



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, 2018, through December 31, 2018, or fiscal year beginning ...

01012018

and ending ...

12312018

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

Your first name CRAIG	MI J	Your last name (for a joint return, enter spouse's name on line below) SCHIEDER	Your date of birth (mmddyyyy)	Your social security number
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 14) (number and street or PO box)			Apartment number	New York State county of residence
City, village, or post office		State NY	ZIP code	Country (if not United States) UNITED STATES
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district name
City, village, or post office		State NY	ZIP code	School district code number
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)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see page 15) Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2018? (see page 15) .. Yes No

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

(1) Number of months you lived in NYC in 2018

(2) Number of months your spouse lived in NYC in 2018

G Enter your 2-character special condition code(s) if applicable (see page 15)



H Dependent information (see page 16)

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

Federal income and adjustments (see page 16)

Whole dollars only

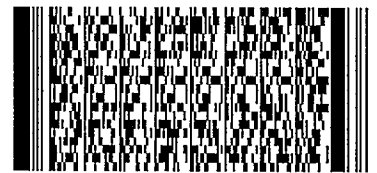
Table with 19 rows for Federal income and adjustments. Includes items like Wages, salaries, tips, etc. (line 1) and Total federal adjustments to income (line 18). Total federal adjusted gross income (line 19) is 0.00.

New York additions (see page 17)

Table with 4 rows for New York additions. Includes interest income on state and local bonds (line 20) and other (line 23). Total (line 24) is 0.00.

New York subtractions (see page 18)

Table with 7 rows for New York subtractions. Includes taxable refunds, credits, or offsets of state and local income taxes (line 25) and other (line 31). Total (line 32) is 0.00. Total New York adjusted gross income (line 33) is 0.00.



Standard deduction or itemized deduction (see page 21)

Table with 4 rows for Standard deduction or itemized deduction. Line 34 shows a standard deduction of 8000.00. Total Taxable Income (line 37) is 0.00.

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
SCHIEDER, CRAIG

Your social security number

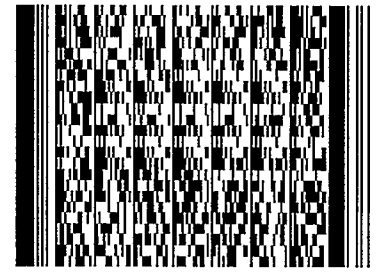
Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	0 .00
39 NYS tax on line 38 amount (see page 22)	39	0 .00
40 NYS household credit (page 21, table 1, 2, or 3)	40	0 .00
41 Resident credit (see page 23)	41	0 .00
42 Other NYS nonrefundable credits (Form IT-201-ATT; line 7)	42	0 .00
43 Add lines 40, 41, and 42	43	0 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	0 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	0 .00
46 Total New York State taxes (add lines 44 and 45)	46	0 .00

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

47 NYC taxable income (see instructions)	47	0 .00
47a NYC resident tax on line 47 amount (see page 23)	47a	0 .00
48 NYC household credit (page 23)	48	0 .00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	0 .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	0 .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	.00
54a MCTMT net earnings base	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 26)	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	0 .00
59 Sales or use tax (see page 27; do not leave line 59 blank)	59	0 .00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



Voluntary contributions (see page 28)

60a Return a Gift to Wildlife	60a	0 .00	60o Veterans' Homes	60o	0 .00
60b Missing/Exploited Children	60b	0 .00	60p Love Your Library Fund	60p	0 .00
60c Breast Cancer Research	60c	.00	60q Lupus Fund	60q	0 .00
60d Alzheimer's Fund	60d	0 .00	60r Military Family Fund	60r	0 .00
60e Olympic Fund (\$2 or \$4)	60e	0 .00	60s CUNY Fund	60s	0 .00
60f Prostate Cancer	60f	0 .00			
60g 9/11 Memorial	60g	0 .00			
60h Volunteer Firefighting	60h	0 .00			
60i Teen Health Education	60i	0 .00			
60j Veterans Remembrance	60j	0 .00			
60k Homeless Veterans	60k	0 .00			
60l Mental Illness Anti-Stigma	60l	0 .00			
60m Women's Cancers Fund	60m	0 .00			
60n Autism Fund	60n	0 .00			
60 Total voluntary contributions (add lines 60a through 60s)	60	0 .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	0 .00			

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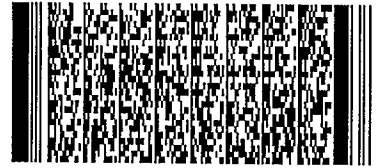


Your social security number

62 Enter amount from line 61 62 0.00

Payments and refundable credits (see pages 29 through 32)

Table with 3 columns: Line number, Description, Amount. Includes lines 63-75 for various credits and taxes.



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) 76 4571.00

Your refund, amount you owe, and account information (see pages 33 through 35)

Table with 3 columns: Line number, Description, Amount. Includes lines 77-78b for refund information.

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

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

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) 79 0.00

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

See page 34 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) 81 0.00

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 34) 82 0.00

83 Account information for direct deposit or electronic funds withdrawal (see page 35). 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. 35) []

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 35) Date [] Amount [] .00

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

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name (or yours, if self-employed), Preparer's PTIN or SSN, Address, Employer identification number, Date, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation PRIVATE SECTOR WORKER, Spouse's signature and occupation (if joint return), Date 02102019, Daytime phone number, E-mail:

See instructions for where to mail your return.



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**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040X.

▶ Go to www.irs.gov/Form4852 for the latest information.

1 Name(s) shown on return
CRAIG J. SCHIEDER

2 Your social security number

3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2018,
I have been unable to obtain (or have received an incorrect) Form W-2 **OR** Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code

6 Employer's or payer's TIN (if known)

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	<u>0</u>	f State income tax withheld	<u>4570.92</u>
b Social security wages	<u>0</u>	(Name of state)	<u>NEW YORK</u>
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	
d Social security tips	<u>0</u>	(Name of locality)	
e Federal income tax withheld	<u>10,439.20</u>	h Social security tax withheld	<u>6763.54</u>
		i Medicare tax withheld	<u>1581.80</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	(Name of state)	
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	
e Capital gain (included in line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?

LINE 7(a),(b),(c) are corrected as I DID NOT receive any "wages" as defined in IRC §3401(a) & §3121(a) & others. This claim by "payer" is hereby rebutted. I & "payer" are private entities not engaged in any federal privileged activity. LINE 7(e),(f),(h),(i) was obtained from erroneous W2

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
When I notified "Payer" of error, they said they will not change how they report payments.

General Instructions

Section references are to the Internal Revenue Code.
Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.
Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.
You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You also must provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.
Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.
Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.
Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income
		\$			
		2 Royalties			
\$		3 Other income		4 Federal income tax withheld	
\$ 0		\$		Copy B For Recipient	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds		6 Medical and health care payments	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		\$		\$	
RECIPIENT'S name CRAIG SCHIEDER Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code NY		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
		\$		\$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds	
		\$		\$	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	11		12
				13 Excess golden parachute payments	14 Gross proceeds paid to an attorney
				\$	\$
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld		17 State/Payer's state no.	18 State income
\$	\$	\$			\$
		\$			\$

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115		2018	Miscellaneous Income		
		\$		2 Royalties				Form 1099-MISC	
		\$		3 Other income					
PAYER'S TIN		RECIPIENT'S TIN		4 Federal income tax withheld		Copy B For Recipient			
				\$					
RECIPIENT'S name CRAIG SCHIEDER Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code NY		5 Fishing boat proceeds		6 Medical and health care payments		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
		\$		\$					
		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest					
\$ 0		\$							
9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds							
		\$		11		12			
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney			
				\$		\$			
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income	
\$		\$		\$				\$	

Form **1099-MISC**

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NY		1 Rents		OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income				
		\$							
		2 Royalties							
\$		3 Other income		4 Federal income tax withheld					
\$		\$		\$					
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds		6 Medical and health care payments				
				\$		\$			
RECIPIENT'S name CRAIG SCHIEDER Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code NY			7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
			\$ 0		\$				
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds			\$	
11		12							
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney			
				\$		\$			
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income	
\$		\$		\$				\$	

**Copy B
For Recipient**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income
		\$			
		2 Royalties			
\$		3 Other Income		4 Federal income tax withheld	
\$ 0		\$		Copy B For Recipient	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds			6 Medical and health care payments
		\$			\$
RECIPIENT'S name		7 Nonemployee compensation			8 Substitute payments in lieu of dividends or interest
CRAIG SCHIEDER		\$			\$
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds	
City or town, state or province, country, and ZIP or foreign postal code		11		12	
NY					
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments		14 Gross proceeds paid to an attorney	
		\$		\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld		17 State/Payer's state no.	
\$	\$	\$		\$	
		\$		\$	

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		\$				
		2 Royalties				
PAYER'S TIN		RECIPIENT'S TIN		3 Other Income	4 Federal income tax withheld	Copy B For Recipient
				\$ 0	\$	
RECIPIENT'S name CRAIG SCHIEDER Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code NY		5 Fishing boat proceeds	6 Medical and health care payments	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		\$	\$	\$	\$	
Account number (see instructions)		FATCA filing requirement		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
		<input type="checkbox"/>		\$	\$	
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		11	12	
\$		\$		\$	\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income		
\$	\$	\$		\$		

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115		2018	Miscellaneous Income		
		\$		2 Royalties					
		\$		3 Other income				Form 1099-MISC	
PAYER'S TIN		RECIPIENT'S TIN		4 Federal income tax withheld		Copy B For Recipient			
				\$ 0					
PAYER'S TIN		RECIPIENT'S TIN		5 Fishing boat proceeds		6 Medical and health care payments			
				\$		\$			
RECIPIENT'S name CRAIG SCHIEDER Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code NY		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
		\$		\$					
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds					
				\$					
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		11		12			
				13 Excess golden parachute payments		14 Gross proceeds paid to an attorney			
				\$		\$			
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income	
\$		\$		\$				\$	

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115		2018	Miscellaneous Income		
		\$		2 Royalties					
		\$		3 Other income				4 Federal income tax withheld	
		\$ 0				Copy B For Recipient			
PAYER'S TIN		RECIPIENT'S TIN		5 Fishing boat proceeds				6 Medical and health care payments	
				\$		\$			
RECIPIENT'S name CRAIG SCHIEDER Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code NY		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
		\$		\$					
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds					
		\$		11				12	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments				14 Gross proceeds paid to an attorney	
				\$		\$			
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income	
\$		\$		\$				\$	

Form **1099-MISC**

. (keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service