

New York State Department of Taxation and Finance  
**Resident Income Tax Return (short form)**  
 New York State • New York City • Yonkers



**IT-150**

<b>Print or type</b>	<b>Important:</b> You <b>must</b> enter your social security number(s) in the boxes to the right.				
	Your first name and middle initial	Your last name <i>(for a joint return, enter spouse's name on line below)</i>		▼ Your social security number	
	Spouse's first name and middle initial	Spouse's last name		▼ Spouse's social security number	
	Mailing address <i>(see instructions, page 13)</i> (number and street or rural route)		Apartment number	New York State county of residence	
	City, village, or post office		State	ZIP code	School district name
Permanent home address <i>(see instructions, page 13)</i> (number and street or rural route)			Apartment number	School district code number	
City, village, or post office		State	ZIP code	Taxpayer's date of death Spouse's date of death	
		<b>NY</b>	Decedent information		

- (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

- (C)** Were you a **New York City** resident for all of 2008? *(Part-year residents must file Form IT-201; see page 14.)* Yes  No
- (D)** Can you be claimed as a dependent on another taxpayer's federal return? *(see page 14)* Yes  No
- (E)** Enter your **2-digit special condition code if applicable** *(see page 14)* .....  **if applicable, also enter your second 2-digit special condition code** .....

**(B)** Have you underreported your tax due on past returns? To correct this without penalty, visit us at [www.nystax.gov](http://www.nystax.gov)

For help completing your return, see the combined instructions for Forms IT-150 and IT-201.

		Dollars	Cents
1	Wages, salaries, tips, etc. ....	1.	
2	Taxable interest income .....	2.	
3	Ordinary dividends .....	3.	
4	Capital gain distributions .....	4.	
5	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	5.	
6	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	6.	
7	Unemployment compensation .....	7.	
8	Taxable amount of social security benefits <i>(also enter on line 17 below)</i> .....	8.	
9	<b>Add lines 1 through 8</b> .....	9.	
10	Total federal adjustments to income <i>(see page 15)</i> Identify: .....	10.	
11	<b>Federal adjusted gross income</b> <i>(subtract line 10 from line 9)</i> .....	11.	
12	Interest income on state and local bonds and obligations <i>(but not those of NYS or its local governments)</i> ...	12.	
13	Public employee 414(h) retirement contributions from your wage and tax statements <i>(see page 16)</i> ...	13.	
14	Other <i>(see page 16)</i> Identify: .....	14.	
15	<b>Add lines 11 through 14</b> .....	15.	
16	Pensions of NYS and local governments and federal government <i>(see page 17)</i> <b>16.</b> .....		
17	Taxable amount of social security benefits <i>(from line 8 above)</i> ..... <b>17.</b> .....		
18	Pension and annuity income exclusion <i>(see page 18)</i> .....	<b>18.</b>	
19	Other <i>(see page 19)</i> Identify: .....	<b>19.</b>	
20	<b>Add lines 16 through 19</b> .....	20.	
21	<b>New York adjusted gross income</b> <i>(subtract line 20 from line 15)</i> .....	21.	
22	New York standard deduction <i>(see page 21)</i> .....	<b>22.</b> 00	00
23	Dependent exemptions <i>(not the same as total federal exemptions; see page 21)</i> <b>23.</b> .....	000	00
24	<b>Add lines 22 and 23</b> .....	24.	00 00
25	<b>Taxable income</b> <i>(subtract line 24 from line 21)</i> .....	25.	

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<b>26 Taxable income</b> (enter the amount from line 25 on the front page) .....	<b>26.</b>			
<b>27</b> New York State tax on line 26 amount (see page 22 and Tax computation on page 52) .....	<b>27.</b>			
<b>28</b> New York State (NYS) household credit (from table 1, 2, or 3 on pages 22 and 23) .....	<b>28.</b>			
<b>29</b> Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank) .....	<b>29.</b>			
<b>30</b> New York City (NYC) resident tax (see page 23) .....	<b>30.</b>			
<b>31</b> NYC household credit (from table 4, 5, or 6 on pages 23 and 24) .....	<b>31.</b>			
<b>32</b> Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank) .....	<b>32.</b>			
<b>33</b> Yonkers resident income tax surcharge (from Yonkers worksheet on page 24) .....	<b>33.</b>			
<b>34</b> Yonkers <b>nonresident</b> earnings tax (attach Form Y-203) .....	<b>34.</b>			
<b>35 Sales or use tax</b> (See the instructions on page 25. <b>Do not leave line 35 blank.</b> ) .....	<b>35.</b>			
<b>36 Voluntary contributions</b> (whole dollars only; see page 26) Return a Gift to Wildlife <b>36a.</b> [ ] .				
Missing/Exploited Children Fund <b>36b.</b> [ ] . Breast Cancer Research Fund <b>36c.</b> [ ] .				
Prostate Cancer Research Fund <b>36d.</b> [ ] . Alzheimer's Fund <b>36e.</b> [ ] .				
Olympic Fund <b>36f.</b> [ ] . National 9/11 Memorial <b>36g.</b> [ ] . <b>Total</b> (add lines 36a through 36g)	<b>36.</b>			<b>0 0</b>
<b>37 Add line 29 and lines 32 through 36</b> .....	<b>37.</b>			
<b>38</b> Empire State child credit (attach Form IT-213) .....	<b>38.</b>			
<b>39</b> NYS/NYC child and dependent care credit (attach Form IT-216) .....	<b>39.</b>			
<b>40</b> NYS earned income credit (attach Form IT-215 or Form IT-209) [ ]	<b>40.</b>			
<b>41</b> NYS noncustodial parent earned income credit (attach Form IT-209) ....	<b>41.</b>			
<b>42</b> Real property tax credit (attach Form IT-214) .....	<b>42.</b>			
<b>43</b> College tuition credit (attach Form IT-272) .....	<b>43.</b>			
<b>44</b> NYC school tax credit .....	<b>44.</b>			
<b>45</b> NYC earned income credit (attach Form IT-215 or Form IT-209) [ ]	<b>45.</b>			
<b>46 Total New York State tax withheld</b> .....	<b>46.</b>			
<b>47 Total New York City tax withheld</b> .....	<b>47.</b>			
<b>48 Total Yonkers tax withheld</b> .....	<b>48.</b>			
<b>49 Total estimated tax payments / Amount paid with Form IT-370</b> .....	<b>49.</b>			
<b>50</b> Add lines 38 through 49 .....	<b>50.</b>			
<b>51 Total amount overpaid</b> (if line 50 is <b>more than</b> line 37, subtract line 37 from line 50) .....	<b>51.</b>			
<b>52</b> Amount of line 51 that you want refunded to you. <b>Complete line 56.</b> [Refund]	<b>52.</b>			
<b>53</b> Amount of line 51 that you want applied to your 2009 estimated tax (see instructions) .....	<b>53.</b>			
<b>54 Total amount you owe</b> (if line 50 is <b>less than</b> line 37, subtract line 50 from line 37). <b>Complete line 56.</b> [Owe]	<b>54.</b>			
<b>55</b> Estimated tax penalty (include this amount in line 54 or reduce the overpayment on line 51; see page 29) .....	<b>55.</b>			

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of the wage and tax statements provided by your employer. Staple them to the top of this page.

See the Step 11 instructions on page 33 for the proper assembly of your return and attachments.

**56 Account information** (see page 31) Mark one:  Refund – Direct deposit       Owe – Electronic funds withdrawal

**56a** Routing number [ ]      Electronic funds withdrawal effective date [ ]

**56b** Account number [ ]      **56c** Account type  Checking       Savings

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name E-mail:	Designee's phone number ( )	Personal identification number (PIN) [ ]
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▼ Paid preparer's use only ▼	
Preparer's signature ▶	▼ SSN or PTIN:
Firm's name (or yours, if self-employed)	● Employer identification number
Address	Mark an X if self-employed <input type="checkbox"/>
	Date
E-mail:	

▼ Taxpayer(s) sign here ▼	
Your signature ▶	
Your occupation ●	
Spouse's signature and occupation (if joint return)	
Date	▼ Daytime phone number
E-mail:	

Mail your completed return and any attachments to:  
**STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.**

For information about private delivery services, see page 38.

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