



New York State E-File Signature Authorization for Tax Year 2022
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

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

Table with 2 columns: Taxpayer's name (CHARLES E SCHUMER), Spouse's name (jointly filed return only) (IRIS SCHUMER)

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.

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, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms 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, and NYC-210, Claim for New York City School Tax Credit.

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 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

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

Part A - Tax return information

Table with 5 rows for tax return information: 1. Federal adjusted gross income (620511), 2. Refund (5490), 3. Amount you owe, 4. Financial institution routing number, 5. Financial institution account number, 6. Account type (Personal checking checked).

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

Under penalty of perjury, I declare that I have examined the information on my 2022 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.

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 2022 electronic return.

Table for signatures: Taxpayer's signature, Date, Spouse's signature (jointly filed return only), Date

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

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer.

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 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete.

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.

Table for signatures: ERO's signature, Print name, Date, Paid preparer's signature, Print name, Date (02172023)



# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-201

For the full year January 1, 2022, through December 31, 2022, or fiscal year beginning ... **22**

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		
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
IRIS		SCHUMER		
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
BROOKLYN				BROOKLYN
City, village, or post office	State	ZIP code	Country	School district name
BROOKLYN	NY		UNITED STATES	
Taxpayer's permanent home address (see instructions) (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 (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 surviving spouse

B Did you itemize your deductions on your 2022 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? Yes  No

### D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes  No

(2) Enter the amount ..... .00

E (1) Did you or your spouse maintain living quarters in NYC during 2022? Yes  No

(2) Enter the number of days spent in NYC in 2022 (any part of a day spent in NYC is considered a day).....

### F NYC residents and NYC part-year residents only:

(1) Number of months you lived in NYC in 2022 ..... 12

(2) Number of months your spouse lived in NYC in 2022 ..... 12

G Enter your 2-character special condition code(s) if applicable .....

### H Dependent information

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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Your Social Security number

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**Federal income and adjustments**

Whole dollars only

1	Wages, salaries, tips, etc.	1	620293.00
2	Taxable interest income	2	218.00
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, 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 Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	620511.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	620511.00
19a	Recomputed federal adjusted gross income (see Line 19a worksheet)	19a	620511.00

**New York additions**

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	21	18300.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	3826.00
24	Add lines 19a through 23	24	642637.00

**New York subtractions**

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	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	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	642637.00



**Standard deduction or itemized deduction**

34	Enter your <b>standard deduction</b> or your <b>itemized deduction</b> (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	626587.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	626587.00

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Name(s) as shown on page 1  
CHARLES E AND IRIS SCHUMER

Your Social Security number

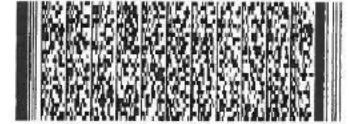
**Tax computation, credits, and other taxes**

38	Taxable income (from line 37 on page 2)	38	626587.00
39	NYS tax on line 38 amount	39	42922.00
40	NYS household credit	40	.00
41	Resident credit	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	42922.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	<b>Total New York State taxes (add lines 44 and 45)</b>	46	42922.00

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

47	NYC taxable income	47	626587.00
47a	NYC resident tax on line 47 amount	47a	24062.00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	24062.00
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	24062.00
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	24062.00
54a	MCTMT net earnings base ....	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge	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	<b>Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)</b>	58	24062.00
59	Sales or use tax (do not leave blank)	59	0.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)</b>	61	66984.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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Your Social Security number

62 Enter amount from line 61 62 66984 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include Empire State child credit, NYS/NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit (fixed amount), NYC school tax credit (rate reduction amount), NYC earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments and amount paid with Form IT-370.



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

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

76 Total payments (add lines 63 through 75) 76 72474 .00

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include Amount overpaid, Amount of line 77 available for refund, Amount of line 78 that you want to deposit into a NYS 529 account, Total refund after NYS 529 account deposit.

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

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

See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include Amount of line 77 that you want applied to your 2023 estimated tax, Amount you owe, Estimated tax penalty, Other penalties and interest.

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal. 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.

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 Date [ ] Amount [ ] .00

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

Paid preparer must complete (see instructions) Preparer's signature [ ] Preparer's printed name [ ] Preparer's PTIN or SSN [ ] Employer identification number [ ] Date 02172023

Taxpayer(s) must sign here Your signature [ ] Your occupation U.S. SENATOR Spouse's signature and occupation (if joint return) ADMINISTRATOR Date [ ] Daytime phone number [ ] Email: [ ]

See instructions for where to mail your return.

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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 CHARLES E AND IRIS SCHUMER	Identifying number as shown on return
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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	3826.00	.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 3826.00
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 3826.00

**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 3826.00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM



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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-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	<b>Total subtractions</b> (add lines 13 and 17; see instructions) .....	18	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

# 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

Employer's address (number and street)

City State ZIP code Country

Box 1 Wages, tips, other compensation

Box 12a Amount

Code

Box 14a Amount

Description

Box 8 Allocated tips

Box 12b Amount

Code

Box 14b Amount

Description

Box 10 Dependent care benefits

Box 12c Amount

Code

Box 14c Amount

Description

Box 11 Nonqualified plans

Box 12d Amount

Code

Box 14d Amount

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

Box 16a NYS wages, tips, etc.

Box 17a NYS income tax withheld

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

Box 17b Other state income tax withheld

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

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

Employer's address (number and street)

City State ZIP code Country

Box 1 Wages, tips, other compensation

Box 12a Amount

Code

Box 14a Amount

Description

Box 8 Allocated tips

Box 12b Amount

Code

Box 14b Amount

Description

Box 10 Dependent care benefits

Box 12c Amount

Code

Box 14c Amount

Description

Box 11 Nonqualified plans

Box 12d Amount

Code

Box 14d Amount

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

Box 16a NYS wages, tips, etc.

Box 17a NYS income tax withheld

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

Box 17b Other state income tax withheld

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM



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