New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • City of New York • City of Yonkers

For the year January 1 through December 31, 1995, or fiscal tax year beginning ,1995 ending ,19

IT-201

1995

For office use only

Attach label, or print or type

Last name | First name and middle initial *(if joint return, enter both names)*

Mailing address *(number and street or rural route)* | Apartment number

City, village or post office | State | ZIP code

In the space below, print or type your permanent home address within New York State if it is **not** the same as your mailing address above *(see instructions, page 25)*

Permanent home address *(number and street or rural route)* | Apartment number

City, village or post office | State **NY** | ZIP code

▼ Your social security number

▼ Spouse's social security number

New York State county of residence

School district name

School district code number

If taxpayer is deceased, enter **first name** and **date of death**. / /

(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 1995 **federal** income tax return? ☐ Yes ☐ No

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

(D) If you do not need forms mailed to you next year, mark an "X" in the box *(see instructions)* ☐

(E) Enter the number of exemptions claimed from your **federal** return, line **6e** ☐

Clip check or money order here.

Federal Income and Adjustments

For lines 1 through 17 below, enter your income items and total adjustments as they appear on your federal return (see page 14). See instructions on page 14 for showing a loss.

		Dollars	Cents
1	Wages, salaries, tips, etc.	1.	
2	Taxable interest income	2.	
3	Dividend income	3.	
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 23 below)*	4.	
5	Alimony received	5.	
6	Business income or loss *(attach copy of federal Schedule C or C-EZ, Form 1040)*	6.	
7	Capital gain or loss *(if required, attach copy of federal Schedule D, Form 1040)*	7.	
8	Other gains or losses *(attach copy of federal Form 4797)*	8.	
9	Taxable amount of IRA distributions	9.	
10	Taxable amount of pensions and annuities	10.	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(attach copy of federal Schedule E, Form 1040)*	11.	
12	Farm income or loss *(attach copy of federal Schedule F, Form 1040)*	12.	
13	Unemployment compensation	13.	
14	Taxable amount of social security benefits *(also enter on line 25 below)*	14.	
15	Other income *(see page 14)* Identify:	15.	
16	Add lines **1** through **15**	16.	
17	Total federal adjustments to income *(see page 14)* Identify:	17.	
18	**Subtract line 17 from line 16. This is your federal adjusted gross income**	18.	

New York Additions *(see page 15)*

19	Interest income on state and local bonds and obligations (but not those of NY State or its local governments)	19.	
20	Public employee 414(h) retirement contributions from your wage and tax statements *(see page 15)*	20.	
21	Other *(see page 15)* Identify:	21.	
22	Add lines **18** through **21**	22.	

New York Subtractions *(see page 17)*

23	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4 above)*	23.	
24	Pensions of NYS and local governments and the federal government *(see page 17)*	24.	
25	Taxable amount of social security benefits *(from line 14 above)*	25.	
26	Interest income on U.S. government bonds	26.	
27	Pension and annuity income exclusion	27.	
28	Other *(see page 17)* Identify:	28.	
29	Add lines **23** through **28**	29.	
30	**Subtract line 29 from line 22. This is your New York adjusted gross income** *(enter the line 30 amount on line 31 on the back page)*	30.	

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This is a scannable form; please file original return with the Tax Department.

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Tax Computation *(see page 18)*

Dollars | Cents

31 Enter the amount from **line 30** on the front page *(this is your New York adjusted gross income)* ..... 31.

32 Enter the **larger** of your **standard deduction** *(from page 18)* **or** your **itemized deduction** *(from* **Form IT-201-ATT, Part I, line 14;** *attach form).* Mark an "X" in the appropriate box: ☐ Standard ☐ Itemized 32.

33 Subtract line 32 from line 31 ..... 33.

34 Dependent exemptions *(from line c of* Dependent Exemption Worksheet, *page 19)* ..... 34. 0 0 0 . 0 0

35 **Subtract line 34 from line 33. This is your taxable income** ..... 35.

36 New York State tax on line 35 amount *(If line 31 above is $100,000 or less, use the* **NY State Tax Table** *on red pages 41 through 48. If line 31 is more than $100,000, you must complete* **Tax Computation Worksheet 1** *or* **2** *on page 19 to figure your tax.)* ..... 36.

New York State Credits and Other Taxes *(see page 19)*

37 New York State child and dependent care credit: • number of qualifying persons ☐ cared for in 1995; • amount of **federal credit** for child and dependent care ☐ × 20% (.20) = 37.

38 **Excess deductions credit** *(from worksheet, line 6; see page 20)* ..... 38.

For standard deduction filers only: amount from *Worksheet SD,* line g, pg. 20. ☐

39 New York State household credit *(from Table I, II or III, page 21)* 39.

40 Other New York State credits *(from Form IT-201-ATT, line 21, attach form)* 40.

New for '95 — If you want to claim the NY itemized deduction on line 32, complete Part I of Form IT-201-ATT. See instructions on pages 18, 19, 27 and 28.

41 **Add lines 37 through 40** ..... ▶ 41.

42 Subtract line 41 from line 36 *(if line 41 is more than line 36, leave blank)* ..... 42.

43 Other New York State taxes *(from Form IT-201-ATT, line 30; attach form)* ..... 43.

44 **Add lines 42 and 43.** This is the total of your New York State taxes ..... 44.

City of New York and City of Yonkers Taxes and Credits

45 City of NY resident tax *(use the* **City of NY Tax Table** *on white pages 49-56)* 45.

46 City of New York household credit *(CNYADC* ☐ *)* *(from Table IV, V or VI, page 22)* ..... 46.

47 Subtract line 46 from line 45 *(if line 46 is more than line 45, leave blank)* .. 47.

48 City of New York **nonresident** earnings tax *(attach Form NYC-203)* .. 48.

49 Other city of New York taxes *(from Form IT-201-ATT, line 35; attach form)* 49.

50 City of Yonkers resident income tax surcharge *(see page 23)* ... 50.

51 City of Yonkers nonresident earnings tax *(attach Form Y-203)* ... 51.

52 Part-year city of Yonkers resident income tax surcharge *(attach Form IT-360.1)* 52.

See instructions on pages 21 through 23 for figuring city of New York and city of Yonkers taxes, credits and tax surcharges.

53 **Add lines 47 through 52.** This is the total of your city of New York and city of Yonkers taxes ..... 53.

54 Return a Gift to Wildlife If you want to return a gift to wildlife, enter amount: $5, $10, $20, other *(see page 23)* 54. 0 0

55 **Add lines 44, 53 and 54.** This is your total New York State, New York City and Yonkers taxes, and Gift to Wildlife .... 55.

Payments *(see page 23)*

56 NY State earned income credit *(from Form IT-215; attach form)* . 56.

57 Real property tax credit *(from Form IT-214, line 17; attach form)* ... 57.

58 Total **NY State** tax withheld *(staple wage and tax statements)* .... 58.

59 Total **city of NY** tax withheld *(staple wage and tax statements)* ... 59.

60 Total **city of Yonkers** tax withheld *(staple wage and tax statements)* ..... 60.

61 Estimated tax paid/Amount paid with Form IT-370 ... 61.

Staple your wage and tax statements at the top of the back of this return. See Step 7, page 26, for the proper assembly of your return and attachments.

62 **Add lines 56 through 61.** This is the total of your payments ..... 62.

Refund or Amount You Owe *(see page 24)*

If line 62 is **more than** line 55, figure **your refund:**

63 Subtract line 55 from line 62. This is the amount you **overpaid** ..... 63.

64 Amount of line 63 that you want **refunded to you** ..... 64.

65 Amount of line 63 that you want applied to your **1996 estimated tax** ..... 65.

If line 62 is **less than** line 55, figure the **amount you owe:**

66 Subtract line 62 from line 55. This is the **amount you owe.** *(Make check or money order payable to* **NY State Income Tax;** *write your social security number and* **1995 Income Tax** *on it.)* ..... 66.

Mail your completed return to:
STATE PROCESSING CENTER
ONE WATERVLIET AVE EXT
ALBANY NY 12261-0001

67 Estimated tax penalty. Include this amount in line 66 or reduce the overpayment on line 63 *(see page 25)* ..... 67.

Sign your return below.

Paid Preparer's Use Only	Preparer's signature	Date	Mark "X" if self-employed ☐	**Sign Your Return**	Your signature	Date
	Firm's name *(or yours, if self-employed)*	Preparer's social security number			Spouse's signature *(if joint return)*	Date
	Address	Employer identification number				