New York State Department of Taxation and Finance

Resident Income Tax Return
New York State • City of New York • City of Yonkers

2001 **IT-200**

For office use only

Staple check or money order here

Attach label, or print or type

Important: You **must** enter your social security number(s) in the boxes to the right.

Your first name and middle initial	Your last name	▼ Your social security number

Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number

Mailing address *(number and street or rural route)*	Apartment number	NY State county of residence ●

City, village or post office	State	ZIP code	School district name ●

Permanent home address *(see page 14) (number and street or rural route)* | Apartment number | School district code number ....

City, village or post office	State **NY**	ZIP code	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) Were you a **city of New York** resident for all of 2001? *(part-year residents must file Form IT-201; see instructions)* .... ■ 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, page 8)* .... ■ ☐

	Dollars	Cents
1 Wages, salaries, tips, etc. **1**		.
2 Taxable interest income **2**		.
3 Ordinary dividends **3**		.
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 12 below)* **4**		.
5 Unemployment compensation **5**		.
6 Add lines 1 through 5 .... **6**		.
7 Individual retirement arrangement (IRA) deduction *(see instructions, page 9)* **7**		.
8 Subtract line 7 from line 6. This is your **federal adjusted gross income** *(see instructions, page 9)* **8**		.
9 Public employee contributions *(see instr., page 9)* Identify: _____ **9**		.
10 Flexible benefits program (IRC 125 amount) *(see instr., page 9)* Identify: _____ **10**		.
11 Add lines 8, 9, and 10 .... ▶ **11**		.

Reminder: Only full-year New York State residents who are not reporting income such as IRA distributions, pensions/annuities, social security benefits, or capital gains may file this form. All others, see page 5 of the instructions.

	Dollars	Cents	
12 Taxable refunds, credits, or offsets of state and local income taxes from line 4 above ■ **12**		.	
13 Interest income on U.S. government bonds *(see instructions, page 9)* .... ■ **13**		.	
14 New York standard deduction *(see instructions, page 9)* .... ■ **14**		. **0 0**	
15 Exemptions **for dependents only** *(not the same as total federal exemptions; see instructions, page 10)* ■ **15**	**0 0 0**	. **0 0**	**2001**
16 Add lines 12 through 15 *(if line 16 is more than or equal to line 11, enter "0" on line 17 and skip to line 28)* ...... ▶ **16**		.	
17 Subtract line 16 from line 11. This is your **taxable income** *(if $65,000 or more, **stop**; you must file Form IT-201)* .... ■ **17**		.	

011194   **This is a scannable form; please file this original return with the Tax Department.**   IT-200   2001

18	Enter the amount from line 17 on the front page. This is your **taxable income**	**18**		.
19	New York State tax on line 18 amount *(use the* State Tax Table, *violet pages 41 through 48 of the instructions)*	**19**		.
20	New York State household credit *(from table I, II, or III; see instructions, page 10)*	**20**		.
21	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 ....▶	**21**		.

22	City of New York resident tax on line 18 amount. *(use* City Tax Table, *white pages 49 through 56 of the instructions)*	**22**		.		
23	City of New York household credit *(see instructions, page 11)*	**23**		.		
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*	**24**		.		
25	City of Yonkers resident income tax surcharge *(from Yonkers Worksheet, page 11 of the instructions)*	**25**		.		
26	City of Yonkers nonresident earnings tax *(attach Form Y-203)*	**26**		.		

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27	Add lines 24 through 26. This is the total of your city of New York and city of Yonkers taxes ....▶	**27**		.

Voluntary gifts/contributions
(see instructions)

Return A Gift to Wildlife	**28**		.	**0 0**
Olympic Fund	**29**		.	**0 0**
Breast Cancer Research Fund	**30**		.	**0 0**
Missing/Exploited Children Fund	**31**		.	**0 0**
Alzheimer's Fund	**32**		.	**0 0**

33	Add lines 28 through 32. This is your total voluntary gifts/contributions	**33**		. **0 0**
34	Add lines 21, 27, and 33	**34**		.
35	New York State child and dependent care credit *(from Form IT-216; line 14; attach form)* **35**		.	
36	New York State earned income credit *(from Form IT-215; attach form)* **36**		.	
37	Real property tax credit *(from Form IT-214, line 17; attach form)* **37**		.	
38	College tuition credit *(from Form IT-272; attach form)* **38**		.	
39	City of New York school tax credit *(see instructions, page 12)* **39**		.	
40	Total New York State tax withheld *(**staple wage and tax statements**; see instr., page 12)* **40**		.	
41	Total city of New York tax withheld *(**staple wage and tax statements**; see instr., page 13)* **41**		.	
42	Total city of Yonkers tax withheld *(**staple wage and tax statements**; see instr., page 13)* **42**		.	

• Staple your wage and tax statements to the bottom front of this return. See *Step 7,* page 15 of the instructions, for the proper assembly of your return and attachments.

43	Add lines 35 through 42	**43**		.
44	**If line 43 is more than line 34, subtract line 34 from line 43.** This is the amount to be **refunded to you**	**44**		.

If you choose to have your refund sent directly to your bank account, complete a, b, and c below

a Routing number ▪▪ [   ] **b** Type: ● ☐ Checking ▪▪ ☐ Savings

c Account number ● [   ]

45	**If line 43 is less than line 34,** subtract line 43 from line 34. 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* **2001 income tax** *on it)* ..	**45**		.

46 *I authorize the Tax Department to discuss this return with the paid preparer listed below.* (Mark the **Yes** or **No** box; see page 14.) ▪**Yes** ☐ ▪**No** ☐

Paid preparer's use only	Preparer's signature	▼ **Preparer's SSN or PTIN**	**Sign your return here**	Your signature
	Firm's name *(or yours, if self-employed)*	● **Employer identification number**		Spouse's signature *(if joint return)*
	Address	Date / Mark "X" if self-employed ☐		Date / Daytime phone number (optional) ( )