New York State Department of Taxation and Finance

Resident Income Tax Return

IT-201

					York State ● City of Nev		•										4000
For	office use	only		For the year January 1, 1996, through December 31, 1996, or fiscal tax												1996	
		First name and middle initial (if joint return, enter both names)						ending ,19 ▼ Your social security number						19			
	ō										TI						
			print	Mailing address (num	per and street or rural route)		Δr	partment	t numbe	, l	▼ Spo	ouse's soo	cial secu	ritv num	ber	ш	
1				Mailing address (name	per and street or rural route)		71	partificin	riumbe	' [11		ĮΤ			
			∍l, or	City, village or post of	fice	State			ZIP code	<u> </u>	Jew Yo	rk State	county	of res	dence	ш	
	City, village or post off				lice State ZIP code				´ •	New York State county of residence							
				la tha anna halaw	· · · · · · · · · · · · · · · · · · ·				9	School district name							
			Attach			int or type your permanent home address within New York ame as your mailing address above (see instructions, page 25).				// IN	• I de l'ist name						
		Permanent home address (number and street or rural route) Apartment number							—	School	district				$\overline{}$	\Box	
										code number							
			City, v	village or post office	State		ZIP code	If	f taxpaye	r is de	cease	d, enter t	first na	me an	d date	of de	ath.
					NY										/	/	
	(A	() Fil	ina														
	٠,	-	atus -	① L Single			(B) Did							_			_
		ma	ark	Married	I filing joint return		your 1996 federal incor				me tax return? ■ Yes				No	No	
	an "X" (enter spouse's social security number above) (C) Can you be claimed as a dependent								ıt								
		in	one	Married	I filing separate return			another						es] [No	
		bo	x:		spouse's social security number	above)											
				(4) Head o	f household (with qualifying p	oroon)					brms mailed to you next he box (see instructions)					• F	\neg
					i riouseriola (with qualifying p	erson)	(E) Ent									-	=
				⑤ Qualifyi	ng widow(er) with dependent	child	` '	ur federa			-						
Fo	deral In	com	o and	d Adjustments	For lines 1 through 18					.,o 7				llars			Cents
				ps, etc	items and total adjust		-				1.					П.	\Box
	_		-		your federal return (se		_			1	2.			11		7.	
3		Taxable interest income							I	3.					٦.		
4		Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23 below)							_	4.					٦.		
5		Alimony received								_					_]		
6	Busines	Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)								6.							
7	Capital	Capital gain or loss (if required, attach copy of federal Schedule D, Form 1040)													_ ∙ _		
8	Other gains or losses (attach copy of federal Form 4797)									Щ,		\sqcup					
9	Taxable amount of IRA distributions								<u> </u>		↓ ↓		 ∙ -	_			
		Taxable amount of pensions and annuities									10.	Щ,		\vdash			
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)))		 ,	-	├		- ! - -	-	
		Farm income or loss (attach copy of federal Schedule F, Form 1040)									12.	 ,		1			_
	Unemployment compensation									13. 14.	 ,		╁┼	++	⊣ ∙⊢	-	
		Taxable amount of social security benefits (also enter on line 25 below)									15.	 ,		++	+	- · -	+
		Other income (see page 14) Identify:								16.	₩.		++		+	+	
		Add lines 1 through 15								17.	 '		1 1		- -	+	
	Total federal adjustments to income (see page 14) Identify: Subtract line 17 from line 16. This is your federal adjusted gross income									18.	 		++		+	+	
				s (see page 15)	- , sa. reastar aujuotou	g. 930 III							, 	• •			
					nds and obligations (but not	those of N	Y State or it	ts local go	overnmen	ts)	19.					1.	
					ntributions from your wage						20.					□.[
21	Other (s	ee pag	ge 15)	Identify:							21.						
	Add line										22.						
Ne	w York	Subt	tracti	ions (see page	17)							•	,	,			
23	3 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.								Clip your check or money order								
		Taxable amount of social security benefits (from line 14 above) 25.							$\vdash \vdash$	to the front of							
	Interest income on U.S. government bonds								this return.								
		Pension and annuity income exclusion															
						28.		Щ	•		20					$\neg \vdash$	
					o vous Now Vork adjusts						29.	Щ				•	
30				rom line 22. Inis i on the back page)	s your New York adjuste	u gross	mcome	; (enter	uie iine		30.					\neg	\neg

_													
	x Computation (see page 20)	Dollars Cen											
	Enter the amount from line 30 on the from		31.		•								
32	Enter the larger of your standard deduction (fr	_	20										
	Part I, line 14; attach form). Mark an "X" in the	· · · · · · · · · · · · · · · · · · ·	_	lten	nized	32. 33.	++++						
	Subtract line 32 from line 31					34.	-}- - -						
	Exemptions for dependents only (not the				00.00								
	Subtract line 34 from line 33. This is yo		35.		1 1 1 1								
36	New York State tax on line 35 amount (If line				45	36.	- 	 					
No	through 52. If line 31 is more than \$100,000, you must complete York State Credits and Other Taxe	-	or z on page 20 to	ngure your tax.)		30.		•					
		` , ŏ ,	,			1							
31 20	New York State household credit (from Tabl Other New York State credits (from Form IT-20:	10 1, 11 or 111, page 21).		 	•								
	Add lines 37 and 38				•	39.							
	Subtract line 39 from line 36 (if line 39 is mo					40.	 						
	Other New York State taxes (from Form IT-2		*			41.	1111						
	Add lines 40 and 41. This is the total of y		•			42.	- 	 					
	ty of New York and City of Yonkers Ta						- 						
43	City of NY resident tax (use the City of NY Tax Ta	able on white pages 53-60) 43	B.]							
44	City of New York household credit (from Table	le IV, V or VI, page 22) 44	·• '			See	instruction	s on					
	(CNYADC			,		page	es 21 throug	21 through 23					
45	Subtract line 44 from line 43 (if line 44 is more	than line 43, leave blank)	5.				iguring						
46	City of New York nonresident earnings tax	x (attach Form NYC-203)	5.]		•		of New Yor						
47	Other city of New York taxes (from Form IT-201	-ATT, line 39; attach form) . 47	<u>'. </u>		• <u> </u>		of Yonkers lits and tax	taxes,					
48	City of Yonkers resident income tax surcha	arge <i>(see page 23)</i> 48	B.	\bot	•		harges.						
	City of Yonkers nonresident earnings tax (a	· · · · · · · · · · · · · · · · · · ·	1 1 1 1	+ + + +	·	Julio	ilai geo.						
	Part-year city of Yonkers resident income tax surch		-		•	F4							
	Add lines 45 through 50. This is the total	•	and city of	Yonkers taxes	S	51.		1 1.1.1					
	Iuntary Gifts/Contributions (see page		-11 011- 5		Llolol								
52	Return a Gift to Wildlife Breast Cancer Research and Education Fund		cid Olympic F		00	52.		1 .00					
53	Add lines 42, 51 and 52. This is your total New York		· · · · · · · · · · · · · · · · · · ·	gifts/contribution		53.	- - - - - - - - - 						
	yments (see page 23)	Cotate, New York Oily and York	Kers lakes, and	giris/contribution	13			1 101 1					
	NY State child and dependent care credit (from F	Form IT-216: attach form) 54				Staple your wage and tax statements at the top of the back of this return.							
	NY State earned income credit (from Form IT-215		5.										
	Real property tax credit (from Form IT-214, li	·	j										
	Total NY State tax withheld (staple wage an	·	<u>'. </u>				Step 7, page						
58	Total city of NY tax withheld (staple wage a	and tax statements)	8. 1			the proper assembly of							
59	Total city of Yonkers tax withheld (staple wag	•	your return and attachments.										
60	Total of estimated tax payments, and amount paid with ex-				•			, , ,, ,,					
	61 Add lines 54 through 60	D. This is the total of your	r payments .			61.							
_	Refund or Amount You O	(200 page 24)											
	Kelana of Amount Tod o		٦										
	If line 61 is more than line			•		62.							
	62 Subtract line 53 from line 63 Amount of line 62 that yo	,	•		und	63.	 						
	64 Estimated tax only: A	unu	55.	, , , ,	1 1 1 1 1								
	to your 1997 estimated		Mail y	our complete	ed return to:								
	you claimed as a refun		STATE PROCESSING CENTER										
	If line 61 is less than line 5		OX 61000 NY NY 12261	-0001									
	65 Subtract line 61 from line	ALDAI	11 11 12201	0001									
	payable to NY State Income Tax		65.										
66	Estimated tax penalty. Include this amount					l							
	reduce the overpayment on line 62 (see	page 25) ■ 66	<u>i. </u>		•	Sign	your retu	ırn below.					
	Preparer's signature	Date Mark "X" if self-	٥٠	Your signature									
	employed Sign												
	arer's Spouse's signature (if joint Firm's name (or yours, if self-employed) Preparer's social security number Your Spouse's signature (if joint for yours)						return)						
Use Only Address Employer identification number Date Daytime phone number (optional)							per (optional)						
Aud	1000	Employer Identification number	Here		()	(op.ioiiai)						