

IT-201

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

		For the full year January 1	, 2014, through Decem	ber	31, 20	14, or 1	fiscal	year	begin	ining .					
or help completing yo	ur re	eturn, see the instructions,	Form IT-201-I.					á	and en	iding .					
Your first name	MI	Your last name (for a joint return, enter		You	ur date d	f birth <i>(mi</i>	mddyyy	y)	Your s	ocial se	curity	num	ber		
Spouse's first name	MI	Spouse's last name		Snr	nuse's da	te of birth	(mmdd	www)	Snous	e's soci	al sec	curity	num	her	
		operator lact name		J Sp.											
Mailing address (see instruction	ns, pa	ge 12) (number and street or PO box)			Apart	ment nui	mber		New Y	ork Sta	te cou	inty o	f res	idence	
City, village, or post office		State ZIP cod	e Country (if r	ot U	nited St	ates)			Schoo	l district	nam	е			
Taxnaver's nermanent home	addre	ess (see instructions, page 12) (numb	per and street or rural route)	Ana	rtment	number									
- anpayor o pormanom nome		os (coe monucusio, pago 12) (name	or and other or runal route,	7.00						ol distric number					
City, village, or post office		State ZIP cod	Decedent	Tax	oayer's	date of de	eath (m	ımddyy	'yy) : [Spouse's	date	of dea	ath <i>(m</i>	nmddyy	
		IN I	information		:-	-4						4			
A Filing ⊕∫ s status	Single		D2 Yonke (1) Di			n ts and eive a p						its o	nıy:	[
(mark an ②		ed filing joint return spouse's social security number above)	•	•	• /				Yes No					No	
box):		ed filing separate return	(2) 11				L		00	0					
3	enter s	spouse's social security number above)	D3 Did yo			a family					Ye	s		No	
4 L	Head	of household (with qualifying perso	E (1) Di	d yo	u or yo	our spoi	use m	ainta	in livi	ng				[
5	Qualif	ying widow(er) with dependent c	child			NYC du mber o	-			-		s L		No l	
3 Did you itemize your o			(aı			day spe	•								
your 2014 federal incor Can you be claimed a			F MICH			and NY			ar						
on another taxpayer's f				residents only (see page 13): (1) Number of months you lived in NYC in 2014											
Did you have a financial located in a foreign could	financial account ign country? (see page 13) Yes No														
						aracter e page 1									
						so ente									
J. Donondont overnti	on in	formation (acc nage 14)	Specia	11 CO	iditioi	Code .									
First name	M	Il Last name	Relationship		So	cial sec	urity	numb	er	Di	ate o	f birtl	h (mr	nddyyy	
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	+									+					
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							J	ı			1		1	ı	
f more than 7 dependent	ts, m	ark an X in the box.													
201001140094		For	office use only												
		101													

Your social security number										
ī	1	ī	ī	1	ī	Т	П			

Fe	deral income and adjustments (see page 14)	Whole dollars only			
1	Wages, salaries, tips, etc.	1	00		
2	Taxable interest income	2	00		
3		3	00		
	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	00		
	Alimony received	5	00		
	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	00		
	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	00		
	Other gains or losses (submit a copy of federal Form 4797)	8	00		
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	00		
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	00		
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	00		
12	Rental real estate included in line 11				
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	00		
	Unemployment compensation	14	00		
	Taxable amount of social security benefits (also enter on line 27)	15	00		
16	Other income (see page 14) Identify:	16	00		
17	Add lines 1 through 11 and 13 through 16	17	00		
	Total federal adjustments to income (see page 14) Identify:	18	00		
	Federal adjusted gross income (subtract line 18 from line 17)	19	00		
Ne	w York additions (see page 15)				
$\overline{}$	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	00		
	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)		00		
	New York's 529 college savings program distributions (see page 15)	22	00		
	Other (Form IT-225, line 9)	23	00		
	Add lines 19 through 23	24	00		
Ne	w York subtractions (see page 16)				
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)				
	Pensions of NYS and local governments and the federal government (see page 16) 26 00				
	Taxable amount of social security benefits (from line 15) 27 00				
	Interest income on U.S. government bonds				
	Pension and annuity income exclusion (see page 16) 29 00				
30	New York's 529 college savings program deduction/earnings 30 00				
31					
32	Add lines 25 through 31	32	00		
33	New York adjusted gross income (subtract line 32 from line 24)	33	00		
St	andard deduction or itemized deduction (see page 18)				
٥١	and a deduction of itomized deduction (1900 page 10)				
34	Enter your standard deduction (table on page 18) or your itemized deduction (from Form IT-201-D)				
	Mark an X in the appropriate box: Standard - or - Itemized	34	00		
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	00		
	Dependent exemptions (enter the number of dependents listed in item H; see page 18)	36	000 00		
37	Taxable income (subtract line 36 from line 35)	37	00		



Nar	me(s) as	s shown on page 1		Your socia	al secur	ity numbe	r	7	IT-201 (2014) Page 3 of 4
IVAI	110(3) 43	I Shown on page 1		1 1	l JCCCII	l l l	<u>.</u> 	1	 (
_									
Ta	x comp	outation, credits, and other taxes (see page 19)							
38	Tavah	le income (from line 37 on page 2)						38	00
		, , ,							00
		ax on line 38 amount (see page 19 and Tax computation	$\overline{}$	ages 51, 5.	2, and	53)		39	00
		ousehold credit (page 19, table 1, 2, or 3)					00		
		ent credit (see page 20)					00		
		NYS nonrefundable credits (Form IT-201-ATT, line 7)					00	+	
43	Add lin	nes 40, 41, and 42						43	00
44	Subtra	act line 43 from line 39 (if line 43 is more than line 39, lea	ve bla	ank)				44	00
		her NYS taxes (Form IT-201-ATT, line 30)							
		· · · · · · · · · · · · · · · · · · ·							
46	Total I	New York State taxes (add lines 44 and 45)						46	00
Ne	w York	City and Yonkers taxes, credits, and tax surcharg	jes)						
47	NIX/O =	a side at the condition of the condition		I			00	7	
		esident tax on line 38 amount (see page 20)	47				00	1	
		nousehold credit (page 20, table 4, 5, or 6)	48				00	J	
49		act line 48 from line 47 (if line 48 is more than	40	Ι			00	1	
E 0		47, leave blank)	49				00	1	See instructions on
	-	ear NYC resident tax (Form IT-360.1)					00	+	pages 20, 21, and 22 to
		NYC taxes (Form IT-201-ATT, line 34)					00	┥	compute New York City and
		nes 49, 50, and 51	-				00	1	Yonkers taxes, credits, and
		nonrefundable credits (Form IT-201-ATT, line 10)	55				00	J	tax surcharges.
54		52, leave blank)	54				00	1	
55		rs resident income tax surcharge (see page 22)					00	┨	
		rs nonresident earnings tax (Form Y-203)					00	┨	
		ear Yonkers resident income tax surcharge (Form IT-360.1)					00	┨	
	•	New York City and Yonkers taxes / surcharges (ad		es 54 throu	iah 57)		58	00
00	rotar r	tow fork only and formers taxes / sursinaryss (and	<i>a 11110</i>	,	giror	,		00	
59	Sales	or use tax (see page 23; do not leave line 59 blank)						59	00
•	Guido	or and tak (one page 20, at not leave line to blanky							
Vo	luntary	(see page 24)							
	60a	Return a Gift to Wildlife			60a		00		
	60b	Missing/Exploited Children Fund			60b		00		
	60c	Breast Cancer Research Fund			60c		00		
	60d	Alzheimer's Fund			60d		00		
	60e	Olympic Fund (\$2 or \$4; see page 24)			60e		00		
	60f	Prostate and Testicular Cancer Research and Educa	ation	Fund	60f		00		
	60g	9/11 Memorial			60g		00		
	60h	Volunteer Firefighting & EMS Recruitment Fund			60h		00		
	60i	Teen Health Education			60i		00		
	•	Veterans Remembrance		_	60j		00		
60	Total v	voluntary contributions (add lines 60a through 60j)						60	00
61	Total	New York State, New York City, and Yonkers taxes	اوع ع	les er us	o tav	and vo	luntary		
~ !		tributions (add lines 46 59 50 and 60)	, Jai	.55 OI US	o tan,	and vo	.a.n.a.y	61	000



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62 Enter amount from line 61			6	62	00
Payments and refundable cr	odits (see page 25)				
		60			
63 Empire State child credit64 NYS/NYC child and depend		63	00		
65 NYS earned income credit		65	00		
66 NYS noncustodial parent E		66	00		
67 Real property tax credit	_	67	00		
68 College tuition credit		68	00		
69 NYC school tax credit (also	complete F on page 1; see page 25)	69	00		
70 NYC earned income credit		70	00		
70a NYC enhanced real proper	y tax credit	70a	00		
71 Other refundable credits (Fo	orm IT-201-ATT, line 18)	71		Submit your w	
72 Total New York State tax w	vithheld	72		statements wii page 27).	th your return (see
73 Total New York City tax wit		73	00	,	
74 Total Yonkers tax withheld		74	00		
75 Total estimated tax paymen	<u> </u>	75	00		
	3 through 75)		7	76	00
	e, and account information (s				
	is more than line 62, subtract line 6			77	00
78 Amount of line 77 to be refu Mark one refund ch	unect	debit card - or	paper check 7	78	00
79 Amount of line 77 that you value 2015 estimated tax (see in	nstructions)	79	₀₀ i	See pages 27 information a refund choice	bout your three
-	s less than line 62, subtract line 76 f		-	See page 29 f	or payment options.
	n X in the box and fill in lin	•			
-	t complete Form IT-201-V and m	all it with your retur	n <u>8</u>	80	00
81 Estimated tax penalty (inclu	Г	81	00	See page 31 f	or the proper
		82	00	assembly of y	our return.
	ect deposit or electronic funds with				
	t (or refund) would come from (or			ark an X in this	s box (see pg. 29)
			Пъ		
83a Account type: Per	rsonal checking - or - Personal checking	onal savings - or -	Business ched	or - or -	Business savings
83b Routing number	830	Account number			
84 Electronic funds withdrawal	(see page 30) Date		Amount		00
Third-party designee? (see instr.)	e's name	Designee ()	's phone number		Personal identification number (PIN)
Yes No E-mail:					
▼ Paid preparer must comp	plete (see instr.) ▼ Date		▼ Taxpaye	er(s) must si	gn here ▼
Preparer's signature	Preparer's N	IYTPRIN You	ur signature		
Firm's name (or yours, if self-employed)	Preparer's PTIN	or SSN You	ur occupation		
Address	Employer identifi	cation number Spo	ouse's signature and oc	cupation (if joint	return)
	NYT	PRIN Da	te	Daytime_ph	none number

See instructions for where to mail your return.

E-mail:



E-mail: