

Your first name and initial Boris J	Last name Santos	OMB No. 1545-0074 Your social security number BBBBBBB
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. BBBBBBB		Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Brooklyn NY BBBBB			
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing status Check only one box.

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) (see instructions)
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	

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"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If more than six dependents, see instructions.

d Total number of exemptions claimed. 1

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	37,149.
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 (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your total income. ▶	15	37,149.

Adjusted gross income

16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	570.
19	Reserved for future use.	19	
20	Add lines 16 through 19. These are your total adjustments.	20	570.
21	Subtract line 20 from line 15. This is your adjusted gross income. ▶	21	36,579.

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22 36,579.

23a Check **You** were born before January 2, 1953, **Blind** if: **Spouse** was born before January 2, 1953, **Blind** } **Total boxes checked** ▶ 23a

b If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b

24 Enter your **standard deduction**. 24 6,350.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 30,229.

26 Exemptions. Multiply \$4,050 by the number on line 6d. 26 4,050.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. **This is your taxable income.** ▶ 27 26,179.

28 Tax, including any alternative minimum tax (see instructions). 28 3,460.

29 Excess advance premium tax credit repayment. Attach Form 8962. 29

30 Add lines 28 and 29. 30 3,460.

31 Credit for child and dependent care expenses. Attach Form 2441. 31

32 Credit for the elderly or the disabled. Attach Schedule R. 32

33 Education credits from Form 8863, line 19. 33

34 Retirement savings contributions credit. Attach Form 8880. 34

35 Child tax credit. Attach Schedule 8812, if required. 35

36 Add lines 31 through 35. These are your **total credits**. 36

37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-. 37 3,460.

38 Health care: individual responsibility (see instructions). Full-year coverage 38 0.

39 Add line 37 and line 38. This is your **total tax**. 39 3,460.

40 Federal income tax withheld from Forms W-2 and 1099. 40 4,640.

41 2017 estimated tax payments and amount applied from 2016 return. 41

42a Earned income credit (EIC). No 42a

b Nontaxable combat pay election. 42b

43 Additional child tax credit. Attach Schedule 8812. 43

44 American opportunity credit from Form 8863, line 8. 44

45 Net premium tax credit. Attach Form 8962. 45

46 Add lines 40, 41, 42a, 43, 44, and 45. These are your **total payments**. ▶ 46 4,640.

Refund

47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you **overpaid**. 47 1,180.

48a Amount of line 47 you want **refunded to you**. If Form 8888 is attached, check here ▶ 48a 1,180.

▶ **b** Routing number ▶ **c** Type: Checking Savings

▶ **d** Account number

49 Amount of line 47 you want **applied to your 2018 estimated tax**. 49

Amount you owe

50 **Amount you owe.** Subtract line 46 from line 39. For details on how to pay, see instructions. ▶ 50

51 Estimated tax penalty (see instructions). 51

Third party designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes**. Complete the following. **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation

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

Preparer use only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Self-Prepared Firm's EIN ▶

Firm's address ▶ Phone no.



Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning ... 17

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

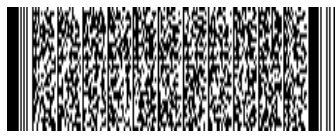
and ending ...

Your first name BORIS		MI J	Your last name (for a joint return, enter spouse's name on line below) SANTOS		Your date of birth (mmddyyyy) BBBBBB	Your social security number BBBBBB
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box) BBBBBBBBBB					Apartment number	New York State county of residence KINGS
City, village, or post office BROOKLYN			State NY	ZIP code BBBB	Country (if not United States)	School district name BROOKLYN
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 NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)

- 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 amount00

D3 Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes No

E (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

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.



For office use only

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Your social security number
00000000

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	37149.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.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	37149.00
18	Total federal adjustments to income (see page 15) Identify: STUDENT LOAN INT	18	570.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	36579.00

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	2103.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	38682.00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.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	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	38682.00

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	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	30682.00
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	30682.00

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Name(s) as shown on page 1
BORIS J SANTOS

Your social security number
~~XXXXXXXX~~

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	30682.00
39 NYS tax on line 38 amount (see page 21)	39	1640.00
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	1640.00
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	1640.00

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

47 NYC resident tax on line 38 amount (see page 22)	47	1075.00
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	1075.00
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	1075.00
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	1075.00
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	1075.00
59 Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00

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



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	2715.00

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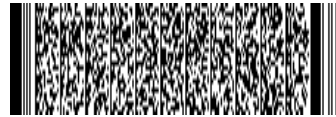


Your social security number
[REDACTED]

62 Enter amount from line 61 62 2715 .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	63 .00
69a	NYC school tax credit (rate reduction amount)	69a	64 .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	1711 .00
73	Total New York City tax withheld	73	1150 .00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	2988 .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 31 through 34)

77 **Amount overpaid** (if line 76 is **more than** line 62, subtract line 62 from line 76) 77 273 .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** 78 273 .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 [REDACTED] 83c Account number [REDACTED]

84 Electronic funds withdrawal (see page 33) Date [REDACTED] Amount [REDACTED] .00

Refund? Direct deposit is the easiest, fastest way to get your refund.
See page 32 for payment options.
See page 35 for the proper assembly of your return.

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		▼ Taxpayer(s) must sign here ▼	
Preparer's signature	Preparer's NYTPRIN	NYTPRIN excl. code	Your signature
Preparer's printed name			Your occupation COUNCILMATIC AIDE
Firm's name (or yours, if self-employed) SELF - PREPARED		Preparer's PTIN or SSN	Spouse's signature and occupation (if joint return)
Address		Employer identification number	Date
E-mail:		Date	Daytime phone number [REDACTED]
			E-mail: [REDACTED]

See instructions for where to mail your return.

201004171555



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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

BBBBBB

Box b Employer identification number (EIN)

136400434

Box c Employer's information

Employer's name			
THE CITY OF NEW YORK			
Employer's address (number and street)			
450 W 33RD ST 4TH FL			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10007	

Box 1 Wages, tips, other compensation

37149.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

607.00

Code

E

Box 12b Amount

8705.00

Code

DD

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

2103.00

Description

414HSUB

Box 14b Amount

1389.00

Description

IRC125

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

NY

Box 16a NYS wages, tips, etc.

37149.00

Box 17a NYS income tax withheld

1711.00

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.

Locality a 37149.00

Locality b .00

Box 19 Local income tax withheld

Locality a 1150.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

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			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

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

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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