



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-201

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ... 20

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

and ending ...

|  |  |    |  |          |                                   |                                     |                                   |
|--|--|----|--|----------|-----------------------------------|-------------------------------------|-----------------------------------|
| 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  |  | MI | Spouse's last name   |          | Spouse's date of birth (mmddyyyy) | Spouse's Social Security number     |                                   |
| Mailing address (see instructions, page 14) (number and street or PO box)                        |  |    |  |          | Apartment number                  | New York State county of residence  |                                   |
| City, village, or post office  |  |    | State  | ZIP code | Country (if not United States)    | School district name                |                                   |
| Taxpayer's permanent home address (see instructions, page 14) (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 (mmddyyyy) | Spouse's date of death (mmddyyyy) |
|  |  |    | 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)

**B** Did you itemize your deductions on your 2020 federal income tax return? Yes  No

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

**D1** Did you have a financial account located in a foreign country? (see page 15) Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes  No

**E** (1) Did you or your spouse maintain living quarters in NYC during 2020? (see page 15) .. Yes  No

(2) Enter the number of days spent in NYC in 2020 (any part of a day spent in NYC is considered a day).....

### F NYC residents and NYC part-year residents only (see page 15):

(1) Number of months you lived in NYC in 2020 .....

(2) Number of months your spouse lived in NYC in 2020 .....

**G** Enter your 2-character special condition code(s) if applicable (see page 15) .....

### H Dependent information (see page 16)

| First name | MI | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |

If more than 7 dependents, mark an X in the box.



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For office use only

Your Social Security number

**Federal income and adjustments** (see page 16)

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, 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 <b>X</b> in the box .. <input type="checkbox"/>   | 9   | .00 |
| 10  | Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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 16) Identify: .....   | 16  | .00 |
| 17  | Add lines 1 through 11 and 13 through 16 .....   | 17  | .00 |
| 18  | Total federal adjustments to income (see page 16) Identify: .....  | 18  | .00 |
| 19  | Federal adjusted gross income (subtract line 18 from line 17) .....  | 19  | .00 |
| 19a | <b>Recomputed federal adjusted gross income</b> (see page 16, Line 19a worksheet) .....                                      | 19a | .00 |

**New York additions** (see page 17)

|    |  |    |     |
|----|--|----|-----|
| 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 17)          | 21 | .00 |
| 22 | <b>New York's</b> 529 college savings program distributions (see page 17) .....                          | 22 | .00 |
| 23 | Other (Form IT-225, line 9) .....  | 23 | .00 |
| 24 | Add lines 19a through 23 .....   | 24 | .00 |

**New York subtractions** (see page 18)

|    |  |    |     |
|----|--|----|-----|
| 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 18)     | 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 | <b>New York's</b> 529 college savings program deduction/earnings                   | 30 | .00 |
| 31 | Other (Form IT-225, line 18) .....   | 31 | .00 |
| 32 | Add lines 25 through 31 .....  | 32 | .00 |
| 33 | <b>New York adjusted gross income</b> (subtract line 32 from line 24) .....        | 33 | .00 |

**Standard deduction or itemized deduction** (see page 21)

|    |   |    |               |
|----|---|----|---------------|
| 34 | Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196)<br>Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b> | 34 | .00           |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....  | 35 | .00           |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....   | 36 | <b>000.00</b> |
| 37 | <b>Taxable income</b> (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**

|  |           |     |
|--|-----------|-----|
| <b>38</b> Taxable income (from line 37 on page 2) .....                                      | <b>38</b> | .00 |
| <b>39</b> NYS tax on line 38 amount (see page 22) .....                                      | <b>39</b> | .00 |
| <b>40</b> NYS household credit (page 22, table 1, 2, or 3) .....                             | <b>40</b> | .00 |
| <b>41</b> Resident credit (see page 23) .....  | <b>41</b> | .00 |
| <b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...                      | <b>42</b> | .00 |
| <b>43</b> Add lines 40, 41, and 42 .....   | <b>43</b> | .00 |
| <b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) ..... | <b>44</b> | .00 |
| <b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....                               | <b>45</b> | .00 |
| <b>46</b> Total New York State taxes (add lines 44 and 45) .....                             | <b>46</b> | .00 |

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

|  |            |     |
|--|------------|-----|
| <b>47</b> NYC taxable income (see page 23).....  | <b>47</b>  | .00 |
| <b>47a</b> NYC resident tax on line 47 amount (see page 23).....   | <b>47a</b> | .00 |
| <b>48</b> NYC household credit (page 23) .....   | <b>48</b>  | .00 |
| <b>49</b> Subtract line 48 from line 47a (if line 48 is more than<br>line 47a, leave blank) .....  | <b>49</b>  | .00 |
| <b>50</b> Part-year NYC resident tax (Form IT-360.1) .....   | <b>50</b>  | .00 |
| <b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....   | <b>51</b>  | .00 |
| <b>52</b> Add lines 49, 50, and 51 .....   | <b>52</b>  | .00 |
| <b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....   | <b>53</b>  | .00 |
| <b>54</b> Subtract line 53 from line 52 (if line 53 is more than<br>line 52, leave blank) .....  | <b>54</b>  | .00 |
| <b>54a</b> MCTMT net earnings base ....  | <b>54a</b> | .00 |
| <b>54b</b> MCTMT .....   | <b>54b</b> | .00 |
| <b>55</b> Yonkers resident income tax surcharge (see page 26) .....  | <b>55</b>  | .00 |
| <b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....  | <b>56</b>  | .00 |
| <b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....  | <b>57</b>  | .00 |
| <b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..  | <b>58</b>  | .00 |
| <b>59</b> Sales or use tax (see page 27; do not leave line 59 blank) .....   | <b>59</b>  | .00 |
| <b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1) .....  | <b>60</b>  | .00 |
| <b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and<br>voluntary contributions (add lines 46, 58, 59, and 60) ..... | <b>61</b>  | .00 |

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



|                             |
|-----------------------------|
| Your Social Security number |
|                             |

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

**Payments and refundable credits** (see pages 28 through 31)

|   |            |     |
|---|------------|-----|
| 63 Empire State child credit .....  | <b>63</b>  | .00 |
| 64 NYS/NYC child and dependent care credit .....                          | <b>64</b>  | .00 |
| 65 NYS earned income credit (EIC) .....                                   | <b>65</b>  | .00 |
| 66 NYS noncustodial parent EIC .....                                      | <b>66</b>  | .00 |
| 67 Real property tax credit .....   | <b>67</b>  | .00 |
| 68 College tuition credit .....   | <b>68</b>  | .00 |
| 69 NYC school tax credit (fixed amount) (also complete F on page 1) ..... | <b>69</b>  | .00 |
| 69a NYC school tax credit (rate reduction amount) .....                   | <b>69a</b> | .00 |
| 70 NYC earned income credit .....   | <b>70</b>  | .00 |
| 70a This line intentionally left blank .....                              | <b>70a</b> |     |
| 71 Other refundable credits (Form IT-201-ATT, line 18) .....              | <b>71</b>  | .00 |
| 72 Total New York State tax withheld .....                                | <b>72</b>  | .00 |
| 73 Total New York City tax withheld .....                                 | <b>73</b>  | .00 |
| 74 Total Yonkers tax withheld .....                                       | <b>74</b>  | .00 |
| 75 Total estimated tax payments and amount paid with Form IT-370 .....    | <b>75</b>  | .00 |

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).  
**Do not send federal Form W-2 with your return.**

76 Total payments (add lines 63 through 75) ..... **76** ..... .00

**Your refund, amount you owe, and account information** (see pages 32 through 34)

|   |            |     |
|---|------------|-----|
| 77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32) .....                      | <b>77</b>  | .00 |
| 78 Amount of line 77 available for refund (subtract line 79 from line 77) .....   | <b>78</b>  | .00 |
| 78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) ..... | <b>78a</b> | .00 |
| 78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) .....                                       | <b>78b</b> | .00 |

Mark one refund choice:  direct deposit to checking or savings account (fill in line 83) - or -  paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

79 Amount of line 77 that you want applied to your 2021 estimated tax (see instructions) ..... **79** ..... .00

See page 33 for payment options.

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. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. ....

**80** ..... .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) ..... **81** ..... .00

See page 36 for the proper assembly of your return.

82 Other penalties and interest (see page 33) ..... **82** ..... .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34). 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. 34)

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 34) ..... Date  Amount  .00

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

|   |                                |                    |                    |
|---|--------------------------------|--------------------|--------------------|
| ▼ Paid preparer must complete ▼<br>(see instructions) |                                | Preparer's NYTPRIN | NYTPRIN excl. code |
| Preparer's signature                                  | Preparer's printed name        |                    |                    |
| Firm's name (or yours, if self-employed)              | Preparer's PTIN or SSN         |                    |                    |
| Address   | Employer identification number |                    |                    |
|   | Date                           |                    |                    |
| Email:  |                                |                    |                    |

|   |                             |
|---|-----------------------------|
| ▼ Taxpayer(s) must sign here ▼                      |                             |
| Your signature                                      |                             |
| Your occupation                                     |                             |
| Spouse's signature and occupation (if joint return) |                             |
| Date  | Daytime phone number<br>( ) |
| Email:  |                             |

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See instructions for where to mail your return.

