



Department of Taxation and Finance

**New York State E-File Signature Authorization for Tax Year 2017****For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210**

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

Taxpayer's name: CHARLES E. SCHUMERSpouse's name: IRIS SCHUMER

(jointly filed return only)

**Purpose**

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

**General Instructions**

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

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

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

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

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

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2017 Form IT-370 and Tax Year 2018 Form IT-2105*.

**Part A – Tax return information**

- |  |          |         |
|--|----------|---------|
| 1 Federal adjusted gross income (from applicable line) .....   | 1. _____ | 552318. |
| 2 Refund .....   | 2. _____ | 4632.   |
| 3 Amount you owe .....   | 3. _____ |         |
| 4 Financial institution routing number .....   | 4. _____ |         |
| 5 Financial institution account number .....   | 5. _____ |         |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings |          |         |

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

Under penalty of perjury, I declare that I have examined the information on my 2017 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2017 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support international ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

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

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

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

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

(jointly filed return only)

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

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

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

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

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

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

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

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



Department of Taxation and Finance

REV 11/17/17 PRO

**IT-201****Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

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

and ending ...

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmdd/yyyy)	Your social security number
CHARLES	E	SCHUMER	11231950	
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmdd/yyyy)	Spouse's social security number
IRIS		SCHUMER	09051953	
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
				BROOKLYN
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
BROOKLYN	NY	11215-1758		KINGS
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number
				071
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmdd/yyyy)	Spouse's date of death (mmdd/yyyy)
	NY			

**A Filing status**

(mark an X in one box):

- ① ☐ Single
- ② ☒ Married filing joint return  
(enter spouse's social security number above)
- ③ ☐ Married filing separate return  
(enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

**B** Did you itemize your deductions on your 2017 federal income tax return? Yes ☒ No ☐**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 14) Yes ☐ No ☒**D2** Yonkers residents and Yonkers part-year residents only:(1) Did you receive a property tax relief credit? (see page 14) Yes ☐ No ☐

(2) Enter the amount ... .00

**D3** Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2017? (see page 14) Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day).....

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

(1) Number of months you lived in NYC in 2017 ..... 12

(2) Number of months your spouse lived in NYC in 2017 ..... 12

**G** Enter your 2-character special condition code(s) if applicable (see page 14) .....**H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmdd/yyyy)

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

201001173555



For office use only

Your social security number

REV 11/17/17 PRO

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

Whole dollars only

1 Wages, salaries, tips, etc. ....	1	547946.00
2 Taxable interest income .....	2	352.00
3 Ordinary dividends .....	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	4020.00
5 Alimony received .....	5	.00
6 Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	.00
7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8 Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	.00
12 Rental real estate included in line 11 .....	12	.00
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14 Unemployment compensation .....	14	.00
15 Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16 Other income (see page 15) Identify: .....	16	.00
17 Add lines 1 through 11 and 13 through 16 .....	17	552318.00
18 Total federal adjustments to income (see page 15) Identify: .....	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) .....	19	552318.00

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

20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) .....	21	16200.00
22 New York's 529 college savings program distributions (see page 16) .....	22	.00
23 Other (Form IT-225, line 9) .....	23	2729.00
24 Add lines 19 through 23 .....	24	571247.00

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

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	4020.00
26 Pensions of NYS and local governments and the federal government (see page 17) .....	26	.00
27 Taxable amount of social security benefits (from line 15) ....	27	.00
28 Interest income on U.S. government bonds .....	28	.00
29 Pension and annuity income exclusion (see page 18) .....	29	.00
30 New York's 529 college savings program deduction/earnings .....	30	.00
31 Other (Form IT-225, line 18) .....	31	.00
32 Add lines 25 through 31 .....	32	4020.00
33 New York adjusted gross income (subtract line 32 from line 24) .....	33	567227.00

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

34 Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050.00
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	551177.00
36 Dependent exemptions (enter the number of dependents listed in item H; see page 20) .....	36	000.00
37 Taxable income (subtract line 36 from line 35) .....	37	551177.00



Name(s) as shown on page 1	Your social security number
CHARLES E AND IRIS SCHUMER	

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

38 Taxable income (from line 37 on page 2)	38	551177.00
39 NYS tax on line 38 amount (see page 21)	39	37756.00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 22)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	37756.00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	37756.00

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

47 NYC resident tax on line 38 amount (see page 22)	47	21139.00
48 NYC household credit (page 22, table 4, 5, or 6)	48	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	21139.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	21139.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	21139.00
54a MCTMT net earnings base ....	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 25)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	21139.00

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

59 Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00
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**Voluntary contributions (see page 27)**

60a Return a Gift to Wildlife	60a	.00
60b Missing/Exploited Children Fund	60b	.00
60c Breast Cancer Research Fund	60c	.00
60d Alzheimer's Fund	60d	.00
60e Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g 9/11 Memorial	60g	.00
60h Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i Teen Health Education	60i	.00
60j Veterans Remembrance	60j	.00
60k Homeless Veterans	60k	.00
60l Mental Illness Anti-Stigma Fund	60l	.00
60m Women's Cancers Education and Prevention Fund	60m	.00
60n Autism Fund	60n	.00
60o Veterans' Homes	60o	.00
60 Total voluntary contributions (add lines 60a through 60o)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	58895.00



Your social security number

62 Enter amount from line 61

62

58895.00

**Payments and refundable credits** (see pages 28 through 31)

63 Empire State child credit	63	.00
64 NYS/ NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	47467.00
73 Total New York City tax withheld	73	16060.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00

If applicable, complete Form(s) IT-2 and/or IT-1089-R and submit them with your return (see page 12).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76

63527.00

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

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

77

4632.00

78 Amount of line 77 to be refunded

Mark one refund choice: ☒ direct deposit to checking or savings account (fill in line 83) - or - ☐ paper check

78

4632.00

79 Amount of line 77 that you want applied to your

2018 estimated tax (see instructions)

79

.00

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

79a

.00

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

80

.00

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

81

.00

82 Other penalties and interest (see page 32)

82

.00

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

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 33) ☐

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

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 33)

Date

Amount

.00

<b>Third-party designee?</b> (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name E-mail:	Designee's phone number	Personal Identification number (PIN)
<b>▼ Paid preparer must complete ▼</b> (see instructions)		<b>▼ Taxpayer(s) must sign here ▼</b>	
Preparer's signature		Your signature	
Preparer's printed name		Your occupation U.S. SENATOR	
Firm's name (or yours, if self-employed)		Spouse's signature and occupation (if joint return) ADMINISTRATOR	
Address		Date	
Preparer's PTIN or SSN		Daytime phone number	
Employer identification number		E-mail:	
Date 02222018			

See instructions for where to mail your return.

201004173555





Department of Taxation and Finance

REV 02/14/18 PRO

**New York State Modifications****IT-225**

Attachment to Form IT-201, IT-203, IT-204, or IT-205

Name(s) as shown on return	Identifying number as shown on return
CHARLES E AND IRIS SCHOMER	

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201 ☒ IT-203 ☐ IT-204 ☐ IT-205 ☐**Schedule A – New York State additions (enter whole dollars only)****Part 1 – Individuals, partnerships, and estates or trusts****1 New York State additions**

	Number	A - Total amount	B - NYS allocated amount
1a	A - 1 0 1	2729.00	.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total (add column A, lines 1a through 1g) .....	2	2729.00
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-225, if any .....	3	.00
4 Add lines 2 and 3 .....	4	2729.00

**Part 2 – Partners, shareholders, and beneficiaries**

Form IT-201 filers: do not enter EA-113  
Form IT-203 filers: do not enter EA-113  
Form IT-205 filers: do not enter EA-113 or EA-201

**5 New York State additions**

	Number	A - Total amount	B - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total (add column A, lines 5a through 5g) .....	6	.00
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-225, if any .....	7	.00
8 Add lines 6 and 7 .....	8	.00
9 Total additions (add lines 4 and 8; see instructions) .....	9	2729.00

(continued)

225001173555



**Schedule B – New York State subtractions** (enter whole dollars only)**Part 1 – Individuals, partnerships, and estates or trusts****10 New York State subtractions**

	Number	A - Total amount	B - NYS allocated amount
10a	S -	.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11 Total (add column A, lines 10a through 10g) ..... 11 .00

12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any ..... 12 .00

13 Add lines 11 and 12 ..... 13 .00

**Part 2 – Partners, shareholders, and beneficiaries**

Form IT-201 filers: do not enter ES-106, ES-107, or ES-125  
 Form IT-203 filers: do not enter ES-106, ES-107, or ES-125  
 Form IT-205 filers: do not enter ES-125

**14 New York State subtractions**

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15 Total (add column A, lines 14a through 14g) ..... 15 .00

16 Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any ..... 16 .00

17 Add lines 15 and 16 ..... 17 .00

18 Total subtractions (add lines 13 and 17; see instructions) ..... 18 .00



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Department of Taxation and Finance

REV 11/13/17 PRO

**Summary of W-2 Statements****IT-2**

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

**W-2 Record 1**

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

Box b Employer identification number (EIN)

## Box c Employer's information

Employer's name

US SENATE DISBURSING OFFICE

Employer's address (number and street)

RM. SH127 HART OFFICE BLDG

City

WASHINGTON

State

DC

ZIP code

20510

Country (if not United States)

Box 1 Wages, tips, other compensation

170361.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

17004.00

Code

D

Box 12b Amount

5763.00

Code

D/D

Box 12c Amount

.00

Code

I

Box 12d Amount

.00

Code

I

Box 14a Amount

5571.00

Description

FLEXIBLE SPENDI

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a

NY State

N/Y

Box 16a NYS wages, tips, etc.

170361.00

Box 17a NYS income tax withheld

16910.00

Other state information:

Box 15b

other state

I

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

Locality b

170361.00

.00

Box 19 Local income tax withheld

Locality a

Locality b

0.00

.00

Box 20 Locality name

Locality a

Locality b

NYC

Do not detach.

**W-2 Record 2**

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

Box b Employer identification number (EIN)

## Box c Employer's information

Employer's name

THE NEW YORK PUBLIC LIBRARY

Employer's address (number and street)

444 FIFTH AVENUE, 8TH FLOOR

City

NEW YORK

State

NY

ZIP code

10016

Country (if not United States)

Box 1 Wages, tips, other compensation

377585.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

1260.00

Code

C

Box 12b Amount

21074.00

Code

E

Box 12c Amount

10323.00

Code

D/D

Box 12d Amount

.00

Code

I

Box 14a Amount

16200.00

Description

414HSUB

Box 14b Amount

2729.00

Description

IRC125S

Box 14c Amount

1500.00

Description

TRANSIT

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a

NY State

N/Y

Box 16a NYS wages, tips, etc.

377585.00

Box 17a NYS income tax withheld

30557.00

Other state information:

Box 15b

other state

I

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

Locality b

377585.00

.00

Box 19 Local income tax withheld

Locality a

Locality b

16060.00

.00

Box 20 Locality name

Locality a

Locality b

NYC

102001173555

