Resident Income Tax Return

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2	1998	
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				N	lew York State ●	City of	New Yor	k ● (City of Y	onkers/		(<u> </u>	98		-	'	Ul	J
For	office use of	ffice use only Please enter your first name first. For a joint return, use both name lines.					\neg		1	,									
		Please enter your first name first. For a joint return, use both name lines. Your first name and middle initial Your last name (for a joint return, enter spouse's name on line be								ow) 🔻	Your	social s	ecurit	y num	ber		_		
			t or											1		<u>†</u>			
			print	Spouse's first name	and middle initial	Spouse	e's last na	me				۱۲	Spou	ise's so	cial se	curity	numl	oer	_
=			ō	Mailing address (nu		of south)			Δn	artment r	umbor	L	V Stat	e coun	ty of I	† rocido			
			label,	Mailing address (num	imber and street or rura	ar route)			Ар	arunenti	iumbei	•	i Stati	e coun	ty Oi i	eside	IICE		
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			Attach																
			Perm	nanent home addres	SS (see page 14) (nur	mber and s	street or ru	ral rou	<i>ite)</i> Apa	artment n	umber		hool d	district numbei			$\overline{\Box}$		\exists
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		Filing status -	_	Single					-		your ded				Yes		۱	lo [П
		mark ar			ig joint return use's social security	numbor a	abovo)		•		residents			_					
Stapl	e check or	"X" in					ibove)	ν,	-		or older on	-			Yes		N	lo 🗌	\Box
here	ey order	one box	x : ③		ig separate return use's social security		above)		(2) Was y	your spo u	ise 65 or o	lder or	า 1/1/9	99?	Yes		Ν	lo	
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			7 4	Head of hou	usehold (with qualii	fying perso					yer's feder				Yes	—		IO <u> </u>	_
			J _®	Qualifying wic	dow(er) with depend	lent child		(E)	if you do	o not nee ark an "X	ed forms m " in the bo	iailed ix <i>(see</i>	to you instr	ມ next <i>page ຄ</i>	3)				Ī
					, ,				, ,						ollars			Cen	ts
													-						
1	vvages, sai	aries, tips	, etc.										$\perp \perp$,_	<u></u>	_ -		
2	Taxable inte	erest inco	me									. 2	-						
													$\overline{\Box}$		$\stackrel{\prime}{\sqcap}$		\exists		
3	Ordinary di	vidends	• • • • •									. 3	Ш		,_	Щ	-		
4	Taxable ref	unds cred	dits or	offsets of state and	d local income tax	es (also e	enter on li	ne 12	helow)			4	-						
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5	Unemploym	nent comp	ensat	tion								. 5			.,		.		
•	A .l .l .l' 4	the seconds of	_									6	-						
6	Add lines i	inrough :	o										$\perp \perp \perp$		<u>, </u>		ا ٠١		
7	Individual re	etirement	arrang	gement (IRA) deduc	ction (see instruction	ns, page 9	9)					. 7	Ш		<u> </u>].		
													-				\neg		
8	Subtract lin	e 7 from l	line 6.	. This is your federa	al adjusted gross	income	s (see inst	ructio	ns, page	9)		8	ᆜ		,_	<u></u>	_ -		_
9	Public emp	loyee con	tributio	ons (see instr., page 9	g) Identify:							9	1						
		-											$\overline{\Box}$		$\stackrel{\prime}{\sqcap}$		\exists		
10	Flexible ber	nefits prog	gram ((IRC 125 amount) (s	see instr., page 9)	Identify:						10	Ш		<u> </u>				
11	Add lines 8	8, 9 and 10	0									11	-						
							-					1		·	,				
12	Taxable refund	ds, credits o	or offset	ts of state and local inco	ome taxes from line 4	above	. 12		<u> </u>										
13	Interest inc	ome on U	I.S. go	overnment bonds (se	ee instructions, page	9)	. 13						Stanl	e you	ır che	ock c	r m	nev	٦
			•						, 				order	to th	e froi	nt lef	ft of	this	
14	New York s	standard d	leducti	ion (see instructions, p	page 9)		. 14		⊥,		_].[┙╚	returr	n in th	ie are	ea in	dica	ted.	┙
15	Exemptions for	or depende	nts onl	ly (not the same as total federal of	exemptions: see instructions	page 10)	. 15			0 0 0	0 0)							
-	p	p =		J. Commission of the commissio	,	,							\Box	1	$\overline{}$		ا ر ب	1	\neg
16	Add lines 1	2 through	15 <i>(if</i>	f line 16 is more than o	or equal to line 11, s	see instruc	ctions for I	ine 1	7, page 10	0)		16	\coprod_{-}		. <u>;</u>	<u>_</u> _	_].		
17	Subtract lin	ne 16 from	line 1	11. This is vour taxa	able income (if \$6	65.000 or i	more sto i	j : voi	ı must file	Form IT-2	201)	17							

IT-2	(1998) (back)	Dollars	Се	nts				
18	Enter the amount from line 17 on the front page. This is your taxable income							
19	New York State tax on line 18 amount. (Use the State Tax Table, violet pages 37 through 44 of the instructions)	<u> </u>						
20	New York State household credit (from table I, II, or III; see instructions, page 10).							
	Subtract line 20 from line 19 (if line 20 is more than line 19, leave blank). This is the total of your New York State taxes							
23	City of New York household credit (see instructions, page 11)							
24	Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)	 This is a scannable form; please file this original return with the 						
25 26	City of New York nonresident earnings tax (attach Form NYC-203)	Tax Department.						
27	City of Yonkers nonresident earnings tax (attach Form Y-203)							
	Add lines 24 through 27. This is the total of your city of New York and city of Yonkers taxes	, 	0	0				
	If you want to contribute to the Lake Placid Olympic Fund, enter \$2 (\$4 if your spouse also wants to	·	0					
31	If you want to give a Gift for Breast Cancer Research and Education, enter amount -		_	0				
32	\$5, \$10, \$20, other (see instructions, page 12). If you want to contribute to the Missing and Exploited Children Clearinghouse Fund, enter amount - \$5, \$10, \$20, other (see instructions, page 12).		_	0				
33	Add lines 21, 28, 29, 30, 31, and 32							
34	New York State child and dependent care credit (from Form IT-216, line 14; attach form) 34	·						
35	New York State earned income credit (from Form IT-215; attach form) Stap	le your wage and						
36	Real property tax credit (from Form IT-214, line 17; attach form)	statements at the of the back of this n. See Step 7, page						
37	City of New York school tax credit (see instructions, page 12)	f the instructions, ne proper assembly our return and						
38	Total New York State tax withheld (staple wage and tax statements; see instr., page 12)	chments.						
39	Total city of New York tax withheld (staple wage and tax statements; see instr., page 12)							
40	Total city of Yonkers tax withheld (staple wage and tax statements; see instr., page 12)			1				
41	Add lines 34 through 40	<u> </u>	Ŀ					
42	If line 41 is more than line 33, subtract line 33 from line 41. This is the amount to be refunded to you 42 If you choose to have your refund sent directly to your bank account, complete a, b, and c below	<u> </u>						
40	a Routing number b Type: Checking Savi	ings						
43	If line 41 is less than line 33, subtract line 41 from line 33. This is the amount you owe (do not send cash; make your check or money order payable to New York State Income Tax; write your social security number and 1998 income tax on it)	<u> </u>						
	Paid Preparer's signature Date Mark "X" if self-employed Sign Your signature							
Pre	eparer's Your Spouse's signature (if joint return)							
	se Only Thins name (or yours, if som-employed)	Date Daytime phone number (optional)						
Add	lress Employer identification number Here Date Daytime phone numb ()	ы (орионаі)						