REV 11/16/15 PRO

NEW YORK STATE 2015

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ... | 15 |

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 (mmddyyyy)	Your social security number
CHARLES	E	SCHUMER	11231950	■■■■■
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	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
■■■■■		■■■	BROO
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
BROOKLYN	NY	■■■■■		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	Decedent information	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	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 2015 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 freeze credit? *(see page 14)* .... Yes ☐ No ☐

(2) If Yes, enter the amount............. | |00

E (1) Did you or your spouse maintain living quarters in NYC during 2015? *(see page 14)* .. Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2015 *(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 2015 .... | 12 |

(2) Number of months your spouse lived in NYC in 2015 .... | 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 (mmddyyyy)

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

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For office use only

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Your social security number
████████

Federal income and adjustments *(see page 15)*

Whole dollars only

1	Wages, salaries, tips, etc.	1	485140 |00
2	Taxable interest income	2	235 |00
3	Ordinary dividends	3	|00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	4247 |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	0 |00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	|00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... ☐	9	|00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box ☐	10	0 |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	489622 |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	489622 |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	15900 |00
22	New York's 529 college savings program distributions *(see page 16)*	22	|00
23	Other *(Form IT-225, line 9)*	23	2511 |00
24	Add lines 19 through 23	24	508033 |00

New York subtractions *(see page 17)*

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	25	4247 |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	4247 |00
33	**New York adjusted gross income** *(subtract line 32 from line 24)*	33	503786 |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: [X] Standard - or - ☐ Itemized	34	15850 |00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	487936 |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	487936 |00

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Name(s) as shown on page 1	Your social security number	IT-201 (2015) Page 3 of 4
CHARLES E AND IRIS SCHUMER	■■■■■■■	

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)		38	487936 00
39	NYS tax on line 38 amount (see page 21)		39	33424 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	281 00	
43	Add lines 40, 41, and 42		43	281 00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		44	33143 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	33143 00

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

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

47	NYC resident tax on line 38 amount (see page 22)	47	17588 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	17588 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	17588 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	17588 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	17588 00

59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0 00

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

60	Total voluntary contributions (add lines 60a through 60m)	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	50731 00

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Your social security number

62 Enter amount from line 61		62	50731 00

Payments and refundable credits *(see page 28)*

63 Empire State child credit	63		00	
63a Family tax relief credit	63a		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 *(also complete F on page 1; see page 29)*	69		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	42532	00	
73 Total New York City tax withheld	73	13412	00	
74 Total Yonkers tax withheld	74		00	
75 Total estimated tax payments and amount paid with Form IT-370	75		00	

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return *(see page 12)*.

76 Total payments *(add lines 63 through 75)*		76	55944 00

Your refund, amount you owe, and account information *(see pages 31 through 33)*

77 Amount overpaid *(if line 76 is more than line 62, subtract line 62 from line 76)*		77	5213 00

78 Amount of line 77 to be refunded
Mark one refund choice: [X] direct deposit *(fill in line 83)* - or - [ ] debit card - or - [ ] paper check ...

78	5213	00

79 Amount of line 77 that you want applied to your 2016 estimated tax *(see instructions)*

79		00

See page 31 for information about your three refund choices.

See page 32 for payment options.

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

See page 35 for the proper assembly of your return.

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: [X] 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]

Third-party designee? *(see instr.)* Yes [X] No [ ]	Print designee's name ████████ E-mail: ████████	Designee's phone number (████████	Personal identification number (PIN)

▼ Paid preparer must complete ▼ *(see instructions)*	Preparer's NYTPRIN	NYTPRIN excl. code	0	3	▼ Taxpayer(s) must sign here ▼
Preparer's signature ████████	Preparer's printed name ████████				Your signature
Firm's name *(or yours, if self-employed)* ████████	Preparer's PTIN or SSN ████████				Your occupation U.S. SENATOR
Address ████████	Employer identification number				Spouse's signature and occupation *(if joint return)* ADMINISTRATOR
	Date 02242016				Date	Daytime phone number ( )
E-mail: ████████					E-mail:

See instructions for where to mail your return.

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NEW YORK STATE 2015

Department of Taxation and Finance

Other Tax Credits and Taxes
Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. **Submit this form with your Form IT-201.**

Name(s) as shown on your Form IT-201	Your social security number
CHARLES E AND IRIS SCHUMER	▮▮▮▮▮▮▮▮▮

A Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government,* or *Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? *(see instructions)* .... Yes ☐   No ☒

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Accumulation distribution credit *(submit computation)* .... | 1 | | 00 |

2 Other nonrefundable, non-carryover credits

	Code	Amount			Code	Amount	
2a			00	2b			00

Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)* .... | 2 | | 00 |

Section B – New York State nonrefundable, carryover credits used

3 Long-term care insurance credit .... | 3 | 281 | 00 |
4 Investment credit .... | 4 | | 00 |
5 Solar energy system equipment credit .... | 5 | | 00 |

6 Other nonrefundable, carryover credits

	Code	Amount			Code	Amount	
6a			00	8h			00
6b			00	6i			00
6c			00	6j			00
6d			00	6k			00
6e			00	6l			00
6f			00	6m			00
6g			00	6n			00

Total other nonrefundable, carryover credits *(add lines 6a through 6n)* .... | 6 | | 00 |

7 **Total New York State nonrefundable credits used**
(add lines 1 through 6; enter here and on Form IT-201, line 42) .... | 7 | 281 | 00 |

Section C – New York City nonrefundable, non-carryover credits used

8 New York City resident UBT credit .... | 8 | | 00 |
8a New York City resident GCT credit .... | 8a | | 00 |
9 New York City accumulation distribution credit *(submit computation)* .... | 9 | | 00 |
9a Part-year resident nonrefundable NYC child and dependent care credit .... | 9a | | 00 |
10 **Total other New York City nonrefundable credits used**
(add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53) .... | 10 | | 00 |

Section D – New York State, New York City, Yonkers, and MCTMT refundable credits

11 Farmers' school tax credit .... | 11 | | 00 |

12 Other refundable credits

	Code	Amount			Code	Amount	
12a			00	12g			00
12b			00	12h			00
12c			00	12i			00
12d			00	12j			00
12e			00	12k			00
12f			00	12l			00

Total other refundable credits *(add lines 12a through 12l)* .... | 12 | | 00 |
13 Add lines 11 and 12 .... | 13 | | 00 |

(continued on back)

Your social security number

Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits *(continued)*

14 Enter amount from line 13 on the front page .... | **14** | | 00 |

15 New York State claim of right credit .... | **15** | | 00 |
16 New York City claim of right credit .... | **16** | | 00 |
17 Yonkers claim of right credit .... | **17** | | 00 |
17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit .... | **17a** | | 00 |
18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits
   (add lines 14 through 17a; enter here and on Form IT-201, line 71) .... | **18** | | 00 |

Part 2 – Other New York State taxes (submit all applicable forms)

If you are subject to other New York State taxes, **complete Part 2.**

19 New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)* .... | **19** | | 00 |
20 Other New York State taxes

	Code	Amount			Code	Amount	
20a			00	**20g**			00
20b			00	**20h**			00
20c			00	**20i**			00
20d			00	**20j**			00
20e			00	**20k**			00
20f			00	**20l**			00

Total other New York State taxes *(add lines 20a through 20l)* .... | **20** | | 00 |

21 Add lines 19 and 20 .... | **21** | | 00 |

22 See instructions for line 22 .... | **22** | | 00 |
23 Enter amount from **Form IT-201, line 39** .... | **23** | | 00 |
24 Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)* .... | **24** | | 00 |
25 Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)* .... | **25** | | 00 |

26 New York State separate tax on lump-sum distributions
   (Form IT-230) .... | **26** | | 00 |

27 Resident credit against separate tax on lump-sum
   distributions .... | **27** | | 00 |
28 Subtract line 27 from line 26 .... | **28** | | 00 |

29 This line intentionally left blank .... | **29** | | |
30 Net other New York State taxes
   (add lines 25 and 28; enter here and on Form IT-201, line 45) .... | **30** | | 00 |

Part 3 – Other New York City taxes (submit all applicable forms)

31 This line intentionally left blank .... | **31** | | |
32 New York City resident separate tax on lump-sum distributions *(Form IT-230)* .... | **32** | | 00 |
33 New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)* .... | **33** | | 00 |
34 Total other New York City taxes
   (add lines 32 and 33; enter here and on Form IT-201, line 51) .... | **34** | | 00 |

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NEW YORK STATE
2015

Department of Taxation and Finance

New York State Modifications
Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

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

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 [X]   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	2511 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** | 2511 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** | 2511 00

Part 2 – Partners, shareholders, and beneficiaries

⚠ Form IT-201 filers: do not enter EA-103 or 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** | 2511 00

(continued)

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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-103, ES-104, 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

NEW YORK STATE 2015

Department of Taxation and Finance

Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

IT-249

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

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries

1 Qualified long-term care insurance premiums paid for the current tax year *(see instructions)*	1	1404 .00
2 Credit rate (20%)..	2	.20
3 Credit for qualified long-term care insurance *(multiply line 1 by line 2)*....................................	3	281 .00

Fiduciaries: Include the amount from line 3 in the *Total* line of Schedule D, column C.
All others: Enter the amount from line 3 on Schedule E, line 8.

Schedule B – Partnership, S corporation, estate, and trust information *(see instructions)*

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter *P* for partnership, *S* for S corporation, or *ET* for estate or trust.

Name of entity	Type	Employer ID number

Schedule C – Partner's, shareholder's, or beneficiary's share of credit *(see instructions)*

Partner	4	Enter your share of the credit from your partnership	4	.00
S corporation shareholder	5	Enter your share of the credit from your S corporation	5	.00
Beneficiary	6	Enter your share of the credit from the fiduciary's Form IT-249, Schedule D, column C	6	.00
	7	Totals *(add lines 4, 5, and 6)*..	7	.00

Fiduciaries: Include the amount from line 7 in the *Total* line of Schedule D, column C.
All others: Enter the amount from line 7 on Schedule E, line 9.

Schedule D – Beneficiary's and fiduciary's share of credit *(see instructions)*

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of qualified long-term care insurance credit
Total *(enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)*		.00
		.00
		.00
Fiduciary		.00

(continued on back)

Schedule E – Computation of credit available for the current year

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8	281 .00
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9	.00
Fiduciaries	10	Enter the amount from Schedule D, *Fiduciary* line, column C	10	.00
	11	**Total credit available for the current year** *(add lines 8, 9, and 10)*	11	281 .00

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H.
Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.
Partnerships: Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12 Enter the amount from line 11	12	281 .00
13 Enter the carryover credit from last year's Form IT-249	13	.00
14 Total credit *(add lines 12 and 13; complete Schedule H)*	14	281 .00

Schedule G – New York State nonresidents and part-year residents computation of total credit

15 Enter the amount from line 11	15	.00
16 Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 *(if the income percentage is more than 100% (1.0000), enter 1.0000)*	16	
17 Nonresident and part-year resident credit *(multiply line 15 by line 16)*	17	.00
18 Enter the carryover credit from last year's Form IT-249	18	.00
19 Total credit *(add lines 17 and 18; complete Schedule H)*	19	.00

Schedule H – Computation of credit used and carried over

20 Tax due before credits *(see instructions)*	20	33424 .00
21 Credits applied against the tax before this credit *(see instructions)*	21	.00
22 Net tax *(subtract line 21 from line 20)*	22	33424 .00
23 Credit used for the current tax year *(see instructions)*	23	281 .00
24 Amount of credit available for carryover to next year. **Full-year residents:** Subtract line 23 from line 14. **Nonresidents and part-year residents:** Subtract line 23 from line 19	24	.00

REV 11/13/15 PRO

NEW YORK STATE
2015

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page 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 name and full address (including ZIP code)

US SENATE DISBURSING OFFICE
RM. SH127 HART OFFICE BLDG
WASHINGTON   DC   20510

Box 1 Wages, tips, other compensation	Box 12a Amount	Code	Box 14a Amount	Description
151806 00	17004 00	D	5190 00	FLEXIBLE SPENDI

Box 8 Allocated tips	Box 12b Amount	Code	Box 14b Amount	Description
00	5252 00	D	D	00	

Box 10 Dependent care benefits	Box 12c Amount	Code	Box 14c Amount	Description
00	00		00	

Box 11 Nonqualified plans	Box 12d Amount	Code	Box 14d Amount	Description
00	00		00	

Box 13 Statutory employee ☐   Retirement plan [X]   Third-party sick pay ☐

Corrected (W-2c) ☐

NY State Information: **Box 15a** NY State [N|Y]

Box 16a NYS wages, tips, etc. 151806 00

Box 17a NYS income tax withheld 15497 00

Other state information: **Box 15b** other state [|]

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

Box 17b Other state income tax withheld 00

NYC and Yonkers information *(see instr.)*:

	Box 18 Local wages, tips, etc.	Box 19 Local income tax withheld	Box 20 Locality name
Locality a	00	00	
Locality b	00	00	

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 name and full address (including ZIP code)

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Box 1 Wages, tips, other compensation	Box 12a Amount	Code	Box 14a Amount	Description
333334 00	1026 00	C	15900 00	414HSUB

Box 8 Allocated tips	Box 12b Amount	Code	Box 14b Amount	Description
00	7174 00	E	2511 00	IRC125S

Box 10 Dependent care benefits	Box 12c Amount	Code	Box 14c Amount	Description
00	9291 00	D	D	1500 00	TRANSIT

Box 11 Nonqualified plans	Box 12d Amount	Code	Box 14d Amount	Description
00	00		00	

Box 13 Statutory employee ☐   Retirement plan [X]   Third-party sick pay ☐

Corrected (W-2c) ☐

NY State Information: **Box 15a** NY State [N|Y]

Box 16a NYS wages, tips, etc. 333334 00

Box 17a NYS income tax withheld 27035 00

Other state information: **Box 15b** other state [|]

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

Box 17b Other state income tax withheld 00

NYC and Yonkers information *(see instr.)*:

	Box 18 Local wages, tips, etc.	Box 19 Local income tax withheld	Box 20 Locality name
Locality a	333334 00	13412 00	NYC
Locality b	00	00	

102001153555

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.
▶ Information about Schedule D and its separate instructions is at *www.irs.gov/scheduled.*
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015

Attachment
Sequence No. **12**

Name(s) shown on return
CHARLES E & IRIS SCHUMER

Your social security number
███████

Part I   Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .	**4**	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6** ( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

Part II   Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked	15,000.	15,000.		0.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked.				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13 Capital gain distributions. See the instructions	**13**	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14** ( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on the back	**15**	0.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	0.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17   Are lines 15 and 16 **both** gains?
☐ **Yes.** Go to line 18.
☐ **No.** Skip lines 18 through 21, and go to line 22.

18	Enter the amount, if any, from line 7 of the 28% **Rate Gain Worksheet** in the instructions . . ▶	18	

19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions . . . . ▶	19	

20   Are lines 18 and 19 **both zero or blank?**
☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or } • ($3,000), or if married filing separately, ($1,500) }	21	(0.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22   Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

☒ **No.** Complete the rest of Form 1040 or Form 1040NR.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

CHARLES E & IRIS SCHUMER

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II   **Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. **Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 **(a)** Description of property (Example: 100 sh. XYZ Co.)	**(b)** Date acquired (Mo., day, yr.)	**(c)** Date sold or disposed of (Mo., day, yr.)	**(d)** Proceeds (sales price) (see instructions)	**(e)** Cost or other basis. See the Note below and see *Column (e)* in the separate instructions	**(f)** Code(s) from instructions	**(g)** Amount of adjustment	**(h)** Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
15K PLEASANTVLE GO BE	09/27/05	06/15/15	15,000.	15,000.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			15,000.	15,000.			0.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.