

IT-201 New York State, City of New York and City of Yonkers Resident Income Tax Return

1986

For the year January 1-December 31, 1986 or fiscal tax year beginning , 1986, ending , 19 .

For Office Use Only

Print or Type	Last name First name and middle initial (if joint or combined return, enter both names)		Your social security number	
	Mailing address (number and street or rural route)		Apt. number	
	City, village or post office		State ZIP code	
Print or type below the address of your permanent home within NY State if it is not the same as your mailing address above (see instructions).			School district name	
Permanent home address (number and street or rural route)		Apt. number	If taxpayer is deceased, enter first name	School district code number
City, village or post office		State	ZIP code	Occupation(s)
		NY	/ /	

- (A) Filing Status —**
- ① Single
 - ② Married filing joint return
 - ③ Married filing separately on one return
 - ④ Married filing separately on separate forms (enter spouse's social security number above)
 - ⑤ Qualifying widow(er) with dependent child or head of household with qualifying person

- (B) Can you be claimed as a dependent on another taxpayer's federal return?** Yes No
- (C) Part-year residents:** If you were a New York State resident for only part of the year, enter the number of months of New York State residence and attach Form IT-360. number of months
- (D) If you use a paid preparer and do not want NY tax forms mailed to you next year, check box**

Which column(s) to fill in — If you checked filing status ①, ②, ④ or ⑤, enter the items in column A as they appear on your federal return. If you checked filing status ③, enter the items in the federal amount column as they appear on your federal return, and also in columns A and B as if you filed separate federal returns (see instructions on page 9). If the line 18 total of columns A and B does not equal the line 18 total in the federal amount column, attach an explanation.

	Federal Amount	Column A	Column B
1 Wages, salaries, tips, etc.	1		
2 Interest income	2		
3 Dividends (after exclusion)	3		
4 Taxable refunds of state and local income taxes (also enter on line 25)	4		
5 Alimony received	5		
6 Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6		
7 Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7		
8 40% of capital gain distributions not reported on line 7	8		
9 Other gains or (losses) (attach copy of federal Form 4797)	9		
10 Fully taxable pensions, IRA distributions and annuities not reported on line 11	10		
11 Taxable amount of other pensions and annuities, including rollovers	11		
12 Rents and royalties	12		
13 Partnerships, estates, trusts and S corporations	13		
14 Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	14		
15 Taxable amount of unemployment compensation (insurance) (see inst.)	15		
16 Taxable amount of social security benefits (also enter on line 26)	16		
17 Other income	17		
18 Total (add lines 1 through 17)	18		
19 Total federal adjustments to income (see instructions for list)	19		
20 Total income (subtract line 19 from line 18)	20		
New York Additions:			
21 Interest income on state and local bonds other than New York State	21		
22 Accelerated cost recovery system (ACRS) deduction (from Form IT-399, line 1, column G)	22		
23 Other (see instructions, page 11) Identify:	23		
24 Add lines 20 through 23	24		
New York Subtractions:			
25 Taxable refunds of state and local income taxes (from line 4)	25		
26 Taxable social security benefits (from line 16)	26		
27 Interest income on U.S. government bonds	27		
28 Pension and annuity income exclusion	28		
29 NYS depreciation (from Form IT-399, line 1, col. F)	29		
30 Other (see inst.) Identify:	30		
31 Total subtractions (add lines 25 through 30)	31		
32 Total New York income (subtract line 31 from line 24)	32		

		Column A	Column B
33	Amount from line 32 (total New York income)		
34	Medical and dental expenses (from federal Schedule A, line 5)		
35	Taxes you paid (from federal Schedule A, line 10)		
36	Interest you paid (from federal Schedule A, line 14)		
37	Contributions you made (from federal Schedule A, line 18)		
38	Casualty and theft losses (from federal Schedule A, line 19)		
39	Miscellaneous deductions (from federal Schedule A, line 23)		
40	Add lines 34 through 39		
41	State, local and foreign income taxes included on line 35		
42	Subtract line 41 from line 40		
43	Other adjustments (see instructions, page 14)		
44	NY itemized deduction (line 42 and add or subtract line 43)		
45	NY deduction — (check only one box and enter amount) <input type="checkbox"/> Standard (filing status ① enter \$2,600; filing status ② and ⑤ enter \$3,000; filing status ③ and ④ see instructions) <input type="checkbox"/> Itemized (from line 44)		
46	Subtract line 45 from line 33		
47	Exemptions (enter in the box the number claimed) Column A <input type="checkbox"/> × \$850 = 47a Column B <input type="checkbox"/> × \$850 = 47b		
48	New York net income (subtract line 47 from line 46)		
49	Family adjustment (filing status ② and ③ see instructions, page 15; all others enter "0")		
50	New York taxable income (line 48 and add or subtract line 49, see inst.; if line 50 is more than \$16,000, see Maximum tax, page 16)		
51	State tax on line 50 amount (use NY State Tax Rate Schedule on back cover of instructions) OR enter your Maximum tax (from Form IT-250, line 12)		
	Maximum tax filers only (fill in lines 51a and 51b and attach Form IT-250)		
	Amount from Form IT-250, line 3 51a		
	Amount from Form IT-250, line 9 51b		
52	Tax on family adjustment (filing status ② only; all others enter "0"; from Family Adjustment Tax Rate Schedule on back cover of instructions)		
53	Add lines 51 and 52		
54	Household credit (filing status ① — if line 33 is more than \$28,000, enter "0"; filing status ② ③ ④ or ⑤ — if line 33, total of columns A and B, is more than \$32,000, enter "0"; otherwise, see instructions, page 16)		
55	Subtract line 54 from line 53 (if line 54 is more than line 53, enter "0")		
56	Other NY State credits (from Form IT-201-ATT, line 8; attach form)		
57	Subtract line 56 from line 55 (if line 56 is more than line 55, enter "0")		
58	Other NY State taxes (from Form IT-201-ATT, line 14; attach form)		
59	Total New York State tax (add lines 57 and 58)		
60	City of NY resident tax		
61	City of NY nonresident earnings tax (attach NYC-203)		
62	Other City of NY taxes (attach IT-201-ATT)		
63	City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18)		
64	City of Yonkers nonresident earnings tax (attach Y-203)		
65	Part-year City of Yonkers resident tax surcharge (attach IT-360, 1)		
66	Total City of NY and City of Yonkers taxes (add lines 60 through 65 and enter on line 66)		
67	If you want to give a gift for wildlife, enter amount: \$2, \$5, \$10, other (see instructions, page 18, and page 22)	00	00
68	Total New York State, City of New York and City of Yonkers taxes and gift for wildlife (add lines 59, 66 and 67 and enter on line 68)		
69	Real property tax credit (from Form IT-214, line 15; attach Form IT-214)		
70	NY State tax withheld (attach statements above)		
71	City of NY tax withheld (attach statements above)		
72	City of Yonkers tax withheld (attach statements above)		
73	Estimated tax paid/Paid with IT-370		
74	Total payments (add lines 69 through 73)		
75	Payments applied to tax (see instructions, page 18)		
76	If line 68 is less than line 75, enter amount OVERPAID		
77	Amount of line 76 to be REFUNDED TO YOU		
78	Amount to be applied to 1987 estimated tax		
79	If line 75 is less than line 68, enter AMOUNT YOU OWE (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and "1986 income tax" on it)		
80	Check this box <input type="checkbox"/> if Form IT-2105.9 is attached (see instructions, page 20)		

If you are claiming the New York standard deduction, skip lines 34 through 44.

See instructions for figuring City of New York taxes

See instructions for figuring City of Yonkers taxes

- Attach Copy 2 of your wage and tax statements above
- Sign your return below

SIGN YOUR RETURN	Your signature	Date	Spouse's signature (if joint or combined return)	
	PAID PREPARER'S USE ONLY	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed)	Address	Preparer's social security number	
66			E.I. No.	