## New York State Department of Taxation and Finance

## Resident Income Tax Return (short form) New York State • New York City • Yonkers



IT-150

|               |  |   |                 |            |  |  |  |                   | -              |            |      |       |
|---------------|--|---|-----------------|------------|--|--|--|-------------------|----------------|------------|------|-------|
|               | 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) |   |                 |            |  |  | social sec                                   | urity number      |                |            | 7    |       |
| Φ             |  |   |                 |            |  |  |  |                   |                |            | ╛    |       |
| ξ             | Spouse's first name and middle initial Spouse's last name   ▼ Spouse                                       |   |                 |            |  |  | se's socia                                   | l security number |                |            | 7    |       |
| ō             |  |   |                 |            |  |  |  |                   |                |            |      |       |
| Print or type | Mailing address (see instructions, page 12) (number and street or rural route)  Apartment number  New York |   |                 |            |  |  | k State o                                    | county of resider | nce            |            |      |       |
| Δ.            |  |   |                 |            |  | •  |  |                   |                |            |      |       |
|               | City, village, or post office  |   | State           |            | ZIP coc  | de   | School c                                     | listrict n        | ame            |            |      |       |
|               |  |   |                 |            |  |  | <u>:                                    </u> |                   |                |            |      |       |
| Pe            | rmanent home address (see instructions,  | page 12) (number and street of                            | or rural route) |            | Apart  | ment number  | School c                                     | listrict          |                | _          |      | _     |
|               |  |   |                 |            |  |  |  |                   |                |            |      |       |
| Cit           | y, village, or post office   | State   | ZIF             | ode code   |  | Decedent   | Taxpayer's                                   | date of           | death Spouse's | s date     | of c | death |
|               |  | NY  |                 |            |  | information •  |  |                   |                |            |      |       |
|               |  |   |                 |            |  |  |  |                   |                |            |      |       |
| (A            | A) Filing ① L Single   |   |                 | (0)        | 147  |  |  |                   |                |            |      |       |
| `             | status — —   |   |                 | (C)        | Were you a <b>New York City</b> resident of 2009? (Part-year residen |  |  |                   |                |            | _    |       |
|               |  | d filing joint return<br>spouse's social security num     | nber above)     |            |  | e Form IT-201; se                                    |  |                   | Yes            | N          | No   |       |
|               | X in   |   |                 | <b>(D)</b> |  | ,  | , 0  | ,                 |                |            |      |       |
|               | Marrie   | ed filing separate return<br>spouse's social security num | nber above)     | (D)        | -  | ou be claimed<br>other taxpayer's                    |  |                   |                |            | Г    | _     |
|               | ,  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   | ,               |            |  | ge 13)   |  |                   | Yes            | N          | No   | L     |
| Staple o      |  | of household (with qualify                                | ring person)    |            | ( /  | g- ·-,   |  |                   |                |            |      |       |
| here          | ey order   |   |                 | <b>(E)</b> | Cotor:   | our O digit on                                       | acial aan                                    | d:4: a.a. a       |                |            |      |       |
|               | ⑤ Qualify  | ying widow(er) with depo                                  | endent child    | (E)        |  | your <b>2-digit spe</b><br>l <b>icable</b> (see page |  |                   |                | . • [      |      |       |
|               |  |   |                 |            |  | l <b>icable,</b> also en                             |  |                   |                |            |      |       |
| (E            | 3) Choose direct deposit to avoid p  | paper check refund dela                                   | vs.             |            |  | ll condition cod                                     |  |                   |                | <b>:</b> [ |      |       |
|               |  |   |                 | اممما      | ·  |  |  |                   |                |            |      |       |
| Or II         | elp completing your return, see the  | combined instructions is                                  | or Forms 11-150 | and i      | 1-201.   |  |  |                   | Dollars        |            | С    | ents  |
| 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 distribut  |   | -               |            |  |  |  | 5.                |                |            | •_   |       |
| 6             | Taxable amount of pensions and   |   |                 | -          |  |  |  | 6.                |                |            | •_   |       |
| 7             | Unemployment compensation i  |   | •               |            |  |  |  | 7.                |                |            | •_   |       |
| 8             | Taxable amount of social secur   |   |                 |            |  |  |  | 8.                |                |            | -إ   |       |
| 9             | Add lines 1 through 8  |   |                 |            |  |  |  | 9.                |                |            | • _  |       |
|               | Total federal adjustments to incom   |   |                 |            |  |  |  | 10.               |                |            | • _  |       |
|               | Federal adjusted gross incom   |   |                 |            |  |  |  | 11.               |                |            | • -  |       |
|               | Interest income on state and loc   |   |                 |            |  |  |  | 12.               |                |            | • -  |       |
|               | Public employee 414(h) retireme  | ent contributions from                                    | ı your wage aı  | nd tax     | c stater   | ments (see pag                                       | ge 15)                                       | 13.               |                |            | • -  |       |
|               | Other (see page 15) Identify:  |   |                 |            |  |  |  | 14.               |                |            | -ا   |       |
|               | Add lines 11 through 14  |   |                 |            |  |  |  | 15.               |                |            | •    |       |
|               | Pensions of NYS and local government   | •   |                 | · · ·      |  |  | <b></b>                                      |                   |                |            |      |       |
| 17            | Taxable amount of social secur   | •   | ,               |            |  |  | <b></b>                                      |                   |                |            |      |       |
| 18            | Pension and annuity income ex  | ciusion (see page 16)                                     |                 |            | 18.  |  | •  |                   |                |            |      |       |
| 19            | Other (see page 17) Identify:  |   |                 |            | 19.  |  |  |                   |                |            |      |       |
| 20            | Add lines 16 through 19  |   |                 |            |  |  |  | 20.               |                |            | • -  |       |
| 21            | New York adjusted gross inco   |   |                 |            |  |  |  | 21.               |                |            | •    |       |
| 22            | New York standard deduction (  |   |                 |            |  | 0 0  |  |                   |                |            |      |       |
| 23            | Dependent exemptions (not the sa   | •   |                 |            |  | 0 0 0  |  | 0.1               |                |            | _    |       |
|               | Add lines 22 and 23  |   |                 |            |  |  |  | 24.               | 0              | 0          | ٠μ٥  | 0     |
| 25            | Taxable income (subtract line 24   | ‡ trom line 21)   |                 |            |  |  |  | 25.               |                |            | •    |       |

| IT-1       | <b>50</b> (2009) (back)  |  |                               | Dollars Cents   |  |  |  |  |  |
|------------|--|--|-------------------------------|---|--|--|--|--|--|
| 26         | Taxable income (from line 25 on the front page)  |  |                               | 26.   |  |  |  |  |  |
| 27         | New York State tax on line 26 amount (see page 20 and Tax computation                                    | 27.  |                               |   |  |  |  |  |  |
| 28         | New York State (NYS) household credit (from table 1, 2, or 3 on pages 20                                 | 28.  |                               |   |  |  |  |  |  |
| 29         | Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank)                             |  | *                             |   |  |  |  |  |  |
| 30         | New York City (NYC) resident tax (see page 21)   | 30.  |                               |   |  |  |  |  |  |
| 31         | NYC household credit (from table 4, 5, or 6 on pages 21 and 22)  |  |                               | 7   |  |  |  |  |  |
| 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                                    |  |                               |   |  |  |  |  |  |
| 34         | Yonkers <b>nonresident</b> earnings tax (attach Form Y-203)  |  |                               |   |  |  |  |  |  |
| 35         |  | use tax (See the instructions on page 23. Do not leave line 35 blank.) |                               |   |  |  |  |  |  |
| 36         | <b>Voluntary contributions</b> (whole dollars only; see page 24) Return a Gif                            |  |                               |   |  |  |  |  |  |
|            | Missing/Exploited Children Fund 36b. Breast Cancer Research  | h Fur  | nd <b>36c</b> .               | _   |  |  |  |  |  |
|            | Prostate Cancer Research Fund 36d. Alzheimer's Fund 36d.   | е.   | •                             |   |  |  |  |  |  |
|            | Olympic Fund 36f. 9/11 Memorial 36g  | Tota   | (add lines 36a through 36g)   | 36 0 0  |  |  |  |  |  |
| 37         | Add line 29 and lines 32 through 36  |  |                               |   |  |  |  |  |  |
| 38         | Empire State child credit (attach Form IT-213)   | 38.  |                               |   |  |  |  |  |  |
| 39         | NYS/NYC child and dependent care credit (attach Form IT-216)   | 39.  |                               |   |  |  |  |  |  |
| 40         | NYS earned income credit (attach Form IT-215 or Form IT-209)   | 40.  |                               | Forms IT-2, IT-1099-R,<br>and/or IT-1099-UI must be     |  |  |  |  |  |
| 41         | NYS noncustodial parent earned income credit (attach Form IT-209)  | 41.  |                               | completed and attached to                               |  |  |  |  |  |
| 42         | Real property tax credit (attach Form IT-214)  | 42.  |                               | your return (see page 26).                              |  |  |  |  |  |
| 43         | College tuition credit (attach Form IT-272)  | 43.  | •                             | Staple them (and any other applicable forms) to the top |  |  |  |  |  |
| 44         | NYC school tax credit  | 44.  | •                             | of this page.   |  |  |  |  |  |
| 45         | NYC earned income credit (attach Form IT-215 or Form IT-209)   | 45.  | •                             | See the Step 11 instructions                            |  |  |  |  |  |
| 46         | Total New York State tax withheld  |  | on page 30 for the proper     |   |  |  |  |  |  |
| 47         | Total New York City tax withheld   | assembly of your return and attachments.                               |                               |   |  |  |  |  |  |
| 48         | Total <b>Yonkers</b> tax withheld  |  |                               |   |  |  |  |  |  |
| 49         | Total estimated tax payments / Amount paid with Form IT-370  |  | •                             |   |  |  |  |  |  |
| 50         | Add lines 38 through 49  |  |                               |   |  |  |  |  |  |
| 51         | Amount overpaid (if line 50 is more than line 37, subtract line 37 from line                             |  |                               |   |  |  |  |  |  |
| 52         | Amount of line 51 that you want refunded to you. Complete line 56 to choose direct deposit. Refund 52.   |  |                               |   |  |  |  |  |  |
| 53         | Amount of line 51 that you want applied to your  | Choose direct deposit to avoid paper check refund delays.              |                               |   |  |  |  |  |  |
|            | 2010 estimated tax (see instructions)  |  |                               |   |  |  |  |  |  |
| - 4        | Annual Control (11) 50 1 4 4 5 67 44 45 50 6 5 6   |  | F                             | 1 54  |  |  |  |  |  |
| 54         | Amount you owe (if line 50 is less than line 37, subtract line 50 from line 37                           | ). <b>C</b> C  | mpiete line 56. i <u>Towe</u> | ] [34.]   |  |  |  |  |  |
| 55         | Estimated tax penalty (include this amount in line 54 or reduce the overpayment on line 51; see page 27) | 55   |                               | ٦   |  |  |  |  |  |
| <b>E</b> 6 | Account information (see page 28) Mark one: • Refund – Di  |  | donosit • 🗖 Owe               | ⊔<br>e – Electronic funds withdrawal                    |  |  |  |  |  |
| 50         | If the funds for your payment (or refund) would come from (or go to) an ac                               |  |                               |   |  |  |  |  |  |
|            | in the funds for your payment (or return) would come from (or go to) an ac                               | Joodi  | it outside the o.e., mark     | 117 III III3 DOX (300 pg. 20)                           |  |  |  |  |  |
| 56a        | Routing number • Electron  | ic fu  | nds withdrawal effective      | date  |  |  |  |  |  |
|            |  |  |                               |   |  |  |  |  |  |
| 56b        | Account number ●   |  | <b>56c</b> Account type       | • • Checking • Savings                                  |  |  |  |  |  |
|            | Third-narty Print designee's name  | Des  | signee's phone number         | Personal identification                                 |  |  |  |  |  |
| des        | Third-party Print designee's name ignee? (see instr.)  | (  | )                             | number (PIN)  |  |  |  |  |  |
| Yes        | D as D F mails   |  |                               |   |  |  |  |  |  |
|            |  |  |                               |   |  |  |  |  |  |
| Pr         | Paid preparer must complete (see instructions) ▼ Date:  paparer's signature ▶ Preparer's NYTPRIN         | $\dashv$   | Your signature                | (s) must sign here ▼                                    |  |  |  |  |  |
| <b>▶</b>   |  |  |                               |   |  |  |  |  |  |
| Fir        | m's name (or yours, if self-employed)  ▼ Preparer's SSN or PTIN  |  |                               |   |  |  |  |  |  |
| Ad         | dress   • Employer identification num  | pation (if joint return)   |                               |   |  |  |  |  |  |
|            |  | $\Box$   |                               | , , ,   |  |  |  |  |  |
|            | Mark an <b>X</b> if self-employed  | $\Box$   | Date                          | ▼ Daytime phone number                                  |  |  |  |  |  |
|            | mail:  | _  | F-mail:                       | +   |  |  |  |  |  |

See instructions for where to mail your return.

