

Resident Income Tax Return (long form) New York State • New York City • Yonkers

For he	For the completing your return, see the combined	the full year January and instructions. Form IT-15						nning nding		0 7	
	Important: You must enter your soci		<u> </u>								
or print or type	Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below)						▼ Your social security number				
nt o											
prir	Spouse's first name and middle initial Spouse's last name							social security nu	umber		
o,											
pel	Mailing address (see instructions, page		Apartment number		New York State county of residence						
양양	01: 11:						•				
Attach label,	City, village, or post office		State	4	ZIP code	'	School district	t name			
_ `	nanent home address (see instructions, page	go 77) (number and atract or	rural rauta)		Apartm	ent number	•				
Feili	ialient nome address (see instructions, pa	ge 77) (number and street or i	rurai route)		Apartin	ent number	0-11-1:-4-:-4				
Citv.	village, or post office	State	ZIP cod	de		Decedent	School district Taxpayer's date			e of death	
O.1.j,	·····age, e. peet eee	NY	550			information:	Turipayor o date	•			
		141				•					
	(A) Filing ① Single			(D)			a NYS income year, mark an			70)	
	status —			(-)			,		. (see paye	70).	
	mark an ② Married f	filing joint return		(⊏)	Did you	or your spouse ers in NYC dur	e maintain livi ing 2007 <i>(see p</i>	ng Jage 78)? . Ye	es 🗌	No	
	X in (enter spouse's social security number above)										
	one box: 3 Married filing separate return (F) NYC residents and residents only (see							ai			
	(enter spouse's social security number above) (1) Number of months you							City in 2007	•		
ı	④ Head of	household (with quali	fying person)								
Staple of				(2)	Number	of months you	ur spouse lived	d in NY City in	2007		
order he		g widow(er) with dep	pendent child								
	(B) Did you itemize your deduction	ons on		(G)			pecial condit				
	your 2007 federal income tax	return? Yes	No		if app	licable (see p	age 79) .		•		
	(C) Can you be claimed as a depe	endent	🖂				nter your sec		•		
	on another taxpayer's federal	return? Yes	No		specia	al condition co	ode		•		
Fed	leral income and adjustme	nts Only full year M	Y State residents	may fil	o thic fo	rm For		Dollars		Cents	
1	Wages, salaries, tips, etc	lines 1 through	18 below, enter y	our inco	ome itei	ns and total	1.			1.	
2	Taxable interest income		they appear on y	our fed	eral retu	ırn (see	2.			1.	
3	Ordinary dividends	page 60). Also s				willy a loss.	3.				
4	Taxable refunds, credits, or offset	ets of state and local	income taxes	(also en	ter on lir	ne 25 on page 2	2) 4.].	
5	Alimony received						5.				
6	Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)									-	
7	Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)						7.			•	
8	Other gains or losses (attach a co		,				_			•	
9	Taxable amount of IRA distribution						9.			•	
10	Taxable amount of pensions and a		-			· · · · · · · · · · · · · · · · · · ·	10.			 •	
11	Rental real estate, royalties, partnershi									•	
12	Farm income or loss (attach a con	-								 •	
13 14	Unemployment compensation Taxable amount of social securit									!	
14 15	Other income (see page 80) Identify:	y benenia (aiso enter	on inte 27 on pa	aye 2)			15.			 	
IJ	The monte (see page ou) racinity.						13.			· L	
16	Add lines 1 through 15						16.			1.	
17	Total federal adjustments to income						17.				
18		Subtract line 17 from line 16. This is your federal adjusted gross income.									
	(continued on page 2)	,	5 5				18.				

Page	2 of 4	IT-201 (2007)	▼ Enter your	social security number		1					
19	Enter th	ne amount from line 1	8 on page 1.	This is your fed	eral ad	」 ljusted gross income		19.	Dollars		Cents
Ne	w York	additions (see pa	age 81)					·			
20 21 22 23 24	Interest income on state and local bonds and obligations (but not those of NY State or its local governments) Public employee 414(h) retirement contributions from your wage and tax statements (see page 82) New York's 529 college savings program distributions (see page 82) Other (see page 83) Identify: Add lines 19 through 23						age 82)	20. 21. 22. 23. 24.			•
			ee page 86)	oo (fram line 4 an name 4)	25						
25 26 27 28 29	Taxable refunds, credits, or offsets of state and local income taxes (from line 4 on page 1) Pensions of NYS and local governments and the federal government (see page 86) Taxable amount of social security benefits (from line 14 on page 1) Interest income on U.S. government bonds					•					
30		rk's 529 college savings			29. 30.	•					
31 32 33	Other (s	see page 87) Identify: es 25 through 31				gross income.		32. 33.			•
Sto	ndard	deduction or iten	vizad dadu	ection (acc n	aga 02	1					
					,						
34		our standard deductio n orksheet below). Mark an				deduction (from lard or	ized	34.			•
35 36	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) Dependent exemptions (not the same as total federal exemptions; see page 94)						-	35. 36.	(0 0 0	0 0
37	Subtract line 36 from line 35. This is your taxable income .							37.			•
Fili	stand	New York State dard deduction tak Standard deduction tak enter on line 34	ction —	a Medical andb Taxes you pac Interest you	dental e aid (from paid (fro	York State itemized of expenses (from federal Schedule A, line 9)	line 4) 3	ction w	orksheet		
	item C	and you marked on page 1 Yes	\$ 3,000	e Casualty and t f Job expense deductions	heft losses s and m	federal Schedule A, line 19) es (from federal Schedule A, line 20 nost other miscellaneous ederal Schedule A, line 27) s deductions (from federal	D)	f.			
	item C	on page 1 No	7,500 15,000	h Enter amou	nt from	federal Schedule A, line 2 eign income taxes and	<u> </u>	g. h.			
3	Married return	I filing separate	7,500	j Subtract linek Addition adI Add lines j at	i from li justme i nd k	adjustments (see page 92) ine h nts (see page 93) adjustment (see page 94)		i. j. k. l.			
	(with qualifyi	f household qualifying person) ing widow(er) ependent child		n Subtract lineo College tuitiop Add lines n	m from on itemized and o.	line Ized deduction (see Form IT-2: This is your New York State on; enter on line 34 above	1 72) (e	n. o.			

(continued on page 3)



Nan	ne(s) as shown on page 1	▼ Enter your social security n	umber	IT-201	(2007) F	Page 3 o	of 4
				╛			
Tay	c computation, credits, and other taxes	25)					
_	(000)	•	Г		ollars	Cer	nts
38 39	Enter the amount from line 37 on page 2. This is your taxable New York State tax on line 38 amount (see page 95 and Tax Co		_				\dashv
40	New York State household credit	inputation on page 54)) 3 .			
40	(from table 1, 2, or 3 on pages 95 and 96)						
41	Resident credit (attach Form IT-112-R or IT-112-C,	• [
	or both; see page 96)						
42	Other New York State nonrefundable credits						
	(from Form IT-201-ATT, line 7; attach form)						
43	Add lines 40, 41, and 42			13.			
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave	blank)		14.			
45	Net other New York State taxes (from Form IT-201-ATT, line 30; a	ttach form)		15.			
46	Add lines 44 and 45. This is the total of your New York State	taxes		16.			
Ne	w York City and Yonkers taxes, credits, and tax sur	charges					
47	New York City resident tax on line 38 amount						
"	(see page 96)			■ New York	City (NY	(C) and	ı
48	New York City household credit (from table 4, 5, or 6 on page 97) 48	1		Yonkers			
"		-			struction	าร	
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) 49				ning on	urina	
50	Part-year New York City resident tax (attach Form IT-360.1) 50				6 for fig nd Yonke		
51	Other New York City taxes (from Form IT-201-ATT, line 34; attach form). 51				credits,		
52	Add lines 49, 50, and 51				rcharges		
53	NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form) 53	•					
	Outstand the 50 feets the 50 fft 50 fft 50 fft						
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) 54						
55 56	Yonkers resident income tax surcharge (see page 98) 55 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		290	58.			
00	Trad miles of an originary mile to the total of your front one	and ronkers taxes, saronal	goo.	, o.		•	
59	Sales or use tax See the instructions beginning on page 66. I	Oo not leave line 59 blank.		59.			
Vo	untary contributions (whole dollar amounts only; see p	page 99)					
	60a Return a Gift to Wildlife		0 0				
	Total Ta Cit to Wilding	•					
	60b Missing/Exploited Children Fund	b.	0 0				
	60c Breast Cancer Research Fund	c	0 0				
	60d Alzheimer's Fund	d.	0 0				
	20. 01 : 5 1/22 2/		0 0				
	60e Olympic Fund (\$2 or \$4; see page 99)	e. <u> </u>	0 0				
	60f Prostate Cancer Research Fund	<i>f</i>	0 0				
	60f Prostate Cancer Research Fund	<u>.</u>	UU				
	60g WTC Memorial Fund	q.	0 0				
60	Add lines 60a through 60g. This is your total voluntary con			60.		. 0	0
-	3 3 3 3 3 3 3 3 3 3		_				ائے
61	Add lines 46, 58, 59, and 60. This is your total New York Sta	te, New York City,	_				
	and Yonkers taxes, sales or use tax, and voluntary cont	ributions		61.			
	(continued on page 4)						
	(continued on page 4)			004007	0004		

You must file all four pages of this original scannable return with the Tax Department.



Mail your completed return and any attachments to:

STATE PROCESSING CENTER PO BOX 61000 **ALBANY NY 12261-0001**

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