New York State Department of Taxation and Finance

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



Spouse's first name and middle initial Spouse's first name and dister of name initial Spouse's first name and dister of name initial Spouse's first name and dister of name initial Spouse's first name and dister of death. NY Spouse	For a	office use only		the full year January				-	· · ·	0 3	3
Spouse's list name and models initial Spouse's last name V spouse's social socurry number V spouse's social social social social number V spouse's social social social number V spouse's social social social number V spouse's social social social number V spouse's social social number V spouse, number above) V spouse V spouse number V spouse's social social number V spouse, number V spou	1010	onice use only	<u> </u>				<u> </u>				
Spouse's first nume and middle initial Spouse's last nume Spouse's last number Spouse's last numb			Your first name and midd	ie initiai Your ia:	st name (for a joint return ,	enter spouse's n	name on line below)	v loui	social security number		
Apartment number New York State county of residence Permanent home address (rese page 47) purcher and arest or not route) Apartment number School district name Permanent home address (rese page 47) purcher and arest or not route) Apartment number School district name Permanent home address (rese page 47) purcher and arest or not route) Apartment number School district School district School district name Permanent home address (rese page 47) purcher and arest or not route) Apartment number School district School	=		Spauge's first name and	middle initial Chause	o'a laat nama			▼ Snoi	isa's social sacurity number	ar .	
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Copy, village, or post office NY Ny	Ξ										
(A) Filling		City, v	llage, or post office	State	ZIP co	ode	If taxpayer is de			ate of death.	_
(A) Filling status— mark an 2		,	0 / 1	NY							\neg
status — mark an ② — Married filing joint return (enter spouse's social security number above) (or if you do not need forms mailed to you next X in (enter spouse's social security number above) (Yell young 2003 — Married filing separate return (enter spouse's social security number above) (Yell young 2003 — Well young you spouse maintained any living quarters in NY CRY during 2003 and x X in the box (see page 19) (Yell young 2003 — Yell young you spouse maintained any living quarters in NY CRY during 2003 — Yell young you spouse maintained any living quarters in NY CRY during 2003 — Yell young you spouse maintained any living quarters in NY CRY during 2003 — Yell young you spouse maintained any living quarters in NY CRY during 2003 — Yell young you you spouse maintained any living quarters in NY CRY during 2003 — Yell young you you spouse maintained any living quarters in NY CRY during 2003 — Yell young you		(A) Filing	① Single			()					
mark an		` '	•			(B) Can yo	ou be claimed	as a de	pendent	No	\neg
Value Center spouse's social security number above Center spouse's spouse Center spouse C	Staple			filing joint return							_
One box: ③ Married filing separate return (enter spouse's social security number above) ① Head of household (with qualifying person) ⑤ Qualifying widow(er) with dependent child Federal income and adjustments 1 Wages, salaries, tips, etc	money	order	(enter s	pouse's social security							П
Head of household (with qualifying person) Head of household (ov: ③ Married	filing separate retu	ırn						_
New York part-year residents only: (see page 19) Number of months you level in New York City in 2003		One b	(enter s	pouse's social security							П
Federal income and adjustments Qualifying widow(er) with dependent child Qualifying widow(er) Qualifying widow(er) with dependent child Qualifying widow(er) Q		•	④ Head of	household (with a	ialifying person)						
Centar C				40	iamymig persemy						٦
Tederal income and adjustments Nages, salaries, tips, etc. Only full-year NY State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 20). Also see page 20) instructions for showing a loss. 3.			☐ ⑤ ☐ Qualifyin	ng widow(er) with a	dependent child		-		-		╗
1 Wages, salaries, tips, etc. Only full-year NY State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 20). Also see page 20 instructions for showing a loss. 2	Fed	deral income and		. ,	'	(Z) Numbe		Jouse IIVE	,	· ·	Ls
Taxable interest income lines 1 through 18 below, netre your income items and total adjustments as they appear on your federal return (see as 3 Ordinary dividends page 20). Also see page 20 instructions for showing a loss. Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24 below) Alimony received			ins. etc.	Only full-year NY St	ate residents may fi	le this form.	. For	. 1.			
3 Ordinary dividends Page 20]. Also see page 20 instructions for showing a loss. 3 1 1 1 1 1 1 1 1 1	2	•	•	lines 1 through 18 b	elow, enter your inc	ome items a	and total	. 2.			
Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24 below) Alimony received	3			page 20). Also see p	page 20 instructions	for showing	g a loss.	. 3.			
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	4	-						4.			
7 Capital gain or loss (if required, attach copy of federal Schedule D, Form 1040)	5	Alimony received			······································			. 5.			
8 Other gains or losses (attach copy of federal Form 4797)	6	Business income	or loss (attach a copy o	of federal Schedule (C or C-EZ, Form 104	10)		6.			
9 Taxable amount of IRA distributions	7	Capital gain or los	s (if required, attach co	py of federal Schedu	ule D, Form 1040)			. 7.			
10. Taxable amount of pensions and annuities	8	Other gains or los	ses (attach copy of fed	eral Form 4797)				. 8.			
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040) 12. Farm income or loss (attach copy of federal Schedule F, Form 1040) 13. January 14. Taxable amount of social security benefits (also enter on line 26 below) 14. Taxable amount of social security benefits (also enter on line 26 below) 15. Other income (see page 20) Identify: 16. Add lines 1 through 15 17. Total federal adjustments to income (see page 20) Identify: 18. Subtract line 17 from line 16. This is your federal adjusted gross income 18. New York additions (see page 20) 19. Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20. Public employee 414(h) retirement contributions from your wage and tax statements (see page 21) 21. College choice tuition savings distributions 22. Other (see page 21) Identify: 23. Add lines 18 through 22 24. Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above) 25. Pensions of NYS and local governments and the federal government (see page 24) 26 27 28 2003 2003	9	Taxable amount o	f IRA distributions					9.			
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)	10	Taxable amount o	f pensions and annui	ties				10.			
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14 Taxable amount of social security benefits (also enter on line 26 below)	12	Farm income or lo	ss (attach copy of fede	ral Schedule F, Forn	1040)			. 12.			
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21 College choice tuition savings distributions				-							\dashv
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	30			- carriings distributi	30.						
31 Add lines 24 through 30								31.			\neg
32 Subtract line 31 from line 23. This is your New York adjusted gross income								-		<u> </u>	\dashv

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34	Deduc	tion	- mark an X in the appropriate box:	ı. 🗆	Standard (fro	om page 29) or	∎: ☐ Ite	mized (attach Fo	rm IT-201-ATT)	34 .		٦.
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36			s for dependents only (not			,				36.	0 0 0	0.00
37			ne 36 from line 35 and enter							_		1.
38			ax on line 37 amount (use red N				•			_		
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41			State nonrefundable credits (,						1'
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43			New York State taxes (from Fo			,						
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_			resident tax (use the City of NY Tax									
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48			of New York taxes (from Form IT-20						⊣• ⊢	\dashv	See instructions on pages 33, 34, and 35	
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			nonrefundable credits (from Fo							_	and city of Yonkers	TOIK
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			of Yonkers resident income tax sur								Г	
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	Alzheim	er's	Fund ■ a.			Total of you	r lina 57 ai	fts and contri	autione –	= 57		0 0
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58	Add line		55, 56, and 57. This is your total Ne		State, New York	-	_			_		
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