

Department of the Treasury
Internal Revenue Service

► Don't send to the IRS. This isn't a tax return.
► Keep this form for your records.
► Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2016

Submission Identification Number (SID) ►

Taxpayer's name BILL DE BLASIO	Social security number [REDACTED]
Spouse's name CHIRLANE MCCRAY	Spouse's social security number [REDACTED]

Part I Tax Return Information – Tax Year Ending December 31, 2016 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	220,651.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	37,757.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	41,768.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	4,011.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize [REDACTED] to enter or generate my PIN [REDACTED] as my signature on my tax year 2016 electronically filed income tax return. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

I authorize [REDACTED] ERO firm name to enter or generate my PIN [REDACTED] as my signature on my tax year 2016 electronically filed income tax return. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► [REDACTED] Date ► _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial **BILL DE BLASIO** Last name Your social security number

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **181 EAST END AVENUE APT 2**

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**

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

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. You Spouse

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name here.
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.
5 Qualifying widow(er) with dependent child

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)	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you. • did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above
CHIARA DE BLASIO			Daughter	<input checked="" type="checkbox"/>	2
DANTE DE BLASIO			Son	<input checked="" type="checkbox"/>	2
d Total number of exemptions claimed.					4

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

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	217,217.
8a Taxable interest. Attach Schedule B if required	8a	27.
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	3,407.
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	1,097.
b Taxable amount	16b	0.
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	220,651.

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	220,651.

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, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,300

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering income, deductions, and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering self-employment tax, unreported social security, and health care taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering federal income tax withheld, EIC, and other payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering overpaid amounts and estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 covering amount owed and tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No

Sign Here

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

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 taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

Table for paid preparer information including name, signature, date, occupation, and firm details.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

Department of the Treasury,
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

BILL DE BLASIO AND CHIRLANE MCCRAY

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38.	2	
	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5	24,245.
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	24,245.
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098.	10
11		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 ►	11	
12		Points not reported to you on Form 1098. See instructions for special rules.	12	
13		Mortgage insurance premiums (see instructions)	13	
14		Investment interest. Attach Form 4952 if required. (See instructions.)	14	
15		Add lines 10 through 14	15	0.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,088.
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	2,088.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22	Tax preparation fees	22	500.
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24	Add lines 21 through 23	24	500.
	25	Enter amount from Form 1040, line 38.	25	220,651.
	26	Multiply line 25 by 2% (0.02)	26	4,413.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►	28	0.
Total Itemized Deductions	29	Is Form 1040, line 38, over \$155,650? <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.	29	26,333.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here.		

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
 Attach to Form 1040, 1040NR, or Form 1041.

2016

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

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 2016 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
A	2		365		
B	1		365		
C					

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	56,500.	49,500.	
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	2,055.	2,404.	
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	27,252.	33,967.	
13 Other interest.....	13			
14 Repairs.....	14	573.	260.	
15 Supplies.....	15			
16 Taxes.....	16	3,549.	3,549.	
17 Utilities.....	17			
18 Depreciation expense or depletion.....	18	21,831.	5,139.	
19 Other (list) ▶ <u>See Stm 1 See Stm 2</u>	19	5,230.	3,438.	
20 Total expenses. Add lines 5 through 19.....	20	61,990.	50,257.	
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	-5,490.	-757.	
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		106,000.	
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		61,219.	
d Total of all amounts reported on line 18 for all properties.....	23 d		26,970.	
e Total of all amounts reported on line 20 for all properties.....	23 e		112,247.	
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.

FDIZ2301L 08/23/16

Schedule E (Form 1040) 2016

Alternative Minimum Tax – Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
► Attach to Form 1040 or Form 1040NR.

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

Your social security number

BILL DE BLASIO AND CHIRLANE MCCRAY

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	194,318.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-.	2	
3	Taxes from Schedule A (Form 1040), line 9.	3	24,245.
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 \$155,650 or less, enter -0-. Otherwise, see instructions.	6	
7	Tax refund from Form 1040, line 10 or line 21.	7	-3,407.
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	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	215,156.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household \$119,700 \$53,900 Married filing jointly or qualifying widow(er) 159,700 83,800 Married filing separately 79,850 41,900 If line 28 is over the amount shown above for your filing status, see instructions.	29	69,936.
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	145,220.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • 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. • All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.	31	37,757.
32	Alternative minimum tax foreign tax credit (see instructions).	32	
33	Tentative minimum tax. Subtract line 32 from line 31.	33	37,757.
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	36,859.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	898.

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.
- ▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

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...	221,362.		
2	Unreported tips from Form 4137, line 6.....			
3	Wages from Form 8919, line 6.....			
4	Add lines 1 through 3.....	221,362.		
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.).....			
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).....			
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	

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.....	3,402.		
20	Enter the amount from line 1.....	221,362.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.....	3,210.		
21				
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.....		22	192.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).....		23	
24	Total Additional Medicare Tax withholding. 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	192.



Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning ..

16

and ending ..

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

Your first name BILL	MI	Your last name (for a joint return, enter spouse's name on line below) DE BLASIO	Your date of birth (mmddyyyy) 05081961	Your social security number [REDACTED]
Spouse's first name CHIRLANE	MI	Spouse's last name MCCRAY	Spouse's date of birth (mmddyyyy) 11291954	Spouse's social security number [REDACTED]
Mailing address (see instructions, page 13) (number and street or PO box) 181 EAST END AVENUE			Apartment number APT 2	New York State county of residence NY
City, village, or post office NEW YORK	State NY	ZIP code 10128	Country (if not United States)	School district name 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 NY	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
			Decedent information	

- 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 2016 federal income tax return?** Yes No
- C Can you be claimed as a dependent on another taxpayer's federal return?** Yes No

D1 Did you have a financial account located in a foreign country? (see page 14)... Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze or property tax relief credit? (see page 14)..... Yes No

(2) If Yes, enter the total amount

E (1) Did you or your spouse maintain living quarters in NYC during 2016? (see page 14).. Yes No

(2) Enter the number of days spent in NYC in 2016 (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 2016.....

(2) Number of months your spouse lived in NYC in 2016.....

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)
CHIARA		DE BLASIO	DAUGHTER	[REDACTED]	12061994
DANTE		DE BLASIO	SON	[REDACTED]	09041997

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

For office use only

Your social security number
[REDACTED]

BILL DE BLASIO AND CHIRLA

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	217217.00
2	Taxable interest income	2	27.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	3407.00
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	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	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	220651.00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	220651.00

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	4145.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	2706.00
24	Add lines 19 through 23	24	227502.00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	3407.00
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	3407.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	224095.00


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	15950.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	208145.00
36	Dependent exemptions (enter the number of dependents listed in item H, see page 20)	36	2000.00
37	Taxable income (subtract line 36 from line 35)	37	206145.00

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


Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	206145.00
39	NYS tax on line 38 amount (see page 21)	39	13709.00
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	13709.00
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	13709.00

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

47	NYC resident tax on line 38 amount (see page 22)	47	7308.00
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	7308.00
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	7308.00
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	7308.00
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	7308.00
59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00

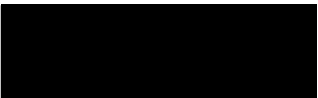
See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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
60	Total voluntary contributions (add lines 60a through 60n)	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	21017.00

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Your social security number
[REDACTED]

62 Enter amount from line 61 62 21017.00

Payments and refundable credits (see page 28)

BILL DE BLASIO AND CHIRLANE MCC

63	Empire State child credit	63	.00
63a	Family tax relief credit	63a	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	400.00
69	NYC school tax credit (also complete F on page 1; see page 29)	69	125.00
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	14781.00
73	Total New York City tax withheld	73	9464.00
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	24770.00



If applicable, complete Form(s) 11-2 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 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 3753.00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - paper check 78 3753.00

79 Amount of line 77 that you want applied to your 2017 estimated tax (see instructions) 79 .00

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

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 32 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) 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 32).
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. 32)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number [REDACTED]

83c Account number [REDACTED]

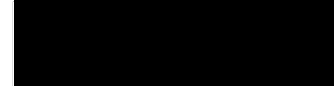
84 Electronic funds withdrawal (see page 33) Date [REDACTED] Amount [REDACTED].00

Third-party designee?(see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name [REDACTED] E-mail: [REDACTED]	Designee's phone number [REDACTED]	Personal identification number (PIN) [REDACTED]
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▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code	0	3
Preparer's signature [REDACTED]		Preparer's printed name [REDACTED]			
Firm's name (or yours, if self-employed) [REDACTED]		Preparer's PTIN or SSN [REDACTED]			
Address [REDACTED]		Employer identification number [REDACTED]			
E-mail: [REDACTED]		Date [REDACTED]			

▼ Taxpayer(s) must sign here ▼	
Your signature [REDACTED]	
Your occupation ELECTED OFFICIAL	
Spouse's signature and occupation (if joint return) [REDACTED] WRITER	
Date [REDACTED]	Daytime phone number [REDACTED]
E-mail: [REDACTED]	

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	[REDACTED]

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	2706.00	.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	2706.00
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	2706.00

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

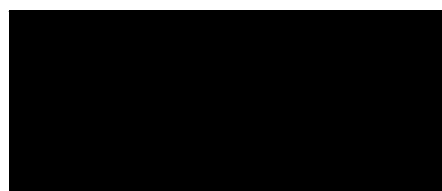
5 New York State additions

	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	2706.00

(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

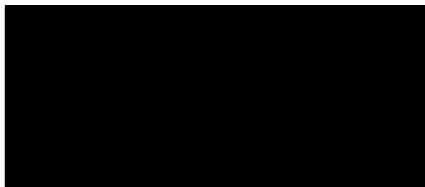
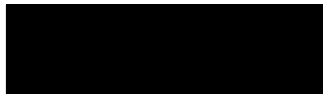
Form IT-201 filers: do not enter ES-106, ES-107, or ES-125
 Form IT-203 filers: do not enter ES-106, ES-107, or ES-125
 Form IT-205 filers: do not enter ES-125

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-272-1, *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.

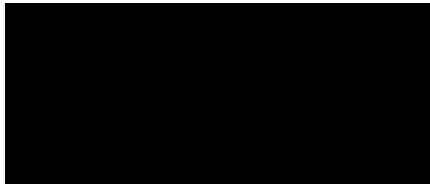
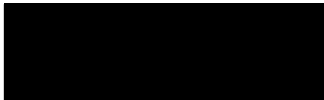
- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? **1** Yes No
- If **Yes**, stop; you do not qualify for the college tuition credit or the college tuition itemized deduction.
 - If **No**, continue with question 2.
- 2 Were you (and your spouse if filing a joint return) a **New York State resident** for all of this tax year? **2** Yes 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.....	CHIARA DE BLASIO	DANTE DE BLASIO	
B Eligible student's social security number (SSN).....	[REDACTED]	[REDACTED]	
C Is the student claimed as a dependent on your NYS return? (see instructions).....	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D EIN of college or university (see instr.).....	941156617	060646973	
E Name of college or university (see instr.)....	SANTA CLARA UNIVER	YALE UNIVERSITY	
F Were expenses for undergraduate tuition? (see instructions).....	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G Amount of qualified college tuition expenses (see instructions).....	.00	31217.00	.00
H Enter the lesser of line G or 10,000.....	.00	10000.00	.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
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5 Enter the lesser of line 3 or line 4. This is your college tuition credit

5		.00
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- 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	<input type="checkbox"/>
---	--------------------------

- 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

