



Resident Income Tax Return (long form)

IT-201

New York State • New York City • Yonkers

For the full year January 1, 2006, through December 31, 2006, or fiscal year beginning ... **0 6** and ending ...

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

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 77) (number and street or rural route)	Apartment number	New York State county of residence
City, village, or post office	State	ZIP code	School district name
Permanent home address (see instructions, page 77) (number and street or rural route)		Apartment number	School district code number.....
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

(B) Did you itemize your deductions on your 2006 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 a NYS income tax forms packet mailed to you next year, mark an X in the box (see page 78).

(E) Did you or your spouse maintain living quarters in NYC during 2006 (see page 78)? Yes No

(F) NYC residents and NYC part-year residents only (see page 79):

(1) Number of months **you** lived in NY City in 2006

(2) Number of months **your spouse** lived in NY City in 2006...

(G) Enter your 2-digit special condition number if applicable (see page 79).

If applicable, also enter your **second 2-digit special condition number**.

Federal income and adjustments

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 80). Also see page 80 instructions for showing a loss.

	Dollars	Cents
1 Wages, salaries, tips, etc.	1.	
2 Taxable interest income	2.	
3 Ordinary dividends	3.	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25 on page 2)	4.	
5 Alimony received	5.	
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	6.	
7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)	7.	
8 Other gains or losses (attach a copy of federal Form 4797)	8.	
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9.	
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.	
12 Farm income or loss (attach a copy of federal Schedule F, Form 1040)	12.	
13 Unemployment compensation	13.	
14 Taxable amount of social security benefits (also enter on line 27 on page 2)	14.	
15 Other income (see page 80) Identify:	15.	
16 Add lines 1 through 15	16.	
17 Total federal adjustments to income (see page 80) Identify:	17.	
18 Subtract line 17 from line 16. This is your federal adjusted gross income.	18.	

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▼ Enter your social security number

Dollars Cents

19 Enter the amount from line 18 on page 1. This is your **federal adjusted gross income**. 19. .

New York additions (see page 81)

20	Interest income on state and local bonds and obligations (but not those of NY State or its local governments)	20.	<input type="text"/>	.	<input type="text"/>
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 82)	21.	<input type="text"/>	.	<input type="text"/>
22	New York's 529 college savings program distributions (see page 82)	22.	<input type="text"/>	.	<input type="text"/>
23	Other (see page 83) <i>Identify:</i>	23.	<input type="text"/>	.	<input type="text"/>
24	Add lines 19 through 23	24.	<input type="text"/>	.	<input type="text"/>

New York subtractions (see page 86)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4 on page 1)	25.	<input type="text"/>	.	<input type="text"/>
26	Pensions of NYS and local governments and the federal government (see page 86)	26.	<input type="text"/>	.	<input type="text"/>
27	Taxable amount of social security benefits (from line 14 on page 1)	27.	<input type="text"/>	.	<input type="text"/>
28	Interest income on U.S. government bonds	28.	<input type="text"/>	.	<input type="text"/>
29	Pension and annuity income exclusion (see page 86)	29.	<input type="text"/>	.	<input type="text"/>
30	New York's 529 college savings program deduction/earnings	30.	<input type="text"/>	.	<input type="text"/>
31	Other (see page 87) <i>Identify:</i>	31.	<input type="text"/>	.	<input type="text"/>
32	Add lines 25 through 31	32.	<input type="text"/>	.	<input type="text"/>
33	Subtract line 32 from line 24. This is your New York adjusted gross income .	33.	<input type="text"/>	.	<input type="text"/>

Standard deduction or itemized deduction (see page 92)

34 Enter your **standard deduction** (from the table below) or your **itemized deduction** (from the worksheet below). Mark an **X** in the appropriate box: ● Standard ... or ... ● Itemized 34. .

35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. .

36 Dependent exemptions (not the same as total federal exemptions; see page 94) 36. 0 0 0 . 0 0

37 Subtract line 36 from line 35. This is your **taxable income**. 37. .

OR

New York State standard deduction table	
Filing status	Standard deduction — enter on line 34 above.
① Single and you marked item C on page 1 Yes	\$ 3,000
① Single and you marked item C on page 1 No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (from federal Schedule A, line 4)	a. <input type="text"/> . <input type="text"/>
b Taxes you paid (from federal Schedule A, line 9)	b. <input type="text"/> . <input type="text"/>
c Interest you paid (from federal Schedule A, line 14)	c. <input type="text"/> . <input type="text"/>
d Gifts to charity (from federal Schedule A, line 18)	d. <input type="text"/> . <input type="text"/>
e Casualty and theft losses (from federal Schedule A, line 19)	e. <input type="text"/> . <input type="text"/>
f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	f. <input type="text"/> . <input type="text"/>
g Other miscellaneous deductions (from federal Schedule A, line 27)	g. <input type="text"/> . <input type="text"/>
h Enter amount from federal Schedule A, line 28 ...	h. <input type="text"/> . <input type="text"/>
i State, local, and foreign income taxes and other subtraction adjustments (see page 92)	i. <input type="text"/> . <input type="text"/>
j Subtract line i from line h	j. <input type="text"/> . <input type="text"/>
k Addition adjustments (see page 93)	k. <input type="text"/> . <input type="text"/>
l Add lines j and k	l. <input type="text"/> . <input type="text"/>
m Itemized deduction adjustment (see page 94)	m. <input type="text"/> . <input type="text"/>
n Subtract line m from line l	n. <input type="text"/> . <input type="text"/>
o College tuition itemized deduction (see Form IT-272) ..	o. <input type="text"/> . <input type="text"/>
p Add lines n and o. This is your New York State itemized deduction; enter on line 34 above.	p. <input type="text"/> . <input type="text"/>

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Name(s) as shown on page 1

▼ Enter your social security number

Tax computation, credits, and other taxes (see page 95)

Table with columns for line number, description, and amounts in Dollars and Cents. Includes lines 38-46 for taxable income, state taxes, and credits.

New York City and Yonkers taxes, credits, and tax surcharges

Table with columns for line number, description, and amounts in Dollars and Cents. Includes lines 47-58 for NYC and Yonkers taxes and surcharges.

New York City (NYC) and Yonkers residents only: See instructions beginning on page 96 for figuring NYC and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax See the instructions beginning on page 66. Do not leave line 59 blank. 59.

Voluntary contributions (whole dollar amounts only; see page 99)

Table with columns for contribution type (60a-60g) and amounts in Dollars and Cents. Includes lines 60a-60g for various funds and line 60 for total voluntary contributions.

61 Add lines 46, 58, 59, and 60. This is your total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions. 61.

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▼ Enter your social security number

62 Enter the amount from line 61 on page 3. This is your total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions. 62. Dollars Cents

Payments and refundable credits (see page 100)

Table with 2 columns: Description (63-75) and Amount. Includes items like Empire State child credit, NY State child and dependent care credit, etc.

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Forms W-2 and/or 1099-R. Staple them (and any other applicable forms) to the top of this page 4. See Step 11 on page 108 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 103)

77 If line 76 is more than line 62, subtract line 62 from line 76. 77. Dollars Cents
78 Amount of line 77 that you want refunded to you (for Direct Deposit, see Account information on line 82) Refund 78. Dollars Cents
79 Estimated tax only Amount of line 77 that you want applied to your 2007 estimated tax. (Do not include any amount that you claimed as a refund on line 78.) .. 79. Dollars Cents

Amount you owe (see page 104)

80 If line 76 is less than line 62, subtract line 76 from line 62. (For Payment options, see page 104; for electronic funds withdrawal, see Account information on line 82 below.) Owe 80. Dollars Cents
81 Estimated tax penalty (Include this amount on line 80, or reduce the overpayment on line 77. See page 104.) 81. Dollars Cents

Account information (see page 105)

82 Mark one box: • Refund - Direct Deposit... or ... • Owe -
a Routing number: •
b Account number: •
c Type: • Checking • Savings

Electronic funds withdrawal effective date:

You can choose to have your refund directly deposited into your bank account. Or, you can have the amount of any New York State tax you owe automatically withdrawn from your bank account. See the instructions on page 105 and fill in lines 82, and 82a, b, and c.

Sign your return below

Third-party designee: Do you want to allow another person to discuss this return with the Tax Dept? (see page 107) Yes No
Designee's name Designee's phone number Personal identification number (PIN).....

Paid preparer's use only: Preparer's signature Date Preparer's SSN or PTIN Employer identification number Firm's name (or yours, if self-employed) Mark an X if self-employed: Address

Sign your return here: Your signature Your occupation: Spouse's signature (if joint return) Spouse's occupation (if joint return): Date Daytime phone number

Mail your completed return and any attachments to: STATE PROCESSING CENTER PO BOX 61000 ALBANY NY 12261-0001

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