

Department of Taxation and Finance

Resident Income Tax Return

IT-201

New York State ● New York City ● Yonkers ● MCTMT 17 For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning and ending .. For help completing your return, see the instructions, Form IT-201-I. Your first name MI Your last name (for a joint return, enter spouse's name on line below) Your date of birth (mmddyyyy) Your social security number Spouse's first name Spouse's last name Spouse's date of birth (mmddyyyy) Spouse's social security number Mailing address (see instructions, page 13) (number and street or PO box) Apartment number New York State county of residence Country (if not United States) City, village, or post office State | ZIP code School district name Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route) | Apartment number School district code number State ZIP code Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy) City, village, or post office Decedent NY information **D1** Did you have a financial account A Filing Single located in a foreign country? (see page 14) status D2 Yonkers residents and Yonkers part-year residents only: (mark an Married filing joint return (enter spouse's social security number above) X in one (1) Did you receive a property tax relief credit? (see page 14)Yes box): Married filing separate return (enter spouse's social security number above) .00 (2) Enter the amount ... Head of household (with qualifying person) **D3** Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation Qualifying widow(er) with dependent child on your 2017 federal return? (see page 14) Yes Did you itemize your deductions on E (1) Did you or your spouse maintain living your 2017 federal income tax return? Yes No quarters in NYC during 2017? (see page 14) .. Yes No Can you be claimed as a dependent (2) Enter the number of days spent in NYC in 2017 on another taxpayer's federal return? Yes (any part of a day spent in NYC is considered a day)...... NYC residents and NYC part-year residents only (see page 14): (1) Number of months you lived in NYC in 2017 (2) Number of months your spouse lived in NYC in 2017 Enter your 2-character special condition code(s) if applicable (see page 14) Dependent exemption information (see page 15) First name MI Last name Relationship Social security number Date of birth (mmddyyyy) If more than 7 dependents, mark an **X** in the box.

Your social security number

| Fe | deral income and adjustments (see page 15) | | 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 | 9 | .00 | | | | | |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box | 10 | .00 | | | | | |
| 11 | - 44 1 4 4 1 1 4 4 1 4 4 4 4 4 4 4 4 4 4 | 11 | .00 | | | | | |
| 12 | Rental real estate included in line 11 |] | | | | | | |
| | 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 | The state of the s | 16 | .00 | | | | | |
| | | | •00 | | | | | |
| | Add lines 1 through 11 and 13 through 16 | 17 | .00 | | | | | |
| 18 | Total federal adjustments to income (see page 15) Identify: | 18 | .00 | | | | | |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | .00 | | | | | |
| 22 23 | Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) New York's 529 college savings program distributions (see page 16) Other (Form IT-225, line 9) Add lines 19 through 23 | 21 22 23 24 | .00. 00. 00. | | | | | |
| New York subtractions (see page 17) | | | | | | | | |
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | | | | | | | |
| 26 | Pensions of NYS and local governments and the federal government (see page 17) 26 .00 | | | | | | | |
| 27 | Taxable amount of social security benefits (from line 15) 27 .00 | | | | | | | |
| | Interest income on U.S. government bonds | | | | | | | |
| 29 | Pension and annuity income exclusion (see page 18) 29 .00 | | | | | | | |
| 30 | New York's 529 college savings program deduction/earnings 30 .00 | | | | | | | |
| 31 | Other (Form IT-225, line 18) | | | | | | | |
| 32 | Add lines 25 through 31 | 32 | .00 | | | | | |
| 33 | New York adjusted gross income (subtract line 32 from line 24) | 33 | .00 | | | | | |
| St | andard deduction or itemized deduction (see page 20) | | | | | | | |
| 34 | Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: Standard - or - Itemized | 34 | .00 | | | | | |
| 25 | | | | | | | | |
| | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) Dependent exemptions (enter the number of dependents listed in item H; see page 20) | 35 36 | .00. 00 | | | | | |
| | Taxable income (subtract line 36 from line 35) | 37 | -00 | | | | | |



| Name(s) as shown on page 1 | | Your socia | I security number | | 1 | 11-201 (2017) Page 3 of 4 |
|---|---------|---------------------|-------------------|-------------|----|-----------------------------|
| | | | | | | |
| Tax computation, credits, and other taxes | | | | | | T |
| 38 Taxable income (from line 37 on page 2) | | | | | 38 | .00 |
| 39 NYS tax on line 38 amount (see page 21) | | | | | 39 | .00 |
| 40 NYS household credit (page 21, table 1, 2, or 3) | . 40 | | | .00 | | |
| 41 Resident credit (see page 22) | | | | .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, le | eave bl | lank) | | | 44 | .00 |
| 45 Net other NYS taxes (Form IT-201-ATT, line 30) | | , | | | | .00 |
| 46 Total New York State taxes (add lines 44 and 45) | | | | | | .00 |
| | | | | | 40 | .00 |
| New York City and Yonkers taxes, credits, and surcharges | | 1 | | | 1 | See instructions on |
| 47 NYC resident tax on line 38 amount (see page 22) | | | | .00 | 1 | pages 22 through 25 to |
| 48 NYC household credit (page 22, table 4, 5, or 6) | . 48 | | | .00 | J | compute New York City and |
| 49 Subtract line 48 from line 47 (if line 48 is more than | 40 | | | | 1 | Yonkers taxes, credits, and |
| line 47, leave blank) | | | | .00 | | surcharges, and MCTMT. |
| 50 Part-year NYC resident tax (Form IT-360.1)51 Other NYC taxes (Form IT-201-ATT, line 34) | | | | .00 | | |
| 52 Add lines 49, 50, and 51 | | | | .00 | | |
| 53 NYC nonrefundable credits (Form IT-201-ATT, line 10) | | | | .00 | | |
| 54 Subtract line 53 from line 52 (if line 53 is more than | . 33 | | | .00 |] | |
| line 52, leave blank) | . 54 | | | .00 |] | |
| 54a MCTMT net | . [- | ı | | | J | |
| earnings base 54a .00 |) | | | | | |
| 54b MCTMT | 54b | | | .00 | | |
| 55 Yonkers resident income tax surcharge (see page 25) | 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 and I | MCTM | T (add lines | 54 and 54b throu | gh 57) | 58 | .00 |
| FO. Color on use for (see now 200 do not have the FO blant) | | | | | 50 | 00 |
| 59 Sales or use tax (see page 26; do not leave line 59 blank) | | | | | 59 | .00 |
| Voluntary contributions (see page 27) | | | | | | |
| 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 27) | | | 60e | .00 | | |
| 60f Prostate and Testicular Cancer Research and Edu | cation | Fund | 60f | .00 | | |
| 60g 9/11 Memorial | | [| 60g | .00 | | |
| 60h Volunteer Firefighting & EMS Recruitment Fund | | | 60h | .00 | | |
| 60i Teen Health Education | | - | 60i | .00 | | |
| 60j Veterans Remembrance | | ····· | 60j | .00 | | |
| 60k Homeless Veterans | | _ | 60k | . 00 | | |
| 601 Mental Illness Anti-Stigma Fund | | | 601 | .00 | | |
| 60m Women's Cancers Education and Prevention Fund | | | 0m | .00 | - | |
| 60n Autism Fund | | <u> </u> | 60n 60o | .00 | 1 | |
| 60 Total voluntary contributions (add lines 60a through 60o) | | _ | | <u>.00</u> | 60 | .00 |
| | | | | | | 100 |
| 61 Total New York State, New York City, Yonkers, and sal voluntary contributions (add lines 46, 58, 59, and 60) | | | | | 61 | .00 |



| Pag | e 4 of 4 IT-201 (2017) | Your social se | curity n | umber | | | | | | | |
|--|---|----------------|---------------|---|---|---|-------------|-------|------------------------|----------------|-------------|
| 62 | Enter amount from line 61 | | | | | | | 62 | | | .00 |
| Pa | yments and refundable credits (see pages 28 | through 31) | | | | | | | | | |
| | Empire State child credit | | 63 | | | | .00 | | | | |
| | NYS/NYC child and dependent care credit | | | | | | .00 | | | | |
| 65 | NYS earned income credit (EIC) | | 65 | | | | .00 | | | | |
| | NYS noncustodial parent EIC | | 66 | | | | .00 | | | | |
| 67 | Real property tax credit | | 67 | | | | .00 | | | | |
| 68 | College tuition credit | | 68 | | | | .00 | | | | |
| 69 | NYC school tax credit (fixed amount) (also complete | F on page 1) | 69 | | | | .00 | | | | |
| | NYC school tax credit (rate reduction amount) | | | | | | . 00 | | | | |
| | NYC earned income credit | | 70 | | | | . 00 | | | | |
| | NYC enhanced real property tax credit | | $\overline{}$ | | | | . 00 | | | | |
| 71 | Other refundable credits (Form IT-201-ATT, line 1 | 18) | 71 | | | | . 00 | If ap | plicable, | complete For | m(s) IT-2 |
| 72 | Total New York State tax withheld | | 72 | | | | .00 | | | 9-R and subn | |
| 73 | Total New York City tax withheld | | | | | | .00 | | | rn (see page | |
| 74 | Total Yonkers tax withheld | | 74 | | | | .00 | | not send 1 your ret | federal Form | W-2 |
| 75 | Total estimated tax payments and amount paid with | Form IT-370 | 75 | | | | .00 | WILI | i your rec | urn. | |
| 76 | Total payments (add lines 63 through 75) | | | | | | | 76 | | | .00 |
| _ | ur refund, amount you owe, and account info | | | | | | | | | | |
| $\overline{}$ | Amount overpaid (if line 76 is more than line 62 | | | | | | | 77 | | | .00 |
| | A (. (!) | t deposit to | | , | | рар | | | | | |
| | Mark one refund choice: saving | gs account | (fill in | line 83) - (| or - | | ck | 78 | | | .00 |
| 79 | Amount of line 77 that you want applied to you 2018 estimated tax (see instructions) | | 79 | | | | .00 | | | | |
| 79a | Amount of line 77 that you want as a NYS 529 deposit (submit Form IT-195) | | | Refund? Direct deposit i easiest, fastest way to ge | | | | | | | |
| 80 | Amount you owe (if line 76 is less than line 62, so | | | line 62) To | nav l | by electi | | | | for novement | ontions |
| 00 | funds withdrawal, mark an X in the box | 1 | | | | - | | See | page 32 | for payment | options. |
| | or money order you must complete Form IT- | 4 | | | - | | | 80 | | | .00 |
| 81 | Estimated tax penalty (include this amount in line | | | , , | | | ı | | | | |
| reduce the overpayment on line 77; see page 32) | | | | | .00 See page 35 for the proper assembly of your return. | | | | | | r |
| 82 | Other penalties and interest (see page 32) | | 82 | | | | . 00 | ass | eilibly Of | your return. | |
| 83 | Account information for direct deposit or electrons | | | | | | | | | | _ |
| | If the funds for your payment (or refund) would | come from | (or go | to) an acco | ount o | utside th | ne U.S., | mark | an X in t | his box (see p | g. 33) |
| | 83a Account type: Personal checking - or | - Per | rsonal | savings - o | or - | Bus | iness ch | eckin | g - or - | Busines | s savings |
| | 83b Routing number | 8 | 3c Ad | ccount numb | oer | | | | | | |
| | | _ | | | | | | | | | |
| 84 | Electronic funds withdrawal (see page 33) | Date | | | | | Amoun | t | | | .00 |
| | Third-party Print designee's name | | | Des | signee's | phone n | umber | | | Personal ider | ntification |
| des | signee? (see instr.) | | | (|) | | | | | number (| PIN) |
| Yes | E-mail: | | | 1 | - | | | | | | |
| | Paid preparer must complete Preparer's NYTPR | | YTPRIN | | | ▼ | Taxpa | ver(s |) must si | ign here ▼ | |
| | (see instructions) arer's signature Preparer's prin | | ccl. cod | e | Your | signature | | , , | , | | |
| Firm's name (or yours, if self-employed) Preparer's PTIN or SSN | | | | | | occupatio | n | | | | |
| | | | | | | · | | | | | |
| Address Employer ider | | | ntırıcatio | on number | Spot | Spouse's signature and occupation (if joint return) | | | | | |
| | • | Da | ate | | Date | • | | | Daytime p | hone number | |
| E-ma | ail: | | | E-ma | ail: | | | , , , | | | |

See instructions for where to mail your return.

