

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

Your first name and initial Last name See separate instructions.

**BILL DE BLASIO** Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

**CHIRLANE MCCRAY**

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

**181 EAST END AVENUE APT 2** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

**NEW YORK, NY 10128** Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code

**Filing Status** 1 ☐ Single 4 ☐ 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 ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) (see instructions) 3 ☐ Married filing separately. Enter spouse's SSN above & full name here. Check only one box.

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b No. of children on 6c who: 2

b ☒ Spouse

c Dependents:

(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions) 1

**DANTE DE BLASIO** Son

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed. 3

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 220,188.

8a Taxable interest. Attach Schedule B if required. 8a 33.

b Tax-exempt interest. Do not include on line 8a. 8b

9a Ordinary dividends. Attach Schedule B if required. 9a

b Qualified dividends. 9b

10 Taxable refunds, credits, or offsets of state and local income taxes. 10 3,228.

11 Alimony received. 11

12 Business income or (loss). Attach Schedule C or C-EZ. 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13

14 Other gains or (losses). Attach Form 4797. 14

15a IRA distributions. 15a b Taxable amount. 15b

16a Pensions and annuities. 16a b Taxable amount. 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17

18 Farm income or (loss). Attach Schedule F. 18

19 Unemployment compensation. 19

20a Social security benefits. 20a b Taxable amount. 20b

21 Other income. List type and amount. 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 223,449.

**Adjusted Gross Income** 23 Educator expenses. 23

24 Certain business expenses of reservists, performing artists, and fee basis government officials. Attach Form 2106 or 2106-EZ. 24

25 Health savings account deduction. Attach Form 8889. 25

26 Moving expenses. Attach Form 3903. 26

27 Deductible part of self-employment tax. Attach Schedule SE. 27

28 Self-employed SEP, SIMPLE, and qualified plans. 28

29 Self-employed health insurance deduction. 29

30 Penalty on early withdrawal of savings. 30

31a Alimony paid b Recipient's SSN. 31a

32 IRA deduction. 32

33 Student loan interest deduction. 33

34 Tuition and fees. Attach Form 8917. 34

35 Domestic production activities deduction. Attach Form 8903. 35

36 Add lines 23 through 35. 36 0.

37 Subtract line 36 from line 22. This is your adjusted gross income. 37 223,449.

**Tax and Credits****Standard Deduction for —**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions.

**Amount You Owe****Third Party Designee****Sign Here**

Joint return? See instructions.

Keep a copy for your records.

**Paid Preparer Use Only**

38	Amount from line 37 (adjusted gross income)	38	223,449.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	25,373.
41	Subtract line 40 from line 38	41	198,076.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	185,926.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	38,944.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	86.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	39,030.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	39,030.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	39,030.
64	Federal income tax withheld from Forms W-2 and 1099	64	42,423.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/>		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	42,423.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,393.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,393.
b	Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name	Phone no.	Personal identification number (PIN)	
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 received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	Daytime phone number
		ELECTED OFFICIAL	
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		WRITER	
Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed <input type="checkbox"/> PTIN
Firm's name			
Firm's address			
Firm's EIN			
Phone no.			

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

GMB No. 1545-0074

**2017**

Attachment  
Sequence No **07**

Name(s) shown on Form 1040

Your social security number

**BILL DE BLASIO AND CHIRLANE MCCRAY**

<b>Medical and Dental Expenses</b>	<b>1</b>	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) .....	<b>1</b>		
	<b>2</b>	Enter amount from Form 1040, line 38 .....	<b>2</b>		
	<b>3</b>	Multiply line 2 by 7.5% (0.075) .....	<b>3</b>		
	<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	<b>4</b>		0.
<b>Taxes You Paid</b>	<b>5</b>	State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or	<b>5</b>	25,023.	
		b <input type="checkbox"/> General sales taxes			
	<b>6</b>	Real estate taxes (see instructions) .....	<b>6</b>		
	<b>7</b>	Personal property taxes .....	<b>7</b>		
	<b>8</b>	Other taxes. List type and amount ► .....	<b>8</b>		
	<b>9</b>	Add lines 5 through 8 .....	<b>9</b>		25,023.
<b>Interest You Paid</b>	<b>10</b>	Home mortgage interest and points reported to you on Form 1098 .....	<b>10</b>		
	<b>11</b>	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► .....	<b>11</b>		
		-----			
		-----			
		-----			
	<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules .....	<b>12</b>		
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).	<b>13</b>	Mortgage insurance premiums (see instructions) .....	<b>13</b>		
	<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions. ....	<b>14</b>		
	<b>15</b>	Add lines 10 through 14 .....	<b>15</b>		0.
	<b>16</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	<b>16</b>	350.	
<b>Gifts to Charity</b>	<b>17</b>	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....	<b>17</b>		
	<b>18</b>	Carryover from prior year .....	<b>18</b>		
	<b>19</b>	Add lines 16 through 18 .....	<b>19</b>		350.
<b>Casualty and Theft Losses</b>	<b>20</b>	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions. ....	<b>20</b>		0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b>	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ....	<b>21</b>		
	<b>22</b>	Tax preparation fees .....	<b>22</b>	500.	
	<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ► .....	<b>23</b>		
	<b>24</b>	Add lines 21 through 23 .....	<b>24</b>	500.	
	<b>25</b>	Enter amount from Form 1040, line 38 .....	<b>25</b>	223,449.	
	<b>26</b>	Multiply line 25 by 2% (0.02) .....	<b>26</b>	4,469.	
	<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....	<b>27</b>		0.
<b>Other Miscellaneous Deductions</b>	<b>28</b>	Other—from list in instructions. List type and amount ► .....	<b>28</b>		0.
		-----			
<b>Total Itemized Deductions</b>	<b>29</b>	Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	<b>29</b>		25,373.
	<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here .....			

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041.  
► Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**BILL DE BLASIO AND CHIRLANE MCCRAY**

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

**B** If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

**1 a** Physical address of each property (street, city, state, ZIP code)

**A** 384 11th STREET, BROOKLYN, NY 11215

**B** 442 11TH STREET, BROOKLYN, NY 11215

**C**

1 b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b> 2		365		
<b>B</b> 1		365		
<b>C</b>				

**Type of Property:**

- 1 Single Family Residence    3 Vacation/Short-Term Rental    5 Land    7 Self-Rental  
2 Multi-Family Residence    4 Commercial    6 Royalties    8 Other (describe)

**Income:** **Properties:** **A** **B** **C**

**3** Rents received **3** 54,000. 50,000.

**4** Royalties received **4**

**Expenses:**

**5** Advertising **5**

**6** Auto and travel (see instructions) **6**

**7** Cleaning and maintenance **7**

**8** Commissions **8**

**9** Insurance **9** 2,134. 2,429.

**10** Legal and other professional fees **10**

**11** Management fees **11** 1,500. 1,500.

**12** Mortgage interest paid to banks, etc. (see instructions) **12** 26,702. 34,573.

**13** Other interest **13**

**14** Repairs **14** 2,240. 745.

**15** Supplies **15**

**16** Taxes **16** 3,636. 3,636.

**17** Utilities **17**

**18** Depreciation expense or depletion **18** 21,561. 4,548.

**19** Other (list) ► See Stmt 1 See Stmt 2 **19** 5,907. 5,371.

**20** Total expenses. Add lines 5 through 19 **20** 63,680. 52,802.

**21** Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 **21** -9,680. -2,802.

**22** Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22**

**23 a** Total of all amounts reported on line 3 for all rental properties **23 a** 104,000.

**b** Total of all amounts reported on line 4 for all royalty properties **23 b**

**c** Total of all amounts reported on line 12 for all properties **23 c** 61,275.

**d** Total of all amounts reported on line 18 for all properties **23 d** 26,109.

**e** Total of all amounts reported on line 20 for all properties **23 e** 116,482.

**24** Income. Add positive amounts shown on line 21. Do not include any losses **24**

**25** Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25**

**26** Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 **26**

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

FD-22301L 10/23/17

Schedule E (Form 1040) 2017

**Alternative Minimum Tax – Individuals**

► Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

**BILL DE BLASIO AND CHIRLANE MCCRAY**

Your social security number

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	198,076.
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	25,023.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	
7	Tax refund from Form 1040, line 10 or line 21	7	-3,228.
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	219,871.

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
<b>IF your filing status is</b> <b>AND line 28 is not over</b> <b>THEN enter on line 29</b>			
Single or head of household		\$120,700	\$54,300
Married filing jointly or qualifying widow(er)		160,900	84,500
Married filing separately		80,450	42,250
If line 28 is over the amount shown above for your filing status, see instructions.			
29		29	69,757.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	150,114.
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here.</li> <li><b>All others:</b> If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.</li> </ul>	31	39,030.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	39,030.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	38,944.
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	86.

**Additional Medicare Tax**

- If any line does not apply to you, leave it blank. See separate instructions.  
 ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.  
 ► Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **71**

Name(s) shown on return

Your social security number

**BILL DE BLASIO AND CHIRLANE MCCRAY****Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	224,340.	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	224,340.	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		0.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

**Part II Additional Medicare Tax on Self-Employment Income**

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10 Enter the amount from line 4	10		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16 Subtract line 15 from line 14. If zero or less, enter -0-	16		
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

**Part IV Total Additional Medicare Tax**

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18	
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**Part V Withholding Reconciliation**

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,472.	
20 Enter the amount from line 1	20	224,340.	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,253.	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		219.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		219.

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

**IT-201**

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

**17**

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
BILL		DE BLASIO	05081961	
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
CHIRLANE		MCCRAY	11291954	
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
181 EAST END AVENUE			APT 2	NY
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
NEW YORK	NY	10128		NEW YORK
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number
				369
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 widow(er) with dependent child

- B** Did you itemize your deductions on your 2017 federal income tax return? Yes ☒ No ☐
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

- D1** Did you have a financial account located in a foreign country? (see page 14) Yes ☐ No ☒

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

- (1) Did you receive a property tax relief credit? (see page 14) Yes ☐ No ☐

(2) Enter the amount: .00

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

- E** (1) Did you or your spouse maintain living quarters in NYC during 2017? (see page 14) Yes ☐ No ☐

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

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

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

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

- G** Enter your 2-character special condition code(s) if applicable (see page 14) .

**H Dependent exemption information (see page 15)**

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
DANTE		DE BLASIO	SON		09041997

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

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

NYIA1312L 11/17/17

BILL DE BLASIO AND CHIRLA

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

Whole dollars only

1	Wages, salaries, tips, etc	1	220188.00
2	Taxable interest income	2	33.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	3228.00
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	223449.00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	223449.00

**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	4151.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	2544.00
24	Add lines 19 through 23	24	230144.00

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

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	3228.00
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	3228.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	226916.00

**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: ☒ Standard - or - ☐ Itemized

34		34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	210866.00
36	Dependent exemptions (enter the number of dependents listed in item H, see page 20)	36	1000.00
37	Taxable income (subtract line 36 from line 35)	37	209866.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1

BILL DE BLASIO AND CHIRLANE MCCRAY

Your social security number

IT-201 (2017) Page 3 of 4

NY/A1334L 11/17/17

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

38	Taxable Income (from line 37 on page 2)	38	209866.00
39	NYS tax on line 38 amount (see page 21)	39	13956.00
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	13956.00
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	13956.00

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

47	NYC resident tax on line 38 amount (see page 22)	47	7910.00
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	7910.00
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	7910.00
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	7910.00
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	7910.00
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	21866.00

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Your social security number

NYIA1334L 11/17/17

62 Enter amount from line 61

62 21866.00

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

BILL DE BLASIO AND CHIRLANE MCC

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	400.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	125.00
69a NYC school tax credit (rate reduction amount)	69a	466.00
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	14971.00
73 Total New York City tax withheld	73	10052.00
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).

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

76 Total payments (add lines 63 through 75)

76 26014.00

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

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

77 4148.00

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 4148.00

79 Amount of line 77 that you want applied to your 2018 estimated tax (see instructions)

79 .00

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

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

79a .00

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

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

81 .00

See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32)

82 .00

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

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 33) ☐83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 33)

Date

Amount

.00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Pnnt 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	0	3
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 ELECTED OFFICIAL	
Spouse's signature and occupation (if joint return) WRITER	
Date	Daytime phone number
E-mail	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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

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

Name(s) as shown on return	Identifying number as shown on return
BILL DE BLASIO AND CHIRLANE MCCRAY	

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- 101	2544.00	.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	2544.00
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	2544.00

**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	2544.00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

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

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

11 Total (add column A, lines 10a through 10g)	11	.00
12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any	12	.00
13 Add lines 11 and 12	13	.00

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

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

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

Form IT-205 filers: do not enter ES-125

**14 New York State subtractions**

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

15 Total (add column A, lines 14a through 14g)	15	.00
16 Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any	16	.00
17 Add lines 15 and 16	17	.00
18 Total subtractions (add lines 13 and 17; see instructions)	18	.00

NO HANDWRITTEN ENTRIES ON THIS FORM



# Claim for College Tuition Credit or Itemized Deduction

Full-year New York State residents only

Submit your completed Form IT-272 with Form IT-201. See Form IT-272-I, *Instructions for Form IT-272*.

Your name as shown on return (first name first)	Your social security number
BILL DE BLASIO	[REDACTED]
Spouse's name (first name first)	Spouse's social security number
CHIRLANE MCCRAY	[REDACTED]

**Note:** If you are married and filing separate New York State returns, you must also enter your spouse's name and social security number.

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes ☐ No ☒ **X**
- If **Yes**, stop; you do not qualify for the college tuition credit or the college tuition itemized deduction.
  - If **No**, continue with question 2.
- 2 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year? 2 Yes ☒ **X** No ☐
- If **Yes**, continue with Part 1 below.
  - If **No**, stop; you do not qualify for the college tuition credit. However, you may qualify for the college tuition itemized deduction. For more information, see the instructions for Form IT-203.

**Part 1** — In the spaces provided below, complete lines A through H for up to three eligible students for whom you paid qualified college tuition expenses. (If you are claiming expenses for more than three eligible students, see instructions.)

	1 — Student 1	2 — Student 2	3 — Student 3
A Eligible student's name	DANTE DE BLASIO		
B Eligible student's social security number (SSN)	[REDACTED]		
C Is the student claimed as a dependent on your NYS return? (see instructions)	Yes <input checked="" type="checkbox"/> <b>X</b> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D EIN of college or university (see instr.)	060646973		
E Name of college or university (see instr.)	YALE UNIVERSITY		
F Were expenses for undergraduate tuition? (see instructions)	Yes <input checked="" type="checkbox"/> <b>X</b> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G Amount of qualified college tuition expenses (see instructions)	51400.00	.00	.00
H Enter the lesser of line G or 10,000	10000.00	.00	.00

- 3 Total qualified college tuition expenses (Add line H, columns 1, 2, and 3; include amounts from any additional sheets. Complete Part 2 or Part 3 on page 2.) 3 10000.00

NO HANDWRITTEN ENTRIES ON THIS FORM

**Part 2 — Complete Part 2 if your total qualified college tuition expenses on line 3 are less than \$5,000.**

4 Credit limitation (\$200) 4 200.00

5 Enter the lesser of line 3 or line 4. This is your college tuition credit 5 .00

- If you did not itemize your deductions on your federal return, enter the line 5 amount on Form IT-201, line 68.
- If you itemized your deductions on your federal return, continue with Part 4.

**Part 3 — Complete Part 3 if your total qualified college tuition expenses on line 3 are \$5,000 or more.**

6 Enter the amount from line 3. 6 10000.00

7 Multiply line 6 by 4% (.04). This is your college tuition credit 7 400.00

- If you did not itemize your deductions on your federal return, enter the line 7 amount on Form IT-201, line 68.
- If you itemized your deductions on your federal return, continue with Part 4.

**Part 4 — College tuition itemized deduction election**

If you itemized your deductions on your federal return, you may elect to claim the college tuition itemized deduction instead of the college tuition credit. To compute your college tuition itemized deduction, complete **Worksheet 1** in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete **Worksheet 2** in the instructions for this form.

8 Mark an X in this box only if you elect to claim the college tuition itemized deduction 8

- If you marked an X in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on your itemized deduction schedule. Do not enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction or the credit, but not both.
- If you did not mark an X in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

**Important:** If you are claiming the college tuition credit or the college tuition itemized deduction, you must submit Form IT-272 with your return.

NO HANDWRITTEN ENTRIES ON THIS FORM