

# 2014 Income Tax Return

### **New York Return**

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2015 tax preparation on FreeTaxUSA.com will be available starting in January of 2016.

We look forward to preparing your 2015 tax return.



IT-201

## Resident Income Tax Return New York State • New York City • Yonkers

		For the full year January	1, 2014, through Decemb	er	31, 2	2014,	or fisc	cal yea	r beg	inning	_				1
For help completing v	our re	eturn, see the instructions	. Form IT-201-I.						and e	ending					
Your first name	MI	Your last name (for a joint return, enter		Υοι	ır date	of birth	(mmda	Јуууу)	You	r social s	securi	ty nu	mber		
SIMONE	С	HILL	,					190		6   7		-		3   9	)   (
Spouse's first name	MI	Spouse's last name						nddyyyy)		use's so					
Mailing address (see instruct	ions, pa	age 12) (number and street or PO box)			Apa	rtment	numbe	er	New	/ York St	ate co	ounty	of re	sider	ice
107 AVENUE A					2E	7			N2	ζ					
City, village, or post office		State ZIP cod	de Country (if no	ot Ur	nited .	States)			Sch	ool distri	ct nar	ne			
NEW YORK		NY 1000								AHMA	TTZ	AN			
Taxpayer's permanent hom	e addr	ess (see instructions, page 12) (num	nber and street or rural route)	Apar	rtmer	nt numb	er			ool distri				36	0
City, village, or post office		State ZIP cod	do	Taxr	naver'	s date d	of death	ı (mmddy		e numbe Spouse					
City, village, or post office		NY NY	Decedent information	IUX						I		<u> </u>	1		977.
			ļ.				n d V								
	Single	<del>;</del>	D2 Yonke						-	-		nts	oniy	<b>'</b> :	_
status	(1) Did you receive a pro							-				es L		No	L
(mark an ②	Married niling joint return									$\neg$					
box):	Marrie	ed filing separate return	( )	the amount											
3		spouse's social security number above	, Dia you	Did you receive a family tax relief credit?											
4	Head	of household (with qualifying person	on)		,										
		, , , ,							ntain living 4? (see page 13) Yes No						
5	Qualif	ying widow(er) with dependent	child .						•		,				
3 Did you itemize your	deduc	tions on	(an	(2) Enter the number of days spent in NYC in 2014 (any part of a day spent in NYC is considered a day)  F NYC residents and NYC part-year											
your 2014 federal inco			o X F NYC re												
Can you be claimed on another taxpayer's			Y	residents only (see page 13): (1) Number of months you lived in NYC in 2014									12		
<b>1</b> Did you have a financi			(2) Ni.				-			0 111 20				_	
located in a foreign co	untry?	(see page 13) Yes N	lo X (2) Nu	ed ir	n NY	C in 20	)14							. <u>L</u>	
			<b>G</b> Enter y if appli												
			If appli												
			special											. L	
- Denendent evemnt	ion in	nformation (see page 14)													
First name	М	, , , , ,	Relationship			ocial o	ecuri	ty num	her	Г	)ate	of hi	rth /r	nmddi	000
1 iiSt riame	101	Lastrianic	Relationship			ociai	ccuii	ty mann	ber Date of birth (mmdd						ууу
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				L							$\perp$				
f more than 7 depende	nts m	nark an <b>X</b> in the box													
alan r dopolido	, 11	Sil 2t ili dio Doni													
201001141201		(I	or office use only												
			Omoo doo only												
#1 1881 #11 18 81 118															

Your social security number	
1161717121518191	6

_		7   0		
F	ederal income and adjustments (see page 14)			Whole dollars only
1	Wages, salaries, tips, etc.		. 1	37,224 00
2	Taxable interest income		. 2	00
3	Ordinary dividends			
	Taxable refunds, credits, or offsets of state and local incom			
	Alimony received			00
6	Business income or loss (submit a copy of federal Schedule C	or C-EZ, Form 1040)	. 6	00
7	Capital gain or loss (if required, submit a copy of federal Schedu	ule D, Form 1040)	. 7	00
8	Other gains or losses (submit a copy of federal Form 4797)		. 8	00
9	Taxable amount of IRA distributions. If received as a benefit	iciary, mark an <b>X</b> in the box	9	00
10	Taxable amount of pensions and annuities. If received as a be	eneficiary, mark an <b>X</b> in the box	10	00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (	(submit copy of federal Schedule E, Form 1040	) 11	00
12	Rental real estate included in line 11	<b>12</b> 0	0	
13	Farm income or loss (submit a copy of federal Schedule F, Form	n 1040)	. 13	00
	Unemployment compensation			00
	Taxable amount of social security benefits (also enter on line	27)	. 15	00
16	Other income (see page 14) Identify:		16	00
17	Add lines 1 through 11 and 13 through 16		. 17	37,224 00
	Total federal adjustments to income (see page 14) Identify:		18	
19	Federal adjusted gross income (subtract line 18 from line 1)	/)	. 19	37,224 00
21 22	Interest income on state and local bonds and obligations (but r Public employee 414(h) retirement contributions from your w <b>New York's</b> 529 college savings program distributions (see Other (Form IT-225, line 9)	rage and tax statements (see page 15 page 15)	21 . 22	00 00 00 00
	Add lines 19 through 23			
25 26 27 28 29 30 31	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 16) Taxable amount of social security benefits (from line 15) Interest income on U.S. government bonds Pension and annuity income exclusion (see page 16) New York's 529 college savings program deduction/earnings Other (Form IT-225, line 18)		0 0 0 0 0	
32	Add lines 25 through 31		. 32	00
33	New York adjusted gross income (subtract line 32 from line	24)	. 33	37,224 00
_	tandard deduction or itemized deduction (see page 18)			
34	Enter your <b>standard deduction</b> (table on page 18) <b>or</b> your <b>item</b> Mark an <b>X</b> in the appropriate box: X			7,800 00
	Subtract line 34 from line 33 (if line 34 is more than line 33, lea			29,424 00
36	Dependent exemptions (enter the number of dependents listed	. 36	000 00	

29,424 00





Page 4 of 4 11-201 (2014)	Your social sec	urity nu	ımber	_					
	1 6 7 7	7   2	5 8 9 6						
62 Enter amount from line 61					6	2	2,535 00		
Payments and refundable credits (see page 2	5)								
63 Empire State child credit		63			00				
64 NYS/NYC child and dependent care credit		-			00				
65 NYS earned income credit (EIC)		65		(	00				
66 NYS noncustodial parent EIC		66			00				
67 Real property tax credit		67			00				
68 College tuition credit		68			00				
69 NYC school tax credit (also complete F on page		<b>—</b>		63					
70 NYC earned income credit		70			00				
70a NYC enhanced real property tax credit		70a			00				
71 Other refundable credits (Form IT-201-ATT, line		71			_	Submit your	wage and tax		
						statements w	rith your return (see		
72 Total New York State tax withheld		72		1,604	_	page 27).			
73 Total New York City tax withheld		73		1,018	00				
74 Total Yonkers tax withheld		74		(	00				
75 Total estimated tax payments and amount paid w	ith Form IT-370	75			00				
76 Total payments (add lines 63 through 75)					7	6	2,716 00		
Your refund, amount you owe, and account in									
77 Amount overpaid (if line 76 is more than line 6					7	7	181 00		
78 Amount of line 77 to be refunded  Mark one refund choice: X depos	<b>it</b> (fill in line 83)	- or -	debit card -	paper or - check	7	8	181 00		
79 Amount of line 77 that you want applied to yo						See pages 2	7 and 28 for		
2015 estimated tax (see instructions)		79		information about your three refund choices.					
80 Amount you owe (if line 76 is less than line 62,	_					See page 29	for payment options.		
funds withdrawal, mark an <b>X</b> in the box	_				- 1	$\overline{}$			
or money order you <b>must</b> complete Form I		nail it	with your ret	urn	8	0	00		
81 Estimated tax penalty (include this amount in lin						Saa naga 21	for the proper		
reduce the overpayment on line 77; see page 28				(			for the proper your return.		
82 Other penalties and interest (see page 29)					00	locollinary or	your roturn		
83 Account information for direct deposit or elect			, , ,	,					
If the funds for your payment (or refund) would	come from (o	r go to	o) an account	outside the U.S	., ma	rk an <b>X</b> in th	is box (see pg. 29)		
83a Account type: X Personal checking - c	or - Pers	sonal s	savings - <b>or</b> -	Business	chec	cking - <b>or</b> -	Business savings		
83b Routing number 3   1   4   0   7   4   2   6   9	83	3c Ac	count number			3 4	176178335		
84 Electronic funds withdrawal (see page 30)	Date			Amo	unt		00		
Third-party designee? (see instr.)			Design	ee's phone number			Personal identification number (PIN)		
Yes No X E-mail:									
▼ Paid preparer must complete (see instr.) ▼	Date			▼ Taxp	aye	r(s) must si	gn here ▼		
Preparer's signature	Preparer's	NYTPF	RIN	Your signature					
Firm's name (or yours, if self-employed)	Preparer's PT	IN or S		our occupation					
SELF-PREPARED	From 1.1	e:e:= ::		EDITOR					
Address	Employer iden	uricatioi	number   S	Spouse's signature a	nd occ	upation (it joint	return)		

NYTPRIN

excl. code

Date

Daytime phone number 770-265-1477

E-mail:simone.c.hill@gmail.com



E-mail:



New York State Department of Taxation and Finance

**NYC-208** 

## Claim for New York City Enhanced Real Property Tax Credit For Homeowners and Renters

### Step 1 - Enter identifying information

Your first name	MI	Your last name (for a	last name (for a joint claim, enter spouse's name on line below)						Your date of birth (mmddyyyy)				Your social security number									
SIMONE	C	HILL				0	5	1 8	1	. 9	9	0 2	1   6	5 '	7	7	2	5	8	9	6	
Spouse's first name	MI	Spouse's last name				Spo	ouse'	s date o	of bi	rth <i>(m</i>	mddyy	yy) S	pous	e's :	soci	al se	curi	ty nu	mbe	r		
									I	1	1 1		1	1	- [	- 1	- 1	- 1				
Current mailing address (number	er and	street or PO box)					Apa	rtmen	t nu	ımbe	r		ounty									
107 AVENUE A							21	7				in	New	Yo	rk C	City (	see	instru	ictioi	าร)	_	
City, village, or post office			State	ZIP code	Country (if no	not United States)																
NEW YORK			NY	10009									NEW									
Street address of New York City residence that <b>qualifies</b> you for this credit, if different from above																						
													You									
City State ZIP code													and		cıal	sec	urit	y nu	mbe	er(s	)	
NY													uso	٠٠.								
<ol> <li>Step 2 – Determine elig</li> <li>Were you a New York</li> <li>Did you occupy the salf you marked an X in</li> <li>Can you be claimed a</li> <li>Did you reside in publich If you marked an X in</li> <li>Did you live in a nursin</li> </ol>	City ame the as a conousing the	resident for all residence for at <b>No</b> box on line dependent on along, or other reside <b>Yes</b> box on line	of 2014? least six 1 or 2, stonother taxence comp 3 or 4, st	months during op; you do not xpayer's 2014 letely exempted top; you do no	2014? qualify for federal retu from real pro t qualify for	this	ty ta	edit.	 n 20		? (se	e inst		1 2 3 4		Yes Yes Yes Yes	\(\frac{\frac}\fint}}}}{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}	Σ Σ	No No No		X	
6 Complete below for al	II ho	usehold membe	ers (submi	t additional shee	ts if needed;	see	e ins	tructi	ons	s).												
A – First nar	ne			I	Last name								В	– S	oci	al s	ecui	rity r	ıuml	ber		
SIMONE C		H	ILL									-	1 6	5 '	7	7	2	5	8	9	6	
													ī	1		1	I	1		1		

Step 3 – Determine household gross income
Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2014.

7			ed gross income nold members do not have to file a federal return, see instructions	7	37	,224	00
8	New York S	State	additions to federal adjusted gross income	8			00
9	Social secu	urity	payments not included on line 7	9			00
10	Supplemen	ntal s	security income (SSI) payments	10			00
11	Pensions a	ınd a	annuities (including railroad retirement benefits) not included on lines 7 through 10	11			00
12	Cash publi	c as	sistance and relief	12			00
13	Other inco	13			00		
14		_	ss income (add lines 7 through 13; see instructions)	14	37	,224	00
15	Enter rate	15	0.04				
			by line 15  real property tax	16	1	, 489	00
Renters only			Enter the <b>total</b> amount of rent you and all members of your household paid during 2014. (Do not include any subsidized part of your rental charge.)	17	15	,000	00
		18	Adjusted rent – If line 17 includes charges for:  heat, gas, electricity, furnishings, and board		10		
			none of the above 100% of line 17 100%	18	13	,800	00
		19	Multiply line 18 by 15.75% (.1575); enter here and on line 23	19	2	<u>,174</u>	00
		20	Real property taxes paid during 2014 (see instructions)	20			00
Hor	meowners	21	Special assessments	21			00
only		22	Add lines 20 and 21; enter here and on line 23	22			00

You	r soc	cial s	ecur	ity nı	umbe	er		
1	6	7	7	2	5	8	9	6

Step 5 – Compute	credit amount										
	amount from line 19. <b>Homeow</b> r ero or less, <b>stop</b> ; no credit is allo		r amount fron	n line	22 (see instructions)	23		2,174	00		
	om line 16					24		1,489	00		
	qual to or more than line 23, <b>sto</b>										
	from line 23							685	00		
26 Enter rate from	Table 2 (see instructions)					26	0.045				
27 Multiply line 25	by the rate on line 26					27		31	00		
28 Credit limit						28		500	00		
(If more than or • If you are filin	nt from line 28 or 27, whichever ne member of your household is filin ng this claim with your New Yo ne 29 amount on Form IT-201, li	ng Form NY ork State i	C-208, see inst	tructio	ons.)	29		31	00		
Mark one re	efund choice: direct depos	sit (fill in line	e 30) - <b>or</b> -	eturi		paper o	check				
		e following		refu	nd deposited directly to you or - Business checking	r bank	account.	iness savir	ngs		
Third-party designee? (see instr.) Yes No	Print designee's name  E-mail:			Desi	gnee's phone number			identificatio per (PIN)	on		
	r must complete (see instr.)	Date			▼ Taynaver(s) r	nust s	ian here	_			
Preparer's signature	r must complete (see instr.) ▼	Prepare	er's NYTPRIN	-	▼ Taxpayer(s) must sign here ▼  Your signature						
Firm's name (or yours,	if self-emploved)	Preparer's I	PTIN or SSN		Your occupation						
Address		Employer identification number Spouse's signature and occupation					n (if joint claim)				
			NYTPRIN	$\vdash$	Date [	Daytime	phone numbe	r	_		
E-mail:			excl. code		E-mail:						

- If you are filing a NYS income tax return, submit this form with your return.
- If you  $\mbox{are not filing}$  a NYS income tax return, mail this form to:

NYS TAX PROCESSING, PO BOX 22017, ALBANY NY 12201-2017

