

New York State Department of Taxation and Finance
Resident Income Tax Return (long form)
IT-201
New York State • New York City • Yonkers
For help completing your return, see the combined instructions, Form IT-150/201-I, or the IT-RP-1 resident packet instructions.


(continued on page 2)

You must file all four pages of this original

Page 2 of 4 IT-201 (2007)
V Enter your social security number

19 Enter the amount from line 18 on page 1. This is your federal adj |  | Dollars |
| :--- | :--- |
| 19. | Cents |

## New York additions (see page 81)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments)
21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 82)
22 New York's 529 college savings program distributions (see page 82).
23 Other (see page 83) Identify:
24 Add lines 19 through 23

| 20. |  |
| :--- | :--- |
| 21. |  |
| 22. |  |
| 23. |  |
| 24. |  |



## New York subtractions (see page 86)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 on page 1)
26 Pensions of NYS and local governments and the federal government (see page 86)
27 Taxable amount of social security benefits (from line 14 on page 1)
28 Interest income on U.S. government bonds
......................
29 Pension and annuity income exclusion (see page 86).
30 New York's 529 college savings program deduction/earnings
31 Other (see page 87) Identify:

| 25. |  |
| :--- | :--- | :--- |
| 26. |  |
| 27. |  |
| 28. |  |
| 29. | $\cdot$ |
| 20. | $\cdot$ |
| 31. |  |
|  |  |

32 Add lines 25 through 31
31.

33 Subtract line 32 from line 24. This is your New York adjusted gross income.
32.
33.

## Standard deduction or itemized deduction (see page 92)

34 Enter your standard deduction (from the table below) or your itemized deduction (from the worksheet below). Mark an $\boldsymbol{X}$ in the appropriate box: $\square$ Standard... or ... $\square$ Itemized $\square$
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)

| 35. | 0 | 0 | 0 | . |
| :--- | :--- | :--- | :--- | :--- |
| 36. | 0 | 0 |  |  |

36 Dependent exemptions (not the same as total federal exemptions; see page 94)
.
37. $\qquad$ .$\square$
37 Subtract line 36 from line 35 . This is your taxable income.
Or

| Filing status | Standard deduction enter on line 34 above. |  |
| :---: | :---: | :---: |
| (1) Single and you marked item $C$ on page 1 Yes ...... \$ 3,000 |  |  |
| (1) Single and item C on | you marked page 1 No...... | $7,500$ |
| (2) Married filing joint return .... 15,000 |  |  |
| (3) Married fili return... | separate | $7,500$ |
| (4) Head of household (with qualifying person) .... 10,500 |  |  |
| (5) Qualifying widow(er) <br> with dependent child $\qquad$ 15,000 |  |  |


| a Medical and dental expenses (from federal Schedule A, line 4) | a. |  |
| :---: | :---: | :---: |
| b Taxes you paid (from federal Schedule A, line 9). | b. |  |
| Interest you paid (from federal Schedule A, line 15). | c. |  |
| d Gifts to charity (from federal Schedule A, line 19) .......... | d. |  |
| e Casualty and theft losses (from federal Schedule A, line 20) | e. |  |
| f Job expenses and most other miscellaneous |  |  |
| deductions (from federal Schedule A, line 27). | f. |  |
| $\mathbf{g}$ Other miscellaneous deductions (from federal |  |  |
| Schedule A, line 28). | g . |  |
| h Enter amount from federal Schedule A, line 29... | h. |  |
| i State, local, and foreign income taxes and |  |  |
| other subtraction adjustments (see page 92).......... | i. |  |
| j Subtract line i from line h ...................................... | j. |  |
| k Addition adjustments (see page 93) ...................... | k. |  |
| I Add lines j and k... | 1. |  |
| m Itemized deduction adjustment (see page 94) ............ | m. |  |
| n Subtract line m from line I | n. |  |
| o College tuition itemized deduction (see Form IT-272).. | 0. |  |
| p Add lines $\mathbf{n}$ and $\mathbf{0}$. This is your New York State |  |  |
| itemized deduction; enter on line 34 above. .... $p$. |  |  |

(continued on page 3)
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You must file all four pages of this original

scannable return with the Tax Department.

| Name(s) as shown on page 1 | $\nabla$ Enter your social security number |
| :--- | :--- |

## Tax computation, credits, and other taxes

(see page 95)
38 Enter the amount from line 37 on page 2. This is your taxable income.
39 New York State tax on line 38 amount (see page 95 and Tax Computation on page 54)

| Dollars | Cents |
| :--- | :--- | :--- |
| 38. | . |
| 39. |  |

40 New York State household credit
(from table 1, 2, or 3 on pages 95 and 96) $\qquad$ 40.
 .
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 96)
41. $\square$ .
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form) 42. 43 Add lines 40, 41, and 42 $\qquad$45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)43.44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)44.46 Add lines 44 and 45. This is the total of your New York State taxes.45.46.

$\square$ | .$\square$ |
| :--- |
| .$\square$ |
| .$\square$ |

New York City and Yonkers taxes, credits, and tax surcharges

| 47 | New York City resident tax on line 38 amount (see page 96) $\qquad$ | 47. |  |  | New York City (NYC) and Yonkers residents only: |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 48 | New York City household credit (from table 4, 5, or 6 on page 97) | 48. |  |  |  |
| 49 | Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) | 49. |  |  | ring |
| 50 | Part-year New York City resident tax (attach Form IT-360.1) | 50. |  |  | NYC and Yonkers |
| 51 | Other New York City taxes (from Form IT-201-ATT, line 34; attach form). | 51. |  |  | taxes, credits, and |
| 52 | Add lines 49, 50, and 51 ............................................. | 52. |  |  | tax surcharges. |
| 53 | NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)... | 53. |  |  |  |
| 54 | Subtract line 53 from line 52 (it line 53 is more than line 52, leave blank) | 54. |  |  |  |
| 55 | Yonkers resident income tax surcharge (see page 98) ......... | 55. |  |  |  |
| 56 | Yonkers nonresident earnings tax (attach Form Y-203)........ | 56. |  |  |  |
| 57 | Part-year Yonkers resident income tax surcharge (attach Form IT-360.1) | 57. |  |  |  |
| 58 | Add lines 54 through 57. This is the total of your New York | City a | and Yonkers taxes / surcharges. | 58. | . |

59 Sales or use tax See the instructions beginning on page 66. Do not leave line 59 blank
59.

Voluntary contributions (whole dollar amounts only; see page 99)

| 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 99) ...................... | 60e. | 00 |
| 607 | Prostate Cancer Research Fund | 60f. | 00 |
| 60g | WTC Memorial Fund ......................................... | 60 g . | . 00 |

60 Add lines 60a through 60 g . This is your total voluntary contributions

60. 

61 Add lines 46, 58, 59, and 60. This is your total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions. $\square$
(continued on page 4)

62 Enter the amount from line 61 on page 3. This is your total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions.

| Dollars |  |
| :---: | :---: |

## Payments and refundable credits (see page 100)

| 63 | Empire State child credit (attach Form IT-213). |
| :---: | :---: |
| 64 | NYS/NYC child and dependent care credit (attach Form IT-216) |
| 65 | NY State earned income credit (EIC) (attach Form IT-215 or IT-209) |
| 66 | NY State noncustodial parent EIC (attach Form IT-209)...... |
| 67 | Real property tax credit (attach Form IT-214) ....................... |
| 68 | College tuition credit (attach Form IT-272) ......................... |
| 69 | NY City school tax credit (also complete (F) on page 1; see page 101) |
| 70 | NY City earned income credit (attach Form IT-215 or IT-209) |
| 71 | Other refundable credits (from Form IT-201-ATT, line 18; attach form) |
| 72 | Total New York State tax withheld ................................. |
| 73 | Total New York City tax withheld .................................. |
| 74 | Total Yonkers tax withheld ........................................... |
|  | Total estimated tax payments / Amount paid with Form IT-370 |



## Your refund/amount overpaid (see page 103)

77 If line 76 is more than line 62, subtract line 62 from line 76.
78 Amount of line 77 that you want refunded to you (for Direct Deposit, see Account information on line 82) Refund

| 77. | . |
| :--- | :--- |
| 78. | . |

79 Estimated tax only Amount of line 77 that you want applied to your 2008 estimated tax. (Do not include any amount that you claimed as a refund on line 78.) .. 79. $\qquad$ .$\square$

## Amount you owe (see page 104)

80 If line 76 is less than line 62, subtract line 76 from line 62. (For Payment options, see page 104; for electronic funds withdrawal, see Account information on line 82 below.).
81 Estimated tax penalty (Include this amount on line 80, or reduce the overpayment on line 77. See page 104.) ..........

81 . | Owe |
| :---: | :---: |



You can choose to have your refund directly deposited into your bank account. Or, you can have the amount of any New York State tax you owe automatically withdrawn from your bank account. See the instructions on page 105 and fill in lines 82, 82a, 82b, and 82c.

Sign your return below

| Third party designee | Do you want to allow another person to discuss this return with the Tax Dept? (see page 107) <br> Designee's name |  | Yes $\square$ (complete the following) | No |
| :---: | :---: | :---: | :---: | :---: |
|  | Designee's name | Designee's phone number ( ) | Personal identification number (PIN) $\qquad$ |  |


| Paid preparer's use only | Preparer's signature | Date |
| :---: | :---: | :---: |
|  | $\checkmark$ Preparer's SSN or PTIN | - Employer identification number |
|  |  |  |
| Firm's name (or yours, if self-employed) |  |  |
|  |  | Mark an $X$ if self-employed: |
| Address |  |  |


| Sign <br> your return here | Your signature |  |
| :---: | :---: | :---: |
|  | Your occupation: - |  |
|  | Spouse's signature (if joint return) |  |
|  | Spouse's occupation (if joint return): |  |
|  | Date | $\checkmark$ Daytime phone number |

Mail your completed return and any attachments to:
STATE PROCESSING CENTER
PO BOX 61000
ALBANY NY 12261-0001
You must file all four pages of this original

