



New York State
City of New York
City of Yonkers

Resident

Income
Tax
Return

IT-201

New York State Department of Taxation and Finance For Jan. 1 - Dec. 31, 1988, or fiscal tax year beginning, 1988, ending, 19

For office use only

Form with fields for Last name, First name and middle initial, Mailing address, Apartment number, City, village or post office, State, ZIP code, Your social security number, Spouse's social security number, New York State county of residence, School district name, School district code number, Permanent home address, Apartment number, City, village or post office, State, ZIP code, If taxpayer is deceased, enter first name and date of death.

- (A) Filing Status - 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household (with qualifying person), 5 Qualifying widow(er) with dependent child

(B) Can you be claimed as a dependent on another taxpayer's federal return? ... Yes [] No []

(C) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box []

Attach Copy 2 of wage and tax statements here.

Federal Income and Adjustments

Attach check or money order here.

New York Adjusted Gross Income

Table with 31 rows for income items and adjustments, including wages, interest, dividends, and various deductions, with columns for line numbers and amounts.

	32 Amount from line 31 (New York adjusted gross income)	32	
Itemized Deductions	33 Medical and dental expenses (from federal Schedule A, line 4)	33	
	34 Taxes you paid (from federal Schedule A, line 8)	34	
	35 Interest you paid (from federal Schedule A, line 13)	35	
	36 Gifts to charity (from federal Schedule A, line 17)	36	
	37 Casualty and theft losses (from federal Schedule A, line 18)	37	
	38 Moving expenses (from federal Schedule A, line 19)	38	
	39 Job expenses and most other miscellaneous deductions (from federal Schedule A, line 24)	39	
	40 Other miscellaneous deductions (from federal Schedule A, line 25)	40	
	41 Total itemized deductions (from federal Schedule A, line 26)	41	
	42 State, local and foreign income taxes included on line 34 (see instructions)	42	
43 Subtract line 42 from line 41	43		
44 Other adjustments (see instructions, page 13)	44		
45 Line 43 and add or subtract line 44	45		
46 New York itemized deduction adjustment (if line 32 is more than \$100,000, see instructions, page 13; all others enter "0" on line 46)	46		
47 New York itemized deduction (subtract line 46 from line 45)	47		
48 New York deduction - (check only one box below and enter amount on line 48)		48	
<input type="checkbox"/> Standard (see instructions, page 14) or <input type="checkbox"/> Itemized (enter amount from line 47)			
49 Subtract line 48 from line 32		49	
50 New York dependent exemptions (from Dependent Exemption Worksheet, instructions page 14)		50	
51 New York taxable income (subtract line 50 from line 49)		51	
52 New York State tax on line 51 amount (use New York State Tax Table on yellow pages 27 through 32)		52	
53 Additional tax on unearned income (if line 32 is more than \$100,000, or more than \$50,000 if you are married and filing a separate return, see instructions, page 14; all others enter "0" on lines 53 and 54)		53	
54 Unearned income, if any (from Form IT-201-ATT, line 33; attach form)	54		
55 Add lines 52 and 53		55	
56 NY State child and dependent care credit • number of qualifying persons <input type="text"/> cared for in 1988 (from worksheet, page 15) • amount of federal credit for child and dependent care <input type="text"/>	56		
57 New York State household credit (from Worksheet I or II, instructions page 15)	57		
58 Other New York State credits (from Form IT-201-ATT, line 7; attach form)	58		
59 Add lines 56, 57, and 58		59	
60 Subtract line 59 from line 55 (if line 59 is more than line 55, enter "0")		60	
61 Other New York State taxes (from Form IT-201-ATT, line 14; attach form)		61	
62 Total New York State taxes (add lines 60 and 61)		62	
63 City of New York resident tax (use City of NY Tax Table on white pages 33 — 38)	63		
64 City of NY household credit (from Worksheet III or IV, page 16)	64		
65 Subtract line 64 from line 63 (if line 64 is more than line 63, enter "0")	65		
66 City of New York nonresident earnings tax (attach Form NYC-203)	66		
67 Other city of New York taxes (from Form IT-201-ATT, line 18; attach form)	67		
68 City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 17)	68		
69 City of Yonkers nonresident earnings tax (attach Form Y-203)	69		
70 Part-year city of Yonkers resident income tax surcharge (attach Form IT-360.1)	70		
71 Total city of New York and city of Yonkers taxes (add lines 65 through 70)		71	
72 If you want to Return a Gift to Wildlife, enter amount; \$5, \$10, \$20, other (see instructions, page 8)		72	
73 Total NY State, city of NY and city of Yonkers taxes, and Gift to Wildlife (add lines 62, 71 and 72)		73	
74 Real property tax credit (from Form IT-214, line 16; attach form)	74		
75 Total New York State tax withheld (attach wage and tax statements to front)	75		
76 Total city of New York tax withheld (attach wage and tax statements to front)	76		
77 Total city of Yonkers tax withheld (attach wage and tax statements to front)	77		
78 Estimated tax paid/Amount paid with Form IT-370	78		
79 Total payments (add lines 74 through 78)		79	
80 If line 79 is more than line 73, enter amount overpaid (also see lines 81 and 82)		80	
81 Amount of line 80 to be refunded to you		81	
82 Amount of line 80 to be applied to your 1989 estimated tax	82		
83 If line 79 is less than line 73, 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 "1988 income tax" on it)		83	
84 Check this box <input type="checkbox"/> if Form IT-2105.9 is attached (see instructions, page 18)		84	

If you are claiming the New York standard deduction, skip lines 33 through 47.

See instructions for figuring city of New York taxes and city of Yonkers taxes.

**• Attach Copy 2 of your wage and tax statements to the front of this return.
• Sign your return below.**

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Sign Your Return	Your signature	Date
	Firm's name (or yours, if self-employed)	Preparer's social security number	Spouse's signature (if joint return)		Date	
Address		Employer identification number				