

Your first name

Department of Taxation and Finance

## **Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201

21 For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ... and ending ... For help completing your return, see the instructions, Form IT-201-I. MI Your last name (for a joint return, enter spouse's name on line below) Your date of birth (mmddyyyy) Your Social Security number

(2) Number of months your spouse lived in NYC in 2021 .....

Enter your 2-character special condition code(s) if applicable (see page 13) .....

Sp	ouse's first name		MI	I Spouse's last name					Spouse's date of birth (mmddyyyy)			Spouse's Social Security number		
Ma	ailing address (se	e instruction	ns, pa	ge 12) (number and s	treet or	PO Box)				Apartment number	New	York State county of	residence	
												-		
Cit	ty, village, or post	office			State	ZIP code	Co	untry			Scho	ol district name		
	<u> </u>													
Ta	xpaver's perma	nent home	addre	ss (see instructions	s page	l 12) (number and street	or rura	l route)	Apart	tment number				
					, p g -				1		l .	ool district		
						T			T	and the state of the state of		number	L / // /	
Cit	ty, village, or post	or post office			State	ZIP code	Deceder		iaxp	ayer's date of death (mmddyy	<i>yy)</i> 1	Spouse's date of deat	n (mmaayyyy)	
					NY		- 1	ormation						
Α	Filing	① S	Single				<b>D1</b> Did you have a financial account local foreign country? (see page 13)						No [	
	status (mark an <b>X</b> in one box):	an ② Married filing joint return ne (enter spouse's Social Security number					D2	deferre	Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13)					
	DOX).			d filing separate r spouse's Social Sec	mber above)	E	(1) Did you or your spouse maintain living quarters in NYC during 2021? (see page 13) Yes							
	4 Head of household (with qualifying person)							(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day)						
	Qualifying widow(er)						F	NYC residents and NYC part-year residents only (see page 13):						
В	Did you item				Yes	No No		(1) Nu	mbe	er of months you lived in	n NY(	C in 2021		

## H Dependent information (see page 14)

Can you be claimed as a dependent

on another taxpayer's federal return? ...... Yes

11 Dependent informa	111011 (300	e page 14)			
First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an <b>X</b> in the box.
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Fe	deral income and adjustments (see page 14)		Whole dollars only
1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income		.00
3	Ordinary dividends		.00
4	Alimony received		.00 .00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)		.00
7	Capital gain or loss (if required, submit a copy of federal Schedule C, Form 1040)		.00
8	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 <b>X</b> in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box	10	.00
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)		.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
14	Unemployment compensation	14	.00
15	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
18	Total federal adjustments to income (see page 14) Identify:	18	.00
10	Total leadral adjustificities to income (see page 14) [1307MMy.	10	.00
	Federal adjusted gross income (subtract line 18 from line 17)	19	.00
19a	Recomputed federal adjusted gross income (see page 14, Line 19a worksheet)	19a	.00
21 22 23	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)  Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)  New York's 529 college savings program distributions (see page 15)  Other (Form IT-225, line 9)  Add lines 19a through 23		.00 .00 .00 .00
	w York subtractions (see page 16)	7	
	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25 .00  Pensions of NYS and local governments and the federal government (see page 16) 26 .00	┪	
	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	7	
28	Interest income on U.S. government bonds	1	
29	Pension and annuity income exclusion (see page 17) 29 .00	1	
30	New York's 529 college savings program deduction/earnings 30 .00	1	
31	Other (Form IT-225, line 18)	1	
32	Add lines 25 through 31	32	.00
	New York adjusted gross income (subtract line 32 from line 24)	33	.00
Sta	andard deduction or itemized deduction (see page 19)		
34	Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196)		
	Mark an <b>X</b> 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 19)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	.00



Nar	ne(s) as shown on page 1		Your Social Security number		<b>IT-201</b> (2021) <b>Page 3</b> of 4
_	1.6				
la	c computation, credits, and other taxes				
38	Taxable income (from line 37 on page 2)			38	.00.
39	NYS tax on line 38 amount (see page 20)			39	.00
	NYS household credit (page 20, table 1, 2, or 3)		.00		
	Resident credit (see page 21)		.00	1	
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	$\overline{}$	.00	]	
	Add lines 40, 41, and 42			43	.00.
44	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ava bl	2014)	44	00
	Net other NYS taxes (Form IT-201-ATT, line 30)		*	45	.00
				73	.00
46	Total New York State taxes (add lines 44 and 45)			46	.00
Ne	w York City and Yonkers taxes, credits, and surcharges,	and	мстмт		
47	NYC taxable income (see page 21)	47	.00	]	
	, , ,		.00	1	See instructions on
	NYC household credit (page 21)	48	.00		pages 21 through 24 to
	Subtract line 48 from line 47a (if line 48 is more than				compute New York City and Yonkers taxes, credits, and
	line 47a, leave blank)	49	.00		surcharges, and MCTMT.
50	Part-year NYC resident tax (Form IT-360.1)	50	.00	1	3.1,1
	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00	]	
52	Add lines 49, 50, and 51	52	.00	1	
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00	]	
54	Subtract line 53 from line 52 (if line 53 is more than			-	
	line 52, leave blank)	54	.00	ļ	
54a	MCTMT net	1			
	earnings base 54a .00			1	
	MCTMT		.00		
	Yonkers resident income tax surcharge (see page 24)	55	.00		
	Yonkers nonresident earnings tax (Form Y-203)	56	.00		
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)		.00		
58	Total New York City and Yonkers taxes / surcharges and M	СТМТ	(add lines 54 and 54b through 57)	58	.00
59	Sales or use tax (see page 25; do not leave line 59 blank)			59	.00.
60	Voluntary contributions (Form IT-227, Part 2, line 1)			60	.00
61	Total New York State, New York City, Yonkers, and sale voluntary contributions (add lines 46, 58, 59, and 60)			61	.00.

Pag	<b>e 4</b> of 4 <b>IT-201</b> (2021)	Your Social Se	curity nu	ımber					
62	Enter amount from line 61						62		.00
Pa	yments and refundable credits (see pages 2	26 through 29)							
63	Empire State child credit		63			.00	]		
	NYS/NYC child and dependent care credit		64			.00	1		
65	NYS earned income credit (EIC)		65			.00			
	NYS noncustodial parent EIC		66			.00			
67	Real property tax credit		67			.00			
68	College tuition credit		68			.00			
69	NYC school tax credit (fixed amount) (also comple	ete F on page 1)	69			.00			
69a	NYC school tax credit (rate reduction amount	t)	69a			.00			
70	NYC earned income credit		70			.00			
70a	This line intentionally left blank		70a						
71	Other refundable credits (Form IT-201-ATT, line	: 18)	71			.00			complete Form(s) IT-2
72	Total New York State tax withheld		72			.00			<b>99-R</b> and submit them rn (see page 11).
73	Total New York City tax withheld		73			.00		-	
74	Total Yonkers tax withheld		74			.00		not sena h your ret	federal Form W-2
75	Total estimated tax payments and amount paid wit	th Form IT-370	75			.00	*****	ii youi iot	di II.
76	Total payments (add lines 63 through 75)						76		.00
You	ur refund, amount you owe, and account in	formation	see na	aes 30 throu	ah 32)				
$\overline{}$	Amount overpaid (if line 76 is more than line 6					20)	77		00
	Amount of line 77 available for refund (subtr	ract line 79 fron	n line 7			,	78		.00 .00
	TIP: Use this amount to check your refund								
78a	Amount of line 78 that you want to deposit into a NY	'S 529 account	(Form I7	-195, line 4) (a	lso subm	it Form IT-195)	78a		.00
78b	Total refund after NYS 529 account deposit (	subtract line 78	a from	line 78)			78b		.00
	dire	ct deposit to	check	king or		paper	Pof	iund2 Dire	ect deposit is the
		ings account	(fill in lii	ne 83) - <b>Gr</b>		check			st way to get your
79	Amount of line 77 that you want applied to yo						refu		, , ,
	estimated tax (see instructions)					.00	Soc	nana 31	for payment options.
80	Amount you <b>owe</b> (if line 76 is <b>less than</b> line 62,						000	, page or	ioi payment options.
	funds withdrawal, mark an <b>X</b> in the box						00		00
	or money order you <b>must</b> complete Form I		mali il	with your re	eturn	•••••	80		.00
81	Estimated tax penalty (include this amount in lin		04			00	800	naga 24	for the proper
82	reduce the overpayment on line 77; see page 31 Other penalties and interest (see page 31)	•	81			.00	1	and the same of	for the proper your return.
	. , , , ,				001	•00	]	•	•
03	Account information for direct deposit or elect If the funds for your payment (or refund) would					ide the U.S.,	mark	k an <b>X</b> in t	his box (see pg. 32)
	83a Account type: Personal checking - o	or - Pers	sonal sa	avings - or	-	Business ch	neckin	g - <b>or</b> -	Business savings
	83b Routing number	83	3c Acc	ount number	r				
84	Electronic funds withdrawal (see page 32)	Date				Amour	nt		.00
	Third-party Print designee's name			Design	nee's ph	one number			Personal identification
des	signee? (see instr.)			(	)				number (PIN)
Yes	B No Email:								
	Paid preparer must complete ▼ Preparer's NYTF (see instructions)		TPRIN			▼ Taxpa	yer(s	s) must si	ign here ▼
	arer's signature Preparer's pr		J. JOUE	<del>'                                    </del>	Your sign				
Firm	's name (or yours, if self-employed)	Preparer's PT	IN or SS	N	Your occ	upation			
Addr	ess	Employer iden	tification	number	Spouse's	s signature and	occup	ation (if joint	return)
		Da	ıto.		Date		-	Daytimo r	
			lle .		Date			Dayuille	hone number