New York State Department of Taxation and Finance

## **Resident Income Tax Return**

New York State ● City of New York ● City of Yonkers



**IT-201** 

Гот.	office was only		For the full year January 1, 2002, through December 31, 2002, or fiscal year		0 2
ror c	office use only	type	Important: You must enter your social security number(s) in the boxes to the right.	and ending	
-		or t	Your first name and middle initial  Your last name (for a joint return, enter spouse's name on line below)	Your social security number	
=		T t			
		print	Spouse's first name and middle initial Spouse's last name	Spouse's social security numb	er
		, o		V 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		label,	Mailing address (number and street or rural route)  Apartment number  New	w York State county of reside	nce
=					
=		Attach	City, village, or post office State ZIP code Sch	nool district name	
			•		
		Perma	nent home address (see page 37) (number and street or rural route)  Apartment number  Sch	ool district	
				ode number	
		City, vil		sed, enter <b>first name</b> and <b>d</b>	ate of death.
			NY		
	(A)	<b>Filing</b>	① Single (B) Can you be claimed as	a dependent	
	_	status	on another taxpayer's fee	deral return? Yes	■ No □
Staple	check or order	mark a	an ② Married filing joint return (C) If you do not need form	•	
here.	oldel	X in	(enter spouse's social security number above) year, mark an <b>X</b> in the bo		
		one bo	Married filing separate return (D) If you or your spouse ma		
			(enter spouse's social security number above)  NY City during 2002, mai	· · · ·	16)
			4 Head of household (with qualifying person)  (E) City of New York reside	ents and city of esidents only: (see page	17)
			(1) Number of months <b>you</b> live		
			Qualifying widow(er) with dependent child (2) Number of months your spous	se lived in New York City in 2002	<u></u> ▮ \$
Fe	deral inco	me and	l adjustments	Dollars	Cents
1	Wages, sa	laries, ti	ps, etc Only full-year NY State residents may file this form. For	1.	
2			come lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see	2.	
3	Ordinary d	ividends	page 18). Also see page 18 instructions for showing a loss.	3.	
4	Taxable ref	funds, c	redits, or offsets of state and local income taxes (also enter on line 24 below)	4.	
5	Alimony re	ceived .		5.	
6	Business in	ncome d	or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	6.	
7	Capital gai	n or los	S (if required, attach copy of federal Schedule D, Form 1040)	7.	
8			ses (attach copy of federal Form 4797)	8.	
9	Taxable an	nount of	IRA distributions	9.	
10	Taxable an	nount of	pensions and annuities	10.	
11				11.	
12				12.	
13				13.	
14			•	14.	
15				15.	
16				16.	
17				17.	
18	Subtract li	ine 17 f	rom line 16. This is your federal adjusted gross income	18.	
Ne	w York add	litions	(see page 19)		
19	Interest inco	ome on s	state and local bonds and obligations (but not those of NY State or its local governments)	19.	
20	Public emp	oloyee 4	14(h) retirement contributions from your wage and tax statements (see page 19)	20.	
21	College ch	oice tuit	ion savings distributions	21.	
22	Other (see	page 19	Identify:	22.	
23	•		-	23.	
Ne			ons (see page 22)	'	
24			r offsets of state and local income taxes (from line 4 above) 24.	Г	٦
25	Pensions of NY	'S and loca	governments and the federal government (see page 22) 25.		•
26	Taxable an	nount of	social security benefits (from line 14 above) 26.		
27			U.S. government bonds	L	_l
28			ity income exclusion	2002	_
29			on savings deduction / earnings distributions 29.		
30	Other (see				
31	-			31.	
32			~	32.	

Tax	comp	utation, credits, a	nd other ta	xes (see page	26)	<b>IT-201</b> (200	2) (back)		Dollars	Cents
33	Enter t	he amount from line	32 on the fro	nt page. This is y	our <b>New York</b>	adjusted gross i	ncome	33.		
34	Enter th	e larger of your stand	ard deduction	n (from page 26) or	your <b>itemized d</b> e	eduction (from Form	i IT-201-ATT	,		
		, line 16; attach form). Ma					Itemized	34.		
35		ct line 34 from line 33						35.		-
36	•	tions for dependent	• ,						0 0 0	. 0 0
37		ct line 36 from line 35			•					·
38		ate tax on line 37 am	•							•
39		ork State household								•
40		ct line 39 from line 38								<b> •</b>
41		ork State nonrefunda								•
42		ct line 41 from line 40	•		,					<b>-</b>
43 44		ner New York State ta nes 42 and 43. This i								•
		w York and City o		•				44.		•
45		NY resident tax (use t								
46	-	New York household	•	. •	· —			_		
47	-	et line 46 from line 45 (iii	·					_	See instructions on	
48		ty of New York taxes (from			′ <del>– –</del>				pages 29 and 30 for	
49		es 47 and 48			_		1.		figuring city of New	
50		NY nonrefundable c							and city of Yonkers	
51	•	ct line 50 from line 49	•		· —				taxes, credits, and ta	ax
52		Yonkers resident inco							surcharges.	
53	City of	Yonkers nonresiden	<b>it</b> earnings ta	ax (attach Form Y-2	203) <b>53.</b>					
54	Part-year	r city of Yonkers resident in	come tax surcha	irge (attach Form IT-36)	0.1) <b>54.</b>					
55		nes 51 through 54.					taxes	55.		
		gifts/contribution								
56		a Gift to Wildlife		Missing/E				].		
		east Cancer Research				Fund <b>I</b> o	•			
	Alzheim	er's Fund ■a.	•		Total of your lin	e 56 gifts and contr	ibutions =	56.		. 0 0
						-		1 1		
57		es 44, 55, and 56. This is			City and Yonkers	taxes, and gifts/contr	ibutions	57.		•
57 Pay	yments	and refundable c	redits (s	see page 32)		taxes, and gifts/contr	ibutions		nil your completed ret	urn to:
57 Pay 58	yments NY State	and refundable of child and dependent ca	eredits (sare credit (from	see page 32) Form IT-216; attach fo	rm) <b>58.</b>	taxes, and gifts/contr	butions		nil your completed ret	urn to:
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