350 .00	6	7350 .00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <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) <b>12</b> .....		.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	7350 .00	17	7350 .00
18 Total federal adjustments to income (see page 23) Identify: SEE FEDERAL ADJ STMT .....	18	4520 .00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) .....	19	2830 .00	19	7350 .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	2830 .00	23	7350 .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	2830 .00	31	7350 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 2830 .00

**Standard deduction or itemized deduction** (see page 28)

33 Enter your <b>standard deduction</b> (table on page 28) or your <b>itemized deduction</b> (from Form IT-203-D). Mark an <b>X</b> in the appropriate box: ... <input checked="" type="checkbox"/> <b>Standard</b> – or – <input type="checkbox"/> <b>Itemized</b> .....	33	7950 .00		
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	34	.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	.00		

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002161555



Name(s) as shown on page 1 <b>CAMILA NERY</b>	Enter your social security number <b>161846863</b>
--	---

**Tax computation, credits, and other taxes**

<b>37</b> New York taxable income (from line 36 on page 2).....	<b>37</b>	.00
<b>38</b> New York State tax on line 37 amount (see page 29) .....	<b>38</b>	.00
<b>39</b> New York State household credit (page 29, table 1, 2, or 3).....	<b>39</b>	75 .00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) .....	<b>40</b>	.00
<b>41</b> New York State child and dependent care credit (see page 30) .....	<b>41</b>	.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) .....	<b>42</b>	.00
<b>43</b> New York State earned income credit (see page 30) .....	<b>43</b>	.00
<b>44</b> Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) .....	<b>44</b>	.00
<b>45</b> Income percentage (see page 30) <input type="text"/> New York State amount from line 31 <input type="text"/> 7350 .00 ÷ Federal amount from line 31 <input type="text"/> 2830 .00 = <b>45</b> <input type="text"/> 2.5972 Round result to 4 decimal places		
<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	<b>46</b>	.00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>47</b>	.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	<b>48</b>	.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>49</b>	.00
<b>50</b> Total New York State taxes (add lines 48 and 49) .....	<b>50</b>	.00

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

<b>51</b> Part-year New York City resident tax (Form IT-360.1) .....	<b>51</b>	20 .00
<b>52</b> Part-year resident nonrefundable New York City child and dependent care credit .....	<b>52</b>	.00
<b>52a</b> Subtract line 52 from line 51 .....	<b>52a</b>	20 .00
<b>52b</b> MCTMT net earnings base .... <b>52b</b> <input type="text"/> .00		
<b>52c</b> MCTMT .....	<b>52c</b>	.00
<b>53</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>53</b>	.00
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>54</b>	.00
<b>55</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) .....	<b>55</b>	20 .00
<b>56</b> Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.) .....	<b>56</b>	0 .00

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

**Voluntary contributions** (see page 33)

<b>57a</b> Return a Gift to Wildlife .....	<b>57a</b>	.00
<b>57b</b> Missing/Exploited Children Fund .....	<b>57b</b>	.00
<b>57c</b> Breast Cancer Research Fund .....	<b>57c</b>	.00
<b>57d</b> Alzheimer's Fund .....	<b>57d</b>	.00
<b>57e</b> Olympic Fund (\$2 or \$4) .....	<b>57e</b>	.00
<b>57f</b> Prostate and Testicular Cancer Research and Education Fund ..	<b>57f</b>	.00
<b>57g</b> 9/11 Memorial .....	<b>57g</b>	.00
<b>57h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>57h</b>	.00
<b>57i</b> Teen Health Education .....	<b>57i</b>	.00
<b>57j</b> Veterans Remembrance .....	<b>57j</b>	.00
<b>57k</b> Homeless Veterans.....	<b>57k</b>	.00
<b>57l</b> Mental Illness Anti-Stigma Fund .....	<b>57l</b>	.00
<b>57m</b> Women's Cancers Education and Prevention Fund .....	<b>57m</b>	.00
<b>57n</b> Autism Fund .....	<b>57n</b>	.00
<b>57</b> Total voluntary contributions (add lines 57a through 57n) .....	<b>57</b>	.00
<b>58</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) .....	<b>58</b>	20 .00

203003161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number

161846863

59 Enter amount from line 58 ..... 59 20 .00

**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (also complete E on front; see page 34) ...	60	16 .00
61 Other refundable credits (Form IT-203-ATT, line 17) .....	61	.00
62 Total <b>New York State</b> tax withheld .....	62	0 .00
63 Total <b>New York City</b> tax withheld .....	63	.00
64 Total <b>Yonkers</b> 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	16 .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 .00

68 Amount of line 67 to be refunded  
Mark one refund choice: ☐ direct deposit (fill in line 73) - or - ☐ paper check ..... 68 .00

69 Amount of line 67 that you want applied  
to your **2017** estimated tax (see instructions) ..... 69 .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 4 .00

71 Estimated tax penalty (include this amount on line 70,  
or reduce the overpayment on line 67; see page 36) ..... 71 .00

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

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

**See page 37 for payment  
options.**

**See page 40 for the proper  
assembly of your return.**

73 Account information for direct deposit or electronic funds withdrawal (see page 37).

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. 37) ☐73a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 021000322 73c Account number 483066540574

74 Electronic funds withdrawal (see page 38) ..... Date 02092017 Amount 4 .00

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name		Designee's phone number ( )		Personal identification number (PIN)
	E-mail:				
<b>▼ Paid preparer must complete ▼</b> (see instructions)					
Preparer's signature		Preparer's NYTPRIN			
		NYTPRIN excl. code			
Firm's name (or yours, if self-employed) <b>SELF-PREPARED</b>		Preparer's PTIN or SSN			
Address		Employer identification number			
		Date			
E-mail:					
<b>▼ Taxpayer(s) must sign here ▼</b>					
Your signature					
Your occupation <b>GRAPHIC DESIGNER</b>					
Spouse's signature and occupation (if joint return)					
Date		Daytime phone number (215) 820-2709			
E-mail: <b>CNERY@MICA.EDU</b>					

See instructions for where to mail your return.

203004161555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# Change of City Resident Status

# IT-360.1

New York City • Yonkers

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

Name(s) as shown on return CAMILA NERY	Social security number 161846863
---	-------------------------------------

**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 .....	0.00	7350.00	.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) ...	7350.00	.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) .....	7350.00	7350.00	.00
17	Total federal adjustments to income			
	Identify:	.00	4520.00	.00
18	Federal adjusted gross income (subtract line 17 from line 16) .....	2830.00	2830.00	.00
19	New York adjustments .....	.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) .....	2830.00	2830.00	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

360001161555





<b>Part 2 – Itemized deductions for New York City</b> (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		<b>Column A</b> Itemized deductions (see instructions)	<b>Column B</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 <b>income</b> taxes (or general sales tax, if applicable) and other subtraction adjustments .....	31		.00
32 Subtract line 31 from line 30 .....	32		.00
33 Addition adjustments and college tuition itemized deduction (see instructions) .....	33		.00
34 Add lines 32 and 33 .....	34		.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
36 <b>Itemized deduction</b> (subtract line 35 from line 34, enter here and on line 44) .....	36		.00

**Part 3 – Dependent exemptions** (see instructions, page 5)37 Enter the period you were a New York City **resident** during 2016From: month  day  To: month  day 

38 Enter the county where you resided while a <b>nonresident</b> of New York City ....	OUTSIDE NEW YORK
39 Enter the number of full months in the New York City resident period .....	39 3
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	2830.00
44 Resident period standard deduction (see instructions, page 2) <b>or</b> resident period itemized deduction (from line 36) .....	44	1988.00
45 Subtract line 44 from line 43 .....	45	842.00
46 Dependent exemption amount (from line 42) .....	46	.00
47 <b>New York City taxable income</b> (subtract line 46 from line 45) .....	47	842.00
48 New York City tax on line 47 amount (see instructions, page 5) .....	48	24.00
49 Total New York City household credit and accumulation distribution credit (see instructions, page 6) .....	49	4.00
50 Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0) .....	50	20.00
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	20.00
54 Credit for part-year New York City unincorporated business tax paid (see instructions, page 8) .....	54	.00
55 <b>Part-year New York City resident tax</b> (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	20.00

NO HANDWRITTEN ENTRIES ON THIS FORM

360002161555





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

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

360003161555



Additional information from your IT-360.1: Change of City Resident Status (Taxpayer)

IT-360.1: Change of City Resident Status (Taxpayer)

Line 49

Explanation Statement

New York City Credits	
Description	Amount
NEW YORK HOUSEHOLD CREDIT	4 .
ACCUMULATION DISTRIBUTION CREDIT	
Total	4 .

# Other Tax Credits and Taxes Worksheet

**2016**

► Keep for your records

Name as Shown on Return <b>CAMILA NERY</b>	Social Security No. <b>161-84-6863</b>
---	---

**Part I — New York Credits**

**Section A — New York State Nonrefundable/Non-Carryover Credits**

**Form IT-201-ATT, line 1 thru 2 or Form IT-203-ATT, lines 1 thru 3**

<b>1</b>	Form IT-112-R — Resident Credit . . . . .	<b>1</b>	
<b>2</b>	Form IT-112-C — Resident Credit for Taxes Paid to a Province of Canada . . . . .	<b>2</b>	
<b>3</b>	Form IT-250 — Defibrillator Credit . . . . .	<b>3</b>	
<b>4</b>	Form IT-604 — Qualified Economic Zone Employment Tax Reduction Credit . . . . .	<b>4</b>	
<b>5</b>	New York State Accumulation Distribution Credit ( <i>attach computation</i> ) . . . . .	<b>5</b>	

**Section B — New York State Nonrefundable/Carryover Credits**

**Form IT-201-ATT, line 3 thru 7 or Form IT-203-ATT, lines 4 thru 8**

<b>1</b>	Form IT-212 — Investment Credit . . . . .	<b>1</b>	
<b>2</b>	Form IT-236 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit (costs incurred on or after January 1, 2011) . . . . .	<b>2</b>	
<b>3</b>	Form IT-237 — Historic homeownership rehabilitation credit . . . . .	<b>3</b>	
<b>4</b>	Form IT-239 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit carryover (costs incurred before January 1, 2011) . . . . .	<b>4</b>	
<b>5</b>	Form IT-246 — Empire State commercial production credit . . . . .	<b>5</b>	
<b>6</b>	Form IT-249 — Long-Term Care Insurance Credit . . . . .	<b>6</b>	
<b>7</b>	Form IT-251 — Employment of Persons with Disabilities Credit . . . . .	<b>7</b>	

Carryover information  
for Form IT-252 . . . . ►

<b>Year Carryover Credit Earned</b>	<b>Carryover Amount</b>
_____	_____
_____	_____
_____	_____

<b>8</b>	Form IT-252 — Financial Services Industry Investment Tax Credit carryover . . . . .	<b>8</b>	
<b>9</b>	Form IT-253 — Alternative Fuels Credit carryover . . . . .	<b>9</b>	
<b>10</b>	Form IT-255 — Solar Energy System Equipment Credit . . . . .	<b>10</b>	
<b>11</b>	Form IT-256 — Claim for Special Additional Mortgage Recording Tax Credit . . . . .	<b>11</b>	
<b>12</b>	Form IT-261 — Empire State film post-production credit carryover . . . . .	<b>12</b>	
<b>13</b>	Form IT-501 — Temporary nonrefundable credit deferral payout . . . . .	<b>13</b>	
<b>14</b>	Form IT-601 — Empire Zone (EZ) Wage Tax Credit . . . . .	<b>14</b>	
<b>15</b>	Form IT-602 — Empire Zone (EZ) Capital Tax Credit . . . . .	<b>15</b>	
<b>16</b>	Form IT-603 — Empire Zone (EZ) Invest Tax Cr and Employment Incentive Cr . . . . .	<b>16</b>	
<b>17</b>	Form IT-605 — Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Employment Incentive Credit . . . . .	<b>17</b>	
<b>18</b>	Form IT-637 — Alternative Fuels and Electric Vehicle Recharging Property Cr . . . . .	<b>18</b>	
<b>19</b>	Form IT-643 — Hire a Veteran Credit . . . . .	<b>19</b>	
<b>20</b>	Form IT-644 — Workers with Disabilities Tax Credit . . . . .	<b>20</b>	
<b>21</b>	Form DTF-622 — Qualified Emerging Technology Co. (QETC) Capital Tax Credit . . . . .	<b>21</b>	
<b>22</b>	Form DTF-624 — Low-Income Housing Credit . . . . .	<b>22</b>	
<b>23</b>	Form DTF-630 — Green Building Credit . . . . .	<b>23</b>	
<b>24</b>	Residential Fuel Oil Storage Tank Credit carryover ( <i>attach computation</i> ) . . . . .	<b>24</b>	
<b>25</b>	Solar and Wind Energy Credit carryover ( <i>attach computation</i> ) . . . . .	<b>25</b>	

\* New for 2016

**Part II — Other New York State Taxes****Form IT-201-ATT, line 19 thru 30 or Form IT-203-ATT, lines 18 thru 33**

1	Form IT-112-C — Addback of Resident Credit for taxes paid to a province of Canada . . . . .	1	
2	Form IT-112.1 — Resident Credit against separate tax on lump-sum dist . . . . .	2	
3	Form IT-212 — Addback of Investment Credit on early dispositions. . . . .	3	
4	Form IT-215 — Excess New York State Part-Year Resident Earned Income Credit <b>(IT-203 Filers only)</b> . . . . .	4	
5	Form IT-216 — Excess New York State Part-Year Resident Child and Dependent Care Credit <b>(IT-203 Filers only)</b> . . . . .	5	
6	Form IT-217 — Addback of Farmers' School Tax Credit on converted property . . .	6	
7	Form IT-230 — New York State tax on capital gain portion of lump-sum distributions . . . . .	7	
8	Form IT-230 — New York State separate tax on lump-sum distributions . . . . .	8	
9	Form IT-237 — Addback of Historic homeownership rehabilitation credit . . . . .	9	
10	Form IT-238 — Addback of Rehabilitation of historic properties credit . . . . .	10	
11	Form IT-252 — Addback of Financial Services Industry (FSI) Investment Tax Credit on early dispositions . . . . .	11	
12	Form IT-253 — Addback of Alternative Fuels Credit on early dispositions . . . . .	12	
13	Form IT-602 — Recapture of EZ capital tax credit on early dispositions . . . . .	13	
14	Form IT-603 — Addback of EZ Investment Tax Credit and EZ Employment Incentive Credit on early dispositions . . . . .	14	
15	Form IT-605 — Addback of Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Empire Zone Employment Incentive Credit on early dispositions. . . . .	15	
16	Form IT-606 — Addback of QEZE Credit for real property taxes . . . . .	16	
17	Form IT-607 — Recapture of Excelsior Jobs Program Tax Credit . . . . .	17	
18	Form IT-611 — Addback of Brownfield Redevelopment Tax Credit . . . . .	18	
19	Form IT-611.1 — Addback of Brownfield Redevelopment Tax Credit . . . . .	19	
20	Form IT-612 — Addback of Remediated Brownfield Credit for Real Property Taxes . . . . .	20	
21	Form IT-613 — Addback of Claim for Environmental Remediation Insurance Credit . . . . .	21	
22	Form IT-633 — Recapture of Economic Transformation and Facility Redevelopment Program Tax Credit . . . . .	22	
23	Form IT-634 — Recapture of Empire State Jobs Retention Program Credit . . . . .	23	
24	Form IT-637 — Recapture of Alternative Fuels and Electric Vehicle Recharging Property Credit . . . . .	24	
25	Form IT-641 — Recapture of Manufacturer's Real Property Tax Credit . . . . .	25	
26	Form IT-645 — Recapture of START-UP NY Tax Benefits. . . . .	26	
27	Form DTF-622 — Addback of QETC Capital Tax Credit on early dispositions . . . .	27	
28	Form DTF-626 — Addback of Low Income Housing Credit . . . . .	28	
29 *	Property Tax Relief Credit Addback — Code 055 . . . . .	29	
30	Other New York State Taxes:		
	Code _____ Credit Amount _____		
	Code _____ Credit Amount _____		
	Code _____ Credit Amount _____		
	Code _____ Credit Amount _____		

**Part III — Other City of New York Taxes**

1	Full-year city of New York resident separate tax on lump-sum distributions (from Form IT-230) <b>Part-year city of New York residents, see instructions.</b> . . .	1	
2	Full-year city of New York tax on capital gain portion of lump-sum distributions (from Form IT-230 — . . . . .	2	
3	Part-year city of New York resident tax (from Form IT-360.1) . . . . .	3	20.

\* New for 2016

# Part-Year Resident/Nonresident Allocation Worksheet

2016

► Keep for your records

Name(s) as Shown on Return

CAMILA NERY

Your Social Security No.

161-84-6863

☐ Check this box if you used Form 203-F to allocate your wages between multiple years.

	Federal Amount	New York State Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from Column C from New York State Sources
<b>Income</b>				
1 Wages, salaries, tips, etc. . . . .	0.		0.	
2 Federally taxable interest income . .				
3 Dividends. . . . .				
4 State/local tax refunds . . . . .				
5 Alimony received . . . . .				
6 Business income or loss . . . . .	7,350.	0.	7,350.	7,350.
7 Capital gain or loss . . . . .				
8 Other gains and losses . . . . .				
9 Taxable IRA distribution. . . . .				
10 Taxable pension and annuities . . .				
11 Rentals, royalties, p'ship, etc. . . .				
12 Rental real estate included in ln 11 (federal amount) . . .				
13 Farm income or loss. . . . .				
14 Unemployment compensation . . . .				
15 Taxable social security benefits . . .				
16 Other income . . . . .				
17 <b>Total income.</b> Add lines 1-11, 13-16	7,350.	0.	7,350.	7,350.
<b>Adjustments to Income</b>				
a Educator expenses . . . . .				
b Certain business expenses . . . . .				
c Health savings account . . . . .				
d Moving expenses . . . . .				
e Self-employment tax deduction. . . .	520.	0.	520.	0.
f Self-employed SEP, SIMPLE. . . . .				
g Self-employed health insurance . . .				
h Early withdrawal penalty . . . . .				
i Alimony paid . . . . .				
j IRA deduction . . . . .				
k Student loan interest deduction . . .				
l Tuition and fees deduction . . . . .	4,000.	0.	4,000.	0.
m Domestic production activities . . . .				
n Total other adjustments . . . . .				
18 <b>Total adjustments</b> . . . . .	4,520.	0.	4,520.	0.
19 <b>Adjusted gross income</b> . . . . .	2,830.	0.*	2,830.	7,350.

\* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information



IT-360.1

## Change of City Resident Status Statement

2016

► Keep for your records

Name as Shown on Return

CAMILA NERY

Social Security No.

161-84-6863

## Line 15 – Other Income

Description	Column A Federal Other Income (all sources)	Column B Amount of Other Income for New York City Resident Period	Column C Amount of Other Income for Yonkers Resident Period
Total other income . . . . .			

## Line 17 – Federal Adjustments to Income

Description	Column A Amount of Federal Adjustment to Income (all sources)	Column B Amount of Federal Adjustment to Income for New York City Resident Period	Column C Amount of Federal Adjustment to Income for Yonkers Resident Period
		4,520.	
Total federal adjustments to income. . . . .		4,520.	

## Line 19 – New York State Adjustments

Description	Column A Amount of New York State Adjustment to Income (all sources)	Column B Amount of New York State Adjustment to Income for New York City Resident Period	Column C Amount of New York State Adjustment to Income for Yonkers Resident Period
Total New York adjustments to income . . . . .			

Additional information from your 2016 New York Tax Return

IT-203: Nonresident/Part Year Income Tax Return  
Federal Adj Stmt

Continuation Statement

Adjustment Description	Adjustment Amount
SE TAX DEDUCTION	520.
TUITION FEES DEDUCT	4000.
Total	4520.



**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

Camila Nery

**Net Profit From Business**

(Sole Proprietorship)

- **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**  
► **Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.**

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **09A**

Social security number (SSN)

161-84-6863

**Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

**And You:**

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

**A** Principal business or profession, including product or service

Graphic Designer

**B** Enter business code (see page 2)

9 9 9 9 9 9

**C** Business name. If no separate business name, leave blank.

**D** Enter your EIN (see page 2)

.....

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

15 Calder Place, Apt. 2e

City, town or post office, state, and ZIP code

Brooklyn, NY 11215

**F** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)

☐ Yes ☒ No

**G** If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No

**Part II Figure Your Net Profit**

<b>1</b>	<b>Gross receipts. Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here	<input type="checkbox"/>	<b>1</b>	7,350.
<b>2</b>	<b>Total expenses</b> (see page 2). If more than \$5,000, you <b>must</b> use Schedule C		<b>2</b>	
<b>3</b>	<b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> , or on <b>Form 1040NR, line 13</b> , and <b>Schedule SE, line 2</b> (see page 2). (Statutory employees <b>do not</b> report this amount on Schedule SE, line 2.) Estates and trusts, enter on <b>Form 1041, line 3</b>		<b>3</b>	7,350.

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ► .....
- 5** Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
- a** Business ..... **b** Commuting (see page 2) ..... **c** Other .....
- 6** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

# Electronic Filing Instructions for your 2016 Maryland Tax Return

Important: Your taxes are not finished until all required steps are completed.



Camila Nery  
15 Calder Place, Apt. 2e  
Brooklyn, NY 11215

<b>Balance Due/Refund</b>		Your Maryland state tax return (Form 502) shows that you have no balance due nor a refund due to you: DO NOT mail a payment or expect to receive a refund from the Maryland Revenue Administration Division.		
<b>No Signature Document Needed</b>		No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>		Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2016 Maryland Tax Return Summary</b>		Taxable Income	\$	3,630.00
		Total Tax	\$	0.00
		No Refund or Amount Due	\$	0.00



165020013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2016, ENDING \_\_\_\_\_

161846863

Your Social Security Number

Spouse's Social Security Number

CAMILA

Your First Name

Initial

NERY

Your Last Name

Spouse's First Name

Initial

Spouse's Last Name

15 CALDER PLACE

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

2E

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

BROOKLYN

City or Town

NY

State

11215

ZIP Code

**REQUIRED:** Physical address as of December 31, 2016 or last day of the taxable year for fiscal year taxpayers.  
**See Instruction 6. Part-year residents see Instruction 26.**

0400

4 Digit Political Subdivision Code (See Instruction 6)

BALTIMORE CITY

Maryland Political Subdivision (See Instruction 6)

1400 EUTAW PL

Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

A

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

BALTIMORE

City

MD

State

21217

ZIP Code

Maryland County

**FILING STATUS**

**CHECK ONE  
BOX ▶**

See Instruction 1 if you are required to file.

1. ☒ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. ☐ Married filing joint return or spouse had no income
3. ☐ Married filing separately, Spouse SSN ▶ \_\_\_\_\_
4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

**PART-YEAR  
RESIDENT**

See Instruction 26.

**Dates of Maryland Residence (MM DD YYYY) FROM** 01012016 **TO** 09192016

Other state of residence: NY

If you began or ended legal residence in Maryland in 2016 place a **P** in the box. . . . . ▶

**MILITARY:** If you or your spouse has **non-Maryland** military income, place an **M** in the box. . . . . ▶

Enter **Military Income** amount here: \_\_\_\_\_

**P**

**EXEMPTIONS**

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A.** ☒ **Yourself** ☐ **Spouse** . . . . . Enter number checked 1 See Instruction 10 **A. \$** 3200 . . . . .
- B.** ▶ ☐ **65 or over** ▶ ☐ **65 or over**
- ▶ ☐ **Blind** ▶ ☐ **Blind** Enter number checked ☐ X \$1,000. . . . . **B. \$** . . . . .
- C.** Enter number from line 3 of Dependent Form 502B . . . . . ☐ See Instruction 10 **C. \$** . . . . .
- D. Enter Total Exemptions (Add A, B and C.)** . . . . . ▶ 1 **Total Amount** **D. \$** 3200 . . . . .



165020113

NAME CAMILA NERY

SSN 161846863

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return. . . . .	1.	2830
	1a. Wages, salaries and/or tips. . . . .	1a.	0
	1b. Earned income. . . . .	1b.	
	1c. Capital Gain or (loss). . . . .	1c.	
	1d. Taxable Pension, IRA, Annuities. . . . . (Attach Form 502R.)	1d.	
1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,400. . . . . <input type="checkbox"/>			
<b>ADDITIONS TO INCOME</b> See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland. . . . .	2.	
	3. State retirement pickup. . . . .	3.	
	4. Lump sum distributions (from worksheet in Instruction 12.) . . . . .	4.	
	5. Other additions (Enter code letter(s) from Instruction 12.) . . . . .	5.	4000
	6. Total additions to Maryland income (Add lines 2 through 5.) . . . . .	6.	4000
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . .	7.	6830
	<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1. . . . .	8.
9. Child and dependent care expenses. . . . .		9.	
10. Pension exclusion from worksheet in Instruction 13. . . . .		10.	
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1. . . . .		11.	
12. Income received during period of nonresidence (See Instruction 26.) . . . . .		12.	0
13. Subtractions from attached Form 502SU. . . . .		13.	0
14. Two-income subtraction from worksheet in Instruction 13. . . . .		14.	
15. Total subtractions from Maryland income (Add lines 8 through 14.) . . . . .		15.	0
16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . .		16.	6830
<b>DEDUCTION METHOD</b> See Instruction 16.		All taxpayers must select one method and check the appropriate box.	
	<input type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)		
	<input type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A). . . . .	17a.	
	17b. State and local income taxes (See Instruction 14.) . . . . .	17b.	
	Subtract line 17b from line 17a and enter amount on line 17.		
	17. Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . .	17.	
	18. Net income (Subtract line 17 from line 16.) . . . . .	18.	6830
	19. Exemption amount from Exemptions area (See Instruction 10.) . . . . .	19.	3200
	20. Taxable net income (Subtract line 19 from line 18.) . . . . .	20.	3630
<b>MARYLAND TAX COMPUTATION</b>	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	0
	22. Earned income credit (1/2 of federal earned income credit. See Instruction 18.) . . . . .	22.	
	23. Poverty level credit (See Instruction 18.) . . . . .	23.	
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.) . . . . .	24.	
	25. Business tax credits. . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>		
	26. Total credits (Add lines 22 through 25.) . . . . .	26.	
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .	27.	0
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .	28.	0
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	29.	
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	30.	
	31. Local tax credit from Part L, line 1 of Form 502CR (Attach Form 502CR.) . . . . .	31.	
	32. Total credits (Add lines 29 through 31.) . . . . .	32.	
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	33.	0
	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	34.	0
	35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) . . . . .	35.	
	36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.) . . . . .	36.	
	37. Contribution to Maryland Cancer Fund (See Instruction 20.) . . . . .	37.	
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.) . . . . .	38.		



165020213

NAME CAMILA NERY

SSN 161846863

	<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39.	<u>0</u>
	<b>40.</b> Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.) . . . . . ▶ 40.	<u>0</u>
	<b>41.</b> 2016 estimated tax payments, amount applied from 2015 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . . ▶ 41.	<u>      </u>
	<b>42.</b> Refundable earned income credit (from worksheet in Instruction 21) . . . . . ▶ 42.	<u>      </u>
	<b>43.</b> Refundable income tax credits from Part M, line 6 of Form 502CR (Attach <b>Form 502CR</b> . See Instruction 21.) . . . . . 43.	<u>      </u>
	<b>44.</b> Total payments and credits (Add lines 40 through 43.) . . . . . 44.	<u>0</u>
	<b>45.</b> Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . . ▶ 45.	<u>      </u>
	<b>46.</b> Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . . ▶ 46.	<u>      </u>
	<b>47. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX</b> ▶ 47.	<u>      </u>
<b>REFUND</b>	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b> ▶ 48.	<u>      </u>
	<b>49.</b> Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 22.) Total. . . . . ▶ 49.	<u>      </u>
<b>AMOUNT DUE</b>	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM IND PV.</b> . . . . . 50.	<u>0</u>

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ▶ ☐ and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

**51a.**Type of account: ▶ ☐ Checking ☐ Savings

**51b.**Routing Number (9-digits) ▶ \_\_\_\_\_ **51c.** Account Number ▶ \_\_\_\_\_

▶ 2158202709 \_\_\_\_\_  
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here ☐ if you authorize your preparer to discuss this return with us. Check here ▶ ☐ if you authorize your paid preparer not to file electronically. Check here ▶ ☐ if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

_____ Your signature	_____ Date	<b>SELF-PREPARED</b> _____ Signature of preparer other than taxpayer
_____ Spouse's signature	_____ Date	_____ Street address of preparer
		_____ City, State, ZIP
		_____ Telephone number of preparer
		_____ Preparer's PTIN (required by law)

**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/ money order on top of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888