



Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ... **12**
and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name and middle initial		Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mm-dd-yyyy)		Your social security number	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)		Spouse's social security number	
Mailing address (see instructions, page 12) (number and street or rural route)				Apartment number		New York State county of residence	
City, village, or post office		State	ZIP code	Country (if not United States)		School district name	
Permanent home address (see instructions, page 12) (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	
		NY					

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 2012 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



D Did you have a financial account located in a foreign country? (see page 13) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No

(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months you lived in NYC in 2012

(2) Number of months your spouse lived in NYC in 2012

G Enter your 2-character special condition code if applicable (see page 13)

If applicable, also enter your second 2-character special condition code

H Dependent exemption information (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)

If more than 9 dependents, mark an X in the box.



Your social security number

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 14) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	.00
18	Total federal adjustments to income (see page 14) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00

New York additions (see page 14)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	.00
22	New York's 529 college savings program distributions (see page 15)	22	.00
23	Other (see page 16) Identify:	23	.00
24	Add lines 19 through 23	24	.00

New York subtractions (see page 19)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 19)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (see page 20) Identify:	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	.00

Standard deduction or itemized deduction (see page 24)

34	Enter your standard deduction (table on page 24) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	.00



Name(s) as shown on page 1

Your social security number

Tax computation, credits, and other taxes (see page 25)

38	Taxable income (from line 37 on page 2)	38	.00
39	NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	39	.00
40	NYS household credit (page 25, table 1, 2, or 3)	40	.00
41	Resident credit (see page 26)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	.00

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

47	NYC resident tax on line 38 amount (see page 26)	47	.00
48	NYC household credit (page 26, table 4, 5, or 6)	48	.00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
55	Yonkers resident income tax surcharge (see page 28)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58	.00
59	Sales or use tax (see page 29; do not leave line 59 blank)	59	.00

See instructions on pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.

Voluntary contributions (see page 30)

60a	Return a Gift to Wildlife	60a	.00
60b	Missing/Exploited Children Fund	60b	.00
60c	Breast Cancer Research Fund	60c	.00
60d	Alzheimer's Fund	60d	.00
60e	Olympic Fund (\$2 or \$4; see page 30)	60e	.00
60f	Prostate Cancer Research Fund	60f	.00
60g	9/11 Memorial	60g	.00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60	Total voluntary contributions (add lines 60a through 60h)	60	.00
61	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61	.00



Your social security number

62 Enter amount from line 61 **62**00

Payments and refundable credits (see page 31)

63 Empire State child credit	63	.00
64 NYS/ NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (also complete F on page 1; see page 31)	69	.00
70 NYC earned income credit	70	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	.00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments (add lines 63 through 75)	76	.00

Submit your wage and tax statements with your return (see page 33).

Your refund, amount you owe, and account information (see pages 33 through 36)

77 **Amount overpaid** (if line 76 is more than line 62, subtract line 62 from line 76) **77**00

78 Amount of line 77 to be **refunded**
 Mark one refund choice: **direct deposit** (fill in line 83) - or - **debit card** - or - **paper check** ... **78**00

79 Amount of line 77 that you want applied to your **2013** estimated tax (see instructions) **79**00

See pages 33 and 34 for information about your three refund choices.

80 Amount you **owe** (if line 76 is less than line 62, subtract line 76 from line 62).
 To pay by electronic funds withdrawal, mark an **X** in the box and fill in lines 83 and 84 .. **80**00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) **81**00

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 35) **82**00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 35)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 36) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete (see instr.) ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
Address	Employer identification number
E-mail:	Mark an X if self-employed <input type="checkbox"/>

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
E-mail:	



See instructions for where to mail your return.