

For office use only

New York State Department of Taxation and Finance

Resident Income Tax Return



IT-200

New York State • City of New York • City of Yonkers

This is a scannable form; please file original return with the Tax Department.

Attach label, or print or type

Last name _____ First name and middle initial (if joint return, enter both names) _____

▼ Your social security number _____

▼ Spouse's social security number _____

Mailing address (number and street or rural route) _____ Apartment number _____

City, village or post office _____ State _____ ZIP code _____

NY State county of residence _____

In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 13).

School district name _____

Permanent home address (number and street or rural route) _____ Apartment number _____

School district code number _____

City, village or post office _____ State **NY** ZIP code _____

If taxpayer is deceased, enter first name and date of death. _____ / _____ / _____

- (A) Filing status — mark an "X" in one box:**
- ① Single
 - ② Married filing joint return (enter spouse's social security number above)
 - ③ Married filing separate return (enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

- (B) Did you itemize your deductions on your 1995 federal income tax return? ..** Yes No
- (C) Can you be claimed as a dependent on another taxpayer's federal return? ..** Yes No
- (D) If you do not need forms mailed to you next year, mark an "X" in the box (see instructions) ..**
- (E) If you filed federal Form 1040A or 1040, enter the number of exemptions from line 6e; 1040EZ filers enter "0" ..**

Clip check or money order here.

| | Dollars | Cents |
|---|---------|--------|
| 1 Wages, salaries, tips, etc. | 1 | |
| 2 Taxable interest income | 2 | |
| 3 Dividend income | 3 | |
| 4 Taxable refunds, credits or offsets of state and local income taxes (also enter on line 12 below) | 4 | |
| 5 Unemployment compensation | 5 | |
| 6 Add lines 1 through 5 | 6 | |
| 7 Individual retirement arrangement (IRA) deduction (see instructions, page 9) | 7 | |
| 8 Subtract line 7 from line 6. This is your federal adjusted gross income | 8 | |
| 9 Public employee contributions (see instr., page 9) Identify: _____ | 9 | |
| 10 Flexible benefits program (IRC 125 amount) (see instr., page 9) Identify: _____ | 10 | |
| 11 Add lines 8, 9 and 10 | 11 | |
| 12 Taxable refunds, credits or offsets of state and local income taxes from line 4 above | 12 | |
| 13 Interest income on U.S. government bonds (see instructions, page 9) | 13 | |
| 14 New York standard deduction (see instructions, page 9) | 14 | |
| 15 New York dependent exemptions (from Dependent Exemption Worksheet, page 10) | 15 | 000 00 |
| 16 Add lines 12 through 15 (if line 16 is more than or equal to line 11, see instructions for line 17, page 10) | 16 | |
| 17 Subtract line 16 from line 11. This is your taxable income (if \$65,000 or more, stop; you must file Form IT-201) | 17 | |

| | | Dollars | Cents |
|---|----|---------|-------|
| 18 Enter the amount from line 17 on the front page. This is your taxable income | 18 | | |
| 19 New York State tax on line 18 amount. (Use the State Tax Table, violet pages 29 through 36) | 19 | | |
| 20 New York State child and dependent care credit: number of qualifying persons <input type="checkbox"/> <input type="checkbox"/> cared for in 1995 Amount of federal credit for child and dependent care <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> × 20% (.20) = | 20 | | |
| 21 Subtract line 20 from line 19 (if line 20 is more than line 19, leave blank) | 21 | | |
| 22 New York State household credit (from table I, II, or III; see instructions, page 10) | 22 | | |
| 23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank). This is the total of your New York State taxes | 23 | | |
| 24 City of New York resident tax on line 18 amount. (Use City Tax Table, white pages 37 through 44) | 24 | | |
| 25 City of New York household credit (see instructions, page 11) | 25 | | |
| 26 Subtract line 25 from line 24 (if line 25 is more than line 24, leave blank) | 26 | | |
| 27 City of New York nonresident earnings tax (attach Form NYC-203) | 27 | | |
| 28 City of Yonkers resident income tax surcharge (from Yonkers Worksheet, page 11) | 28 | | |
| 29 City of Yonkers nonresident earnings tax (attach Form Y-203) | 29 | | |
| 30 Add lines 26 through 29. This is the total of your city of New York and city of Yonkers taxes | 30 | | |
| 31 If you want to Return a Gift to Wildlife, enter amount - \$5, \$10, \$20, other (see instructions, page 11) | 31 | | 00 |
| 32 Add lines 23, 30 and 31. This is the total of your New York State, city of New York and city of Yonkers taxes and Gift to Wildlife | 32 | | |
| 33 New York State earned income credit (from Form IT-215; attach form) | 33 | | |
| 34 Real property tax credit (from Form IT-214, line 17; attach form) | 34 | | |
| 35 Total New York State tax withheld (staple wage and tax statements; see instr., page 12) | 35 | | |
| 36 Total city of New York tax withheld (staple wage and tax statements; see instr., page 12) | 36 | | |
| 37 Total city of Yonkers tax withheld (staple wage and tax statements; see instr., page 12) | 37 | | |
| 38 Total payments (add lines 33 through 37) | 38 | | |
| 39 If line 38 is more than line 32, subtract line 32 from line 38. This is the amount to be refunded to you | 39 | | |
| 40 If line 38 is less than line 32, subtract line 38 from line 32. This is the amount you owe (do not send cash; make your check or money order payable to New York State Income Tax; write your social security number and 1995 income tax on it) | 40 | | |



• Staple your wage and tax statements at the top of the back of this return. See Step 7, page 13, for the proper assembly of your return and attachments.

| | | | | | | |
|---------------------------------|--|-----------------------------------|--|-------------------------|--------------------------------------|------|
| Paid Preparer's Use Only | Preparer's signature | Date | Mark "X" 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 | | | | |

Mail to: STATE PROCESSING CENTER, ONE WATERVLIT AVENUE EXTENSION, ALBANY NY 12261-0001