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CLIENT'S COPY

DRAFT



DAVID WEISS CPA, PLLC  
183 MADISON AVE SUITE 803  
NEW YORK, NY 10016-4403  
(212) 695-5771

SEPTEMBER 12, 2018

ANASTASIYA SIROOCHENKO  
[REDACTED]

DEAR ANASTASIYA:

ENCLOSED ARE YOUR 2017 INCOME TAX RETURN AND 2018 ESTIMATED TAX VOUCHERS.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FEDERAL INCOME TAX RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. AFTER REVIEWING THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE BY MAIL, E-MAIL

[REDACTED] OR FAX (212-695-5772). WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS, AND NO FURTHER ACTION IS REQUIRED. RETURN FEDERAL FORM 8879 TO US AS SOON AS POSSIBLE (BY OCTOBER 15, 2018).

YOUR BALANCE DUE OF \$38,287 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 0359 ON OR AFTER SEPTEMBER 12, 2018. REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

FEDERAL ESTIMATED TAX VOUCHERS:

SEPARATELY MAIL VOUCHER 2 OF FORM 1040-ES AS SOON AS POSSIBLE.

MAIL TO - INTERNAL REVENUE SERVICE CENTER  
P.O. BOX 37007  
HARTFORD, CT 06176-7007

ENCLOSE YOUR CHECK FOR \$200,000, PAYABLE TO THE UNITED STATES TREASURY. INCLUDE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "2018 FORM 1040-ES" ON YOUR CHECK.

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS AND THEIR ORIGINAL DUE DATES BELOW. VOUCHERS REQUIRING NO PAYMENT SHOULD NOT BE FILED.

VOUCHER NO. 1 BY 04/17/18 ..... NO PAYMENT REQUIRED  
VOUCHER NO. 2 BY 06/15/18 ..... \$200,000  
VOUCHER NO. 3 BY 09/17/18 ..... NO PAYMENT REQUIRED  
VOUCHER NO. 4 BY 01/15/19 ..... NO PAYMENT REQUIRED

YOUR COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE  
SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

DAVID WEISS

DRAFT

# 2017 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

<b>Prepared for</b>	ANASTASIYA SIROOCHENKO 
<b>Prepared by</b>	DAVID WEISS CPA, PLLC 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403
<b>Amount of tax</b>	Total tax \$ 584,587 Less: payments and credits \$ 547,000 Plus: interest and penalties \$ 700 <b>BALANCE DUE \$ 38,287</b>
<b>Overpayment</b>	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. AFTER REVIEWING THE RETURN, PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.
<b>Return must be mailed on or before</b>	RETURN FEDERAL FORM 8879 TO US BY OCTOBER 15, 2018.
<b>Special Instructions</b>	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS.  YOUR BALANCE DUE OF \$38,287 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 0359 ON OR AFTER SEPTEMBER 12, 2018. REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

# 2018 ESTIMATED TAX FILING INSTRUCTIONS

U.S. ESTIMATED INDIVIDUAL INCOME TAX

FOR THE YEAR ENDING

DECEMBER 31, 2018

<b>Prepared for</b>	ANASTASIYA SIROOCHENKO [REDACTED]																											
<b>Prepared by</b>	DAVID WEISS CPA, PLLC 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403																											
<b>Amount of tax</b>	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>200,000</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2018 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>200,000</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 0</td><td>APRIL 17, 2018</td></tr><tr><td>No. 2</td><td>\$ 200,000</td><td>JUNE 15, 2018</td></tr><tr><td>No. 3</td><td>\$ 0</td><td>SEPTEMBER 17, 2018</td></tr><tr><td>No. 4</td><td>\$ 0</td><td>JANUARY 15, 2019</td></tr></tbody></table>	Total Estimated Tax	\$	200,000	Less credit from prior year	\$	0	Less amount already paid on 2018 estimate	\$	0	Balance due	\$	200,000	Installment	Amount	Due Date	No. 1	\$ 0	APRIL 17, 2018	No. 2	\$ 200,000	JUNE 15, 2018	No. 3	\$ 0	SEPTEMBER 17, 2018	No. 4	\$ 0	JANUARY 15, 2019
Total Estimated Tax	\$	200,000																										
Less credit from prior year	\$	0																										
Less amount already paid on 2018 estimate	\$	0																										
Balance due	\$	200,000																										
Installment	Amount	Due Date																										
No. 1	\$ 0	APRIL 17, 2018																										
No. 2	\$ 200,000	JUNE 15, 2018																										
No. 3	\$ 0	SEPTEMBER 17, 2018																										
No. 4	\$ 0	JANUARY 15, 2019																										
<b>Make check payable to</b>	UNITED STATES TREASURY																											
<b>Mail voucher and check (if applicable) to</b>	INTERNAL REVENUE SERVICE CENTER P.O. BOX 37007 HARTFORD, CT 06176-7007																											
<b>Special Instructions</b>	INCLUDE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "2018 FORM 1040-ES" ON YOUR CHECK.  VOUCHERS NEED NOT BE SIGNED.																											

# TAX RETURN FILING INSTRUCTIONS

## REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

<b>Prepared for</b>	ANASTASIYA SIROOCHENKO [REDACTED]
<b>Prepared by</b>	DAVID WEISS CPA, PLLC 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403
<b>Form must be filed on or before</b>	RETURN FORM 114A TO US ON OR BEFORE OCTOBER 15, 2018.
<b>Special Instructions</b>	YOUR FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR FORM TO THE FINCEN.  <b>DRAFT</b>

# BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

ANASTAS20170001

Filing Name ANASTASIYA SIROOCHENKO

Submission Type NEW

PIN NOT REQUIRED

Check here  if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 17, 2018. An automatic extension to October 15, 2018 is available.

This report filed late for the following reason (Check only one):

- a.  Forgot to file
- b.  Did not know that I had to file
- c.  Thought account balance was below reporting threshold
- d.  Did not know that my account qualified as foreign
- e.  Account statement not received in time
- f.  Account statement lost (Replacement requested)
- g.  Late receiving missing required account information
- h.  Unable to obtain joint spouse signature in time
- i.  Unable to access BSA E-filing system
- z.  Other (please provide explanation below)

# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31

2017

Amended

**Part I** Filer information ANASTAS20170001

2 Type of filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number ***-**-**** <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input checked="" type="checkbox"/> SSN/TIN <input type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY  07/30/1987
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6 Last name or organization name  SIROOCHENKO	7 First name  ANASTASIYA	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

10 City  NEW YORK	11 State  NY	12 ZIP/Postal Code  10014	13 Country  USA
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- 14 a) Does the filer have a financial interest in 25 or more financial accounts?  
 Yes  Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.  
 No
- b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
 Yes  Enter number of accounts \_\_\_\_\_ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.  
 No

**Part II** Information on financial account(s) owned separately

15 Maximum value of account during calendar year	15a Amount unknown <input checked="" type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below	
--	--	---	--

17 Name of financial institution in which account is held  
 UNICREDIT BANK AUSTRIA AG

18 Account number or other designation *****	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held SCHOTTENGASSE 6-8		
20 City VIENNA	21 State, if known	22 Foreign postal code, if known 1010 WIEN	23 Country AUSTRIA

**Signature** 44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>
--	---	--

<b>Third Party Preparer Use Only</b>	47 Preparer's last name WEISS	48 First name DAVID	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN P00962062	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/TIN <input type="checkbox"/> Foreign
	52 Contact phone no. 212-695-5771	52a Ext.	53 Firm's name DAVID WEISS CPA, PLLC		54 Firm's TIN **-**-****	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) 183 MADISON AVE SUITE 803		56 City NEW YORK	57 State NY	58 ZIP/Postal Code 10016-4403	59 Country US

▶ Return completed Form 8879 to your ERO. (Do not send to IRS.)  
 ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>ANASTASIYA SIROOCHENKO</b>	Social security number ***-**-XXXX
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) ...	1 1,615,964.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) .....	2 584,587.
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
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
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) .....	5 38,287.

**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, 2017, 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 DAVID WEISS CPA, PLLC to enter or generate my PIN XXXXXX as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 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 ▶ 09/12/2018

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN XXXXXX as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 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. XXXXXXXXXX  
 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 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 ▶ DAVID WEISS CPA, PLLC Date ▶ \_\_\_\_\_

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**Tax Year 2017 e-file Jurat/Disclosure  
for Form 1040, 1040A, 1040EZ, or 1040NR  
using Practitioner PIN method  
(with or without Electronic Funds Withdrawal)**

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**ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

**I am signing this Tax Return by entering my PIN below.**

ERO's PIN   
*(enter EFIN plus 5 self-selected numerics)*

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**Taxpayer Declarations**

**Perjury Statement**

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

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

**I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.**

---

Taxpayer's PIN:  Date 09122018

Spouse's PIN:

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Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0;">(See instructions below for completion)</p> <p style="margin: 5px 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0;">The form 114a may be digitally signed</p>	<b>ANASTAS20170001</b>
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**Part I** Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name <b>SIROOCHENKO</b>	2. Owner first name <b>ANASTASIYA</b>	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 1 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2017 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date MM DD YYYY	9. Owner or entity TIN ***-**-XXXX	10. TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

**Part II** Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name <b>WEISS</b>	16. Preparer first name <b>DAVID</b>	17. Preparer M.I.	18. Preparer PTIN
19. Address <b>183 MADISON AVE SUITE 803</b>	20. City <b>NEW YORK</b>	21. State <b>NY</b>	22. ZIP/postal code <b>10016-4403</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>DAVID WEISS CPA, PLLC</b>	25. Employer EIN **-***-XXXX	26. Preparer's signature <b>DAVID WEISS</b>

**Instructions for completing the FBAR Signature Authorization Record**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

ENCLOSE A CHECK FOR \$500000, PAYABLE TO THE UNITED STATES TREASURY.  
 INCLUDE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND THE  
 WORDS "2017 FORM 4868" ON YOUR CHECK.

MAIL AS SOON AS POSSIBLE TO:

INTERNAL REVENUE SERVICE CENTER  
 P.O. BOX 37009  
 HARTFORD, CT 06176-7009

DRAFT

718711 06-15-17

▼ DETACH HERE ▼

Form <b>4868</b> Department of the Treasury Internal Revenue Service (99)	<b>Application for Automatic Extension of Time          To File U.S. Individual Income Tax Return</b>	1019 <div style="font-size: 24px; font-weight: bold;">2017</div>												
For calendar year 2017, or other tax year beginning		, 2017, ending												
Part I Identification	Part II Individual Income Tax													
<b>1</b> Your name(s)  <b>ANASTASIYA SIROCHENKO</b> <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>4</b> Estimate of total tax liability for 2017 .....</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%; text-align: right;">547,000.</td> </tr> <tr> <td><b>5</b> Total 2017 payments .....</td> <td></td> <td style="text-align: right;">47,000.</td> </tr> <tr> <td><b>6</b> Balance due, Subtract line 5 from line 4 .....</td> <td></td> <td style="text-align: right;">500,000.</td> </tr> <tr> <td><b>7</b> Amount you are paying .....</td> <td></td> <td style="text-align: right;">500,000.</td> </tr> </table>		<b>4</b> Estimate of total tax liability for 2017 .....	\$	547,000.	<b>5</b> Total 2017 payments .....		47,000.	<b>6</b> Balance due, Subtract line 5 from line 4 .....		500,000.	<b>7</b> Amount you are paying .....		500,000.
<b>4</b> Estimate of total tax liability for 2017 .....	\$	547,000.												
<b>5</b> Total 2017 payments .....		47,000.												
<b>6</b> Balance due, Subtract line 5 from line 4 .....		500,000.												
<b>7</b> Amount you are paying .....		500,000.												
<b>2</b> Your social security number *** - ** - <div style="background-color: black; width: 80px; height: 15px; margin-top: 5px;"></div>	<b>8</b> Check here if you are "out of the country" and a U.S. citizen or resident ..... <input type="checkbox"/>													
<b>3</b> Spouse's social security number 	<b>9</b> Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ..... <input type="checkbox"/>													

\*\*\*\*\* YF SIRO 30 0 201712 670

2018 Estimated Tax Worksheet

Keep for Your Records

<b>1</b>	Adjusted gross income you expect in 2018 (see instructions)		<b>1</b>
<b>2a</b>	Deductions		<b>2a</b>
	<ul style="list-style-type: none"> <li>If you plan to itemize deductions, enter the estimated total of your itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.*</li> <li>If you don't plan to itemize deductions, enter your standard deduction.</li> </ul>		
<b>b</b>	If you qualify for the deduction under section 199A, enter the estimated amount of the deduction you are allowed on your qualified business income from a qualified trade or business		<b>2b</b>
<b>c</b>	Add lines 2a and 2b		<b>2c</b>
<b>3</b>	Subtract line 2c from line 1		<b>3</b>
<b>4</b>	<b>Tax.</b> Figure your tax on the amount on line 3 by using the <b>2018 Tax Rate Schedules.</b> <b>Caution:</b> If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax		<b>4</b>
<b>5</b>	Alternative minimum tax from <b>Form 6251</b> or included on <b>Form 1040A, line 28</b>		<b>5</b>
<b>6</b>	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040, line 44		<b>6</b>
<b>7</b>	Credits (see instructions). <b>Do not</b> include any income tax withholding on this line		<b>7</b>
<b>8</b>	Subtract line 7 from line 6. If zero or less, enter -0-		<b>8</b>
<b>9</b>	Self-employment tax (see instructions)		<b>9</b>
<b>10</b>	Other taxes (see instructions)		<b>10</b>
<b>11a</b>	Add lines 8 through 10		<b>11a</b>
<b>b</b>	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885		<b>11b</b>
<b>c</b>	<b>Total 2018 estimated tax.</b> Subtract line 11b from line 11a. If zero or less, enter -0-		<b>11c</b>
<b>12a</b>	Multiply line 11c by 90% (66 2/3% for farmers and fishermen)	<b>12a</b>	
<b>b</b>	Required annual payment based on prior year's tax (see instructions)	<b>12b</b>	
<b>c</b>	<b>Required annual payment to avoid a penalty.</b> Enter the <b>smaller</b> of line 12a or 12b <b>Caution:</b> Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.		<b>12c</b>
<b>13</b>	Income tax withheld and estimated to be withheld during 2018 (including income tax withholding on pensions, annuities, certain deferred income, etc.)		<b>13</b>
<b>14a</b>	Subtract line 13 from line 12c	<b>14a</b>	643,080.
	Is the result zero or less? <input type="checkbox"/> <b>Yes.</b> Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> <b>No.</b> Go to line 14b.		
<b>b</b>	Subtract line 13 from line 11c Is the result less than \$1,000? <input type="checkbox"/> <b>Yes.</b> Stop here. You are not required to make estimated tax payments. <input type="checkbox"/> <b>No.</b> Go to line 15 to figure your required payment.	<b>14b</b>	
<b>15</b>	If the first payment you are required to make is due April 17, 2018, enter 1/4 of line 14a (minus any 2017 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order		<b>15</b>

\*When figuring your 2018 estimated taxes, and estimating your deductions, you might want to take into account that the standard deduction for all filing statuses has increased substantially and many itemized deductions have been eliminated or the deduction amount has been reduced. See the items under *What's New*.

# 2018 Estimated Tax

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2018 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due April 17, 2018

Amount of estimated tax you are paying by check or money order.

\$ 0.

Print or type	Your first name and initial <b>ANASTASIYA</b>	Your last name <b>SIROOCHENKO</b>	Your social security number *** - ** - [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) <b>NEW YORK, NY 10014</b>		
	Foreign country name	Foreign province/county	Foreign postal code

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

-----  
CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE CENTER  
P.O. BOX 37007  
HARTFORD, CT 06176-7007

DRAFT

# 2018 Estimated Tax

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2018 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 2018

Amount of estimated tax you are paying by check or money order.

\$ **200,000.**

Print or type	Your first name and initial <b>ANASTASIYA</b>	Your last name <b>SIROOCHENKO</b>	Your social security number *** - ** - [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) <b>NEW YORK, NY 10014</b>		
	Foreign country name	Foreign province/county	Foreign postal code

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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P.O. BOX 37007  
HARTFORD, CT 06176-7007

DRAFT

# 2018 Estimated Tax

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2018 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 17, 2018

Amount of estimated tax you are paying  
by check or  
money order.

\$ 0.

Print or type	Your first name and initial <b>ANASTASIYA</b>	Your last name <b>SIROOCHENKO</b>	Your social security number *** - ** [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) <b>NEW YORK, NY 10014</b>		
	Foreign country name	Foreign province/county	Foreign postal code

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

-----  
CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE CENTER  
P.O. BOX 37007  
HARTFORD, CT 06176-7007

DRAFT

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2018 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 15, 2019

Amount of estimated tax you are paying  
by check or  
money order.

\$ 0.

Print or type	Your first name and initial <b>ANASTASIYA</b>	Your last name <b>SIROOCHENKO</b>	Your social security number *** - ** <span style="background-color: black; color: black;">[REDACTED]</span>
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) <span style="background-color: black; color: black;">[REDACTED]</span>		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) <b>NEW YORK, NY 10014</b>		
	Foreign country name	Foreign province/county	Foreign postal code

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

-----  
CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE CENTER  
P.O. BOX 37007  
HARTFORD, CT 06176-7007

DRAFT

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

, 2017, ending

, 20

See separate instructions.

Your first name and initial

Last name

ANASTASIYA

SIROOCHENKO

Your social security number

\*\*\*-\*\*-\*\*\*\*

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a box, see instructions.

Apt. no.

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.

NEW YORK, NY 10014

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.

Foreign country name

Foreign province/state/county

Foreign postal code

You Spouse

Filing Status

- 1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here.
4 [ ] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.
5 [ ] Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

- 6a [X] 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) [ ] if child under age 17 qualifying for child tax credit
d Total number of exemptions claimed: 1

If more than four dependents, see instructions and check here

Income

Table with 2 columns: Description and Amount. Rows include Wages, salaries, tips, etc. (740), Taxable interest (740), Ordinary dividends, Business income (1,645,140), Total income (1,645,880).

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include Educator expenses, Health savings account deduction, Moving expenses, Deductible part of self-employment tax (29,916), IRA deduction, Student loan interest deduction, Tuition and fees, Domestic production activities deduction, Add lines 23 through 35 (29,916), Subtract line 36 from line 22 (1,615,964).

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for other taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

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

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 section containing signatures and dates for DAVID WEISS and ART DEALER.

Paid Preparer Use Only section containing firm name DAVID WEISS CPA, PLLC and address 183 MADISON AVE SUITE 803.

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

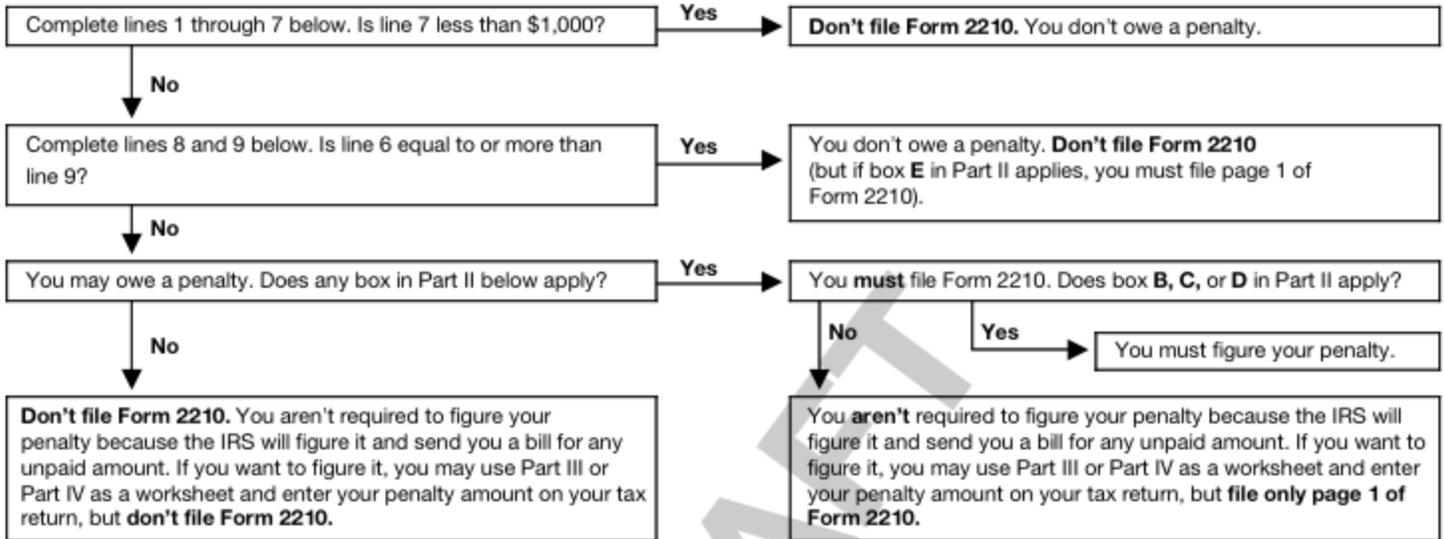
Name(s) shown on tax return

**ANASTASIYA SIROOCHENKO**

Identifying number

\*\*\* - \*\* - [REDACTED]

## Do You Have To File Form 2210?



### Part I Required Annual Payment

1	Enter your 2017 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	512,859.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	71,728.
3	Refundable credits, including the premium tax credit (see instructions)	3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b>	4	584,587.
5	Multiply line 4 by 90% (0.90)	5	526,128.
6	Withholding taxes. <b>Don't</b> include estimated tax payments (see instructions)	6	
7	Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b>	7	584,587.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	41,820.
9	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8	9	41,820.

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
  - If box **A** or **E** applies (but not **B**, **C**, or **D**) file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

### Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A**  You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B**  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C**  Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D**  Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E**  You filed or are filing a joint return for either 2016 or 2017, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

**Part IV Regular Method** (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A - Figure Your Underpayment	Payment Due Dates				
	(a) 4/15/17	(b) 6/15/17	(c) 9/15/17	(d) 1/15/18	
<b>18</b> Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column	18	10,455.	10,455.	10,455.	10,455.
<b>19</b> Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. <b>Don't file Form 2210 unless you checked a box in Part II</b> <b>Complete lines 20 through 26 of one column before going to line 20 of the next column.</b>	19				47,000.
<b>20</b> Enter the amount, if any, from line 26 in the previous column	20				
<b>21</b> Add lines 19 and 20	21				47,000.
<b>22</b> Add the amounts on lines 24 and 25 in the previous column	22		10,455.	20,910.	31,365.
<b>23</b> Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19	23	0.	0.	0.	15,635.
<b>24</b> If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	24		10,455.	20,910.	
<b>25</b> Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26	25	10,455.	10,455.	10,455.	
<b>26</b> Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	26				

**Section B - Figure the Penalty** (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty in the instructions.)

<b>27</b> Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. <b>Don't file Form 2210 unless you checked a box in Part II</b>	27				700.
---	----	--	--	--	------

Form 2210 (2017)

SEE ATTACHED WORKSHEET



**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on Form 1040

**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.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **07**

Your social security number

**ANASTASIYA SIROOCHENKO**

\*\*\*-\*\*-XXXX

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) <b>SEE STATEMENT 6</b>	1	3,836.
	2	Enter amount from Form 1040, line 38 <b>21,615,964.</b>		
	3	Multiply line 2 by 7.5% (0.075)	3	121,197.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
<b>Taxes You Paid</b>	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or <b>SEE STATEMENT 4</b>	5	227,641.
	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	227,641.
<b>Interest You Paid</b>	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	
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	22,290.
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	22,290.
<b>Casualty and Theft Losses</b>	20	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	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	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	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23	24	
	25	Enter amount from Form 1040, line 38 <b>25</b>	25	
	26	Multiply line 25 by 2% (0.02)	26	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
<b>Other Miscellaneous Deductions</b>	28	Other - from list in instructions. List type and amount ▶	28	
<b>Total Itemized Deductions</b>	29	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.	29	209,297.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **08**

**ANASTASIYA SIROOCHENKO**

Your social security number

\*\*\*-\*\*-\*\*\*\*

**Part I**

**Interest**

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

**CHASE**  
**UNICREDIT BANK AUSTRIA AG**

**Amount**

740.

**1**

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**2** Add the amounts on line 1

**2**

740.

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

**3**

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

**4**

740.

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**

**Ordinary Dividends**

**5** List name of payer ▶

**5**

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

**6**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

**7a** At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ **AUSTRIA**

**8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

727501 10-25-17

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2017

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **09**

Name of proprietor

**ANASTASIYA SIROOCHENKO**

Social security number (SSN)

\*\*\* - \*\* - [REDACTED]

**A** Principal business or profession, including product or service (see instructions)

**RENTAL REAL ESTATE**

**B** Enter code from instructions

531390

**C** Business name. If no separate business name, leave blank.

**LVIV ENTERPRISES LLC**

**D** Employer ID number (EIN) (see instr.)

\*\*-\*\*\*-[REDACTED]

**E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify)

**G** Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses  Yes  No

**H** If you started or acquired this business during 2017, check here  Yes  No

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

**J** If "Yes," did you or will you file required Forms 1099?  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1
2	Returns and allowances		2
3	Subtract line 2 from line 1		3
4	Cost of goods sold (from line 42)		4
5	<b>Gross profit.</b> Subtract line 4 from line 3		5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6
7	<b>Gross income.</b> Add lines 5 and 6		7

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	18	Office expense	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	
11	Contract labor (see instructions)	11	20a	a Vehicles, machinery, and equipment	
12	Depletion	12	20b	b Other business property	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23
16	Interest:		24	Travel, meals, and entertainment:	
16a	a Mortgage (paid to banks, etc.)	16a	24a	a Travel	
16b	b Other	16b	24b	b Deductible meals and entertainment (see instructions)	
17	Legal and professional services	17	25	Utilities	25
18			26	Wages (less employment credits)	26
19			27a	a Other expenses (from line 48)	688.
20			27b	b Reserved for future use	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a		28		688.
29	Tentative profit or (loss). Subtract line 28 from line 7		29		-688.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30		
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.		31		-688.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.		32a	<input checked="" type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **09**

Name of proprietor

**ANASTASIYA SIROOCHENKO**

Social security number (SSN)

\*\*\* - \*\* - [REDACTED]

**A** Principal business or profession, including product or service (see instructions)

**ART DEALER**

**B** Enter code from instructions

▶ **453920**

**C** Business name. If no separate business name, leave blank.

**SUBLIME ART LLC**

**D** Employer ID number (EIN) (see instr.)

\*\*\* - \*\*\* - [REDACTED]

**E** Business address (including suite or room no.) ▶ **244 FIFTH AVE #1590**

City, town or post office, state, and ZIP code **NEW YORK, NY 10001**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses  Yes  No

**H** If you started or acquired this business during 2017, check here

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

**J** If "Yes," did you or will you file required Forms 1099?  Yes  No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	<b>3,230,000.</b>
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	<b>3,230,000.</b>
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	<b>1,285,000.</b>
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	<b>1,945,000.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	<b>1,945,000.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>	<b>4,850.</b>	<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>	<b>225,000.</b>	<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	<b>1,159.</b>	<b>23</b> Taxes and licenses	<b>23</b>	<b>5,519.</b>
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	<b>12,000.</b>	<b>25</b> Utilities	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	<b>299,172.</b>	<b>26</b> Wages (less employment credits)	<b>26</b>	<b>48,958.</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	<b>1,645,828.</b>	<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	<b>1,686.</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>		<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>1,645,828.</b>			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>32a</b>	<input type="checkbox"/> All investment is at risk.	<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017



**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

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

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of  
person with self-employment  
income

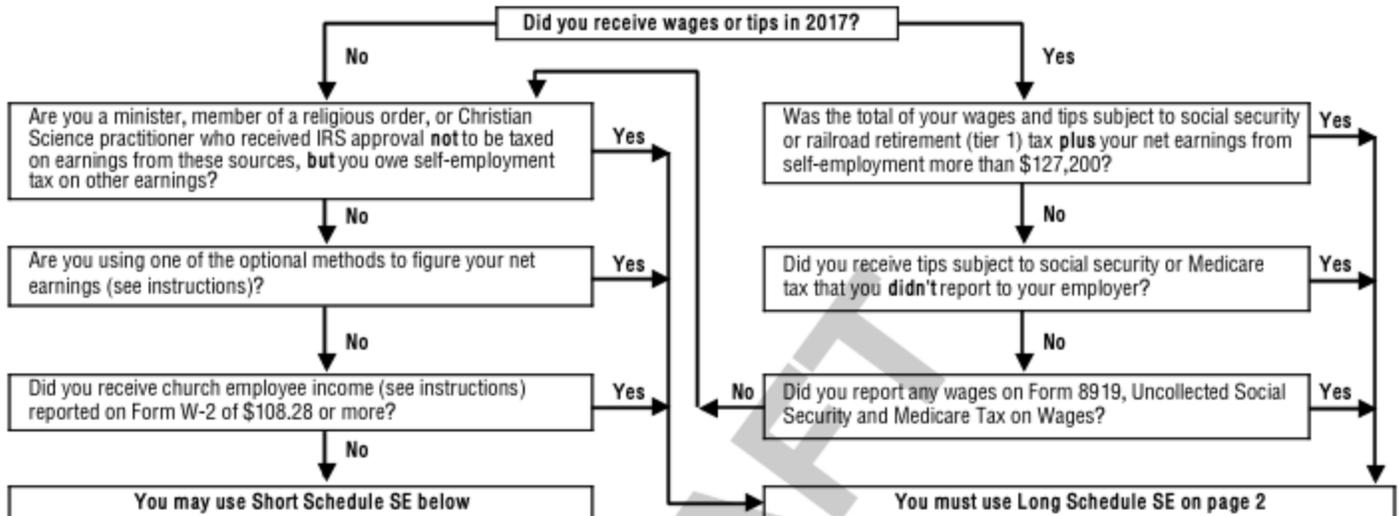
**ANASTASIYA SIROOCHENKO**

\*\*\*-\*\*-\*\*\*\*

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A-Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	<b>1b</b>	
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report <b>STMT 8</b>	<b>2</b>	1,645,140.
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	1,645,140.
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b	<b>4</b>	1,519,287.
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b>	<b>5</b>	59,832.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b>	<b>6</b>	29,916.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2017

Form **6251**

**Alternative Minimum Tax - Individuals**

OMB No. 1545-0074

**2017**

Attachment Sequence No. **32**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Your social security number

**ANASTASIYA SIROOCHENKO**

\*\*\*-\*\*-\*\*\*\*

**Part I Alternative Minimum Taxable Income**

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	1,406,667.
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	227,641.
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	-40,634.
7	Tax refund from Form 1040, line 10 or line 21	7	
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	1,593,674.

**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
29	If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.		0.
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	1,593,674.
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 page 2 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	442,473.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	442,473.
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 Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	512,859.
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	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 2 columns: Line number and Description. Rows 36-64 detailing tax calculations for capital gains rates, including instructions for Form 1040, Form 2555, and Form 2555-EZ.

## Additional Medicare Tax

**2017**

Attachment  
Sequence No. **71**

Department of the Treasury  
Internal Revenue Service

- ▶ 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.

Name(s) shown on return **ANASTASIYA SIROOCHENKO** Your social security number  
\*\*\*-\*\*-XXXX

**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			
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4			
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			
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			
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	1,519,287.		
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	200,000.		
10 Enter the amount from line 4	10			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	200,000.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			1,319,287.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			11,874.

**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			11,874.
---	----	--	--	---------

**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			
20 Enter the amount from line 1	20			
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	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			
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			

# Net Investment Income Tax - Individuals, Estates, and Trusts

## 2017

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Attachment  
Sequence No. **72**

Name(s) shown on your tax return

**ANASTASIYA SIROOCHENKO**

Your social security number or EIN

\*\*\* - \*\* - [REDACTED]

**Part I Investment Income**

- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

1 Taxable interest (see instructions) .....		<b>1</b>	740.
2 Ordinary dividends (see instructions) .....		<b>2</b>	
3 Annuities (see instructions) .....		<b>3</b>	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) .....	<b>4a</b>		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	<b>4b</b>		
c Combine lines 4a and 4b .....		<b>4c</b>	
5a Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>		
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>		
d Combine lines 5a through 5c .....		<b>5d</b>	
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)		<b>6</b>	
7 Other modifications to investment income (see instructions) .....		<b>7</b>	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>	740.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a Investment interest expenses (see instructions) .....	<b>9a</b>		
b State, local, and foreign income tax (see instructions) .....	<b>9b</b>	168.	
c Miscellaneous investment expenses (see instructions) .....	<b>9c</b>		
d Add lines 9a, 9b, and 9c .....		<b>9d</b>	168.
10 Additional modifications (see instructions) .....		<b>10</b>	
11 Total deductions and modifications. Add lines 9d and 10		<b>11</b>	168.

**Part III Tax Computation**

12 Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13- 17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		<b>12</b>	572.
<b>Individuals:</b>			
13 Modified adjusted gross income (see instructions) .....	<b>13</b>	1,615,964.	
14 Threshold based on filing status (see instructions) .....	<b>14</b>	200,000.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	1,415,964.	
16 Enter the smaller of line 12 or line 15 .....		<b>16</b>	572.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) .....		<b>17</b>	22.
<b>Estates and Trusts:</b>			
18a Net investment income (line 12 above) .....	<b>18a</b>		
b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) .....	<b>18b</b>		
c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	<b>18c</b>		
19a Adjusted gross income (see instructions) .....	<b>19a</b>		
b Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>		
c Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>		
20 Enter the smaller of line 18c or line 19c .....		<b>20</b>	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). <b>Enter here and include on your tax return</b> (see instructions) .....		<b>21</b>	

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8960 (2017)

**Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet**

Keep for Your Records

**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)	_____	_____	_____
(b)	_____	_____	_____

2. Enter the total of all items listed in line 1 ..... 2. \_\_\_\_\_
3. Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) ..... 3. \_\_\_\_\_
4. Enter the lesser of the total reported on line 2 or line 3 ..... 4. \_\_\_\_\_

**Part II - Application of Section 67 Limitation to Specific Deductions**

(A)			(B)		(C)	
Reenter the amounts and descriptions from Part I, line 1.			IF line 3 is less than line 2, THEN divide line 3 by line 2 AND enter the amount in column (B).		IF amounts reported on Part I, lines 2 and 4 are equal, THEN enter 1.00 in column (B).	
	Description	Line	Amount			
(a)	_____	_____	_____	X	_____	= _____
(b)	_____	_____	_____	X	_____	= _____

**TIP**

**Individuals** - Use the amounts in column (C) on Part III, line 1, to determine the amount of these deductions that are allowable after the application of the section 68 limitation.

**Estates or trusts** - Enter the amounts in column (C) in the appropriate location on lines 9 and 10. Don't complete Parts III or IV of this worksheet.

**Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet - continued**

Keep for Your Records

**Part III - Application of Section 68 to deductions properly allocable to investment income (Individuals Only)**

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

Description	Line	Amount
(a) _____	_____	_____
(b) _____	_____	_____

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income ..... 2. 168.

3. Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they'll be reported):

Description	Line	Amount
(a) _____	_____	_____
(b) _____	_____	_____

4. Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 ..... 4. 168.

5. Enter the amount of total itemized deductions reported on Form 1040 ..... 5. 209,297.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a) Investment Interest Expense ..... \_\_\_\_\_

(b) Casualty Losses (other than losses described in section 165(c)(1)) ..... \_\_\_\_\_

(c) Medical Expenses ..... \_\_\_\_\_

(d) Gambling Losses ..... \_\_\_\_\_

(e) Total of lines 6(a) through 6(d) ..... 6e. \_\_\_\_\_

7. Subtract line 6e from line 5 ..... 7. 209,297.

8. Enter the lesser of line 7 or line 4 ..... 8. 168.

**TIP** This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

**Part IV - Reconciliation of Schedule A Deductions to Form 8960, lines 9 and 10 (Individuals Only)**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1 - 3.	<b>IF</b> Part III, line 8 is less than Part III, line 4, <b>THEN</b> divide line 8 by line 4 <b>AND</b> enter the amount in column (B). <b>IF</b> the amounts reported on Part III, lines 4 and 8 are equal, <b>THEN</b> enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
<b>Miscellaneous Itemized Deductions properly allocable to investment income:</b>		
1. (a) _____	X _____ = _____	
(b) _____	X _____ = _____	
2. State, local, and foreign income taxes ..... 168.	X 1.0000 = 168.	
<b>Itemized Deductions Subject to Section 68 included on Line 3 of Part III:</b>		
3. (a) _____	X _____ = _____	
(b) _____	X _____ = _____	

NEW YORK

Name(s) **ANASTASIYA SIROOCHENKO** Your social security number or EIN \*\*\*-\*\*-\*\*\*\*

**Part I Investment Income**  Section 6013(g) election  
 Regulations section 1.1411-10(g) election

<b>1</b>	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	<b>1</b>	740.
<b>2</b>	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)	<b>2</b>	0.
<b>3</b>	Annuities from nonqualified plans	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5)	<b>4a</b>	0.
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b	<b>4c</b>	0.
<b>5a</b>	Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	<b>5a</b>	0.
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c	<b>5d</b>	0.
<b>6</b>	Changes in investment income for certain CFCs and PFICs	<b>6</b>	
<b>7</b>	Other modifications to investment income	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	<b>8</b>	740.

**Part II State Income Tax Pro-rata for 2017 Income Tax Payments**

<b>9</b>	State total income	<b>9</b>	1,615,964.
<b>10</b>	State income tax payments for 2017	<b>10</b>	205,000.
<b>11</b>	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	<b>11</b>	94.

**Part III State Income Tax Pro-rata for 2016 Estimate Payments Made in 2017**

<b>12</b>	State estimate payments for 2016	<b>12</b>	
<b>13</b>	Percent of state income taxes attributable to investment income for 2016	<b>13</b>	
<b>14</b>	2016 state estimate payments attributable to investment income. Line 12 times line 13	<b>14</b>	

**Part IV State Income Tax Pro-rata for Balance of Prior Years Tax Plus Extension Payments Paid in 2017**

<b>15</b>	Balance of prior years tax plus extension payments paid in 2017	<b>15</b>	9,641.
<b>16</b>	Percent of state income taxes attributable to investment income for 2016	<b>16</b>	.007631
<b>17</b>	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	<b>17</b>	74.

**Part V Reduction of State Tax Deduction**

<b>18</b>	Reduction of state tax deduction	<b>18</b>	( )
<b>19</b>	Percent of state income taxes attributable to investment income for 2016	<b>19</b>	
<b>20</b>	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	<b>20</b>	( )

**Part VI Total State Income Tax Payments Attributable to Investment Income**

<b>21</b>	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	<b>21</b>	168.
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FORM 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT 1

1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?  
 NO. STOP. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.  
 YES. CONTINUE
2. MULTIPLY \$4,050 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 4,050.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 1,615,964.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 261,500.
  - SINGLE \$261,500
  - MARRIED FILING JOINTLY OR WIDOW(ER) \$313,800
  - MARRIED FILING SEPARATELY \$156,900
  - HEAD OF HOUSEHOLD \$287,650
5. SUBTRACT LINE 4 FROM LINE 3. IF THE RESULT IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY), STOP. ENTER -0- ON LINE 42 1,354,464.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT HIGHER WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.

FORM 1040 OTHER TAXES STATEMENT 2

DESCRIPTION	AMOUNT
FROM FORM 8959	11,874.
FROM FORM 8960	22.
TOTAL TO FORM 1040, LINE 62	11,896.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 3
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DESCRIPTION	AMOUNT
4TH QTR ESTIMATE PAYMENT	47,000.
TOTAL TO FORM 1040, LINE 65	47,000.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 4
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DESCRIPTION	AMOUNT
OTHER STATE AND LOCAL INCOME TAXES	13,000.
NEW YORK 4TH QTR ESTIMATE PAYMENTS	205,000.
NEW YORK PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	9,641.
TOTAL TO SCHEDULE A, LINE 5	227,641.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 5
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DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
BYRD HOFFMAN WATER MILL FOUNDATION		22,000.	
DRAWING CENTER		250.	
VARIOUS ORGANIZED CHARITIES		40.	
SUBTOTALS		22,290.	
TOTAL TO SCHEDULE A, LINE 16			22,290.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 6
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DESCRIPTION	AMOUNT
MEDICAL INSURANCE PREMIUMS PAID	3,836.
TOTAL TO SCHEDULE A, LINE 1	3,836.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	7
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.		249,931.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 AND ANY QUALIFIED CONTRIBUTIONS INCLUDED ON LINE 16.		0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1.		249,931.
4.	MULTIPLY LINE 3 BY 80% (.80).	199,945.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	1,615,964.	
6.	ENTER \$313,800 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$287,650 IF HEAD OF HOUSEHOLD; \$261,500 IF SINGLE; OR \$156,900 IF MARRIED FILING SEPARATELY.	261,500.	
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5.	1,354,464.	
8.	MULTIPLY LINE 7 BY 3% (.03).	40,634.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8.		40,634.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.		209,297.

SCHEDULE SE	NON-FARM INCOME	STATEMENT	8
DESCRIPTION		AMOUNT	
ART DEALER		1,645,828.	
RENTAL REAL ESTATE		-688.	
TOTAL TO SCHEDULE SE, LINE 2		1,645,140.	

DAVID WEISS CPA, PLLC  
183 MADISON AVE SUITE 803  
NEW YORK, NY 10016-4403  
(212) 695-5771

SEPTEMBER 12, 2018

ANASTASIYA SIROOCHENKO

████████████████████  
NEW YORK, NY 10014

DEAR ANASTASIYA:

ENCLOSED ARE YOUR 2017 NEW YORK INCOME TAX RETURN AND 2018 ESTIMATED TAX VOUCHERS.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM TR-579-IT TO OUR OFFICE BY MAIL, E-MAIL (████████████████████) OR FAX (212-695-5772). WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE NY TAX DEPT, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NY TAX DEPT. RETURN FORM TR-579-IT TO US AS SOON AS POSSIBLE (BY OCTOBER 15, 2018).

YOUR OVERPAYMENT IN THE AMOUNT OF \$11,263 HAS BEEN APPLIED TO YOUR STATE DECLARATION OF ESTIMATED TAX.

NO PAYMENT IS REQUIRED.

NEW YORK ESTIMATED TAX VOUCHERS:

SEPARATELY MAIL VOUCHERS 1 AND 2 OF THE DECLARATION OF ESTIMATED TAX AS SOON AS POSSIBLE. ENCLOSE YOUR CHECK FOR \$60,000, PAYABLE TO NEW YORK STATE INCOME TAX. INCLUDE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "2018 FORM IT-2105" ON YOUR CHECK.

MAIL TO - NYS ESTIMATED INCOME TAX  
PROCESSING CENTER  
P.O. BOX 4122  
BINGHAMTON, NY 13902-4122

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS AND THEIR ORIGINAL DUE DATES BELOW.

VOUCHER NO. 1 BY 04/17/18 ..... NO PAYMENT REQUIRED  
VOUCHER NO. 2 BY 06/15/18 ..... \$60,000  
VOUCHER NO. 3 BY 09/17/18 ..... NO PAYMENT REQUIRED  
VOUCHER NO. 4 BY 01/15/19 ..... NO PAYMENT REQUIRED

YOUR COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE  
SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

DAVID WEISS

DRAFT

DAVID WEISS CPA, PLLC  
183 MADISON AVE SUITE 803  
NEW YORK, NY 10016-4403  
(212) 695-5771

SEPTEMBER 12, 2018

ANASTASIYA SIROOCHENKO

████████████████████  
NEW YORK, NY 10014

DEAR ANASTASIYA:

ENCLOSED ARE YOUR NEW YORK LLC FORMS.

THESE RETURNS HAVE QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURNS FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN TR-579-PT TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURNS TO THE NYS DEPT OF TAXATION. DO NOT MAIL A PAPER COPY OF THE RETURNS TO THE NYS DEPT OF TAXATION. RETURN TR-579-PT TO US BY MARCH 15, 2018.

PLEASE REFER TO THE NY IT-204-LL ACH DEBIT REPORT FOR BANK INFORMATION.

YOUR COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

DAVID WEISS

# 2017 TAX RETURN FILING INSTRUCTIONS

## NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

<b>Prepared for</b>	ANASTASIYA SIROOCHENKO [REDACTED] NEW YORK, NY 10014
<b>Prepared by</b>	DAVID WEISS CPA, PLLC 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403
<b>Amount of tax</b>	Total tax \$ 208,789 Less: payments and credits \$ 220,397 Plus: interest and penalties \$ 345 OVERPAYMENT \$ 11,263
<b>Overpayment</b>	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 11,263 Refunded to you \$ 0
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM TR-579-IT TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT.
<b>Return must be mailed on or before</b>	RETURN FORM TR-579-IT TO US BY OCTOBER 15, 2018.
<b>Special Instructions</b>	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NY TAX DEPT.

# 2018 ESTIMATED TAX FILING INSTRUCTIONS

## NEW YORK ESTIMATED TAX

FOR THE YEAR ENDING

DECEMBER 31, 2018

<b>Prepared for</b>	ANASTASIYA SIROOCHENKO [REDACTED] NEW YORK, NY 10014																											
<b>Prepared by</b>	DAVID WEISS CPA, PLLC 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403																											
<b>Amount of tax</b>	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>71,263</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>11,263</td></tr><tr><td>Less amount already paid on 2018 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>60,000</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 0</td><td>APRIL 17, 2018</td></tr><tr><td>No. 2</td><td>\$ 60,000</td><td>JUNE 15, 2018</td></tr><tr><td>No. 3</td><td>\$ 0</td><td>SEPTEMBER 17, 2018</td></tr><tr><td>No. 4</td><td>\$ 0</td><td>JANUARY 15, 2019</td></tr></tbody></table>	Total Estimated Tax	\$	71,263	Less credit from prior year	\$	11,263	Less amount already paid on 2018 estimate	\$	0	Balance due	\$	60,000	Installment	Amount	Due Date	No. 1	\$ 0	APRIL 17, 2018	No. 2	\$ 60,000	JUNE 15, 2018	No. 3	\$ 0	SEPTEMBER 17, 2018	No. 4	\$ 0	JANUARY 15, 2019
Total Estimated Tax	\$	71,263																										
Less credit from prior year	\$	11,263																										
Less amount already paid on 2018 estimate	\$	0																										
Balance due	\$	60,000																										
Installment	Amount	Due Date																										
No. 1	\$ 0	APRIL 17, 2018																										
No. 2	\$ 60,000	JUNE 15, 2018																										
No. 3	\$ 0	SEPTEMBER 17, 2018																										
No. 4	\$ 0	JANUARY 15, 2019																										
<b>Make check payable to</b>	NEW YORK STATE INCOME TAX																											
<b>Mail voucher and check (if applicable) to</b>	NYS ESTIMATED INCOME TAX PROCESSING CENTER P.O. BOX 4122 BINGHAMTON, NY 13902-4122																											
<b>Special Instructions</b>	MAIL EACH VOUCHER ON OR BEFORE THE DATE INDICATED ABOVE. ENCLOSE YOUR CHECK FOR THE SPECIFIED AMOUNT, PAYABLE TO NEW YORK STATE INCOME TAX.  INCLUDE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "2018 FORM IT-2105" ON YOUR CHECK.																											

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORMS IT-204-LL

<b>Prepared for</b>	ANASTASIYA SIROOCHENKO [REDACTED] NEW YORK, NY 10014
<b>Prepared by</b>	DAVID WEISS CPA, PLLC 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403
<b>Filing Fee</b>	\$25 FOR EACH ENTITY
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail form and check (if applicable) to</b>	THESE RETURNS HAVE QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURNS FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN TR-579-PT TO OUR OFFICE BY MAIL, E-MAIL (EFILE@DAVIDWEISSCPA.NET), OR FAX (212-695-5772). WE WILL THEN SUBMIT YOUR ELECTRONIC RETURNS TO THE NYS DEPT OF TAXATION.
<b>Form must be separately mailed by</b>	RETURN TR-579-PT TO US BY MARCH 15, 2018.
<b>Special Instructions</b>	DO NOT MAIL THE PAPER COPIES OF THE RETURNS TO THE NYS DEPT OF TAXATION.  PLEASE REFER TO THE NY IT-204-LL ACH DEBIT REPORT FOR BANK INFORMATION.



New York State E-File Signature Authorization for Tax Year 2017
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

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

Taxpayer's name: ANASTASIYA SIROOCHENKO

Spouse's name: (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Go to our website at www.tax.ny.gov to view this document.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

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

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2017 Form IT-370 and Tax Year 2018 Form IT-2105.

Part A - Tax return information

1 Federal adjusted gross income (from applicable line) 1615964
2 Refund 0
3 Amount you owe
4 Financial institution routing number
5 Financial institution account number
6 Account type: Personal checking Personal savings Business checking Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2017 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: Date:

Spouse's signature: (jointly filed return only) Date:

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

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:

Print name:

Paid preparer's signature: DAVID WEISS Date:

Print name: DAVID WEISS



# New York State E-File Signature Authorization for Tax Year 2017 for Forms IT-204 and IT-204-LL

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

Partnership name: SUBLIME ART LLC

Return type (mark an X to indicate which form you are e-filing):  IT-204  IT-204-LL

### Purpose

Form TR-579-PT must be completed to authorize an ERO to e-file Form IT-204, *Partnership Return*, or Form IT-204-LL, *Partnership, Limited Liability Company, and Limited Liability Partnership Filing Fee Payment Form*. For the purposes of this form, all three forms of business entities will be referred to hereinafter as a *partnership*.

Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to view this document.

### General instructions

Part A must be completed by an authorized member or general partner before the ERO transmits the electronically filed Form IT-204 or IT-204-LL.

**Do not mail Form TR-579-PT to the Tax Department.** EROs must keep this form for three years and present it to the Tax Department upon request.

EROs must complete Part B prior to transmitting an electronically filed Form IT-204 or IT-204-LL.

This form is not required for electronically filed Form IT-370-PF, *Application for Automatic Extension of Time to File for Partnerships and Fiduciaries*.

### Financial institution information for Form IT-204-LL filers (must be present if electronic payment is authorized)

1	Amount owed on return .....	1.	<u>25.</u>
2	Financial institution routing number .....	2.	
3	Financial institution account number .....	3.	
4	Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input checked="" type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

### Part A - Declaration of authorized member or general partner and authorizations for Form IT-204 or IT-204-LL

Under penalty of perjury, I declare that I have examined the information on this 2017 New York State electronic partnership return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. The ERO has my consent to send this 2017 New York State electronic partnership return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-PT, I am authorizing the ERO to sign and file this return on behalf of the partnership and agree that the ERO's submission of the partnership's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State partnership fees due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Signature of authorized member or general partner: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name and title: ANASTASIYA SIROOCHENKO MEMBER

### Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic partnership return is the information furnished to me by the partnership. If the partnership furnished me a completed paper 2017 New York State partnership return signed by a paid preparer, I declare that the information contained in the partnership's 2017 New York State electronic partnership tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic partnership tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name: \_\_\_\_\_

Paid preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name: DAVID WEISS



# New York State E-File Signature Authorization for Tax Year 2017 for Forms IT-204 and IT-204-LL

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

Partnership name: LVIV ENTERPRISES LLC

Return type (mark an X to indicate which form you are e-filing):      IT-204   X   IT-204-LL

### Purpose

Form TR-579-PT must be completed to authorize an ERO to e-file Form IT-204, *Partnership Return*, or Form IT-204-LL, *Partnership, Limited Liability Company, and Limited Liability Partnership Filing Fee Payment Form*. For the purposes of this form, all three forms of business entities will be referred to hereinafter as a *partnership*.

Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to view this document.

### General instructions

Part A must be completed by an authorized member or general partner before the ERO transmits the electronically filed Form IT-204 or IT-204-LL.

**Do not mail Form TR-579-PT to the Tax Department.** EROs must keep this form for three years and present it to the Tax Department upon request.

EROs must complete Part B prior to transmitting an electronically filed Form IT-204 or IT-204-LL.

This form is not required for electronically filed Form IT-370-PF, *Application for Automatic Extension of Time to File for Partnerships and Fiduciaries*.

### Financial institution information for Form IT-204-LL filers (must be present if electronic payment is authorized)

1	Amount owed on return .....	1.	25.
2	Financial institution routing number .....	2.	[REDACTED]
3	Financial institution account number .....	3.	[REDACTED]
4	Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input checked="" type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

### Part A - Declaration of authorized member or general partner and authorizations for Form IT-204 or IT-204-LL

Under penalty of perjury, I declare that I have examined the information on this 2017 New York State electronic partnership return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. The ERO has my consent to send this 2017 New York State electronic partnership return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-PT, I am authorizing the ERO to sign and file this return on behalf of the partnership and agree that the ERO's submission of the partnership's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State partnership fees due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Signature of authorized member or general partner: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name and title: ANASTASIYA SIROOCHENKO MEMBER

### Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic partnership return is the information furnished to me by the partnership. If the partnership furnished me a completed paper 2017 New York State partnership return signed by a paid preparer, I declare that the information contained in the partnership's 2017 New York State electronic partnership tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic partnership tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Paid preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: DAVID WEISS

Estimated tax worksheet (see instructions)	A - New York State	B - New York City	C - Yonkers	D - MCTMT
1 Enter amount of New York adjusted gross income (NYAGI) you expect in 2018	1.			
2 Enter either your standard deduction or estimated itemized deduction	2.			
3 Subtract line 2 from line 1	3.			
4 Dependent exemptions (multiply \$1,000 by number of dependents)	4.			
5 Estimated NYS taxable income (subtract line 4 from line 3)	5.			
6 NYS tax on line 5 amount (see instructions)	6.			
7 NYC resident tax on line 5 amount (see instructions)		7.		
8 NYC household credit and NYC accumulation distribution credit		8.		
9 Subtract line 8 from line 7		9.		
10 NYC tax on ordinary income portion of lump-sum distribution		10.		
11 Add lines 9 and 10		11.		
12 NYC unincorporated business tax credit		12.		
12a NYC general corporation tax credit		12a.		
12b Add lines 12 and 12a		12b.		
13 Subtract line 12b from line 11		13.		
14 Enter household credit; nonresidents and part-year residents also enter child and dependent care credit and earned income credit (see instructions)	14.			
15 Subtract line 14 from line 6 (see instructions)	15.			
16 Other taxes (see instructions)	16.			
17 Add lines 15 and 16 (in NYC column: add lines 13 and 16)	17.			
18 Resident credit and other nonrefundable credits (see instructions)	18.			
19 Total estimated NYS and NYC income tax (New York State column: subtract line 18 from line 17; New York City column: enter amount from line 17)	19.			
20 Refundable credits (see instructions)	20.			
21 NYS/NYC estimated income tax (subtract line 20 from line 19)	21.			
22 Yonkers: (a) resident tax surcharge (multiply line 21, New York State column, by 16.75% (.1675))			22a.	
(b) nonresident earnings tax (from Form Y-203)			22b.	
(c) total (add lines 22a and 22b)			22c.	
23 Totals (New York State column, line 21; New York City column, line 21; Yonkers column, line 22c; Estimated MCTMT worksheet, line 5)	23.			
24 Multiply line 23 by 90% (.90) (66 2/3% (.6667) for farmers and fishermen)	24.			
25 Enter your 2017 tax (see instructions)	25.			
26 Enter the lesser of line 24 or 25. This is your required annual payment (see Penalty for underpayment of estimated tax).	26.			
27 Estimate of income tax to be withheld, estimated income tax paid with Form IT-2663 and/or IT-2664, and estimated tax paid on your behalf by a partnership or corporation	27.			
28 Balance (subtract line 27 from line 26). If any amount on this line, columns A, B, or C, is \$300 or more, or if any amount is shown in column D, fill out and file the payment voucher along with your payment. If each amount on this line (columns A, B, and C only) is less than \$300, no payment is required at this time. If you are applying an overpayment from 2017 to 2018, see How to complete the payment voucher	28.	ADJ TO 110% 155280	51800	5720
<b>Computation of installments:</b> If the first installment is paid:	Enter in the appropriate spaces on the voucher (less any 2017 overpayment you are applying to this installment):			
April 17, 2018	25% (.25) of line 28			
June 15, 2018	50% (.50) of line 28			
September 17, 2018	75% (.75) of line 28			
January 15, 2019	amount on line 28			

OVERPAYMENT APPLIED

11263



Department of Taxation and Finance  
Tips for Estimated Tax

768042 10-27-17

**Did you know?** You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at [www.tax.ny.gov](http://www.tax.ny.gov) to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number (SSN)/taxpayer identification (ID) number** - Make sure that the **entire** SSN used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** - Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** - Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** - Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

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To order forms and publications: (518) 457-5431

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Department of Taxation and Finance  
**Estimated Tax Payment Voucher for Individuals**  
New York State • New York City • Yonkers • MCTMT

**IT-2105**

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**Estimated tax amounts**

Dollars Cents

Full SSN or taxpayer ID number *****9816		Enter your 2-character special condition code if applicable (see instr.)		New York State		0	00
Taxpayer's first name and middle initial ANASTASIYA		Taxpayer's last name SIROOCHENKO		New York City		0	00
Mailing address (number and street or PO box; see instructions)				Apartment number		Yonkers	
City, village, or post office NEW YORK				State NY	ZIP code 10014	MCTMT	
Taxpayer's e-mail address							

	0	00
	0	00
		00
	0	00
<b>Total payment</b>	0	00

**STOP:** Pay this electronically on our website

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Taxpayer's first name and middle initial <b>ANASTASIYA</b>		Taxpayer's last name <b>SIROOCHENKO</b>		New York City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (number and street or PO box; see instructions) Apartment number [REDACTED]				Yonkers	<input type="text"/>	<input type="text"/>	<input type="text"/>
City, village, or post office <b>NEW YORK</b>		State <b>NY</b>	ZIP code <b>10014</b>	MCTMT	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxpayer's e-mail address [REDACTED]				<b>Total payment</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dollars Cents

**45000.00**

**15000.00**

**.00**

**.00**

**60000.00**

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**IT-2105**

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Mailing address (number and street or PO box; see instructions) Apartment number [REDACTED]				Yonkers	<input type="text"/>	<input type="text"/>	<input type="text"/>
City, village, or post office <b>NEW YORK</b>		State <b>NY</b>	ZIP code <b>10014</b>	MCTMT	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxpayer's e-mail address [REDACTED]							

	Dollars	Cents
New York State	<input type="text"/>	<input type="text"/>
New York City	<input type="text"/>	<input type="text"/>
Yonkers	<input type="text"/>	<input type="text"/>
MCTMT	<input type="text"/>	<input type="text"/>
<b>Total payment</b>	<input type="text"/>	<input type="text"/>

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Department of Taxation and Finance  
**Estimated Tax Payment Voucher for Individuals**  
New York State • New York City • Yonkers • MCTMT

**IT-2105**

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#### Estimated tax amounts

Full SSN or taxpayer ID number *****9816		Enter your 2-character special condition code if applicable (see instr.)		New York State		0	00
Taxpayer's first name and middle initial ANASTASIYA		Taxpayer's last name SIROOCHENKO		New York City		0	00
Mailing address (number and street or PO box; see instructions)				Apartment number		Yonkers	
City, village, or post office NEW YORK				State NY	ZIP code 10014	MCTMT	
Taxpayer's e-mail address							

	Dollars	Cents
New York State	0	00
New York City	0	00
Yonkers		00
MCTMT		00
<b>Total payment</b>	0	00

**STOP:** Pay this electronically on our website

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# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

768001 11-17-17  
**IT-201**

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

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

Your first name <b>ANASTASIYA</b>	MI	Your last name (for a joint return, enter spouse's name on line below) <b>SIROOCHENKO</b>	Your date of birth (mmddyyyy)	Your social security number *****
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence <b>NY</b>
City, village, or post office <b>NEW YORK</b>	State <b>NY</b>	ZIP code <b>10014</b>	Country (if not United States)	School district name <b>MANHATTAN</b>
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number <b>369</b>
City, village, or post office	State <b>NY</b>	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 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

**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 ...

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

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

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

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

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



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number  
\*\*\*\*\*

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

Whole dollars only

1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	740.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	1645140.00
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	1645880.00
18	Total federal adjustments to income (see page 15) Identify: SE TAX DEDUCTION	18	29916.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	1615964.00

**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	.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	1615964.00

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

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	1615964.00

**Standard deduction or itemized deduction** (see page 20)

34	Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	11145.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	1604819.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	1604819.00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1

ANASTASIYA SIROOCHENKO

Your social security number

\*\*\*\*\*

IT-201 (2017) Page 3 of 4

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

38	Taxable income (from line 37 on page 2)	38	1604819.00
39	NYS tax on line 38 amount (see page 21)	39	141545.00
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	141545.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	<b>Total New York State taxes</b> (add lines 44 and 45)	46	141545.00

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

47	NYC resident tax on line 38 amount (see page 22)	47	62078.00
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	62078.00
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	62078.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	14997.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	47081.00
54a	MCTMT net earnings base	54a	1519287.00
54b	MCTMT	54b	5166.00
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	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57)	58	52247.00
59	<b>Sales or use tax</b> (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	<b>Total voluntary contributions</b> (add lines 60a through 60o)	60	.00
61	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60)	61	193792.00

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Your social security number  
\*\*\*\* [REDACTED]

62 Enter amount from line 61 62 193792.00

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

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	400 .00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.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	.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	205000 .00
76	<b>Total payments</b> (add lines 63 through 75)	76	205400.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12). Do not send federal Form W-2 with your return.

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

LESS LN 81

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 11263.00

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 .00

79 Amount of line 77 that you want applied to your 2018 estimated tax (see instructions) 79 11263 .00

79a Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195) 79a .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) 81 345 .00

82 Other penalties and interest (see page 32) 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 33). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 33)

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

83b Routing number  83c Account number

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

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

<b>Third-party designee?</b> (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Print designee's name DAVID WEISS	Designee's phone number 212-695-5771	Personal identification number (PIN) 13349
E-mail: INFO@DAVIDWEISSCPA.NET				
▼ Paid preparer must complete (see instructions) ▼		▼ Taxpayer(s) must sign here ▼		
Preparer's signature DAVID WEISS	Preparer's printed name DAVID WEISS	Your signature		
Firm's name (or yours, if self-employed) DAVID WEISS CPA, PLLC	Preparer's PTIN or SSN P00962062	Your occupation ART DEALER		
Address 183 MADISON AVE SUITE 803 NEW YORK, NY 100164403	Employer identification number *****2756	Spouse's signature and occupation (if joint return)		
E-mail: [REDACTED]	Date	Date	Daytime phone number	

See instructions for where to mail your return.

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Other Tax Credits and Taxes
Attachment to Form IT-201

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. Submit this form with your Form IT-201.

Name(s) as shown on your Form IT-201: ANASTASIYA SIROOCHENKO
Your social security number: \*\*\*\*\*

A Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions) Yes [ ] No [X]

Part 1 - Other New York State, New York City, and Yonkers tax credits

Section A - New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Accumulation distribution credit (submit computation) .00
2 Other nonrefundable, non-carryover credits .00
2a Code Amount .00 2b Code Amount .00
Total other nonrefundable, non-carryover credits (add lines 2a and 2b) .00

Section B - New York State nonrefundable, carryover credits used

3 Long-term care insurance credit .00
4 Investment credit .00
5 Solar energy system equipment credit .00
6 Other nonrefundable, carryover credits .00
6a Code Amount .00 6h Code Amount .00
6b Code Amount .00 6i Code Amount .00
6c Code Amount .00 6j Code Amount .00
6d Code Amount .00 6k Code Amount .00
6e Code Amount .00 6l Code Amount .00
6f Code Amount .00 6m Code Amount .00
6g Code Amount .00 6n Code Amount .00
Total other nonrefundable, carryover credits (add lines 6a through 6n) .00
7 Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42) .00

Section C - New York City nonrefundable, non-carryover credits used

8 New York City resident UBT credit 14997.00
8a New York City resident GCT credit .00
9 New York City accumulation distribution credit (submit computation) .00
9a Part-year resident nonrefundable NYC child and dependent care credit .00
10 Total other New York City nonrefundable credits used (add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53) 14997.00

Section D - New York State, New York City, Yonkers, and MCTMT refundable credits

11 Farmers' school tax credit .00
12 Other refundable credits .00
12a Code Amount .00 12g Code Amount .00
12b Code Amount .00 12h Code Amount .00
12c Code Amount .00 12i Code Amount .00
12d Code Amount .00 12j Code Amount .00
12e Code Amount .00 12k Code Amount .00
12f Code Amount .00 12l Code Amount .00
Total other refundable credits (add lines 12a through 12l) .00
13 Add lines 11 and 12 .00

NO HANDWRITTEN ENTRIES ON THIS FORM



Your social security number
*****

**Part 1, Section D - New York State, New York City, Yonkers, and MCTMT refundable credits** (continued)

14 Enter amount from line 13 on page 1	14	.00
15 New York State claim of right credit	15	.00
16 New York City claim of right credit	16	.00
17 Yonkers claim of right credit	17	.00
17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit	17a	.00
18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on Form IT-201, line 71)	18	.00

**Part 2 - Other New York State taxes** (submit all applicable forms)

If you are subject to other New York State taxes, complete Part 2.

19 New York State tax on capital gain portion of lump-sum distributions (Form IT-230)	19	.00
20 Other New York State taxes		

Code	Amount	Code	Amount
20a	.00	20g	.00
20b	.00	20h	.00
20c	.00	20i	.00
20d	.00	20j	.00
20e	.00	20k	.00
20f	.00	20l	.00

Total other New York State taxes (add lines 20a through 20l)	20	.00
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21 Add lines 19 and 20	21	.00
------------------------	----	-----

22 See instructions for line 22	22	.00
23 Enter amount from Form IT-201, line 39	23	.00
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)	24	.00
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)	25	.00

26 New York State separate tax on lump-sum distributions (Form IT-230)	26	.00
---	----	-----

27 Resident credit against separate tax on lump-sum distributions	27	.00
--	----	-----

28 Subtract line 27 from line 26	28	.00
----------------------------------	----	-----

29 This line intentionally left blank	29	
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30 Net other New York State taxes (add lines 25 and 28; enter here and on Form IT-201, line 45)	30	.00
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**Part 3 - Other New York City taxes** (submit all applicable forms)

31 This line intentionally left blank	31	
32 New York City resident separate tax on lump-sum distributions (Form IT-230)	32	.00
33 New York City tax on capital gain portion of lump-sum distributions (Form IT-230)	33	.00
34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51)	34	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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# Resident Itemized Deduction Schedule

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201 <b>ANASTASIYA SIROOCHENKO</b>	Your social security number *****
---	--------------------------------------

Whole dollars only

1 Medical and dental expenses (federal Schedule A, line 4)	1	.00
2 Taxes you paid (federal Schedule A, line 9)	2	227641.00
3 Interest you paid (federal Schedule A, line 15)	3	.00
4 Gifts to charity (federal Schedule A, line 19)	4	22290.00
5 Casualty and theft losses (federal Schedule A, line 20)	5	.00
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)	6	.00
7 Other miscellaneous deductions (federal Schedule A, line 28)	7	.00
8 Enter amount from federal Schedule A, line 29	8	209297.00
<b>STATEMENT 1</b>		
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	190627.00
10 Subtract line 9 from line 8	10	18670.00
<b>STATEMENT 2</b>		
11 Addition adjustments (see instructions)	11	4500.00
12 Add lines 10 and 11	12	23170.00
13 Itemized deduction adjustment (see instructions)	13	12025.00
14 Subtract line 13 from line 12	14	11145.00
15 College tuition itemized deduction (see Form IT-272)	15	.00
16 New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	16	11145.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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# Credit for New York City Unincorporated Business Tax

Submit Form IT-219 with your return, Form IT-201, Form IT-203, or Form IT-205.

Name(s) as shown on return <b>ANASTASIYA SIROOCHENKO</b>	Taxpayer identification number (SSN or EIN) *****
---	--

### Part 1 - Partner (see instructions)

Name of partnership (as shown on Form NYC-204)	Partnership year end (from Form NYC-204)	Partnership EIN
--	--	-----------------

1 Enter the amount from Form NYC-204, line 23 (see instr.)	1	.00
2 Enter the amount from Form NYC-204, line 20 (see instr.)	2	.00
3 Add lines 1 and 2	3	.00
4 Enter your percentage of total distributive shares from Form NYC-204, Schedule C, column I. Enter amount as a decimal and round to the fourth decimal place (for example, 17.5% = .1750)	4	
5 Multiply line 3 by line 4 (if more than one business, see instructions)	5	.00

### Part 2 - Individual

6 **Resident individual:** Enter the amount from Form NYC-202, line 21, or Form NYC-202S, line 8 (see instr.)  
**Part-year resident individual:** Enter the amount from Worksheet A, line 5 (on page 2)

6	65206.00
---	----------

### Part 3 - Beneficiary's share of unincorporated business taxes (see instructions)

7 **Beneficiary** - Enter your share of New York City unincorporated business taxes imposed on the estate or trust (see instructions)

Name of estate or trust	Employer identification number	7	.00
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### Part 4 - Computation of credit

8 **Fiduciaries:** Enter the amount from Schedule A, *Fiduciary* line, column D (on page 2; see instr.)  
**All others:** Add lines 5, 6, and 7 (partners, see instructions)

8	65206.00
---	----------

9 Enter your taxable income from:  
**Full-year NYC resident individuals** - Form IT-201, line 37  
**Part-year NYC resident individuals** - Form IT-360.1, line 47  
**Full-year NYC resident estates or trusts** - Form IT-205, line 5  
**Part-year NYC resident trusts** - Form IT-205-A, line 10, col. (b)

9	1604819.00
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10 If line 9 above is:  
 - \$42,000 or less, enter **1.000** (100%)  
 - more than \$42,000, but less than \$142,000, complete Worksheet B (on page 2)  
 - \$142,000 or more, enter **.230** (23%)

10	.230
----	------

11 Multiply line 8 by line 10. **New York City resident individuals** - Continue on line 12 below.  
**NYC part-year resident individuals: Stop;** enter line 11 amount on Form IT-360.1, line 54.  
**Estates and trusts: Stop;** enter line 11 amount on Form IT-205, line 22

11	14997.00
----	----------

#### New York City full-year resident individuals

12 Amount from Form IT-201, line 49	12	62078.00
13 Amount from Form IT-201-ATT, line 32	13	.00
14 Amount from Form IT-201-ATT, line 33	14	.00
15 Add lines 12, 13, and 14	15	62078.00
16 Enter the <b>lesser</b> of line 11 or 15, and transfer the amount to Form IT-201-ATT, line 8	16	14997.00

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**Worksheet A**

1	Enter the amount from Form NYC-202, line 21, Form NYC-202EIN, line 21, or Form NYC-202S, line 8	1	.00
2	<b>Individuals:</b> Enter the amount from Form IT-360.1, line 6, column B <b>Trusts:</b> Enter the amount from Form IT-205-A, Schedule 4, line 16, column C (see instructions)	2	.00
3	<b>Individuals:</b> Enter the amount from Form IT-360.1, line 6, column A <b>Trusts:</b> Enter the amount from Form IT-205-A, Schedule 4, line 16, column A (see instructions)	3	.00
4	Divide line 2 by line 3 and round the result to the fourth decimal place	4	
5	Multiply line 1 by line 4. This is the part-year resident tax imposed on the unincorporated business. <b>Estates and trusts:</b> Include this amount (below) in Schedule A, Totals line, column D. <b>All others:</b> Transfer this amount to line 6 on page 1	5	.00

**Worksheet B**

1	Base percentage 100%	1	1.000
2	Enter your taxable income from page 1, line 9	2	.00
3	Base amount	3	\$42,000.00
4	Subtract line 3 from line 2	4	.00
5	Divide line 4 by \$100,000 and round to the third decimal place	5	
6	Multiply line 5 by .770	6	
7	Subtract line 6 from line 1. Transfer this decimal amount to page 1, line 10	7	

**Schedule A (for estates and trusts only)**

**Fiduciary's and beneficiary's share of New York City unincorporated business tax**

A Name and address of beneficiary	B Beneficiary's identifying number	C Allocation percentage	D Beneficiary's eligible unincorporated business taxes
<b>Totals</b>			.00
		100%	.00
			.00
			.00
			.00
			.00
<b>Fiduciary</b>			.00

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# 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) <b>ANASTASIYA SIROOCHENKO</b>	Your social security number *****
Spouse's name (first name first)	Spouse's social security number

**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
<b>A</b> Eligible student's name .....	ANASTASIYA SIRO		
<b>B</b> Eligible student's social security number (SSN) .....	*****9816		
<b>C</b> Is the student claimed as a dependent on your NYS return? (see instructions) .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>X</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>D</b> EIN of college or university (see instr.) .....	135598093		
<b>E</b> Name of college or university (see instr.) ...	TRUSTEES OF COL		
<b>F</b> Were expenses for <b>undergraduate</b> 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"/>
<b>G</b> Amount of qualified college tuition expenses (see instructions) .....	39018.00	.00	.00
<b>H</b> Enter the lesser of line G or 10,000 .....	10000.00	.00	.00
<b>3</b> 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.) .....			<b>3</b> 10000.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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**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

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# Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

# IT-2105.9

Name(s) as shown on return <b>ANASTASIYA SIROOCHENKO</b>	Identification number (SSN or EIN) *****
---	---

**Part 1 - All filers must complete this part** (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2017 return before withholding and estimated tax payments ( <b>caution:</b> see instructions)	1	193792.00
2 Empire State child credit (from Form IT-201, line 63)	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5	.00
6 Real property tax credit (from Form IT-201, line 67)	6	.00
7 College tuition credit (from Form IT-201, line 68)	7	400.00
7a Total amount of any check(s) received from the Tax Department for any school or property tax credits (see instructions)	7a	.00
8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a)	8	.00
9 NY City earned income credit (from Form IT-201, line 70)	9	.00
9a NY City enhanced real property tax credit (from Form IT-201, line 70a)	9a	.00
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10	11	400.00
12 Current year tax (subtract line 11 from line 1)	12	193392.00
13 Multiply line 12 by 90% (.90)	13	174053.00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	.00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15	193392.00
16 Enter your 2016 tax ( <b>caution:</b> see instructions)	16	11859.00
17 Enter the smaller of line 13 or line 16	17	11859.00

**Part 2 - Short method for computing the penalty** - Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete Part 3 - Regular method.

18 Enter the amount from line 14 above	18	.00
19 Enter the total amount of estimated tax payments you made (see instructions)	19	.00
20 Add lines 18 and 19	20	.00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21	.00
22 Multiply line 21 by .04985 and enter the result	22	.00
23 If the amount on line 21 was paid on or after April 15, 2018, enter 0. If the amount on line 21 was paid before April 15, 2018, make the following computation to find the amount to enter on this line: Amount on line 21 x number of days paid before April 15, 2018 x .00020 =	23	.00
24 Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.	24	.00

**Part 3 - Regular method - Schedule A - Computing your underpayment** (Schedule B is on page 2)

Payment due dates	A 4/15/17	B 6/15/17	C 9/15/17	D 1/15/18	
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25	2965.00	2965.00	2965.00	2964.00
26 Estimated tax paid and tax withheld (see instructions)	26	.00	.00	.00	205000.00
<b>Complete lines 27 through 29, one column at a time, starting in column A.</b>					
27 Overpayment or underpayment from prior period	27		-2965.00	-5930.00	-8895.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	.00	-2965.00	-5930.00	196105.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29	-2965.00	-5930.00	-8895.00	193141.00

059001171019







NY IT-201                      WORKSHEET 2 - SUBTRACTION ADJUSTMENT LIMITATION                      STATEMENT                      1

1.	ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 9 . . . . .	40,634
2.	ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 3 . . . . .	249,931
3.	DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES . . . . .	0.1626
4.	AMOUNT OF STATE, LOCAL AND FOREIGN INCOME TAXES FROM FEDERAL SCHEDULE A, LINES 5 AND 8 . . . . .	227,641
5.	AMOUNT OF SUBTRACTION ADJUSTMENTS (FROM ITEMIZED DEDUCTIONS) THAT ARE INCLUDED IN TOTAL FEDERAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 29, BEFORE ANY FEDERAL DISALLOWANCE . . . . .	0
6.	ADD LINE 4 AND LINE 5 . . . . .	227,641
7.	MULTIPLY LINE 6 BY LINE 3 . . . . .	37,014
8.	SUBTRACT LINE 7 FROM LINE 6 . . . . .	190,627
9.	ENTER ANY OTHER SUBTRACTION ADJUSTMENTS TO ITEMIZED DEDUCTIONS . . . . .	0
10.	ENTER THE AMOUNT FROM WORKSHEET 1, LINE 5 (SEE BELOW) . . . . .	
11.	ADD LINES 8, 9, 10. ENTER THE TOTAL ON FORM IT-201-D, LINE 9 . . . . .	190,627

WORKSHEET 1  
LONG-TERM CARE ADJUSTMENT

1.	AMOUNT OF LONG-TERM CARE PREMIUMS INCLUDED ON FEDERAL SCHEDULE A, LINE 1 . . . . .	0
2.	AMOUNT FROM FEDERAL SCHEDULE A, LINE 1 . . . . .	
3.	DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES . . . . .	
4.	AMOUNT FROM FEDERAL SCHEDULE A, LINE 4 . . . . .	
5.	MULTIPLY LINE 4 BY LINE 3 . . . . .	



NY IT-201-D ITEMIZED DEDUCTION WORKSHEET - ADDITION ADJUSTMENTS STATEMENT 2

DESCRIPTION	AMOUNT
2015 NYC TAXES PAID IN 2017	4,500.
TOTAL TO FORM IT-201-D, LINE 11	4,500.

DRAFT



Partnership, Limited Liability Company, and Limited Liability Partnership Filing Fee Payment Form

For calendar year 2017 or tax year beginning and ending

Legal name: SUBLIME ART LLC; Identification number; Trade name; Address; City, village, or post office: NEW YORK; State: NY; ZIP code: 10014; Contact person's telephone number: 2128687200; Principal business activity: ART DEALER

Mark an X in the box identifying the entity for which you are filing this form (mark only one box):

Regular partnership [ ] Limited liability company (LLC) or limited liability partnership (LLP) [X]

Part 1 - General information (mark an X in the appropriate box(es))

Mark applicable box(es): (see instructions) Amended Form IT-204-LL [ ] Refund [ ] Final Form IT-204-LL [ ]

1 Did this entity have any income, gain, loss, or deduction derived from New York sources during the 2017 tax year? Yes [X] No [ ]
2 Did this entity have an interest in real property in New York State during the last three years? Yes [ ] No [X]
3 Has there been a transfer or acquisition of the controlling interest in the entity during the last three years? Yes [ ] No [X]

Part 2 - Partnerships, and LLCs and LLPs treated as partnerships for federal income tax purposes

LLCs that are disregarded entities for federal income tax purposes: Skip Part 2 and continue with Part 3.

4 Enter the amount from line 15, column B, of the New York source gross income worksheet in the instructions 4 .00
5 NYS filing fee - Enter the amount from the appropriate filing fee table in the instructions 5 .00

Part 3 - LLCs that are disregarded entities for federal income tax purposes

6 LLC disregarded entity: Enter the identification number (EIN or SSN) of the entity or individual who will be reporting the income or loss 6 \*\*\*\*\*
7 LLC disregarded entity NYS filing fee - Enter 25 on this line 7 25.00

Certification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.

Paid preparer must complete (see instr.) Preparer's signature: DAVID WEISS; Firm's name: DAVID WEISS CPA, PLLC; Address: 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403

Sign here Signature of general partner; Date; Daytime phone number; E-mail

File this form with payment on or before the 15th day of the third month following the close of your tax year (see instructions).

Mail to: STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148.

For private delivery services, see Publication 55, Designated Private Delivery Services.

240001171019





Partnership, Limited Liability Company, and Limited Liability Partnership Filing Fee Payment Form

For calendar year 2017 or tax year beginning [ ] and ending [ ]

Legal name: LVIV ENTERPRISES LLC
Identification number: [redacted]
Trade name of business: [redacted]
Address: [redacted]
City, village, or post office: NEW YORK, State: NY, ZIP code: 10014
Contact person's telephone number: 2128687200
Principal business activity: RENTAL REAL ESTATE

Mark an X in the box identifying the entity for which you are filing this form (mark only one box):

[ ] Regular partnership [X] Limited liability company (LLC) or limited liability partnership (LLP)

Part 1 - General information (mark an X in the appropriate box(es))

Mark applicable box(es): (see instructions) [ ] Amended Form IT-204-LL [ ] Refund [ ] Final Form IT-204-LL

- 1 Did this entity have any income, gain, loss, or deduction derived from New York sources during the 2017 tax year? Yes [X] No [ ]
2 Did this entity have an interest in real property in New York State during the last three years? Yes [ ] No [X]
3 Has there been a transfer or acquisition of the controlling interest in the entity during the last three years? Yes [ ] No [X]

Part 2 - Partnerships, and LLCs and LLPs treated as partnerships for federal income tax purposes

LLCs that are disregarded entities for federal income tax purposes: Skip Part 2 and continue with Part 3.

4 Enter the amount from line 15, column B, of the New York source gross income worksheet in the instructions [4] [ ] .00
5 NYS filing fee - Enter the amount from the appropriate filing fee table in the instructions [5] [ ] .00

Part 3 - LLCs that are disregarded entities for federal income tax purposes

6 LLC disregarded entity: Enter the identification number (EIN or SSN) of the entity or individual who will be reporting the income or loss [6] [ ] \*\*\*\*\*
7 LLC disregarded entity NYS filing fee - Enter 25 on this line [7] [ ] 25.00

Certification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.

Paid preparer must complete (see instr.)
Preparer's signature: DAVID WEISS
Firm's name (or yours, if self-employed): DAVID WEISS CPA, PLLC
Address: 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403

Sign here
Signature of general partner
Date
Daytime phone number
E-mail: [redacted]

File this form with payment on or before the 15th day of the third month following the close of your tax year (see instructions).

Mail to: STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148. For private delivery services, see Publication 55, Designated Private Delivery Services.

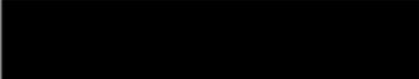
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DAVID WEISS CPA, PLLC  
183 MADISON AVE SUITE 803  
NEW YORK, NY 10016-4403  
(212) 695-5771

SEPTEMBER 12, 2018

ANASTASIYA SIROOCHENKO  


DEAR ANASTASIYA:

ENCLOSED ARE YOUR 2017 NEW YORK CITY U.B.T. RETURN AND 2018 ESTIMATED TAX VOUCHERS.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM NYC 579-UBTI TO OUR OFFICE BY MAIL, E-MAIL (EFILE@DAVIDWEISSCPA.NET), OR FAX (212-695-5772). WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE NYC DOF, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NYC DOF. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE NYC DOF AT . RETURN FORM NYC 579-UBTI TO US AS SOON AS POSSIBLE (BY OCTOBER 15, 2018).

NO PAYMENT IS REQUIRED AS YOU ARE TO RECEIVE A REFUND IN THE AMOUNT OF \$2,829.

NEW YORK CITY U.B.T. ESTIMATED TAX VOUCHERS:

SIGN AND SEPARATELY MAIL THE DECLARATION OF ESTIMATED TAX FORM AS SOON AS POSSIBLE. ENCLOSE YOUR CHECK FOR \$32,620, PAYABLE TO NYC DEPARTMENT OF FINANCE. INCLUDE YOUR SOCIAL SECURITY NUMBER ON YOUR CHECK.

ADDITIONAL ESTIMATED TAX PAYMENTS WILL ALSO BE DUE. PAYMENTS SHOULD BE MAILED TO THE FOLLOWING ADDRESS ON OR BEFORE THE DATES INDICATED.

MAIL TO - NYC DEPARTMENT OF FINANCE  
UNINCORPORATED BUSINESS TAX  
P.O. BOX 3923  
NEW YORK, NY 10008-3923

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS AND THEIR ORIGINAL DUE DATES BELOW.

VOUCHER NO. 1 BY 04/17/18 ..... \$16,310  
VOUCHER NO. 2 BY 06/15/18 ..... \$16,310

VOUCHER NO. 3 BY 09/17/18 ..... \$16,310  
VOUCHER NO. 4 BY 01/15/19 ..... \$16,310

YOUR COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE  
SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

DAVID WEISS

DRAFT

# 2017 TAX RETURN FILING INSTRUCTIONS

NEW YORK CITY U.B.T. RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2017

<b>Prepared for</b>	ANASTASIYA SIROOCHENKO [REDACTED]
<b>Prepared by</b>	DAVID WEISS CPA, PLLC 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403
<b>Amount of tax</b>	Total tax \$ 65,206 Less: payments and credits \$ 70,000 Plus: interest and penalties \$ 1,965 <b>OVERPAYMENT</b> \$ 2,829
<b>Overpayment</b>	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 2,829
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM NYC 579-UBTI TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NYC DOF.
<b>Return must be mailed on or before</b>	RETURN FORM NYC 579-UBTI TO US BY OCTOBER 15, 2018.
<b>Special Instructions</b>	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NYC DOF. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE NYC DOF AT .

# 2018 ESTIMATED TAX FILING INSTRUCTIONS

## NEW YORK CITY U.B.T. ESTIMATED TAX

FOR THE YEAR ENDING

DECEMBER 31, 2018

<b>Prepared for</b>	ANASTASIYA SIROOCHENKO [REDACTED]																											
<b>Prepared by</b>	DAVID WEISS CPA, PLLC 183 MADISON AVE SUITE 803 NEW YORK, NY 10016-4403																											
<b>Amount of tax</b>	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>65,240</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2018 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>65,240</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 16,310</td><td>APRIL 17, 2018</td></tr><tr><td>No. 2</td><td>\$ 16,310</td><td>JUNE 15, 2018</td></tr><tr><td>No. 3</td><td>\$ 16,310</td><td>SEPTEMBER 17, 2018</td></tr><tr><td>No. 4</td><td>\$ 16,310</td><td>JANUARY 15, 2019</td></tr></tbody></table>	Total Estimated Tax	\$	65,240	Less credit from prior year	\$	0	Less amount already paid on 2018 estimate	\$	0	Balance due	\$	65,240	Installment	Amount	Due Date	No. 1	\$ 16,310	APRIL 17, 2018	No. 2	\$ 16,310	JUNE 15, 2018	No. 3	\$ 16,310	SEPTEMBER 17, 2018	No. 4	\$ 16,310	JANUARY 15, 2019
Total Estimated Tax	\$	65,240																										
Less credit from prior year	\$	0																										
Less amount already paid on 2018 estimate	\$	0																										
Balance due	\$	65,240																										
Installment	Amount	Due Date																										
No. 1	\$ 16,310	APRIL 17, 2018																										
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No. 3	\$ 16,310	SEPTEMBER 17, 2018																										
No. 4	\$ 16,310	JANUARY 15, 2019																										
<b>Make check payable to</b>	NYC DEPARTMENT OF FINANCE																											
<b>Mail voucher and check (if applicable) to</b>	NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 3923 NEW YORK, NY 10008-3923																											
<b>Special Instructions</b>	<p>SIGN AND MAIL EACH VOUCHER ON OR BEFORE THE DATE INDICATED ABOVE. ENCLOSE YOUR CHECK FOR THE SPECIFIED AMOUNT, PAYABLE TO NYC DEPARTMENT OF FINANCE.</p> <p>INCLUDE YOUR SOCIAL SECURITY NUMBER ON YOUR CHECK.</p>																											

**DECLARATION OF ESTIMATED UNINCORPORATED BUSINESS TAX (FOR INDIVIDUALS, ESTATES AND TRUSTS)**

For CALENDAR YEAR 2018 beginning \_\_\_\_\_ and ending \_\_\_\_\_

Print or Type	First name and initial <b>ANASTASIYA</b>	Last name <b>SIROOCHENKO</b>	Name Change _____	SOCIAL SECURITY NUMBER  *** - ** - [REDACTED]  BUSINESS CODE NUMBER AS PER FEDERAL RETURN  [REDACTED]  ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER	
	Business name <b>SUBLIME ART LLC</b>				
	Business address (number and street) <b>244 FIFTH AVENUE #1590</b>				Address Change _____
	City and State <b>NEW YORK, NY</b>	ZIP Code <b>10001</b>	Country (if not US)		
	Business Telephone Number	Taxpayer's Email Address			

<b>A. Payment</b>	Amount included with form - Make payable to: NYC Department of Finance	<b>A. 16310.</b>
1.	Estimate of 2018 tax	<b>65240.</b>
2.	Amount to be paid with this declaration (Payable to: NYC DEPARTMENT OF FINANCE)	<b>16310.</b>

Signature of taxpayer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your declaration and remittance.

**DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS**

**05**

**ESTIMATED TAX WORKSHEET**

**▼ KEEP THIS PORTION FOR YOUR RECORDS ▼**

1.	Net income from business expected in 2018 (see instructions)	1.	_____
2.	Exemption (see instructions)	2.	_____
3.	Line 1 less line 2 (estimated taxable business income)	3.	_____
4.	Tax - enter 4% of line 3 (see instructions)	4.	_____
5a.	Business Tax Credit (✓) (Check applicable box below and enter credit amount) Tax on line 4 is \$3,400 or less. Your credit is the entire amount of tax on line 4. Tax on line 4 is \$5,400 or over. No credit is allowed. Enter "0". Tax on line 4 is over \$3,400 but less than \$5,400, use formula for credit amount: Tax on line 4 X ( $\frac{\$5,400 \text{ minus tax on line 4}}{\$2,000}$ )	5a.	_____
5b.	Other credits (see instructions)	5b.	_____
5c.	Total credits (add lines 5a and 5b)	5c.	_____
6.	Estimated 2018 Unincorporated Business Tax (line 4 less line 5c) Enter here, on line 7b, and on line 1 of declaration above	6.	<b>ADJUSTED TO 65240.</b>
7a.	2017 Unincorporated Business Tax	7a.	<b>65206.</b>
7b.	Estimate of 2018 tax from line 6	7b.	<b>65240.</b>
<b>COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated. Fiscal year taxpayers see instructions.</b>			
8.	If this declaration is due on: <input checked="" type="checkbox"/> April 17, 2018, enter 1/4 of line 7b <input type="checkbox"/> June 15, 2018, enter 1/3 of line 7b	8.	<b>16310.</b>
9.	Enter amount of overpayment on 2017 return which you elected to have applied as a credit against 2018 estimated tax	9.	_____
10.	Amount to be paid with this declaration (line 8 less line 9) (Payable to: NYC DEPARTMENT OF FINANCE)	10.	<b>16310.</b>

**Make remittance payable to the order of:  
NYC DEPARTMENT OF FINANCE**

**Payment must be made in U.S. dollars,  
drawn on a U.S. bank.**

**MAILING INSTRUCTIONS**  
MAIL YOUR DECLARATION FORM TO:  
NYC DEPARTMENT OF FINANCE  
UNINCORPORATED BUSINESS TAX  
P.O. BOX 3923  
NEW YORK, NY 10008-3923

NYC-5UBTI 2018

**DECLARATION OF ESTIMATED  
UNINCORPORATED BUSINESS TAX  
(FOR INDIVIDUALS, ESTATES AND TRUSTS)**

For CALENDAR YEAR 2018 beginning \_\_\_\_\_ and ending \_\_\_\_\_

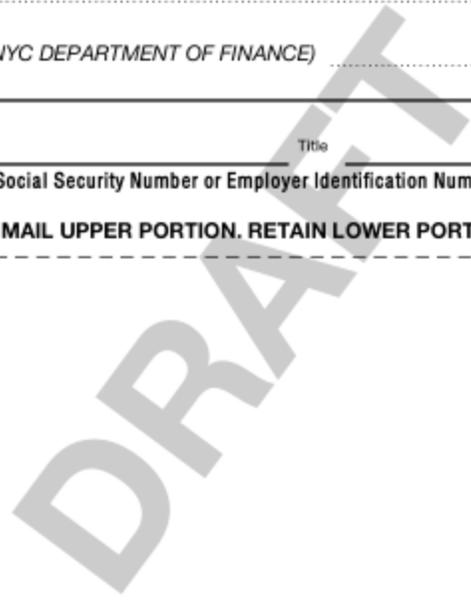
Print or Type	First name and initial <b>ANASTASIYA</b>	Last name <b>SIROOCHENKO</b>	Name Change _____	SOCIAL SECURITY NUMBER *** - ** - [REDACTED] BUSINESS CODE NUMBER AS PER FEDERAL RETURN _____ ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER _____
	Business name <b>SUBLIME ART LLC</b>			
	Business address (number and street) <b>244 FIFTH AVENUE #1590</b>		Address Change _____	
	City and State <b>NEW YORK, NY</b>	ZIP Code <b>10001</b>	Country (if not US)	
	Business Telephone Number	Taxpayer's Email Address		

		Payment Amount
<b>A. Payment</b>	Amount included with form - Make payable to: NYC Department of Finance .....	<b>A. 16310.</b>
1. Estimate of 2018 tax .....	1.	<b>65240.</b>
2. Amount to be paid with this declaration (Payable to: NYC DEPARTMENT OF FINANCE) .....	2.	<b>16310.</b>

Signature of taxpayer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your declaration and remittance.

**DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS**



**DECLARATION OF ESTIMATED  
UNINCORPORATED BUSINESS TAX  
(FOR INDIVIDUALS, ESTATES AND TRUSTS)**

For CALENDAR YEAR 2018 beginning \_\_\_\_\_ and ending \_\_\_\_\_

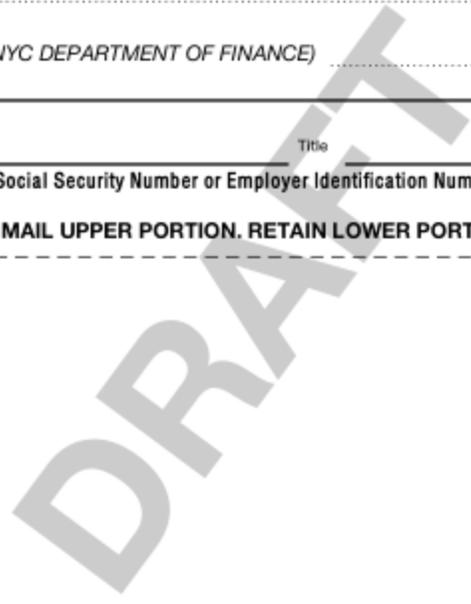
Print or Type	First name and initial <b>ANASTASIYA</b>	Last name <b>SIROOCHENKO</b>	Name Change _____	SOCIAL SECURITY NUMBER *** - ** - [REDACTED] BUSINESS CODE NUMBER AS PER FEDERAL RETURN _____ ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER _____
	Business name <b>SUBLIME ART LLC</b>			
	Business address (number and street) <b>244 FIFTH AVENUE #1590</b>		Address Change _____	
	City and State <b>NEW YORK, NY</b>	ZIP Code <b>10001</b>	Country (if not US)	
	Business Telephone Number	Taxpayer's Email Address		

<b>A. Payment</b>		Amount included with form - Make payable to: NYC Department of Finance ..... <b>A.</b>	Payment Amount <b>16310.</b>
1.	Estimate of 2018 tax .....	1.	<b>65240.</b>
2.	Amount to be paid with this declaration (Payable to: NYC DEPARTMENT OF FINANCE) .....	2.	<b>16310.</b>

Signature of taxpayer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your declaration and remittance.

**DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS**



**DECLARATION OF ESTIMATED  
UNINCORPORATED BUSINESS TAX  
(FOR INDIVIDUALS, ESTATES AND TRUSTS)**

For CALENDAR YEAR 2018 beginning \_\_\_\_\_ and ending \_\_\_\_\_

Print or Type	First name and initial <b>ANASTASIYA</b>	Last name <b>SIROOCHENKO</b>	Name Change _____	SOCIAL SECURITY NUMBER *** - ** - [REDACTED] BUSINESS CODE NUMBER AS PER FEDERAL RETURN _____ ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER _____
	Business name <b>SUBLIME ART LLC</b>			
	Business address (number and street) <b>244 FIFTH AVENUE #1590</b>		Address Change _____	
	City and State <b>NEW YORK, NY</b>	ZIP Code <b>10001</b>	Country (if not US)	
	Business Telephone Number	Taxpayer's Email Address		

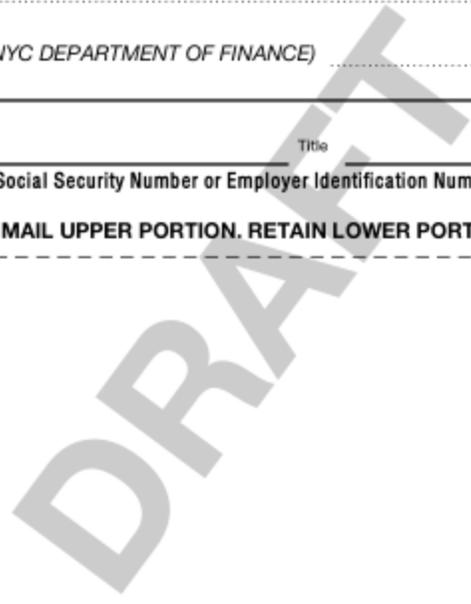
		Payment Amount
<b>A. Payment</b>	Amount included with form - Make payable to: NYC Department of Finance .....	<b>A. 16310.</b>
1. Estimate of 2018 tax .....	1. ....	<b>65240.</b>
2. Amount to be paid with this declaration (Payable to: NYC DEPARTMENT OF FINANCE) .....	2. ....	<b>16310.</b>

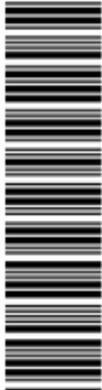
Signature of taxpayer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your declaration and remittance.

**DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS** **05**

---





First name and initial <b>ANASTASIYA SIROOCHENKO</b>		Last name <b>SIROOCHENKO</b>		Name Change _____	
In Care Of _____					
Business name <b>SUBLIME ART LLC</b>					
Business address (number and street) <b>244 FIFTH AVENUE #1590</b>				Address Change _____	
City and State <b>NEW YORK, NY</b>		ZIP Code <b>10001</b>		Country (if not US) _____	
Business Telephone Number _____		Date business began in NYC (mm-dd-yy) _____		Date business ended in NYC (mm-dd-yy) _____	

TAXPAYER'S EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER  
\*\*\* - \*\* - [REDACTED]

BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: [REDACTED]

**CHECK ALL THAT APPLY**

Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box:  IRS change  NYS change  Date of Final Determination \_\_\_\_\_

Final return - Ceased operations. Attach copy of your entire federal Form 1040 and statement showing disposition of business property.

Engaged in a fully exempt unincorporated business activity  Engaged in a partially exempt unincorporated business activity

Claim any 9/11/D1-related federal tax benefits (see instructions)  Enter 2-character special condition code, if applicable (see instructions)

**SCHEDULE A Computation of Tax**

BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A.	Payment	Amount being paid electronically with this return	A.	Payment Amount
1.	Business income (from page 3, Schedule B, line 27)		1.	1645140.
2.	Business allocation percentage from Schedule C, line 5. (If not allocating, enter 100%)		2.	100.00 %
3.	If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)		3.	
4.	Balance (line 1 less line 3)		4.	1645140.
5.	Multiply line 4 by the business allocation percentage on line 2		5.	1645140.
6.	Amount from line 3 (NYC real property income and gain not subject to allocation) (see instructions)		6.	
7.	Investment income (from page 3, Schedule B, line 26)		7.	
8.	Investment allocation percentage (from page 4, Schedule D, line 2)		8.	%
9.	Multiply line 7 by the investment allocation percentage from line 8 (see instructions)		9.	
10.	Total before NOL deduction (sum of lines 5, 6 and 9 or line 1 and line 9) (see instructions for line 2)		10.	1645140.
11.	Deduct: NYC net operating loss deduction (from Form NYC-NOLD-UBTI, line 7) (see instructions)		11.	
12.	Balance before allowance for taxpayer's services (line 10 less line 11)		12.	1645140.
13.	Less: allowance for taxpayer's services - do not enter more than 20% of line 12 or \$10,000, whichever is less (see instructions)		13.	10000.
14.	Balance before exemption (line 12 less line 13)		14.	1635140.
15.	Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions)		15.	5000.
16.	Taxable income (line 14 less line 15) (see instructions)		16.	1630140.
17.	Tax before business tax credit (4% of amount on line 16)		17.	65206.
18.	Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on the bottom of page 2 and enter amount) (see instructions)		18.	
19.	UNINCORPORATED BUSINESS TAX (line 17 less line 18) (see instructions)		19.	65206.

Name **ANASTASIYA SIROOCHENKO**

SSN **\*\*\*-\*\*-\*\*\*\***

20a. Credits from Form NYC-114.5 (attach form) (see instructions) .....	20a.	_____	
20b. Credits from Form NYC-114.6 (attach form) (see instructions) .....	20b.	_____	
20c. Credits from Form NYC-114.8 (attach form) (see instructions) .....	20c.	_____	
20d. Credits from Form NYC-114.10 (attach form) (see instructions) .....	20d.	_____	
20e. Credits from Form NYC-114.12 (attach form) (see instructions) .....	20e.	_____	
21. Net tax after credits (line 19 less sum of lines 20a through 20e) .....	21.		<b>65206.</b>
22. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT .....	22.		<b>70000.</b>
23. If line 21 is larger than line 22, enter balance due .....	23.		
24. If line 21 is smaller than line 22, enter overpayment .....	24.		<b>4794.</b>
25a. Interest (see instructions) .....	25a.	_____	
25b. Additional charges (see instructions) .....	25b.	_____	
25c. Penalty for underpayment of estimated tax (attach form NYC-221) .....	25c.	<b>1965.</b>	
26. Total of lines 25a, 25b and 25c .....	26.		<b>1965.</b>
27. Net overpayment (line 24 less line 26) (see instructions) .....	27.		<b>2829.</b>
28. Amount of line 27 to be: (a) Refunded - _____ Direct deposit - fill out line 28c OR <input checked="" type="checkbox"/> Paper check .....	28a.		<b>2829.</b>
(b) Credited to 2018 Estimated Tax on Form NYC-5UBTI .....	28b.		
28c. Routing _____ Account _____ ACCOUNT TYPE _____			
Number _____ Number _____ Checking _____ Savings _____			
29. Total remittance due (see instructions) .....	29.		
30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1 .....	30.		<b>0.</b>
31. Gross receipts or sales from federal return .....	31.		<b>3230000.</b>

**Business Tax Credit Computation**

<p>1. If the amount on page 1, line 17, is \$3,400 or less, your credit on line 18 is the entire amount of tax on line 17. (NO TAX WILL BE DUE.)</p> <p>2. If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18.</p>	<p>3. If the amount on page 1, line 17, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:</p> <p style="text-align: center;">amount on pg. 1, line 17 X <math>\left( \frac{\\$5,400 \text{ minus tax on line 17}}{\\$2,000} \right) =</math> _____ your credit</p>
--	---

**Prepayments of Estimated Tax Computation**

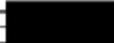
PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 22	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1) .....		
B. Payment with Notice of Estimated Tax Due (2) .....		
C. Payment with Notice of Estimated Tax Due (3) .....		
D. Payment with Notice of Estimated Tax Due (4) .....	01-16-18	70000.
E. Payment with extension, Form NYC-EXT .....		
F. Overpayment credited from preceding year .....		
G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 22) .....		70000.



Name ANASTASIYA SIROOCHENKO

SSN

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SCHEDULE B Computation of Total Income

Part 1 Items of business income, gain, loss or deduction

Table with 8 rows for business income items. Line 1: Net profit (or loss) from business... 1645140. Line 2: If entering income from more than one federal Schedule C... X. Line 3: Gain (or loss) from sale of business personal property... Line 4: Net amount of rental or royalty income... Line 5: Other business income... Line 6: Total federal income (or loss) (combine lines 1 through 5) 1645140. Line 7: Subtract net income or gain (or add net loss) from rental... Line 8: Total income before New York City modifications (combine lines 6 and 7) 1645140.

Part 2 New York City modifications (see instructions for Schedule B, part 2)

ADDITIONS

Table with 12 rows for additions. Line 9: All income taxes and Unincorporated Business Taxes. Line 10a: Relocation credits. Line 10b: Expenses related to exempt income. Line 10c: Depreciation adjustments (attach Form NYC-399 and/or NYC-399Z). Line 10d: Real estate additions (see instructions). Line 11: Other additions (attach schedule) (see instructions). Line 12: Total additions (add lines 9 through 11).

SUBTRACTIONS

Table with 27 rows for subtractions and final income. Line 13: All income tax and Unincorporated Business Tax refunds (included in part 1). Line 14: Wages and salaries subject to federal jobs credit (see instructions). Line 15: Depreciation adjustment (attach Form NYC-399 and/or NYC-399Z). Line 16: Exempt income included in part 1 (attach schedule). Line 17: 50% of dividends (see instructions). Line 18: Real estate subtractions (see instructions). Line 19: Other subtractions (attach schedule) (see instructions). Line 20: Total subtractions (add lines 13 through 19). Line 21: NYC modifications (combine lines 12 and 20). Line 22: Total income (combine lines 8 and 21) 1645140. Line 23: Less: Charitable contributions (not to exceed 5% of line 22) (see instructions). Line 24: Balance (line 22 less line 23) 1645140. Line 25: Investment income - (complete lines a through g below) (see instructions). Line 25a: Dividends from stocks held for investment. Line 25b: Interest from investment capital (include non-exempt governmental obligations) (itemize on rider). Line 25c: Net capital gain (loss) from sales or exchanges of securities held for investment. Line 25d: Income from assets included on line 3 of Schedule D. Line 25e: Add lines 25a through 25d inclusive. Line 25f: Deductions directly or indirectly attributable to investment income. Line 25g: Interest on bank accounts included in income reported on line 25d 25g. Line 26: Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7). Line 27: BUSINESS INCOME (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1) 1645140.



Name **ANASTASIYA SIROOCHENKO**

SSN \*\*\*-\*\*-\*\*\*\*

**ALLOCATION OF BUSINESS INCOME** - Taxpayers who carry on business both inside and outside New York City should complete Schedule C, Parts 1, 2 and 3 (below). Taxpayers who do not carry on business both inside and outside New York City should omit Schedule C, Parts 1 and 2 (below), enter 100% on Part 3, line 5 and enter 100% on Schedule A, line 2.

**SCHEDULE C** Complete this schedule if business is carried on both inside and outside New York City

<b>Part 1</b> List location of each place of business <b>INSIDE</b> New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.					
Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total .....					

<b>Part 2</b> List location of each place of business <b>OUTSIDE</b> New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.					
Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total .....					

**Part 3** Formula Basis Allocation of Income

DESCRIPTION OF ITEMS USED AS FACTORS	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE	COLUMN C
1. Average value of the real and tangible personal property of the business (see instr.)			<b>PERCENTAGE IN NEW YORK CITY</b> (COLUMN A DIVIDED BY COLUMN B)
a. Business real property owned ..... 1a.			
b. Business real property rented from others (rent x 8) ..... 1b.			
c. Business tangible personal property owned ..... 1c.			
d. Business tangible personal property rented from others (rent x 8) ..... 1d.			
e. Total of lines 1a - 1d ..... 1e.			
f. Multiply Column C of line 1e by 3.5 ..... 1f.			
2a. Wages, salaries and other personal service compensation paid to employees during the year ..... 2a.			%
2b. Multiply Column C of line 2a by 3.5 ..... 2b.			
3a. Gross sales of merchandise or charges for services during the year ..... 3a.			%
3b. Multiply Column C of line 3a by 93 ..... 3b.			
<b>Weighted Factor Allocation</b>			
4a. Add Column C, lines 1f, 2b and 3b ..... 4a.			
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point ..... 4b.			%
<b>Business Allocation Percentage</b>			
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions ..... 5.			%
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME? ..... YES NO			
7. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN YOUR HOME? ..... YES NO			

**SCHEDULE D** Investment Capital and Allocation and Cash Election

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
					%	
1. Totals (including items on rider) .....						
2. Investment allocation percentage (line 1G divided by line 1E, round to the nearest one hundredth of a percentage point)						%
3. Cash - (To treat cash as investment capital, you must include it on this line.) .....						
4. Investment capital. Total of lines 1E and 3E .....						

Name ANASTASIYA SIROOCHENKO

SSN \*\*\*-\*\*-\*\*\*\*

**SCHEDULE E** If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTI

**SCHEDULE F** The following information must be entered for this return to be complete.

- 1. Nature of business or profession: **ART DEALER**
- 2. New York State Sales Tax ID Number: \_\_\_\_\_
- 3. Did you file a New York City Unincorporated Business Tax Return for the following years:  
**2015:**  YES  NO      **2016:**  YES  NO  
 If "NO," state reason: \_\_\_\_\_
- 4. Enter home address: **NEW YORK NY** ZIP Code: **10014**
- 5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) \_\_\_\_\_  
 (Attach a statement showing disposition of business property.)
- 6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? ...  YES  NO  
 If "YES", by whom?  Internal Revenue Service State period(s): Beg.: \_\_\_\_\_ End.: \_\_\_\_\_  
 New York State Department of Taxation and Finance State period(s): Beg.: \_\_\_\_\_ End.: \_\_\_\_\_
- 7. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed?  
 Only applicable for years prior to 1/1/15. For years beginning on or after 1/1/15, file an amended return. (see instructions) ...  YES  NO
- 8. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS)?  YES  NO
- 9. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? ...  YES  NO
- 10. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ...  YES  NO
- 11. If "YES", were all required Commercial Rent Tax Returns filed? ...  YES  NO  
 Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instr.) YES  NO

Firm's Email Address: \_\_\_\_\_

<b>SIGN HERE:</b>		Signature of taxpayer		Title	Date	Preparer's Social Security Number or PTIN
<b>PREPARER'S USE ONLY</b>		Preparer's signature	Preparer's printed name <b>DAVID WEISS</b>	Check if self-employed <input checked="" type="checkbox"/>	Date	Firm's Employer Identification Number ***-**-****
DAVID WEISS CPA, PLLC		183 MADISON AVE SUITE 803				NEW YORK, NY 10016-4403
▲ Firm's name (or yours, if self-employed)		▲ Address		▲ ZIP Code		

**MAILING INSTRUCTIONS**

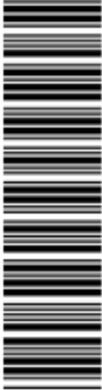
Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F. If this is a final return, attach an entire copy of federal Form 1040.  
 Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank.  
 To receive proper credit, you must enter your correct Social Security Number on your tax return and remittance.  
 The due date for the calendar year 2017 return is on or before April 17, 2018.  
 For fiscal years beginning in 2017, file on or before the 15th day of the fourth month following the close of the fiscal year.

**ALL RETURNS EXCEPT REFUND RETURNS**  
 NYC DEPARTMENT OF FINANCE  
 UNINCORPORATED BUSINESS TAX  
 P.O. BOX 5564  
 BINGHAMTON, NY 13902-5564

**REMITTANCES**  
**PAY ONLINE WITH FORM NYC-200V**  
**AT NYC.GOV/ESERVICES**  
**OR**  
**Mail Payment and Form NYC-200V ONLY to:**  
 NYC DEPARTMENT OF FINANCE  
 P.O. BOX 3933  
 NEW YORK, NY 10008-3933

**RETURNS CLAIMING REFUNDS**  
 NYC DEPARTMENT OF FINANCE  
 UNINCORPORATED BUSINESS TAX  
 P.O. BOX 5563  
 BINGHAMTON, NY 13902-5563





ATTACH TO YOUR TAX RETURN

For CALENDAR YEAR 2017 or FISCAL YEAR beginning \_\_\_\_\_, and ending \_\_\_\_\_

Print or Type ▼

Name  <b>ANASTASIYA SIROOCHENKO</b>	SOCIAL SECURITY NUMBER  *** - ** - [REDACTED]	PARTNERSHIPS, ESTATES AND TRUSTS ONLY ENTER EMPLOYER IDENTIFICATION NUMBER  OR _____
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**Computation of Underpayment**

1. 2017 tax (from NYC-202 or NYC-202EIN, Schedule A, line 19; NYC-204, Schedule A, line 21; or NYC-202S, Schedule A, line 8) .....	1.	65206.
2. Credits (from NYC-202 or NYC-202EIN, Schedule A, lines 20a, 20b, 20c, 20d and 20e or NYC-204, Schedule A, lines 22a, 22b, 22c, 22d and 22e) .....	2.	
3. Line 1 less line 2 .....	3.	65206.
4. 90% of line 3 .....	4.	58685.

	1- FIRST	2- SECOND	3- THIRD	4- FOURTH
Enter quarterly due dates of installments ▶	04-18-17	06-15-17	09-15-17	01-15-18
5. Divide amount of line 4 by the number of installments required for the year. Enter the result in the appropriate columns ...	14671.	14671.	14671.	14672.
6. Amount paid or credited for each period				70000.
7. Overpayment of previous installment ...				
8. Total of lines 6 and 7 .....				70000.
9. Overpayment (line 8 less line 5) .....				55328.
10. Underpayment (line 5 less line 8) ...	14671.	14671.	14671.	

→ COMPUTATION CONTINUES ON PAGE 2

**Exceptions that Avoid the Underpayment Penalty**

	1 - FIRST QUARTER	2 - SECOND QUARTER	3 - THIRD QUARTER	4 - FOURTH QUARTER
Total cumulative amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 4th, 6th and 9th months of the taxable year and the 15th day of the first month of the succeeding taxable year .....	0.	0.	0.	70000.
▲ EXCEPTION 1 - Prior year's tax (2016) \$	5440.			
25% of 2016 tax	1360.	2720.	4080.	5440.
Enter 25% of tax				
Enter 22.50% of tax				
Enter 90% of tax				
50% of 2016 tax				
Enter 50% of tax				
Enter 45% of tax				
Enter 90% of tax				
75% of 2016 tax				
Enter 75% of tax				
Enter 67.50% of tax				
Enter 90% of tax				
100% of 2016 tax				
Enter 100% of tax				
EXCEPTION MET	NO	NO	NO	N/A

<b>COMPUTATION OF PENALTY</b>		1- FIRST 04-18-17	2- SECOND 06-15-17	3- THIRD 09-15-17	4- FOURTH 01-15-18
11. Enter the date of payment or the 15th day of the 4th month after the close of the taxable year, whichever is earlier	11.	<b>SEE UNDERPAYMENT OF ESTIMATED TAX WORKSHEET</b>			
12. Number of days from due date of installment to the date shown on line 11	12.				
13. Number of days on line 12 after 4/15/2017 and before 7/1/2017	13.				
14. Number of days on line 12 after 6/30/2017 and before 10/1/2017	14.				
15. Number of days on line 12 after 9/30/2017 and before 1/1/2018	15.				
16. Number of days on line 12 after 12/31/2017 and before 4/1/2018	16.				
17. Number of days on line 12 after 3/31/2018 and before 7/1/2018	17.				
18. Number of days on line 12 after 6/30/2018 and before 10/1/2018	18.				
19. Number of days on line 12 after 9/30/2018 and before 1/1/2019	19.				
20. Number of days on line 12 after 12/31/2018 and before 3/15/2019	20.				
21. <u>Number of days on line 13 x 8% x amount on line 10</u> 365	21.				
22. <u>Number of days on line 14 x 8% x amount on line 10</u> 365	22.				
23. <u>Number of days on line 15 x 8% x amount on line 10</u> 365	23.				
24. <u>Number of days on line 16 x % x amount on line 10</u> 365	24.				
25. <u>Number of days on line 17 x % x amount on line 10</u> 365	25.				
26. <u>Number of days on line 18 x % x amount on line 10</u> 365	26.				
27. <u>Number of days on line 19 x % x amount on line 10</u> 365	27.				
28. <u>Number of days on line 20 x % x amount on line 10</u> 365	28.				
29. Add lines 21 through 28	29.	196.	592.	1177.	
30. To complete this line, refer to the instructions for line 30	30.				
31. Add the amounts on line 29 (or line 30, if applicable) for quarters 1 through 4. Enter total and transfer amount to Form NYC-202 or NYC-202EIN, Schedule A, line 25c or Form NYC-204, Schedule A, line 27c (see instructions for line 30)	31.				1965.



60521705

**\*For information regarding interest rates, call 311.**  
**If calling from outside of the five NYC boroughs,**  
**please call 212-NEW-YORK (212-639-9675).**  
 You may also consult the Department of Finance website at [nyc.gov/finance](http://nyc.gov/finance)



<b>NYC</b> <small>Department of Finance</small>	<b>NYC</b> <b>579-UBTI</b>	<b>NEW YORK CITY DEPARTMENT OF FINANCE</b> <b>Signature Authorization for</b> <b>E-Filed Unincorporated Business Tax Return for Individuals</b>	<b>2017</b>
ELECTRONIC RETURN ORIGINATORS (ERO): DO NOT MAIL THIS FORM TO THE DEPARTMENT OF FINANCE. KEEP THIS FOR YOUR RECORDS.			
FIRST NAME AND INITIAL: <b>ANASTASIYA</b>		LAST NAME <b>SIROOCHENKO</b>	SOCIAL SECURITY NUMBER *** - ** - [REDACTED]
EMAIL ADDRESS: [REDACTED]		TYPE OF FORM: <input type="checkbox"/> NYC-5UBTI <input type="checkbox"/> NYC-EXT <input checked="" type="checkbox"/> NYC-202 <input type="checkbox"/> NYC-202S	
Financial Institution Information - <i>must be included if electronic payment is authorized</i>			
AMOUNT OF AUTHORIZED DEBIT:	FINANCIAL INSTITUTION ROUTING NUMBER:	FINANCIAL INSTITUTION ACCOUNT NUMBER:	
Part A - Declaration and authorization of Taxpayer for Forms NYC-202, NYC-202S, NYC-EXT or NYC-5UBTI			
Under penalty of perjury, I declare that I am the taxpayer and that I have examined the information on its 2017 New York City electronically filed Unincorporated Business Tax return, including any accompanying schedules, attachments and statements or other report, and to the best of my knowledge and belief, the electronically filed document is true, correct and complete. The ERO has my consent to send the 2017 New York City electronically filed Unincorporated Business Tax return or other report checked above to the New York City Department of Finance through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on the 2017 New York City electronically filed Unincorporated Business Tax return or other report, as indicated above or I will enter my PIN as my signature on the document indicated above. If I am paying the New York City Unincorporated Business Tax owed by electronic funds withdrawal, I authorize the New York City Department of Finance and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on the Unincorporated Business Tax return or other report, and I authorize the financial institution to debit the amount from that account.			
<input checked="" type="checkbox"/> I authorize <u>DAVID WEISS CPA, PLLC</u> to enter my PIN: [REDACTED] <small>ERO FIRM NAME</small>			
as my signature on the 2017 Unincorporated Business Tax return or other report, as indicated above			
<input type="checkbox"/> As the taxpayer I will enter my PIN as my signature on the 2017 Unincorporated Business Tax return or other report, as indicated above.			
_____ Signature of Taxpayer		_____ Official title	_____ Date
Part B - Declaration of electronic return originator (ERO) and paid preparer			
Under penalty of perjury, I declare that the information contained in the above-named taxpayer's 2017 New York City electronically filed unincorporated business tax return or other report checked above is the information furnished to me by the taxpayer. If the taxpayer furnished me with a completed 2017 New York City paper unincorporated business tax return or other report signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York City electronically filed unincorporated business tax return or report is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York City electronically filed unincorporated business tax return or other report, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.			
ERO EFIN/PIN: Enter your six-digit EFIN followed by your five digit PIN: [REDACTED]			
<u>DAVID WEISS CPA, PLLC</u> ERO's Signature		<u>DAVID WEISS CPA, PLLC</u> Print Name	
_____ Paid Preparer's Signature		<u>DAVID WEISS</u> Print Name	
		_____ Date	
<b>PURPOSE</b> - A completed Form NYC-579-UBTI provides documentation that an ERO has been authorized to electronically file the Unincorporated Business Tax return or other report. The taxpayer may designate the ERO to electronically sign the return or other report by entering the taxpayer's personal identification number (PIN). The form also authorizes payment of tax due on an electronically submitted return or report by an automatic clearing house (ACH) debit from a designated checking or savings account of the taxpayer. <b>You cannot revoke this authorization.</b>			
<b>GENERAL INSTRUCTIONS</b>			
<b>Part A -</b> Part A must be completed by the taxpayer before the ERO transmits the electronically filed Form NYC-202 (Unincorporated Business Tax Return for Individuals and Single Member LLC's); NYC-202S (Unincorporated Business Tax Return for Individuals); NYC-EXT (Application for 6-Month Extension to File Business Income Tax Return); or NYC-5UBTI (Declaration of Estimated Unincorporated Business Tax for Individuals, Estates and Trusts).			
EROs/paid preparers must complete Part B prior to transmitting electronically filed unincorporated business tax returns or reports (Forms NYC-202, NYC-202S, NYC-EXT or NYC-5UBTI). Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case.			
<b>Do not mail Form NYC-579-UBTI to the Department of Finance.</b> The EROs/paid preparers must keep the completed Form NYC-579-UBTI for three years from the due date of the return or report or the date the return or report was filed, whichever is later, and must present it to the Department of Finance upon request.			