

Resident Income Tax Return (long form) New York State • New York City • Yonkers For the full year January 1, 2008, through December 31, 2008, or fiscal year bosinning

For I	For t nelp completing your return, see the		1, 2008, through Dece			cal year beginning and ending		0 8		
	Important: You must en						,			
	Your first name and middle initial		nt return, enter spouse's na			▼ Your social securi	ty number			
a										
ť	Spouse's first name and middle initial	Spouse's last name				▼ Spouse's social s	ecurity number			
ō										
Print or type	Mailing address (see instructions, page	64) (number and street or I	rural route)	Aparti	ment number	New York State cou	unty of residence			
	City, village, or post office		State	ZIP code		School district nam				
Pe	rmanent home address (see instructions, p	page 64) (number and street o	or rural route)	Aparti	ment number	School district				
0.		0	710			code number				
Cr	ty, village, or post office	State	ZIP code		Decedent	Taxpayer's date of de	¥-	ate of death		
		NY			information •		•			
	(enter should	ing joint return e's social security number	(E)	To co	rrect this without or your spous	orted your tax due of the penalty, visit us a se maintain living ing 2008 (see page 6	at www.nystax			
		ing separate return e's social security number	` '		residents and ents only (see	d NYC part-year e page 65):				
	(onto: opeas	o o ocolar ocoarny manneon	4.0000)	(1) Nu	mber of months	you lived in NYC in	2008	,		
	④ Head of he	ousehold (with qualifying	g person)							
	. 🗂			(2) Nu	mber of months	your spouse lived in	NYC in 2008			
	⑤ Qualifying	widow(er) with depen-	dent child							
	(B) Did you itemize your deduction your 2008 federal income tax re	ons on on turn?	No (G)	Enter	your 2-digit s p	pecial condition c	ode			
			110		, ,	nter your second 2				
	(C) Can you be claimed as a deper on another taxpayer's federal re		No			de				
_										
Fe	deral income and adjustments		York State residents							
			and total adjustmen nstructions for show			n your lederal rei	um (see pagi	e 67).		
				_			Dollars	Cents		
1	Wages, salaries, tips, etc					1.		_ •		
	Taxable interest income									
3	Ordinary dividends									
	Taxable refunds, credits, or offset		•		,			⊣•		
	Alimony received			⊣•						
	Business income or loss (attach a	* *						⊣•		
	Capital gain or loss (if required, atta			⊣•						
	Other gains or losses (attach a cop			⊣•						
	Taxable amount of IRA distribution	9.								
	Taxable amount of pensions and a	_ 10.								
	Rental real estate, royalties, partnership									
	Farm income or loss (attach a copy	12.								
	Unemployment compensation									
	Taxable amount of social security	benefits (also enter	On IINE 27)							
	Other income (see page 67) Identify:					15.		⊣· ├──		
	Add lines 1 through 15					16.				
	Total federal adjustments to income	17.								
Ιğ	Subtract line 17 from line 16. The	iis is your rederal a	ajustea gross inco	me		18.				

Pag	je 2 of 4 IT	-201 (2008)	▼ Enter	your	social security number		_				
										Dollars	Cents
19	Enter the a	mount from line 18 o	n page	1.	This is your fede	ral a	 djusted gross income		19.		•
Ne	w York add	itions (see page 68	3)								
20	Interest inco	ome on state and local l	honds a	nd i	obligations (but no	t those	of NY State or its local govern	mants)	20.		
21					-		and tax statements (see p				•
22							69)		22.		•
23		age 70) Identify:	1 - 3 -		(222	7-5-	/		23.		
	, ,	• /							24.		
	Pensions of NY	s, credits, or offsets of state S and local governments and ount of social security	and local i	al gov	vernment (see page 73)	25. 26. 27.		,			
28	Interest inc	ome on U.S. governn	nent bo	nds	·	28.					
29	Pension an	d annuity income exc	clusion	(see	e page 73)	29.		,			
30		529 college savings p	rogram	dec	luction/earnings	30.		,			
31		ge 74) Identify:				31.		,			
									32.		•
33	Subtract li	ne 32 from line 24.	This is y	/ou	New York adju	sted	gross income		33.	,	•
34 35 36	Enter your s worksheet Subtract lin Dependent	below). Mark an X in the set of	from the n the ap ine 34 is same as	table pro mo tota	e below) or your i t priate box: • re than line 33, lea al federal exemptio	Star	ed deduction (from the ndard or lten		36.	0 0 0	0 0
	No.	w York State ——	⋖or			Now	York State itemized	hahu	ction	workshoot —	
		d deduction table						_	Ction		
				а			enses (from federal Schedule A, lin	_	а.	•	
				b			leral Schedule A, line 9)	_	o	• <u>_</u>	
	i ng status m the front page	Standard deduc e) (enter on line 34 ab		С		•	ederal Schedule A, line 15)		C.		
(are mem page	(0.11.0. 0.7 11.10 0.7 4.5		d	•		eral Schedule A, line 19)	_	d.	·_	
				e	•		from federal Schedule A, line 20) [э.	•	
(1)		Single and you			•		t other miscellaneous		f.		
	marked item C Yes \$ 3,000			_	· ·		al Schedule A, line 27)	1.			
1	Single and y	/OII		g			eductions (from federal	Г	,		
		rked item C <i>No</i> 7,		h		,	deral Schedule A, line 29 .		g. n.	•	
							income taxes and	····· [_'		•	
2	Married filing	g joint return 15	,000	١.		·	ustments (see page 78)	Г	i.		
				ı		-		-	j.		
3 Married filing separatereturn		500	k	j Subtract line i from line h							
	return		,500	ľ	I Add lines j and k						
4	Head of hou	ısehold		m	•		ustment (see page 80)	-	n.		$\overline{}$
		ing person) 10	,500	n			e I		n. —		
				0			deduction (see Form IT-272)		o.		
(5)	Qualifying w	vidow(er) with		р			s is your New York State			•	
	dependent of	child 15	,000	.			enter on line 34 above	Гі	o.		

Nam	ne(s) a	s shown on page 1		▼ Litter your social security flui	IIIDEI	11-201 (2008) Page 3 of 4
Tax	com	putation, credits, and other taxes (see page 81)				Dollars Cents
38	Enter	the amount from line 37 on page 2. This is your taxab	ole in	come		
		ork State tax on line 38 amount (see page 81 and Tax			1	
		ork State household credit		, ,		1
	(froi	m table 1, 2, or 3 on pages 81 and 82)	40.			
41		ent credit (attach Form IT-112-R or IT-112-C,				
		oth; see page 82)	41.			
42		New York State nonrefundable credits				
	(froi	m Form IT-201-ATT, line 7; attach form)	42.			
43		nes 40, 41, and 42				43.
		act line 43 from line 39 (if line 43 is more than line 39, lea			- h	
		ther New York State taxes (from Form IT-201-ATT, line 30			l l	
		ines 44 and 45. This is the total of your New York St			1	
	Aud I	into 44 and 40. This is the total of your flow fork of	.ato t	uxoo.	······ [•
Nev	v York	c City and Yonkers taxes, credits, and tax surchard	ges			
		, , ,				
17	New Y	York City resident tax on line 38 amount (see page 82)	47.			
		ork City household credit (from table 4, 5, or 6 on page 83)				
		act line 48 from line 47 (if line 48 is more than	40.	<u> </u>		
73		47, leave blank)	49.			
50		vear New York City resident tax (attach Form IT-360.1)	5 0.	-		
	-	New York City testaent tax (attach Form 17-300.1)		-		See instructions on
		•		•		pages 82, 83, and 84, to
		nes 49, 50, and 51	52.			compute New York City and
33		ity nonrefundable credits (from Form IT-201-ATT,	F 2			Yonkers taxes, credits, and
- 4		10; attach form)	53.	•		tax surcharges.
54		act line 53 from line 52 (if line 53 is more than				
		52, leave blank)		 		
		ers resident income tax surcharge (see page 84)				
		ers nonresident earnings tax (attach Form Y-203)				
		ear Yonkers resident income tax surcharge (attach Form IT-360.1)				
58	Add li	ines 54 through 57. This is the total of your New York (City a	ind Yonkers taxes/surcharg	ges.	58.
					Г	
59	Sales	or use tax (See the instructions on page 85.) Do not le	ave	line 59 blank		59.
Vol	untar	y contributions (whole dollar amounts only; see pa	aae 8	36)		
			_		0 0	
	60a	Return a Gift to Wildlife	60a.		0 0	
	001-	Mission of Francis to all Oblighous Francis	COL		0 0	
	60b	Missing/Exploited Children Fund	60b.		0 0	
	00	D 10 D 15 I				
	60c	Breast Cancer Research Fund	60c.		0 0	
			20.1			
	60d	Alzheimer's Fund	60d.].	0 0	
	60e	Olympic Fund (\$2 or \$4; see page 86)	60e.		0 0	
				Т		
	60f	Prostate Cancer Research Fund	60f.		0 0	
	60g	National 9/11 Memorial	60g.		0 0	
60	Add li	nes 60a through 60g. This is your total voluntary co	ntrib	utions		60.
31	Add I	ines 46, 58, 59, and 60. This is your total New York \$	State	, New York City,		
		Yonkers taxes, sales or use tax, and voluntary co		_		61.



Page	4 Of 4	11-201 (2008)	▼ Litter yo	ur social security fit	inibei	\neg						
'					- 1 · ·								
62			t from line 61		-				-	00	<u> </u>	Dollars	Cents
	and Yo	onkers t	axes, sales o	use tax,	and volunta	ry contri	outions	• • • • • • • • • • • • • • • • • • • •		62.			
Pay	ments a	and refu	ndable credit	s (see pa	age 87)								
62	Empiro S	tata chile	d credit (attach F			63.				٦			
			nd dependent o							1			
			ncome credit (rms IT-2 a		
			todial parent E	, ,	,				 -		ist be cor ached to		
			credit (attach								stead of fe		
			edit (attach For							_	d/or 1099		
69 I	NY City :	school ta	ax credit (also c	omplete (F) o	n page 1; see pag	ge 88) 69.				Sta	aple them	(and any	other
			ncome credit (a						<u> </u>	ар	plicable f	orms) to	the top of
71 (Other refu	undable c	redits (from Form	IT-201-ATT,	line 18; attach f						s page 4.		
72	Total Ne	w York S	State tax withh	eld							e Step 11		
			ity tax withhe						•		e proper a ur-page re		
			x withheld								achments		an
			x payments / A						•	-	ı		
76	Add line	es 63 thr	ough 75. This	is the tota	al of your pay	ments				76.			•
You	ır refund	d/amou	nt overpaid	see page	90)								
_						in a 70				77			
			e than line 62 7 that you wan							77. 78.			
			7 that you wan 7 that you wan		-	ibiere iiii	. 02		. Relulia	70.			
13 /			d tax (see instru		-	79.				7			
_				000000000000000000000000000000000000000					•	_			
Am	ount yo	u owe	(see page 91)										
80	If line 76	is less t	t han line 62, s	ubtract lin	e 76 from line	e 62. Con	plete li	ne 82	Owe	80.			
			nalty (include ti				•		·				
	reduce	the overp	payment on line	77; see paç	ge 91)	81.							
									•	1 _			
B2 (Accoun	t inform	(see pa	age 92)	Mark one: •	Refu	ınd – Di	rect deposit	•	Ow	e – Electro	onic funds	withdrawa
	_	. •				- .		1 21 1					
32a F	Routing n	umber •				Elect	ronic fui	nds withdraw	al effective	date			
20h /	۸ ،								00- ^		• Ch		Cauda
)ZD /	Account n	umber							B2c Accoun	і туре	Cne	ecking	Saving
	Third-par	tv	Print designee's	name				Designee's p	hone number			Personal	identification
desi	ignee? (se		-					()				numb	er (PIN)
Yes	. □ No	$_{D}$ Γ	E-mail:				,						
		Preparer's	signature			Date			Your signatu	re			
		>											
	e only	▼ Prepare	r's SSN or PTIN		Employer iden	tification n	umber	Sign	<u> </u>				
								your	Your occupa				
⊢ırm's	s name (or	yours, if self	-employed)			Mark an X	if	return	Spouse's sig	ınature	(if joint return)		
						self-emplo		here	0	-4!- "			
Addre	Address								Spouse's occup	ation (if)		phone numb	· or
									Date		▼ Daytime	priorie numb	, <u>c</u> ı
E-ma	nil·							E-mail:	<u> </u>				
∟-ıııd								∟-illall.					
Mail [•]	vour con	nnleted i	eturn and anv	attachme	nts to:								

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

For information about private delivery services, see page 38.

File all four pages of this original scannable return with the Tax Department.

