

Resident Income Tax Return (short form)

New York State • New York City • Yonkers



IT-150

Attach label, or print or type	Important: You must enter your social security number(s) in the boxes to the right.		
	Your first name and middle initial	Your last name (for a joint return , enter spouse's name on line below)	▼ Your social security number
	Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number
	Mailing address (see instructions, page 13) (number and street or rural route)	Apartment number	New York State county of residence
	City, village, or post office	State	ZIP code
Permanent home address (see instructions, page 13) (number and street or rural route)		Apartment number	School district name
City, village, or post office		State	ZIP code
		Decedent information	Taxpayer's date of death Spouse's 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

(C) Were you a **New York City** resident for all of 2005? (Part-year residents must file Form IT-201; see page 14.) Yes No

(D) Can you be claimed as a dependent on another taxpayer's federal return? (see page 14) Yes No

(E) Enter your **2-digit special condition number if applicable** (see page 14)
 If applicable, also enter your **second 2-digit special condition code number**

(B) If you do not need a NYS income tax forms packet mailed to you next year, mark an X in the box (see page 14)

For help completing your return, see the combined instructions, Form IT-150/201-I, or the IT-RP-1 resident packet instructions.

	Dollars	Cents
1 Wages, salaries, tips, etc.....	1.	
2 Taxable interest income	2.	
3 Ordinary dividends	3.	
4 Capital gain distributions	4.	
5 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box..... <input type="checkbox"/>	5.	
6 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box... <input type="checkbox"/>	6.	
7 Unemployment compensation.....	7.	
8 Taxable amount of social security benefits (also enter on line 17 below)	8.	
9 Add lines 1 through 8	9.	
10 Total federal adjustments to income (see page 15) Identify:	10.	
11 Subtract line 10 from line 9. This is your federal adjusted gross income	11.	
12 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) ..	12.	
13 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) ...	13.	
14 Other (see page 16) Identify:	14.	
15 Add lines 11 through 14	15.	
16 Pensions of NYS and local governments and federal government (see page 17)	16.	
17 Taxable amount of social security benefits (from line 8 above).....	17.	
18 Pension and annuity income exclusion (see page 18).....	18.	
19 Other (see page 19) Identify:	19.	
20 Add lines 16 through 19	20.	
21 Subtract line 20 from line 15. This is your New York adjusted gross income	21.	
22 New York standard deduction (see page 22).....	22.	00
23 Dependent exemptions (not the same as total federal exemptions; see page 22)	23.	000
24 Add lines 22 and 23	24.	00
25 Subtract line 24 from line 21. This is your taxable income	25.	



26	Enter the amount from line 25 on the front page. This is your taxable income	26.		.	
27	New York State tax on line 26 amount (see page 23 and Tax Computation on pages 52 through 54).....	27.		.	
28	New York State household credit (from table 1, 2, or 3 on pages 23 and 24)	28.		.	
29	Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank)	29.		.	
30	New York City resident tax (see pg. 24 and Tax Computation on pgs. 63-64)	30.		.	
31	New York City household credit (from table 4, 5, or 6 on pages 24 and 25)	31.		.	
32	Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank).....	32.		.	
33	Yonkers resident income tax surcharge (from Yonkers worksheet on page 25)	33.		.	
34	Yonkers nonresident earnings tax (attach Form Y-203)	34.		.	
35	Sales or use tax (See the instructions beginning on page 65. Do not leave line 35 blank.)	35.		.	

36 Voluntary contributions (whole dollar amounts only; see page 26)

Return a Gift to Wildlife **36a.** Missing/Exploited Children Fund **36b.**
 Breast Cancer Research Fund **36c.** Prostate Cancer Research Fund **36d.**
 Alzheimer's Fund **36e.** Olympic Fund **36f.** WTC Memorial Fund **36g.**

Total (add lines 36a through 36g)	36.		.	00
	37.		.	

37 Add line 29 and lines 32 through 36

38	New York State child and dependent care credit (attach Form IT-216).....	38.		.	
39	New York State earned income credit (attach Form IT-215)	39.		.	
40	Real property tax credit (attach Form IT-214)	40.		.	
41	College tuition credit (attach Form IT-272)	41.		.	
42	New York City school tax credit	42.		.	
43	New York City earned income credit (attach Form IT-215)	43.		.	
44	Total New York State tax withheld	44.		.	
45	Total New York City tax withheld	45.		.	
46	Total Yonkers tax withheld	46.		.	
47	Total estimated tax payments / Amount paid with Form IT-370	47.		.	

Starting this year, new Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of the wage and tax statements provided by your employer. Staple them to the top of this page.

See the **Step 11** instructions on page 33 for the proper assembly of your return and attachments.

48	Add lines 38 through 47	48.		.	
49	If line 48 is more than line 37, subtract line 37 from line 48.....	49.		.	
50	Amount of line 49 that you want refunded to you (for Direct deposit, complete line 54)	50.		.	

51 Estimated tax only — Amount of line 49 that you want applied to your 2006 estimated tax.
 (Do not include any amount that you claimed as a refund on line 50.)

52 Amount you owe — If line 48 is **less than** line 37, subtract line 48 from line 37.
 (for payment options, see page 30; for Electronic funds withdrawal, complete line 54)

53 Estimated tax penalty (Include this amount in line 52 or reduce the overpayment on line 49. See page 30.)

54 Account information (see page 31) Mark one: Refund – Direct deposit Owe – Electronic funds withdrawal

a Routing number Electronic funds withdrawal effective date

b Account number c Account type Checking Savings

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see page 32) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>

▼ Paid preparer's use only ▼	
Preparer's signature	SSN or PTIN: <input type="text"/>
Firm's name (or yours, if self-employed)	Employer identification number <input type="text"/>
Address	Mark an X if self-employed <input type="checkbox"/>
	Date <input type="text"/>

▼ Taxpayer(s) sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date <input type="text"/>	Daytime phone number (optional) ()

Mail your completed return and any attachments to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

For information about private delivery services, see page 39.

