

Resident Income Tax Return
New York State • City of New York • City of Yonkers

For the year January 1 through December 31, 1994, or fiscal tax year beginning 1994



For office use only



Main form section with fields for Last name, Mailing address, City, State, ZIP code, Social Security numbers, and Permanent home address.

- (A) Filing status - Single, Married filing joint return, Married filing separate return, Head of household, Qualifying widow(er)

- (B) Did you itemize your deductions on your 1994 federal income tax return?
(C) Can you be claimed as a dependent on another taxpayer's federal return?
(D) If you do not need forms mailed to you next year, mark an 'X' in the box
(E) Enter the number of exemptions claimed from your federal return, line 6e

Federal Income and Adjustments

New York Adjusted Gross Income

Table with 30 rows for income items and adjustments, including columns for description, amount, and tax status.

Tax Computation	31	Medical and dental expenses (from federal Schedule A, line 4)	31.						
	32	Taxes you paid (from federal Schedule A, line 9)	32.						
	33	Interest you paid (from federal Schedule A, line 14)	33.						
	34	Gifts to charity (from federal Schedule A, line 18)	34.						
	35	Casualty and theft losses (from federal Schedule A, line 19)	35.						
	36	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	36.						
	37	Other miscellaneous deductions - moving expenses incurred before 1994 (from federal Sch. A, line 27)	37.						
	38	Other miscellaneous deductions - other (from federal Schedule A, line 28)	38.						
	39	Total itemized deductions (from federal Schedule A, line 29)	39.						
	40	State, local and foreign income taxes and other subtraction adjustments (see page 18)	40.						
	41	Subtract line 40 from line 39	41.						
	42	Addition adjustments (see page 19)	42.						
	43	Add lines 41 and 42	43.						
	44	Itemized deduction adjustment (see page 20)	44.						
	45	Subtract line 44 from line 43. This is your itemized deduction	45.						
46	Enter the amount from line 30 on the front page (this is your New York adjusted gross income)	46.							
47	Mark an "X" in the appropriate box and enter the larger of: <input type="checkbox"/> your standard deduction from page 20, OR <input type="checkbox"/> your itemized deduction from line 45	47.							
48	Subtract line 47 from line 46	48.							
49	Dependent exemptions (from line c of Dependent Exemption Worksheet, page 20)	49.					00000		
50	Subtract line 49 from line 48. This is your taxable income	50.							
51	New York State tax on line 50 amount (if line 46 above is \$100,000 or less, use the NY State Tax Table on red pages 35 through 42. If line 46 is more than \$100,000, you must complete Tax Computation Worksheet 1 or 2 on page 20 to figure your tax.)	51.							

Credits/Other Taxes/Gift/Totals	52	NY State child and dependent care credit • number of qualifying persons <input type="checkbox"/> _____ cared for in 1994 • amount of federal credit for child and dependent care <input type="checkbox"/> _____ × 20% (.20) =	52.						Mail your completed return to: STATE PROCESSING CENTER ONE WATERLIET AVE EXT ALBANY NY 12261-0001	
	53	New York State household credit (from Table I, II or III, page 21)	53.							
	54	Other New York State credits (from Form IT-201-ATT, line 7; attach form)	54.							
	55	Add lines 52, 53, and 54	55.							
	56	Subtract line 55 from line 51 (if line 55 is more than line 51, enter "0")	56.							
	57	Other New York State taxes (from Form IT-201-ATT, line 16; attach form)	57.							
	58	Add lines 56 and 57. This is the total of your New York State taxes	58.							
	59	City of New York resident tax (use the City of NY Tax Table on white pages 43 — 50)	59.							See instructions for figuring city of New York taxes and city of Yonkers taxes.
	60	City of NY household credit (from Table IV, V or VI, pg 22) (CNYADC _____)	60.							
	61	Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0")	61.							
62	City of New York nonresident earnings tax (attach Form NYC-203)	62.								
63	Other city of New York taxes (from Form IT-201-ATT, line 21; attach form)	63.								
64	City of Yonkers resident income tax surcharge (from Yonkers Worksheet, page 23)	64.								
65	City of Yonkers nonresident earnings tax (attach Form Y-203)	65.								
66	Part-year city of Yonkers resident income tax surcharge (attach Form IT-360.1)	66.								
67	Add lines 61 through 66. This is the total of your city of New York and city of Yonkers taxes	67.								
68	If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see page 23)	68.					0.0			
69	Add lines 58, 67 and 68. This is your total New York State, New York City and Yonkers taxes, and Gift to Wildlife	69.								

Payments	70	New York State earned income credit (from Form IT-215; see instructions)	70.						Staple your wage and tax statements at the top of the back of this return. See Step 7, page 26, for the proper assembly of your return and attachments.
	71	Real property tax credit (from Form IT-214, line 17; attach form)	71.						
	72	Total New York State tax withheld (staple wage and tax statements; see instructions)	72.						
	73	Total city of New York tax withheld (staple wage and tax statements; see instructions)	73.						
	74	Total city of Yonkers tax withheld (staple wage and tax statements; see instructions)	74.						
	75	Estimated tax paid/Amount paid with Form IT-370	75.						
	76	Add lines 70 through 75. This is the total of your payments	76.						

Refund/Owe	77	If line 76 is more than line 69, subtract line 69 from line 76 and enter the amount overpaid (see page 24)	77.					
	78	Amount of line 77 to be refunded to you	78.					
	79	Amount of line 77 to be applied to your 1995 estimated tax	79.					
	80	If line 76 is less than line 69, subtract line 76 from line 69 and enter the amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1994 income tax on it)	80.					
81	Estimated tax penalty (will reduce line 77 or increase line 80; see page 25)	81.						Sign your return below

Paid Preparer's Use Only	Preparer's signature	Date	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			