



**New York State
Department of
Taxation and Finance**

Publication 86
(11/2011)

New York State Test Package for Software Developers

Personal Income Tax E-File

Tax Year 2011



This publication describes the New York State (NYS) Participant Acceptance Testing System (PATS) procedures for software developers participating in the NYS Personal Income Tax e-file Program.

New for tax year 2011 PATS Testing:

Form IT-150(short form) discontinued

Form IT-150 Resident Income Tax return (short form), has been discontinued. All full year New York state residents must now use Form IT-201 to file and pay their taxes

All test scenarios with IT-150 has been eliminated

Field {0305d} has been added to the Generic Header Record, Personal or Business Account indicator. This is required when account information is provided. Please populate this field with a “1” (Business) or a “2” (Personal) for each test scenario utilizing account information.

Who must test

All software developers participating in the NYS e-file Program must test. If your software merely takes in the e-file return data created from another software and creates a batch file for transmission, you may not need to do the full test. Contact NYS for details.

What to test

The PATS test verifies that the e-file software creates a complete return, carries appropriate values from one line/form to another, formats and transmits NYS returns according to the specifications detailed in the NYS Publication 85, NYS e-file Return Specifications and Record Layouts.

Software developers must test all the NYS e-file forms that they support. Before testing you should inform NYS which e-file forms you support by email to NY_efile_HelpDesk@tax.state.ny.us

NYS has an “Answer File” containing expected values for all the returns in the test packet. Test files from software developers are compared to the “Answer File”. Since not all software developers support the same e-file forms, to make this file comparison more effective, each test case is covered by a group (with one to three returns). From each group you must choose one return that best matches the forms you support. If you find a test return in a group that best matches the forms you support, but has one form you do not support you should compute this return without that form. NYS will manually re-compute this return when matching your data to the Answer File to account for the differences. There are 18 groups in the test packet (2 for extensions, 11 for long forms and 5 for nonresident/part-year resident forms) covering all the NYS e-file forms. Refer to the **NYS PATS Test Case Chart** for details. You do not need to test all 18 cases if you support only some of the forms. If you do not support Form IT-203, you do not need to submit the IT-203 test returns. Contact NYS if you have any questions.

Please contact NYS if Software Developers desire to send additional test returns not covered in this test package.

State-only option

All test returns should be transmitted as Fed/State unless your software is designed to send all IT-203 (nonresident/part-year resident return) as state-only. To test re-transmission of a state rejected return, you can pick one IT-201 and one IT-203 and transmit them as state-only (if you support this option) after they have passed the regular Fed/State test. Please inform us when you are sending the state-only returns.

When to test

PATS testing is scheduled to begin in November (or when the IRS is ready to accept state test returns). To ensure adequate time for testing before the filing season, software developers should submit their initial NYS test files as soon as possible. There is no cutoff date for testing with NYS, as long as the IRS is still accepting test returns. We do not require software developers to pass federal PATS first before testing with NYS. Software developers may conduct federal and state PATS testing concurrently.

Transmitting PATS test files

Software developers must transmit NYS PATS test files to EMS (IRS e-file system). You will get an acknowledgment from the IRS. If your test file is accepted by the IRS, NYS will retrieve your test files from the IRS. If your test file is rejected by the IRS, you must correct the error and re-transmit.

You may transmit an incomplete set of test cases during testing. However, a final complete set of acceptable test returns must be submitted in order to be accepted into the NYS e-file Program.

Refer to Publication 85, *New York State E-file Return Specifications and Record Layouts*, for a detailed description of required state and federal forms and use of the generic and unformatted records. For the purposes of PATS testing, when the same form occurs multiple times (e.g. 1st W-2, 2nd W-2) within a test scenario, they should be transmitted in the same order as they appear in the test packet.

Communicating test results

NYS will conduct PATS testing on NYS forms and inform each software developer of its testing results by email. NYS will inform software developers of the receipt of a test file as soon as one is received, and the test results will be emailed to the software developers as soon as possible. NYS will make every effort to provide test results to software developers within 24 hours, Monday through Friday.

Test acknowledgment

There is no change to the acknowledgment file format. For details, refer to Publication 85 Part I (NYS e-file specifications). NYS will not send acknowledgments (ACK files) for test file received. NYS will send one ACK to new software developers/transmitters to test the

acknowledgment system. NYS will inform the new software developers/transmitters when the ACK file will be sent.

Approval of e-file software

In order to be accepted into the NYS e-file program, software developers are required to successfully complete the NYS PATS test, in addition to completing the IRS PATS test. Once software developers successfully complete the NYS PATS test, NYS will inform them by email that their e-file software has been approved for NYS e-file. A list of approved e-file software packages will be posted on NYS Tax Department's Web site, with a link to the software Web site (if provided by the software developers).

New York State e-file PATS test report

NYS has created an "Answer File" containing expected values for every field on every test return, and using a PATS Test program, compares the "Answer File" to a PATS test file transmitted by a software developer. NYS will compare every test file received. Only the NYS forms will be compared; federal forms (except for W-2 and 1099-R) will not be compared (they may be required to complete a return). Acknowledgments will not be generated for PATS test files.

The PATS Test program cannot read a test file from a software developer if it does not conform to the file/record format or specifications specified in Publication 85. Should this happen, NYS will identify this type of errors and ask you to correct the format error and re-transmit. If the test file is successfully loaded into the program, a file compare report will be produced where any discrepancies (mismatches) between your test file and the "Answer File" will be displayed. This report will be emailed to you.

The report **SUMMARY** displays the status of each form received for each test scenario.

Form Status

Submitted

Not Submitted

Not Required

Non-Test Form

Meaning

Required form (part of the test scenario) was submitted

Required form (part of the test scenario) was not submitted

Form submitted was not required (not part of the test scenario)

Form will not be compared by NYS (federal forms)

The report **DETAIL** displays all the fields that contained discrepancies between your test file and the answer file.

Acceptable discrepancies

Some of the mismatches (due to rounding or usage of alternative syntax when entering text information) in the report are acceptable. For example, entering "LOTTERY" instead of "GAMBLING INCOME" for Other Income on Form IT-201. Also, on the PATS test returns, NYS computes the taxes based on the tax rate instead of using the tax table. This may result in a difference of a few dollars (which is acceptable) if you use the tax table. If you do not support some forms within a particular test return, then your data will not match the expected results in the Answer File and those mismatched fields will show up on the report. NYS will identify the

fields that need correction.

The following table describes some, but not all, of the acceptable discrepancies.

FIELD NAME	COMMENTS
Street Address - Line 1	Abbreviations acceptable
Other Income - Identify	Variations in syntax acceptable
Taxable Income	If negative, the negative value or zero (not transmitted) is acceptable
NYS Household Credit	Entry optional if NYS Tax = 0

Please see special instructions for the following test scenarios:
SSN # Ending in:

4800
4805
4808
4818

TY11 NYS PATS Test Case Chart

Group	Case	Return	Supporting Forms											
1	400-00-4800	IT-370 with payment												
2	400-00-4837	IT-370 w/o payment												
3	400-00-4801	IT-201	IT-209	W-2										
4	400-00-4802	IT-201	IT-201-ATT	IT-213	IT-214	IT-215	IT-216	IT-217	W-2					
	400-00-4815	IT-201	IT-201-ATT		IT-214	IT-215	IT-216	IT-217	W-2					
	400-00-4825	IT-201			IT-214	IT-215	IT-216		W-2					
5	400-00-4805	IT-201	IT-201-ATT	IT-241	IT-249	IT-257	IT-272	W-2	1099-MISC	1099-UI				
	400-00-4818	IT-201	IT-201-ATT		IT-249		IT-272	W-2	1099-MISC	1099-UI				
6	400-00-4806	IT-201	IT-201-ATT	IT-112.1	IT-212	IT-212-ATT	IT-220	IT-230	IT-280	W-2	1099-R			
7	400-00-4807	IT-201	IT-201-ATT	IT-112C	IT-135	IT-250	IT-255	W-2	NYSW2G	1099R				
8	400-00-4808	IT-201	IT-360.1	Y-203	IT-272	W-2	1099-UI							
9	400-00-4809	IT-201	IT-201-ATT	IT-112R	IT-219	IT-398	IT-399	IT-2105.9						
	400-00-4820	IT-201	IT-201-ATT	IT-112R	IT-219			IT-2105.9						
	400-00-4831	IT-201		IT-112R				IT-2105.9						
10	400-00-4838	IT-201	IT-213	IT-213-ATT	W-2	NYSW2G								
11	400-00-4841	IT-201	W-2											
12	400-00-4839	IT-201	IT-201-ATT	IT-245	W-2	1099-UI								
13	400-00-4842	IT-201	IT-112R	IT-112C										
14	400-00-4810	IT-203	IT-203-ATT	IT-215	IT-216	IT-217	IT-360.1	W-2						
	400-00-4832	IT-203	IT-203-ATT	IT-215	IT-216		IT-360.1	W-2						
15	400-00-4811	IT-203	IT-203-ATT	IT-203-B	IT-249	IT-256	IT-258	W-2						
16	400-00-4812	IT-203	IT-203-C	IT-203-ATT	IT-112.1	IT-182	IT-212	IT-212-ATT	IT-220	IT-230	W-2	1099R		
	400-00-4822	IT-203	IT-203-C	IT-203-ATT			IT-212		IT-220	IT-230	W-2	1099R	NYSW2G	
	400-00-4834	IT-203	IT-203-C	IT-203-ATT						IT-230	W-2	1099R		
17	400-00-4813	IT-203	IT-360.1	Y-203	W-2	1099-UI								
18	400-00-4814	IT-203	IT-203-B	IT-360.1	IT-2105.9	W-2	NYSW2G							
	400-00-4824	IT-203	IT-203-B	IT-360.1	IT-2105.9	W-2								

400-00-4800

SPECIAL INSTRUCTIONS

POPULATE ELECTRONIC FUNDS WITHDRAWAL INDICATOR WITH A "2"

DIRECT DEBIT DATE: 04-10-2012

DIRECT DEBIT AMOUNT: \$140

STATE ROUTING TRANSIT: 011001742

STATE EFW ACCOUNT NUMBER: 10743

STATE SAVINGS ACCOUNT INDICATOR: X

PHONE#: 516-355-2459

PRIMARY CHECKBOX "X"-ONLINE PRODUCT

SPOUSE CHECKBOX "X" -ONLINE PRODUCT

ERO CHECKBOX "X" -PROFESSIONAL PRODUCT



Application for Automatic Six-Month Extension of Time to File for Individuals (with instructions)

IT-370

Instructions

Changes for 2011

We will no longer accept a copy of federal Form 4868, *Application for Automatic Extension of Time to File U.S. Individual Income Tax Return*, in place of Form IT-370. Previously, you could submit a copy of federal Form 4868 in place of Form IT-370, if you expected to receive a refund or anticipated having no amount of New York State, New York City, or Yonkers income tax, or state or local sales or use tax, remaining unpaid as of the due date of your return.

Ask for your extension online

Instead of using paper Form IT-370 to request an extension of time to file, you can complete your request for free on our Web site (at www.tax.ny.gov). If you are using a software package that offers an e-file option for extensions and you use that software to prepare your extension, you are required to e-file your extension. The online and e-file options provide you with a confirmation that we received your extension request. **Note:** If your paid preparer is required to e-file your personal income tax return, and is also preparing your extension request, the preparer must e-file your extension request.

General information

Purpose

File Form IT-370 on or before the due date of the return to get an automatic six-month extension of time to file Form IT-201, *Resident Income Tax Return*, or Form IT-203, *Nonresident and Part-Year Resident Income Tax Return* (including attachments).

If you are requesting an extension of time to file using Form IT-370, you may still file Form IT-201 or Form IT-203 electronically, provided you meet the conditions for electronic filing as listed in the instructions for the forms.

If you have to file Form Y-203, *Yonkers Nonresident Earnings Tax Return*, the time to file is automatically extended when you file Form IT-370. For more information on who is required to file Form Y-203, see the instructions for the form.

We cannot grant an extension of time to file for more than six months if you live in the United States. However, you may qualify for an extension of time to file beyond six months under section 157.3(b)(1) of the personal income tax regulations because you are outside the United States and Puerto Rico, or you intend to claim nonresident status under section 605(b)(1)(A)(ii) of the Tax Law (548-day rule), as explained in the instructions for Form IT-203 under *Additional general information*. Also see the special condition code instructions for the return you will be filing (Form IT-201 or Form IT-203).

When to file

File **one** completed Form IT-370 on or before the filing deadline for your return (extension applications filed after the filing deadline for the return are invalid). Generally, the filing deadline is the fifteenth day of the fourth month following the close of your tax year (April 17, 2012, for calendar-year filers, due to mailing rules).

However, you may file Form IT-370 on or before:

- **June 15, 2012**, if you qualify for an automatic two-month extension of time to file your federal and New York State income tax returns because you are out of the country (for additional information, see *When to file/important dates* on the back cover of the instructions for the return you are filing) **and** you need an additional four months to file (October 15, 2012);
- **June 15, 2012**, if you are a U.S. nonresident alien for federal income tax purposes and you qualify to file your federal and New York State income tax returns on June 15, 2012, **and** you need an additional six months to file (December 17, 2012); or
- **July 16, 2012**, (if your due date is April 17, 2012) or **September 13, 2012**, (if you are a nonresident alien and your due date is June 15, 2012), if you qualify for a 90-day extension of time to file because your spouse died within 30 days before your return due date **and** you need additional time to file. However, you must file your return on

▼ Detach here ▼ Do not attach to your return.



Application for Automatic Six-Month Extension of Time to File for Individuals

IT-370

Paid preparer? Mark an **X** in the box and complete the back

Your social security number (SSN) 400-00-4800	Spouse's SSN (only if filing a joint return) 400-00-4850	
Your first name and middle initial BRENDA N	Your last name SIMS-ERITA	
Spouse's first name and middle initial ROBERT B	Spouse's last name ERITA	
Mailing address (number and street or rural route)		Apartment number
%AMANDA JONES 215 LAIDBACKWAY		
City, village, or post office (see instructions) LAZY POINT	State NY	ZIP code 11930
E-mail: ERITA@PATS.COM		

Enter your 2-character special condition code if applicable (see instructions) E 3

Mark an **X** in the box for each tax that you are subject to:

New York State tax New York City tax Yonkers tax

	Dollars	Cents
1 Sales and use tax	100	00
2 Total payment	140	00



or before October 15, 2012, if your due date is April 17, 2012, or on or before December 17, 2012, if you are a nonresident alien and your due date is June 15, 2012.

See *Special condition codes* on page 3.

If you qualify for an **extension of time to file beyond six months**, you must file Form IT-370 on or before the filing deadline for your return.

How to file

Complete Form IT-370 and file it, along with payment for any tax due, on or before the due date of your return. Use the worksheet on page 3 to determine if a payment is required.

Spouses who file separate returns must complete separate Forms IT-370. Do not include your spouse's SSN or name on your separate Form IT-370.

Payment of tax — To obtain an extension of time to file, you must make full payment of the properly estimated tax balances due. Payment may be made by check or money order. See *Payment options* below.

Penalties

Late payment penalty — If you do not pay your income tax liability when due (determined with regard to any extension of time to pay), you will have to pay a penalty of ½ of 1% of the unpaid amount for each month or part of a month it is not paid, up to a maximum of 25%. The penalty will not be charged if you can show reasonable cause for paying late. This penalty is in addition to the interest charged for late payments.

Reasonable cause will be presumed with respect to the addition to tax for late payment of income tax if the requirements relating to extensions of time to file have been complied with, the balance due shown on the income tax return, reduced by any sales or use tax that is owed, is no greater than 10% of the total New York State, New York City, and Yonkers income tax shown on the income tax return, and the balance due shown on the income tax return is paid with the return.

Late filing penalty — If you do not file your Form IT-201 or Form IT-203 when due (determined with regard to any extension of time to file), or if you do not file Form IT-370 on time and

obtain an extension of time to file, you will have to pay a penalty of 5% of the income tax due for each month, or part of a month, the return is late, up to a maximum of 25%. However, if your return is not filed within 60 days of the time prescribed for filing a return (including extensions), this penalty will not be less than the lesser of \$100 or 100% of the amount required to be shown as income tax due on the return reduced by any tax paid and by any credit that may be claimed. The penalty will not be charged if you can show reasonable cause for filing late.

Interest

Interest will be charged on income tax or sales or use tax that is not paid on or before the due date of your return, even if you received an extension of time to file your return. Interest is a charge for the use of money and in most cases may not be waived. Interest is compounded daily and the rate is adjusted quarterly.

Fee for payments returned by banks

The law allows the Tax Department to charge a \$50 fee when a check, money order, or electronic payment is returned by a bank for nonpayment. However, if an electronic payment is returned as a result of an error by the bank or the department, the department won't charge the fee. If your payment is returned, we will send a separate bill for \$50 for each return or other tax document associated with the returned payment.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Name and address box — Enter your name (both names if filing a joint application), address and social security number(s). Failure to provide a social security number may invalidate this extension. If you do not have a social security number, enter **do not have one**. If you do not have a social security number, but have applied for one, enter **applied for**.

Foreign addresses — Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**

▼ Detach here ▼ Do not attach to your return.

IT-370 (2011) (back)

Payment options — Full payment must be made by check or money order of any balance due with this automatic extension of time to file. Make the check or money order payable to **New York State Income Tax** and write your social security number and **2011 Income Tax** on it.

For online payment options, see our Web site (at www.tax.ny.gov).

Paid preparers — When signing Form IT-370, you must enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

Paid preparers may be subject to a penalty for failure to conform to certain requirements. For more information, see Publication 58, *Information for Income Tax Return Preparers*.

▼ Paid preparer must complete (see instructions) ▼	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"/>



Special condition codes — If you are out of the country and need an additional four months to file (October 15, 2012), enter special condition code **E3**. If you are a nonresident alien and your filing due date is June 15, 2012, and you need an additional six months to file (December 17, 2012), enter special condition code **E4**. If you qualified for a 90-day extension of time to file because your spouse died, and you need additional time to file (on or before October 15, 2012, or in the case of a nonresident alien, on or before December 17, 2012), enter special condition code **D9**. Also enter the applicable special condition code, **E3**, **E4**, or **D9** on Form IT-201 or Form IT-203 when you file your return.

Worksheet instructions

Complete the following worksheet to determine if you must make a payment with Form IT-370.

If you enter an amount on lines 1, 2, or 3 of this worksheet, mark an **X** in the appropriate box on the front of this form.

Line 1 — Enter the amount of your New York State income tax liability for 2011 that you expect to enter on Form IT-201, line 46, or Form IT-203, line 50.

Line 2 — Enter the amount of your New York City income tax liability for 2011 that you expect to enter on Form IT-201, line 54, or Form IT-203, line 52c.

Line 3 — Enter the amount of your Yonkers income tax liability for 2011 that you expect to enter on Form IT-201, lines 55, 56, and 57; or Form IT-203, lines 53 and 54.

Line 4 — Enter the amount of sales and use tax, if any, that you will be required to report when you file your 2011 return. See the instructions for your NYS income tax return for information on how to compute your sales and use tax. Also enter this amount on line 1 on the front of this form.

Line 6 — Enter the amount of 2011 income tax already paid that you expect to enter on Form IT-201, line 76, or Form IT-203, line 66 (excluding the amount paid with Form IT-370).

Worksheet

1	New York State income tax liability for 2011	1.	_____
2	New York City income tax liability for 2011 ...	2.	_____
3	Yonkers income tax liability for 2011	3.	_____
4	Sales and use tax due for 2011 (enter this amount here and on line 1 on the front)	4.	_____
5	Total taxes (add lines 1 through 4)	5.	_____
6	Total 2011 income tax already paid	6.	_____
7	Total payment (subtract line 6 from line 5 and enter this amount here and on line 2 on the front). If line 6 is more than line 5, enter 0	7.	_____

Note: You may be subject to penalties if you underestimate the balance due.

How to claim credit for payment made with this form

Include the amount paid with Form IT-370 on Form IT-201, line 75, or Form IT-203, line 65.

For more information, see the line instructions for the return you file.

Where to file

If you are enclosing a payment with Form IT-370, mail to: **Extension Request, PO Box 4125, Binghamton NY 13902-4125.**

If you are not enclosing a payment with Form IT-370, mail to: **Extension Request-NR, PO Box 4126, Binghamton NY 13902-4126.**

For information about private delivery services, see Publication 55, *Designated Private Delivery Services*.



▼ Enter your social security number

4 0 0 0 0 4 8 0 1

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 9,000.00

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21.
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: 23.
 24 Add lines 19 through 23 24. 9,000.00

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 9,000.00

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 10,500.00
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35.
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 3,000.00
 37 Taxable income (subtract line 36 from line 35) 37.



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 26)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 27)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.



Name(s) as shown on page 1
LAURA PEARSON

▼ Enter your social security number

4 0 0 0 0 4 8 0 1

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.		
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.		
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.	1 0 5	
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.		
43 Add lines 40, 41, and 42	43.		1 0 5
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.		
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.		

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

47 New York City resident tax on line 38 amount (see page 30)	47.		
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.	1 2 0	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		
55 Yonkers resident income tax surcharge (see page 32)	55.		
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.		

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. **Do not leave line 59 blank.**)

59. **9** .

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.		0 0
60b Missing/Exploited Children Fund	60b.		0 0
60c Breast Cancer Research Fund	60c.		0 0
60d Alzheimer's Fund	60d.		0 0
60e Olympic Fund (\$2 or \$4; see page 34)	60e.		0 0
60f Prostate Cancer Research Fund	60f.		0 0
60g 9/11 Memorial	60g.		0 0
60h Volunteer Firefighting & EMS Recruitment Fund	60h.		0 0
60 Total voluntary contributions (add lines 60a through 60h)	60.		0 0
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.		9 .



▼ Enter your social security number

4 0 0 0 0 4 8 0 1

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 9

Payments and refundable credits (see page 35)

Table with 10 rows (63-76) for various credits and payments. Includes items like Empire State child credit, NYC school tax credit, and total payments. Total payments (76) is 1,969.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 1,960
78 Amount of line 77 to be refunded. Mark one refund choice: [X] direct deposit (fill in line 82) - or - [] debit card - or - [] paper check 78. 1,960
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box [] and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) []

82a Routing number: 0 1 1 0 0 1 7 4 2 Electronic funds withdrawal effective date

82b Account number: 3 5 5 7 4 4 2 82c Account type: [] Checking [X] Savings

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail.

Paid preparer must complete (see instr.) Date, Preparer's signature, Firm's name, Address, E-mail, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer(s) must sign here Date, Your signature, Your occupation: CLERK, Spouse's signature and occupation, Date, Daytime phone number: 5 1 8 4 6 4 1 2 6 4, E-mail: PEARSON@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





Claim for Noncustodial Parent New York State Earned Income Credit

New York State Earned Income Credit • New York City Earned Income Credit

Attach this form to Form IT-201.

Name(s) as shown on return LAURA PEARSON Your social security number 400004801

The noncustodial parent New York State earned income credit (noncustodial EIC) may be claimed instead of the New York State earned income credit (NYS EIC). If you claimed a federal earned income credit for 2011, compute both the noncustodial EIC (Schedule A) and the NYS EIC (Schedule B) on Form IT-209 to determine which credit is more beneficial to you. You cannot claim both the noncustodial EIC and the NYS EIC.

Schedule A - Noncustodial parent New York State earned income credit (noncustodial EIC)

Part 1 - Eligibility

If you answer No to any question on lines 1 through 6, you do not qualify for the noncustodial EIC. However, if you claimed a federal EIC for 2011, you may be eligible to claim the New York State earned income credit on Form IT-215, Claim for Earned Income Credit. See instructions.

- 1 For 2011, were you a full-year resident of New York State? Yes [X] No []
2 Were you age 18 or older as of December 31, 2011? Yes [X] No []
3 Were you the parent of a child who did not reside with you in 2011 and was under the age of 18 on December 31, 2011? Yes [X] No []

Table with 5 columns: First name and middle initial, Last name, Relationship, Social security number, Year of birth. Rows include JEFF PEARSON SON 400884827 2007, JASON PEARSON SON 400884828 2008, JESSY PEARSON DAUGHTER 400884829 2009.

- 4 Did you have a child support order payable through a support collection unit for at least one-half of the tax year? Yes [X] No []
5 For 2011, have you paid an amount in child support equal to or more than the amount due for every order requiring you to make child support payments? Yes [X] No []
6 Is your federal AGI from Form IT-201, line 19, less than \$36,052? Yes [X] No []
7 Do you (and your spouse if filing a joint return) have a social security number that allows you to work or is valid for federal earned income tax purposes? Yes [X] No []
8 Is your federal filing status Married filing separately? Yes [] No [X]
9 Are you filing federal Form 2555 or Form 2555-EZ (relating to foreign earned income)? Yes [] No [X]
10 Is your investment income greater than \$3,150? Yes [] No [X]



Part 2 — Claiming the credit

- 11** Have you already filed your 2011 New York State income tax return? **11.** Yes No
- If **Yes**, you must file an amended return to claim this credit, the NYS EIC, or NYC EIC.
- 12** Do you want the Tax Department to compute your noncustodial EIC and NYS EIC and give you the greater of the two? **12.** Yes No
- If **Yes**, complete lines 13 through 17 (also complete lines 33 and 34 if you claimed the federal EIC, and lines 46 and 47 if you are a New York City part-year resident).
- If **No**, complete lines 13 through 32 (also complete lines 33 through 43 if you claimed the federal EIC, and lines 44 through 47 if you are a New York City resident or part-year resident).

Part 3 — Earned income

- | | Dollars | Cents |
|--|---------|-------|
| 13 Wages, salaries, tips, etc. from Worksheet A , line 5, on page 2 of the instructions | 8000 | |
| 14 If you were paid any amount for work while an inmate in a penal institution, or if you received a taxable scholarship or fellowship grant, or an amount as a pension or annuity from a nonqualified deferred compensation plan or nongovernmental section 457 plan, and you included that amount on your Form IT-201, line 1, enter the amount here (<i>see instructions</i>)..... | | |
| 15 Business income or loss from Worksheet B , line 4, on page 2 of the instructions | | |
| Employer identification number (<i>see instr.</i>) • <input style="width: 150px;" type="text"/> | | |
| Mark an X in the applicable box: The amount on line 15 above is a • <input type="checkbox"/> profit or • <input type="checkbox"/> loss | | |
| 16 Total earned income (<i>If line 15 is a profit, subtract line 14 from line 13, and then add line 15. If line 15 is a loss, subtract line 14 from line 13, and then subtract line 15.</i>) | 8000 | |
| If line 16 is zero or less, stop ; you do not qualify for this credit. | | |
| 17 Enter your federal AGI from Form IT-201, line 19 | 9000 | |

Part 4 — Credit computation

Credit computed at 20% of federal EIC with one qualifying child

- 18** Find the line 16 amount (*Total earned income*) in the noncustodial EIC tables (beginning on page 4 of the instructions), and enter the credit amount from **column a**
- | | | |
|--|------|--|
| | 2729 | |
|--|------|--|
- 19** Are the amounts on lines 16 and 17 the same?..... **19.** Yes No
- If **Yes**, skip lines 20 and 21, and enter the line 18 amount on line 22.
- If **No**, continue on line 20.
- 20** Is the amount on line 17 less than \$16,700?..... **20.** Yes No
- If **Yes**, skip line 21, and enter the line 18 amount on line 22.
- If **No**, continue on line 21.
- 21** Find the line 17 amount in the noncustodial EIC tables (beginning on page 4 of the instructions), and enter the credit amount from **column a**
- | | | |
|--|--|--|
| | | |
|--|--|--|
- 22** Enter the amount from line 18 or line 21, whichever is less
- | | | |
|--|------|--|
| | 2729 | |
|--|------|--|
- 23** Noncustodial EIC rate 20% (.20)
- | | | |
|--|---|---|
| | 2 | 0 |
|--|---|---|
- 24** Noncustodial EIC (*multiply line 22 by line 23*)
- | | | |
|--|-----|--|
| | 546 | |
|--|-----|--|

Credit computed at 2.5 times the federal EIC without a qualifying child

- 25** Find the line 16 amount (*Total earned income*) in the noncustodial EIC tables (beginning on page 4 of the instructions). (*If your NYS filing status is Ⓜ, Married filing joint return, enter the credit amount from column c. All other filing statuses, enter the credit amount from column b.*)
- | | | |
|--|-----|--|
| | 431 | |
|--|-----|--|
- 26** Are the amounts on lines 16 and 17 the same? **26.** Yes No
- If **Yes**, skip lines 27 and 28, and enter the line 25 amount on line 29.
- If **No**, continue on line 27.



400004801

Part 4 – Credit computation (continued)

27 Is the amount on line 17 less than \$7,600 (\$12,700 if your filing status is ②, *Married filing joint return*)?..... **27.** Yes No
 If **Yes**, skip line 28, and enter the line 25 amount on line 29.
 If **No**, continue on line 28.

28 Find the line 17 amount in the noncustodial EIC tables (beginning on page 4 of the instructions).
 (If your NYS filing status is ②, Married filing joint return, enter the credit amount from **column c**.
 All other filing statuses, enter the credit amount from **column b**.) **28.** 355 .

29 Enter the amount from line 25 or line 28, whichever is less **29.** 355 .

30 Noncustodial EIC factor (2.5) **30.** 2 . **5 0**

31 Noncustodial EIC calculation (multiply line 29 by line 30) **31.** 888 .

32 Noncustodial EIC (enter the greater of line 24 or line 31; see instructions) **32.** 888 .

Schedule B – New York State earned income credit (NYS EIC)

33 Did you claim the federal EIC for 2011?..... **33.** Yes No
 If **No, stop**; you do not qualify for the NYS EIC (see the line 32 instructions)
 If **Yes**, continue on line 34.

34 Did you claim qualifying children on your 2011 federal Schedule EIC?..... **34.** Yes No
 If **No**, continue on line 35.
 If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.
Note: The children listed below must **not** be the same children as those you listed at line 3 on page 1.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Year of birth
		•		<input type="checkbox"/>	• <input type="checkbox"/>	• <input type="text"/>	• <input type="text"/>
		•		<input type="checkbox"/>	• <input type="checkbox"/>	• <input type="text"/>	• <input type="text"/>
		•		<input type="checkbox"/>	• <input type="checkbox"/>	• <input type="text"/>	• <input type="text"/>

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your 2011 federal Schedule EIC (box 4a or 4b).

35 Amount of federal EIC claimed (from federal Form 1040EZ, line 9a; Form 1040A, line 41a; or Form 1040, line 64a) **35.** 355 .

36 NYS EIC rate 30% (.30) **36.** . **3 0**

37 Tentative NYS EIC (multiply line 35 by line 36) **37.** 107 .

38 Complete lines 38a through 38e, and enter the line 38e amount on line 38..... **38.** .

38a Amount from Form IT-201, line 39 **38a.** .
38b Resident credit (see instructions) **38b.** .
38c Accumulation distribution credit (see instructions) **38c.** .
38d Add lines 38b and 38c **38d.** .
38e Subtract line 38d from line 38a (if line 38d is more than line 38a, enter 0; also enter this amount on line 38 above) **38e.** .



Schedule B – New York State earned income credit *(continued)*

- 39 Enter the amount from line 38 on page 3 **39.** .
- 40 New York State household credit (from Form IT-201, line 40) **40.** .
- 41 Enter the amount from line 39 or line 40, whichever is less **41.** .
- 42 Allowable NYS EIC *(subtract line 41 from line 37)* **42.** .
- 43 Noncustodial EIC *(enter the amount from line 32)* **43.** .

You can only claim the NYS EIC from line 42 or the noncustodial EIC from line 43. **You cannot claim both.**

If line 42 is greater than line 43, enter the line 42 amount on Form IT-201, line 65.

If line 43 is greater than line 42, enter the line 43 amount on Form IT-201, line 66.

Schedule C – New York City earned income credit (NYC EIC) for NYC full-year and part-year residents

Caution: You **must** be a full-year or part-year New York City resident **and** qualify for a federal EIC to claim the NYC EIC.

- 44 Were you a resident of New York City during 2011?..... **44.** Yes No
If **No, stop;** you do not qualify for the NYC EIC.
- 45 New York City EIC: Enter amount from **Worksheet C** on page 3 in the instructions here and on Form IT-201, line 70. Part-year New York City residents must also complete lines 46 and 47 below **45.** .
- 46 Part-year New York City AGI: Enter the amount from **Worksheet C**, line 7 **46.** .
- 47 Part-year New York City AGI: Enter the amount from **Worksheet C**, line 6 **47.** .

22222		a Employee's social security number 400004801		OMB No. 1545-0008		
b Employer identification number (EIN) 371045689			1 Wages, tips, other compensation 8000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code STOR STORMART 355 SHOP ST DEER RIVER NY 13627			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. LAURA PEARSON 115 S 94 ST NEW YORK NY 10029			11 Nonqualified plans		12a C o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e	
			14 Other		12c C o d e	
					12d C o d e	
f Employee's address and ZIP code						
15 State Employer's state ID number NY		16 State wages, tips, etc. 8000	17 State income tax 600	18 Local wages, tips, etc. 8000	19 Local income tax 400	20 Locality name NYC

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR - S

▼ Enter your social security number

4 0 0 0 0 4 8 0 2

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 1 7 6 9 5 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21. 2 5 5 .
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: A-3 35 23. 3 5 .
 24 Add lines 19 through 23 24. 1 7 9 8 5 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 1 7 9 8 5 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 1 0 5 0 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 7 4 8 5 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 5 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. 2 4 8 5 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 26)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 27)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.



Name(s) as shown on page 1
JOE Z CANASTA

▼ Enter your social security number
4 0 0 0 0 4 8 0 2

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	2,485	.
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.	99	.
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.	135	.
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.		
43 Add lines 40, 41, and 42	43.	135	.
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.		
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.		

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

47 New York City resident tax on line 38 amount (see page 30)	47.	72	.
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.	90	.
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		
55 Yonkers resident income tax surcharge (see page 32)	55.		
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.		

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59. 0

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.	5	0	0
60b Missing/Exploited Children Fund	60b.	5	0	0
60c Breast Cancer Research Fund	60c.	5	0	0
60d Alzheimer's Fund	60d.	5	0	0
60e Olympic Fund (\$2 or \$4; see page 34)	60e.	2	0	0
60f Prostate Cancer Research Fund	60f.	5	0	0
60g 9/11 Memorial	60g.	5	0	0
60h Volunteer Firefighting & EMS Recruitment Fund	60h.	5	0	0

60 Total voluntary contributions (add lines 60a through 60h)

60. 37 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. 37



▼ Enter your social security number

4 0 0 0 0 4 8 0 2

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. Dollars 37 Cents

Payments and refundable credits (see page 35)

Table with 5 columns: Line number, Description, Amount, and two empty columns for cents. Rows include Empire State child credit, NYS/ NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit, NYC earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/ Amount paid with Form IT-370, and Total payments.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37). Staple them (and any other applicable forms) to the top of this page 4. See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/ amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 6,634
78 Amount of line 77 to be refunded Mark one refund choice: [X] direct deposit (fill in line 82) - or - [] debit card - or - [] paper check 78. 6,634
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box [] and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) []

82a Routing number: 0 1 1 0 0 1 7 4 2 Electronic funds withdrawal effective date:
82b Account number: L O A N X X X X 4 0 0 0 0 4 8 0 2 82c Account type: [X] Checking [] Savings

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail.

Paid preparer must complete (see instr.) Date, Preparer's signature, Firm's name, Address, E-mail, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer(s) must sign here Date, Your signature, Your occupation: CLERK, Spouse's signature and occupation, Daytime phone number: 5 1 8 4 6 4 1 2 6 4, E-mail: CANASTA@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the combined instructions for Forms IT-150 and IT-201.

Name(s) as shown on your Form IT-201 JOE Z CANASTA	▼ Your social security number 400004802
---	--

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-201.

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable/non-carryover credits

		Dollars	Cents												
1	Accumulation distribution credit (attach computation)	1.													
2	Other nonrefundable/non-carryover credits (attach all applicable forms)														
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Code</th> <th style="width:20%;">Dollars</th> <th style="width:5%;">Cents</th> <th style="width:5%;">Code</th> <th style="width:20%;">Dollars</th> <th style="width:5%;">Cents</th> </tr> </thead> <tbody> <tr> <td>2a.</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td>2b.</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>				Code	Dollars	Cents	Code	Dollars	Cents	2a.			2b.		
Code	Dollars	Cents	Code	Dollars	Cents										
2a.			2b.												
Total other nonrefundable/non-carryover credits (add lines 2a and 2b)		2.													

Section B – New York State nonrefundable/carryover credits

3	Long-term care insurance credit (attach Form IT-249)	3.																																																	
4	Investment credit (attach Form IT-212)	4.																																																	
5	Solar energy system equipment credit (attach Form IT-255)	5.																																																	
6	Other nonrefundable/carryover credits (attach all applicable forms)																																																		
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Total other nonrefundable/carryover credits (add lines 6a through 6n)		6.																																																	
7	Total New York State nonrefundable credits (add lines 1 through 6; enter here and on Form IT-201, line 42)	7.																																																	

Section C – New York City nonrefundable/non-carryover credits

8	New York City resident UBT credit (attach Form IT-219)	8.	
9	New York City accumulation distribution credit (attach computation)	9.	
9a	Part-year resident nonrefundable NYC child and dependent care credit (attach Form IT-216)	9a.	
10	Total other New York City nonrefundable credits (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53)	10.	

Section D – New York State, New York City, and Yonkers refundable credits

11	Farmers' school tax credit (attach Form IT-217)	11.		1500																																										
12	Other refundable credits (attach all applicable forms)																																													
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12f.			12l.																																											
Total other refundable credits (add lines 12a through 12l)		12.																																												
13	Add lines 11 and 12	13.		1500																																										

(continued on back)

2411110099



400004802

Part 1, Section D – New York State, New York City, and Yonkers refundable credits (continued)

Dollars Cents

- 14 Enter amount from line 13 on the front page 14. 1500 .
15 New York State claim of right credit (attach Form IT-257) 15.
16 New York City claim of right credit (attach Form IT-257) 16.
17 Yonkers claim of right credit (attach Form IT-257) 17.
18 Total New York State, New York City, and Yonkers other refundable credits (add lines 14 through 17; enter here and on Form IT-201, line 71) 18. 1500 .

Part 2 – Other New York State taxes

If you are subject to other New York State taxes, complete Part 2 and attach this Form IT-201-ATT to your return.

- 19 New York State tax on capital gain portion of lump-sum distributions (attach Form IT-230) 19.
20 Other New York State taxes (attach all applicable forms)

Table with columns: Code, Dollars, Cents. Rows 20a through 20f.

- Total other New York State taxes (add lines 20a through 20l) 20.
21 Add lines 19 and 20 21.
22 See instructions for line 22 22.
23 Enter amount from Form IT-201, line 39 23.
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) 24.
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank) 25.
26 New York State separate tax on lump-sum distributions (attach Form IT-230) 26.
27 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) 27.
28 Subtract line 27 from line 26 28.
29 New York State minimum income tax (attach Form IT-220) 29.
30 Net other New York State taxes (add lines 25, 28, and 29; enter here and on Form IT-201, line 45) 30.

Part 3 – Other New York City taxes

- 31 New York City minimum income tax (attach Form IT-220) 31.
32 New York City resident separate tax on lump-sum distributions (attach Form IT-230) 32.
33 New York City tax on capital gain portion of lump-sum distributions (attach Form IT-230) 33.
34 Total other New York City taxes (add lines 31, 32, and 33; enter here and on Form IT-201, line 51) 34.





Claim for Empire State Child Credit

IT-213

Attach this form to Form IT-150, IT-201, or IT-203.

Step 1 – Enter identifying information

Your name as shown on return JOE Z CANASTA	▼ Your social security number 400004802
Spouse's name	▼ Spouse's social security number

Step 2 – Determine eligibility

- Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2011? **1.** Yes No
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- Did you claim the federal child tax credit or additional child tax credit for 2011?..... **2.** Yes No
- Is your federal adjusted gross income (*see instructions*)
 - \$110,000 or less and your filing status is ② married filing joint return;
 - \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**
 - \$55,000 or less and your filing status is ③ married filing separate return?..... **3.** Yes No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit (*see instructions*)..... **4.**
- Enter the number of children from line 4 that were at least four years of age on December 31, 2011 **5.**
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

Step 3 – Enter child information

List below the name, social security number, and year of birth for each child included on line 4.

First name and middle initial	Last name	Social security number	Year of birth
MARY M	CANASTA	<input type="text" value="400884804"/>	<input type="text" value="2008"/>
SALLY M	CANASTA	<input type="text" value="400884802"/>	<input type="text" value="2003"/>
JOHN M	CANASTA	<input type="text" value="400884801"/>	<input type="text" value="1999"/>
JANE M	CANASTA	<input type="text" value="400884803"/>	<input type="text" value="1998"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

Attach Form IT-213-ATT if you have additional children to report (*see instructions*).



Step 4 – Compute credit

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

	Dollars	Cents
6 Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51		
7 Enter your federal additional child tax credit from Form 1040A, line 42, or Form 1040, line 65	2624	
8 Add lines 6 and 7	2624	
9 Enter the number of children from line 4	04	
10 Divide line 8 by line 9	656	
11 Enter the number of children from line 5	03	
12 Multiply line 10 by line 11	1968	
13 Multiply line 12 by 33% (.33)	649	

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.
All others continue with line 14.

14 Enter the number of children from line 5	03	
15 Multiply line 14 by 100	300	
16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	649	

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-150, line 38, or on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns (see instructions)

17 Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank		
Enter here and on Form IT-150, line 38, or on Form IT-201, line 63.		
18 Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank		
Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.		

Please file this original scannable form with the Tax Department.

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.





Claim for Real Property Tax Credit For Homeowners and Renters

Step 1 – Enter identifying information

Your first name and middle initial JOE Z		Your last name (for a joint claim, enter spouse's name on line below) CANASTA		Your date of birth (MMDDYYYY) + + + + + + + +		▼ Your social security number 4 0 0 - 0 0 - 4 8 0 2								
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (MMDDYYYY) + + + + + + + +		▼ Spouse's social security number + + + + + + + +								
Current mailing address (number and street or rural route) %AMANDA JONES 327 W 57 ST					Apartment number		New York State county of residence ●							
City, village, or post office NEW YORK			State NY	ZIP code 10012		Country (if not United States)			Important: You must enter your social security number(s) in the boxes above.					
Street address of New York residence that qualifies you for this credit, if different from above ●														
City, village, or post office			State NY		ZIP code									

Step 2 – Determine eligibility (For lines 1 through 6, mark an X in the appropriate box.)

- Were you a New York State resident for all of 2011? **1.** Yes No
- Did you occupy the same residence for at least six months during 2011? **2.** Yes No
If you marked an **X** in the **No** box on line 1 or 2, **stop**; you do not qualify for this credit.
- Did you own real property with a current market value of more than \$85,000 during 2011? **3.** Yes No
- Can you be claimed as a dependent on another taxpayer's 2011 federal return? **4.** Yes No
- Did you reside in public housing, or other residence completely exempted from real property taxes in 2011? (see instr.) **5.** Yes No
If you marked an **X** in the **Yes** box on line 3, 4, or 5, **stop**; you do not qualify for this credit.
- Did you live in a nursing home during 2011? (If you mark an **X** in the Yes box, see instructions.) **6.** Yes No
- Complete below for the qualifying household member 65 or older (see instructions).

A – First name JOE Z		Last name CANASTA		B – Social security number 4 0 0 - 0 0 - 4 8 0 2						C – Year of birth 1 9 4 2	
-------------------------	--	----------------------	--	---	--	--	--	--	--	------------------------------	--

8 Complete below for all household members not included on line 7 (attach additional sheets if needed; see instructions).

A – First name STM 34		Last name		B – Social security number + + + + + + + +						C – Year of birth + + + +	
				+ + + + + + + +						+ + + +	
				+ + + + + + + +						+ + + +	

Step 3 – Determine household gross income

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2011.

- Federal adjusted gross income (from Form 1040A, line 22; Form 1040EZ, line 4; or Form 1040, line 38).
If any household members do not have to file a federal return, see instructions **9.** 1 7 , 6 9 5 .
- New York State additions to federal adjusted gross income **10.** 2 9 0 .
- Social security payments not included on line 9 **11.** .
- Supplemental security income (SSI) payments **12.** .
- Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12 **13.** .
- Cash public assistance and relief **14.** .
- Other income **15.** .
- Household gross income (add lines 9 through 15; round to the nearest whole dollar) **16.** 1 7 , 9 8 5 .
If line 16 is more than \$18,000, **stop**; you do not qualify for this credit.
- Enter rate from Table 1 (see instructions) **17.** . 0 6 5
- Multiply line 16 by line 17 **18.** 1 , 1 6 9 .



Step 4 – Compute real property tax

Renters only	19	Enter the total amount of rent you and all members of your household paid during the year 2011. (<i>Do not include any subsidized part of your rental charge.</i>)	19.	5	2	0	0	.		
	20	Adjusted rent – If line 19 includes charges for:	Enter on line 20	heat, gas, electricity, furnishings, and board	50% (.5) of line 19					
				heat, gas, electricity, and furnishings	75% (.75) of line 19					
				heat, gas, and electricity	80% (.8) of line 19					
				heat or heat and gas	85% (.85) of line 19					
none of the above				100% of line 19	20.	5	2	0	0	.
21	Average monthly adjusted rent (<i>divide line 20 by the number of months you paid rent</i>)	21.		4	3	3	.			
If line 21 is more than \$450, stop ; you do not qualify for this credit.										
22	Multiply line 20 by 25% (.25); enter here and on line 28	22.	1	3	0	0	.			
Homeowners only	23	Real property taxes paid during the year 2011 (<i>see instructions</i>)	23.					.		
	24	Special assessments	24.					.		
	25	Add lines 23 and 24	25.					.		
	26	Exemption for homeowners 65 and over (<i>optional - see instructions</i>)	26.					.		
	27	Add lines 25 and 26; enter here and on line 28	27.					.		

Step 5 – Compute credit amount

28 Renters: Enter amount from line 22. **Homeowners:** Enter amount from line 27 (*see instructions*)

If line 28 is zero or less, **stop**; no credit is allowed.

28. 1 3 0 0 .

29 Enter amount from line 18

If line 29 is equal to or more than line 28, **stop**; you do not qualify for this credit.

29. 1 1 6 9 .

30 Subtract line 29 from line 28

30. 1 3 1 .

31 Multiply line 30 by 50% (.5) (*However, if you entered an amount on line 26, multiply line 30 by 25% (.25).*)

31. 6 6 .

32 Credit limit (*see instructions; enter amount from chart*)

32. 8 6 .

33 Enter the amount from line 32 or 31, whichever is less. This is the credit for your household.

(*If more than one member of your household is filing Form IT-214, see instructions.*)

33. 6 6 .

- If you are **filing this claim with your New York State income tax return:**
Enter the line 33 amount on Form IT-150, line 42, or Form IT-201, line 67.
- If you are **not attaching this claim to a New York State income tax return:**
Mark one refund option: direct deposit (*fill in line 34*) **or** paper check refund

Step 6 – Enter account information (*see instructions*)

34 Direct deposit: Complete the following to have your refund of real property tax credit from line 33 deposited directly in your bank account.

Note: If the funds for your refund would go to an account outside the U.S., mark an **X** in this box (*see instructions*)

34a Routing number •

34b Account type: • Checking • Savings

34c Account number •

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

▼ Paid preparer must complete (<i>see instructions</i>) ▼	Date:
Preparer's signature	▶ Preparer's NYTPRIN
Firm's name (<i>or yours, if self-employed</i>)	▼ 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 (<i>if joint return</i>)	
Date	▼ Daytime phone number
E-mail:	<input type="text"/>

- If you **are filing** a NYS income tax return, attach this form to your return.
- If you **are not filing** a NYS income tax return, mail this form to:

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

Please file this original scannable return with the Tax Department.





Claim for Earned Income Credit

New York State • New York City

IT-215

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return JOE Z CANASTA	Your social security number 400004802
---	--

- 1 Did you claim the federal earned income credit for 2011? If **No, stop; you do not qualify for these credits.** 1. Yes No
- 2 Is your investment income (see instructions) greater than \$3,150? If **Yes, stop; you do not qualify for these credits.** 2. Yes No
- 3 Have you already filed your 2011 New York State income tax return? If **Yes**, you must file an amended NYS return. 3. Yes No
- 4 Did you claim qualifying children on your 2011 **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4. Yes No
If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Year of birth
SAMUEL M	CANASTA JR	• SON	12	<input type="checkbox"/>	• <input checked="" type="checkbox"/>	400884805	1986
MARY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884804	2008
SALLY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884802	2003

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your 2011 federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form. ... 5. Yes No
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. 6. 20500 Dollars . Cents
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions) 7. .
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 8. -5 .
- Employer identification number (see instructions) • 400004802
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) 9. 17695 .
- 10 **Amount of federal EIC claimed** (from federal Form 1040EZ, line 9a; Form 1040A, line 41a; or Form 1040, line 64a) 10. 4954 .
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11. . 30
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 12. 1486 .

Complete **Worksheet B** on the back page before continuing.

- 13 Enter the amount from **Worksheet B**, line 5, on the back of this form 13. 99 .
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14. 135 .
- 15 Enter the smaller of line 13 or line 14 15. 99 .
- 16 **Allowable New York State earned income credit** (subtract line 15 from line 12; see instructions) 16. 1387 .
- 17 If your New York State filing status is ③, **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17. .
- Federal adjusted gross income** (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) • .

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Please file this original scannable form with the Tax Department.

Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

	Dollars	Cents
18 Enter your New York State earned income credit (from line 16 or line 17)	18.	.
19 Enter the amount from Form IT-203, line 42	19.	.
— If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. — If line 19 is less than line 18, continue on line 20 below.		
20 Excess New York State earned income credit (subtract line 19 from line 18)	20.	.
21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21.	.
— If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. — If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.		
22 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22.	.
23 Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	23.	.
24 Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24.	.
25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25.	.
26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26.	.

New York City earned income credit (full-year and part-year New York City residents)

27 From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11	27.	248	.
Part-year New York City residents must also complete line 28 below.			
28 Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A.	.	28B.

Worksheet B

1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1.	99	.
2 Resident credit (see instructions)	2.	.	.
3 Accumulation distribution credit (see instructions)	3.	.	.
4 Add lines 2 and 3	4.	.	.
5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5.	99	.





Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return JOE Z CANASTA	▼ Your social security number 400004802
---	--

- 1 Have you already filed your 2011 New York State income tax return?..... Yes No
 If Yes, you must file an amended New York State return and attach Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A – Care provider's first name, middle initial, and last name	B – Address	C – Identifying number (SSN or EIN)	D – Amount paid (see instructions)
STM 31		• STM 32	• .
		•	• .

- 3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A – First name and middle initial	B – Last name	C – Qualified expenses paid in 2011	D – Person with disability (see instr.)	E – Social security number	F – Year of birth
STM 33			• <input type="checkbox"/>	•	•
			• <input type="checkbox"/>	•	•
			• <input type="checkbox"/>	•	•
			• <input type="checkbox"/>	•	•

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. 3420 .

- 4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?..... Yes No
Note: On line 5, if you are claiming expenses paid for a dependent child born in 1998, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2011, through the day preceding the child's 13th birthday. 04

5 Enter the **smallest** of:

	Dollars	Cents
– line 3a above; or		
– federal Form 2441, line 3; or		
– 3,000 if one qualifying person, or 6,000 if two or more qualifying persons	5. 3420	•
6 Enter your earned income (see instructions)	6. 20495	•
7 If your filing status is ② Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions)	7. 20495	•
8 Enter the smallest of line 5, 6, or 7	8. 3420	•

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9. 17695 .

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions 10. .33

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) 11. 1129 .



Dollars Cents

- 12 Amount from line 11 **12.** .
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32)
 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line..... **13.** .
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit (*see instructions*) **14.** .

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 **15.** .
 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
 If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** **16.** .
- 17 Enter the amount from Form IT-203-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.*) **17.** .
 If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
 If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** **18.** .
- 19 Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **19.** .
- 20 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **20.** .
- 21 Divide line 19 by line 20 (*round the result to the fourth decimal place*). This amount cannot exceed 100% (1.0000)..... **21.** .
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22.** .

New York City child and dependent care credit

If you were a resident of New York City at any time during 2011 **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old **23.** .
IT-201 filers:
- 24 Refundable New York City child and dependent care credit (*from Worksheet 1, line 7 or line 13*) **24.** .
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... **25.** .
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-201-ATT, line 9a **26.** .
- IT-203 filers:**
- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-203, line 52b **27.** .
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 13*); also enter this amount on Form IT-203-ATT, line 9a **28.** .
- Part-year New York City resident filers only:**
- 29 Enter the amount from Worksheet 1, line 10 **29.** .
- 30 Enter the amount from Worksheet 1, line 11 **30.** .





Claim for Farmers' School Tax Credit

IT-217

Submit this form with Form IT-201, IT-203, or IT-205.

Name(s) as shown on return JOE Z CANASTA	Identifying number as shown on return 400004802
--	---

Note: Before completing this form, complete Form IT-201 through line 33, Form IT-203 through line 32, or Form IT-205 through line B.

Part 1 – Eligibility

If you mark an **X** in a *No* box for item A, B, C, or D, **stop**; you do not qualify for this credit.

A Did you have qualified agricultural property for tax year 2012? (see instr., Form IT-217-I) Yes No

B Were eligible school district property taxes paid on that property during tax year 2012? (see instructions) Yes No

C Complete Worksheet A on page 3 of the instructions. Is the amount shown on line 6 of Worksheet A less than \$300,000? Yes No

D Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete Worksheet D on page 9 of the instructions. Is the percentage shown on line 28 of Worksheet C or line 28 of Worksheet D at least 0.6667 (66.67%)? (see instructions) Yes No

E If you and one or more related persons (see instructions) each owned qualified agricultural property on March 1, 2012, mark an **X** here and see the instructions for Part 2, line 5

F If all or part of your qualified agricultural property was converted to nonqualified use during tax year 2012, mark an **X** here (see instructions)

Part 2 – Computation of credit (see instructions)

1 Individuals: Enter the total acres of qualified agricultural property owned by you during tax year 2012 (see instructions)	1	900
2 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column A	2	600
3 Fiduciaries: Enter fiduciary's share of qualified agricultural property from Part 5, column C	3	
4 Add lines 1, 2, and 3	4	1500
5 Enter total base acreage amount (see instructions)	5	350
6 Subtract line 5 from line 4 (if zero or less, skip lines 7 and 8, enter 1.0000 (100%) on line 9, and continue on line 10) ...	6	1150
7 Multiply line 6 by 50% (.5)	7	575
8 Add lines 5 and 7	8	925
9 Divide line 8 by line 4 and round the result to the fourth decimal place	9	0.6166
10 Individuals: Enter the eligible school taxes you paid during 2012 (see instr.)	10	1432 .00
11 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column B	11	1000 .00
12 Fiduciaries: Enter fiduciary's share of eligible taxes from Part 5, column D	12	.00
13 Add lines 10, 11, and 12	13	2432 .00
14 Multiply line 13 by line 9	14	1500 .00
15 Enter amount from Worksheet A, line 6, on page 3 of the instructions (if line 15 amount is \$200,000 or less, skip lines 16, 17, and 18, and enter the line 14 amount on line 19)	15	17985 .00
16 Enter the excess of line 15 over \$200,000 (cannot exceed \$100,000) ...	16	.00
17 Divide line 16 by \$100,000, and round the result to the fourth decimal place (cannot exceed 1.0000 (100%))	17	
18 Multiply line 14 by line 17	18	.00
19 Farmers' school tax credit (subtract line 18 from line 14; see instructions)	19	1500 .00



Part 3 – Partnership, S corporation, and estate or trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or the beneficiary of an estate or trust that **owned** qualified agricultural property during 2012, complete the following information for each partnership, S corporation, or estate or trust. For *Type* column, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer ID number	Location of property
CANASTA BROTHERS	P	140004802	ROCKY POINT, NY
CANASTA CORP	S	240004802	ROCKY POINT, NY

Part 4 – Partner's, shareholder's, or beneficiary's share of qualified agricultural property and eligible taxes

		A – Acres of qualified agricultural property	B – Eligible taxes
Partner	1	Enter your share of acres of qualified agricultural property from your partnership (see instructions)	300
	2	Enter your share of eligible taxes from your partnership (see instructions)	500 .00
S corporation shareholder	3	Enter your share of acres of qualified agricultural property from your S corporation (see instructions)	200
	4	Enter your share of eligible taxes from your S corporation (see instructions)	300 .00
Beneficiary	5	Enter your share of acres of qualified agricultural property from the estate or trust	100
	6	Enter your share of eligible taxes from the estate or trust	200 .00
	7 Totals	600	1000 .00

Fiduciaries: Include the line 7, column A amount, on Part 5, column C, and include the line 7, column B amount, on Part 5, column D.

All others: Enter the line 7, column A amount, on Part 2, line 2, and enter the line 7, column B amount, on Part 2, line 11.

Part 5 – Beneficiary's and fiduciary's share of acres of qualified agricultural property and eligible taxes (see instr.)

A – Beneficiary's name	B – Identifying number	C – Acres of qualified agricultural property	D – Eligible taxes	E – Acres of qualified agricultural property converted to nonqualified use
Totals			.00	
			.00	
			.00	
Fiduciary			.00	

Part 6 – Credit recapture on qualified agricultural property converted to nonqualified use

(Complete this part only if you first claimed a credit for 2010 or 2011. See instructions.)

A – Total acres of qualified agricultural property converted to nonqualified use	B – Total acres of qualified agricultural property before conversion	C – Column A ÷ column B	D – Total credit claimed for 2010 and 2011 (see instructions)	E – Total amount of 2010 and 2011 credit to be recaptured (column C × column D)
			.00	E .00



22222		a Employee's social security number 40004802		OMB No. 1545-0008		
b Employer identification number (EIN) 64-1234567			1 Wages, tips, other compensation 20500		2 Federal income tax withheld	
c Employer's name, address, and ZIP code NYSD NYSDOT 11 RIVER RD NEW YORK NY 10019			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. JOE Z CANASTA 327 W 57 ST NEW YORK NY 10012			11 Nonqualified plans		12a C o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e	
			14 Other 414H-255 IRC125-35		12c C o d e	
					12d C o d e	
f Employee's address and ZIP code						
15 State Employer's state ID number NY		16 State wages, tips, etc. 20500	17 State income tax 1295	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W-2 INDICATOR-S

400-00-4802

IT-216 STATEMENT RECORDS

STM 31

A) DAY CARE PROVIDERS

1. CARING PLACE

2. KIDS INC

3. BIGG BLOCKS

B.) ADDRESS

16 SRAIGHT ST
ROCKY POINT NY 11778

22 TOT TERRACE
ROCKY POINT NY 11778

123 MAIN ST
ROCKY POINT NY 11778

STM 32

C.) EIN

1. 64-1234568

2. 64-1234569

3. 64-1234570

D.) AMOUNT

1420

1000

1000

STM 33

NAME	EXPENSES	DISABILITY	SSN	YOB
MARY M CANASTA	\$810		400-88-4804	2008
SALLY M CANASTA	\$1000		400-88-4802	2003
JOHN M CANASTA	\$400		400-88-4801	1999
JANE M CANASTA	\$500		400-88-4803	1998
SAMUEL M CANASTA JR	\$710	X	400-88-4805	1986

400-00-4802

IT-214 STATEMENT RECORDS

STM 34

NAME	SSN	YOB
SAMUEL M CANASTA JR	400-88-4805	1986
JANE M CANASTA	400-88-4803	1998
JOHN M CANASTA	400-88-4801	1999
SALLY M CANASTA	400-88-4802	2003
MARY M CANASTA	400-88-4804	2008

400-00-4802

IT-217 STATEMENT RECORDS

STM 35

A.) NAME OF ENTITY	TYPE	EIN	LOCATION OF PROPERTY
CANASTA BROTHERS	P	140004802	ROCKY POINT NY
CANASTA CORP	S	240004802	ROCKY POINT NY
CANASTA TRUST	ET	340004802	ROCKY POINT NY

400-00-4805

SPECIAL INSTRUCTIONS

EXPLANATION OF LITERALS FOR LINE 1 OF IT-201

HSH 1,200

SCH 700

SPECIAL INSTRUCTIONS

THIS TEST UTILIZES W-2 VERIFICATION INDICATOR.

LOCAL (NY CITY OR YONKERS) WITHHOLDING IS EQUAL TO NY STATE WITHHOLDING ON W-2 #2 WHICH HAS CAUSED THE RETURN TO REJECT FOR R0503. WITHHOLDING HAS BEEN VERIFIED AS CORRECT. POPULATE W-2 VERIFICATION INDICATOR WITH "B" (GENERIC HEADER FIELD # 0320).

NOTE: IF YOUR SOFTWARE DOES **NOT** SUPPORT THE W-2 VERIFICATION INDICATOR, PLEASE USE THE DATA BELOW FOR W-2'S:

W-2 #1 FIELD #0407- 35

W-2 #2 FIELD #0407- 29

▼ Enter your social security number

4 0 0 0 0 4 8 0 5

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. , 6 3, 2 6 0 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20. , , , , , .
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21. , , , 5 4 .
 22 New York's 529 college savings program distributions (see page 16) 22. , , , 1 0 0 .
 23 Other (see page 17) Identify: 23. , , , .
 24 Add lines 19 through 23 24. , 6 3, 4 1 4 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25. , , , , , .
 26 Pensions of NYS and local governments and the federal government (see page 20) 26. , , , , , .
 27 Taxable amount of social security benefits (from line 14) 27. , , , , , .
 28 Interest income on U.S. government bonds 28. , , , , , .
 29 Pension and annuity income exclusion (see page 20) 29. , , , , , .
 30 New York's 529 college savings program deduction/earnings 30. , , , 1 0 0 .
 31 Other (see page 21) Identify: 31. , , , , , .
 32 Add lines 25 through 31 32. , , , 1 0 0 .
 33 New York adjusted gross income (subtract line 32 from line 24) 33. , 6 3, 3 1 4 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. , , 7 5 0 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. , 5 5, 8 1 4 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. , 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. , 5 5, 8 1 4 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a. , , , , , .
b Taxes you paid (federal Sch. A, line 9)	b. , , , , , .
c Interest you paid (federal Sch. A, line 15)	c. , , , , , .
d Gifts to charity (federal Sch. A, line 19)	d. , , , , , .
e Casualty and theft losses (federal Sch. A, line 20)	e. , , , , , .
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. , , , , , .
g Other misc. deductions (federal Sch. A, line 28)	g. , , , , , .
h Enter amount from federal Schedule A, line 29	h. , , , , , .
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i. , , , , , .
j Subtract line i from line h	j. , , , , , .
k Addition adjustments (see page 26)	k. , , , , , .
l Add lines j and k	l. , , , , , .
m Itemized deduction adjustment (see page 27)	m. , , , , , .
n Subtract line m from line l	n. , , , , , .
o College tuition itemized deduction (see Form IT-272)	o. , , , , , .
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. , , , , , .



Name(s) as shown on page 1
 ROBIN D RICHARD SR

▼ Enter your social security number

4 0 0 0 0 4 8 0 5

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	5 5 8 1 4	
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.	3 4 2 6	
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.		
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.	4 0 0	
43 Add lines 40, 41, and 42	43.	4 0 0	
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	3 0 2 6	
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.	3 0 2 6	

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

47 New York City resident tax on line 38 amount (see page 30)	47.		
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.		
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		
55 Yonkers resident income tax surcharge (see page 32)	55.	4 1 8	
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.	4 1 8	

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59. 3 5

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.	0 0
60b Missing/Exploited Children Fund	60b.	0 0
60c Breast Cancer Research Fund	60c.	0 0
60d Alzheimer's Fund	60d.	0 0
60e Olympic Fund (\$2 or \$4; see page 34)	60e.	0 0
60f Prostate Cancer Research Fund	60f.	0 0
60g 9/11 Memorial	60g.	0 0
60h Volunteer Firefighting & EMS Recruitment Fund ...	60h.	0 0
60 Total voluntary contributions (add lines 60a through 60h)	60.	0 0
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.	3 4 7 9



▼ Enter your social security number

4 0 0 0 0 4 8 0 5

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 3,479.00

Payments and refundable credits (see page 35)

63 Empire State child credit (attach Form IT-213) 63.
64 NYS/NYC child and dependent care credit (attach Form IT-216) 64.
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209) 65.
66 NYS noncustodial parent EIC (attach Form IT-209) 66.
67 Real property tax credit (attach Form IT-214) 67.
68 College tuition credit (attach Form IT-272) 68. 200
69 NYC school tax credit (also complete (F) on page 1; see page 35) 69.
70 NYC earned income credit (attach Form IT-215 or IT-209) 70.
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form) 71. 365
72 Total New York State tax withheld 72. 525
73 Total New York City tax withheld 73.
74 Total Yonkers tax withheld 74. 64
75 Total estimated tax payments/Amount paid with Form IT-370 ... 75.
76 Total payments (add lines 63 through 75) 76. 1,154.00

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37). Staple them (and any other applicable forms) to the top of this page 4. See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77.
78 Amount of line 77 to be refunded Mark one refund choice: [] direct deposit (fill in line 82) - or - [] debit card - or - [] paper check 78.
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box [X] and fill in line 82 80. 2,325.00
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) []

82a Routing number 011001742 Electronic funds withdrawal effective date 04022012

82b Account number 1234564013 82c Account type [X] Checking [] Savings

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instr.) Date, Preparer's signature, Firm's name, Address, E-mail, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer(s) must sign here Date, Your signature, Your occupation (WAITER), Spouse's signature and occupation, Daytime phone number (5184644664), E-mail: RICHARDS@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201 ROBIN D RICHARD SR	▼ Your social security number 40004805
--	---

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-201.

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents
1	Accumulation distribution credit (attach computation)	1.	.
2	Other nonrefundable, non-carryover credits (attach all applicable forms)		
2a.	Code	Dollars	Cents
2b.	Code	Dollars	Cents
Total other nonrefundable, non-carryover credits (add lines 2a and 2b)		2.	.

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit (attach Form IT-249)	3.	.
4	Investment credit (attach Form IT-212)	4.	.
5	Solar energy system equipment credit (attach Form IT-255)	5.	.
6	Other nonrefundable, carryover credits (attach all applicable forms)		
6a.	Code	Dollars	Cents
6b.	Code	Dollars	Cents
6c.	Code	Dollars	Cents
6d.	Code	Dollars	Cents
6e.	Code	Dollars	Cents
6f.	Code	Dollars	Cents
6g.	Code	Dollars	Cents
6h.	Code	Dollars	Cents
6i.	Code	Dollars	Cents
6j.	Code	Dollars	Cents
6k.	Code	Dollars	Cents
6l.	Code	Dollars	Cents
6m.	Code	Dollars	Cents
6n.	Code	Dollars	Cents
Total other nonrefundable, carryover credits (add lines 6a through 6n)		6.	.
7	Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42)	7.	.

Section C – New York City nonrefundable, non-carryover credits used

8	New York City resident UBT credit (attach Form IT-219)	8.	.
9	New York City accumulation distribution credit (attach computation)	9.	.
9a	Part-year resident nonrefundable NYC child and dependent care credit (attach Form IT-216)	9a.	.
10	Total other New York City nonrefundable credits used (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53)	10.	.

Section D – New York State, New York City, and Yonkers refundable credits

11	Farmers' school tax credit (attach Form IT-217)	11.	.
12	Other refundable credits (attach all applicable forms)		
12a.	Code	Dollars	Cents
12b.	Code	Dollars	Cents
12c.	Code	Dollars	Cents
12d.	Code	Dollars	Cents
12e.	Code	Dollars	Cents
12f.	Code	Dollars	Cents
12g.	Code	Dollars	Cents
12h.	Code	Dollars	Cents
12i.	Code	Dollars	Cents
12j.	Code	Dollars	Cents
12k.	Code	Dollars	Cents
12l.	Code	Dollars	Cents
Total other refundable credits (add lines 12a through 12l)		12.	.
13	Add lines 11 and 12	13.	.

(continued on back)

2411110099



400004805

Part 1, Section D – New York State, New York City, and Yonkers refundable credits *(continued)*

	Dollars	Cents
14 Enter amount from line 13 on the front page	40	
15 New York State claim of right credit <i>(attach Form IT-257)</i>	200	
16 New York City claim of right credit <i>(attach Form IT-257)</i>		
17 Yonkers claim of right credit <i>(attach Form IT-257)</i>	125	
18 Total New York State, New York City, and Yonkers other refundable credits <i>(add lines 14 through 17; enter here and on Form IT-201, line 71)</i>	365	

Part 2 – Other New York State taxes

If you are subject to other New York State taxes, **complete Part 2 and attach this Form IT-201-ATT to your return.**

- 19 New York State tax on capital gain portion of lump-sum distributions *(attach Form IT-230)*
- 20 Other New York State taxes *(attach all applicable forms)*

	Code	Dollars	Cents		Code	Dollars	Cents
20a.			.		20g.		.
20b.			.		20h.		.
20c.			.		20i.		.
20d.			.		20j.		.
20e.			.		20k.		.
20f.			.		20l.		.
Total other New York State taxes <i>(add lines 20a through 20l)</i>							
20. . 							

- 21 Add lines 19 and 20
- 22 See instructions for line 22
- 23 Enter amount from **Form IT-201**, line 39
- 24 Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*
- 25 Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*

- 26 New York State separate tax on lump-sum distributions
(attach Form IT-230)
- 27 Resident credit against separate tax on lump-sum
distributions *(attach Form IT-112.1)*
- 28 Subtract line 27 from line 26
- 29 New York State minimum income tax *(attach Form IT-220)*
- 30 **Net other New York State taxes**
(add lines 25, 28, and 29; enter here and on Form IT-201, line 45)

Part 3 – Other New York City taxes

- 31 New York City minimum income tax *(attach Form IT-220)*
- 32 New York City resident separate tax on lump-sum distributions *(attach Form IT-230)*
- 33 New York City tax on capital gain portion of lump-sum distributions *(attach Form IT-230)*
- 34 **Total other New York City taxes**
(add lines 31, 32, and 33; enter here and on Form IT-201, line 51)





Claim for Clean Heating Fuel Credit

Tax Law — Section 606(mm)

IT-241

Fiscal-year filers enter tax period:

beginning and ending

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return
ROBIN D RICHARD SR

Identifying number as shown on return
400004805

Part 1 — Individual (including sole proprietor), partnership, and estate or trust (see instructions)

A Purchase date	B Gallons of bioheat eligible for credit	C Percentage of biodiesel per gallon of bioheat <i>(enter as a decimal, not to exceed .20)</i>	D Multiply column B by column C
06/01/2011	100	02	20

1 Total of column D amounts from additional sheet(s), if any **1.** .

2 Clean heating fuel credit (add the column D amounts, including any amount on line 1; see instructions) ... **2.** 20 .

Fiduciary: Include the line 2 amount on the *Total* line of Part 4, column C.
All others: Enter the line 2 amount on line 7.

Part 2 — Partnership, New York S corporation, estate, and trust information

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the clean heating fuel credit from that entity, complete the following information for each partnership, New York S corporation, estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer identification number
RICHARD BROTHERS	P	<input type="text"/> 350004805
RICHARD INC	S	<input type="text"/> 300004805
		<input type="text"/>
		<input type="text"/>

Part 3 — Partner's, shareholder's, or beneficiary's share of credit

Partner	3	Enter your share of the credit from your partnership (see instructions)	3.	<input type="text"/> 15	.	<input type="text"/>
S corporation shareholder	4	Enter your share of the credit from your S corporation (see instructions)	4.	<input type="text"/> 5	.	<input type="text"/>
Beneficiary	5	Enter your share of the credit from the fiduciary's Form IT-241, Part 4, column C.....	5.	<input type="text"/>	.	<input type="text"/>
	6	Total (add lines 3, 4, and 5)	6.	<input type="text"/> 20	.	<input type="text"/>

Fiduciary: Include the line 6 amount on the *Total* line of Part 4, column C.
All others: Enter the line 6 amount on line 8.



Part 4 – Beneficiary’s and fiduciary’s share of credit (see instructions)

A	B	C
Beneficiary’s name (same as on Form IT-205, Schedule C)	Identifying number	Share of clean heating fuel credit
Total (fiduciaries, enter the amount from line 2 plus the amount from line 6)		. <input type="text"/>
	<input type="text"/>	. <input type="text"/>
	<input type="text"/>	. <input type="text"/>
Fiduciary	<input type="text"/>	. <input type="text"/>

Part 5 – Computation of clean heating fuel credit

Individual and partnership	7	Enter the amount, or your share of the amount, from line 2	7.	20	.	<input type="text"/>
Partner, S corporation shareholder, beneficiary	8	Enter the amount from line 6.....	8.	20	.	<input type="text"/>
Fiduciary	9	Enter the amount from Part 4, <i>Fiduciary</i> line, column C	9.		.	<input type="text"/>
	10	Total clean heating fuel credit (add lines 7, 8, and 9; see instructions)	10.	40	.	<input type="text"/>



Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

Name(s) as shown on return ROBIN D RICHARD SR
--

Identifying number as shown on return 400004805
--

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries

1	Qualified long-term care insurance premiums paid for the current tax year.....	1.	500	.	
2	Credit rate (20%).....	2.		.	20
3	Credit for qualified long-term care insurance (multiply line 1 by line 2)	3.	100	.	

Fiduciaries – Include the amount from line 3 in the *Total* line of Schedule D, column C.

All others – Enter the amount from line 3 on Schedule E, line 8.

Schedule B – Partnership, S corporation, estate, and trust information

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

	Name of entity	Type	Employer ID number
1.	RICHARD INC	S	300004805
2.	RICHARD BROTHERS	P	350004805

Schedule C – Partner’s, shareholder’s, or beneficiary’s share of credit

Partner	4	Enter your share of the credit from your partnership (see instructions)	4.	150	.	
S corporation shareholder	5	Enter your share of the credit from your S corporation (see instructions)	5.	50	.	
Beneficiary	6	Enter your share of the credit from the fiduciary’s Form IT-249, Schedule D, column C	6.		.	
	7	Totals (add lines 4, 5, and 6)	7.	200	.	

Fiduciaries – Include the amount from line 7 in the *Total* line of Schedule D, column C.

All others – Enter the amount from line 7 on Schedule E, line 9.

Schedule D – Beneficiary’s and fiduciary’s share of credit

	A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of qualified long-term care insurance credit
Total (enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)			
Fiduciary			

(continued on back)



Schedule E – Computation of credit available for the current year

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8.	100	.	
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9.	200	.	
Fiduciaries	10	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	10.		.	
	11	Total credit available for the current year (add lines 8, 9, and 10)	11.	300	.	

Full-year NYS resident individuals, estates, and trusts – Complete Schedule F and Schedule H.
Nonresident and part-year resident individuals, estates, and trusts – Complete Schedule G and Schedule H.
Partnerships – Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12	Enter the amount from line 11	12.	300	.	
13	Enter the carryover credit from last year's Form IT-249	13.	100	.	
14	Total credit (add lines 12 and 13; complete Schedule H)	14.	400	.	

Schedule G – New York State nonresidents and part-year residents computation of total credit

15	Enter the amount from line 11	15.		.	
16	Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000)	16.		.	
17	Nonresident and part-year resident credit (multiply line 15 by line 16)	17.		.	
18	Enter the carryover credit from last year's Form IT-249	18.		.	
19	Total credit (add lines 17 and 18; complete Schedule H)	19.		.	

Schedule H – Computation of credit used and carried over

20	Tax due before credits (see instructions)	20.	3426	.	
21	Credits applied against the tax before this credit (see instructions)	21.		.	
22	Net tax (subtract line 21 from line 20)	22.	3426	.	
23	Credit used for the current tax year (see instructions)	23.	400	.	
24	Amount of credit available for carryover to next year. Full-year residents: Subtract line 23 from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19	24.		.	





Claim of Right Credit

New York State • New York City • Yonkers

IT-257

Attach this claim form to Form IT-201, IT-203, or IT-205.

Name(s) as shown on return
ROBIN D RICHARD SR

Identifying number as shown on return
400004805

Complete lines 1, 2, and 3, and all sections that apply (see instructions on the back of this form).

- 1 Enter the tax year for which you originally reported the income under a claim of right ... **1.**
- 2 Enter the amount of income repaid..... **2.**
- 3 Identify the type of income involved and the reason for the repayment:
STM 31

Section 1 — New York State tax

4 Previously computed New York State tax.....	4.	<input type="text" value="800"/>	<input type="text"/>
5 Recomputed New York State tax.....	5.	<input type="text" value="600"/>	<input type="text"/>
6 New York State claim of right credit (subtract line 5 from line 4)	6.	<input type="text" value="200"/>	<input type="text"/>

Individuals — Enter the line 6 amount on Form IT-201-ATT, line 15, or Form IT-203-ATT, line 14.
Fiduciaries — Include the line 6 amount on Form IT-205, line 33.

Section 2 — New York City resident tax

7 Previously computed New York City resident tax	7.	<input type="text"/>	<input type="text"/>
8 Recomputed New York City resident tax	8.	<input type="text"/>	<input type="text"/>
9 New York City resident claim of right credit (subtract line 8 from line 7)	9.	<input type="text"/>	<input type="text"/>

Individuals — Enter the line 9 amount on Form IT-201-ATT, line 16, or Form IT-203-ATT, line 15.
Fiduciaries — Include the line 9 amount on Form IT-205, line 33.

Section 3 — New York City nonresident earnings tax

10 Previously computed New York City nonresident earnings tax	10.	<input type="text"/>	<input type="text"/>
11 Recomputed New York City nonresident earnings tax	11.	<input type="text"/>	<input type="text"/>
12 New York City nonresident earnings tax claim of right credit (subtract line 11 from line 10).....	12.	<input type="text"/>	<input type="text"/>

Individuals — Enter the line 12 amount on Form IT-201-ATT, line 16, or Form IT-203-ATT, line 15.
Fiduciaries — Include the line 12 amount on Form IT-205, line 33.

Section 4 — Yonkers resident income tax surcharge

13 Previously computed Yonkers resident income tax surcharge	13.	<input type="text" value="350"/>	<input type="text"/>
14 Recomputed Yonkers resident income tax surcharge	14.	<input type="text" value="225"/>	<input type="text"/>
15 Yonkers resident claim of right credit (subtract line 14 from line 13)	15.	<input type="text" value="125"/>	<input type="text"/>

Individuals — Enter the line 15 amount on Form IT-201-ATT, line 17, or Form IT-203-ATT, line 16.
Fiduciaries — Include the line 15 amount on Form IT-205, line 33.

Section 5 — Yonkers nonresident earnings tax

16 Previously computed Yonkers nonresident earnings tax	16.	<input type="text"/>	<input type="text"/>
17 Recomputed Yonkers nonresident earnings tax	17.	<input type="text"/>	<input type="text"/>
18 Yonkers nonresident earnings tax claim of right credit (subtract line 17 from line 16)	18.	<input type="text"/>	<input type="text"/>

Individuals — Enter the line 18 amount on Form IT-201-ATT, line 17, or Form IT-203-ATT, line 16.
Fiduciaries — Include the line 18 amount on Form IT-205, line 33.



Instructions

General information

If you have claim of right income for federal tax purposes and are claiming the federal claim of right credit on your federal return, you may also be entitled to a claim of right credit for New York State, New York City, or Yonkers. The claim of right credit is available to individuals, estates, and trusts. *Claim of right* income is income that was properly reported on a prior year's tax return, but was later determined to have been paid to you in error and therefore had to be repaid. If the claim of right credit exceeds the amount of tax imposed for the tax year, the excess will be refunded to you.

If you have federal claim of right income but elect to take the federal deduction instead of the credit, you cannot claim a credit for New York State, New York City, or Yonkers. **Do not complete this form.** However, depending upon the type of income repaid and whether you itemize your deductions for New York State purposes, you may get the deduction.

How to claim the credit

File Form IT-257 if you are an individual, estate, or trust that qualifies for the claim of right credit. Complete all sections of this form that apply to you. Be sure to attach Form IT-257 to your return.

Amount of the credit

The amount of credit for New York State residents and nonresidents and New York City or Yonkers residents is the difference between the amount of New York State, New York City, or Yonkers tax originally reported on your return for the prior year and what would have been reported for the prior year if the income had not been included on your state or city return.

If you were subject to New York City or Yonkers nonresident earnings tax in the prior year, you may also be entitled to a claim of right credit for New York City or Yonkers nonresident earnings tax purposes if the claim of right income affects the computation of wages or net earnings from self-employment. The credit is the difference between the amount of New York City or Yonkers nonresident earnings tax originally reported in the prior year and what would have been reported in the prior year if the income had not been included on the nonresident earnings tax return.

Example: *In the current tax year, you repaid under a claim of right \$5,000 of income that was included on a prior year New York State return. The New York State tax originally reported on that prior year's return was \$809. Your prior year New York State tax computed without including the \$5,000 on that return is \$467. Your current year New York State claim of right credit is \$342 (\$809 - \$467).*

Line instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Note: To compute your credit, you will need a copy of your original return for the prior year. It may also be helpful to have the instructions and blank tax forms for the prior year.

Line 3 — You must complete line 3 to explain the type of income involved in the claim of right credit and the reason for the repayment.

Line 4 — Enter the New York State tax from the return for the year that the income was included in federal adjusted gross income. Enter the amount as originally filed, as adjusted by New York State, or as you later amended it.

Line 5 — Enter the tax that would have been reported had the income in question not been included in federal adjusted gross income.

Line 7 — Enter the New York City resident tax from the return for the year that the income was included in federal adjusted gross income. Enter the amount as originally filed, as adjusted by New York State, or as you later amended it.

Line 8 — Enter the New York City resident tax that would have been reported had the income in question not been included in federal adjusted gross income.

Line 10 — Enter the amount of New York City nonresident earnings tax for the year that the income was reported on Form NYC-203, *City of New York Nonresident Earnings Tax Return*, or Form NYC-206, *City of New York Nonresident Fiduciary Earnings Tax Return*. Enter the amount as originally filed, as adjusted by New York State, or as you later amended it.

Line 11 — Enter the New York City nonresident earnings tax that would have been reported had the income in question not been included on Form NYC-203 or Form NYC-206.

Line 13 — Enter the Yonkers resident income tax surcharge from the return for the year that the income was included in federal adjusted gross income. Enter the amount as originally filed, as adjusted by New York State, or as you later amended it.

Line 14 — Enter the Yonkers resident income tax surcharge that would have been reported had the income in question not been included in federal adjusted gross income.

Line 16 — Enter the amount of Yonkers nonresident earnings tax for the year that the income was reported on Form Y-203, *Yonkers Nonresident Earnings Tax Return*, or Form Y-206, *Yonkers Nonresident Fiduciary Earnings Tax Return*. Enter the amount as originally filed, as adjusted by New York State, or as you later amended it.

Line 17 — Enter the Yonkers nonresident earnings tax that would have been reported had the income in question not been included on Form Y-203 or Form Y-206.





Claim for College Tuition Credit or Itemized Deduction
Full-year New York State residents only

Attach your completed Form IT-272 to Form IT-201. See Form IT-272-1, Instructions for Form IT-272.

Form fields for name (ROBIN D RICHARD SR), social security number (400004805), and spouse's information.

Note: If you are married and filing separate New York State returns, you must also enter your spouse's name and social security number.

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year?
2 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year?

Part 1 - In the spaces provided below, complete lines A through H for up to three eligible students for whom you paid qualified college tuition expenses.

Table with 4 columns: Description, Student 1, Student 2, Student 3. Rows include student name, SSN, dependent status, EIN, college name, tuition expenses, and lesser of G or 10,000.

3 Total qualified college tuition expenses (Add line H, columns 1, 2, and 3; include amounts from any additional sheets. Complete Part 2 or Part 3 on the back.)



Part 2 — Complete Part 2 if your total qualified college tuition expenses on line 3 are **less than \$5,000**.

4 Credit limitation (\$200)..... **4.**

5 Enter the lesser of line 3 or line 4. This is your **college tuition credit** **5.**

- If you **did not itemize your deductions** on your federal return, enter the line 5 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 3 — Complete Part 3 if your total qualified college tuition expenses on line 3 are **\$5,000 or more**.

6 Enter the amount from **line 3**..... **6.**

7 Multiply **line 6** by 4% (.04). This is your **college tuition credit** **7.**

- If you **did not itemize your deductions** on your federal return, enter the line 7 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 4 — College tuition itemized deduction election

If you itemized your deductions on your federal return, you may elect to claim the **college tuition itemized deduction** instead of the college tuition credit. To compute your college tuition itemized deduction, complete **Worksheet 1** in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete **Worksheet 2** in the instructions for this form.

8 Mark an **X** in this box **only** if you elect to claim the **college tuition itemized deduction** **8.**

- If you marked an **X** in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on Form IT-201, *New York State itemized deduction worksheet*, line o. **Do not** enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction **or** the credit, but not both.
- If you **did not** mark an **X** in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

Important: If you are claiming the college tuition credit or the college tuition itemized deduction, you **must attach** Form IT-272 to your return.

22222		a Employee's social security number 400004805		OMB No. 1545-0008			
b Employer identification number (EIN) 63-1234561			1 Wages, tips, other compensation 17725		2 Federal income tax withheld		
c Employer's name, address, and ZIP code MUSI MUSIC ROW 123 JAMES PL QUINTON AL 35130			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. ROBIN D RICHARD SR 1234 THOMAS PL YONKERS NY 10701			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other		12c C o o d e		
					12d C o o d e		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY		17725	410	17725	29	YONKERS	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR - S

22222		a Employee's social security number 400004805		OMB No. 1545-0008			
b Employer identification number (EIN) 631234520			1 Wages, tips, other compensation 1775		2 Federal income tax withheld		
c Employer's name, address, and ZIP code NYSO NYS OFFICE OF EMPLOYEE RELATIONS AGENCY BLDG 2 EMPIRE STATE PLAZA ALBANY NY 12228			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. ROBIN D RICHARD SR 1234 THOMAS PL YONKERS NY 10701			11 Nonqualified plans		12a C o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e		
			14 Other 414H-54		12c C o d e		
					12d C o d e		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY		1775	35	1775	35	YONKERS	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W-2 INDICATOR-S



New York State Department of Taxation and Finance
**Summary of Unemployment
 Compensation Payments**

IT-1099-UI

File Form IT-1099-UI as an entire page.

Taxpayer's first name and middle initial ROBIN D	Taxpayer's last name RICHARD SR
Spouse's first name and middle initial	Spouse's last name

▼ Your social security number
 40004805

▼ Spouse's social security number

This Form IT-1099-UI is for (mark an X in one box): Taxpayer Spouse

Box a Payer's name and full address

New York State
 Department of Labor-Unemployment Insurance
 Albany, NY 12240-0001

Box b Payer's federal identification number State New York State tax withheld

2 7 0 2 9 3 1 1 7 NY 50 .

Box 1 Unemployment compensation

500 .

Instructions

General instructions

Who must file this form — If you are required to file a New York State income tax return and you (or your spouse, if filing jointly) received federal Form(s) 1099-G statements issued by the **New York State Department of Labor** showing New York State income tax withheld, you must complete Form IT-1099-UI. You should complete Form IT-1099-UI **only** if the federal Form 1099-G was issued by the New York State Department of Labor **and** shows New York State withholding.

How to complete Form IT-1099-UI — You must complete one Form IT-1099-UI for each federal Form 1099-G you (and if filing jointly, your spouse) received that shows New York State income tax withheld. Enter only the information requested on Form IT-1099-UI.

Each box on Form IT-1099-UI corresponds to a similarly named or numbered box on the federal Form 1099-G that you received from the New York State Department of Labor. Enter the information provided on your federal Form 1099-G in the corresponding boxes on Form IT-1099-UI.

Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number in the appropriate boxes.

If **you** are the recipient of federal Form 1099-G, mark an **X** in the *Taxpayer* box. If your **spouse** is the recipient, mark an **X** in the *Spouse* box.

Box 1 — Enter the unemployment compensation shown in Box 1 of federal Form 1099-G.

New York State tax withheld — Enter the New York State income tax withheld as shown on federal Form 1099-G issued by the New York State Department of Labor.

Total the New York State tax withheld amount(s) from all IT-1099-UI form(s). Include this total on the *Total New York State tax withheld* line on your New York State income tax return.

File Form IT-1099-UI as an entire page. Attach this form (IT-1099-UI) to your New York State income tax return, Form IT-201 or IT-203. **Do not** attach your federal 1099-G form(s); keep them for your records.

Please file this original scannable form with the Tax Department.



0981110099

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. BCC CORP 123 MAIN AVE OAK TOWN VA 22000		1 Rents	OMB No. 1545-0115		Miscellaneous Income		
		\$	2011 Form 1099-MISC				
		2 Royalties				\$	
PAYER'S federal identification number 63-1234567		3 Other income	4 Federal income tax withheld	Copy 1 For State Tax Department			
		\$ 1300	\$				
RECIPIENT'S identification number 400004805		5 Fishing boat proceeds	6 Medical and health care payments			RECIPIENT'S name ROBIN D RICHARD SR Street address (including apt. no.) 1234 THOMAS PL City, state, and ZIP code YONKERS NY 10701	
\$	\$						
7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	\$	\$				
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	11 12			
		\$	\$				
15a Section 409A deferrals		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	16 State tax withheld \$ 30			
\$	\$	\$	\$				
15b Section 409A income		17 State/Payer's state no. NY		18 State income \$ 1300			
\$		\$		\$			

400-00-4805

IT-257 STATEMENT RECORDS

STM 31

TYPE OF INCOME AND REASON FOR REPAYMENT:

INCORRECTLY CALCULATED COMMISSION – EXCESS REPAID TO COMPANY

▼ Enter your social security number

4	0	0	0	0	4	8	0	6
---	---	---	---	---	---	---	---	---

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. , 7 9 , 5 0 6 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20. , , , , , .
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21. , , , , , .
 22 New York's 529 college savings program distributions (see page 16) 22. , , , , , .
 23 Other (see page 17) Identify: 23. , , , , , .
 24 Add lines 19 through 23 24. , 7 9 , 5 0 6 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25. , , , , , .
 26 Pensions of NYS and local governments and the federal government (see page 20) 26. , , , , , .
 27 Taxable amount of social security benefits (from line 14) 27. , , , , , .
 28 Interest income on U.S. government bonds 28. , , , , , .
 29 Pension and annuity income exclusion (see page 20) 29. , , , , , .
 30 New York's 529 college savings program deduction/earnings 30. , , , , , .
 31 Other (see page 21) Identify: 31. , , , , , .
 32 Add lines 25 through 31 32. , , , , , .
 33 New York adjusted gross income (subtract line 32 from line 24) 33. , 7 9 , 5 0 6 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: • Standard or • Itemized 34. , 1 5 , 0 0 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. , 6 4 , 5 0 6 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. , 3 , 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. , 6 1 , 5 0 6 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a. , , , , , .
b Taxes you paid (federal Sch. A, line 9)	b. , , , , , .
c Interest you paid (federal Sch. A, line 15)	c. , , , , , .
d Gifts to charity (federal Sch. A, line 19)	d. , , , , , .
e Casualty and theft losses (federal Sch. A, line 20)	e. , , , , , .
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. , , , , , .
g Other misc. deductions (federal Sch. A, line 28)	g. , , , , , .
h Enter amount from federal Schedule A, line 29	h. , , , , , .
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i. , , , , , .
j Subtract line i from line h	j. , , , , , .
k Addition adjustments (see page 26)	k. , , , , , .
l Add lines j and k	l. , , , , , .
m Itemized deduction adjustment (see page 27)	m. , , , , , .
n Subtract line m from line l	n. , , , , , .
o College tuition itemized deduction (see Form IT-272)	o. , , , , , .
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. , , , , , .



▼ Enter your social security number

4 0 0 0 0 4 8 0 6

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 2,869.00

Payments and refundable credits (see page 35)

Table with 2 columns: Description and Amount. Rows include Empire State child credit, NYS/ NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit, NYC earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/Amount paid with Form IT-370, and Total payments.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 611.00
78 Amount of line 77 to be refunded direct debit card paper check ... 78. 460.00
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79. 151.00

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box [] and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) []

82a Routing number 0 1 1 0 0 1 8 8 1 Electronic funds withdrawal effective date

82b Account number 6 2 7 9 6 3 82c Account type [X] Checking [] Savings

Third-party designee information: Print designee's name (JOE PALMER), Designee's phone number ((518) 555-7777), Personal identification number (PIN) (55555), E-mail: PALMER@PATS.COM

Paid preparer information: Preparer's signature, Firm's name, Address, E-mail, Date, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer(s) information: Your signature, Your occupation (LABORER), Spouse's signature and occupation (REAL ESTATE), Date, Daytime phone number (518-464-1264), E-mail: CHARITY@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

4	0	0	0	0	4	8	0	6
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Part 1, Section D – New York State, New York City, and Yonkers refundable credits (continued)

	Dollars	Cents
14 Enter amount from line 13 on the front page		
15 New York State claim of right credit (attach Form IT-257)		
16 New York City claim of right credit (attach Form IT-257)		
17 Yonkers claim of right credit (attach Form IT-257)		
18 Total New York State, New York City, and Yonkers other refundable credits (add lines 14 through 17; enter here and on Form IT-201, line 71)		

Part 2 – Other New York State taxes

If you are subject to other New York State taxes, **complete Part 2 and attach this Form IT-201-ATT to your return.**

19 New York State tax on capital gain portion of lump-sum distributions (attach Form IT-230) **19.**

20 Other New York State taxes (attach all applicable forms)

Code	Dollars	Cents	Code	Dollars	Cents
20a.			20g.		
20b.			20h.		
20c.			20i.		
20d.			20j.		
20e.			20k.		
20f.			20l.		
Total other New York State taxes (add lines 20a through 20l)					
20. 					

21 Add lines 19 and 20

21.

22 See instructions for line 22 **22.** 2 2 1 2

23 Enter amount from **Form IT-201**, line 39 **23.** 3 4 1 9

24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)

24.

25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)

25.

26 New York State separate tax on lump-sum distributions
(attach Form IT-230)

26. 4 0

27 Resident credit against separate tax on lump-sum
distributions (attach Form IT-112.1)

27. 3 5

28 Subtract line 27 from line 26

28. 5

29 New York State minimum income tax (attach Form IT-220)

29. 1 6 0 8

30 **Net other New York State taxes**
(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)

30. 1 6 1 3

Part 3 – Other New York City taxes

31 New York City minimum income tax (attach Form IT-220)

31.

32 New York City resident separate tax on lump-sum distributions (attach Form IT-230)

32.

33 New York City tax on capital gain portion of lump-sum distributions (attach Form IT-230)

33.

34 **Total other New York City taxes**
(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)

34.



New York State Resident Credit Against Separate Tax on Lump-Sum Distributions

Name(s) as shown on return
GEORGE L CHARITY

Identifying number as shown on return
4 0 0 0 0 4 8 0 6

New York State full-year or part-year residents, New York State resident estates or trusts, and part-year resident trusts should use this form to claim a credit against the New York State separate tax on lump-sum distributions for any income tax imposed by another state, a political subdivision of that state, the District of Columbia, or a province of Canada on the ordinary income part of a lump-sum distribution derived from a business, trade, profession, or occupation carried on within that other jurisdiction.

If you elect the capital gain method of reporting the lump-sum distribution on Part 2 of Form IT-230, *Separate Tax on Lump-Sum Distributions*, use Form IT-112-R, *New York State Resident Credit*, or Form IT-112-C, *New York State Resident Credit for Taxes Paid to a Province of Canada*, to compute the resident credit on the capital gain part.

Compute the credit for income tax imposed by another state, political subdivision of that state, or the District of Columbia on the front of this form. If you claim credit for income taxes paid to a province of Canada, use the back of this form.

1 Enter the name of the state, local government (including state in which located), or District of Columbia to which tax on the ordinary income part of lump-sum distributions was payable: NJ

2 Enter the amount of tax imposed on the ordinary income part of lump-sum distributions by the above jurisdiction, including the tax on the capital gain part that you elected to treat as ordinary income 2. _____

The amount to be entered above is the amount of separate tax on the ordinary income part of lump-sum distributions required to be paid after subtracting any credit against the separate tax (other than prepayments made through withholding or estimated tax).

If the ordinary income part of a lump-sum distribution is not subject to a separate tax by the above jurisdiction but is included as income under an income tax imposed by the above jurisdiction, determine the amount to be entered above using the following formula:

Amount from federal Form 4972, line 8 that is subject to tax by the above jurisdiction \$ _____ Total income subject to tax by the above jurisdiction \$ _____	x	Total tax payable to the above jurisdiction (after any credits, exclusive of prepayments) \$ _____	=	Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above jurisdiction (line 2) _____
---	---	--	---	---

3 The credit against New York State separate tax on lump-sum distributions may not exceed:

(a) Amount from Form IT-230, line 3 that is subject to tax by both New York State and the other taxing jurisdiction \$ 100 Amount from Form IT-230, line 3 \$ 3800	x	New York State amount from Form IT-230, line 24 \$ 40	=	Credit allowable 3. 1
---	---	--	---	------------------------------

(b) The credit allowed may not reduce the New York State separate tax on the ordinary income part of lump-sum distributions to an amount less than would be due if the ordinary income part of a lump-sum distribution, subject to tax by both New York State (Tax Law section 603) and by the above jurisdiction, were excluded from New York State separate tax on lump-sum distributions.

4 Resident credit claimed against New York State separate tax on lump-sum distributions: Enter amount from line 2 or line 3, whichever is less **4.**

Individuals — Enter the line 4 amount on Form IT-201-ATT, line 27, or Form IT-203-ATT, line 26.

Fiduciaries — Subtract the line 4 amount from the separate tax on lump-sum distributions computed on Form IT-230, and include the net amount on Form IT-205, line 12.

Attach this form and a copy of federal Form 4972 to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late filing penalties.



Figuring your resident credit against separate tax on lump-sum distributions paid to a province of Canada

- 5 Enter the name of the province of Canada where tax was paid: ONTARIO
- 6 Enter (in U.S. dollars) the amount of separate tax on lump-sum distributions paid to the Canadian province, including the tax on the capital gain part you elected to treat as ordinary income..... 6. 35

The amount to be entered is the amount of separate tax on the ordinary income part of lump-sum distributions required to be paid after subtracting any credit against the separate tax (other than prepayments made through withholding or estimated tax).

If the ordinary income part of a lump-sum distribution is **not** subject to a separate tax by a Canadian province but is included as income under an income tax imposed by the province, determine the amount to be entered above using the following formula:

Amount from federal Form 4972, line 8 that is subject to tax by the above Canadian province \$ _____	x	Total tax payable to the above Canadian province (after any credits, exclusive of prepayments) \$ _____	=	Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above province of Canada (enter on line 6)
Total income subject to tax by the above Canadian province \$ _____				

- 7 Enter the amount from federal Form 1116, Part II, line 8, that pertains to the separate tax on lump-sum distributions paid to the above province 7. _____
- 8 Portion of the Canadian province's separate tax on lump-sum distributions **not** claimed as a credit for federal purposes (subtract line 7 from line 6) 8. 35
- 9 The credit against New York State separate tax on lump-sum distributions may not exceed:

(a)

Amount from Form IT-230, line 3 that is subject to tax by both New York State and the above Canadian province \$ <u>3700</u>	x	New York State amount from Form IT-230, line 24 \$ <u>40</u>	=	Credit allowable 9. <u>39</u>
Amount from Form IT-230, line 3 \$ <u>3800</u>				

(b) The credit allowed may **not** reduce the New York State separate tax on the ordinary income part of lump-sum distributions to an amount less than would be due if the ordinary income part of a lump-sum distribution, subject to tax by both New York State (Tax Law section 603) and by the Canadian province, were excluded from New York State separate tax on lump-sum distributions.

- 10 Resident credit claimed against New York State separate tax on lump-sum distributions: Enter the amount from line 8 or line 9, whichever is less 10. 35.

Individuals — Enter the line 10 amount on Form IT-201-ATT, line 27, or Form IT-203-ATT, line 26 .

Fiduciaries — Subtract the line 10 amount from the separate tax on lump-sum distributions computed on Form IT-230, and include the net amount on Form IT-205, line 12.

If any portion of the Canadian provincial income tax that entitled you to a New York State credit is claimed as a foreign tax credit on your federal return in a succeeding tax year, the amount claimed here as a credit against New York State tax due must be added back to your New York State tax liability for that succeeding tax year.

Attach this form, a copy of federal Form 1116, and a copy of federal Form 4972 to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late filing penalties.





Investment Credit

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return: GEORGE L CHARITY; Type of business: RESTORATION; Identifying number as shown on return: 400004806

Date you started your business in New York State: 01/01/2006; Location of the qualified property: ALTAMONT, ALBANY COUNTY

Part 1 - Computation of credit

Table with 15 rows for credit computation. Line 1: 2750; Line 9: 2750; Line 10: 0; Line 11: 2750; Line 12: 0; Line 13: 2750; Line 14: 538; Line 15a: 2212; Line 15b: 0.

Part 2 - Summary of addback of credit on early dispositions

Table with 6 rows for addback summary. Line 16: 538; Line 17: 0; Line 18: 0; Line 19: 0; Line 20: 0; Line 21: 538.



Part 3 – Investments in qualified property

A – Description of property <i>(list each asset and attach schedule if needed)</i>	B – Principal use of property	C – Date acquired	D – Useful life in years	E – Investment credit base	F – Investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property <i>(column E × 4% (.04))</i>	G – Investment credit for research and development property <i>(column E × 7% (.07))</i>
22 EQUIPMENT	BUSINESS	05/02/2011	7	34375	1375	
23 Enter amount from Form IT-212-ATT, line 11					23.	1375
24 Enter amount from Form IT-212-ATT, line 19, column C					24.	
25 Total investment credit <i>(add amounts in columns F and G)</i>					25.	2750

Individuals – Enter the line 25, column F amount on line 1. Enter the line 25, column G amount on line 2.

Fiduciaries – Enter the line 25, column F amount on line 1 and on the *Total* line of Part 5, column C.

Enter the line 25, column G amount on line 2 and on the *Total* line of Part 5, column D.

Partnerships – See instructions.

Part 4 – Early dispositions of qualified property and addback of credit on early dispositions

A – Description of property <i>(list each asset and attach schedule if needed)</i>	B – Date acquired	C – Date property ceased to qualify	D – Life (months)	E – Unused life (months)	F – Percentage (E ÷ D)	G – Total investment credit allowed <i>(see instructions)</i>	H – Addback of credit on early disposition <i>(F × G)</i>
26 EQUIPMENT	11/01/1999	11/01/2011	240	120	0.5000	500	250
27 Enter amount from Form IT-212-ATT, line 12						27.	250
28 Total <i>(add lines 26 and 27, column H, and enter total here)</i>						28.	500
29 Interest rate <i>(see instructions)</i>						29.	0.075
30 Multiply line 28 by line 29						30.	38
31 Total addback of credit on early disposition <i>(add amounts on lines 28 and 30)</i>						31.	538

Fiduciaries – Include the line 31 amount on the *Total* line of Part 5, column E.

All others – Enter the line 31 amount on line 16.

Part 5 – Beneficiary's and fiduciary's share of investment credit and addback of credit on early dispositions

A – Beneficiary's name <i>(same as in Form IT-205, Schedule C)</i>	B – Identifying number	C – Share of investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property	D – Share of investment credit for research and development property	E – Share of addback of credit on early dispositions
Total				
Fiduciary				

Part 6 – Application of credit and computation of carryover

32a Total credit <i>(from line 15a)</i>	32a.	2212	.	
32b Tax due before credits <i>(see instructions)</i>	32b.	3419	.	
33 Credits that you applied before this credit <i>(see instructions)</i>	33.		.	
34 Net tax <i>(subtract line 33 from line 32b)</i>	34.	3419	.	
35 Amount of credit used for the current tax year <i>(see instructions)</i>	35.	2212	.	
36 Amount of credit available for refund or carryover to next year <i>(subtract line 35 from line 32a)</i> ..	36.		.	
37 Amount of credit to be refunded <i>(see instructions)</i>	37.		.	
38 Amount of credit available for carryover to next year <i>(subtract line 37 from line 36)</i>	38.		.	
39 Amount, if any, included on line 38 that expires this tax year <i>(see instructions)</i>	39.		.	
40 Amount of credit to be carried over to next year <i>(subtract line 39 from line 38)</i>	40.		.	





Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

IT-212-ATT

Name(s) as shown on return
GEORGE L CHARITY

Identifying number as shown on return
400004806

Use this form to claim an investment credit for qualified expenditures in the rehabilitation of a historic barn, or to claim the employment incentive credit. **Attach this form to Form IT-212.**

Schedule A – Historic barn rehabilitation credit

Part 1 – Eligibility criteria for claiming this credit (see instructions, Form IT-212-ATT-I, for assistance)

Complete questions 1 through 10 to determine if you are eligible to claim this credit. If you mark an **X** in the Yes box on line 1 or 6, or the No box on line 5, 9, or 10, **stop**; you cannot claim this credit.

- 1 Has the barn been converted to residential use? (If you mark Yes, **stop**; you cannot claim this credit.) Yes No
- 2 Is the barn listed in the National Register of Historic Places? (see instructions) Yes No
If Yes, the barn's rehabilitation must be certified by the federal Secretary of Interior or the New York State Office of Parks, Recreation and Historic Preservation. Attach a copy of the certification (see TSB-M-97(1)I).
- 3 If you answered No to question 2, is the barn located in a registered historic district? Yes No
- 4 If you answered Yes to question 3, is the barn of historic significance to the district? Yes No
If Yes, the barn must be a certified historic structure, and the barn's rehabilitation must be certified by the federal Secretary of Interior or the New York State Office of Parks, Recreation and Historic Preservation. Attach a copy of the certification. If No, attach documentation from the Office of Parks, Recreation and Historic Preservation stating the barn is of no historic significance to the district (see TSB-M-97(1)I).
- 5 If you answered No to questions 2 and 3, was the barn originally designed and used for storing farm equipment or agricultural products or for housing livestock, and was the barn first placed into service before 1936? Yes No
(If you mark No, **stop**; you cannot claim this credit.)
- 6 Has the historic appearance of the barn been materially altered? (If you mark Yes, **stop**; you cannot claim this credit.) Yes No
If No, attach a copy of the letter from the New York State Office of Parks, Recreation and Historic Preservation stating that the historic appearance of the barn has not been materially altered (see TSB-M-97(1)I).
- 7 Describe the measurement period used to determine whether the barn has been substantially rehabilitated. (see instructions) 24 months 02/15/2009 to 02/15/2011
- 8 What is the adjusted basis of the barn as of the first day of the measurement period? **8.** .
- 9 Do the expenditures incurred during the measurement period to rehabilitate the barn exceed the higher of the amount shown in question 8 or \$5,000? (If you mark No, **stop**; you cannot claim this credit.) Yes No
- 10 Did you use the straight-line method of depreciation over a recovery period specified in either section 168(c) or section 168(g) of the Internal Revenue Code (IRC), whichever is applicable to you? Yes No
(If you mark No, **stop**; you cannot claim this credit.)

Part 2 – Investments in qualified rehabilitation expenditures

Date rehabilitation work was begun (mm-dd-yyyy) 02/15/2009	Date rehabilitation work was completed (mm-dd-yyyy) 02/15/2011
--	--

A Description of rehabilitation expenditures <i>(attach additional sheets if necessary)</i>	B Date of expenditure(s)	C Property's useful life (years)	D Amount of expenditures	E Rehabilitation credit <i>(column D × 25%)</i>
ROOF	02/15/2011	20	5000	1250
PAINT	02/15/2011	5	500	125

11 Add column E amounts (enter here and on Form IT-212, line 23) **11.** .

(continued on back)



Part 3 – Early dispositions of qualified property and addback of credit on early dispositions

A Description of rehabilitation expenditures <i>(attach additional sheets if necessary)</i>	B Date acquired	C Date property ceased to qualify	D Property's useful life <i>(months)</i>	E Unused life <i>(months)</i>	F Percentage <i>(E ÷ D)</i>	G Total investment credit allowed for rehabilitation of a historic barn	H Addback of credit on early dispositions <i>(F × G)</i>	
ROOF	11/01/1998	11/01/1999	240	120	0.5000	500	250	
12 Add column H amounts <i>(enter here and on Form IT-212, line 27)</i>							12.	250

Schedule B – Employment incentive credit

Part 1 – Eligibility for employment incentive credit

A Year	B Mar. 31	C June 30	D Sept. 30	E Dec. 31	F Total <i>(B + C + D + E)</i>	G Average <i>(see instr.)</i>	H* Percent %
A. Use with Part 2, line 17; first succeeding tax year							
13 Number of New York State employees in employment base year _____							
14 Number of New York State employees in credit year _____							
B. Use with Part 2, line 18; second succeeding tax year							
15 Number of New York State employees in employment base year _____							
16 Number of New York State employees in credit year _____							

* Divide the average number of employees covered by this claim by the average number of employees in base year (column G). Round the result to two decimal places. If the percentage in column H is less than 101% (1.01), **stop**; you do not qualify for the employment incentive credit.

Part 2 – Computation of employment incentive credit

	A Tax year in which investment tax credit was allowed	B Amount of investment credit base upon which original investment tax credit was allowed <i>(exclude research and development (R&D) property at optional rate)</i>	C Employment incentive credit <i>(multiply column B by the appropriate rate from Tax rate schedule below)</i>
17 Information for first succeeding tax year; use line 14, column H, to determine rate			
18 Information for second succeeding tax year; use line 16, column H, to determine rate			
19 Add column C amounts from lines 17 and 18 <i>(enter here and on Form IT-212, line 24)</i>			19.

Tax rate schedule – Employment incentive credit rates to be used in Part 2 above

If the percentage in Part 1, column H is at least:

The employment incentive credit rate is:

- 101% but less than 102% 1½% (.015) of investment credit base
- 102% but less than 103% 2% (.02) of investment credit base
- 103% 2½% (.025) of investment credit base





Minimum Income Tax

New York State • New York City

IT-220

Name(s) as shown on return
GEORGE L AND MARY B CHARITY

▼ Your social security number
400004806

▼ Employer identification number (estate or trust only)

Married persons filing separate New York State returns **must** file separate Forms IT-220.

Attach to Form IT-201, IT-203, or IT-205.

- Form you are filing: (mark an X in only one box)
- Form IT-201**, resident — complete only **Column B** below.
 - Form IT-203**, nonresident and part-year resident — complete **Columns A and B** below.
 - Form IT-205**, estate or trust (resident or nonresident) and part-year resident trust — complete **Columns A and B** below.

Enter tax preference items from federal Form 6251 or from federal Form 1041, Schedule I (attach copy, if filed), even if you do not have to file federal Form 6251 or Form 1041.

	Column A Total amount		Column B New York amount	
	Dollars	Cents	Dollars	Cents
1 Interest from specified private activity bonds exempt from federal tax	1.		1.	
2 Depletion	2.		2.	
3 Depreciation (pre-1987)	3.		3.	
4 Intangible drilling costs	4.		4.	33000
5 Qualified small business stock (excluded under section 1202)	5.		5.	
6 Total federal tax preference items (add lines 1 through 5) ...	6.		6.	33000
7 New York addition for restoration of net operating loss deduction (see instructions)	7.		7.	
8 Total (add lines 6 and 7)	8.		8.	33000

New York subtractions

9 Portion of line 3 relating to accelerated cost recovery deduction (see instructions)	9.		9.	
10 Portion of tax preference items relating to an S corporation (see instructions)	10.		10.	
11 Itemized deduction adjustment (see instructions)	11.		11.	
12 Interest from specified private activity bonds exempt from federal tax entered on line 1	12.		12.	
13 Depletion entered on line 2	13.		13.	
14 Total New York subtractions (add lines 9 through 13)	14.		14.	
15 Total NY tax preference items (subtract line 14 from line 8) ...	15.		15.	33000
16 Specific deduction (see instructions)	16.		16.	5000
17 Subtract line 16 from line 15, Column B	17.		17.	28000
18 New York State personal income tax after credits (see instructions)	18.		18.	1207
19 Subtract line 18 from line 17 (if line 18 is more than line 17, leave blank)	19.		19.	26793
20 Available net operating loss carryover (see instructions)	20.		20.	
21 Minimum taxable income (subtract line 20 from line 19; see instructions)	21.		21.	26793

22 New York State minimum income tax due (enter 6% (.06) of line 21 here and on Form IT-201-ATT, line 29; or Form IT-203-ATT, line 28; or on Form IT-205, line 13; see instructions)

22. 1608

23 New York City resident minimum income tax (enter 2.85% (.0285) of line 21 here and on Form IT-201-ATT, line 31; or Form IT-203, line 52; or on Form IT-205, line 24; see instructions)

23.





Separate Tax on Lump-Sum Distributions

IT-230

New York State • New York City

Attach to Form IT-201, IT-203, or IT-205.

Name as shown on return
GEORGE L AND MARY B CHARITY

Identification number
400004806

Part 1 — Did you use federal Form 4972 to figure your federal tax on lump-sum distributions?

- Yes (If Yes, attach this form, and a copy of federal Form 4972 to Form IT-201, IT-203, or IT-205.)
 - From New York State or the United States or political subdivision.
- No (If No, **do not complete** the rest of this form. Your lump-sum distribution does not qualify for the separate tax on lump-sum distributions.)

Residents — Complete all of this Form IT-230 using information from federal Form 4972 (see instructions, Form IT-230-I, for assistance).

Part-year residents — Complete Part 2 using information from federal Form 4972. Complete Part 3 using information reported on federal Form 4972 for the period of New York residence **only** (see instructions).

Nonresidents — Complete **only** Part 2, line 1, and the *Income percentage schedule* on page 3 of Form IT-230-I, *Instructions for Form IT-230*.

Part 2 — Use this part if you completed Part II on federal Form 4972.

1 Capital gain part from federal Form 4972, Part II, line 6 1. [] . []

2 Multiply line 1 by 5.4% (.054) and enter in New York State column

(New York City and part-year New York City residents use both columns; multiply line 1 by 1.72% (.0172) and enter in New York City column)

	New York State	New York City
2.	[] . []	[] . []

Line 2 — New York State column

Form IT-201 filers — Enter the line 2, *New York State* column amount on Form IT-230-I, *Worksheet A*, line 1.

Form IT-203 filers — Enter the line 2, *New York State* column amount on Form IT-230-I, *Worksheet C*, line 1.

Full-year resident estates or trusts — Enter the line 2, *New York State* column amount on Form IT-205, line 7.

Nonresident estates or trusts or part-year resident trusts — Include the line 2, *New York State* column amount on Form IT-205-A, line 11.

Line 2 — New York City column

Full-year New York City residents — Enter the line 2, *New York City* column amount on Form IT-230-I, *Worksheet B*, line 1.

Part-year New York City residents — Enter the line 2, *New York City* column amount on Form IT-230-I, *Worksheet D*, line 1.

Form IT-205 filers — Enter the line 2, *New York City* column amount on Form IT-205, line 16.

New York State nonresidents, part-year residents, New York State nonresident estates or trusts, or part-year resident trusts: Complete the *Income percentage schedule* on page 3 of Form IT-230-I to compute the income percentage to enter on Form IT-203, line 45, and on Form IT-230-I, *Worksheet C*, line 6, or Form IT-205-A, Schedule 1, line 12.

Part 3 — Use this part if you were a resident or part-year resident and completed Part III on federal Form 4972.

3 Amount from federal Form 4972, Part III, line 8 (see instructions)	3.	3800	[]
4 Death benefit exclusion (see instructions)	4.		[]
5 Subtract line 4 from line 3 (total taxable amount)	5.	3800	[]
6 Current actuarial value of annuity from federal Form 4972, Part III, line 11	6.		[]
7 Add lines 5 and 6 (adjusted total taxable amount). If this amount is \$70,000 or more, skip lines 8 through 11, and enter this amount on line 12	7.	3800	[]
8 Multiply line 7 by 50% (.50) but do not enter more than 10,000 ...	8.	1900	[]
9 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank	9.		[]
10 Multiply line 9 by 20% (.20)	10.		[]
11 Subtract line 10 from line 8 (minimum distribution allowance)	11.	1900	[]
12 Subtract line 11 from line 7	12.	1900	[]
13 Federal estate tax attributable to lump-sum distribution	13.		[]
14 Subtract line 13 from line 12	14.	1900	[]

(continued on back)



Part 3 (continued)

Lines 15 through 24 — New York City and part-year New York City residents use both columns.
If line 6 is blank, skip lines 15 through 17 and go to line 18.

	New York State		New York City	
15 Divide line 6 by line 7 and round the result to the fourth decimal place. If line 6 is zero, leave blank	15.		15.	
16 Multiply line 11 by the decimal amount on line 15. If line 15 is zero, leave blank	16.		16.	
17 Subtract line 16 from line 6	17.		17.	

10-year tax option

18 Multiply line 14 by 10% (.10)	18.	190		18.	
19 Tax on line 18 amount (use the New York State tax rate schedule on page 4 of the instructions; New York City and part-year New York City residents must also use the New York City tax rate schedule on page 4 of the instructions)	19.	4		19.	
20 Multiply line 19 by ten. If line 6 is blank, skip lines 21 through 23 and enter this amount on line 24	20.	40		20.	
21 Multiply line 17 by 10% (.10)	21.			21.	
22 Tax on line 21 amount (use the New York State tax rate schedule on page 4 of the instructions; New York City and part-year New York City residents must also use the New York City tax rate schedule on page 4 of the instructions)	22.			22.	
23 Multiply line 22 by ten	23.			23.	
24 Subtract line 23 from line 20. This is your tax on lump-sum distribution using the 10-year option	24.	40		24.	

Line 24 — New York State column

- **Individuals** — Enter the line 24, *New York State* column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25.
- **Fiduciaries** — Include the line 24, *New York State* column amount on Form IT-205, line 12.
- **Multiple recipients** — See the front page of the instructions; if applicable, complete the worksheet below.

Line 24 — New York City column

- **Full-year New York City residents** — Enter the line 24, *New York City* column amount on Form IT-201-ATT, line 32.
- **Part-year New York City residents** — Enter the line 24, *New York City* column amount on Form IT-360.1, line 51.
- **Estates or trusts** — Enter the line 24, *New York City* column amount on Form IT-205, line 20.

Multiple recipients of lump-sum distribution worksheet

	New York State		New York City	
a Enter the amount from line 24 (<i>New York City and part-year New York City residents: use both columns</i>)	a.	40	a.	
b Enter your percentage of the total distribution	b.	100	b.	
c Multiply line a by line b. Enter the result here and as follows: Individuals — Enter the line c, <i>New York State</i> column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. Fiduciaries — Include the line c, <i>New York State</i> column amount on Form IT-205, line 12.	c.	40	c.	

Full-year New York City residents — Enter the line c, *New York City* column amount on Form IT-201-ATT, line 32, or Form IT-205, line 20.

Part-year New York City residents — Enter the line c, *New York City* column amount on Form IT-360.1, line 51, or Form IT-205, line 20.





Nonobligated Spouse Allocation

IT-280

Part 1 — Information about the joint return for which this claim is filed

Enter the following information exactly as it is shown on the tax return for which you are filing this claim. The spouse's name and social security number shown first on that tax return must also be shown first below.

First name, middle initial, and last name shown first on the return GEORGE L CHARITY	Social security number shown first 400 00 4806	If nonobligated spouse, mark an X here ▶ <input type="checkbox"/>
First name, middle initial, and last name shown second on the return MARY B CHARITY	Social security number shown second 400 00 4856	If nonobligated spouse, mark an X here ▶ <input checked="" type="checkbox"/>

Did you receive a *Notice of Claim Against Your Income Tax Refund*?..... Yes No
If Yes, please attach a copy to this form.

Part 2 — Allocation of items on the joint tax return between spouses

Allocated items	a — Allocated to nonobligated spouse	b — Allocated to other spouse	c — Amount shown on joint return
Lines 1a, 1b, and 1c Income — Allocate separate income to the spouse who earned it. Allocate joint income, such as interest earned on a joint bank account, as you determine. Be sure to allocate all income shown on the joint return.			
1a Wages (from Forms IT-201 and IT-203, line 1)	6840	23160	30000
1b All other income — Identify the type and amount below (from Form IT-201, lines 2 through 15; Form IT-203, lines 2 through 15, Federal amount column). Total ▶ STM 32		52806	52806
1c Total income (add lines 1a and 1b)	6840	75966	82806
2 Federal adjustments to income — Allocate separate adjustments, such as an IRA deduction, to the spouse to whom they belong (from Form IT-201, line 17; Form IT-203, line 17, Federal amount column) ...	700	2600	3300
3 Total New York State/New York City/Yonkers taxes and sales or use tax (Form IT-201, add lines 46, 58, and 59; Form IT-203, add lines 50, 55, and 56)			2869
4a Income tax withheld — Allocate New York State/New York City/Yonkers income tax withheld to each spouse as shown on federal Forms W-2	159	1321	1480
4b Estimated tax payments (including estimated tax paid by nonresidents on the sale or transfer of real property, estimated tax paid by nonresidents on the gain from the sale of shares of stock in a cooperative housing corporation, and estimated tax paid on your behalf by a partnership or corporation) and amount paid with extension Form IT-370 — Allocate joint estimated tax payments (Form IT-201, line 75; Form IT-203, line 65)		2000	2000
4c Total prepayments (add lines 4a and 4b)	159	3321	3480

Note: The Tax Department will figure the amount of any refund due the nonobligated spouse.

Please file this original scannable form with the Tax Department.



Part 3 – Signature

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">▼ Paid preparer must complete (see instructions) ▼</td> <td>Date:</td> </tr> <tr> <td>Preparer's signature ▶</td> <td>▶ Preparer's NYTPRIN</td> </tr> <tr> <td>Firm's name (or yours, if self-employed)</td> <td>▼ Preparer's PTIN or SSN</td> </tr> <tr> <td rowspan="2">Address</td> <td>● Employer identification number</td> </tr> <tr> <td style="text-align: right;">Mark an X if self-employed <input type="checkbox"/></td> </tr> <tr> <td>E-mail:</td> <td></td> </tr> </table>	▼ Paid preparer must complete (see instructions) ▼	Date:	Preparer's signature ▶	▶ Preparer's NYTPRIN	Firm's name (or yours, if self-employed)	▼ Preparer's PTIN or SSN	Address	● Employer identification number	Mark an X if self-employed <input type="checkbox"/>	E-mail:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">▼ Taxpayer sign here ▼</td> </tr> <tr> <td>Nonobligated spouse's signature</td> </tr> <tr> <td>Date</td> </tr> <tr> <td>Daytime phone number 518-464-1264</td> </tr> <tr> <td>Nonobligated spouse's e-mail address CHARITY@PATS.COM</td> </tr> <tr> <td style="text-align: center;">Keep a copy of this form for your records.</td> </tr> </table>	▼ Taxpayer sign here ▼	Nonobligated spouse's signature	Date	Daytime phone number 518-464-1264	Nonobligated spouse's e-mail address CHARITY@PATS.COM	Keep a copy of this form for your records.
▼ Paid preparer must complete (see instructions) ▼	Date:																	
Preparer's signature ▶	▶ Preparer's NYTPRIN																	
Firm's name (or yours, if self-employed)	▼ Preparer's PTIN or SSN																	
Address	● Employer identification number																	
	Mark an X if self-employed <input type="checkbox"/>																	
E-mail:																		
▼ Taxpayer sign here ▼																		
Nonobligated spouse's signature																		
Date																		
Daytime phone number 518-464-1264																		
Nonobligated spouse's e-mail address CHARITY@PATS.COM																		
Keep a copy of this form for your records.																		

Instructions

See the instructions for your tax return for paid preparer information, the *Privacy notification*, or if you need help contacting the Tax Department.

Who qualifies

You qualify as a nonobligated spouse if (1) you have income (such as wages or interest) and prepaid taxes (such as withholding or estimated tax payments) to report on a joint return, or (2) you are going to file a joint return for any refundable credit(s) and you want to disclaim your spouse's defaulted governmental education, state university, or city university loan, past-due support liability, or past-due legally enforceable debt to a New York State agency, or New York City tax warrant judgment debt because you do not want to apply your part of the joint refund or refundable credit to a debt owed solely by your spouse.

You **cannot** use Form IT-280 to disclaim your spouse's legally enforceable debt to the IRS or to disclaim a tax liability owed to another state. You must contact the IRS or the other state to resolve your responsibility for the asserted liability.

How to file

Attach the completed Form IT-280 to the front of your original Form IT-201, IT-203, IT-214, or NYC-210. We need the information on it to process your refund as quickly as possible. You cannot file an amended return solely to disclaim your spouse's debt after you have filed your original return. However, you will be notified if your refund is applied against your spouse's defaulted governmental education, state university, or city university loan, past-due support, or past-due legally enforceable debt owed to a New York State agency, or New York City tax warrant judgment debt and you did not attach Form IT-280 to your return. You will then have ten days from the notification of offset date to file Form IT-280.

Complete Parts 1 and 2 of this form, and sign and date Part 3 in the spaces provided. If you are filing Form IT-214 or Form NYC-210 and do not have to file an income tax return, fill in only your name and the social security number of both spouses, and sign and date this form.

Note: New York State Form IT-280 is used only to protect your portion of a joint refund from being applied against a

debt owed solely by your spouse. This form should not be used to request innocent spouse relief.

There are three forms of innocent spouse relief: innocent spouse, separation of liability, and equitable relief. You may qualify for relief from full or partial tax liability on a joint return as an *innocent spouse* if (1) there is an understatement of tax on a joint return because of an omission or error involving income, deduction, credit, or basis; (2) you can show that when you signed the return you did not know and had no reason to know of the understatement; and (3) taking into account all the facts and circumstances, it would be unfair to hold you liable for the understated tax. You may also request a *separation of liability* for any understated tax on a joint return if you and your spouse or former spouse are no longer married, or are legally separated, or have lived apart at all times during the 12-month period prior to the date of filing for relief. If you don't qualify as an innocent spouse or for separation of liability, you may qualify for *equitable relief* if you can show that, taking into account all the facts and circumstances, you should not be held liable for any understatement or underpayment of tax. For more information, see Form IT-285, *Request for Innocent Spouse Relief (and Separation of Liability and Equitable Relief)*.



VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code CANADA CANADIAN RETIREMENT SYSTEM KANATA ONTARIO K2K1X3 CANADA		1 Gross distribution \$ 3800	OMB No. 1545-0119 2011 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 3800	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
PAYER'S federal identification number 99-5244433	RECIPIENT'S identification number 400004806	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name GEORGE L CHARITY Street address (including apt. no.) 923 HOPE CT City, state, and ZIP code DOVER PLAINS NY 12522		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 4A	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution 100 %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.		14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$ 420	16 Name of locality CANADA		17 Local distribution \$ 3800

Form **1099-R**

Department of the Treasury - Internal Revenue Service

1099R INDICATOR -S

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code NORT NORTHERN TRUST COMPANY 50 S LASALLE ST CHICAGO IL 60603		1 Gross distribution \$ 12640	OMB No. 1545-0119 2011 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 12640	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
PAYER'S federal identification number 36-3046064	RECIPIENT'S identification number 400004806	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name GEORGE L CHARITY Street address (including apt. no.) 923 HOPE CT City, state, and ZIP code DOVER PLAINS NY 12522		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution 100 %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 121	13 State/Payer's state no. NY / 36-3046064	14 State distribution \$ 12640	
Account number (see instructions)		15 Local tax withheld \$ 50	16 Name of locality NYC	17 Local distribution \$ 12640	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

1099R INDICATOR-S

22222		a Employee's social security number 400004806		OMB No. 1545-0008		
b Employer identification number (EIN) 63-2257358			1 Wages, tips, other compensation 23160		2 Federal income tax withheld	
c Employer's name, address, and ZIP code WORK WORKHARD INDUSTRIES 280 LABOR CT FAITH NC 28041-0280			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. GEORGE L. CHARITY 923 HOPE CT DOVERPLAINS NY 12522			11 Nonqualified plans		12a C o o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e	
			14 Other		12c C o o d e	
					12d C o o d e	
f Employee's address and ZIP code						
15 State Employer's state ID number NY		16 State wages, tips, etc. 23160	17 State income tax 900	18 Local wages, tips, etc. 23160	19 Local income tax 250	20 Locality name NYC

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

22222		a Employee's social security number 400004856		OMB No. 1545-0008			
b Employer identification number (EIN) 56-3046224			1 Wages, tips, other compensation 6840		2 Federal income tax withheld		
c Employer's name, address, and ZIP code GOLD GOLDBLAZER REAL ESTATE 459 DWELLING AVE FAITH NC 28041			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. MARY B CHARITY 923 HOPE CT DOVERPLAINS NY 12522			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other		12c C o o d e		
					12d C o o d e		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY		6840	100	6840	59	NYC	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

400-00-4806

IT-201 STATEMENT RECORDS

STM 31

FED

LINE 17: IRA 1741

Sub Pay 400

½ SE Tax 1159

400-00-4806

IT-280 STATEMENT RECORD

STM 32

ALL OTHER INCOME	AMOUNT
TAXABLE INTEREST INCOME	4300
ORDINARY DIVIDENDS	6190
CAPITAL GAIN (SCH D)	72
TAXABLE PENSION	12640
RENTAL REAL ESTATE (SCH E)	13200
FARM INCOME (SCH F)	16404



Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning ... 11 and ending ...

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

You must enter your date(s) of birth and social security number(s) below.

Your first name and middle initial ROBERT	Your last name (for a joint return, enter spouse's name on line below) MICHAELS	Your date of birth (MMDDYYYY) 1 2 / 1 7 / 1 9 6 4	Your social security number 4 0 0 0 0 4 8 0 7
Spouse's first name and middle initial	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 rural route) 441 AMES STREET		Apartment number	New York State county of residence ● MONROE
City, village, or post office ROCHESTER	State NY	ZIP code 14611	Country (if not United States)
Permanent home address (see instructions, page 13) (number and street or rural route)		Apartment number	School district name ● ROCHESTER
City, village, or post office		State NY	ZIP code
Decedent information		Taxpayer's date of death	Spouse's date of death
School district code number 5 3 8			

- (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 2011 federal income tax return?** Yes No
- (C) Can you be claimed as a dependent on another taxpayer's federal return?** Yes No

- (D)** E-file this return. Most taxpayers **must** now e-file (see page 12).
- (E)** (1) Did you or your spouse **maintain living quarters in NYC** during 2011 (see page 14)? Yes No
- (2) Enter the number of days spent in NYC in 2011 (any part of a day spent in NYC is considered a day)
- (F) NYC residents and NYC part-year residents only (see page 14):**
- (1) Number of months **you** lived in NYC in 2011 ●
- (2) Number of months **your spouse** lived in NYC in 2011 ●
- (G) Enter your 2-character special condition code if applicable (see page 14)** ●
- If applicable, also enter your second 2-character special condition code** ●

Staple check or money order here

Federal income and adjustments

Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 15). Also see page 4 instructions for showing a loss.

	Dollars	Cents
1 Wages, salaries, tips, etc.	1 0 5 0 0 0	
2 Taxable interest income	5 0 0	
3 Ordinary dividends		
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)		
5 Alimony received		
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)		
7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)		
8 Other gains or losses (attach a copy of federal Form 4797)		
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/>		
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input checked="" type="checkbox"/>	4 0 0 0	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)		
12 Farm income or loss (attach a copy of federal Schedule F, Form 1040)		
13 Unemployment compensation		
14 Taxable amount of social security benefits (also enter on line 27)		
15 Other income (see page 15) Identify: GAMBLING 10000	1 0 0 0 0	
16 Add lines 1 through 15	1 1 9 5 0 0	
17 Total federal adjustments to income (see page 15) Identify:		
18 Federal adjusted gross income (subtract line 17 from line 16)	1 1 9 5 0 0	

You must file all four pages of this original scannable return with the Tax Department.



2011110099

▼ Enter your social security number

4	0	0	0	0	4	8	0	7
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Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) **19.** , 1 1 9, 5 0 0 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) **20.** , , , , , .
21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) **21.** , , , , , .
22 New York's 529 college savings program distributions (see page 16) **22.** , , , , , .
23 Other (see page 17) *Identify:* **23.** , , , , , .
24 Add lines **19** through **23** **24.** , 1 1 9, 5 0 0 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) **25.** , , , , , .
26 Pensions of NYS and local governments and the federal government (see page 20) **26.** , , , , , .
27 Taxable amount of social security benefits (from line 14)..... **27.** , , , , , .
28 Interest income on U.S. government bonds **28.** , , , , , .
29 Pension and annuity income exclusion (see page 20) **29.** , , , , , .
30 New York's 529 college savings program deduction/earnings **30.** , , , , , .
31 Other (see page 21) *Identify:* **31.** , , , , , .
32 Add lines 25 through 31 **32.** , , , , , .
33 New York adjusted gross income (subtract line 32 from line 24) **33.** , 1 1 9, 5 0 0 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an **X** in the appropriate box: • **Standard** or • **Itemized** **34.** , 1 0, 5 0 0 .
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) **35.** , 1 0 9, 0 0 0 .
36 Dependent exemptions (not the same as total federal exemptions; see page 28) **36.** 2, 0 0 0 . **0 0**
37 Taxable income (subtract line 36 from line 35) **37.** , 1 0 7, 0 0 0 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a. , , , , , .
b Taxes you paid (federal Sch. A, line 9)	b. , , , , , .
c Interest you paid (federal Sch. A, line 15)	c. , , , , , .
d Gifts to charity (federal Sch. A, line 19)	d. , , , , , .
e Casualty and theft losses (federal Sch. A, line 20)	e. , , , , , .
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. , , , , , .
g Other misc. deductions (federal Sch. A, line 28)	g. , , , , , .
h Enter amount from federal Schedule A, line 29	h. , , , , , .
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i. , , , , , .
j Subtract line i from line h	j. , , , , , .
k Addition adjustments (see page 26)	k. , , , , , .
l Add lines j and k	l. , , , , , .
m Itemized deduction adjustment (see page 27)	m. , , , , , .
n Subtract line m from line l	n. , , , , , .
o College tuition itemized deduction (see Form IT-272)	o. , , , , , .
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. , , , , , .



Name(s) as shown on page 1
ROBERT MICHAELS

▼ Enter your social security number
4 0 0 + 0 0 4 8 0 7

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	1 0 7 0 0 0	. 0 0
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.	6 9 8 7	. 0 0
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.		. 0 0
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.	3 4	. 0 0
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.	6 9 5 3	. 0 0
43 Add lines 40, 41, and 42	43.	6 9 8 7	. 0 0
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.		. 0 0
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		. 0 0
46 Total New York State taxes (add lines 44 and 45)	46.		. 0 0

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

47 New York City resident tax on line 38 amount (see page 30)	47.		. 0 0
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.		. 0 0
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		. 0 0
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		. 0 0
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		. 0 0
52 Add lines 49, 50, and 51	52.		. 0 0
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		. 0 0
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		. 0 0
55 Yonkers resident income tax surcharge (see page 32)	55.		. 0 0
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		. 0 0
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		. 0 0
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.		. 0 0

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59. 2 0 8 0 . 0 0

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.		. 0 0
60b Missing/Exploited Children Fund	60b.		. 0 0
60c Breast Cancer Research Fund	60c.		. 0 0
60d Alzheimer's Fund	60d.		. 0 0
60e Olympic Fund (\$2 or \$4; see page 34)	60e.		. 0 0
60f Prostate Cancer Research Fund	60f.		. 0 0
60g 9/11 Memorial	60g.		. 0 0
60h Volunteer Firefighting & EMS Recruitment Fund ...	60h.		. 0 0

60 Total voluntary contributions (add lines 60a through 60h)

60. 0 0 . 0 0

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. 2 0 8 0 . 0 0



▼ Enter your social security number

4 0 0 0 0 4 8 0 7

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 2,080.

Payments and refundable credits (see page 35)

Table with 10 rows (63-72) for various credits and withholdings. Line 72 shows 7,250. Line 76 shows 7,250.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 5,170.
78 Amount of line 77 to be refunded Mark one refund choice: [] direct deposit (fill in line 82) - or - [x] debit card - or - [] paper check 78. 5,170.
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box [] and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) []

82a Routing number [] Electronic funds withdrawal effective date []

82b Account number [] 82c Account type [] Checking [] Savings

Third-party designee section with fields for name (JOE PALMER), phone number (518) 555-7777, PIN (5555), and email (PALMER@PATS.COM).

Paid preparer section with fields for signature, firm name, address, and PTIN/SSN.

Taxpayer(s) section with fields for signature, occupation (CONSULTANT), spouse's signature, date, and phone number (518-464-1264).

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201 ROBERT MICHAELS	▼ Your social security number 4 0 0 0 0 4 8 0 7
---	--

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-201.

Part 1 — Other New York State, New York City, and Yonkers tax credits

Section A — New York State nonrefundable, non-carryover credits used

		Dollars	Cents
1	Accumulation distribution credit (<i>attach computation</i>)	1.	.
2	Other nonrefundable, non-carryover credits (<i>attach all applicable forms</i>)		
2a.	Code 2 5 0 Dollars 2 0 0 0 Cents 0 0	2b.	
Total other nonrefundable, non-carryover credits (<i>add lines 2a and 2b</i>)		2.	2 0 0 0 . 0 0

Section B — New York State nonrefundable, carryover credits used

3	Long-term care insurance credit (<i>attach Form IT-249</i>)	3.	.
4	Investment credit (<i>attach Form IT-212</i>)	4.	.
5	Solar energy system equipment credit (<i>attach Form IT-255</i>)	5.	4 9 5 3 . 0 0
6	Other nonrefundable, carryover credits (<i>attach all applicable forms</i>)		
6a.	Code Dollars Cents	6h.	Code Dollars Cents
6b.		6i.	
6c.		6j.	
6d.		6k.	
6e.		6l.	
6f.		6m.	
6g.		6n.	
Total other nonrefundable, carryover credits (<i>add lines 6a through 6n</i>)		6.	.
7	Total New York State nonrefundable credits used (<i>add lines 1 through 6; enter here and on Form IT-201, line 42</i>)	7.	6 9 5 3 . 0 0

Section C — New York City nonrefundable, non-carryover credits used

8	New York City resident UBT credit (<i>attach Form IT-219</i>)	8.	.
9	New York City accumulation distribution credit (<i>attach computation</i>)	9.	.
9a	Part-year resident nonrefundable NYC child and dependent care credit (<i>attach Form IT-216</i>)	9a.	.
10	Total other New York City nonrefundable credits used (<i>add lines 8, 9, and 9a; enter here and on Form IT-201, line 53</i>)	10.	.

Section D — New York State, New York City, and Yonkers refundable credits

11	Farmers' school tax credit (<i>attach Form IT-217</i>)	11.	.
12	Other refundable credits (<i>attach all applicable forms</i>)		
12a.	Code Dollars Cents	12g.	Code Dollars Cents
12b.		12h.	
12c.		12i.	
12d.		12j.	
12e.		12k.	
12f.		12l.	
Total other refundable credits (<i>add lines 12a through 12l</i>)		12.	.
13	Add lines 11 and 12	13.	.

(continued on back)

2411110099



▼ Enter your social security number

4	0	0	0	0	4	8	0	7
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Part 1, Section D – New York State, New York City, and Yonkers refundable credits *(continued)*

Dollars Cents

14 Enter amount from line 13 on the front page	14.		.	
15 New York State claim of right credit <i>(attach Form IT-257)</i>	15.		.	
16 New York City claim of right credit <i>(attach Form IT-257)</i>	16.		.	
17 Yonkers claim of right credit <i>(attach Form IT-257)</i>	17.		.	
18 Total New York State, New York City, and Yonkers other refundable credits <i>(add lines 14 through 17; enter here and on Form IT-201, line 71)</i>	18.		.	

Part 2 – Other New York State taxes

If you are subject to other New York State taxes, **complete Part 2 and attach this Form IT-201-ATT to your return.**

19 New York State tax on capital gain portion of lump-sum distributions <i>(attach Form IT-230)</i>	19.		.	
20 Other New York State taxes <i>(attach all applicable forms)</i>				

	Code	Dollars	Cents		Code	Dollars	Cents
20a.				20g.			
20b.				20h.			
20c.				20i.			
20d.				20j.			
20e.				20k.			
20f.				20l.			

Total other New York State taxes <i>(add lines 20a through 20l)</i>	20.		.	
21 Add lines 19 and 20	21.		.	
22 See instructions for line 22	22.		.	
23 Enter amount from Form IT-201 , line 39	23.		.	
24 Subtract line 23 from line 22 <i>(if line 23 is more than line 22, leave blank)</i>	24.		.	
25 Subtract line 24 from line 21 <i>(if line 24 is more than line 21, leave blank)</i>	25.		.	
26 New York State separate tax on lump-sum distributions <i>(attach Form IT-230)</i>	26.		.	
27 Resident credit against separate tax on lump-sum distributions <i>(attach Form IT-112.1)</i>	27.		.	
28 Subtract line 27 from line 26	28.		.	
29 New York State minimum income tax <i>(attach Form IT-220)</i>	29.		.	
30 Net other New York State taxes <i>(add lines 25, 28, and 29; enter here and on Form IT-201, line 45)</i>	30.		.	

Part 3 – Other New York City taxes

31 New York City minimum income tax <i>(attach Form IT-220)</i>	31.		.	
32 New York City resident separate tax on lump-sum distributions <i>(attach Form IT-230)</i>	32.		.	
33 New York City tax on capital gain portion of lump-sum distributions <i>(attach Form IT-230)</i>	33.		.	
34 Total other New York City taxes <i>(add lines 31, 32, and 33; enter here and on Form IT-201, line 51)</i>	34.		.	





New York State Resident Credit for Taxes Paid to a Province of Canada

Complete this form if you want to claim a resident credit or if you have an addback for taxes paid to a province of Canada.

Name(s) as shown on return
ROBERT MICHAELS

Identifying number as shown on return
400004807

Attach this form and a copy of federal Form 1116 to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties. If you are not required to file federal Form 1116, see instructions.

Table with 4 columns: Description, A (Amount reported on New York State return), B (Amount sourced to and taxed by the Canadian province), and Cents. Rows include Wages, salaries, tips, etc. (105000), Taxable interest income (500), Ordinary dividends, Taxable refunds, credits, or offsets of state and local income taxes, Alimony received, Business income or loss, Capital gain or loss, Other gains or losses, Taxable amount of IRA distributions, Taxable amount of pensions and annuities (4000), Rental real estate, royalties, partnerships, S corporations, trusts, etc., Farm income or loss, Unemployment compensation, Taxable amount of social security benefits, Other income (10000), Add lines 1 through 15 (119500), Total federal adjustments to income, Federal adjusted gross income (119500), New York adjustments, New York adjusted gross income (4000), Capital gain portion of lump-sum distributions, Add lines 20 and 21 (4000).

(continued)

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



Report all amounts in U.S. dollars.

Part 2 – Computing your resident credit or addback for taxes paid to a province of Canada

If any portion of the Canadian provincial income tax that entitled you to a New York State credit is claimed as a foreign tax credit on your federal return in a succeeding tax year, the amount claimed must be added back to your New York State tax liability for that succeeding tax year.

23	Enter the two-letter abbreviation of the Canadian province where tax was paid (<i>see instr.</i>)	23.		QC
24	Enter the amount from federal Form 1116, line 9, pertaining to this year's income taxes paid to the above Canadian province (<i>see instructions</i>)	24.	1200	
25	Enter the amount from federal Form 1116, line 12, pertaining to the reduction in foreign taxes paid to the above Canadian province	25.		
26	Enter the amount from line 24 that was carried back and claimed as a credit for federal purposes	26.		
27	Add lines 25 and 26	27.		
28	Subtract line 27 from line 24	28.	1200	
29	Enter the amount from federal Form 1116, line 10, pertaining to carryover of taxes paid for prior years to the above Canadian province (<i>attach copy of federal Form(s) 1116</i>)	29.		
30	Add lines 28 and 29	30.	1200	
31	Enter the amount from federal Form 1116, line 22, pertaining to this year's foreign tax credit for taxes paid to the above Canadian province	31.	1166	
32	Subtract line 31 from line 30	32.	34	
33	New York State tax payable (<i>see instructions</i>)	33.	6987	
34	Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>)....	34.	0	0335
35	Multiply line 33 by line 34	35.	234	
36	Tentative credit (<i>enter the lesser of line 28, 32, or 35</i>)	36.	34	
37	Enter the amount from line 29	37.		
38	Enter the amount from line 31	38.	1166	
39	Subtract line 38 from line 37 (<i>if line 38 is more than line 37, leave blank</i>)	39.		
40	Add lines 36 and 39	40.	34	
41	Enter the prior-year(s) resident credit claimed on Form(s) IT-112-R or IT-112-C for taxes paid to Canadian province(s) (<i>see instructions</i>)	41.		
42	If line 41 is more than line 40, subtract line 40 from line 41. This is your addback of resident credit (<i>see instructions; do not make any entries on lines 43 through 50</i>)	42.		
43	If line 41 is less than (or equal to) line 40, subtract line 41 from line 40	43.	34	
44	Enter the amount from line 36 or line 43, whichever is less (<i>see instructions</i>)	44.	34	
45	Total line 44 amounts from additional Form(s) IT-112-C and line 28 amounts from Form(s) IT-112-R, if any (<i>see instructions</i>)	45.		
46	Add lines 44 and 45	46.	34	

Part 3 – Application of credit

47	Tax due before credits (<i>see instructions</i>)	47.	6987	
48	Other credits that you applied before this credit (<i>see instructions</i>)	48.		
49	Subtract line 48 from line 47	49.	6987	
50	Enter the amount from line 46 or line 49, whichever is less (<i>see instructions</i>)	50.	34	



Part 4 – Information from your Canadian federal and/or provincial returns

You are not **required** to attach a copy of the return you filed with a province of Canada to Form IT-201, IT-203, or IT-205. Attaching a copy of the provincial return is **optional**. You are still required to attach a copy of federal Form 1116 (if filed). However, you may be required to furnish a copy of your Canadian provincial return at a later date. Whether or not you attach a copy of the provincial return to Form IT-201, IT-203, or IT-205, you **must** complete this section.

51 Enter the amount of your provincial tax 51. .

Note: For lines 52 through 55, provinces other than Quebec should use the *Canada* column.

	Canada	Quebec
52 Enter your total tax payable (<i>see instructions</i>)	52. <input type="text"/>	52. <input type="text" value="500"/>
53 Enter the amount of your prepayments (<i>see instructions</i>) ...	53. <input type="text"/>	53. <input type="text" value="600"/>
54 Enter the amount of overpayment, if any, shown on the return you filed with Canada or Quebec.....	54. <input type="text"/>	54. <input type="text" value="100"/>
55 Enter the balance due, if any shown on the return you filed with Canada or Quebec (<i>see instructions</i>)	55. <input type="text"/>	55. <input type="text"/>





Sales and Use Tax Report
For Purchases of Items and Services
Costing \$25,000 or More

Attach this form to Form IT-201, IT-203, IT-205, ST-140, or ST-141. (See instructions on back for assistance in completing this form.)

Table with 2 columns: Name as shown on personal income tax return or sales and use tax return (ROBERT MICHAELS), Social security or employer identification number (400004807); Spouse's name as shown on personal income tax return, if applicable; Spouse's social security number.

Complete this form if you are reporting sales or use tax liability on your personal income tax return or your individual purchaser's annual or periodic report of sales and use tax (sales and use tax return) and you, or your spouse if filing a joint return, owe sales or use tax on items or services costing \$25,000 or more each, excluding any charges for shipping and handling.

Main table with 6 columns: A (Date item or service was delivered/brought into New York), B (Description of item or service purchased), C (Seller's name and address), D (Delivery address and address of use), E (Purchase price), F (Tax paid to another taxing jurisdiction, if any). Includes one row of data for windows, doors, and siding.

Instructions

Purpose of Form IT-135

If the sales or use tax reported on your personal income tax return (including fiduciary returns), or sales and use tax return is for one or more items or services costing \$25,000 or more each, excluding any charges for shipping and handling, complete this form and attach it to your return.

For information on sales and use taxes and who may report and pay these taxes on their personal income tax return or sales and use tax return, see the instructions for Form IT-201, IT-203, or IT-205. Also see TB-ST-913, *Use Tax for Individuals (including Estates and Trusts)*.

Specific instructions

Name(s) and social security number(s) (SSN) or employer identification number (EIN)

Enter your name and SSN, or the EIN, exactly as they appear on your personal income tax or sales and use tax return to which you are attaching this form. Enter your spouse's name and SSN, if applicable.

Column C — Seller's name and address

Enter the name and address of the seller from which you purchased the item or service. If you purchased the item or service over the Internet, also include the Internet address of the seller in this column.

Column D — Delivery address and address of use

Enter the address to which the item or service was delivered **and** the location of use, if different from the delivery address.

Column E — Purchase price

Enter the purchase price from Worksheet 2, column A, or Worksheet 3, column A, of Form ST-140 or ST-141. For more information about computing the purchase price subject to sales or use tax, see the instructions for Form ST-140 or ST-141.

Column F — Tax paid to another taxing jurisdiction

Enter the amount of tax paid, if any, to another taxing jurisdiction from Worksheet 2, column D, or Worksheet 3, column D, of Form ST-140 or ST-141. For more information, see the instructions for Form ST-140 or ST-141.

Attach this form to your Form IT-201, IT-203, IT-205, ST-140, or ST-141. If you need more space, attach additional sheets that have the **same format and information** as the chart on the front page of this form. Be sure to include your name(s) or the name of the estate or trust (as shown on your personal income tax or sales and use tax return) and SSN(s) or EIN(s) on all attachments.



Claim for Credit for Purchase of an Automated External Defibrillator

Personal Income Tax

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return ROBERT MICHAELS	Type of business (if applicable) CONSULTANT	Identification number on return 400004807
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Complete this form if you are claiming a credit for the purchase of an automated external defibrillator.

Schedule A – Individuals, including sole proprietors, partnerships, and estates or trusts

Use a separate line for each defibrillator purchased. If you need more lines, attach additional Form(s) IT-250 and enter the total from all additional forms on line 1 (see instructions).

A Defibrillator name/model number	B Date purchased (mm-dd-yyyy)	C Cost	D Maximum credit	E Credit (enter the lesser of column C or column D)
WECHHEARTSTART FRX-861304	02/01/2011	1500 .	\$500	500 .
WECHHEARTSTART FRX-861305	06/01/2011	2000 .	\$500	500 .
		. .	\$500	. .
		. .	\$500	. .
		. .	\$500	. .

1 Total column E amounts from additional Form(s) IT-250, if any 1. .

2 Total credit (add column E amounts, including any amount on line 1) 2. 1000 .

Fiduciaries – Include the line 2 amount on the Total line of Schedule D, column C.
All others – Enter the line 2 amount on Schedule E, line 7.

Schedule B – Partnership, S corporation, and estate or trust information

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit for the purchase of an automated external defibrillator from that entity, complete the following information for each partnership, S corporation, or estate or trust. For *Type* enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Type	Employer identification number
MICHAEL INC	S	300004807
MICHAEL BROTHERS	P	350004807



Schedule C – Partner’s, shareholder’s, or beneficiary’s share of credit

Partner	3	Enter your share of the credit from your partnership (see instructions)	3.	500	.	
S corporation shareholder	4	Enter your share of the credit from your S corporation (see instructions)	4.	500	.	
Beneficiary	5	Enter your share of the credit from the fiduciary’s Form IT-250, Schedule D, column C	5.		.	
	6	Total (add lines 3, 4, and 5)	6.	1000	.	

Fiduciaries – Include the line 6 amount on the *Total* line of Schedule D, column C.

All others – Enter the line 6 amount on Schedule E, line 8.

Schedule D – Beneficiary’s and fiduciary’s share of credit

A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of automated external defibrillator credit
Total (fiduciaries, enter the amount from Schedule A, line 2, plus the amount from Schedule C, line 6)		
Fiduciary		

Schedule E – Computation of credit

Individuals and partnerships	7	Enter the amount from Schedule A, line 2	7.	1000	.	
Partners, S corporation shareholders, and beneficiaries	8	Enter the amount from Schedule C, line 6	8.	1000	.	
Fiduciaries	9	Enter the amount from Schedule D, fiduciary line, column C	9.		.	
	10	Total credit (add lines 7, 8, and 9; see instructions)	10.	2000	.	

Schedule F – Computation of credit used

11	Tax due before credits (see instructions)	11.	6987	.	
12	Credits applied against the tax before this credit (see instructions)	12.	34	.	
13	Net tax (subtract line 12 from line 11)	13.	6953	.	
14	Credit used for the current tax year (enter the lesser of line 10 or line 13; see instructions)	14.	2000	.	





Claim for Solar Energy System Equipment Credit

Complete Schedule A and Schedule B. Attach this form to Form IT-201 or Form IT-203.

Name(s) as shown on return ROBERT MICHAELS	Your social security number 400004807
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Schedule A — Computation of solar energy system equipment credit

A Date equipment placed in service (mm-dd-yyyy)	B Qualified solar energy system equipment expenditures (see instructions)	C Multiply column B by 25% (.25)
03/01/2011	20000	5000

- 1 Enter the lesser of column C or \$5,000 (If more than one member of your principal residence is filing Form IT-255, see instructions.) **1.** .
- 2 Enter the carryover credit from last year's Form IT-255, line 10 **2.** .
- 3 Solar energy system equipment credit (add lines 1 and 2)..... **3.** .

Schedule B — Application of credit and computation of carryover

- 4 Tax due before credits (see instructions) **4.** .
- 5 Other credits that you applied before this credit (see instructions) **5.** .
- 6 Subtract line 5 from line 4 **6.** .
- 7 Enter the lesser of line 3 (or your portion of line 3) or line 6 (see instructions) **7.** .
- 8 Subtract line 7 from line 3 (or your portion of line 3; see instructions) **8.** .
- 9 Amount, if any, included on line 8 that expired this tax year (see instructions) **9.** .
- 10 Amount of credit available for carryover to next year (subtract line 9 from line 8) **10.** .

Instructions

Temporary deferral of certain tax credits

For tax years beginning on or after January 1, 2010, and before January 1, 2013, if the total amount of certain credits that you may use to reduce your tax or have refunded to you is greater than \$2 million, the excess over \$2 million must be deferred to, and used or refunded in, tax years beginning on or after January 1, 2013. For more information about the credit deferral, see Form IT-500, *Income Tax Credit Deferral*.

If you are subject to the credit deferral, you must complete all credit forms without regard to the deferral. However, the credit amount that is transferred to your tax return to be applied against your tax due or to be refunded to you may be reduced. Follow the instructions for Form IT-500 to determine the amounts to enter on your tax return.



General information

Tax Law section 606(g-1) allows a credit for the purchase and installation of an eligible solar energy system. Subject to certain limits, the credit is 25% of the qualified solar energy system equipment expenditures for the purchase and installation of a system that uses solar radiation to produce energy for heating, cooling, hot water, or electricity for residential use. The equipment must be installed and used at the taxpayer's principal residence in New York State and must be placed in service on or after January 1, 2006.

If the solar energy system equipment produces electricity, you must enter into a net energy metering contract with your electric corporation or comply with the electric corporation's net energy metering schedule before you can qualify for the credit. The completed solar energy system equipment must also be connected to the electric corporation's transmission and distribution facility. Other conditions and limitations set by the electric company may also apply. You should contact your electric company for more information before you purchase your equipment.

If your credit is greater than the amount of tax you owe, the balance will **not** be refunded to you. However, any credit amount in excess of the tax due can be carried over for a maximum of up to five years.

Definitions

Solar energy system equipment means an arrangement or combination of components utilizing solar radiation, which, when installed in a residence, produces energy designed to provide heating, cooling, hot water, or electricity. The arrangement or components do not include equipment connected to solar energy system equipment that is a component of part or parts of a nonsolar energy system or which uses any sort of recreational facility or equipment as a storage medium. Solar energy system equipment that generates electricity for use in a residence must conform to the applicable requirements in Public Service Law section 66-j (for example, the rated capacity of the system cannot exceed 10 kilowatts (10,000 watts)). However, if the solar energy system is purchased and installed by a condominium management association or a cooperative housing corporation, the rated capacity of the system cannot exceed fifty kilowatts (50,000 watts).

Qualified solar energy system equipment expenditures mean expenditures for the purchase of solar energy system equipment that is installed and used at residential property located in New York State that is your principal residence at the time the solar energy system equipment is placed in service.

Qualified expenditures include expenditures for materials, labor costs properly allocated to on-site preparation, assembly and original installation, architectural and engineering services, and designs and plans directly related to the construction or installation of the solar energy system equipment.

Expenditures made with nontaxable federal, state, and local grants and any interest or finance charges do not qualify as solar energy system equipment expenditures.

In the case of tenant-shareholders in a cooperative housing corporation or condominium owners, a percentage of the qualified expenditures for qualified solar energy system equipment purchased and installed by the cooperative housing corporation or the condominium management association will be attributed to each unit within the building. This information should be provided to you by the cooperative housing corporation or condominium management association.

Principal residence means the home where you and your family live most of the time. A summer or vacation home does not qualify. Your principal residence can be a house, whether owned or rented, a mobile home, cooperative apartment, or condominium. If you move from one principal residence to another principal residence in New York State, a separate credit is allowed for each principal residence. You must have incurred the costs at the time the residence is your principal residence, and you must file separate Forms IT-255 to compute your allowable credit for each principal residence.

Line instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Schedule A — Computation of solar energy system equipment credit

Column B — If you are a tenant-shareholder in a cooperative housing corporation or condominium owner, enter your share of the qualified expenses incurred by the cooperative housing corporation or condominium management association. This information should be provided to you by the cooperative housing corporation or condominium management association.

Line 1 — If you occupied a principal residence with another taxpayer or taxpayers, the amount of credit allowable to each taxpayer is prorated according to the percentage of the total eligible expenditures contributed by each taxpayer. However, a married couple filing a joint return does not prorate the credit.

Enter the total credit on line 1 and see the instructions for line 7.

Schedule B — Application of credit and computation of carryover

Line 4

Form IT-201 filers: Enter the tax from Form IT-201, line 39, plus any amount from Form IT-201-ATT, line 21.

Form IT-203 filers: Enter the tax from Form IT-203, line 46, plus any amount from Form IT-203-ATT, line 20.

Line 5 — If you are applying any credits against the tax before this credit, enter those amounts here.

When applying credits, use the following rules:

- First apply any household credit.
- Next apply any credits that cannot be carried over or refunded.
- Then apply any credits that can be carried over for a limited duration.
- Then apply any credits that can be carried over for an unlimited duration.
- Apply refundable credits last.

Line 7 — If your total credits from all sources are **\$2 million or less**, enter the amount from line 7 on Form IT-201-ATT, line 5, or Form IT-203-ATT, line 6.

If your total credits from all sources are **more than \$2 million**, you may be subject to a credit deferral. See Form IT-500, *Income Tax Credit Deferral*, to determine the proper amount of line 7 to enter on your tax return.

Special rule if you occupied your principal residence with another taxpayer or taxpayers. Use only your share of the line 3 amount when comparing line 3 to line 6. Also attach a statement showing the name of each taxpayer occupying the residence and claiming the credit, and the total expenditures contributed by each.

Example: *You and your father occupy the same residence. You each pay one-half of the cost of the solar energy system equipment. You must claim one-half of the total credit on your New York State return and your father would claim the other half of the credit on his New York State return. You must each file Form IT-255 showing the computation of the total credit and attach the statement described above.*

Line 8 — If you occupied your principal residence with another taxpayer or taxpayers, subtract line 7 from your share of the line 3 amount.

Line 9 — A credit amount in excess of the tax due can only be carried over for a maximum of up to five years. Enter any expired credit amount on this line.

22222		a Employee's social security number 400004807		OMB No. 1545-0008			
b Employer identification number (EIN) 68-1357911			1 Wages, tips, other compensation 105000		2 Federal income tax withheld		
c Employer's name, address, and ZIP code RICH RICHLAND CONSULTING 14 FITZHUGH ST SUITR 401 ROCHESTER NY 14611			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. ROBERT MICHAELS 441 AMES ST ROCHESTER NY 14611			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other		12c C o o d e		
					12d C o o d e		
f Employee's address and ZIP code							
15 State NY	Employer's state ID number	16 State wages, tips, etc. 105000	17 State income tax 6950	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR -S

CORRECTED

OMB No. 1545-0238

2011

Form W-2G

**Certain
Gambling
Winnings**

PAYER'S name, address, ZIP code, federal identification number, and telephone number NYSL NYS LOTTERY DIVISION 510 SMITH ST SCHENECTADY NY 12305 63-2259858 518-456-7890	1 Gross winnings 10000	2 Federal income tax withheld
	3 Type of wager LOTTO	4 Date won 02/20/2011
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
WINNER'S name, address (including apt. no.), and ZIP code ROBERT MICHAELS 441 AMES ST ROCHESTER NY 14611	9 Winner's taxpayer identification no. 400004807	10 Window
	11 First I.D. 497801236	12 Second I.D.
	13 State/Payer's state identification no. NY	14 State income tax withheld 250
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		
Signature ►		Date ►

**Copy 1
For State Tax
Department**

Form **W-2G**

Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD -
YONKERS INCOME TAX WITHHELD -

W-2G INDICATOR -S

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code CANA CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO K2K1X3 CANADA		1 Gross distribution \$ 4000	OMB No. 1545-0119 2011 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 4000	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 99-5244433	RECIPIENT'S identification number 400004807	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name ROBERT MICHAELS Street address (including apt. no.) 441 AMES ST City, state, and ZIP code ROCHESTER NY 14611		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$ 480		
		7 Distribution code(s) 4A	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution 100 %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 50	13 State/Payer's state no. NY		14 State distribution \$ 4000
Account number (see instructions)		15 Local tax withheld \$ 420	16 Name of locality CANADA		17 Local distribution \$ 4000

Form **1099-R**

Department of the Treasury - Internal Revenue Service

1099R Indicator-S

400-00-4808

SPECIAL INSTRUCTIONS

WHEN CALCULATING THIS RETURN, PLEASE CALCULATE THE FEDERAL RETURN TO BE A BALANCE DUE, PAID BY ACH DEBIT.

FEDERAL DEBIT INFORMATION:

ROUTING NUMBER: 011001742

ACCOUNT NUMBER: 158902

ACCOUNT TYPE: SAVINGS

WITHDRAWAL DATE: 04/15/2012



Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning ... 1 1
and ending ...

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

You must enter your date(s) of birth and social security number(s) below.

Your first name and middle initial FRANCIS N		Your last name (for a joint return, enter spouse's name on line below) POWERS		Your date of birth (MMDDYYYY) 0 2 1 5 1 9 7 2			Your social security number 4 0 0 0 0 4 8 0 8		
Spouse's first name and middle initial		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 rural route) 14 ABBEY PLACE					Apartment number		New York State county of residence ● WESTCHESTER		
City, village, or post office YONKERS			State NY	ZIP code 10705		Country (if not United States)		School district name ● YONKERS	
Permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number		School district code number 7 1 5		
City, village, or post office			State NY	ZIP code		Decedent information ●	Taxpayer's date of death	Spouse's date of death	

- (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



(D) E-file this return. Most taxpayers must now e-file (see page 12).

- (E)** (1) Did you or your spouse maintain living quarters in NYC during 2011 (see page 14)? Yes No
 (2) Enter the number of days spent in NYC in 2011 (any part of a day spent in NYC is considered a day)

- (F) NYC residents and NYC part-year residents only** (see page 14):
- (1) Number of months you lived in NYC in 2011 ●
 (2) Number of months your spouse lived in NYC in 2011 ●

- (B) Did you itemize** your deductions on your 2011 federal income tax return? Yes No
(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

- (G) Enter your 2-character special condition code if applicable** (see page 14) ●
If applicable, also enter your second 2-character special condition code ●

Federal income and adjustments

Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 15). Also see page 4 instructions for showing a loss.

	Dollars	Cents
1 Wages, salaries, tips, etc.	2 2 3 0 0	
2 Taxable interest income		
3 Ordinary dividends		
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)		
5 Alimony received		
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)		
7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)		
8 Other gains or losses (attach a copy of federal Form 4797)		
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/>		
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)		
12 Farm income or loss (attach a copy of federal Schedule F, Form 1040)		
13 Unemployment compensation	2 5 0 0	
14 Taxable amount of social security benefits (also enter on line 27)	5 1 8 0	
15 Other income (see page 15) Identify:		
16 Add lines 1 through 15	2 9 9 8 0	
17 Total federal adjustments to income (see page 15) Identify:		
18 Federal adjusted gross income (subtract line 17 from line 16)	2 9 9 8 0	



▼ Enter your social security number

4 0 0 0 0 4 8 0 8

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 2 9, 9 8 0 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21.
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: 23.
 24 Add lines 19 through 23 24. 2 9, 9 8 0 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27. 5 1 8 0 .
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32. 5 1 8 0 .
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 2 4, 8 0 0 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 1 5, 0 0 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 9 8 0 0 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 3 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. 6 8 0 0 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 26)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 27)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.



Name(s) as shown on page 1
FRANCIS N POWERS

▼ Enter your social security number
4 0 0 0 0 4 8 0 8

Tax computation, credits, and other taxes (see page 29)

	Dollars	Cents
38 Taxable income (from line 37 on page 2)	6,800	00
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	2,720	00
40 New York State household credit (from table 1, 2, or 3 on page 29)	350	00
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)		
43 Add lines 40, 41, and 42	350	00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	237	00
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)		
46 Total New York State taxes (add lines 44 and 45)	237	00

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

47 New York City resident tax on line 38 amount (see page 30)		
48 New York City household credit (from table 4, 5, or 6 on page 30)		
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)		
50 Part-year New York City resident tax (attach Form IT-360.1)		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)		
52 Add lines 49, 50, and 51		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)		
55 Yonkers resident income tax surcharge (see page 32)		
56 Yonkers nonresident earnings tax (attach Form Y-203)	13	00
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	3	00
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	16	00

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59.	5,000	00
-----	-------	----

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	0	0
60b Missing/Exploited Children Fund	0	0
60c Breast Cancer Research Fund	0	0
60d Alzheimer's Fund	0	0
60e Olympic Fund (\$2 or \$4; see page 34)	0	0
60f Prostate Cancer Research Fund	0	0
60g 9/11 Memorial	0	0
60h Volunteer Firefighting & EMS Recruitment Fund ...	0	0
60 Total voluntary contributions (add lines 60a through 60h)	0	0
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)	7,530	00



▼ Enter your social security number

4 0 0 0 0 4 8 0 8

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. Dollars 7 5 3 Cents

Payments and refundable credits (see page 35)

Table with 5 columns: Line number, Description, and Amount. Rows include Empire State child credit, NYS/ NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit, NYC earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/ Amount paid with Form IT-370, and Total payments.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37). Staple them (and any other applicable forms) to the top of this page 4. See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/ amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77.
78 Amount of line 77 to be refunded Mark one refund choice: direct deposit (fill in line 82) - or - debit card - or - paper check ... 78.
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) •

82a Routing number Electronic funds withdrawal effective date
82b Account number 82c Account type • Checking • Savings

Third-party designee? (see instr.) Print designee's name Designee's phone number Personal identification number (PIN) Yes No X 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 Mark an X if self-employed E-mail:

▼ Taxpayer(s) must sign here ▼ Your signature Your occupation PRINTER Spouse's signature and occupation (if joint return) Date Daytime phone number 5 1 8 4 6 4 1 2 6 4 E-mail: POWERS@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





Claim for College Tuition Credit or Itemized Deduction
Full-year New York State residents only

Attach your completed Form IT-272 to Form IT-201. See Form IT-272-1, Instructions for Form IT-272.

Form fields for taxpayer name (FRANCIS N POWERS), spouse's name, and social security numbers.

Note: If you are married and filing separate New York State returns, you must also enter your spouse's name and social security number.

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year?
2 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year?

Part 1 - In the spaces provided below, complete lines A through H for up to three eligible students for whom you paid qualified college tuition expenses.

Table with 4 columns: Description, Student 1, Student 2, Student 3. Rows include student name, SSN, dependent status, EIN, name of college, undergraduate tuition, and qualified expenses.

3 Total qualified college tuition expenses (Add line H, columns 1, 2, and 3; include amounts from any additional sheets. Complete Part 2 or Part 3 on the back.)



Part 2 — Complete Part 2 if your total qualified college tuition expenses on line 3 are **less than \$5,000**.

4 Credit limitation (\$200)..... **4.**

5 Enter the lesser of line 3 or line 4. This is your **college tuition credit** **5.**

- If you **did not itemize your deductions** on your federal return, enter the line 5 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 3 — Complete Part 3 if your total qualified college tuition expenses on line 3 are **\$5,000 or more**.

6 Enter the amount from **line 3**..... **6.**

7 Multiply **line 6** by 4% (.04). This is your **college tuition credit** **7.**

- If you **did not itemize your deductions** on your federal return, enter the line 7 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 4 — College tuition itemized deduction election

If you itemized your deductions on your federal return, you may elect to claim the **college tuition itemized deduction** instead of the college tuition credit. To compute your college tuition itemized deduction, complete **Worksheet 1** in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete **Worksheet 2** in the instructions for this form.

8 Mark an **X** in this box **only** if you elect to claim the **college tuition itemized deduction** **8.**

- If you marked an **X** in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on Form IT-201, *New York State itemized deduction worksheet*, line o. **Do not** enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction **or** the credit, but not both.
- If you **did not** mark an **X** in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

Important: If you are claiming the college tuition credit or the college tuition itemized deduction, you **must attach** Form IT-272 to your return.



Change of City Resident Status

IT-360.1

New York City • Yonkers

Attach this form to Form IT-201 or Form IT-203.

Name(s) as shown on return
FRANCIS N POWERS

▼ Social security number
400004808

Change of resident status — If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an **X** in only **one** box (A) **New York City change of residence** — Complete Parts 1, 2, 3, and 4.

(B) **Yonkers change of residence** — Complete Parts 1 and 5.

(C) **New York City and Yonkers change of residence** — Complete the entire form.

Part 1 — New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1. 22300		5000
2 Taxable interest income	2.		
3 Ordinary dividends	3.		
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		
5 Alimony received	5.		
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040) ...	6.		
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	7.		
8 Other gains or losses (attach copy of federal Form 4797)	8.		
9 Taxable amount of IRA distributions	9.		
10 Taxable amount of pensions and annuities	10.		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.		
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)	12.		
13 Unemployment compensation	13. 2500		
14 Taxable amount of social security benefits	14. 5180		
15 Other income	15.		
Identify:			
16 Total (add lines 1 through 15)	16. 29980		5000
17 Total federal adjustments to income	17.		
Identify:			
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 29980		5000
19 New York adjustments (attach schedule)	19. -5180		
20 New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43)	20. 24800		5000

3601110099



Part 2 – Itemized deductions for New York City (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21.	
22	Taxes you paid	22.	
23	Interest you paid	23.	
24	Gifts to charity	24.	
25	Casualty and theft losses	25.	
26	Job expenses and most other miscellaneous deductions	26.	
27	Other miscellaneous deductions	27.	
28	This line is intentionally left blank	28.	
29	This line is intentionally left blank	29.	
30	Total itemized deductions (add lines 21 through 27)	30.	
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31.	
32	Subtract line 31 from line 30	32.	
33	Addition adjustments and college tuition itemized deduction (see instructions)	33.	
34	Add lines 32 and 33	34.	
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)	35.	
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36.	

Part 3 – Dependent exemptions (see instructions, page 5)

37 Enter the period you were a New York City **resident** during 2011

From: month day To: month day

38 Enter the county where you resided while a **nonresident** of New York City

39	Enter the number of full months in the New York City resident period	39.	
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2)	40.	
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36 or Form IT-203, line 35	41.	
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	42.	

Part 4 – Part-year New York City resident tax (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B)	43.	
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44.	
45	Subtract line 44 from line 43	45.	
46	Dependent exemption amount (from line 42)	46.	
47	New York City taxable income (subtract line 46 from line 45)	47.	
48	New York City tax on line 47 amount (see instructions, page 5)	48.	
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49.	
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50.	
51	Part-year New York City separate tax on lump-sum distributions (attach Form IT-230)	51.	
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (attach Form IT-230)	52.	
53	Add lines 50, 51, and 52	53.	
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	54.	
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50 or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55.	



Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

		Full-year NYS resident	Part-year NYS resident
56 Total New York State taxes (from Form IT-201, line 46)	56.	237	
57 Empire State child credit (from Form IT-201, line 63)	57.		
58 NYS child and dependent care credit (from Form IT-216, line 14)	58.		
59 Earned income credit (from Form IT-201, line 65)	59.		
60 Noncustodial parent New York State earned income credit (from Form IT-201, line 66)	60.		
61 Real property tax credit (from Form IT-201, line 67)	61.		
62 College tuition credit (from Form IT-201, line 68)	62.	150	
63 Amount from Form IT-201-ATT, line 13	63.		
64 Add lines 57 through 63	64.	150	
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65.	87	
66 Base tax (amount from Form IT-203, line 44)	66.		
67 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	67.		
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ...	68.		
69 Net other New York State taxes (from Form IT-203-ATT, line 33)	69.		
70 Add lines 68 and 69	70.		
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71.		
72 Subtract line 71 from line 70 (if line 71 is more than line 70, enter 0) ...	72.		
73 Income percentage (see worksheet on page 8 of the instructions)	73.	0.2016	
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents	74.	18	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	75.		
76 Yonkers resident tax rate	76.	.15	

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77.**

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.



22222		a Employee's social security number 400004808		OMB No. 1545-0008			
b Employer identification number (EIN) 36-1425364			1 Wages, tips, other compensation 22300		2 Federal income tax withheld		
c Employer's name, address, and ZIP code BOND BONDO MAGIC CO ONE PLUS ONE DR NAPOLEON MI 49261-8888			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial FRANCIS N POWERS		Last name FRANCIS N POWERS	Suff.	11 Nonqualified plans		12a C o o d e	
14 ABBEY PL YONKERS NY 10705				13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o o d e
				14 Other		12c C o o d e	12d C o o d e
f Employee's address and ZIP code							
15 State NY	Employer's state ID number	16 State wages, tips, etc. 22300	17 State income tax 150	18 Local wages, tips, etc. 5000	19 Local income tax 75	20 Locality name YONKERS	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S



New York State Department of Taxation and Finance
**Summary of Unemployment
 Compensation Payments**

IT-1099-UI

File Form IT-1099-UI as an entire page.

Taxpayer's first name and middle initial FRANCIS N POWERS	Taxpayer's last name
Spouse's first name and middle initial	Spouse's last name

▼ Your social security number
400004808

▼ Spouse's social security number

This Form IT-1099-UI is for (mark an X in one box): Taxpayer Spouse

Box a Payer's name and full address

New York State
 Department of Labor-Unemployment Insurance
 Albany, NY 12240-0001

Box b Payer's federal identification number

2 7 0 2 9 3 1 1 7

State New York State tax withheld

NY **50**

Box 1 Unemployment compensation

2500

Instructions

General instructions

Who must file this form — If you are required to file a New York State income tax return and you (or your spouse, if filing jointly) received federal Form(s) 1099-G statements issued by the **New York State Department of Labor** showing New York State income tax withheld, you must complete Form IT-1099-UI. You should complete Form IT-1099-UI **only** if the federal Form 1099-G was issued by the New York State Department of Labor **and** shows New York State withholding.

How to complete Form IT-1099-UI — You must complete one Form IT-1099-UI for each federal Form 1099-G you (and if filing jointly, your spouse) received that shows New York State income tax withheld. Enter only the information requested on Form IT-1099-UI.

Each box on Form IT-1099-UI corresponds to a similarly named or numbered box on the federal Form 1099-G that you received from the New York State Department of Labor. Enter the information provided on your federal Form 1099-G in the corresponding boxes on Form IT-1099-UI.

Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number in the appropriate boxes.

If **you** are the recipient of federal Form 1099-G, mark an **X** in the *Taxpayer* box. If your **spouse** is the recipient, mark an **X** in the *Spouse* box.

Box 1 — Enter the unemployment compensation shown in Box 1 of federal Form 1099-G.

New York State tax withheld — Enter the New York State income tax withheld as shown on federal Form 1099-G issued by the New York State Department of Labor.

Total the New York State tax withheld amount(s) from all IT-1099-UI form(s). Include this total on the *Total New York State tax withheld* line on your New York State income tax return.

File Form IT-1099-UI as an entire page. Attach this form (IT-1099-UI) to your New York State income tax return, Form IT-201 or IT-203. **Do not** attach your federal 1099-G form(s); keep them for your records.

Please file this original scannable form with the Tax Department.



0981110099



Yonkers Nonresident Earnings Tax Return

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning [] and ending []

Name as shown on Form IT-201 or IT-203: FRANCIS N POWERS Social security number: 4 0 0 0 0 4 8 0 8

A Were you a Yonkers resident for any part of the taxable year? (mark an X in the appropriate box) Yes [X] No [] (see instructions)
(See the instructions for Form IT-201 or IT-203 for the definition of a resident.)
If Yes: 1. Give period of Yonkers residence. From (mm-dd-yyyy) 09/19/2011 to (mm-dd-yyyy) 12/31/2011
2. Are you reporting Yonkers resident income tax surcharge on your New York State return? Yes [X] No [] (attach explanation)
3. You must complete and attach Form IT-360.1 (see instructions).

B Did you or your spouse maintain an apartment or other living quarters in Yonkers during any part of the year? Yes [X] No []
If Yes, give address below and enter the number of days spent in Yonkers during 2011: 104 days
Address: 14 ABBEY PLACE YONKERS NY 10705

C Are you reporting income from self-employment (on line 2 below)? Yes [] No [X] If Yes, complete the following:
Business name Business address
Employer identification number Principal business activity
Form of business: Sole proprietorship [] Partnership [] Other [] (explain)

Calculation of nonresident earnings tax

Table with 5 columns: Line number, Description, Amount, and Total. Rows include Gross wages (11048), Net earnings from self-employment, Add lines 1 and 2 (11048), Allowable exclusion (1500), Taxable amount (9548), and Total nonresident earnings tax (13).

Exclusion table (for line 4)

Table with 4 columns: Number of months of Yonkers nonresidence or short tax year, and three exclusion amount categories based on total wages and net earnings.

* If the total of wages and net earnings (amount from line 3) exceeds \$30,000 for the year, there is no exclusion amount.

Checklist

- Before filing your return, be sure to:
- Complete items A, B, and C and lines 1 through 6.
- Complete Schedules A, B, and C on the back, if required.
- Enter your total nonresident earnings tax on Form IT-201 or IT-203.
- Attach this form to your New York State return: Form IT-201 or IT-203.

Please file this original scannable attachment with the Tax Department.



Schedule A — Allocation of wage and salary income to Yonkers

Do not use this schedule for income based on the volume of business transacted.

See instructions, Form Y-203-I, if you had **more than one job**, or if you had a **job for only part of the year**.

7	Total days (see instructions)		7.	261
	8 Saturdays and Sundays (not worked)	8.	68	
Nonworking days included in line 7:	9 Holidays (not worked)	9.	10	
	10 Sick leave	10.	5	
	11 Vacation	11.	10	
	12 Other nonworking days	12.	2	
13	Total nonworking days (add lines 8 through 12)	13.	95	
14	Total days worked in year at this job (subtract line 13 from line 7)	14.	166	
15	Total days included in line 14 worked outside of Yonkers	15.	70	
16	Enter number of days worked at home included in line 15 amount	16.	10	
17	Subtract line 16 from line 15	17.	60	
18	Days worked in Yonkers (subtract line 17 from line 14)	18.	106	
19	Enter number of days from line 14 above	19.	166	
20	Divide line 18 by line 19; round the result to the fourth decimal place	20.	.6386	
21	Gross wages and other employee compensation to be allocated	21.	17300	
22	Yonkers allocated wage and salary income (multiply line 20 by line 21). Include this amount on line 1.	22.	11048	

Schedule B — List all places, both in and out of Yonkers, where you carry on business

Use only if your net earnings from self-employment are from a business carried on both in and out of Yonkers.

Street address	City and state	Description (see instructions)

Schedule C — Allocation of net earnings from self-employment to Yonkers

Use only if your business is carried on both in and out of Yonkers. If the net earnings are from a partnership, the factors must be the partnership amounts. If you are a partner in a partnership, you may use the business allocation percentage determined by the formula on Form Y-204, *Yonkers Nonresident Partner Allocation*. If you use the percentage from Form Y-204, skip lines 23 through 29 and enter the allocation percentage on line 30 below. Attach a copy of Form Y-204.

Property percentage	Items used as factors		Column 1		Column 2		Column 3
			Totals — in and out of Yonkers	Yonkers amount	Percent Column 2 is of Column 1		
23.	Real property owned	23.					
24.	Real property rented from others	24.					
25.	Tangible personal property owned	25.					
26.	Property percentage (add lines 23, 24, and 25; see instructions)	26.					%
27.	Payroll percentage (see instructions)	27.					%
28.	Gross income percentage (see instructions)	28.					%
29.	Total of percentages (add lines 26, 27, and 28, Column 3)	29.					%
30.	Business allocation percentage (divide total percentages on line 29 by three, or by actual number of percentages if less than three)	30.					%
31.	Net earnings from self-employment to be allocated (see instructions)	31.					
32.	Allocated net earnings from self-employment (multiply line 31 by line 30; enter here and include on line 2)	32.					



400-00-4808

IT-272 STATEMENT RECORDS

STM 31

NAME (A)	SSN (B)	CLAIMED AS DEP ON NYS RET (C)	EIN OF COLLEGE (D)	NAME OF COLLEGE (E)	FOR UNDERGRADUATE EXPENSES(F)
FRANCIS N POWERS	400004808		123456789	SUNY	X
CHARLES POWERS	400884838	X	123456777	MIT	X
ANN POWERS	400884839	X	123456666	SCHENECTADY CC	X
JOE POWERS	400884840	X	123455555	HUDSON VALLEY CC	X

STM 32

AMOUNT OF QUALIFIED COLLEGE TUTION EXPENSE (G)	LESSER OF LINE G OR 10,000(H)
00000000050	00000000050
00000000050	00000000050
00000000025	00000000025
00000000025	00000000025



New York State Department of Taxation and Finance
Resident Income Tax Return
New York State • New York City • Yonkers

IT-201

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning ... and ending ...

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

You must enter your date(s) of birth and social security number(s) below.
Your first name and middle initial: DANIEL T
Your last name: THOMAS
Your date of birth: 10-17-1970
Your social security number: 400004809
Spouse's first name and middle initial:
Spouse's last name:
Spouse's date of birth:
Spouse's social security number: 400004859
Mailing address: 356 DOVER ST
Apartment number:
New York State county of residence: KINGS
City, village, or post office: BROOKLYN
State: NY
ZIP code: 11217
Country (if not United States):
School district name: BROOKLYN
Permanent home address:
Apartment number:
School district code number: 071
City, village, or post office:
State: NY
ZIP code:
Decedent information:
Taxpayer's date of death:
Spouse's date of death:

- (A) Filing status — mark an X in one box:
1 Single
2 Married filing joint return
3 X Married filing separate return
4 Head of household
5 Qualifying widow(er) with dependent child

- (B) Did you itemize your deductions on your 2011 federal income tax return? Yes X No
(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X

(D) E-file this return. Most taxpayers must now e-file (see page 12).

- (E) (1) Did you or your spouse maintain living quarters in NYC during 2011? Yes X No
(2) Enter the number of days spent in NYC in 2011: 365

- (F) NYC residents and NYC part-year residents only (see page 14):
(1) Number of months you lived in NYC in 2011: 12
(2) Number of months your spouse lived in NYC in 2011:

- (G) Enter your 2-character special condition code if applicable (see page 14):
If applicable, also enter your second 2-character special condition code:

Federal income and adjustments

Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 15). Also see page 4 instructions for showing a loss.

Table with 18 rows for income items and columns for Dollars and Cents. Line 6: 3019; Line 8: -2040; Line 11: 20960; Line 16: 21939; Line 17: 214; Line 18: 21725.

2011110099



You must file all four pages of this original scannable return with the Tax Department.

▼ Enter your social security number

4 0 0 0 0 4 8 0 9

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 21,725.

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21.
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: A-19 721 A-15 3111 23. 3832.
 24 Add lines 19 through 23 24. 25,557.

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: S-29-778 S-32-240 31. 1018.
 32 Add lines 25 through 31 32. 1018.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 24,539.

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 1780.
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 22759.
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 0000.
 37 Taxable income (subtract line 36 from line 35) 37. 22759.



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a. 492.
b Taxes you paid (federal Sch. A, line 9)	b. 1,200.
c Interest you paid (federal Sch. A, line 15)	c. 580.
d Gifts to charity (federal Sch. A, line 19)	d. 2272.
e Casualty and theft losses (federal Sch. A, line 20)	e. 492.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. 1,780.
g Other misc. deductions (federal Sch. A, line 28)	g. 1,780.
h Enter amount from federal Schedule A, line 29	h. 1,780.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i. 1,780.
j Subtract line i from line h	j. 1,780.
k Addition adjustments (see page 26)	k. 1,780.
l Add lines j and k	l. 1,780.
m Itemized deduction adjustment (see page 27)	m. 1,780.
n Subtract line m from line l	n. 1,780.
o College tuition itemized deduction (see Form IT-272)	o. 1,780.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. 1,780.



Name(s) as shown on page 1
DANIEL T THOMAS

▼ Enter your social security number
4 0 0 0 0 4 8 0 9

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	2 2 7 5 9	.
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.	1 1 6 2	.
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.		
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.	7 0	.
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.		
43 Add lines 40, 41, and 42	43.	7 0	.
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	1 0 9 2	.
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.	1 0 9 2	.

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

47 New York City resident tax on line 38 amount (see page 30)	47.	7 2 9	.
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.		
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	7 2 9	.
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.	7 2 9	.
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.	4 8 8	.
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	2 4 1	.
55 Yonkers resident income tax surcharge (see page 32)	55.		
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.	2 4 1	.

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59. 2 0 . 0 0

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.	0 0
60b Missing/Exploited Children Fund	60b.	0 0
60c Breast Cancer Research Fund	60c.	0 0
60d Alzheimer's Fund	60d.	0 0
60e Olympic Fund (\$2 or \$4; see page 34)	60e.	0 0
60f Prostate Cancer Research Fund	60f.	0 0
60g 9/11 Memorial	60g.	0 0
60h Volunteer Firefighting & EMS Recruitment Fund ...	60h.	0 0

60 Total voluntary contributions (add lines 60a through 60h)

60. 0 0

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. 1 3 5 3 . 0 0



▼ Enter your social security number

4 0 0 0 0 4 8 0 9

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 1,353.00

Payments and refundable credits (see page 35)

63 Empire State child credit (attach Form IT-213) 63.
64 NYS/NYC child and dependent care credit (attach Form IT-216) 64.
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209) 65.
66 NYS noncustodial parent EIC (attach Form IT-209) 66.
67 Real property tax credit (attach Form IT-214) 67.
68 College tuition credit (attach Form IT-272) 68.
69 NYC school tax credit (also complete (F) on page 1; see page 35) 69. 63
70 NYC earned income credit (attach Form IT-215 or IT-209) 70.
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form) 71.
72 Total New York State tax withheld 72.
73 Total New York City tax withheld 73.
74 Total Yonkers tax withheld 74.
75 Total estimated tax payments/Amount paid with Form IT-370 ... 75. 492
76 Total payments (add lines 63 through 75) 76. 555.00

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77.
78 Amount of line 77 to be refunded Mark one refund choice: deposit (fill in line 82) - or - debit card - or - paper check ... 78.
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box and fill in line 82 80. 814.00
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81. 16.00

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) •

82a Routing number Electronic funds withdrawal effective date

82b Account number 82c Account type • Checking • Savings

Third-party designee? (see instr.) Print designee's name Designee's phone number Personal identification number (PIN) Yes No X 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 Mark an X if self-employed E-mail:

▼ Taxpayer(s) must sign here ▼ Your signature Your occupation INVESTOR Spouse's signature and occupation (if joint return) Date Daytime phone number 5184641264 E-mail: THOMAS@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201 DANIEL T THOMAS	▼ Your social security number 4 0 0 0 0 4 8 0 9
---	--

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-201.

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents
1	Accumulation distribution credit (attach computation)	1.	
2	Other nonrefundable, non-carryover credits (attach all applicable forms)		
2a.	Code	Dollars	Cents
2b.	Code	Dollars	Cents
Total other nonrefundable, non-carryover credits (add lines 2a and 2b)		2.	

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit (attach Form IT-249)	3.	
4	Investment credit (attach Form IT-212)	4.	
5	Solar energy system equipment credit (attach Form IT-255)	5.	
6	Other nonrefundable, carryover credits (attach all applicable forms)		
6a.	Code	Dollars	Cents
6b.	Code	Dollars	Cents
6c.	Code	Dollars	Cents
6d.	Code	Dollars	Cents
6e.	Code	Dollars	Cents
6f.	Code	Dollars	Cents
6g.	Code	Dollars	Cents
6h.	Code	Dollars	Cents
6i.	Code	Dollars	Cents
6j.	Code	Dollars	Cents
6k.	Code	Dollars	Cents
6l.	Code	Dollars	Cents
6m.	Code	Dollars	Cents
6n.	Code	Dollars	Cents
Total other nonrefundable, carryover credits (add lines 6a through 6n)		6.	
7	Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42)	7.	

Section C – New York City nonrefundable, non-carryover credits used

8	New York City resident UBT credit (attach Form IT-219)	8.	4 8 8
9	New York City accumulation distribution credit (attach computation)	9.	
9a	Part-year resident nonrefundable NYC child and dependent care credit (attach Form IT-216)	9a.	
10	Total other New York City nonrefundable credits used (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53)	10.	4 8 8

Section D – New York State, New York City, and Yonkers refundable credits

11	Farmers' school tax credit (attach Form IT-217)	11.	
12	Other refundable credits (attach all applicable forms)		
12a.	Code	Dollars	Cents
12b.	Code	Dollars	Cents
12c.	Code	Dollars	Cents
12d.	Code	Dollars	Cents
12e.	Code	Dollars	Cents
12f.	Code	Dollars	Cents
12g.	Code	Dollars	Cents
12h.	Code	Dollars	Cents
12i.	Code	Dollars	Cents
12j.	Code	Dollars	Cents
12k.	Code	Dollars	Cents
12l.	Code	Dollars	Cents
Total other refundable credits (add lines 12a through 12l)		12.	
13	Add lines 11 and 12	13.	

(continued on back)

2411110099



▼ Enter your social security number

Part 1, Section D – New York State, New York City, and Yonkers refundable credits (continued)

	Dollars	Cents
14 Enter amount from line 13 on the front page	14.	<input type="text"/>
15 New York State claim of right credit (attach Form IT-257)	15.	<input type="text"/>
16 New York City claim of right credit (attach Form IT-257)	16.	<input type="text"/>
17 Yonkers claim of right credit (attach Form IT-257)	17.	<input type="text"/>
18 Total New York State, New York City, and Yonkers other refundable credits (add lines 14 through 17; enter here and on Form IT-201, line 71)	18.	<input type="text"/>

Part 2 – Other New York State taxes

If you are subject to other New York State taxes, **complete Part 2 and attach this Form IT-201-ATT to your return.**

19 New York State tax on capital gain portion of lump-sum distributions (attach Form IT-230)	19.	<input type="text"/>
20 Other New York State taxes (attach all applicable forms)		

Code	Dollars	Cents	Code	Dollars	Cents
20a.	<input type="text"/>	<input type="text"/>	20g.	<input type="text"/>	<input type="text"/>
20b.	<input type="text"/>	<input type="text"/>	20h.	<input type="text"/>	<input type="text"/>
20c.	<input type="text"/>	<input type="text"/>	20i.	<input type="text"/>	<input type="text"/>
20d.	<input type="text"/>	<input type="text"/>	20j.	<input type="text"/>	<input type="text"/>
20e.	<input type="text"/>	<input type="text"/>	20k.	<input type="text"/>	<input type="text"/>
20f.	<input type="text"/>	<input type="text"/>	20l.	<input type="text"/>	<input type="text"/>

Total other New York State taxes (add lines 20a through 20l)	20.	<input type="text"/>
21 Add lines 19 and 20	21.	<input type="text"/>
22 See instructions for line 22	22.	<input type="text"/>
23 Enter amount from Form IT-201 , line 39	23.	<input type="text"/>
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)	24.	<input type="text"/>
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)	25.	<input type="text"/>
26 New York State separate tax on lump-sum distributions (attach Form IT-230)	26.	<input type="text"/>
27 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1)	27.	<input type="text"/>
28 Subtract line 27 from line 26	28.	<input type="text"/>
29 New York State minimum income tax (attach Form IT-220)	29.	<input type="text"/>
30 Net other New York State taxes (add lines 25, 28, and 29; enter here and on Form IT-201, line 45)	30.	<input type="text"/>

Part 3 – Other New York City taxes

31 New York City minimum income tax (attach Form IT-220)	31.	<input type="text"/>
32 New York City resident separate tax on lump-sum distributions (attach Form IT-230)	32.	<input type="text"/>
33 New York City tax on capital gain portion of lump-sum distributions (attach Form IT-230)	33.	<input type="text"/>
34 Total other New York City taxes (add lines 31, 32, and 33; enter here and on Form IT-201, line 51)	34.	<input type="text"/>





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return
DANIEL T THOMAS

Identifying number as shown on return
400004809

Attach this form to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.		1.	
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss	6.	3019	6.	
7 Capital gain or loss	7.		7.	
8 Other gains or losses	8.	-2040	8.	
9 Taxable amount of IRA distributions	9.		9.	
10 Taxable amount of pensions and annuities	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11.	20960	11.	2243
12 Farm income or loss	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits	14.		14.	
15 Other income	15.		15.	
16 Add lines 1 through 15	16.	21939	16.	2243
17 Total federal adjustments to income	17.	214	17.	
18 Federal adjusted gross income (subtract line 17 from line 16)	18.	21725	18.	2243
19 New York adjustments (see instructions)	19.	2814	19.	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions)	20.	24539	20.	2243
21 Capital gain portion of lump-sum distributions (see instr.) ..	21.		21.	
22 Add lines 20 and 21	22.	24539	22.	2243

(continued on back)

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of both pages. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions).....	23.			NJ
	Also enter the locality name, if applicable <i>Locality name:</i> HOBOKEN				
24	Enter the amount of income tax computed on this year's return for the other state or local government (see instructions)	24.		70	.
25	New York State tax payable (see instructions)	25.		1162	.
26	Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ..	26.		0	.
					0914
27	Multiply line 25 by line 26.....	27.		106	.
28	Enter amount from line 24 or line 27, whichever is less (see instructions)	28.		70	.
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)	29.			.
30	Add lines 28 and 29	30.		70	.

Part 3 – Application of Credit

31	Tax due before credits (see instructions)	31.		1162	.
32	Other credits that you applied before this credit (see instructions)	32.			.
33	Subtract line 32 from line 31	33.		1162	.
34	Enter the amount from line 30 or line 33, whichever is less (see instructions)	34.		70	.

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to attach a copy of the return you filed with the other state or local government to Form IT-201, IT-203, or IT-205. Attaching a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you attach a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions).....	35.		100	.
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	36.		30	.
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	37.			.
38	Mark an X in the box if the taxes paid to the other jurisdiction were paid on a group return.....				<input checked="" type="checkbox"/>

Enter the group's EIN



Credit for New York City Unincorporated Business Tax

IT-219

Attach Form IT-219 to your return, Form IT-201, Form IT-203, or Form IT-205.

Name(s) as shown on return
DANIEL T THOMAS

▼ Taxpayer identification number (SSN or EIN)
400004809

Part 1 — Partner (see instructions)

Name of partnership (as shown on Form NYC-204)	Partnership year end (from Form NYC-204)	Partnership EIN

1 Enter the amount from Form NYC-204, line 25 (see instr.) ...	1.		.	
2 Enter the amount from Form NYC-204, line 22 (see instr.) ...	2.		.	
3 Add lines 1 and 2	3.		.	
4 Enter your percentage of total distributive shares from Form NYC-204, Schedule C, column 4. Enter amount as a decimal and round to the fourth decimal place (for example, 17.5% = .1750) ...	4.		.	
5 Multiply line 3 by line 4 (if more than one business, see instructions)	5.		.	

Part 2 — Individual

6 Resident individual — Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8 (see instr.)
Part-year resident individual — Enter the amount from Worksheet A, line 5 (on back)

6.		488	.	
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Part 3 — Beneficiary's share of unincorporated business taxes (see instructions)

7 Beneficiary — Enter your share of New York City unincorporated business taxes imposed on the estate or trust (see instructions)

Name of estate or trust	▼ Employer identification number	7.		.	
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Part 4 — Computation of credit

8 Fiduciaries — Enter the amount from Schedule A, Fiduciary line, column D (on back; see instr.)
All others — Add lines 5, 6, and 7 (partners, see instructions)

8.		488	.	
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9 Enter your taxable income from:
Full-year NYC resident individuals — Form IT-201, line 37
Part-year NYC resident individuals — Form IT-360.1, line 47
Full-year NYC resident estates or trusts — Form IT-205, line 5
Part-year NYC resident trusts — Form IT-205-A, line 10, col. (b)

9.		22759	.	
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10 If line 9 above is:
— \$42,000 or less, enter 1.000 (100%)
— more than \$42,000, but less than \$142,000, complete Worksheet B (on back)
— \$142,000 or more, enter .230 (23%)

10.		1	.	000
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11 Multiply line 8 by line 10. New York City resident individuals — Continue on line 12 below.
NYC part-year resident individuals — Stop; enter line 11 amount on Form IT-360.1, line 54.
Estates and trusts — Stop; enter line 11 amount on Form IT-205, line 22

11.		488	.	
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New York City full-year resident individuals

12	Amount from Form IT-201, line 49	12.		729	.	
13	Amount from Form IT-201-ATT, line 32	13.			.	
14	Amount from Form IT-201-ATT, line 33	14.			.	
15	Add lines 12, 13, and 14	15.		729	.	
16	Enter the lesser of line 11 or 15, and transfer the amount to Form IT-201-ATT, line 8	16.		488	.	



Worksheet A

- 1 Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8 1. _____
- 2 **Individuals** — Enter the amount from Form IT-360.1, line 6, column B
Trusts — Enter the amount from Form IT-205-A, Schedule 4, line 16, column C
 (see instructions) 2. _____
- 3 **Individuals** — Enter the amount from Form IT-360.1, line 6, column A
Trusts — Enter the amount from Form IT-205-A, Schedule 4, line 16, column A
 (see instructions) 3. _____
- 4 Divide line 2 by line 3 and round the result to the fourth decimal place 4. _____
- 5 Multiply line 1 by line 4. This is the part-year resident tax imposed on the unincorporated business.
Estates and trusts — Include this amount (below) in Schedule A, *Totals* line, column D.
All others — Transfer this amount to line 6 on the front page 5. _____

Worksheet B

- 1 Base percentage 100% 1. 1.000
- 2 Enter your taxable income from the front page, line 9 2. _____
- 3 Base amount 3. \$42,000
- 4 Subtract line 3 from line 2 4. _____
- 5 Divide line 4 by \$100,000 and round to the third decimal place 5. _____
- 6 Multiply line 5 by .770 6. _____
- 7 Subtract line 6 from line 1. Transfer this decimal amount to the front page, line 10 7. _____

Schedule A (for estates and trusts only)
Fiduciary's and beneficiary's share of New York City unincorporated business tax

A Name and address of beneficiary	B Beneficiary's identifying number	C Allocation percentage	D Beneficiary's eligible unincorporated business taxes
Totals		100%	
Fiduciary			





New York State Depreciation Schedule for IRC Section 168(k) Property

IT-398

Use this form only for tax years beginning after December 31, 2002, and only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return DANIEL T THOMAS	Identifying number as shown on return 400004809
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Mark an X in one box to show the income tax return you are filing and attach this form to that return.

IT-201, Resident IT-203, Nonresident and part-year resident IT-204, Partnership IT-205, Fiduciary

Part 1 — Depreciation information for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property <i>(attach schedule if needed)</i>	B Date placed in service	C Depreciable basis	D Convention	E Method	F New York depreciation deduction	G Federal depreciation deduction	
APPLIANCE	09/01/2011	1202	HY	200DB	240	721	
1 Enter column F and column G totals					1.	240	721

If you are filing Form:	transfer the column F total to:	transfer the column G total to:
IT-201	line 31	line 23
IT-203	line 29	line 22
IT-204	line 109	line 107
IT-205	line 68	line 65

Part 2 — Year-of-disposition adjustment for IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property <i>(attach schedule if needed)</i>	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction
2 Enter column D and column E totals			2.	
3 Enter amount from line 2, column D or column E, whichever is larger			3.	
4 Enter amount from line 2, column D or column E, whichever is smaller			4.	
5 Subtract line 4 from line 3			5.	

If you are filing Form:	and column D is larger than column E, transfer line 5 amount to:	and column E is larger than column D, transfer line 5 amount to:
IT-201	line 23	line 31
IT-203	line 22	line 29
IT-204	line 107	line 109
IT-205	line 65	line 68



Instructions

General instructions

For tax years beginning after December 31, 2002, New York State (NYS) does not allow the federal 30%/50% special depreciation deduction for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)), placed in service inside or outside NYS after May 31, 2003. Instead, you are allowed a NYS depreciation deduction determined under IRC section 167, as that section would have applied to the property if it had been acquired on September 10, 2001. You may take the deduction for NYS depreciation until the property is disposed of or fully depreciated.

If you claimed ACRS depreciation on your federal return for property placed in service beginning after May 31, 2003 (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)), complete Part 1.

Use this form to compute your NYS adjustments for NYS depreciation and federal depreciation deductions.

As described in IRC section 168(k)(2), *resurgence zone property* is defined as qualified property if **all** of the following apply:

- substantially all use of the property is in the resurgence zone; **and**
- the use is in the active conduct of a trade or business by the taxpayer in the resurgence zone; **and**
- the original use by the taxpayer commences after December 31, 2002.

The *resurgence zone* is defined as the area of New York County bounded on the south by a line running from the intersection of the Hudson River with the Holland Tunnel, running east to Canal Street, then running along the centerline of Canal Street to the intersection of Bowery and Canal Street. It then runs in a southeasterly direction diagonally across the Manhattan Bridge Plaza to the Manhattan Bridge, along the centerline of the Manhattan Bridge to the point where the centerline would intersect with the east bank of the East River. It is bounded on the north by a line running from the intersection of the Hudson River with the Holland Tunnel, running north along West Avenue to the intersection of Clarkson Street. It then runs east along the centerline of Clarkson Street to the intersection of Washington Avenue, then running south along the centerline of Washington Avenue to the intersection of West Houston Street. It continues east along the centerline of West Houston Street, then at the intersection of Avenue of the Americas, continues east along the centerline of East Houston Street to the east bank of the East River.

If you have an interest in a passive activity, the modifications required under Tax Law sections 612(b)(8) and (c)(16) for federal depreciation and NYS depreciation must be made for the full amounts allowable as a federal depreciation deduction (100%), even though the activity may be subject to federal loss deduction limitations. It is only under IRC section 469 (*Passive Activity Losses and Credits Limited*) that there is a limitation on passive loss deductions.

In the case of a partnership using IRC section 168 to determine depreciation, the individual partners should make the adjustments to income on their personal income tax returns. The adjustments for partners are their distributive share of NYS depreciation and federal depreciation, determined by the partnership as of the end of the partnership year ending within the partner's tax year. Form IT-398 should be completed only by the partnership, and not by each individual partner. This treatment is the same for a beneficiary of an estate or trust that is on a fiscal-year basis.

If you are a shareholder of an electing New York State S corporation, the S corporation should provide your proportionate share of the S corporation's depreciation deduction.

If you are a nonresident or part-year resident, you must complete Form IT-398 as if you were a NYS resident for the entire year. Transfer the amounts from Part 1 and Part 2 to Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*. For more information on the addition and subtraction modifications for federal and NYS depreciation, see Form IT-203-I, *Instructions for Form IT-203*.

If you are married and file a joint federal return but are required to file separate NYS returns, complete only one Form IT-398 showing the amounts from your joint federal return. Attach a schedule to each return showing each spouse's separate amounts, as if separate federal returns were filed, and explain any differences.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Enter your name and identifying number (your social security number or employer identification number) in the spaces provided on the front of this form. Mark an **X** in the box that indicates which NYS income tax return you are filing and attach this form to that return.

Part 1 — Depreciation

Depreciation is the annual deduction allowed to recover the cost or other basis of business or investment property having a useful life substantially beyond the tax year. However, land is never depreciable. Depreciation starts when you first use the property in your business or for the production of income. It ends when you take the property out of service, deduct all your depreciable cost or other basis, or no longer use the property in your business or for the production of income. (See Part 2 for the deduction to be taken in the year you dispose of the property.)

Column C — Enter the depreciable basis of the assets you place in service in the same year. *Depreciable basis* is the cost or other basis reduced by the part of the basis you elected to amortize or expense under IRC section 179, and any federal investment credit subtracted when computing the federal unadjusted basis of the asset.

Column D — The applicable convention determines the portion of the tax year for which the depreciation is allowable during a year property is either disposed of or placed in service. Enter in column D the convention you used from federal Form 4562, column E.

Column E — Indicate the depreciation method selected for the computation of the NYS allowable depreciation deduction. Any consistent depreciation method that would have been allowed under IRC section 167, as that section would have applied to the property if it had been acquired on September 10, 2001, without regard to section 168(k), is acceptable.

Column F — Enter your NYS depreciation deduction in column F, based on the method you elected in column E.

Column G — Enter the depreciation deduction you took on your federal return.

Part 2 — Year-of-disposition adjustment

If you dispose of IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) that you placed in service inside or outside NYS after May 31, 2003, you **must** adjust your NYS income by the difference between the total NYS depreciation deduction and the total federal depreciation deduction claimed on that property.

Column C — Enter the method used to dispose of the property. *Disposition* includes, but is not limited to, sale, exchange, transfer, and obsolescence.

Column D — Enter the total NYS depreciation deduction you claimed on the property you disposed of.

Column E — Enter the total federal depreciation deduction you claimed on your federal return for the disposition of your property.



New York State Depreciation Schedule

IT-399

Name(s) as shown on return
DANIEL T THOMAS

Identifying number as shown on return
400004809

Mark an X in one box to show the income tax return you are filing and attach this form to that return.

IT-201, Resident IT-203, Nonresident and part-year resident IT-204, Partnership IT-205, Fiduciary

Part 1 — Depreciation information for property (except for section 280F property) placed in service inside or outside New York State in tax years beginning after December 31, 1980, but before January 1, 1985, and if you elect to continue using IRC section 167 depreciation for property placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994 (see instructions)

A Description of property <i>(attach schedule if needed)</i>	B Date placed in service	C Depreciable basis	D Depreciation method	E Life or rate	F New York depreciation	G Federal ACRS deduction
EQUIPMENT	07/01/1992	5433	200DB	7	778	3111

1 Enter column F and column G totals **1.** **778** **3111**

If you are filing Form:	transfer the column F total to:	transfer the column G total to:
IT-201	line 31	line 23
IT-203	line 29	line 22
IT-204	line 109	line 107
IT-205	line 68	line 65

Part 2 — Year-of-disposition adjustment for property (except for section 280F property) placed in service inside or outside New York State in tax years beginning after December 31, 1980, but before January 1, 1985, and for property placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994 (see instructions)

A Description of property <i>(attach schedule if needed)</i>	B Date of disposition	C Method of disposition	D Amount of New York depreciation	E Amount of ACRS deduction

2 Enter column D and column E totals **2.**

3 Enter amount from line 2, column D or column E, whichever is larger **3.**

4 Enter amount from line 2, column D or column E, whichever is smaller **4.**

5 Subtract line 4 from line 3 **5.**

If you are filing Form:	and column D is larger than column E, transfer line 5 amount to:	and column E is larger than column D, transfer line 5 amount to:
IT-201	line 23	line 31
IT-203	line 22	line 29
IT-204	line 107	line 109
IT-205	line 65	line 68

Instructions

General instructions

Use this form to compute your New York adjustments for New York depreciation and federal accelerated cost recovery system (ACRS) depreciation for property placed in service inside or outside New York State in tax years beginning after December 31, 1980, but before January 1, 1985, and if you elect to continue using Internal Revenue Code (IRC) section 167 depreciation for property placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994.

New York State does not allow the federal ACRS depreciation deduction for property (except for property classified as IRC section 280F property) placed in service inside or outside New York State during tax years 1981, 1982, 1983, 1984, and fiscal years beginning in 1984. You must compute your New York depreciation by using one of the methods provided for in IRC section 167 as it was in effect on December 31, 1980 (for example, straight line or declining balance). You may take the deduction for New York depreciation until the property is fully depreciated or disposed of.



For property (except for property classified as IRC section 280F property) placed in service outside New York State for tax years beginning after 1984, but before 1994, New York did not allow ACRS or MACRS depreciation under IRC section 168. Instead, New York allowed the depreciation deduction that would have been allowed under IRC section 167 as it was in effect on December 31, 1980.

However, as a result of a court decision (Reynolds), if you claimed ACRS depreciation on your federal return for property not classified as IRC section 280F property, and that property was placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994 (including property on which ACRS depreciation was computed in accordance with the Federal Tax Reform Act of 1986), you may continue using the **pre-1981** IRC section 167 depreciation on that property, making the applicable depreciation addition and subtraction, or choose to switch to the IRC section 168 depreciation deduction.

A taxpayer choosing to switch to the IRC section 168 depreciation deduction is no longer required to make the New York depreciation addition and subtraction adjustments. If you switch to IRC section 168 depreciation, you must use IRC section 168 depreciation from this tax year forward, and must use it for all of your subject property. For more information about this property, see TSB-M-99(1), *New York Depreciation Deduction for Property Placed in Service Outside New York State in Tax Years 1985 – 1993*. This TSB-M is available on the Tax Department Web site at www.tax.ny.gov!

If you claimed ACRS depreciation on your federal return for property placed in service during tax years 1981 through 1984 and fiscal tax years beginning in 1984 (for other than IRC section 280F property), or on property placed in service outside New York State during tax years 1985 through 1993 and fiscal tax years beginning in 1993 (for other than IRC section 280F property), and you elect to continue using IRC section 167 depreciation, complete Part 1.

If you have an interest in a passive activity, the modifications required under Tax Law sections 612(b)(25) and (c)(26) for ACRS depreciation and New York depreciation must be made for the full amounts allowable as a federal depreciation deduction (100%), even though the activity may be subject to federal loss deduction limitations. It is only under IRC section 469 (*Passive Activity Losses and Credits Limited*) that there is a limitation on passive loss deductions.

In the case of a partnership using ACRS to determine depreciation, the individual partners should make the adjustments to income on their personal income tax returns. The adjustments for partners are their distributive share of New York depreciation and federal ACRS depreciation, determined by the partnership as of the end of the partnership year ending within the partner's tax year. Form IT-399 should be completed only by the partnership, and not by each individual partner. This treatment is the same for a beneficiary of an estate or trust that is on a fiscal-year basis.

If you are a shareholder of an electing New York State S corporation, the S corporation should provide your proportionate share of the S corporation's depreciation deduction.

If you are a nonresident or part-year resident, you must complete Form IT-399 as if you were a New York State resident for the entire year. Transfer the amounts from Part 1 and Part 2 to Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*. For more information on the addition and subtraction modifications for ACRS and New York State depreciation, see Form IT-203-I, *Instructions for Form IT-203*.

If you are married and file a joint federal return but are required to file separate New York returns, complete only one Form IT-399 showing the amounts from your joint federal return. Attach a schedule to each return showing each spouse's separate amounts, as if separate federal returns were filed, and explain any differences.

Do not use this form if you are depreciating IRC section 168(k) property. For more information, see Form IT-398, *New York State Depreciation Schedule for IRC Section 168(k) Property*.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Enter your name and identifying number (your social security number or employer identification number) in the spaces provided on the front of this form. Mark the box that indicates which New York State income tax return you are filing and attach this form to that return.

Part 1 – Depreciation

Depreciation is the annual deduction allowed to recover the cost or other basis of business or investment property having a useful life substantially beyond the tax year. Land is never depreciable. Depreciation starts when you first use the property in your business or for the production of income. It ends when you take the property out of service, deduct all of your depreciable cost or other basis, or no longer use the property in your business or for the production of income. (See Part 2 for the deduction to be taken in the year you dispose of the property.)

Column C — Enter the depreciable basis of the assets you place in service in the same year. *Depreciable basis* is the cost or other basis reduced by the part of the basis you elected to amortize or expense under IRC section 179, and any federal investment credit subtracted when computing the federal unadjusted basis of the asset.

Column D — Enter the depreciation method you elect. You must use a method that is allowed under IRC section 167, as it was in effect on December 31, 1980.

Column E — Enter the useful life of the property. You **cannot** use the ACRS recovery period when computing your New York State depreciation. You must use the useful life or rate provided for in IRC section 167. In some cases the useful life under IRC section 167 may be the same as the recovery period.

Column F — Enter your New York depreciation deduction in column F, based on the method you elected in column D.

Column G — Enter the ACRS deduction you took on your federal return.

Part 2 – Year-of-disposition adjustment

If you dispose of property (except for IRC section 280F property) that you placed in service inside or outside New York State after December 31, 1980, but before January 1, 1985, or property placed in service outside New York State after December 31, 1984, but before January 1, 1994, you must adjust your New York State income by the difference between the total New York depreciation deduction and the total federal ACRS deduction claimed on that property. If you elected to switch to IRC section 168 depreciation for property placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994, in the year of disposition, the adjustment should take into account only those years prior to switching to IRC section 168.

Column C — Enter the method used to dispose of the property. *Disposition* includes, but is not limited to, sale, exchange, transfer, and obsolescence.

Column D — Enter the total New York depreciation you claimed on the disposition of your property. If the property was placed in service during 1981, do not include the amount of ACRS depreciation claimed for the property on your 1981 New York State return.

Column E — Enter the total federal ACRS deduction you claimed on your federal return for the disposition of your property. If the property was placed in service during 1981, do not include the amount of ACRS depreciation claimed for the property on your 1981 federal return.





Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return DANIEL T THOMAS	Identification number (SSN or EIN) 400004809
--	--

Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2011 return before withholding and estimated tax payments (<i>caution: see instructions</i>)	1.	1333	
2 Empire State child credit (from Form IT-201, line 63)	2.		
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3.		
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4.		
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5.		
6 Real property tax credit (from Form IT-201, line 67)	6.		
7 College tuition credit (from Form IT-201, line 68)	7.		
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	8.	63	
9 NY City earned income credit (from Form IT-201, line 70)	9.		
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10.		
11 Add lines 2 through 10	11.	63	
12 Current year tax (subtract line 11 from line 1)	12.	1270	
13 Multiply line 12 by 90% (.90)	13.	1143	
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14.		
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15.	1270	
16 Enter your 2010 tax (<i>caution: see instructions</i>)	16.	807	
17 Enter the smaller of line 13 or line 16	17.	807	

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 – Regular method*.

18 Enter the amount from line 14 above	18.		
19 Enter the total amount of estimated tax payments you made (see instructions)	19.		
20 Add lines 18 and 19	20.		
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21.		
22 Multiply line 21 by .05000 and enter the result	22.		
23 If the amount on line 21 was paid on or after April 15, 2012, enter 0 . If the amount on line 21 was paid before April 15, 2012, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2012 × .00020 =	23.		
24 Penalty. Subtract line 23 from line 22	24.		.

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

Payment due dates		A 4/15/11	B 6/15/11	C 9/15/11	D 1/15/12
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25.	202	202	202	202
26 Estimated tax paid and tax withheld (see instructions)	26.	123	123	123	123
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27.		79	158	236
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28.	123	44	-35	-113
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29.	79	158	236	315

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Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Important: You must enter your date(s) of birth and social security number(s) below. Your first name and middle initial: JOE Z, Your last name: CANASTA, Your date of birth: 07/15/1990, Your social security number: 400-00-4810, Spouse's first name and middle initial, Spouse's last name, Spouse's date of birth, Spouse's social security number, Mailing address: % AMANDA JONES 215 LAIDBACKWAY, Apartment number, New York State county of residence: NEW YORK, City, village, or post office: ROCKY POINT, State: NY, ZIP code: 11778, Country (if not United States), School district name: MANHATTAN, Permanent home address: 110 S 93 ST, Apartment no., City, village, or post office: NEW YORK, School district code number: 369, State: NY, ZIP code: 10029, Country (if not United States), Decedent information, Taxpayer's date of death, Spouse's date of death

(A) Filing status - mark an X in one box: 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household (with qualifying person), 5 Qualifying widow(er) with dependent child. (B) Did you itemize your deductions on your 2011 federal income tax return? Yes No X. (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X. (D) E-file this return. Most taxpayers must now e-file. (E) New York City part-year residents only: (1) Number of months you lived in NY City in 2011: 06, (2) Number of months your spouse lived in NY City in 2011. (F) Enter your 2-character special condition code if applicable. If applicable, also enter your second 2-character special condition code.

Federal income and adjustments table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows include Wages, salaries, tips, etc. (18500), Taxable interest income, Ordinary dividends, Taxable refunds, credits, or offsets of state and local income taxes, Alimony received, Business income or loss (-405), Capital gain or loss, Other gains or losses, Taxable amount of IRA distributions, Taxable amount of pensions/annuities, Rental real estate, royalties, partnerships, S corporations, trusts, etc., Farm income or loss (400), Unemployment compensation, Taxable amount of social security benefits, Other income, Add lines 1 through 15 (18495), Total federal adjustments to income (2800), Federal adjusted gross income (15695).

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400-00-4810

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 15695 . 10805 .

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. 20.
 21 Public employee 414(h) retirement contributions 21. 555 21. 555
 22 Other (see page 27) Identify: A-3 \$50 22. 50 22. 50
 23 Add lines 19 through 22 23. 16300 23. 11410

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 24.
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. 25.
 26 Taxable amount of social security benefits (from line 14) .. 26. 26.
 27 Interest income on U.S. government bonds 27. 27.
 28 Pension and annuity income exclusion 28. 28.
 29 Other (see page 31) Identify: 29. 29.
 30 Add lines 24 through 29 30. 30.
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 16300 31. 11410

32 Enter the amount from line 31, Federal amount column 32. 16300

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 10500

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 5800

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 3000 .00

36 New York taxable income (subtract line 35 from line 34) 36. 2800



New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.	.	.
b Taxes you paid (federal Sch. A, line 9)	b.	.	.
c Interest you paid (federal Sch. A, line 15)	c.	.	.
d Gifts to charity (federal Sch. A, line 19)	d.	.	.
e Casualty and theft losses (federal Sch. A, line 20)	e.	.	.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.	.	.
g Other misc. deductions (federal Sch. A, line 28)	g.	.	.
h Enter amount from federal Schedule A, line 29	h.	.	.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	.	.
j Subtract line i from line h	j.	.	.
k College tuition itemized deduction (see page 37)	k.	.	.
l Addition adjustments (see page 37)	l.	.	.
m Add lines j, k, and l	m.	.	.
n Itemized deduction adjustment (see page 38)	n.	.	.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	.	.

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Name(s) as shown on page 1
JOE Z CANASTA

▼ Enter your social security number
400-00-4810

Tax computation, credits, and other taxes (see page 39)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	2800	
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	112	
39 New York State household credit (from table 1, 2, or 3 on page 39)	105	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	7	
41 New York State child and dependent care credit (attach Form IT-216; see page 40)	1279	
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)		
43 New York State earned income credit (attach Form IT-215; see page 40)	1508	

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

45 Income percentage (see page 40) New York State amount from line 31 Federal amount from line 31 = **45.** Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)		
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)		
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)		
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)		
50 Total New York State taxes (add lines 48 and 49)		

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	85		See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.
52 New York City minimum income tax (attach Form IT-220) ..			
52a Add lines 51 and 52	85		
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	85		
52c Subtract line 52b from 52a			
53 Yonkers nonresident earnings tax (attach Form Y-203)			
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)			
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)			

56 Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.)

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	5	00
57b Missing/Exploited Children Fund	5	00
57c Breast Cancer Research Fund	5	00
57d Alzheimer's Fund	5	00
57e Olympic Fund (\$2 or \$4; see page 43)	2	00
57f Prostate Cancer Research Fund	5	00
57g 9/11 Memorial	5	00
57h Volunteer Firefighting & EMS Recruitment Fund	5	00

57 Total voluntary contributions (add lines 57a through 57h)

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)



▼ Enter your social security number

400-00-4810

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars Cents

59. 57

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include: 60 Part-year NYC school tax credit (31), 61 Other refundable credits (3874), 62 Total New York State tax withheld (1295), 63 Total New York City tax withheld, 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370, 66 Total payments and refundable credits (5200).

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44). Staple them (and any other applicable forms) to the top of this page 4. See Step 12 on page 50 for the proper assembly of your return and attachments.

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)

67. 5143

68 Amount of line 67 to be refunded. Mark one refund choice: [] direct deposit (fill in line 72) - or - [X] debit card - or - [] paper check

68. 5143

69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions)

See page 74 for information about your three refund choices.

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark this box [] and fill in line 72

70.

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46)

71.

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47).

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. 47) []

72a Routing number [] Electronic funds withdrawal effective date []

72b Account number [] 72c Account type [] Checking [] Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) 04-01-2011

Mark an X in the box that describes your situation on the last day of the tax year:

73a Moved into New York State [X]

73b Moved out of New York State; received income from NYS sources during nonresident period []

73c Moved out of New York State; received no income from NYS sources during nonresident period []

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions) Yes [] No []

Third-party designee form with fields for name, phone number, PIN, and email.

Paid preparer must complete form with fields for signature, firm name, address, and identification number.

Taxpayer(s) must sign here form with fields for signature, occupation (AIDE), spouse's signature, and phone number.

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on Form IT-203
 JOE Z CANASTA

▼ Your social security number
 400-00-4810

Complete all parts that apply to you; see instructions (Form IT-203-I). Attach this form to your Form IT-203.

Part 1 – Other tax credits. Attach all applicable forms.

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents
1	Resident credit (attach Form(s) IT-112-R and/or IT-112-C)	1.	.
2	Accumulation distribution credit (attach computation)	2.	.
3	Other nonrefundable, non-carryover credits (attach all applicable forms)		
3a.	Code Dollars Cents		
3b.	Code Dollars Cents		
3.	Total other nonrefundable, non-carryover credits (add lines 3a and 3b)	3.	.

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit (attach Form IT-249)	4.	.
5	Investment credit (attach Form IT-212)	5.	.
6	Part-year solar energy system equipment credit (attach Form IT-255)	6.	.
7	Other nonrefundable, carryover credits (attach all applicable forms)		
7a.	Code Dollars Cents		
7b.			
7c.			
7d.			
7e.			
7f.			
7g.			
7h.	Code Dollars Cents		
7i.			
7j.			
7k.			
7l.			
7m.			
7n.			
7.	Total other nonrefundable, carryover credits (add lines 7a through 7n)	7.	.
8	Total New York State nonrefundable credits used (add lines 1 through 7; enter here and on Form IT-203, line 47)	8.	.

Section C – New York State, New York City, and Yonkers refundable credits

9	Part-year resident refundable New York State child and dependent care credit (attach Form IT-216)	9.	876	.
9a	Part-year resident refundable New York City child and dependent care credit (attach Form IT-216)	9a.	272	.
10	Part-year resident refundable New York State earned income credit (attach Form IT-215)	10.	1038	.
11	Part-year resident refundable New York City earned income credit (attach Form IT-215)	11.	188	.
12	Other NY State refundable credits (attach all applicable forms)			
12a.	Code Dollars Cents			
12b.				
12c.				
12d.				
12e.				
12f.				
12g.	Code Dollars Cents			
12h.				
12i.				
12j.				
12k.				
12l.				
12.	Total other refundable credits (add lines 12a through 12l)	12.	1500	.
13	Add lines 9 through 12	13.	3874	.
14	New York State claim of right credit (attach Form IT-257)	14.		.
15	New York City claim of right credit (attach Form IT-257)	15.		.
16	Yonkers claim of right credit (attach Form IT-257)	16.		.
17	Total New York State, New York City, and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61)	17.	3874	.

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Please file this original scannable form with the Tax Department.

400-00-4810

Part 2 – Other New York State taxes. Attach all applicable forms.

18 NY State tax on capital gain portion of lump-sum distributions (from Form IT-230-I, worksheet C, line 7) Dollars **18.** Cents

19 Other New York State taxes (attach all applicable forms)

Code	Dollars	Cents	Code	Dollars	Cents
19a.			19g.		
19b.			19h.		
19c.			19i.		
19d.			19j.		
19e.			19k.		
19f.			19l.		

Total other New York State taxes (add lines 19a through 19l) **19.** Cents

20 Add lines 18 and 19 **20.** Cents

21 Enter amount from **Form IT-203**, line 47 **21.** Cents

22 Enter amount from **Form IT-203**, line 46 **22.** Cents

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank) **23.** Cents

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank) **24.** Cents

25 New York State separate tax on lump-sum distributions (attach Form IT-230) **25.** Cents

26 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) **26.** Cents

27 Subtract line 26 from line 25 **27.** Cents

28 New York State minimum income tax (attach Form IT-220) **28.** Cents

29 Add lines 24, 27, and 28 **29.** Cents

30 Excess child and dependent care credit (attach Form IT-216) **30.** Cents

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31.** Cents

32 Excess New York State earned income credit (attach Form IT-215) **32.** Cents

33 **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203, line 49**) **33.** Cents



Claim for Earned Income Credit

New York State • New York City

IT-215

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return JOE Z CANASTA	Your social security number 400004810
--	---

- 1 Did you claim the federal earned income credit for 2011? If **No, stop; you do not qualify for these credits.** **1.** Yes No
- 2 Is your investment income (see instructions) greater than \$3,150? If **Yes, stop; you do not qualify for these credits.** **2.** Yes No
- 3 Have you already filed your 2011 New York State income tax return? If **Yes**, you must file an amended NYS return. **3.** Yes No
- 4 Did you claim qualifying children on your 2011 **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. **4.** Yes No
If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Year of birth
SAMUEL M	CANASTA JR	• SON	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884809	2008
MARY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884810	1998
SALLY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input checked="" type="checkbox"/>	400884811	1986

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your 2011 federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form. ... **5.** Yes No
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. **6.** Dollars **18500** Cents
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions) **7.**
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) **8.** **-5**
- Employer identification number (see instructions) • **400004810**
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) **9.** **15695**
- 10. Amount of federal EIC claimed** (from federal Form 1040EZ, line 9a; Form 1040A, line 41a; or Form 1040, line 64a) **10.** **5375**
- 11.** New York State earned income credit (NYS EIC) rate 30% (.30) **11.** **30**
- 12.** Tentative NYS EIC (multiply line 10 by line 11; see instructions) **12.** **1613**

Complete **Worksheet B** on the back page before continuing.

- 13.** Enter the amount from **Worksheet B**, line 5, on the back of this form **13.** **112**
- 14.** New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) **14.** **105**
- 15.** Enter the smaller of line 13 or line 14 **15.** **105**
- 16. Allowable New York State earned income credit** (subtract line 15 from line 12; see instructions) **16.** **1508**
- 17. If your New York State filing status is ③, Married filing separate return, complete line 17.** The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. **17.**
- Federal adjusted gross income** (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) •

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Please file this original scannable form with the Tax Department.

Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

		Dollars	Cents
18 Enter your New York State earned income credit (from line 16 or line 17)	18.	1508	
19 Enter the amount from Form IT-203, line 42	19.		
— If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. — If line 19 is less than line 18, continue on line 20 below.			
20 Excess New York State earned income credit (subtract line 19 from line 18)	20.	1508	
21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21.		
— If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. — If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.			
22 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22.	1508	
23 Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	23.	10805	
24 Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24.	15695	
25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25.		.6884
26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26.	1038	

New York City earned income credit (full-year and part-year New York City residents)

27 From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11	27.	188	
Part-year New York City residents must also complete line 28 below.			
28 Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A.	16300	
	28B.	11410	

Worksheet B

1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1.	112	
2 Resident credit (see instructions)	2.		
3 Accumulation distribution credit (see instructions)	3.		
4 Add lines 2 and 3	4.		
5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5.	112	





Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return JOE Z CANASTA	▼ Your social security number 400004810
--	---

1 Have you already filed your 2011 New York State income tax return?..... Yes No

If Yes, you must file an amended New York State return and attach Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A – Care provider's first name, middle initial, and last name	B – Address	C – Identifying number (SSN or EIN)	D – Amount paid (see instructions)
STM 31		• STM 32	• .
		•	• .

3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A – First name and middle initial	B – Last name	C – Qualified expenses paid in 2011	D – Person with disability (see instr.)	E – Social security number	F – Year of birth
SAMUEL M	CANASTA JR	1710	• <input type="checkbox"/>	• 400884809	• 2008
MARY M	CANASTA	1000	• <input type="checkbox"/>	• 400884810	• 1998
SALLY M	CANASTA	710	• <input checked="" type="checkbox"/>	• 400884811	• 1986
			• <input type="checkbox"/>	•	•

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. .

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?..... Yes No

Note: On line 5, if you are claiming expenses paid for a dependent child born in 1998, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2011, through the day preceding the child's 13th birthday.

5 Enter the smallest of:

– line 3a above; or
– federal Form 2441, line 3; or
– 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

5.	Dollars	3420	Cents	
----	---------	------	-------	--

6 Enter your earned income (see instructions) 6. .

7 If your filing status is 2 Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) 7. .

8 Enter the smallest of line 5, 6, or 7 8. .

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9. .

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions 10. .

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) 11. .



Dollars Cents

- 12 Amount from line 11 **12.** 1163 .
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) 16300 .
 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line..... **13.** 1 . 100
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit (*see instructions*) **14.** 1279 .

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 **15.** 7 .
 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
 If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** **16.** 1272 .
- 17 Enter the amount from Form IT-203-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.*) **17.** .
 If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
 If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** **18.** 1272 .
- 19 Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **19.** 10805 .
- 20 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **20.** 15695 .
- 21 Divide line 19 by line 20 (*round the result to the fourth decimal place*). This amount cannot exceed 100% (1.0000)..... **21.** . 6884
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22.** 876 .

New York City child and dependent care credit

If you were a resident of New York City at any time during 2011 **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old **23.** 1710 .
IT-201 filers:
- 24 Refundable New York City child and dependent care credit (*from Worksheet 1, line 7 or line 13*) **24.** .
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... **25.** .
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-201-ATT, line 9a **26.** .
IT-203 filers:
- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-203, line 52b **27.** 85 .
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 13*); also enter this amount on Form IT-203-ATT, line 9a **28.** 272 .
- Part-year New York City resident filers only:**
- 29 Enter the amount from Worksheet 1, line 10 **29.** 10805 .
- 30 Enter the amount from Worksheet 1, line 11 **30.** 15695 .





Claim for Farmers' School Tax Credit

IT-217

Attach this form to Form IT-201, IT-203, or IT-205.

Name(s) as shown on return
JOE Z CANASTA

Identifying number as shown on return
400004810

Note: Before completing this form, complete Form IT-201 through line 33, Form IT-203 through line 32, or Form IT-205 through line B.

Part 1 – Eligibility

If you mark an **X** in a *No* box for item A, B, C, or D, **stop**; you do not qualify for this credit.

A Did you have qualified agricultural property for tax year 2011? (see instr., Form IT-217-I) Yes No

B Were eligible school district property taxes paid on that property during tax year 2011? (see instructions) Yes No

C Complete Worksheet A on page 3 of the instructions. Is the amount shown on line 6 of Worksheet A less than \$300,000? Yes No

D Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete Worksheet D on page 9 of the instructions. Is the percentage shown on line 28 of Worksheet C or line 28 of Worksheet D at least 0.6667 (66.67%)? (see instructions) Yes No

E If you and one or more related persons (see instructions) each owned qualified agricultural property on March 1, 2011, mark an **X** here and see the instructions for Part 2, line 5

F If all or part of your qualified agricultural property was converted to nonqualified use during tax year 2011, mark an **X** here (see instructions)

Part 2 – Computation of credit

1 Individuals: Enter the total acres of qualified agricultural property owned by you during tax year 2011 (see instructions)	1.	1500
2 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column A	2.	
3 Fiduciaries: Enter fiduciary's share of qualified agricultural property from Part 5, column C	3.	
4 Add lines 1, 2, and 3	4.	1500
5 Enter total base acreage amount (see instructions)	5.	350
6 Subtract line 5 from line 4 (if zero or less, skip lines 7 and 8, enter 1.0000 (100%) on line 9, and continue on line 10) ...	6.	1150
7 Multiply line 6 by 50% (.5)	7.	575
8 Add lines 5 and 7	8.	925
9 Divide line 8 by line 4 and round the result to the fourth decimal place	9.	0.6167
10 Individuals: Enter the eligible school taxes you paid during 2011 (see instr.)	10.	2432
11 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column B.....	11.	
12 Fiduciaries: Enter fiduciary's share of eligible taxes from Part 5, column D	12.	
13 Add lines 10, 11, and 12	13.	2432
14 Multiply line 13 by line 9.....	14.	1500
15 Enter amount from Worksheet A, line 6, on page 3 of the instructions (if line 15 amount is \$200,000 or less, skip lines 16, 17, and 18, and enter the line 14 amount on line 19)	15.	16300
16 Enter the excess of line 15 over \$200,000 (cannot exceed \$100,000) ...	16.	
17 Divide line 16 by \$100,000, and round the result to the fourth decimal place (cannot exceed 1.0000 (100%))	17.	
18 Multiply line 14 by line 17	18.	
19 Farmers' school tax credit (subtract line 18 from line 14; see instructions)	19.	1500

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Part 3 – Partnership, S corporation, and estate or trust information

If you were a partner in a partnership, a shareholder of a New York S corporation, or the beneficiary of an estate or trust that **owned** qualified agricultural property during 2011, complete the following information for each partnership, S corporation, or estate or trust. For *Type* column, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer ID number	Location of property

Part 4 – Partner’s, shareholder’s, or beneficiary’s share of qualified agricultural property and eligible taxes		A – Acres of qualified agricultural property	B – Eligible taxes
Partner	1 Enter your share of acres of qualified agricultural property from your partnership (<i>see instructions</i>)		
	2 Enter your share of eligible taxes from your partnership (<i>see instructions</i>)		\$
S corporation shareholder	3 Enter your share of acres of qualified agricultural property from your S corporation (<i>see instructions</i>)		
	4 Enter your share of eligible taxes from your S corporation (<i>see instructions</i>)		\$
Beneficiary	5 Enter your share of acres of qualified agricultural property from the fiduciary’s Form IT-217, Part 5, column C		
	6 Enter your share of eligible taxes from the fiduciary’s Form IT-217, Part 5, column D		\$
7	Totals		\$

Fiduciaries – Include the line 7, column A amount, on Part 5, column C, and include the line 7, column B amount, on Part 5, column D.
All others – Enter the line 7, column A amount, on Part 2, line 2, and enter the line 7, column B amount, on Part 2, line 11.

Part 5 – Beneficiary’s and fiduciary’s share of acres of qualified agricultural property and eligible taxes

A – Beneficiary’s name	B – Identifying number	C – Acres of qualified agricultural property	D – Eligible taxes	E – Acres of qualified agricultural property converted to nonqualified use
Totals				
Fiduciary				

Part 6 – Credit recapture on qualified agricultural property converted to nonqualified use

(Complete this part only if you first claimed a credit for 2009 or 2010. See instructions.)

A – Total acres of qualified agricultural property converted to nonqualified use	B – Total acres of qualified agricultural property before conversion	C – Column A ÷ column B	D – Total credit claimed for 2009 and 2010 (<i>see instructions</i>)	E – Total amount of 2009 and 2010 credit to be recaptured (<i>column C × column D</i>)





Change of City Resident Status

IT-360.1

New York City • Yonkers

Attach this form to Form IT-201 or Form IT-203.

Name(s) as shown on return
JOE Z CANASTA

▼ Social security number
400004810

Change of resident status — If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an **X** in only **one** box (A) **New York City change of residence** — Complete Parts 1, 2, 3, and 4.

(B) **Yonkers change of residence** — Complete Parts 1 and 5.

(C) **New York City and Yonkers change of residence** — Complete the entire form.

Part 1 — New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1. 18500	12333	
2 Taxable interest income	2.		
3 Ordinary dividends	3.		
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		
5 Alimony received	5.		
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040) ...	6. -405		
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	7.		
8 Other gains or losses (attach copy of federal Form 4797)	8.		
9 Taxable amount of IRA distributions	9.		
10 Taxable amount of pensions and annuities	10.		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.		
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)	12. 400	400	
13 Unemployment compensation	13.		
14 Taxable amount of social security benefits	14.		
15 Other income	15.		
Identify:			
16 Total (add lines 1 through 15)	16. 18495	12733	
17 Total federal adjustments to income	17.		
Identify: STM 33	2800	1928	
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 15695	10805	
19 New York adjustments (attach schedule)	19. 605	605	
20 New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43)	20. 16300	11410	



Part 2 – Itemized deductions for New York City (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21.	
22	Taxes you paid	22.	
23	Interest you paid	23.	
24	Gifts to charity	24.	
25	Casualty and theft losses	25.	
26	Job expenses and most other miscellaneous deductions	26.	
27	Other miscellaneous deductions	27.	
28	This line is intentionally left blank	28.	
29	This line is intentionally left blank	29.	
30	Total itemized deductions (add lines 21 through 27)	30.	
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31.	
32	Subtract line 31 from line 30	32.	
33	Addition adjustments and college tuition itemized deduction (see instructions)	33.	
34	Add lines 32 and 33	34.	
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)	35.	
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36.	

Part 3 – Dependent exemptions (see instructions, page 5)

37 Enter the period you were a New York City **resident** during 2011

From: month day To: month day

38	Enter the county where you resided while a nonresident of New York City	<input type="text" value="SUFFOLK"/>	
39	Enter the number of full months in the New York City resident period	39.	6
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2)	40.	500
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36 or Form IT-203, line 35	41.	3
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	42.	1500

Part 4 – Part-year New York City resident tax (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B)	43.	11410
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44.	5250
45	Subtract line 44 from line 43	45.	6160
46	Dependent exemption amount (from line 42)	46.	1500
47	New York City taxable income (subtract line 46 from line 45)	47.	4660
48	New York City tax on line 47 amount (see instructions, page 5)	48.	135
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49.	50
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50.	85
51	Part-year New York City separate tax on lump-sum distributions (attach Form IT-230)	51.	
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (attach Form IT-230)	52.	
53	Add lines 50, 51, and 52	53.	85
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	54.	
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50 or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55.	85

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Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

	Full-year NYS resident		Part-year NYS resident	
56 Total New York State taxes (from Form IT-201, line 46)	56.			
57 Empire State child credit (from Form IT-201, line 63)	57.			
58 NYS child and dependent care credit (from Form IT-216, line 14)	58.			
59 Earned income credit (from Form IT-201, line 65)	59.			
60 Noncustodial parent New York State earned income credit (from Form IT-201, line 66)	60.			
61 Real property tax credit (from Form IT-201, line 67)	61.			
62 College tuition credit (from Form IT-201, line 68)	62.			
63 Amount from Form IT-201-ATT, line 13	63.			
64 Add lines 57 through 63	64.			
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65.			
66 Base tax (amount from Form IT-203, line 44)	66.			
67 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	67.			
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ...	68.			
69 Net other New York State taxes (from Form IT-203-ATT, line 33)	69.			
70 Add lines 68 and 69	70.			
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71.			
72 Subtract line 71 from line 70 (if line 71 is more than line 70, enter 0) ...	72.			
73 Income percentage (see worksheet on page 8 of the instructions)	73.			
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents	74.			
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	75.			
76 Yonkers resident tax rate	76.	.15		

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77.** .

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.



22222		a Employee's social security number 400004810		OMB No. 1545-0008			
b Employer identification number (EIN) 64-1234567			1 Wages, tips, other compensation 18500		2 Federal income tax withheld		
c Employer's name, address, and ZIP code IBM IBM 11 RIVER RD NEW YORK NY 10019			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. JOE Z CANASTA 215 LAIDBACKWAY ROCKY POINT NY 11778			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other 414H-555 IRC125-50		12c C o o d e		
f Employee's address and ZIP code			12d C o o d e		12d C o o d e		
15 State NY	Employer's state ID number	16 State wages, tips, etc. 12333	17 State income tax 1295	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
ME		6167	400				

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

400-00-4810

IT-216 STATEMENT RECORDS

STM 31

A) DAY CARE PROVIDERS

1. CARING PLACE

2. KIDS INC

3. BIGG BLOCKS

B.) ADDRESS

16 STRAIGHT ST
ROCKY POINT NY 11778

22 TOT TERRACE
ROCKY POINT NY 11778

123 MAIN ST
ROCKY POINT NY 11778

STM 32

C) EIN

1. 64-1234568

2. 64-1234569

3. 64-1234570

D.) AMOUNT

1420

1000

1000



New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Important: You must enter your date(s) of birth and social security number(s) below.

Your first name and middle initial ROBIN D		Your last name (for a joint return, enter spouse's name on line below) RICHARD		Your date of birth (MMDDYYYY) 10/31/1953	▼ Your social security number 400-00-4811
Spouse's first name and middle initial		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 rural route) 1234 LUKE BLVD				Apartment number	New York State county of residence • NR
City, village, or post office QUINTON		State AL	ZIP code 35130	Country (if not United States)	
Permanent home address (see instr., pg. 13) (no. and street or rural route) RUE DU SIMPLON 47, 1006				Apartment no.	City, village, or post office
State LAUSANNE		ZIP code SZ		Country (if not United States)	
Decedent information				Taxpayer's date of death	Spouse's date of death
School district name • NR				School district code number	

(A) Filing status — mark an X in one box:

① Single

② Married filing joint return (enter both spouses' social security numbers above)

③ Married filing separate return (enter both spouses' social security numbers above)

④ Head of household (with qualifying person)

⑤ Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 2011 federal income tax return? Yes No

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

(D) E-file this return. Most taxpayers must now e-file (see page 12).

(E) New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2011 •

(2) Number of months your spouse lived in NY City in 2011 •

(F) Enter your 2-character special condition code if applicable (see page 15) •

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

	Federal amount		New York State amount			
	Dollars	Cents	Dollars	Cents		
1 Wages, salaries, tips, etc.	1.	18300	00	1.	18300	00
2 Taxable interest income	2.			2.		
3 Ordinary dividends	3.			3.		
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4.			4.		
5 Alimony received	5.			5.		
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)	6.			6.		
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	7.	-40	00	7.	-40	00
8 Other gains or losses (attach a copy of federal Form 4797) ..	8.			8.		
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9.			9.		
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10.			10.		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)	11.			11.		
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)	12.			12.		
13 Unemployment compensation	13.			13.		
14 Taxable amount of social security benefits (also enter on line 26)	14.			14.		
15 Other income (see page 23) Identify:	15.			15.		
16 Add lines 1 through 15	16.	18260	00	16.	18260	00
17 Total federal adjustments to income (see page 23) Identify:	17.			17.		
18 Federal adjusted gross income (subtract line 17 from line 16)	18.	18260	00	18.	18260	00

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400-00-4811

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 18260 .00 19. 18260 .00

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. .00 20. .00
 21 Public employee 414(h) retirement contributions 21. 54 .00 21. 54 .00
 22 Other (see page 27) Identify: 22. .00 22. .00
 23 Add lines 19 through 22 23. 18314 .00 23. 18314 .00

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. .00 24. .00
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. .00 25. .00
 26 Taxable amount of social security benefits (from line 14) .. 26. .00 26. .00
 27 Interest income on U.S. government bonds 27. .00 27. .00
 28 Pension and annuity income exclusion 28. .00 28. .00
 29 Other (see page 31) Identify: 29. .00 29. .00
 30 Add lines 24 through 29 30. .00 30. .00
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 18314 .00 31. 18314 .00

32 Enter the amount from line 31, Federal amount column 32. 18314 .00

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 7500 .00

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 10814 .00

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 000 .00

36 New York taxable income (subtract line 35 from line 34) 36. 10814 .00



New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.	.00
b Taxes you paid (federal Sch. A, line 9)	b.	.00
c Interest you paid (federal Sch. A, line 15)	c.	.00
d Gifts to charity (federal Sch. A, line 19)	d.	.00
e Casualty and theft losses (federal Sch. A, line 20)	e.	.00
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.	.00
g Other misc. deductions (federal Sch. A, line 28)	g.	.00
h Enter amount from federal Schedule A, line 29	h.	.00
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	.00
j Subtract line i from line h	j.	.00
k College tuition itemized deduction (see page 37)	k.	.00
l Addition adjustments (see page 37)	l.	.00
m Add lines j, k, and l	m.	.00
n Itemized deduction adjustment (see page 38)	n.	.00
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	.00

2032110099



Name(s) as shown on page 1
ROBIN D RICHARD

▼ Enter your social security number
400-00-4811

Tax computation, credits, and other taxes (see page 39)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	10814	00
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	447	00
39 New York State household credit (from table 1, 2, or 3 on page 39)	45	00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	402	00
41 New York State child and dependent care credit (attach Form IT-216; see page 40)		
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	402	00
43 New York State earned income credit (attach Form IT-215; see page 40)		

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) **44.** 402 .00

45 Income percentage (see page 40) New York State amount from line 31 18314.00 ÷ Federal amount from line 31 18314.00 = **45.** 1.000 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	402	00
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)	402	
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)		
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)		
50 Total New York State taxes (add lines 48 and 49)		

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.	
52 New York City minimum income tax (attach Form IT-220) ..	52.	
52a Add lines 51 and 52	52a.	
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.	
52c Subtract line 52b from 52a	52c.	
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.	
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.	
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.	

See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.

56 Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.) **56.** 500 .00

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	57a.	00
57b Missing/Exploited Children Fund	57b.	00
57c Breast Cancer Research Fund	57c.	00
57d Alzheimer's Fund	57d.	00
57e Olympic Fund (\$2 or \$4; see page 43)	57e.	00
57f Prostate Cancer Research Fund	57f.	00
57g 9/11 Memorial	57g.	00
57h Volunteer Firefighting & EMS Recruitment Fund	57h.	00

57 Total voluntary contributions (add lines 57a through 57h) **57.** 00

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) **58.** 500 .00



▼ Enter your social security number

400-00-4811

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars 500 Cents 00

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include: 60 Part-year NYC school tax credit, 61 Other refundable credits, 62 Total New York State tax withheld, 63 Total New York City tax withheld, 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370, 66 Total payments and refundable credits.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44). Staple them (and any other applicable forms) to the top of this page 4. See Step 12 on page 50 for the proper assembly of your return and attachments.

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)
68 Amount of line 67 to be refunded
Mark one refund choice: [] direct deposit (fill in line 72) - or - [] debit card - or - [] paper check
69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions)

67. []
68. []
See page 74 for information about your three refund choices.

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark this box [X] and fill in line 72
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46)

70. 25 00
71. []

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47). 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. 47)
72a Routing number: 011001881 Electronic funds withdrawal effective date: 02-01-2012
72b Account number: 12354310 72c Account type: [] Checking [X] Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy)
Mark an X in the box that describes your situation on the last day of the tax year:
73a Moved into New York State
73b Moved out of New York State; received income from NYS sources during nonresident period
73c Moved out of New York State; received no income from NYS sources during nonresident period

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions)
(If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes [X] No []

Third-party designee? (see instr.) Yes [] No [X]
Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

▼ Paid preparer must complete (see instr.) ▼
Preparer's signature, Firm's name (or yours, if self-employed), Address, E-mail, Date, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

▼ Taxpayer(s) must sign here ▼
Your signature, Your occupation: MUSICIAN, Spouse's signature and occupation (if joint return), Date, Daytime phone number: 518-464-1264, E-mail: RICHARD@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on Form IT-203
 ROBIN D RICHARD

▼ Your social security number
 4 0 0 0 0 4 8 1 1

Complete all parts that apply to you; see instructions (Form IT-203-l). Attach this form to your Form IT-203.

Part 1 – Other tax credits. Attach all applicable forms.

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents
1	Resident credit (attach Form(s) IT-112-R and/or IT-112-C)	1.	.
2	Accumulation distribution credit (attach computation)	2.	.
3	Other nonrefundable, non-carryover credits (attach all applicable forms)		
3a.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>		
3b.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>		
3.	Total other nonrefundable, non-carryover credits (add lines 3a and 3b)	3.	.

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit (attach Form IT-249)	4.	3 0 0	.
5	Investment credit (attach Form IT-212)	5.		.
6	Part-year solar energy system equipment credit (attach Form IT-255)	6.		.
7	Other nonrefundable, carryover credits (attach all applicable forms)			
7a.	Code: 2 5 6 Dollars: 102 Cents: <input type="text"/>			
7b.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7c.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7d.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7e.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7f.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7g.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7h.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7i.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7j.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7k.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7l.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7m.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7n.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
7.	Total other nonrefundable, carryover credits (add lines 7a through 7n)	7.	102	.
8	Total New York State nonrefundable credits used (add lines 1 through 7; enter here and on Form IT-203, line 47)	8.	402	.

Section C – New York State, New York City, and Yonkers refundable credits

9	Part-year resident refundable New York State child and dependent care credit (attach Form IT-216)	9.		.
9a	Part-year resident refundable New York City child and dependent care credit (attach Form IT-216)	9a.		.
10	Part-year resident refundable New York State earned income credit (attach Form IT-215)	10.		.
11	Part-year resident refundable New York City earned income credit (attach Form IT-215)	11.		.
12	Other NY State refundable credits (attach all applicable forms)			
12a.	Code: 2 5 8 Dollars: 7 5 Cents: <input type="text"/>			
12b.	Code: 2 5 6 Dollars: 5 0 Cents: <input type="text"/>			
12c.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12d.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12e.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12f.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12g.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12h.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12i.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12j.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12k.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12l.	Code: <input type="text"/> Dollars: <input type="text"/> Cents: <input type="text"/>			
12.	Total other refundable credits (add lines 12a through 12l)	12.	1 2 5	.
13	Add lines 9 through 12	13.	1 2 5	.
14	New York State claim of right credit (attach Form IT-257)	14.		.
15	New York City claim of right credit (attach Form IT-257)	15.		.
16	Yonkers claim of right credit (attach Form IT-257)	16.		.
17	Total New York State, New York City, and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61)	17.	1 2 5	.

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Please file this original scannable form with the Tax Department.

4 0 0 0 0 4 8 1 1

Part 2 – Other New York State taxes. Attach all applicable forms.

18 NY State tax on capital gain portion of lump-sum distributions (from Form IT-230-I, worksheet C, line 7) **18.**

--

 Dollars

--

 Cents

19 Other New York State taxes (attach all applicable forms)

Code	Dollars	Cents	Code	Dollars	Cents
19a.			19g.		
19b.			19h.		
19c.			19i.		
19d.			19j.		
19e.			19k.		
19f.			19l.		

Total other New York State taxes (add lines 19a through 19l) **19.**

--

 Dollars

--

 Cents

20 Add lines 18 and 19 **20.**

--

 Dollars

--

 Cents

21 Enter amount from **Form IT-203**, line 47 **21.**

--

 Dollars

--

 Cents

22 Enter amount from **Form IT-203**, line 46 **22.**

--

 Dollars

--

 Cents

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank) **23.**

--

 Dollars

--

 Cents

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank) **24.**

--

 Dollars

--

 Cents

25 New York State separate tax on lump-sum distributions (attach Form IT-230) **25.**

--

 Dollars

--

 Cents

26 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) **26.**

--

 Dollars

--

 Cents

27 Subtract line 26 from line 25 **27.**

--

 Dollars

--

 Cents

28 New York State minimum income tax (attach Form IT-220) **28.**

--

 Dollars

--

 Cents

29 Add lines 24, 27, and 28 **29.**

--

 Dollars

--

 Cents

30 Excess child and dependent care credit (attach Form IT-216) **30.**

--

 Dollars

--

 Cents

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31.**

--

 Dollars

--

 Cents

32 Excess New York State earned income credit (attach Form IT-215) **32.**

--

 Dollars

--

 Cents

33 **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203, line 49**) **33.**

--

 Dollars

--

 Cents



Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet Attachment to Form IT-203

Name(s) and occupation(s) as shown on Form IT-203 ROBIN D RICHARD

Your social security number 400004811

Complete all parts that apply to you; see instructions (Form IT-203-I). Attach this form to your Form IT-203.

Schedule A - Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

An additional Schedule A section is provided on the back of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the New York State amount column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
You had a job for only part of the year; or
You and your spouse each had a job that requires allocation.

Form with lines 1a through 1p for calculating allocated wage and salary income.

Include the line 1p amount on Form IT-203, line 1, in the New York State amount column.

Schedule B - Living quarters maintained in New York State by a nonresident

Mark an X in the box if NYS living quarters were maintained for you or by you for the entire tax year

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Attach additional sheets if necessary. For column E, mark an X in the box if the living quarters are still maintained for or by you.

Table with 5 columns: A - Street address, B - City, village, or post office, C, D - ZIP code, E. Row 1: 1646 REDDY LANE, ALBANY, NY, 12205, X

Enter the number of days spent in New York State in this tax year ... 007

Any part of a day spent in New York State is considered a day spent in New York State.

Please file this original scannable attachment with your return.



400004811

Schedule C — College tuition itemized deduction worksheet (See the instructions for Schedule C.)

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? ... **1.** Yes No
- If **Yes, stop**; you do not qualify for the college tuition itemized deduction.
 - If **No**, continue. Complete lines A through H below for each eligible student for whom you paid qualified college tuition expenses. Attach additional sheets if necessary.

	1 — Student 1	2 — Student 2	3 — Student 3
A Eligible student's name			
B Eligible student's social security number (SSN).....			
C Is the student claimed as a dependent on your NYS return? (see instructions) ...	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D EIN of college or university (see instr.) ...			
E Name of college or university (see instr.) ..			
F Were expenses for undergraduate tuition? (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G Amount of qualified college tuition expenses (see instructions)			
H Enter the lesser of line G or 10,000			

- 2 **College tuition itemized deduction** (add line H, columns 1, 2, and 3; include amounts from any additional sheets). Also enter this amount on Form IT-203, page 2, *New York State itemized deduction worksheet*, line k. **2.** .

Schedule A — Allocation of wage and salary income to New York State

2a Total days (see instructions)	2a.	<input type="text"/>
Nonworking days included in line 2a:		
2b Saturdays and Sundays (not worked)	2b.	<input type="text"/>
2c Holidays (not worked)	2c.	<input type="text"/>
2d Sick leave	2d.	<input type="text"/>
2e Vacation	2e.	<input type="text"/>
2f Other nonworking days	2f.	<input type="text"/>
2g Total nonworking days (add lines 2b through 2f)	2g.	<input type="text"/>
2h Total days worked in year at this job (subtract line 2g from line 2a)	2h.	<input type="text"/>
2i Total days included in line 2h worked outside New York State	2i.	<input type="text"/>
2j Enter number of days worked at home included in line 2i amount	2j.	<input type="text"/>
2k Subtract line 2j from line 2i	2k.	<input type="text"/>
2l Days worked in New York State (subtract line 2k from line 2h)	2l.	<input type="text"/>
2m Enter number of days from line 2h above	2m.	<input type="text"/>
2n Divide line 2l by line 2m; round the result to the fourth decimal place	2n.	<input type="text"/> . <input type="text"/>
2o Wages, salaries, tips, etc. (to be allocated)	2o.	<input type="text"/> . <input type="text"/>
2p New York State allocated wage and salary income (multiply line 2n by line 2o)	2p.	<input type="text"/> . <input type="text"/>

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.



Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

Name(s) as shown on return ROBIN D RICHARD

Identifying number as shown on return 400004811
--

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries

1	Qualified long-term care insurance premiums paid for the current tax year.....	1.	1000	.	
2	Credit rate (20%).....	2.		.	20
3	Credit for qualified long-term care insurance (multiply line 1 by line 2)	3.	200	.	

Fiduciaries – Include the amount from line 3 in the *Total* line of Schedule D, column C.

All others – Enter the amount from line 3 on Schedule E, line 8.

Schedule B – Partnership, S corporation, estate, and trust information

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

	Name of entity	Type	Employer ID number
1.			
2.			

Schedule C – Partner’s, shareholder’s, or beneficiary’s share of credit

Partner	4	Enter your share of the credit from your partnership (see instructions)	4.		.	
S corporation shareholder	5	Enter your share of the credit from your S corporation (see instructions)	5.		.	
Beneficiary	6	Enter your share of the credit from the fiduciary’s Form IT-249, Schedule D, column C	6.		.	
	7	Totals (add lines 4, 5, and 6)	7.		.	

Fiduciaries – Include the amount from line 7 in the *Total* line of Schedule D, column C.

All others – Enter the amount from line 7 on Schedule E, line 9.

Schedule D – Beneficiary’s and fiduciary’s share of credit

A	B	C
Beneficiary’s name (same as on Form IT-205, Schedule C)	Identifying number	Share of qualified long-term care insurance credit
Total (enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)		
Fiduciary		

(continued on back)



Schedule E – Computation of credit available for the current year

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8.	200	.	
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9.		.	
Fiduciaries	10	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	10.		.	
	11	Total credit available for the current year (add lines 8, 9, and 10)	11.	200	.	

Full-year NYS resident individuals, estates, and trusts – Complete Schedule F and Schedule H.
Nonresident and part-year resident individuals, estates, and trusts – Complete Schedule G and Schedule H.
Partnerships – Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12	Enter the amount from line 11	12.		.	
13	Enter the carryover credit from last year's Form IT-249	13.		.	
14	Total credit (add lines 12 and 13; complete Schedule H)	14.		.	

Schedule G – New York State nonresidents and part-year residents computation of total credit

15	Enter the amount from line 11	15.	200	.	
16	Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000)	16.	1	.	0000
17	Nonresident and part-year resident credit (multiply line 15 by line 16)	17.	200	.	
18	Enter the carryover credit from last year's Form IT-249	18.	100	.	
19	Total credit (add lines 17 and 18; complete Schedule H)	19.	300	.	

Schedule H – Computation of credit used and carried over

20	Tax due before credits (see instructions)	20.	402	.	
21	Credits applied against the tax before this credit (see instructions)	21.		.	
22	Net tax (subtract line 21 from line 20)	22.	402	.	
23	Credit used for the current tax year (see instructions)	23.	300	.	
24	Amount of credit available for carryover to next year. Full-year residents: Subtract line 23 from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19	24.		.	





Claim for Special Additional Mortgage Recording Tax Credit Tax Law — Article 22, Section 606(f)

Fiscal year filers enter tax period: beginning [] ending []

Name (as shown on page 1 of your return) ROBIN D RICHARD

Taxpayer identification number 400004811

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Part 1 — Individuals, including sole proprietors, partnerships, and fiduciaries (see instructions, Form IT-256-I)

A Enter the total number of properties included on this claim (see instructions) A. 0001

Use a separate line for each property. If you need more lines, attach additional Form(s) IT-256, and enter the total from all additional forms on line 1 (see instructions).

Table with 4 columns: A Location of property, B Date mortgage recorded, C Amount of mortgage, D Amount of special additional mortgage recording tax paid. Row 1: 23 JAMES ST ALBANY NY 12205, 02/10/2011, 40000, 102.

1 Total of the column D amounts from additional Form(s) IT-256 and/or spreadsheets, if any 1. []

2 Total special additional mortgage recording tax paid during current tax year that qualifies for the credit (add column D amounts; include the amount from line 1) 2. 102 []

Fiduciaries — Include the line 2 amount in the Total line of Part 4, column C, on the back. All others — Enter the line 2 amount on line 6.

Part 2 — Partnership and estate or trust information

If you were a partner in a partnership or a beneficiary of an estate or trust and received a share of the special additional mortgage recording tax credit from that entity, complete the following information for each partnership or estate or trust. For Type, enter P for partnership or ET for estate or trust.

Table with 3 columns: Name, Type, Employer identification number. Row 1: RICHARD BROTHERS, P, 300004811.



Part 3 – Partner’s or beneficiary’s share of credit

Partner	3	Enter your share of the credit from your partnership (see instructions)	3.	100	.	
Beneficiary	4	Enter your share of the credit from the fiduciary’s Form IT-256, Part 4, column C.....	4.		.	
	5	Total (add lines 3 and 4)	5.	100	.	

Fiduciaries (that are also partners or beneficiaries of other entities) – Include the line 5 amount in the *Total* line of Part 4, column C.
All others – Enter the line 5 amount on Part 5, line 7.

Part 4 – Beneficiary’s and fiduciary’s share of credit

A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of special additional mortgage recording tax
Total (fiduciaries, enter the amount from Part 1, line 2, plus the amount from Part 3, line 5)		
Fiduciary		

Part 5 – Computation of special additional mortgage recording tax credit available for the current tax year

Individuals (including sole proprietors) and partnerships	6	Enter the amount from Part 1, line 2	6.	102	.	
Partners and beneficiaries	7	Enter the amount from Part 3, line 5	7.	100	.	
Fiduciaries	8	Enter the amount from Part 4, <i>Fiduciary</i> line, column C	8.		.	
	9	Credit for the current tax year (add lines 6, 7, and 8; <i>partnerships see instructions</i>).....	9.	202	.	
	10	Enter any unused special additional mortgage recording tax credit from preceding period(s) (see instructions).....	10.	50	.	
	11	Total credit available for the current tax year (add lines 9 and 10)	11.	252	.	

Part 6 – Computation of credit used and carried forward or refunded

12	Tax due before credits (see instructions)	12.	402	.	
13	Credits applied against the tax before this credit (see instructions)	13.	300	.	
14	Net tax (subtract line 13 from line 12)	14.	102	.	
15	Credit used for the current tax year (enter the amount from line 11 or line 14, whichever is less; see instructions)	15.	102	.	
16	Unused credit (subtract line 15 from line 11).....	16.	150	.	
17	Amount available for refund (enter the amount from line 9 or line 16, whichever is less).....	17.	150	.	
18	Amount of credit from line 17 you want refunded (see instructions).....	18.	50	.	
19	Amount of credit you want to carry forward (subtract line 18 from line 16)	19.	100	.	

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Claim for Nursing Home Assessment Credit

IT-258

Tax Law — Article 22, Section 606(hh)

Attach this form to Form IT-201 or Form IT-203.

Name(s) as shown on return ROBIN D RICHARD	Your social security number 400004811
---	--

Part 1 — Nursing home information (must be located in New York State)

New York State residential health care facility HALL MARK NURSING HOME		
Address (number and street) 237 BLUEBIRD AVE		
City ALBANY	State NY	ZIP code 12205

Resident's name (if different from the taxpayer claiming the credit) RALPH RICHARD	Resident's social security number 400004861
---	--

Part 2 — Credit amount

1 Enter the total amount of the **assessment** (not expenses) imposed on a New York residential health care facility and paid directly by you during this tax year (see instructions)

Enter the line 1 amount and code **258** on Form IT-201-ATT, line 12, or Form IT-203-ATT, line 12.

Instructions

General information

For tax years beginning on or after January 1, 2005, Tax Law section 606(hh) allows a credit against the personal income tax for the amount of the assessment imposed on a New York residential health care facility pursuant to Public Health Law section 2807-d(2)(b) and paid directly by an individual. The assessment must be separately stated and accounted for on the billing statements or other statements of a resident of a residential health care facility, and must be paid directly by the individual taxpayer claiming the credit.

If an individual other than the resident is actually paying the assessment, the individual who paid the assessment, not the resident, is entitled to claim the credit.

Who is eligible

This credit is only available to individuals who directly paid the assessment. An individual may claim the full credit for amounts directly paid even though the resident may be receiving benefits from a long-term care insurance policy. If a resident of a facility assigns his or her long-term care insurance benefits to a residential health care facility, the resident is treated as having paid that amount toward the total nursing home bill. The credit is not available if the assessment is paid through private health insurance, with public funds (such as medicaid), or by a trust or other entity.

How to claim the credit

File Form IT-258 and transfer the amount of credit to your tax return as instructed (if you are an individual and you directly paid the assessment imposed on a residential health care facility).

Amount of credit

The amount of the credit is the **assessment amount** (not the amount of expenses paid) separately stated and accounted for on the billing statements or other statements. Any amount of the credit not deductible in the current tax year may be refunded without interest.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Part 1 — Nursing home information

Enter the name and address of the New York residential health care facility in the space provided in Part 1. Also enter the name and social security number of the health care facility resident, if the resident is not the taxpayer claiming this credit.

Part 2 — Credit amount

Line 1 — Enter the **assessment amount** separately stated and accounted for on your billing statements or other statements and paid directly by you during this tax year. If the billing statements or other statements show the amount of expenses instead of the amount assessed by New York State, contact the health care facility to obtain the New York State assessment amount. Keep a copy of the billing statements for your records to substantiate the amount of credit claimed.



22222		a Employee's social security number 400004811		OMB No. 1545-0008				
b Employer identification number (EIN) 63-1234565			1 Wages, tips, other compensation 1775		2 Federal income tax withheld			
c Employer's name, address, and ZIP code NYSO NYS OFFICE OF EMPLOYEE RELATIONS AGENCY BLDG 2 EMPIRE STATE PLAZA ALBANY NY 12223			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C o d e
ROBIN D RICHARD								12b C o d e
1234 LUKE BLVD						13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c C o d e
QUINTON AL 35130				14 Other 414H-54				12d C o d e
f Employee's address and ZIP code								
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY			1775	35				

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

22222		a Employee's social security number 400004811		OMB No. 1545-0008			
b Employer identification number (EIN) 63-1234561			1 Wages, tips, other compensation 16025		2 Federal income tax withheld		
c Employer's name, address, and ZIP code MUSI MUSIC ROW 1 123 JAMES ST QUINTON AL 35130			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a C o d e	
ROBIN D RICHARD 1234 LUKE BLVD QUINTON AL 35130			13 Statutory employee	Retirement plan	Third-party sick pay	12b C o d e	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12c C o d e	
			14 Other			12d C o d e	
f Employee's address and ZIP code							
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY			16025	315			

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service



Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Important: You must enter your date(s) of birth and social security number(s) below. Your first name and middle initial MARY B, Your last name CHARITY, Your date of birth 12/25/1969, Spouse's first name and middle initial, Spouse's last name, Spouse's date of birth, Mailing address 923 HOPE CT, Apartment number, City, village, or post office FAITH, State NC, ZIP code 28041, Country, Permanent home address 145 NEW SCOTLAND AVE, Apartment no., City, village, or post office ALBANY, School district code number 005, State NY, ZIP code 12206, Country, Decedent information, Taxpayer's date of death, Spouse's date of death.

(A) Filing status - mark an X in one box: 1 Single, 2 Married filing joint return (X), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child. (B) Did you itemize your deductions on your 2011 federal income tax return? Yes No (X). (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No (X). (D) E-file this return. (E) New York City part-year residents only. (F) Enter your 2-character special condition code if applicable (E3). If applicable, also enter your second 2-character special condition code (C7).

Federal income and adjustments table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows include Wages, salaries, tips, etc. (38840), Taxable interest income (4300), Ordinary dividends (6190), Taxable refunds, credits, or offsets of state and local income taxes, Alimony received, Business income or loss, Capital gain or loss (72), Other gains or losses, Taxable amount of IRA distributions, Taxable amount of pensions/annuities, Rental real estate, royalties, partnerships, S corporations, trusts, etc. (23200), Farm income or loss (18447), Unemployment compensation, Taxable amount of social security benefits, Other income (identify: STM 33), Add lines 1 through 15, Total federal adjustments to income (identify: STM 33, 3300), Federal adjusted gross income (87749).

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400-00-4812

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 87749 . 19. 54031 .

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. . 20. .
 21 Public employee 414(h) retirement contributions 21. . 21. .
 22 Other (see page 27) Identify: 22. . 22. .
 23 Add lines 19 through 22 23. 87749 . 23. 54031 .

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. . 24. .
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. . 25. .
 26 Taxable amount of social security benefits (from line 14) .. 26. . 26. .
 27 Interest income on U.S. government bonds 27. . 27. .
 28 Pension and annuity income exclusion 28. . 28. .
 29 Other (see page 31) Identify: 29. . 29. .
 30 Add lines 24 through 29 30. . 30. .
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 87749 . 31. 54031 .

32 Enter the amount from line 31, Federal amount column 32. 87749 .

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 15000 .

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 72749 .

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 3000 .00

36 New York taxable income (subtract line 35 from line 34) 36. 69749 .

◀ or ▶

New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.	.
b Taxes you paid (federal Sch. A, line 9)	b.	.
c Interest you paid (federal Sch. A, line 15)	c.	.
d Gifts to charity (federal Sch. A, line 19)	d.	.
e Casualty and theft losses (federal Sch. A, line 20)	e.	.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.	.
g Other misc. deductions (federal Sch. A, line 28)	g.	.
h Enter amount from federal Schedule A, line 29	h.	.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	.
j Subtract line i from line h	j.	.
k College tuition itemized deduction (see page 37)	k.	.
l Addition adjustments (see page 37)	l.	.
m Add lines j, k, and l	m.	.
n Itemized deduction adjustment (see page 38)	n.	.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	.

2032110099



Tax computation, credits, and other taxes (see page 39)

		Dollars	Cents
37 New York taxable income (from line 36 on page 2)	37.	69749	
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	38.	3984	
39 New York State household credit (from table 1, 2, or 3 on page 39)	39.		
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	3984	
41 New York State child and dependent care credit (attach Form IT-216; see page 40)	41.		
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	3984	
43 New York State earned income credit (attach Form IT-215; see page 40)	43.		

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) **44.** 3984

45 Income percentage (see page 40) New York State amount from line 31 Federal amount from line 31 Round result to 4 decimal places
 $\frac{\text{[]} \times 54031}{87749} = \text{[]}$ **45.** 0 . 6157

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.	2453	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)	47.	2453	
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.		
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)	49.	815	
50 Total New York State taxes (add lines 48 and 49)	50.	815	

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.			See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.
52 New York City minimum income tax (attach Form IT-220) ..	52.			
52a Add lines 51 and 52	52a.			
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.			
52c Subtract line 52b from 52a	52c.			
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.			
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.			
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.			

56 Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.) **56.** 49

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	57a.		00
57b Missing/Exploited Children Fund	57b.		00
57c Breast Cancer Research Fund	57c.		00
57d Alzheimer's Fund	57d.		00
57e Olympic Fund (\$2 or \$4; see page 43)	57e.		00
57f Prostate Cancer Research Fund	57f.		00
57g 9/11 Memorial	57g.		00
57h Volunteer Firefighting & EMS Recruitment Fund	57h.		00

57 Total voluntary contributions (add lines 57a through 57h) **57.** 00

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) **58.** 864



▼ Enter your social security number

400-00-4812

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars Cents

59. 864 .

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include Part-year NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, and Total payments and refundable credits.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 12 on page 50 for the proper assembly of your return and attachments.

66. 3595 .

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67. 2731 .

68 Amount of line 67 to be refunded Mark one refund choice: [] direct deposit (fill in line 72) - or - [X] debit card - or - [] paper check ... 68. 2484 .

69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions) 69. 247 . See page 74 for information about your three refund choices.

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark this box [] and fill in line 72 70. .

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46) 71. .

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47). 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. 47) []

72a Routing number [] Electronic funds withdrawal effective date []

72b Account number [] 72c Account type [] Checking [] Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) 06-30-2011

Mark an X in the box that describes your situation on the last day of the tax year:

73a Moved into New York State []

73b Moved out of New York State; received income from NYS sources during nonresident period []

73c Moved out of New York State; received no income from NYS sources during nonresident period [X]

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions) (If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes [] No []

Third-party designee information: Print designee's name (JOE PALMER), Designee's phone number (518) 555-7777, Personal identification number (PIN) 55555, E-mail: PALMER@PATS.COM

Preparer information: Preparer's signature, Firm's name, Address, E-mail, Date, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer information: Your signature, Your occupation (EXECUTIVE), Spouse's signature and occupation, Date, Daytime phone number (518-464-1264), E-mail: CHARITY@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on Form IT-203
 MARY B CHARITY

▼ Your social security number
 400-00-4812

Complete all parts that apply to you; see instructions (Form IT-203-l). Attach this form to your Form IT-203.

Part 1 – Other tax credits. Attach all applicable forms.

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents
1	Resident credit (attach Form(s) IT-112-R and/or IT-112-C)	1.	
2	Accumulation distribution credit (attach computation)	2.	
3	Other nonrefundable, non-carryover credits (attach all applicable forms)		
3a.	Code Dollars Cents		
3b.	Code Dollars Cents		
	Total other nonrefundable, non-carryover credits (add lines 3a and 3b)	3.	

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit (attach Form IT-249)	4.	
5	Investment credit (attach Form IT-212)	5.	2453
6	Part-year solar energy system equipment credit (attach Form IT-255)	6.	
7	Other nonrefundable, carryover credits (attach all applicable forms)		
7a.	Code Dollars Cents		
7b.			
7c.			
7d.			
7e.			
7f.			
7g.			
7h.	Code Dollars Cents		
7i.			
7j.			
7k.			
7l.			
7m.			
7n.			
	Total other nonrefundable, carryover credits (add lines 7a through 7n)	7.	
8	Total New York State nonrefundable credits used (add lines 1 through 7; enter here and on Form IT-203, line 47)	8.	2453

Section C – New York State, New York City, and Yonkers refundable credits

9	Part-year resident refundable New York State child and dependent care credit (attach Form IT-216)	9.	
9a	Part-year resident refundable New York City child and dependent care credit (attach Form IT-216)	9a.	
10	Part-year resident refundable New York State earned income credit (attach Form IT-215)	10.	
11	Part-year resident refundable New York City earned income credit (attach Form IT-215)	11.	
12	Other NY State refundable credits (attach all applicable forms)		
12a.	Code Dollars Cents		
12b.			
12c.			
12d.			
12e.			
12f.			
12g.	Code Dollars Cents		
12h.			
12i.			
12j.			
12k.			
12l.			
	Total other refundable credits (add lines 12a through 12l)	12.	
13	Add lines 9 through 12	13.	
14	New York State claim of right credit (attach Form IT-257)	14.	
15	New York City claim of right credit (attach Form IT-257)	15.	
16	Yonkers claim of right credit (attach Form IT-257)	16.	
17	Total New York State, New York City, and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61)	17.	

Please file this original scannable form with the Tax Department.



Part 2 – Other New York State taxes. Attach all applicable forms.

18 NY State tax on capital gain portion of lump-sum distributions (from Form IT-230-I, worksheet C, line 7) **18.**

 Dollars

 Cents

19 Other New York State taxes (attach all applicable forms)

	Code	Dollars	Cents		Code	Dollars	Cents
19a.			.		19g.		.
19b.			.		19h.		.
19c.			.		19i.		.
19d.			.		19j.		.
19e.			.		19k.		.
19f.			.		19l.		.

Total other New York State taxes (add lines 19a through 19l) **19.**

 Dollars

 Cents

20 Add lines 18 and 19 **20.**

 Dollars

 Cents

21 Enter amount from Form IT-203, line 47 **21.**

 Dollars

 Cents

22 Enter amount from Form IT-203, line 46 **22.**

 Dollars

 Cents

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank) **23.**

 Dollars

 Cents

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank) **24.**

 Dollars

 Cents

25 New York State separate tax on lump-sum distributions (attach Form IT-230) **25.**

 Dollars

 Cents

26 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) **26.**

 Dollars

 Cents

27 Subtract line 26 from line 25 **27.**

 Dollars

 Cents

28 New York State minimum income tax (attach Form IT-220) **28.**

 Dollars

 Cents

29 Add lines 24, 27, and 28 **29.**

 Dollars

 Cents

30 Excess child and dependent care credit (attach Form IT-216) **30.**

 Dollars

 Cents

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31.**

 Dollars

 Cents

32 Excess New York State earned income credit (attach Form IT-215) **32.**

 Dollars

 Cents

33 Net other New York State taxes (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on Form IT-203, line 49) **33.**

 Dollars

 Cents



Nonresident or Part-Year Resident Spouse's Certification

To be filed with Form IT-203 by married taxpayers filing a joint return when only one spouse has New York source income (see Form IT-203 instructions for additional information).

Name of spouse with New York source income MARY B CHARITY	Social security number 400004812
---	---

Name of spouse with no New York source income GEORGE L CHARITY	Social security number 400004862
--	---

Certification of spouse with New York source income — I certify that I am the spouse with the New York source income shown in the *New York State amount* column on Form IT-203 and my spouse, to the best of my knowledge and belief, had no New York source income for

Tax year: 2011

Signature	Date
-----------	------

Instructions

Who must complete this form

If you are required to file a joint Form IT-203 and only one of you had New York source income, the spouse with New York source income must complete this form.

Caution — Enter name and social security number (SSN) information as follows:

- On **Form IT-203-C**, you must enter the name and SSN of the spouse **with New York source income first**. Enter the name and SSN of the spouse with no New York source income **second**.
- On your **Form IT-203**, you must enter **the name and SSN** of the spouse **with New York source income first**. Enter the SSN of the spouse with no New York source income **second (do not enter that spouse's name)**.
- If you are filing Form IT-201-V, *Payment Voucher for E-Filed Income Tax Returns*, enter on that form only the name and SSN of the spouse with New York source income. (Do not enter any name or SSN for the spouse with no New York source income.)

Purpose of form

Married nonresidents and part-year residents who are required to file a joint New York State return must use the combined income of both spouses to determine the base tax subject to the income percentage allocation, even if only one spouse has New York source income. However, a spouse with no New York source income cannot be required to sign the joint return and cannot be held liable for any tax, penalty, or interest that may be due. This form will allow the Tax Department to properly process your return.

How to file

Attach the completed Form IT-203-C to your Form IT-203. Keep a copy for your records.



Please file this original scannable attachment with the Tax Department.





New York State Resident Credit Against Separate Tax on Lump-Sum Distributions

Name(s) as shown on return
MARY B CHARITY

Identifying number as shown on return
400004812

New York State full-year or part-year residents, New York State resident estates or trusts, and part-year resident trusts should use this form to claim a credit against the New York State separate tax on lump-sum distributions for any income tax imposed by another state, a political subdivision of that state, the District of Columbia, or a province of Canada on the ordinary income part of a lump-sum distribution derived from a business, trade, profession, or occupation carried on within that other jurisdiction.

If you elect the capital gain method of reporting the lump-sum distribution on Part 2 of Form IT-230, *Separate Tax on Lump-Sum Distributions*, use Form IT-112-R, *New York State Resident Credit*, or Form IT-112-C, *New York State Resident Credit for Taxes Paid to a Province of Canada*, to compute the resident credit on the capital gain part.

Compute the credit for income tax imposed by another state, political subdivision of that state, or the District of Columbia on the front of this form. If you claim credit for income taxes paid to a province of Canada, use the back of this form.

1 Enter the name of the state, local government (including state in which located), or District of Columbia to which tax on the ordinary income part of lump-sum distributions was payable:

2 Enter the amount of tax imposed on the ordinary income part of lump-sum distributions by the above jurisdiction, including the tax on the capital gain part that you elected to treat as ordinary income **2.**

The amount to be entered above is the amount of separate tax on the ordinary income part of lump-sum distributions required to be paid after subtracting any credit against the separate tax (other than prepayments made through withholding or estimated tax).

If the ordinary income part of a lump-sum distribution is not subject to a separate tax by the above jurisdiction but is included as income under an income tax imposed by the above jurisdiction, determine the amount to be entered above using the following formula:

Amount from federal Form 4972, line 8 that is subject to tax by the above jurisdiction \$ _____ Total income subject to tax by the above jurisdiction \$ _____	x	Total tax payable to the above jurisdiction (after any credits, exclusive of prepayments) \$ _____	=	Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above jurisdiction (line 2) _____
---	---	--	---	---

3 The credit against New York State separate tax on lump-sum distributions may not exceed:

(a) Amount from Form IT-230, line 3 that is subject to tax by both New York State and the other taxing jurisdiction \$ _____ Amount from Form IT-230, line 3 \$ _____	x	New York State amount from Form IT-230, line 24 \$ _____	=	Credit allowable 3. <input type="text"/>
--	---	--	---	---

(b) The credit allowed may not reduce the New York State separate tax on the ordinary income part of lump-sum distributions to an amount less than would be due if the ordinary income part of a lump-sum distribution, subject to tax by both New York State (Tax Law section 603) and by the above jurisdiction, were excluded from New York State separate tax on lump-sum distributions.

4 Resident credit claimed against New York State separate tax on lump-sum distributions: Enter amount from line 2 or line 3, whichever is less **4.** .

Individuals — Enter the line 4 amount on Form IT-201-ATT, line 27, or Form IT-203-ATT, line 26.

Fiduciaries — Subtract the line 4 amount from the separate tax on lump-sum distributions computed on Form IT-230, and include the net amount on Form IT-205, line 12.

Attach this form and a copy of federal Form 4972 to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late filing penalties.



Figuring your resident credit against separate tax on lump-sum distributions paid to a province of Canada

- 5 Enter the name of the province of Canada where tax was paid: ONTARIO
- 6 Enter (in U.S. dollars) the amount of separate tax on lump-sum distributions paid to the Canadian province, including the tax on the capital gain part you elected to treat as ordinary income..... 6. 35

The amount to be entered is the amount of separate tax on the ordinary income part of lump-sum distributions required to be paid after subtracting any credit against the separate tax (other than prepayments made through withholding or estimated tax).

If the ordinary income part of a lump-sum distribution is **not** subject to a separate tax by a Canadian province but is included as income under an income tax imposed by the province, determine the amount to be entered above using the following formula:

Amount from federal Form 4972, line 8 that is subject to tax by the above Canadian province \$ _____	x	Total tax payable to the above Canadian province (after any credits, exclusive of prepayments) \$ _____	=	Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above province of Canada (enter on line 6)
Total income subject to tax by the above Canadian province \$ _____				

- 7 Enter the amount from federal Form 1116, Part II, line 8, that pertains to the separate tax on lump-sum distributions paid to the above province 7.
- 8 Portion of the Canadian province's separate tax on lump-sum distributions **not** claimed as a credit for federal purposes (subtract line 7 from line 6) 8. 35
- 9 The credit against New York State separate tax on lump-sum distributions may not exceed:

(a)

Amount from Form IT-230, line 3 that is subject to tax by both New York State and the above Canadian province \$ 3800	x	New York State amount from Form IT-230, line 24 \$ 40	=	Credit allowable 9. 40
Amount from Form IT-230, line 3 \$ 3800				

(b) The credit allowed may **not** reduce the New York State separate tax on the ordinary income part of lump-sum distributions to an amount less than would be due if the ordinary income part of a lump-sum distribution, subject to tax by both New York State (Tax Law section 603) and by the Canadian province, were excluded from New York State separate tax on lump-sum distributions.

- 10 Resident credit claimed against New York State separate tax on lump-sum distributions: Enter the amount from line 8 or line 9, whichever is less 10. 35 .

Individuals — Enter the line 10 amount on Form IT-201-ATT, line 27, or Form IT-203-ATT, line 26 .

Fiduciaries — Subtract the line 10 amount from the separate tax on lump-sum distributions computed on Form IT-230, and include the net amount on Form IT-205, line 12.

If any portion of the Canadian provincial income tax that entitled you to a New York State credit is claimed as a foreign tax credit on your federal return in a succeeding tax year, the amount claimed here as a credit against New York State tax due must be added back to your New York State tax liability for that succeeding tax year.

Attach this form, a copy of federal Form 1116, and a copy of federal Form 4972 to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late filing penalties.





Passive Activity Loss Limitations For Nonresidents and Part-Year Residents

Attach to your Form IT-203 or IT-205.

Name as shown on return MARY B CHARITY	Identifying number as shown on return 400004812
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See the instructions on page 4, before completing this form.

Part I – Passive activity loss

Rental real estate activities with active participation

1a Activities with net income from Worksheet 1, column (a)	1a.			
1b Activities with net loss from Worksheet 1, column (b)	1b.			
1c Prior years unallowed losses from Worksheet 1, column (c) (see instructions)	1c.			
1d Add lines 1a, 1b, and 1c	1d.			

Commercial revitalization deductions from rental real estate activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a.			
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b.			
2c Add lines 2a and 2b	2c.			

All other passive activities

3a Activities with net income from Worksheet 3, column (a)	3a.	500		
3b Activities with net loss from Worksheet 3, column (b)	3b.	-1000		
3c Prior years unallowed losses from Worksheet 3, column (c) (see instructions)	3c.			
3d Add lines 3a, 3b, and 3c	3d.		-500	

4 Add lines 1d, 2c, and 3d. Note: If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form IT-182. Report the losses on the forms and schedules normally used.	4.		-500	
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part IV, line 15.

Caution: If married filing separately, filing status ③, and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to Part IV, line 15.

Part II – Special allowance for rental real estate activities with active participation

Note: Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5.			
6 Enter 150,000 (if married filing separately, see instructions)	6.			
7 Enter federal modified adjusted gross income, but not less than zero (see instrs.)	7.			
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, and leave line 10 blank. Otherwise, go to line 8.				
8 Subtract line 7 from line 6	8.			
9 Multiply line 8 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status ③, see instr.)	9.			
10 Enter the smaller of line 5 or line 9	10.			

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III – Special allowance for commercial revitalization deductions from rental real estate activities

Note: Enter all numbers in Part III as positive amounts (greater than zero). See instructions.

11 Enter 25,000 reduced by the amount, if any, on line 10. (If married filing separately, filing status ③, see instr.)	11.			
12 Enter the loss from line 4	12.			
13 Subtract line 10 from line 12	13.			
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14.			

Part IV – Total losses allowed

15 Add the income, if any, from lines 1a and 3a and enter the total	15.	500		
16 Total losses allowed from all passive activities for this year. (Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your return.)	16.	500		



Caution: File this form and its worksheets with your tax return. Keep a copy for your records.

Worksheet 1 – For Form IT-182, lines 1a, 1b, and 1c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Totals. Enter on Form IT-182, lines 1a, 1b, and 1c							

Worksheet 2 – For Form IT-182, lines 2a and 2b (see instructions)

Name of activity/property description and address	(a) Current year deductions (line 2a)	(b) Prior years' unallowed deductions (line 2b)	(c) Overall loss
Totals. Enter on Form IT-182, lines 2a and 2b			

Worksheet 3 – For Form IT-182, lines 3a, 3b, and 3c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
MACHINE RENTAL	07/27/1987	12/31/2011	500			500	
MACHINE RENTAL	07/27/1999	12/31/2011		1000			1000
Totals. Enter on Form IT-182, lines 3a, 3b, and 3c			500	1000			

Worksheet 4 – Use this worksheet if an amount is shown on Form IT-182, line 10 or 14 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
Totals			1.00		

Worksheet 5 – Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
MACHINE RENTAL	SCHED E	1000	1	500
Totals		1000	1.00	500

Worksheet 6 – Allowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
MACHINE RENTAL	SCHED E	1000	500	500
Totals		1000	500	500

Worksheet 7 – Activities with losses reported on two or more different forms or schedules (see instructions)

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule					
1b Net income from form or schedule					
1c Subtract line 1b from line 1a. If zero or less, leave blank					
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule					
1b Net income from form or schedule					
1c Subtract line 1b from line 1a. If zero or less, leave blank					
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule					
1b Net income from form or schedule					
1c Subtract line 1b from line 1a. If zero or less, leave blank					
Totals			1.00		



Instructions

General instructions

New York State Tax Law conforms to the passive activity loss rules for federal purposes. However, any deduction for a passive activity loss (PAL) for a nonresident or part-year resident must be recomputed to determine the amount that is allowed if the federal adjusted gross income took into account only items of income, gain, loss, or deduction derived from or connected with New York sources.

Purpose of form

Nonresident or part-year resident individuals, estates or trusts must file Form IT-182, *Passive Activity Loss Limitations*, to report the amount of allowed passive activity losses from New York sources for the current tax year.

It is possible, because of the above rules, for a nonresident to have a PAL for New York State without having a PAL for federal purposes, or to have a New York State PAL that is larger or smaller than the corresponding federal PAL. A nonresident or part-year resident individual, estate or trust claiming a PAL for New York State purposes but not for federal income tax purposes must file Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*, or Form IT-205, *Fiduciary Income Tax Return*, to report the carryover of any PAL derived from or connected with New York sources.

If you were a **part-year resident**, you must recalculate your PAL limitations as if separate federal returns were filed for your resident and nonresident periods using only those items of income, gain, loss, or deduction attributable to each period. For the resident period, compute the New York PAL using only those items of income, gain, loss, and deduction that would have been reported if a separate federal return was filed for the period of New York State residence. For the nonresident period, compute the New York PAL using only those items of income and loss derived from or connected with New York sources.

Generally, losses from passive activities are subject to other limitations, such as basis and at-risk limitations, before they are subject to the passive loss limitations. Once a loss becomes allowable under these other limitations, you must determine whether the loss is limited under the passive loss rules. See the instructions for federal Form 6198, *At-Risk Limitations*, and federal Publication 925, *Passive Activity and At-Risk Rules*, for details on the at-risk rules.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Before completing Form IT-182, compute your federal PAL limitation using federal Form 8582, *Passive Activity Loss Limitations*, and the federal worksheets attached to Form 8582. Then complete Form IT-182 and the New York worksheets attached to Form IT-182 using only those activities included on federal Form 8582 derived from or connected with New York sources. Part-year residents see *General instructions* above.

If you were not required to file federal Form 8582 due to one of the exceptions described in the instructions for federal Form 8582, complete the federal worksheets attached to Form 8582 as if you were required to file the federal form. Then complete Form IT-182 using only those activities derived from or connected with New York sources.

Part I — Passive activity loss

Use Part I to combine the net income and net loss from all New York passive activities to determine if you have a PAL from New York sources for this year.

Enter the amounts on lines 1a through 4 using Worksheets 1, 2, and 3 on page 2.

Worksheets 1, 2, and 3. Enter the name of the activity or the description and address of the property. Enter the acquisition date and the sale date in Worksheets 1 and 3, if applicable, of rental real estate activity in the columns indicated. See the instructions for federal Form 8582 for specific line instructions and examples for completing the worksheets. Complete the worksheets using only those items of income, gain, loss, or deduction derived from or connected with New York sources.

Part II — Special allowance for rental real estate activities with active participation

Use Part II to compute the maximum amount of rental loss allowed for New York purposes if you have a net loss from a rental real estate activity with active participation. Enter all numbers in Part II as positive amounts (greater than zero).

See the instructions for federal Form 8582 for specific line instructions and examples.

Line 6 — Married persons filing separate returns who lived apart from their spouses at all times during the year must enter \$75,000 on line 6 instead of \$150,000. Married persons filing separate returns who lived with their spouses at any time during the year are not eligible for the special allowance. Leave line 10 blank and go to line 15.

Line 7 — See the instructions for federal Form 8582 to compute your federal modified adjusted gross income. Enter on line 7 your modified adjusted gross income using only those amounts derived from or connected with New York sources.

Line 9 — Do not enter more than \$12,500 on line 9 if you are married filing a separate return and you and your spouse lived apart at all times during the year. Married persons filing separate returns who lived with their spouses at any time during the year are not eligible for the special allowance. Leave line 10 blank and go to line 15.

Part III — Special allowance for commercial revitalization deductions from rental real estate activities

Use Part III to compute the maximum amount of commercial revitalization deductions allowed if you have a commercial revitalization deduction (CRD) from a rental real estate activity within New York State. For more information about the CRD, see the instructions for federal Form 8582, federal Form 4562, *Depreciation and Amortization*, or section 1400I of the Internal Revenue Code.

Enter all numbers in Part III as positive amounts (greater than zero).

Line 11 — If you are married filing a separate return and you and your spouse lived apart at all times during the year, enter \$12,500 (reduced by the amount, if any, on line 10). Married persons filing separate returns who lived with their spouses at any time during the year are not eligible for the special allowance. Leave line 14 blank and go to line 15.

Part IV — Total losses allowed

Use Part IV to compute the amount of the PAL from New York sources (as determined in Part I) allowed for this year.

Line 16 — Use the worksheets provided with this form and the instructions for Part IV of federal Form 8582, Worksheet 1 through Worksheet 7, to calculate the unallowed loss from New York sources to be carried forward and the allowed loss from New York sources of each activity. Report the amounts allowed in the *New York State amount* column of Form IT-203 or on Form IT-205-A, *Fiduciary Allocation*.

Complete the worksheets provided with this form, using only those items of income or loss derived from or connected with New York sources. (Also see Part IV of the instructions for federal Form 8582.)

How to report allowed losses — See *How To Report Allowed Losses* in the instructions for federal Form 8582. Follow the instructions and use Worksheet 6 and Worksheet 7 to identify the amount of allowed losses from each activity from New York sources. Report the recomputed amounts of the New York allowed loss for each activity in the *New York State amount* column of Form IT-203 or on Form IT-205-A on the same line on which the loss was reported for federal purposes.

Attach Form IT-182 to your Form IT-203 or Form IT-205.

Retention of records — Keep a copy of Form IT-182 and the worksheets used to calculate the amounts reported on Form IT-203 or on Form IT-205-A for three years after the sale or disposition of all activities included on the form.





Investment Credit

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return: MARY B CHARITY; Type of business: RESTORATION; Identifying number as shown on return: 400004812

Date you started your business in New York State: 01/01/2008; Location of the qualified property: ALTAMONT, ALBANY COUNTY

Part 1 - Computation of credit

Table with 15 rows for credit computation. Line 1: 2750; Line 9: 2750; Line 10: blank; Line 11: 2750; Line 12: 50; Line 13: 2800; Line 15a: 2800.

Part 2 - Summary of addback of credit on early dispositions

Table with 6 rows for addback summary. Line 21: Total (add lines 16 through 20; see instructions)



Part 3 – Investments in qualified property

A – Description of property <i>(list each asset and attach schedule if needed)</i>	B – Principal use of property	C – Date acquired	D – Useful life in years	E – Investment credit base	F – Investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property <i>(column E × 4% (.04))</i>	G – Investment credit for research and development property <i>(column E × 7% (.07))</i>
22 EQUIPMENT	BUSINESS	05/02/2011	7	34375	1375	
23 Enter amount from Form IT-212-ATT, line 11					23.	1375
24 Enter amount from Form IT-212-ATT, line 19, column C					24.	
25 Total investment credit <i>(add amounts in columns F and G)</i>					25.	2750

Individuals – Enter the line 25, column F amount on line 1. Enter the line 25, column G amount on line 2.

Fiduciaries – Enter the line 25, column F amount on line 1 and on the *Total* line of Part 5, column C.

Enter the line 25, column G amount on line 2 and on the *Total* line of Part 5, column D.

Partnerships – See instructions.

Part 4 – Early dispositions of qualified property and addback of credit on early dispositions

A – Description of property <i>(list each asset and attach schedule if needed)</i>	B – Date acquired	C – Date property ceased to qualify	D – Life (months)	E – Unused life (months)	F – Percentage (E ÷ D)	G – Total investment credit allowed <i>(see instructions)</i>	H – Addback of credit on early disposition <i>(F × G)</i>
26							
27 Enter amount from Form IT-212-ATT, line 12							27.
28 Total <i>(add lines 26 and 27, column H, and enter total here)</i>							28.
29 Interest rate <i>(see instructions)</i>							29.
30 Multiply line 28 by line 29							30.
31 Total addback of credit on early disposition <i>(add amounts on lines 28 and 30)</i>							31.

Fiduciaries – Include the line 31 amount on the *Total* line of Part 5, column E.

All others – Enter the line 31 amount on line 16.

Part 5 – Beneficiary's and fiduciary's share of investment credit and addback of credit on early dispositions

A – Beneficiary's name <i>(same as in Form IT-205, Schedule C)</i>	B – Identifying number	C – Share of investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property	D – Share of investment credit for research and development property	E – Share of addback of credit on early dispositions
Total				
Fiduciary				

Part 6 – Application of credit and computation of carryover

32a Total credit <i>(from line 15a)</i>	32a.	2800	.
32b Tax due before credits <i>(see instructions)</i>	32b.	2453	.
33 Credits that you applied before this credit <i>(see instructions)</i>	33.		.
34 Net tax <i>(subtract line 33 from line 32b)</i>	34.	2453	.
35 Amount of credit used for the current tax year <i>(see instructions)</i>	35.	2453	.
36 Amount of credit available for refund or carryover to next year <i>(subtract line 35 from line 32a)</i> ..	36.	347	.
37 Amount of credit to be refunded <i>(see instructions)</i>	37.		.
38 Amount of credit available for carryover to next year <i>(subtract line 37 from line 36)</i>	38.	347	.
39 Amount, if any, included on line 38 that expires this tax year <i>(see instructions)</i>	39.	25	.
40 Amount of credit to be carried over to next year <i>(subtract line 39 from line 38)</i>	40.	322	.





Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

IT-212-ATT

Name(s) as shown on return
MARY B CHARITY

Identifying number as shown on return
400004812

Use this form to claim an investment credit for qualified expenditures in the rehabilitation of a historic barn, or to claim the employment incentive credit. **Attach this form to Form IT-212.**

Schedule A – Historic barn rehabilitation credit

Part 1 – Eligibility criteria for claiming this credit (see instructions, Form IT-212-ATT-I, for assistance)

Complete questions 1 through 10 to determine if you are eligible to claim this credit. If you mark an **X** in the Yes box on line 1 or 6, or the No box on line 5, 9, or 10, **stop**; you cannot claim this credit.

- 1 Has the barn been converted to residential use? (If you mark Yes, **stop**; you cannot claim this credit.) Yes No
- 2 Is the barn listed in the National Register of Historic Places? (see instructions) Yes No
If Yes, the barn's rehabilitation must be certified by the federal Secretary of Interior or the New York State Office of Parks, Recreation and Historic Preservation. Attach a copy of the certification (see TSB-M-97(1)I).
- 3 If you answered No to question 2, is the barn located in a registered historic district? Yes No
- 4 If you answered Yes to question 3, is the barn of historic significance to the district? Yes No
If Yes, the barn must be a certified historic structure, and the barn's rehabilitation must be certified by the federal Secretary of Interior or the New York State Office of Parks, Recreation and Historic Preservation. Attach a copy of the certification. If No, attach documentation from the Office of Parks, Recreation and Historic Preservation stating the barn is of no historic significance to the district (see TSB-M-97(1)I).
- 5 If you answered No to questions 2 and 3, was the barn originally designed and used for storing farm equipment or agricultural products or for housing livestock, and was the barn first placed into service before 1936? Yes No
(If you mark No, **stop**; you cannot claim this credit.)
- 6 Has the historic appearance of the barn been materially altered? (If you mark Yes, **stop**; you cannot claim this credit.) Yes No
If No, attach a copy of the letter from the New York State Office of Parks, Recreation and Historic Preservation stating that the historic appearance of the barn has not been materially altered (see TSB-M-97(1)I).
- 7 Describe the measurement period used to determine whether the barn has been substantially rehabilitated. (see instructions) 24 MONTHS 02/15/2009 TO 02/15/2011
- 8 What is the adjusted basis of the barn as of the first day of the measurement period? **8.** .
- 9 Do the expenditures incurred during the measurement period to rehabilitate the barn exceed the higher of the amount shown in question 8 or \$5,000? (If you mark No, **stop**; you cannot claim this credit.) Yes No
- 10 Did you use the straight-line method of depreciation over a recovery period specified in either section 168(c) or section 168(g) of the Internal Revenue Code (IRC), whichever is applicable to you? Yes No
(If you mark No, **stop**; you cannot claim this credit.)

Part 2 – Investments in qualified rehabilitation expenditures

Date rehabilitation work was begun (mm-dd-yyyy) 02/15/2009	Date rehabilitation work was completed (mm-dd-yyyy) 02/15/2011
--	--

A Description of rehabilitation expenditures <i>(attach additional sheets if necessary)</i>	B Date of expenditure(s)	C Property's useful life (years)	D Amount of expenditures	E Rehabilitation credit <i>(column D × 25%)</i>
ROOF	02/15/2011	20	5000	1250
PAINT	02/15/2011	5	500	125

11 Add column E amounts (enter here and on Form IT-212, line 23) **11.** .

(continued on back)



Part 3 – Early dispositions of qualified property and addback of credit on early dispositions

A Description of rehabilitation expenditures <i>(attach additional sheets if necessary)</i>	B Date acquired	C Date property ceased to qualify	D Property's useful life <i>(months)</i>	E Unused life <i>(months)</i>	F Percentage <i>(E ÷ D)</i>	G Total investment credit allowed for rehabilitation of a historic barn	H Addback of credit on early dispositions <i>(F × G)</i>	
12 Add column H amounts <i>(enter here and on Form IT-212, line 27)</i>							12.	

Schedule B – Employment incentive credit

Part 1 – Eligibility for employment incentive credit

A Year	B Mar. 31	C June 30	D Sept. 30	E Dec. 31	F Total <i>(B + C + D + E)</i>	G Average <i>(see instr.)</i>	H* Percent %
A. Use with Part 2, line 17; first succeeding tax year							
13 Number of New York State employees in employment base year _____							
14 Number of New York State employees in credit year _____							
B. Use with Part 2, line 18; second succeeding tax year							
15 Number of New York State employees in employment base year _____							
16 Number of New York State employees in credit year _____							

* Divide the average number of employees covered by this claim by the average number of employees in base year (column G). Round the result to two decimal places. If the percentage in column H is less than 101% (1.01), **stop**; you do not qualify for the employment incentive credit.

Part 2 – Computation of employment incentive credit

	A Tax year in which investment tax credit was allowed	B Amount of investment credit base upon which original investment tax credit was allowed <i>(exclude research and development (R&D) property at optional rate)</i>	C Employment incentive credit <i>(multiply column B by the appropriate rate from Tax rate schedule below)</i>
17 Information for first succeeding tax year; use line 14, column H, to determine rate			
18 Information for second succeeding tax year; use line 16, column H, to determine rate			
19 Add column C amounts from lines 17 and 18 <i>(enter here and on Form IT-212, line 24)</i>			19.

Tax rate schedule – Employment incentive credit rates to be used in Part 2 above

If the percentage in Part 1, column H is at least:

The employment incentive credit rate is:

- 101% but less than 102% 1½% (.015) of investment credit base
- 102% but less than 103% 2% (.02) of investment credit base
- 103% 2½% (.025) of investment credit base





Minimum Income Tax

New York State • New York City

IT-220

Name(s) as shown on return MARY B CHARITY	▼ Your social security number 400004812	▼ Employer identification number (estate or trust only)
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Married persons filing separate New York State returns **must** file separate Forms IT-220.

Attach to Form IT-201, IT-203, or IT-205.

Form you are filing: (mark an X in only one box)

Form IT-201, resident — complete only **Column B** below.

Form IT-203, nonresident and part-year resident — complete **Columns A and B** below.

Form IT-205, estate or trust (resident or nonresident) and part-year resident trust — complete **Columns A and B** below.

Enter tax preference items from federal Form 6251 or from federal Form 1041, Schedule I (attach copy, if filed), even if you do not have to file federal Form 6251 or Form 1041.	Column A Total amount	Column B New York amount
--	--------------------------	-----------------------------

	Dollars	Cents	Dollars	Cents
1 Interest from specified private activity bonds exempt from federal tax	1.		1.	
2 Depletion	2.		2.	
3 Depreciation (pre-1987)	3.		3.	
4 Intangible drilling costs	4.	32000	4.	16000
5 Qualified small business stock (excluded under section 1202)	5.		5.	
6 Total federal tax preference items (add lines 1 through 5)	6.	32000	6.	16000
7 New York addition for restoration of net operating loss deduction (see instructions)	7.		7.	
8 Total (add lines 6 and 7)	8.	32000	8.	16000

New York subtractions

9 Portion of line 3 relating to accelerated cost recovery deduction (see instructions)	9.		9.	
10 Portion of tax preference items relating to an S corporation (see instructions)	10.		10.	
11 Itemized deduction adjustment (see instructions)	11.		11.	
12 Interest from specified private activity bonds exempt from federal tax entered on line 1	12.		12.	
13 Depletion entered on line 2	13.		13.	
14 Total New York subtractions (add lines 9 through 13)	14.		14.	
15 Total NY tax preference items (subtract line 14 from line 8)	15.	32000	15.	16000
16 Specific deduction (see instructions)	16.		16.	2500
17 Subtract line 16 from line 15, Column B	17.		17.	13500
18 New York State personal income tax after credits (see instructions)	18.		18.	
19 Subtract line 18 from line 17 (if line 18 is more than line 17, leave blank)	19.		19.	13500
20 Available net operating loss carryover (see instructions)	20.		20.	
21 Minimum taxable income (subtract line 20 from line 19; see instructions)	21.		21.	13500

22 New York State minimum income tax due (enter 6% (.06) of line 21 here and on Form IT-201-ATT, line 29; or Form IT-203-ATT, line 28; or on Form IT-205, line 13; see instructions) **22.** 810

23 New York City resident minimum income tax (enter 2.85% (.0285) of line 21 here and on Form IT-201-ATT, line 31; or Form IT-203, line 52; or on Form IT-205, line 24; see instructions) **23.**





Separate Tax on Lump-Sum Distributions

IT-230

New York State • New York City

Attach to Form IT-201, IT-203, or IT-205.

Name as shown on return MARY B CHARITY
--

▼ Identification number 400004812

Part 1 — Did you use federal Form 4972 to figure your federal tax on lump-sum distributions?

- Yes (If Yes, attach this form, and a copy of federal Form 4972 to Form IT-201, IT-203, or IT-205.)
- From New York State or the United States or political subdivision.
- No (If No, **do not complete** the rest of this form. Your lump-sum distribution does not qualify for the separate tax on lump-sum distributions.)

Residents — Complete all of this Form IT-230 using information from federal Form 4972 (see instructions, Form IT-230-I, for assistance).

Part-year residents — Complete Part 2 using information from federal Form 4972. Complete Part 3 using information reported on federal Form 4972 for the period of New York residence **only** (see instructions).

Nonresidents — Complete **only** Part 2, line 1, and the *Income percentage schedule* on page 3 of Form IT-230-I, *Instructions for Form IT-230*.

Part 2 — Use this part if you completed Part II on federal Form 4972.

1 Capital gain part from federal Form 4972, Part II, line 6	1.		.	
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2 Multiply line 1 by 5.4% (.054) and enter in New York State column

(New York City and part-year New York City residents use both columns; multiply line 1 by 1.72% (.0172) and enter in New York City column)

	New York State	New York City
2.		

Line 2 — New York State column

Form IT-201 filers — Enter the line 2, *New York State* column amount on Form IT-230-I, *Worksheet A*, line 1.

Form IT-203 filers — Enter the line 2, *New York State* column amount on Form IT-230-I, *Worksheet C*, line 1.

Full-year resident estates or trusts — Enter the line 2, *New York State* column amount on Form IT-205, line 7.

Nonresident estates or trusts or part-year resident trusts — Include the line 2, *New York State* column amount on Form IT-205-A, line 11.

Line 2 — New York City column

Full-year New York City residents — Enter the line 2, *New York City* column amount on Form IT-230-I, *Worksheet B*, line 1.

Part-year New York City residents — Enter the line 2, *New York City* column amount on Form IT-230-I, *Worksheet D*, line 1.

Form IT-205 filers — Enter the line 2, *New York City* column amount on Form IT-205, line 16.

New York State nonresidents, part-year residents, New York State nonresident estates or trusts, or part-year resident trusts: Complete the *Income percentage schedule* on page 3 of Form IT-230-I to compute the income percentage to enter on Form IT-203, line 45, and on Form IT-230-I, *Worksheet C*, line 6, or Form IT-205-A, Schedule 1, line 12.

Part 3 — Use this part if you were a resident or part-year resident and completed Part III on federal Form 4972.

3 Amount from federal Form 4972, Part III, line 8 (see instructions)	3.	3800	.	
4 Death benefit exclusion (see instructions)	4.		.	
5 Subtract line 4 from line 3 (total taxable amount)	5.	3800	.	
6 Current actuarial value of annuity from federal Form 4972, Part III, line 11	6.		.	
7 Add lines 5 and 6 (adjusted total taxable amount). If this amount is \$70,000 or more, skip lines 8 through 11, and enter this amount on line 12	7.	3800	.	
8 Multiply line 7 by 50% (.50) but do not enter more than 10,000 ...	8.	1900	.	
9 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank	9.		.	
10 Multiply line 9 by 20% (.20)	10.		.	
11 Subtract line 10 from line 8 (minimum distribution allowance)	11.	1900	.	
12 Subtract line 11 from line 7	12.	1900	.	
13 Federal estate tax attributable to lump-sum distribution	13.		.	
14 Subtract line 13 from line 12	14.	1900	.	

(continued on back)



Part 3 (continued)

Lines 15 through 24 — New York City and part-year New York City residents use both columns.
If line 6 is blank, skip lines 15 through 17 and go to line 18.

	New York State		New York City	
15 Divide line 6 by line 7 and round the result to the fourth decimal place. If line 6 is zero, leave blank	15.	<input type="text"/>	15.	<input type="text"/>
16 Multiply line 11 by the decimal amount on line 15. If line 15 is zero, leave blank	16.	<input type="text"/>	16.	<input type="text"/>
17 Subtract line 16 from line 6	17.	<input type="text"/>	17.	<input type="text"/>

10-year tax option

18 Multiply line 14 by 10% (.10)	18.	<input type="text" value="190"/>	18.	<input type="text"/>
19 Tax on line 18 amount (use the New York State tax rate schedule on page 4 of the instructions; New York City and part-year New York City residents must also use the New York City tax rate schedule on page 4 of the instructions)	19.	<input type="text" value="4"/>	19.	<input type="text"/>
20 Multiply line 19 by ten. If line 6 is blank, skip lines 21 through 23 and enter this amount on line 24	20.	<input type="text" value="40"/>	20.	<input type="text"/>
21 Multiply line 17 by 10% (.10)	21.	<input type="text"/>	21.	<input type="text"/>
22 Tax on line 21 amount (use the New York State tax rate schedule on page 4 of the instructions; New York City and part-year New York City residents must also use the New York City tax rate schedule on page 4 of the instructions)	22.	<input type="text"/>	22.	<input type="text"/>
23 Multiply line 22 by ten	23.	<input type="text"/>	23.	<input type="text"/>
24 Subtract line 23 from line 20. This is your tax on lump-sum distribution using the 10-year option	24.	<input type="text" value="40"/>	24.	<input type="text"/>

Line 24 — New York State column

- **Individuals** — Enter the line 24, *New York State* column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25.
- **Fiduciaries** — Include the line 24, *New York State* column amount on Form IT-205, line 12.
- **Multiple recipients** — See the front page of the instructions; if applicable, complete the worksheet below.

Line 24 — New York City column

- **Full-year New York City residents** — Enter the line 24, *New York City* column amount on Form IT-201-ATT, line 32.
- **Part-year New York City residents** — Enter the line 24, *New York City* column amount on Form IT-360.1, line 51.
- **Estates or trusts** — Enter the line 24, *New York City* column amount on Form IT-205, line 20.

Multiple recipients of lump-sum distribution worksheet

	New York State		New York City	
a Enter the amount from line 24 (<i>New York City and part-year New York City residents: use both columns</i>)	a.	<input type="text"/>	a.	<input type="text"/>
b Enter your percentage of the total distribution	b.	<input type="text"/>	b.	<input type="text"/>
c Multiply line a by line b. Enter the result here and as follows: Individuals — Enter the line c, <i>New York State</i> column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. Fiduciaries — Include the line c, <i>New York State</i> column amount on Form IT-205, line 12.	c.	<input type="text"/>	c.	<input type="text"/>

Full-year New York City residents — Enter the line c, *New York City* column amount on Form IT-201-ATT, line 32, or Form IT-205, line 20.

Part-year New York City residents — Enter the line c, *New York City* column amount on Form IT-360.1, line 51, or Form IT-205, line 20.



22222		a Employee's social security number 400004812		OMB No. 1545-0008		
b Employer identification number (EIN) 63-2257358			1 Wages, tips, other compensation 32000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code WORK WORKING HARD INDUSTRIES 280 LABOR CT FAITH NC 28041-0923			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name MARY B CHARITY 923 HOPE CT FAITH NC 28041-0923			11 Nonqualified plans		12a C o o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e	
			14 Other		12c C o o d e	
					12d C o o d e	
f Employee's address and ZIP code						
15 State Employer's state ID number NY		16 State wages, tips, etc. 32000	17 State income tax 1000	18 Local wages, tips, etc. 32000	19 Local income tax 300	20 Locality name NYC

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W-2 INDICATOR -S

22222		a Employee's social security number 400004812		OMB No. 1545-0008			
b Employer identification number (EIN) 56-3046244			1 Wages, tips, other compensation 6840		2 Federal income tax withheld		
c Employer's name, address, and ZIP code GOLD GOLD BLAZER REAL ESTATE 459 DWELLING AVE FAITH NC 28041			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. MARY B CHARITY 923 HOPE CT FAITH NC 28041-0923			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other		12c C o o d e		
					12d C o o d e		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY		6840	175	6840	99	NYC	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W-2 INDICATOR-S

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO K2K1X3 CANADA		1 Gross distribution \$ 3800	OMB No. 1545-0119 2011 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 3800	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
PAYER'S federal identification number 99-5244433	RECIPIENT'S identification number 400-00-4812	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name MARY B CHARITY Street address (including apt. no.) 923 HOPE CT City, state, and ZIP code FAITH NC 28041-0823		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 4A	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution 100 %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 21	13 State/Payer's state no. NY	14 State distribution \$ 3800	
Account number (see instructions)		15 Local tax withheld \$ 420	16 Name of locality CANADA	17 Local distribution \$ 3800	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

400-00-4812

IT-203 STATEMENT RECORDS

STM 31 (EXPLANATION FOR SPECIAL CONDITION CODE E3)

EXTENSION DUE TO TAXPAYER OUT OF COUNTRY

STM 32 (EXPLANATION FOR SPECIAL CONDITION CODE C7)

EXTENSION DUE TO COMBAT ZONE CONDITION

STM 33

	FED
LINE 17: IRA	1597
SUB PAY	400
½ SE TAX	1303

400-00-4812

IT-212 STATEMENT RECORD

STM 34

UNUSED CREDIT FROM TAX YEAR 1999- \$25

UNUSED CREDIT FROM TAX YEAR 2002- \$25



Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Important: You must enter your date(s) of birth and social security number(s) below. Your first name and middle initial FRANCIS N, Your last name POWERS, Your date of birth 06/25/1961, and ending 400004813.

(A) Filing status - mark an X in one box: (X) Single, (D) E-file this return, (E) New York City part-year residents only, (F) Enter your 2-character special condition code.

Federal income and adjustments table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows include Wages, salaries, tips, etc. (22300), Taxable interest income, Ordinary dividends, Taxable refunds, credits, or offsets of state and local income taxes (5180), Alimony received, Business income or loss, Capital gain or loss, Other gains or losses, Taxable amount of IRA distributions, Taxable amount of pensions/annuities, Rental real estate, royalties, partnerships, S corporations, trusts, etc., Farm income or loss, Unemployment compensation, Taxable amount of social security benefits, Other income, Add lines 1 through 15 (29980), Total federal adjustments to income, and Federal adjusted gross income (29980).

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400004813

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 29980 . 19. 14000 .

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. . 20. .
 21 Public employee 414(h) retirement contributions 21. . 21. .
 22 Other (see page 27) Identify: 22. . 22. .
 23 Add lines 19 through 22 23. 29980 . 23. 14000 .

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 5180 . 24. .
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. . 25. .
 26 Taxable amount of social security benefits (from line 14) .. 26. . 26. .
 27 Interest income on U.S. government bonds 27. . 27. .
 28 Pension and annuity income exclusion 28. . 28. .
 29 Other (see page 31) Identify: 29. . 29. .
 30 Add lines 24 through 29 30. 5180 . 30. .
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 24800 . 31. 14000 .

32 Enter the amount from line 31, Federal amount column 32. 24800 .

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 3000 .

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 21800 .

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 0 0 0 . 0 0

36 New York taxable income (subtract line 35 from line 34) 36. 21800 .

◀ or ▶

New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.	.
b Taxes you paid (federal Sch. A, line 9)	b.	.
c Interest you paid (federal Sch. A, line 15)	c.	.
d Gifts to charity (federal Sch. A, line 19)	d.	.
e Casualty and theft losses (federal Sch. A, line 20)	e.	.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.	.
g Other misc. deductions (federal Sch. A, line 28)	g.	.
h Enter amount from federal Schedule A, line 29	h.	.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	.
j Subtract line i from line h	j.	.
k College tuition itemized deduction (see page 37)	k.	.
l Addition adjustments (see page 37)	l.	.
m Add lines j, k, and l	m.	.
n Itemized deduction adjustment (see page 38)	n.	.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	.

2032110099



Name(s) as shown on page 1
FRANCIS N POWERS

▼ Enter your social security number
400004813

Tax computation, credits, and other taxes (see page 39)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	21800	
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	1096	
39 New York State household credit (from table 1, 2, or 3 on page 39)		
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	1096	
41 New York State child and dependent care credit (attach Form IT-216; see page 40)		
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	1096	
43 New York State earned income credit (attach Form IT-215; see page 40)		

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44. 1096 .

45 Income percentage (see page 40) New York State amount from line 31 14000 . ÷ Federal amount from line 31 24800 . = Round result to 4 decimal places 45. 0 . 5645

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	619	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)		
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	619	
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)		
50 Total New York State taxes (add lines 48 and 49)	619	

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.		See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.
52 New York City minimum income tax (attach Form IT-220) ..	52.		
52a Add lines 51 and 52	52a.		
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.		
52c Subtract line 52b from 52a	52c.		
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.	29	
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.	50	
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.	79	

56 Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.) 56. 0 .

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	57a.	0	0
57b Missing/Exploited Children Fund	57b.	0	0
57c Breast Cancer Research Fund	57c.	0	0
57d Alzheimer's Fund	57d.	0	0
57e Olympic Fund (\$2 or \$4; see page 43)	57e.	0	0
57f Prostate Cancer Research Fund	57f.	0	0
57g 9/11 Memorial	57g.	0	0
57h Volunteer Firefighting & EMS Recruitment Fund	57h.	0	0

57 Total voluntary contributions (add lines 57a through 57h) 57. 0 0

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) 58. 698 .

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400004813

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars Cents

59. 698 .

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include Part-year NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, and Total payments and refundable credits.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44). Staple them (and any other applicable forms) to the top of this page 4. See Step 12 on page 50 for the proper assembly of your return and attachments. 66. 1255 .

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67. 557 .
68 Amount of line 67 to be refunded Mark one refund choice: [] direct deposit (fill in line 72) - or - [x] debit card - or - [] paper check ... 68. 57 .
69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions) 69. 500 .

See page 74 for information about your three refund choices.

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark this box [] and fill in line 72 70.
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46) 71.

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47). 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. 47) []
72a Routing number [] Electronic funds withdrawal effective date []
72b Account number [] 72c Account type [] Checking [] Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) 07/30/2011
Mark an X in the box that describes your situation on the last day of the tax year:
73a Moved into New York State [x]
73b Moved out of New York State; received income from NYS sources during nonresident period []
73c Moved out of New York State; received no income from NYS sources during nonresident period []

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions) (If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes [] No []

Third-party designee? (see instr.) Yes [] No [x] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instr.) Date: Preparer's signature, Firm's name (or yours, if self-employed), Address, E-mail, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer(s) must sign here Your signature, Your occupation WELDER, Spouse's signature and occupation (if joint return), Date, Daytime phone number 518-464-1264, E-mail: POWER@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





Change of City Resident Status

IT-360.1

New York City • Yonkers

Attach this form to Form IT-201 or Form IT-203.

Name(s) as shown on return
FRANCIS N POWERS

▼ Social security number
400004813

Change of resident status — If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an **X** in only **one** box (A) **New York City change of residence** — Complete Parts 1, 2, 3, and 4.

(B) **Yonkers change of residence** — Complete Parts 1 and 5.

(C) **New York City and Yonkers change of residence** — Complete the entire form.

Part 1 — New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1. 22300		5000
2 Taxable interest income	2.		
3 Ordinary dividends	3.		
4 Taxable refunds, credits, or offsets of state and local income taxes	4. 5180		
5 Alimony received	5.		
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040) ...	6.		
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	7.		
8 Other gains or losses (attach copy of federal Form 4797)	8.		
9 Taxable amount of IRA distributions	9.		
10 Taxable amount of pensions and annuities	10.		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.		
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)	12.		
13 Unemployment compensation	13. 2500		2500
14 Taxable amount of social security benefits	14.		
15 Other income	15.		
Identify:			
16 Total (add lines 1 through 15)	16. 29980		7500
17 Total federal adjustments to income	17.		
Identify:			
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 29980		7500
19 New York adjustments (attach schedule)	19. -5180		
20 New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43)	20. 24800		7500

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Part 2 – Itemized deductions for New York City (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21.	
22	Taxes you paid	22.	
23	Interest you paid	23.	
24	Gifts to charity	24.	
25	Casualty and theft losses	25.	
26	Job expenses and most other miscellaneous deductions	26.	
27	Other miscellaneous deductions	27.	
28	This line is intentionally left blank	28.	
29	This line is intentionally left blank	29.	
30	Total itemized deductions (add lines 21 through 27)	30.	
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31.	
32	Subtract line 31 from line 30	32.	
33	Addition adjustments and college tuition itemized deduction (see instructions)	33.	
34	Add lines 32 and 33	34.	
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)	35.	
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36.	

Part 3 – Dependent exemptions (see instructions, page 5)

37 Enter the period you were a New York City **resident** during 2011

From: month day To: month day

38	Enter the county where you resided while a nonresident of New York City	
39	Enter the number of full months in the New York City resident period	39.
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2)	40.
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36 or Form IT-203, line 35	41.
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	42.

Part 4 – Part-year New York City resident tax (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B)	43.	
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44.	
45	Subtract line 44 from line 43	45.	
46	Dependent exemption amount (from line 42)	46.	
47	New York City taxable income (subtract line 46 from line 45)	47.	
48	New York City tax on line 47 amount (see instructions, page 5)	48.	
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49.	
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50.	
51	Part-year New York City separate tax on lump-sum distributions (attach Form IT-230)	51.	
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (attach Form IT-230)	52.	
53	Add lines 50, 51, and 52	53.	
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	54.	
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50 or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55.	



Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

	Full-year NYS resident		Part-year NYS resident	
56 Total New York State taxes (from Form IT-201, line 46)	56.			
57 Empire State child credit (from Form IT-201, line 63)	57.			
58 NYS child and dependent care credit (from Form IT-216, line 14)	58.			
59 Earned income credit (from Form IT-201, line 65)	59.			
60 Noncustodial parent New York State earned income credit (from Form IT-201, line 66)	60.			
61 Real property tax credit (from Form IT-201, line 67)	61.			
62 College tuition credit (from Form IT-201, line 68)	62.			
63 Amount from Form IT-201-ATT, line 13	63.			
64 Add lines 57 through 63	64.			
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65.			
66 Base tax (amount from Form IT-203, line 44)	66.		1096	
67 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	67.			
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ...	68.		1096	
69 Net other New York State taxes (from Form IT-203-ATT, line 33)	69.			
70 Add lines 68 and 69	70.		1096	
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71.			
72 Subtract line 71 from line 70 (if line 71 is more than line 70, enter 0) ...	72.		1096	
73 Income percentage (see worksheet on page 8 of the instructions)	73.		0.3024	
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents	74.			
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	75.		331	
76 Yonkers resident tax rate	76.	.15		

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77.** .

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.





Yonkers Nonresident Earnings Tax Return

Y-203

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning [] and ending []

Name as shown on Form IT-201 or IT-203 FRANCIS N POWERS	Social security number 4 0 0 - 0 0 - 4 8 1 3
--	---

A Were you a Yonkers resident for any part of the taxable year? (mark an X in the appropriate box) Yes No (see instructions)
 (See the instructions for Form IT-201 or IT-203 for the definition of a resident.)
 If Yes: 1. Give period of Yonkers residence. From (mm-dd-yyyy) 09/19/2011 to (mm-dd-yyyy) 12/31/2011
 2. Are you reporting Yonkers resident income tax surcharge on your New York State return? Yes No (attach explanation)
 3. You must complete and attach Form IT-360.1 (see instructions).

B Did you or your spouse maintain an apartment or other living quarters in Yonkers during any part of the year? Yes No
 If Yes, give address below and enter the number of days spent in Yonkers during 2011: 104 days
 Address: 14 ABBEY PL YONKERS NY 10705

C Are you reporting income from self-employment (on line 2 below)? Yes No If Yes, complete the following:
 Business name _____ Business address _____
 Employer identification number _____ Principal business activity _____
 Form of business: Sole proprietorship Partnership Other (explain) _____

Calculation of nonresident earnings tax

1 Gross wages and other employee compensation (see instructions; if claiming an allocation, include amount from line 22)	1.	8036	
2 Net earnings from self-employment (see instructions; if claiming an allocation, include amount from line 32; if a loss, write loss on line 2)	2.		
3 Add lines 1 and 2 (if line 2 is a loss, enter amount from line 1)	3.	8036	
4 Allowable exclusion (see instructions; use Exclusion table below)	4.	2250	
5 Taxable amount (subtract line 4 from line 3; if line 4 is more than line 3, enter 0)	5.	5786	
6 Total nonresident earnings tax (multiply line 5 by 0.5% (.005)). Enter the line 6 amount on Form IT-201, line 56, or Form IT-203, line 53.	6.		29

Exclusion table (for line 4)

Number of months of Yonkers nonresidence or short tax year	If line 3 (total wages and net earnings)* is:		
	over \$0 but not over \$10,000 Exclusion amount is:	over \$10,000 but not over \$20,000 Exclusion amount is:	over \$20,000 but not over \$30,000 Exclusion amount is:
12	\$3,000	\$2,000	\$1,000
11	2,750	1,833	917
10	2,500	1,667	833
9	2,250	1,500	750
8	2,000	1,333	667
7	1,750	1,167	583
6	1,500	1,000	500
5	1,250	833	417
4	1,000	667	333
3	750	500	250
2	500	333	167
1	250	167	83

* If the total of wages and net earnings (amount from line 3) exceeds \$30,000 for the year, there is no exclusion amount.

Checklist

- Before filing your return, be sure to:
- Complete items A, B, and C and lines 1 through 6.
 - Complete Schedules A, B, and C on the back, if required.
 - Enter your total nonresident earnings tax on Form IT-201 or IT-203.
 - **Attach this form to your New York State return: Form IT-201 or IT-203.**

Please file this original scannable attachment with the Tax Department.



Schedule A — Allocation of wage and salary income to Yonkers

Do not use this schedule for income based on the volume of business transacted.

See instructions, Form Y-203-I, if you had **more than one job**, or if you had a **job for only part of the year**.

7	Total days (see instructions)	7.	261
	8 Saturdays and Sundays (not worked)	8.	74
Nonworking days included in line 7:	9 Holidays (not worked)	9.	10
	10 Sick leave	10.	8
	11 Vacation	11.	12
	12 Other nonworking days	12.	2
13	Total nonworking days (add lines 8 through 12)	13.	106
14	Total days worked in year at this job (subtract line 13 from line 7)	14.	155
15	Total days included in line 14 worked outside of Yonkers	15.	85
16	Enter number of days worked at home included in line 15 amount	16.	2
17	Subtract line 16 from line 15	17.	83
18	Days worked in Yonkers (subtract line 17 from line 14)	18.	72
19	Enter number of days from line 14 above	19.	155
20	Divide line 18 by line 19; round the result to the fourth decimal place	20.	.4645
21	Gross wages and other employee compensation to be allocated	21.	17300
22	Yonkers allocated wage and salary income (multiply line 20 by line 21). Include this amount on line 1.	22.	8036

Schedule B — List all places, both in and out of Yonkers, where you carry on business

Use only if your net earnings from self-employment are from a business carried on both in and out of Yonkers.

Street address	City and state	Description (see instructions)

Schedule C — Allocation of net earnings from self-employment to Yonkers

Use only if your business is carried on both in and out of Yonkers. If the net earnings are from a partnership, the factors must be the partnership amounts. If you are a partner in a partnership, you may use the business allocation percentage determined by the formula on Form Y-204, *Yonkers Nonresident Partner Allocation*. If you use the percentage from Form Y-204, skip lines 23 through 29 and enter the allocation percentage on line 30 below. Attach a copy of Form Y-204.

Property percentage	Items used as factors	Column 1 Totals — in and out of Yonkers		Column 2 Yonkers amount		Column 3 Percent Column 2 is of Column 1
23	Real property owned	23.				
24	Real property rented from others	24.				
25	Tangible personal property owned ...	25.				
26	Property percentage (add lines 23, 24, and 25; see instructions)	26.				%
27	Payroll percentage (see instructions)	27.				%
28	Gross income percentage (see instructions)	28.				%
29	Total of percentages (add lines 26, 27, and 28, Column 3)	29.				%
30	Business allocation percentage (divide total percentages on line 29 by three, or by actual number of percentages if less than three)	30.				%
31	Net earnings from self-employment to be allocated (see instructions)	31.				
32	Allocated net earnings from self-employment (multiply line 31 by line 30; enter here and include on line 2) ...	32.				





New York State Department of Taxation and Finance
**Summary of Unemployment
 Compensation Payments**

IT-1099-UI

File Form IT-1099-UI as an entire page.

Taxpayer's first name and middle initial FRANCIS N	Taxpayer's last name POWERS
Spouse's first name and middle initial	Spouse's last name

▼ Your social security number
400004813

▼ Spouse's social security number

This Form IT-1099-UI is for (mark an X in one box): Taxpayer Spouse

Box a Payer's name and full address

New York State
 Department of Labor-Unemployment Insurance
 Albany, NY 12240-0001

Box b Payer's federal identification number **2 7 0 2 9 3 1 1 7**

State **NY** New York State tax withheld **50**.

Box 1 Unemployment compensation **2500**.

Instructions

General instructions

Who must file this form — If you are required to file a New York State income tax return and you (or your spouse, if filing jointly) received federal Form(s) 1099-G statements issued by the **New York State Department of Labor** showing New York State income tax withheld, you must complete Form IT-1099-UI. You should complete Form IT-1099-UI **only** if the federal Form 1099-G was issued by the New York State Department of Labor **and** shows New York State withholding.

How to complete Form IT-1099-UI — You must complete one Form IT-1099-UI for each federal Form 1099-G you (and if filing jointly, your spouse) received that shows New York State income tax withheld. Enter only the information requested on Form IT-1099-UI.

Each box on Form IT-1099-UI corresponds to a similarly named or numbered box on the federal Form 1099-G that you received from the New York State Department of Labor. Enter the information provided on your federal Form 1099-G in the corresponding boxes on Form IT-1099-UI.

Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number in the appropriate boxes.

If **you** are the recipient of federal Form 1099-G, mark an **X** in the *Taxpayer* box. If your **spouse** is the recipient, mark an **X** in the *Spouse* box.

Box 1 — Enter the unemployment compensation shown in Box 1 of federal Form 1099-G.

New York State tax withheld — Enter the New York State income tax withheld as shown on federal Form 1099-G issued by the New York State Department of Labor.

Total the New York State tax withheld amount(s) from all IT-1099-UI form(s). Include this total on the *Total New York State tax withheld* line on your New York State income tax return.

File Form IT-1099-UI as an entire page. Attach this form (IT-1099-UI) to your New York State income tax return, Form IT-201 or IT-203. **Do not** attach your federal 1099-G form(s); keep them for your records.



22222		a Employee's social security number 400004813		OMB No. 1545-0008			
b Employer identification number (EIN) 36-1425364			1 Wages, tips, other compensation 22300		2 Federal income tax withheld		
c Employer's name, address, and ZIP code BOND BOND MAGIC CO ONE PLUS ONE DR NAPOLEON MI 49621-8888			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. FRANCIS N POWERS 14 ABBEY PL YONKERS NY 10705			11 Nonqualified plans		12a C o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e		
			14 Other		12c C o d e		
					12d C o d e		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY		11500	755	5000	350	YONKERS	
MI		10800	700				

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR -S



New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Important: You must enter your date(s) of birth and social security number(s) below.

Your first name and middle initial DANIEL T		Your last name (for a joint return , enter spouse's name on line below) THOMAS		Your date of birth (MMDDYYYY) 07/31/1972	▼ Your social security number 400-00-4814
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (MMDDYYYY)	▼ Spouse's social security number 400-00-4864
Mailing address (see instructions, page 13) (number and street or rural route) 145 WARD ST				Apartment number	New York State county of residence ● KINGS
City, village, or post office FAITH		State NC	ZIP code 28146	Country (if not United States)	School district name ● BROOKLYN
Permanent home address (see instr., pg. 13) (no. and street or rural route) 356 DOVER ST			Apartment no.	City, village, or post office BROOKLYN	School district code number 071
State NY	ZIP code 11217	Country (if not United States)		Decedent information ●	Taxpayer's date of death ● Spouse's date of death ●

(A) Filing status — mark an X in one box:

① Single

② Married filing joint return (enter both spouses' social security numbers above)

③ Married filing separate return (enter both spouses' social security numbers above)

④ Head of household (with qualifying person)

⑤ Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 2011 federal income tax return? Yes No

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

(D) E-file this return. Most taxpayers **must** now e-file (see page 12).

(E) New York City part-year residents only (see page 15)

(1) Number of months **you** lived in NY City in 2011 ● **03**

(2) Number of months **your spouse** lived in NY City in 2011 ●

(F) Enter your 2-character special condition code if applicable (see page 15) ●

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

	Federal amount		New York State amount	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.	50000	1.	30068
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)	6.	3019	6.	3019
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	7.		7.	
8 Other gains or losses (attach a copy of federal Form 4797) ..	8.	-2040	8.	-2040
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9.		9.	
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)	11.	18613	11.	15143
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits (also enter on line 26)	14.		14.	
15 Other income (see page 23) Identify: GAMBLING 2043	15.	2043	15.	2043
16 Add lines 1 through 15	16.	71635	16.	48233
17 Total federal adjustments to income (see page 23) Identify: 1/2 SE TAX 214	17.	214	17.	214
18 Federal adjusted gross income (subtract line 17 from line 16)	18.	71421	18.	48019

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400-00-4814

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 71421 . 48019 .

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. 20.
 21 Public employee 414(h) retirement contributions 21. 21.
 22 Other (see page 27) Identify: 22. 22.
 23 Add lines 19 through 22 23. 71421 . 48019 .

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 24.
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. 25.
 26 Taxable amount of social security benefits (from line 14) .. 26. 26.
 27 Interest income on U.S. government bonds 27. 27.
 28 Pension and annuity income exclusion 28. 28.
 29 Other (see page 31) Identify: 29. 29.
 30 Add lines 24 through 29 30. 30.
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 71421 . 48019 .

32 Enter the amount from line 31, Federal amount column 32. 71421 .

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 2030 .

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 69391 .

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 3000 . 00

36 New York taxable income (subtract line 35 from line 34) 36. 66391 .



New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.		
b Taxes you paid (federal Sch. A, line 9)	b.	3184	
c Interest you paid (federal Sch. A, line 15)	c.	1075	
d Gifts to charity (federal Sch. A, line 19)	d.	580	
e Casualty and theft losses (federal Sch. A, line 20)	e.		
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.		
g Other misc. deductions (federal Sch. A, line 28)	g.		
h Enter amount from federal Schedule A, line 29	h.	4839	
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	3184	
j Subtract line i from line h	j.	1655	
k College tuition itemized deduction (see page 37)	k.	375	
l Addition adjustments (see page 37)	l.		
m Add lines j, k, and l	m.	2030	
n Itemized deduction adjustment (see page 38)	n.		
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	2030	

2032110099



Name(s) as shown on page 1
DANIEL T THOMAS

▼ Enter your social security number
400-00-4814

Tax computation, credits, and other taxes (see page 39)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	66391	
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	4151	
39 New York State household credit (from table 1, 2, or 3 on page 39)		
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	4151	
41 New York State child and dependent care credit (attach Form IT-216; see page 40)		
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	4151	
43 New York State earned income credit (attach Form IT-215; see page 40)		
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	4151	
45 Income percentage (see page 40) <input type="text"/> New York State amount from line 31 <input type="text"/> 48019 <input type="text"/> Federal amount from line 31 <input type="text"/> 71421 <input type="text"/> = 45. <input type="text"/> 0 <input type="text"/> <input type="text"/> 6723		
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	2791	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)		
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	2791	
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)		
50 Total New York State taxes (add lines 48 and 49)	2791	

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.	928	
52 New York City minimum income tax (attach Form IT-220) ..	52.		
52a Add lines 51 and 52	52a.	928	
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.		
52c Subtract line 52b from 52a	52c.	928	
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.		
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.		
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.	928	
56 Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.)	56.	35	

See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	57a.		00
57b Missing/Exploited Children Fund	57b.		00
57c Breast Cancer Research Fund	57c.		00
57d Alzheimer's Fund	57d.		00
57e Olympic Fund (\$2 or \$4; see page 43)	57e.		00
57f Prostate Cancer Research Fund	57f.		00
57g 9/11 Memorial	57g.		00
57h Volunteer Firefighting & EMS Recruitment Fund	57h.		00
57 Total voluntary contributions (add lines 57a through 57h)	57.		00
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58.	3754	



▼ Enter your social security number

400-00-4814

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars Cents

59. 3754

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include: 60 Part-year NYC school tax credit (16), 61 Other refundable credits, 62 Total New York State tax withheld (1061), 63 Total New York City tax withheld (837), 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370 (386), 66 Total payments and refundable credits (2300).

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 12 on page 50 for the proper assembly of your return and attachments.

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)

68 Amount of line 67 to be refunded. Mark one refund choice: [] direct deposit (fill in line 72) - or - [] debit card - or - [] paper check ...

69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions)

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark this box [] and fill in line 72

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46)

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47). 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. 47)

72a Routing number Electronic funds withdrawal effective date

72b Account number 72c Account type [] Checking [] Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) 06/30/2011. Mark an X in the box that describes your situation on the last day of the tax year:

- 73a Moved into New York State []
73b Moved out of New York State; received income from NYS sources during nonresident period [X]
73c Moved out of New York State; received no income from NYS sources during nonresident period []

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions) Yes [] No [X]

Third-party designee? (see instr.) Yes [] No [X]. Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail.

Paid preparer must complete (see instr.) Date: Preparer's signature, Firm's name, Address, E-mail, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer(s) must sign here Date: Your signature, Your occupation RENTAL AGENT, Spouse's signature and occupation, Date, Daytime phone number 518-464-1264, E-mail: THOMAS@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet Attachment to Form IT-203

Name(s) and occupation(s) as shown on Form IT-203 DANIEL T THOMAS

Your social security number 400004814

Complete all parts that apply to you; see instructions (Form IT-203-I). Attach this form to your Form IT-203.

Schedule A - Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

An additional Schedule A section is provided on the back of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the New York State amount column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
You had a job for only part of the year; or
You and your spouse each had a job that requires allocation.

1a Total days (see instructions) 184
1b Saturdays and Sundays (not worked) 48
1c Holidays (not worked) 5
1d Sick leave 3
1e Vacation 5
1f Other nonworking days 5
1g Total nonworking days (add lines 1b through 1f) 66
1h Total days worked in year at this job (subtract line 1g from line 1a) 118
1i Total days included in line 1h worked outside New York State 100
1j Enter number of days worked at home included in line 1i amount 2
1k Subtract line 1j from line 1i 98
1l Days worked in New York State (subtract line 1k from line 1h) 20
1m Enter number of days from line 1h above 118
1n Divide line 1l by line 1m; round the result to the fourth decimal place 0.1695
1o Wages, salaries, tips, etc. (to be allocated) 24000
1p New York State allocated wage and salary income (multiply line 1n by line 1o) 4068

Include the line 1p amount on Form IT-203, line 1, in the New York State amount column.

Schedule B - Living quarters maintained in New York State by a nonresident

Mark an X in the box if NYS living quarters were maintained for you or by you for the entire tax year

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Attach additional sheets if necessary. For column E, mark an X in the box if the living quarters are still maintained for or by you.

Table with 5 columns: A - Street address, B - City, village, or post office, C, D - ZIP code, E. Contains 4 rows of address information.

Enter the number of days spent in New York State in this tax year

Any part of a day spent in New York State is considered a day spent in New York State.

Please file this original scannable attachment with your return.



Schedule C – College tuition itemized deduction worksheet (See the instructions for Schedule C.)

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? ... 1. Yes No
- If **Yes, stop**; you do not qualify for the college tuition itemized deduction.
 - If **No**, continue. Complete lines A through H below for each eligible student for whom you paid qualified college tuition expenses. Attach additional sheets if necessary.

	1 – Student 1	2 – Student 2	3 – Student 3
A Eligible student's name	STM 33		
B Eligible student's social security number (SSN).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
C Is the student claimed as a dependent on your NYS return? (see instructions) ...	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D EIN of college or university (see instr.) ...	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Name of college or university (see instr.) ..	<input type="text"/>	<input type="text"/>	<input type="text"/>
F Were expenses for undergraduate tuition? (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G Amount of qualified college tuition expenses (see instructions)	STM 34 <input type="text"/>	<input type="text"/>	<input type="text"/>
H Enter the lesser of line G or 10,000	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 2 **College tuition itemized deduction** (add line H, columns 1, 2, and 3; include amounts from any additional sheets). Also enter this amount on Form IT-203, page 2, *New York State itemized deduction worksheet*, line k. 2.

Schedule A – Allocation of wage and salary income to New York State

2a Total days (see instructions)	2a.	<input type="text"/>
Nonworking days included in line 2a:		
2b Saturdays and Sundays (not worked)	2b.	<input type="text"/>
2c Holidays (not worked)	2c.	<input type="text"/>
2d Sick leave	2d.	<input type="text"/>
2e Vacation	2e.	<input type="text"/>
2f Other nonworking days	2f.	<input type="text"/>
2g Total nonworking days (add lines 2b through 2f)	2g.	<input type="text"/>
2h Total days worked in year at this job (subtract line 2g from line 2a)	2h.	<input type="text"/>
2i Total days included in line 2h worked outside New York State	2i.	<input type="text"/>
2j Enter number of days worked at home included in line 2i amount	2j.	<input type="text"/>
2k Subtract line 2j from line 2i	2k.	<input type="text"/>
2l Days worked in New York State (subtract line 2k from line 2h)	2l.	<input type="text"/>
2m Enter number of days from line 2h above	2m.	<input type="text"/>
2n Divide line 2l by line 2m; round the result to the fourth decimal place	2n.	<input type="text"/>
2o Wages, salaries, tips, etc. (to be allocated)	2o.	<input type="text"/>
2p New York State allocated wage and salary income (multiply line 2n by line 2o)	2p.	<input type="text"/>

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.



Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return DANIEL T THOMAS	Identification number (SSN or EIN) 400004814
--	--

Part 1 — All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2011 return before withholding and estimated tax payments (<i>caution: see instructions</i>)	1.	3719	
2 Empire State child credit (from Form IT-201, line 63)	2.		
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3.		
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4.		
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5.		
6 Real property tax credit (from Form IT-201, line 67)	6.		
7 College tuition credit (from Form IT-201, line 68)	7.		
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	8.	16	
9 NY City earned income credit (from Form IT-201, line 70)	9.		
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10.		
11 Add lines 2 through 10	11.	16	
12 Current year tax (subtract line 11 from line 1)	12.	3703	
13 Multiply line 12 by 90% (.90)	13.	3333	
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14.	1898	
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15.	1805	
16 Enter your 2010 tax (<i>caution: see instructions</i>)	16.	2800	
17 Enter the smaller of line 13 or line 16	17.	2800	

Part 2 — Short method for computing the penalty — Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 — Regular method*.

18 Enter the amount from line 14 above	18.	1898	
19 Enter the total amount of estimated tax payments you made (see instructions)	19.	386	
20 Add lines 18 and 19	20.	2284	
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21.	516	
22 Multiply line 21 by .05000 and enter the result	22.	26	
23 If the amount on line 21 was paid on or after April 15, 2012, enter 0 . If the amount on line 21 was paid before April 15, 2012, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2012 × .00020 =	23.		
24 Penalty. Subtract line 23 from line 22	24.	26	

Part 3 — Regular method — Schedule A — Computing your underpayment (Schedule B is on the back)

Payment due dates	A	B	C	D
	4/15/11	6/15/11	9/15/11	1/15/12
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25.			
26 Estimated tax paid and tax withheld (see instructions)	26.			
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27.			
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28.			
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29.			

0591110099



Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates	A	B	C	D
	4/15/11	6/15/11	9/15/11	1/15/12
30 Amount of underpayment (from line 29)	30.			
First installment (April 15 - June 15, 2011)				
31 April 15 - June 15 = (61 ÷ 365) × 7.5% = .01253 - or - April 15 - _____ = ([] ÷ 365) × 7.5% = []	31.			
32 Multiply line 30, column A by line 31	32.			
Second installment (June 15 - September 15, 2011)				
33 June 15 - September 15 = (92 ÷ 365) × 7.5% = .01890 - or - June 15 - _____ = ([] ÷ 365) × 7.5% = []		33.		
34 Multiply line 30, column B by line 33		34.		
Third installment (September 15, 2011 - January 15, 2012)				
35 September 15 - December 31 = (107 ÷ 365) × 7.5% = .02198 January 1 - January 15 = (15 ÷ 366) × 7.5% = <u>.00306</u> .02504 - or - September 15 - _____ = ([] ÷ 365) × 7.5% = [] January 1 - _____ = ([] ÷ 366) × 7.5% = [] Total			35.	
36 Multiply line 30, column C by line 35			36.	
Fourth installment (January 15 - April 15, 2012)				
37 January 15 - April 15 = (91 ÷ 366) × 7.5% = .01864 - or - January 15 - _____ = ([] ÷ 366) × 7.5% = []				37.
38 Multiply line 30, column D by line 37				38.
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42				39. [] . []

Attach this form to the back of your New York State return.



Please file this original scannable form with the Tax Department.



Change of City Resident Status

New York City • Yonkers

IT-360.1

Attach this form to Form IT-201 or Form IT-203.

Name(s) as shown on return
DANIEL T THOMAS

▼ Social security number
400004814

Change of resident status — If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an **X** in only **one** box (A) **New York City change of residence** — Complete Parts 1, 2, 3, and 4.

(B) **Yonkers change of residence** — Complete Parts 1 and 5.

(C) **New York City and Yonkers change of residence** — Complete the entire form.

Part 1 — New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1. 50000	13000	
2 Taxable interest income	2.		
3 Ordinary dividends	3.		
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		
5 Alimony received	5.		
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040) ...	6. 3019	3019	
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	7.		
8 Other gains or losses (attach copy of federal Form 4797)	8. -2040	-2040	
9 Taxable amount of IRA distributions	9.		
10 Taxable amount of pensions and annuities	10.		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11. 18613	15143	
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)	12.		
13 Unemployment compensation	13.		
14 Taxable amount of social security benefits	14.		
15 Other income			
Identify: STM 31	15. 2043	2043	
16 Total (add lines 1 through 15)	16. 71635	31165	
17 Total federal adjustments to income			
Identify:	17. 214	214	
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 71421	30951	
19 New York adjustments (attach schedule)	19.		
20 New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43)	20. 71421	30951	



Part 2 – Itemized deductions for New York City (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21.	
22	Taxes you paid	22.	3184
23	Interest you paid	23.	1075
24	Gifts to charity	24.	580
25	Casualty and theft losses	25.	
26	Job expenses and most other miscellaneous deductions	26.	
27	Other miscellaneous deductions	27.	
28	This line is intentionally left blank	28.	
29	This line is intentionally left blank	29.	
30	Total itemized deductions (add lines 21 through 27)	30.	4839
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31.	2500
32	Subtract line 31 from line 30	32.	1477
33	Addition adjustments and college tuition itemized deduction (see instructions)	33.	375
34	Add lines 32 and 33	34.	1852
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)	35.	
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36.	1852

Part 3 – Dependent exemptions (see instructions, page 5)

37 Enter the period you were a New York City **resident** during 2011

From: month day To: month day

38	Enter the county where you resided while a nonresident of New York City	<input type="text" value="ALBANY"/>	
39	Enter the number of full months in the New York City resident period	39.	03
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2)	40.	250
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36 or Form IT-203, line 35	41.	03
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	42.	750

Part 4 – Part-year New York City resident tax (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B)	43.	30951
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44.	1852
45	Subtract line 44 from line 43	45.	29099
46	Dependent exemption amount (from line 42)	46.	750
47	New York City taxable income (subtract line 46 from line 45)	47.	28349
48	New York City tax on line 47 amount (see instructions, page 5)	48.	928
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49.	
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50.	928
51	Part-year New York City separate tax on lump-sum distributions (attach Form IT-230)	51.	
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (attach Form IT-230)	52.	
53	Add lines 50, 51, and 52	53.	928
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	54.	
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50 or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55.	928

3602110099



Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

	Full-year NYS resident		Part-year NYS resident	
56 Total New York State taxes (from Form IT-201, line 46)	56.			
57 Empire State child credit (from Form IT-201, line 63)	57.			
58 NYS child and dependent care credit (from Form IT-216, line 14)	58.			
59 Earned income credit (from Form IT-201, line 65)	59.			
60 Noncustodial parent New York State earned income credit (from Form IT-201, line 66)	60.			
61 Real property tax credit (from Form IT-201, line 67)	61.			
62 College tuition credit (from Form IT-201, line 68)	62.			
63 Amount from Form IT-201-ATT, line 13	63.			
64 Add lines 57 through 63	64.			
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65.			
66 Base tax (amount from Form IT-203, line 44)	66.			
67 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	67.			
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ...	68.			
69 Net other New York State taxes (from Form IT-203-ATT, line 33)	69.			
70 Add lines 68 and 69	70.			
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71.			
72 Subtract line 71 from line 70 (if line 71 is more than line 70, enter 0) ...	72.			
73 Income percentage (see worksheet on page 8 of the instructions)	73.			
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents	74.			
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	75.			
76 Yonkers resident tax rate	76.	.15		

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77.** .

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.



CORRECTED

OMB No. 1545-0238

2011

Form W-2G

**Certain
Gambling
Winnings**

PAYER'S name, address, ZIP code, federal identification number, and telephone number OTB OTB 50 SMITH ST SCHENECTADY NY 12305 63-1478236 518-456-7890	1 Gross winnings 2043	2 Federal income tax withheld
	3 Type of wager DAILY DOUBLE	4 Date won 05/20/2011
	5 Transaction	6 Race RACE 1
	7 Winnings from identical wagers	8 Cashier 12345
WINNER'S name, address (including apt. no.), and ZIP code DANIEL T THOMAS 356 DOVER ST BROOKLYN NY 11217	9 Winner's taxpayer identification no. 400004814	10 Window 6789
	11 First I.D. 497801236	12 Second I.D.
	13 State/Payer's state identification no. NY	14 State income tax withheld 61
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		
Signature ▶		Date ▶

**Copy 1
For State Tax
Department**

Form **W-2G**

Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD - 37
YONKERS INCOME TAX WITHHELD -

W2G INDICATOR -S

22222		a Employee's social security number 400004814		OMB No. 1545-0008		
b Employer identification number (EIN) 63-2257358		1 Wages, tips, other compensation 50000		2 Federal income tax withheld		
c Employer's name, address, and ZIP code WORK WORKING HARD INDUSTRIES 2800 LABOR ST FAITH NC 28041		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Last name DANIEL T THOMAS 356 DOVER ST BROKLYN NY 11217		f Employee's address and ZIP code		11 Nonqualified plans		12a C o o d e
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		14 Other		12b C o o d e
						12c C o o d e
						12d C o o d e
15 State NY	Employer's state ID number	16 State wages, tips, etc. 26000	17 State income tax 1000	18 Local wages, tips, etc. 13000	19 Local income tax 800	20 Locality name NYC
NC		24000	900			

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR -S

400-00-4814

IT-360.1 STATEMENT RECORDS

STM 31

OTHER INCOME IT-360.1 LINE 15

GAMBLING WINNINGS 2043

STM 32

TOTAL FEDERAL ADJUSTMENTS IT-360.1 LINE 17

½ SE TAX 214

400-00-4814

IT-203B STATEMENT RECORDS

STM 33

NAME (A)	SSN (B)	CLAIMED AS DEP ON NYS RET (C)	EIN OF COLLEGE (D)	NAME OF COLLEGE (E)	FOR UNDERGRADUATE EXPENSES(F)
DANIEL T THOMAS	400004814		123456789	SUNY	X
JAKE T THOMAS	400884838	X	123456777	MIT	X
JOSE T THOMAS	400884839	X	123456666	SCHENECTADY CC	X
CHAD T THOMAS	400884840	X	123455555	HUDSON VALLEY CC	X

STM 34

AMOUNT OF QUALIFIED COLLEGE TUTION EXPENSE (G)	LESSER OF LINE G OR 10,000(H)
100	100
100	100
100	100
75	75

▼ Enter your social security number

4 0 0 0 0 4 8 1 5

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 1 7 6 9 5 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21. 2 5 5 .
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: A-3 \$35 23. 3 5 .
 24 Add lines 19 through 23 24. 1 7 9 8 5 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 1 7 9 8 5 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 1 0 5 0 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 7 4 8 5 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 5 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. 2 4 8 5 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 26)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 27)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.



Name(s) as shown on page 1
JOE Z CANASTA

▼ Enter your social security number
4 0 0 0 0 4 8 1 5

Tax computation, credits, and other taxes (see page 29)

	Dollars	Cents
38 Taxable income (from line 37 on page 2)	2,485	.00
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	99	.00
40 New York State household credit (from table 1, 2, or 3 on page 29)	135	.00
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)		
43 Add lines 40, 41, and 42	135	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)		
46 Total New York State taxes (add lines 44 and 45)		

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

47 New York City resident tax on line 38 amount (see page 30)	72	.00
48 New York City household credit (from table 4, 5, or 6 on page 30)	90	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)		
50 Part-year New York City resident tax (attach Form IT-360.1)		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)		
52 Add lines 49, 50, and 51		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)		
55 Yonkers resident income tax surcharge (see page 32)		
56 Yonkers nonresident earnings tax (attach Form Y-203)		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)		

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

20 .00

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	5	.00
60b Missing/Exploited Children Fund	5	.00
60c Breast Cancer Research Fund	5	.00
60d Alzheimer's Fund	5	.00
60e Olympic Fund (\$2 or \$4; see page 34)	2	.00
60f Prostate Cancer Research Fund	5	.00
60g 9/11 Memorial	5	.00
60h Volunteer Firefighting & EMS Recruitment Fund ...	5	.00

60 Total voluntary contributions (add lines 60a through 60h)

37 .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)

57 .00



▼ Enter your social security number

4 0 0 0 0 4 8 1 5

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. Dollars 57 Cents

Payments and refundable credits (see page 35)

Table with 5 columns: Line number, Description, and numerical input fields for amounts. Includes lines 63-76 for various credits and withholdings.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37). Staple them (and any other applicable forms) to the top of this page 4. See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 5,965
78 Amount of line 77 to be refunded. X Mark one refund choice: X direct deposit (fill in line 82) - or - debit card - or - paper check 78. 5,965
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box [] and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) []

82a Routing number: 0 1 1 0 0 1 7 4 2 Electronic funds withdrawal effective date:
82b Account number: L O A N X X X X 4 0 0 0 0 4 8 1 5 82c Account type: [] Checking [X] Savings

Third-party designee section with fields for name, phone number, PIN, and email.

Paid preparer must complete section with fields for signature, PTIN, address, and employer ID.

Taxpayer(s) must sign here section with fields for signature, occupation (TRUCK DRIVER), and contact info.

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201 JOE Z CANASTA	▼ Your social security number 4 0 0 0 0 4 8 1 5
--	---

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-201.

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents												
1	Accumulation distribution credit (attach computation)	1.													
2	Other nonrefundable, non-carryover credits (attach all applicable forms)														
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Code</th> <th style="width:15%;">Dollars</th> <th style="width:5%;">Cents</th> <th style="width:5%;">Code</th> <th style="width:15%;">Dollars</th> <th style="width:5%;">Cents</th> </tr> </thead> <tbody> <tr> <td>2a.</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td>2b.</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>				Code	Dollars	Cents	Code	Dollars	Cents	2a.			2b.		
Code	Dollars	Cents	Code	Dollars	Cents										
2a.			2b.												
Total other nonrefundable, non-carryover credits (add lines 2a and 2b)		2.													

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit (attach Form IT-249)	3.																																																	
4	Investment credit (attach Form IT-212)	4.																																																	
5	Solar energy system equipment credit (attach Form IT-255)	5.																																																	
6	Other nonrefundable, carryover credits (attach all applicable forms)																																																		
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6g.			6n.																																																
Total other nonrefundable, carryover credits (add lines 6a through 6n)		6.																																																	
7	Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42)	7.																																																	

Section C – New York City nonrefundable, non-carryover credits used

8	New York City resident UBT credit (attach Form IT-219)	8.	
9	New York City accumulation distribution credit (attach computation)	9.	
9a	Part-year resident nonrefundable NYC child and dependent care credit (attach Form IT-216)	9a.	
10	Total other New York City nonrefundable credits used (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53)	10.	

Section D – New York State, New York City, and Yonkers refundable credits

11	Farmers' school tax credit (attach Form IT-217)	11.		1 5 0 0.																																										
12	Other refundable credits (attach all applicable forms)																																													
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12f.			12l.																																											
Total other refundable credits (add lines 12a through 12l)		12.																																												
13	Add lines 11 and 12	13.		1 5 0 0.																																										

(continued on back)

2411110099



▼ Enter your social security number

4 0 0 0 0 4 8 1 5

Part 1, Section D — New York State, New York City, and Yonkers refundable credits (continued)

Dollars Cents

14 Enter amount from line 13 on the front page 14. 1 5 0 0 .
15 New York State claim of right credit (attach Form IT-257) 15.
16 New York City claim of right credit (attach Form IT-257) 16.
17 Yonkers claim of right credit (attach Form IT-257) 17.
18 Total New York State, New York City, and Yonkers other refundable credits (add lines 14 through 17; enter here and on Form IT-201, line 71) 18. 1 5 0 0 .

Part 2 — Other New York State taxes

If you are subject to other New York State taxes, complete Part 2 and attach this Form IT-201-ATT to your return.

19 New York State tax on capital gain portion of lump-sum distributions (attach Form IT-230) 19.
20 Other New York State taxes (attach all applicable forms)

Table with columns: Code, Dollars, Cents, Code, Dollars, Cents. Rows 20a through 20l.

Total other New York State taxes (add lines 20a through 20l) 20.
21 Add lines 19 and 20 21.
22 See instructions for line 22 22.
23 Enter amount from Form IT-201, line 39 23.
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) 24.
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank) 25.
26 New York State separate tax on lump-sum distributions (attach Form IT-230) 26.
27 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) 27.
28 Subtract line 27 from line 26 28.
29 New York State minimum income tax (attach Form IT-220) 29.
30 Net other New York State taxes (add lines 25, 28, and 29; enter here and on Form IT-201, line 45) 30.

Part 3 — Other New York City taxes

31 New York City minimum income tax (attach Form IT-220) 31.
32 New York City resident separate tax on lump-sum distributions (attach Form IT-230) 32.
33 New York City tax on capital gain portion of lump-sum distributions (attach Form IT-230) 33.
34 Total other New York City taxes (add lines 31, 32, and 33; enter here and on Form IT-201, line 51) 34.

2412110099





Claim for Real Property Tax Credit For Homeowners and Renters

Step 1 – Enter identifying information

Your first name and middle initial JOE Z	Your last name (for a joint claim, enter spouse's name on line below) CANASTA	Your date of birth (MMDDYYYY) + + + + +	▼ Your social security number 4 0 0 - 0 0 - 4 8 1 5
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth (MMDDYYYY) + + + + +	▼ Spouse's social security number + + + + +
Current mailing address (number and street or rural route) %AMANDA JONES 327 W 57 ST		Apartment number	New York State county of residence ●
City, village, or post office NEW YORK	State NY	ZIP code 10012	Important: You must enter your social security number(s) in the boxes above.
Street address of New York residence that qualifies you for this credit, if different from above ●			
City, village, or post office	State NY	ZIP code	

Step 2 – Determine eligibility (For lines 1 through 6, mark an X in the appropriate box.)

- Were you a New York State resident for all of 2011? **1.** Yes No
- Did you occupy the same residence for at least six months during 2011? **2.** Yes No
If you marked an **X** in the **No** box on line 1 or 2, **stop**; you do not qualify for this credit.
- Did you own real property with a current market value of more than \$85,000 during 2011? **3.** Yes No
- Can you be claimed as a dependent on another taxpayer's 2011 federal return? **4.** Yes No
- Did you reside in public housing, or other residence completely exempted from real property taxes in 2011? (see instr.) **5.** Yes No
If you marked an **X** in the **Yes** box on line 3, 4, or 5, **stop**; you do not qualify for this credit.
- Did you live in a nursing home during 2011? (If you mark an **X** in the Yes box, see instructions.) **6.** Yes No
- Complete below for the qualifying household member 65 or older (see instructions).

A – First name JOE Z	Last name CANASTA	B – Social security number 4 0 0 - 0 0 - 4 8 1 5	C – Year of birth 1 9 4 2
--------------------------------	-----------------------------	--	-------------------------------------

8 Complete below for all household members not included on line 7 (attach additional sheets if needed; see instructions).

A – First name STM 34	Last name	B – Social security number + + + + +	C – Year of birth + + + + +
		+ + + + +	+ + + + +
		+ + + + +	+ + + + +

Step 3 – Determine household gross income

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2011.

- Federal adjusted gross income (from Form 1040A, line 22; Form 1040EZ, line 4; or Form 1040, line 38).
If any household members do not have to file a federal return, see instructions **9.** **1 7 6 9 5**
- New York State additions to federal adjusted gross income **10.** **2 9 0**
- Social security payments not included on line 9 **11.** .
- Supplemental security income (SSI) payments **12.** .
- Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12 **13.** .
- Cash public assistance and relief **14.** .
- Other income **15.** .
- Household gross income (add lines 9 through 15; round to the nearest whole dollar) **16.** **1 7 9 8 5**
If line 16 is more than \$18,000, **stop**; you do not qualify for this credit.
- Enter rate from Table 1 (see instructions) **17.** . **0 6 5**
- Multiply line 16 by line 17 **18.** **1 1 6 9**



Step 4 – Compute real property tax

Renters only	19	Enter the total amount of rent you and all members of your household paid during the year 2011. (<i>Do not include any subsidized part of your rental charge.</i>)	19.	5	2	0	0	.			
	20	Adjusted rent – If line 19 includes charges for: Enter on line 20									
		heat, gas, electricity, furnishings, and board	50% (.5) of line 19								
		heat, gas, electricity, and furnishings	75% (.75) of line 19								
		heat, gas, and electricity	80% (.8) of line 19								
		heat or heat and gas	85% (.85) of line 19								
		none of the above	100% of line 19	20.	5	2	0	0	.		
	21	Average monthly adjusted rent (<i>divide line 20 by the number of months you paid rent</i>)	21.		4	3	3	.			
		If line 21 is more than \$450, stop ; you do not qualify for this credit.									
	22	Multiply line 20 by 25% (.25); enter here and on line 28	22.	1	3	0	0	.			
Homeowners only	23	Real property taxes paid during the year 2011 (<i>see instructions</i>)	23.					.			
	24	Special assessments	24.					.			
	25	Add lines 23 and 24	25.					.			
	26	Exemption for homeowners 65 and over (<i>optional - see instructions</i>)	26.					.			
	27	Add lines 25 and 26; enter here and on line 28	27.					.			

Step 5 – Compute credit amount

28 Renters: Enter amount from line 22. **Homeowners:** Enter amount from line 27 (*see instructions*)

If line 28 is zero or less, **stop**; no credit is allowed. **28.** 1 3 0 0 .

29 Enter amount from line 18

If line 29 is equal to or more than line 28, **stop**; you do not qualify for this credit. **29.** 1 1 6 9 .

30 Subtract line 29 from line 28

31 Multiply line 30 by 50% (.5) (*However, if you entered an amount on line 26, multiply line 30 by 25% (.25).*)

32 Credit limit (*see instructions; enter amount from chart*)

33 Enter the amount from line 32 or 31, whichever is less. This is the credit for your household. (*If more than one member of your household is filing Form IT-214, see instructions.*)

33. 6 6 .

- If you are **filing this claim with your New York State income tax return:**
Enter the line 33 amount on Form IT-150, line 42, or Form IT-201, line 67.
- If you are **not attaching this claim to a New York State income tax return:**
Mark one refund option: direct deposit (*fill in line 34*) **or** paper check refund

Step 6 – Enter account information (*see instructions*)

34 Direct deposit: Complete the following to have your refund of real property tax credit from line 33 deposited directly in your bank account.

Note: If the funds for your refund would go to an account outside the U.S., mark an **X** in this box (*see instructions*)

34a Routing number •

34b Account type: • Checking • Savings **34c** Account number •

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

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

▼ Taxpayer(s) must sign here ▼	
Your signature ▶ <input type="text"/>	
Your occupation • <input type="text"/>	
Spouse's signature and occupation (<i>if joint return</i>) <input type="text"/>	
Date	▼ Daytime phone number <input type="text"/>
E-mail:	

- If you **are filing** a NYS income tax return, attach this form to your return.
- If you **are not filing** a NYS income tax return, mail this form to:
STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

Please file this original scannable return with the Tax Department.





Claim for Earned Income Credit

New York State • New York City

IT-215

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return
JOE Z CANASTA

Your social security number
400004815

- 1 Did you claim the federal earned income credit for 2011? If **No, stop; you do not qualify for these credits.** 1. Yes No
- 2 Is your investment income (see instructions) greater than \$3,150? If **Yes, stop; you do not qualify for these credits.** 2. Yes No
- 3 Have you already filed your 2011 New York State income tax return? If **Yes**, you must file an amended NYS return. 3. Yes No
- 4 Did you claim qualifying children on your 2011 **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4. Yes No
If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Year of birth
SAMUEL M	CANASTA JR	• SON	12	<input type="checkbox"/>	• <input checked="" type="checkbox"/>	400884805	1986
MARY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884804	2008
SALLY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884802	2003

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your 2011 federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form. ... 5. Yes No
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. 6. **20500** Dollars Cents
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions) 7. Dollars Cents
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 8. **-5** Dollars Cents
Employer identification number (see instructions) • **400004815**
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) 9. **17695** Dollars Cents
- 10 **Amount of federal EIC claimed** (from federal Form 1040EZ, line 9a; Form 1040A, line 41a; or Form 1040, line 64a) 10. **4954** Dollars Cents
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11. **30** Cents
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 12. **1486** Dollars Cents

Complete **Worksheet B** on the back page before continuing.

- 13 Enter the amount from **Worksheet B**, line 5, on the back of this form 13. **99** Dollars Cents
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14. **135** Dollars Cents
- 15 Enter the smaller of line 13 or line 14 15. **99** Dollars Cents
- 16 **Allowable New York State earned income credit** (subtract line 15 from line 12; see instructions) 16. **1387** Dollars Cents
- 17 If your New York State filing status is **3**, **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17. Dollars Cents
Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) • Dollars Cents

2151110099



Please file this original scannable form with the Tax Department.

Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

	Dollars	Cents
18 Enter your New York State earned income credit (from line 16 or line 17)	18.	.
19 Enter the amount from Form IT-203, line 42	19.	.
— If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. — If line 19 is less than line 18, continue on line 20 below.		
20 Excess New York State earned income credit (subtract line 19 from line 18)	20.	.
21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21.	.
— If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. — If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.		
22 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22.	.
23 Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	23.	.
24 Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24.	.
25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25.	.
26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26.	.

New York City earned income credit (full-year and part-year New York City residents)

27 From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11	27.	248	.
Part-year New York City residents must also complete line 28 below.			
28 Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A.	.	28B.

Worksheet B

1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1.	99	.
2 Resident credit (see instructions)	2.	.	.
3 Accumulation distribution credit (see instructions)	3.	.	.
4 Add lines 2 and 3	4.	.	.
5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5.	99	.





Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return JOE Z CANASTA	▼ Your social security number 400004815
---	--

1 Have you already filed your 2011 New York State income tax return?..... Yes No

If Yes, you must file an amended New York State return and attach Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A – Care provider's first name, middle initial, and last name	B – Address	C – Identifying number (SSN or EIN)	D – Amount paid (see instructions)
STM 31		• STM 32	• <input type="text"/> . <input type="text"/>
		• <input type="text"/>	• <input type="text"/> . <input type="text"/>

3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A – First name and middle initial	B – Last name	C – Qualified expenses paid in 2011	D – Person with disability (see instr.)	E – Social security number	F – Year of birth
STM 33			• <input type="checkbox"/>	• <input type="text"/>	• <input type="text"/>
			• <input type="checkbox"/>	• <input type="text"/>	• <input type="text"/>
			• <input type="checkbox"/>	• <input type="text"/>	• <input type="text"/>
			• <input type="checkbox"/>	• <input type="text"/>	• <input type="text"/>

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. 3420 .

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?..... Yes No

Note: On line 5, if you are claiming expenses paid for a dependent child born in 1998, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2011, through the day preceding the child's 13th birthday. 04

5 Enter the smallest of:

– line 3a above; or
 – federal Form 2441, line 3; or
 – 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

5.	Dollars	3420	Cents	<input type="text"/>
----	---------	------	-------	----------------------

6 Enter your earned income (see instructions) 6. 20495 .

7 If your filing status is 2 Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) 7. 20495 .

8 Enter the smallest of line 5, 6, or 7 8. 3420 .

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9. 17695 .

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions 10. . 33

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) 11. 1129 .



Dollars Cents

- 12 Amount from line 11 **12.** 1129 .
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) 17985 .
 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line..... **13.** 1 . 100
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit (*see instructions*) **14.** 1242 .

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 **15.** .
 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
 If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** **16.** .
- 17 Enter the amount from Form IT-203-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.*) **17.** .
 If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
 If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** **18.** .
- 19 Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **19.** .
- 20 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **20.** .
- 21 Divide line 19 by line 20 (*round the result to the fourth decimal place*). This amount cannot exceed 100% (1.0000)..... **21.** .
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22.** .

New York City child and dependent care credit

If you were a resident of New York City at any time during 2011 **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old **23.** 810 .
IT-201 filers:
- 24 Refundable New York City child and dependent care credit (*from Worksheet 1, line 7 or line 13*) **24.** 221 .
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... **25.** 1463 .
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-201-ATT, line 9a **26.** .
IT-203 filers:
- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-203, line 52b **27.** .
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 13*); also enter this amount on Form IT-203-ATT, line 9a **28.** .
- Part-year New York City resident filers only:**
- 29 Enter the amount from Worksheet 1, line 10 **29.** .
- 30 Enter the amount from Worksheet 1, line 11 **30.** .





Claim for Farmers' School Tax Credit

IT-217

Attach this form to Form IT-201, IT-203, or IT-205.

Name(s) as shown on return
JOE Z CANASTA

Identifying number as shown on return
400004815

Note: Before completing this form, complete Form IT-201 through line 33, Form IT-203 through line 32, or Form IT-205 through line B.

Part 1 – Eligibility

If you mark an **X** in a *No* box for item A, B, C, or D, **stop**; you do not qualify for this credit.

A Did you have qualified agricultural property for tax year 2011? (see instr., Form IT-217-I) Yes No

B Were eligible school district property taxes paid on that property during tax year 2011? (see instructions) Yes No

C Complete Worksheet A on page 3 of the instructions. Is the amount shown on line 6 of Worksheet A less than \$300,000? Yes No

D Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete Worksheet D on page 9 of the instructions. Is the percentage shown on line 28 of Worksheet C or line 28 of Worksheet D at least 0.6667 (66.67%)? (see instructions) Yes No

E If you and one or more related persons (see instructions) each owned qualified agricultural property on March 1, 2011, mark an **X** here and see the instructions for Part 2, line 5

F If all or part of your qualified agricultural property was converted to nonqualified use during tax year 2011, mark an **X** here (see instructions)

Part 2 – Computation of credit

1 Individuals: Enter the total acres of qualified agricultural property owned by you during tax year 2011 (see instructions)	1.	1500
2 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column A	2.	
3 Fiduciaries: Enter fiduciary's share of qualified agricultural property from Part 5, column C	3.	
4 Add lines 1, 2, and 3	4.	1500
5 Enter total base acreage amount (see instructions)	5.	350
6 Subtract line 5 from line 4 (if zero or less, skip lines 7 and 8, enter 1.0000 (100%) on line 9, and continue on line 10) ...	6.	1150
7 Multiply line 6 by 50% (.5)	7.	575
8 Add lines 5 and 7	8.	925
9 Divide line 8 by line 4 and round the result to the fourth decimal place	9.	0.6167
10 Individuals: Enter the eligible school taxes you paid during 2011 (see instr.)	10.	2432
11 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column B.....	11.	
12 Fiduciaries: Enter fiduciary's share of eligible taxes from Part 5, column D	12.	
13 Add lines 10, 11, and 12	13.	2432
14 Multiply line 13 by line 9.....	14.	1500
15 Enter amount from Worksheet A, line 6, on page 3 of the instructions (if line 15 amount is \$200,000 or less, skip lines 16, 17, and 18, and enter the line 14 amount on line 19)	15.	17985
16 Enter the excess of line 15 over \$200,000 (cannot exceed \$100,000) ...	16.	
17 Divide line 16 by \$100,000, and round the result to the fourth decimal place (cannot exceed 1.0000 (100%))	17.	
18 Multiply line 14 by line 17.....	18.	
19 Farmers' school tax credit (subtract line 18 from line 14; see instructions)	19.	1500



Part 3 – Partnership, S corporation, and estate or trust information

If you were a partner in a partnership, a shareholder of a New York S corporation, or the beneficiary of an estate or trust that **owned** qualified agricultural property during 2011, complete the following information for each partnership, S corporation, or estate or trust. For *Type* column, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer ID number	Location of property

Part 4 – Partner’s, shareholder’s, or beneficiary’s share of qualified agricultural property and eligible taxes		A – Acres of qualified agricultural property	B – Eligible taxes
Partner	1 Enter your share of acres of qualified agricultural property from your partnership (<i>see instructions</i>)		
	2 Enter your share of eligible taxes from your partnership (<i>see instructions</i>)		\$
S corporation shareholder	3 Enter your share of acres of qualified agricultural property from your S corporation (<i>see instructions</i>)		
	4 Enter your share of eligible taxes from your S corporation (<i>see instructions</i>)		\$
Beneficiary	5 Enter your share of acres of qualified agricultural property from the fiduciary’s Form IT-217, Part 5, column C		
	6 Enter your share of eligible taxes from the fiduciary’s Form IT-217, Part 5, column D		\$
7	Totals		\$

Fiduciaries – Include the line 7, column A amount, on Part 5, column C, and include the line 7, column B amount, on Part 5, column D.
All others – Enter the line 7, column A amount, on Part 2, line 2, and enter the line 7, column B amount, on Part 2, line 11.

Part 5 – Beneficiary’s and fiduciary’s share of acres of qualified agricultural property and eligible taxes

A – Beneficiary’s name	B – Identifying number	C – Acres of qualified agricultural property	D – Eligible taxes	E – Acres of qualified agricultural property converted to nonqualified use
Totals				
Fiduciary				

Part 6 – Credit recapture on qualified agricultural property converted to nonqualified use

(Complete this part only if you first claimed a credit for 2009 or 2010. See instructions.)

A – Total acres of qualified agricultural property converted to nonqualified use	B – Total acres of qualified agricultural property before conversion	C – Column A ÷ column B	D – Total credit claimed for 2009 and 2010 (<i>see instructions</i>)	E – Total amount of 2009 and 2010 credit to be recaptured (<i>column C × column D</i>)



22222		a Employee's social security number 400004815		OMB No. 1545-0008		
b Employer identification number (EIN) 64-1234567			1 Wages, tips, other compensation 20500		2 Federal income tax withheld	
c Employer's name, address, and ZIP code NYS NYS DOT 11 RIVER RD NEW YORK NY 10019			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. JOE Z CANASTA 327 W 57 ST NEW YORK NY 10012			11 Nonqualified plans		12a C C C D E	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C C C D E	
			14 Other 414H-255 IRC125-35		12c C C C D E	
					12d C C C D E	
f Employee's address and ZIP code						
15 State NY	Employer's state ID number	16 State wages, tips, etc. 20500	17 State income tax 1295	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

400-00-4815

IT-214 STATEMENT RECORDS

STM 34

NAME	SSN	YOB
SAMUEL M CANASTA JR	400-88-4805	1986
JANE M CANASTA	400-88-4803	1998
JOHN M CANASTA	400-88-4801	1999
SALLY M CANASTA	400-88-4802	2003
MARY M CANASTA	400-88-4804	2008

400-00-4815

IT-216 STATEMENT RECORDS

STM 31

A) DAY CARE PROVIDERS

1. CARING PLACE

2. KIDS INC

3. BIGG BLOCKS

B.) ADDRESS

16 SRAIGHT ST
ROCKY POINT NY 11778

22 TOT TERRACE
ROCKY POINT NY 11778

123 MAIN ST
ROCKY POINT NY 11778

STM 32

C.) EIN

1. 64-1234568

2. 64-1234569

3. 64-1234570

D.) AMOUNT

1420

1000

1000

STM 33

NAME	EXPENSES	DISABILITY	SSN	YOB
MARY M CANASTA	\$810		400-88-4804	2008
SALLY M CANASTA	\$1000		400-88-4802	2003
JOHN M CANASTA	\$400		400-88-4801	1999
JANE M CANASTA	\$500		400-88-4803	1998
SAMUEL M CANASTA JR	\$710	X	400-88-4805	1986

400-00-4818

SPECIAL INSTRUCTIONS

EXPLANATION OF LITERALS FOR LINE 1 OF IT-201

HSH 1,200

SCH 500

FEC 200

SPECIAL INSTRUCTIONS

THIS TEST UTILIZES W-2 VERIFICATION INDICATOR.

LOCAL (NY CITY OR YONKERS) WITHHOLDING IS EQUAL TO NY STATE WITHHOLDING ON W-2 #2 WHICH HAS CAUSED THE RETURN TO REJECT FOR R0503. WITHHOLDING HAS BEEN VERIFIED AS CORRECT. POPULATE W-2 VERIFICATION INDICATOR WITH "B" (GENERIC HEADER FIELD # 0320).

NOTE: IF YOUR SOFTWARE DOES **NOT** SUPPORT THE W-2 VERIFICATION INDICATOR, PLEASE USE THE DATA BELOW FOR W-2'S:

W-2 #1 FIELD #0407- 35

W-2 #2 FIELD #0407- 29

▼ Enter your social security number

4 0 0 0 0 4 8 1 8

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 2 3 2 6 0 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21. 5 4 .
 22 New York's 529 college savings program distributions (see page 16) 22. 1 0 0 .
 23 Other (see page 17) Identify: 23.
 24 Add lines 19 through 23 24. 2 3 4 1 4 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30. 1 0 0 .
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32. 1 0 0 .
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 2 3 3 1 4 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 7 5 0 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 1 5 8 1 4 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. 1 5 8 1 4 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 26)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 27)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.



Name(s) as shown on page 1
 ROBIN D RICHARD SR

▼ Enter your social security number
 4 0 0 0 0 4 8 1 8

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	1 5 8 1 4	
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.	7 2 6	
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.	4 0	
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.	4 0 0	
43 Add lines 40, 41, and 42	43.	4 4 0	
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	2 8 6	
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.	2 8 6	

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

47 New York City resident tax on line 38 amount (see page 30)	47.		
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.		
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		
55 Yonkers resident income tax surcharge (see page 32)	55.	1 3	
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.	1 3	

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59. 5 5 4

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.	0 0
60b Missing/Exploited Children Fund	60b.	0 0
60c Breast Cancer Research Fund	60c.	0 0
60d Alzheimer's Fund	60d.	0 0
60e Olympic Fund (\$2 or \$4; see page 34)	60e.	0 0
60f Prostate Cancer Research Fund	60f.	0 0
60g 9/11 Memorial	60g.	0 0
60h Volunteer Firefighting & EMS Recruitment Fund ...	60h.	0 0
60 Total voluntary contributions (add lines 60a through 60h)	60.	0 0
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.	8 5 3



▼ Enter your social security number

4 0 0 0 0 4 8 1 8

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. Dollars 8 5 3 Cents

Payments and refundable credits (see page 35)

Table with 5 columns: Line number, Description, and Amount. Rows include Empire State child credit, NYS/ NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit, NYC earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/ Amount paid with Form IT-370, and Total payments.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/ amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77.
78 Amount of line 77 to be refunded Mark one refund choice: direct deposit (fill in line 82) - or - debit card - or - paper check 78.
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box X and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) •

82a Routing number 0 1 1 0 0 1 7 4 2 Electronic funds withdrawal effective date 0 4 0 2 2 0 1 2

82b Account number 1 2 3 4 5 6 7 0 1 3 4 82c Account type X Checking Savings

Third-party designee? (see instr.) Yes No X 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 Mark an X if self-employed E-mail:

Taxpayer(s) must sign here Your signature Your occupation Spouse's signature and occupation (if joint return) Date Daytime phone number 5 1 8 4 6 4 4 2 6 4 E-mail: RICHARD@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the combined instructions for Forms IT-150 and IT-201.

Name(s) as shown on your Form IT-201 ROBIN D RICHARD SR	▼ Your social security number 400004818
--	--

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-201.

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable/non-carryover credits

		Dollars	Cents
1	Accumulation distribution credit (attach computation)	1.	
2	Other nonrefundable/non-carryover credits (attach all applicable forms)		
2a.	Code Dollars Cents		
2b.	Code Dollars Cents		
Total other nonrefundable/non-carryover credits (add lines 2a and 2b)		2.	

Section B – New York State nonrefundable/carryover credits

3	Long-term care insurance credit (attach Form IT-249)	3.	400
4	Investment credit (attach Form IT-212)	4.	
5	Solar energy system equipment credit (attach Form IT-255)	5.	
6	Other nonrefundable/carryover credits (attach all applicable forms)		
6a.	Code Dollars Cents		
6b.	Code Dollars Cents		
6c.	Code Dollars Cents		
6d.	Code Dollars Cents		
6e.	Code Dollars Cents		
6f.	Code Dollars Cents		
6g.	Code Dollars Cents		
6h.	Code Dollars Cents		
6i.	Code Dollars Cents		
6j.	Code Dollars Cents		
6k.	Code Dollars Cents		
6l.	Code Dollars Cents		
6m.	Code Dollars Cents		
6n.	Code Dollars Cents		
Total other nonrefundable/carryover credits (add lines 6a through 6n)		6.	
7	Total New York State nonrefundable credits (add lines 1 through 6; enter here and on Form IT-201, line 42)	7.	400

Section C – New York City nonrefundable/non-carryover credits

8	New York City resident UBT credit (attach Form IT-219)	8.	
9	New York City accumulation distribution credit (attach computation)	9.	
9a	Part-year resident nonrefundable NYC child and dependent care credit (attach Form IT-216)	9a.	
10	Total other New York City nonrefundable credits (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53)	10.	

Section D – New York State, New York City, and Yonkers refundable credits

11	Farmers' school tax credit (attach Form IT-217)	11.	
12	Other refundable credits (attach all applicable forms)		
12a.	Code Dollars Cents		
12b.	Code Dollars Cents		
12c.	Code Dollars Cents		
12d.	Code Dollars Cents		
12e.	Code Dollars Cents		
12f.	Code Dollars Cents		
12g.	Code Dollars Cents		
12h.	Code Dollars Cents		
12i.	Code Dollars Cents		
12j.	Code Dollars Cents		
12k.	Code Dollars Cents		
12l.	Code Dollars Cents		
Total other refundable credits (add lines 12a through 12l)		12.	
13	Add lines 11 and 12	13.	

(continued on back)

400004818

Part 1, Section D – New York State, New York City, and Yonkers refundable credits (continued)

Dollars Cents

- 14 Enter amount from line 13 on the front page
15 New York State claim of right credit
16 New York City claim of right credit
17 Yonkers claim of right credit
18 Total New York State, New York City, and Yonkers other refundable credits

Part 2 – Other New York State taxes

If you are subject to other New York State taxes, complete Part 2 and attach this Form IT-201-ATT to your return.

- 19 New York State tax on capital gain portion of lump-sum distributions
20 Other New York State taxes

Table with columns for Code, Dollars, and Cents for lines 20a through 20l.

- 21 Add lines 19 and 20
22 See instructions for line 22
23 Enter amount from Form IT-201, line 39
24 Subtract line 23 from line 22
25 Subtract line 24 from line 21
26 New York State separate tax on lump-sum distributions
27 Resident credit against separate tax on lump-sum distributions
28 Subtract line 27 from line 26
29 New York State minimum income tax
30 Net other New York State taxes

Part 3 – Other New York City taxes

- 31 New York City minimum income tax
32 New York City resident separate tax on lump-sum distributions
33 New York City tax on capital gain portion of lump-sum distributions
34 Total other New York City taxes





Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

Name(s) as shown on return
ROBIN D RICHARD SR

Identifying number as shown on return
400004818

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries

1	Qualified long-term care insurance premiums paid for the current tax year.....	1.	500	.	
2	Credit rate (20%).....	2.		.	20
3	Credit for qualified long-term care insurance (multiply line 1 by line 2)	3.	100	.	

Fiduciaries – Include the amount from line 3 in the *Total* line of Schedule D, column C.

All others – Enter the amount from line 3 on Schedule E, line 8.

Schedule B – Partnership, S corporation, estate, and trust information

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

	Name of entity	Type	Employer ID number
1.	RICHARD INC	S	300004805
2.	RICHARD BROTHERS	P	350004805

Schedule C – Partner’s, shareholder’s, or beneficiary’s share of credit

Partner	4	Enter your share of the credit from your partnership (see instructions)	4.	150	.	
S corporation shareholder	5	Enter your share of the credit from your S corporation (see instructions)	5.	50	.	
Beneficiary	6	Enter your share of the credit from the fiduciary’s Form IT-249, Schedule D, column C	6.		.	
	7	Totals (add lines 4, 5, and 6)	7.	200	.	

Fiduciaries – Include the amount from line 7 in the *Total* line of Schedule D, column C.

All others – Enter the amount from line 7 on Schedule E, line 9.

Schedule D – Beneficiary’s and fiduciary’s share of credit

A	B	C
Beneficiary’s name (same as on Form IT-205, Schedule C)	Identifying number	Share of qualified long-term care insurance credit
Total (enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)		
Fiduciary		

(continued on back)



Schedule E – Computation of credit available for the current year

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8.	100	.	
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9.	200	.	
Fiduciaries	10	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	10.		.	
	11	Total credit available for the current year (add lines 8, 9, and 10)	11.	300	.	

Full-year NYS resident individuals, estates, and trusts – Complete Schedule F and Schedule H.
Nonresident and part-year resident individuals, estates, and trusts – Complete Schedule G and Schedule H.
Partnerships – Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12	Enter the amount from line 11	12.	300	.	
13	Enter the carryover credit from last year's Form IT-249	13.	100	.	
14	Total credit (add lines 12 and 13; complete Schedule H)	14.	400	.	

Schedule G – New York State nonresidents and part-year residents computation of total credit

15	Enter the amount from line 11	15.		.	
16	Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000)	16.		.	
17	Nonresident and part-year resident credit (multiply line 15 by line 16)	17.		.	
18	Enter the carryover credit from last year's Form IT-249	18.		.	
19	Total credit (add lines 17 and 18; complete Schedule H)	19.		.	

Schedule H – Computation of credit used and carried over

20	Tax due before credits (see instructions)	20.	726	.	
21	Credits applied against the tax before this credit (see instructions)	21.	40	.	
22	Net tax (subtract line 21 from line 20)	22.	686	.	
23	Credit used for the current tax year (see instructions)	23.	400	.	
24	Amount of credit available for carryover to next year. Full-year residents: Subtract line 23 from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19	24.		.	





Claim for College Tuition Credit or Itemized Deduction
Full-year New York State residents only

Attach your completed Form IT-272 to Form IT-201. See Form IT-272-1, Instructions for Form IT-272.

Form fields for name (ROBIN D RICHARD SR), spouse's name, and social security numbers (400004818).

Note: If you are married and filing separate New York State returns, you must also enter your spouse's name and social security number.

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year?
2 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year?

IT-201 filers: Complete Part 1, Part 2 or Part 3, and Part 4 (if applicable).

Part 1 - In the spaces provided below, complete lines A through H for up to three eligible students for whom you paid qualified college tuition expenses.

Table with 4 columns: Description, Student 1, Student 2, Student 3. Rows include name, SSN, dependent status, EIN, college name, tuition type, and amounts.

3 Total qualified college tuition expenses (Add line H, columns 1, 2, and 3; include amounts from any additional sheets. Complete Part 2 or Part 3 on the back.)



Part 2 — Complete Part 2 if your total qualified college tuition expenses on line 3 are **less than \$5,000.**

4 Credit limitation (\$200)..... **4.**

5 Enter the lesser of line 3 or line 4. This is your **college tuition credit** **5.**

- If you **did not itemize your deductions** on your federal return, enter the line 5 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 3 — Complete Part 3 if your total qualified college tuition expenses on line 3 are **\$5,000 or more.**

6 Enter the amount from **line 3**..... **6.**

7 Multiply **line 6** by 4% (.04). This is your **college tuition credit** **7.**

- If you **did not itemize your deductions** on your federal return, enter the line 7 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 4 — College tuition itemized deduction election

If you itemized your deductions on your federal return, you may elect to claim the **college tuition itemized deduction** instead of the college tuition credit. To compute your college tuition itemized deduction, complete **Worksheet 1** in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete **Worksheet 2** in the instructions for this form.

8 Mark an **X** in this box **only** if you elect to claim the **college tuition itemized deduction** **8.**

- If you marked an **X** in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on Form IT-201, *New York State itemized deduction worksheet*, line o. **Do not** enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction **or** the credit, but not both.
- If you **did not** mark an **X** in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

Important: If you are claiming the college tuition credit or the college tuition itemized deduction, you **must attach** Form IT-272 to your return.

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. BCC CORP 123 MAIN AVE OAK TOWN VA 22000		1 Rents	OMB No. 1545-0115		Miscellaneous Income		
		\$	2011 Form 1099-MISC				
		2 Royalties				\$	
PAYER'S federal identification number 62-1234567		3 Other income	4 Federal income tax withheld	Copy 1 For State Tax Department			
		\$ 1300	\$				
RECIPIENT'S identification number 400004818		5 Fishing boat proceeds	6 Medical and health care payments			RECIPIENT'S name ROBIN D RICHARD SR Street address (including apt. no.) 1234 THOMAS PL City, state, and ZIP code YONKERS NY 10701	
\$	\$						
7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	\$	\$				
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	11 12			
		\$	\$				
15a Section 409A deferrals \$		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	16 State tax withheld \$ 30 ----- \$			
		\$	\$				
15b Section 409A income \$		17 State/Payer's state no.	18 State income	NY \$ 1300 ----- \$			

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

22222		a Employee's social security number 400004818		OMB No. 1545-0008		
b Employer identification number (EIN) 63-1234561			1 Wages, tips, other compensation 17725		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC MUSIC ROW 123 JAMES ST QUINTON AL 35130			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. ROBIN D RICHARD SR 1234 THOMAS PL YONKERS NY 10701			11 Nonqualified plans		12a C o o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e	
			14 Other 414H-54		12c C o o d e	
					12d C o o d e	
f Employee's address and ZIP code						
15 State NY	Employer's state ID number	16 State wages, tips, etc. 17725	17 State income tax 410	18 Local wages, tips, etc. 17725	19 Local income tax 29	20 Locality name YONKERS

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

22222		a Employee's social security number 400004818		OMB No. 1545-0008			
b Employer identification number (EIN) 63-1234520			1 Wages, tips, other compensation 1775		2 Federal income tax withheld		
c Employer's name, address, and ZIP code NYSO NYS OFFICE OF EMPLOYEE RELATIONS AGENCY BLDG 2 EMPIRE STATE PLAZA ALBANY NY 12223			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name ROBIN D RICHARD SR 1234 THOMAS PL YONKERS NY 10701			f Employee's address and ZIP code		11 Nonqualified plans		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12a C o d e		
			14 Other		12b C o d e		
					12c C o d e		
15 State Employer's state ID number NY			16 State wages, tips, etc. 1775		17 State income tax 35		18 Local wages, tips, etc. 1775
							19 Local income tax 35
							20 Locality name YONKERS

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR -S



New York State Department of Taxation and Finance
**Summary of Unemployment
 Compensation Payments**

IT-1099-UI

File Form IT-1099-UI as an entire page.

Taxpayer's first name and middle initial ROBIN D	Taxpayer's last name RICHARD SR
Spouse's first name and middle initial	Spouse's last name

▼ Your social security number
 40004818

▼ Spouse's social security number

This Form IT-1099-UI is for (mark an X in one box): Taxpayer Spouse

Box a Payer's name and full address

New York State
 Department of Labor-Unemployment Insurance
 Albany, NY 12240-0001

Box b Payer's federal identification number

2 7 0 2 9 3 1 1 7

State New York State tax withheld

NY 50 .

Box 1 Unemployment compensation

500 .

Instructions

General instructions

Who must file this form — If you are required to file a New York State income tax return and you (or your spouse, if filing jointly) received federal Form(s) 1099-G statements issued by the **New York State Department of Labor** showing New York State income tax withheld, you must complete Form IT-1099-UI. You should complete Form IT-1099-UI **only** if the federal Form 1099-G was issued by the New York State Department of Labor **and** shows New York State withholding.

How to complete Form IT-1099-UI — You must complete one Form IT-1099-UI for each federal Form 1099-G you (and if filing jointly, your spouse) received that shows New York State income tax withheld. Enter only the information requested on Form IT-1099-UI.

Each box on Form IT-1099-UI corresponds to a similarly named or numbered box on the federal Form 1099-G that you received from the New York State Department of Labor. Enter the information provided on your federal Form 1099-G in the corresponding boxes on Form IT-1099-UI.

Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number in the appropriate boxes.

If **you** are the recipient of federal Form 1099-G, mark an **X** in the *Taxpayer* box. If your **spouse** is the recipient, mark an **X** in the *Spouse* box.

Box 1 — Enter the unemployment compensation shown in Box 1 of federal Form 1099-G.

New York State tax withheld — Enter the New York State income tax withheld as shown on federal Form 1099-G issued by the New York State Department of Labor.

Total the New York State tax withheld amount(s) from all IT-1099-UI form(s). Include this total on the *Total New York State tax withheld* line on your New York State income tax return.

File Form IT-1099-UI as an entire page. Attach this form (IT-1099-UI) to your New York State income tax return, Form IT-201 or IT-203. **Do not** attach your federal 1099-G form(s); keep them for your records.

Please file this original scannable form with the Tax Department.



0981110099



New York State Department of Taxation and Finance
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.

201001120099



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 <input checked="" type="checkbox"/> 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.



New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201
 DANIEL T THOMAS

▼ Your social security number
 4 0 0 0 0 4 8 2 0

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-201.

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents												
1	Accumulation distribution credit (attach computation)	1.													
2	Other nonrefundable, non-carryover credits (attach all applicable forms)														
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Code</th> <th style="width: 15%;">Dollars</th> <th style="width: 5%;">Cents</th> <th style="width: 5%;">Code</th> <th style="width: 15%;">Dollars</th> <th style="width: 5%;">Cents</th> </tr> </thead> <tbody> <tr> <td>2a.</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td>2b.</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>				Code	Dollars	Cents	Code	Dollars	Cents	2a.			2b.		
Code	Dollars	Cents	Code	Dollars	Cents										
2a.			2b.												
Total other nonrefundable, non-carryover credits (add lines 2a and 2b)		2.													

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit (attach Form IT-249)	3.																																																	
4	Investment credit (attach Form IT-212)	4.																																																	
5	Solar energy system equipment credit (attach Form IT-255)	5.																																																	
6	Other nonrefundable, carryover credits (attach all applicable forms)																																																		
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Code</th> <th style="width: 15%;">Dollars</th> <th style="width: 5%;">Cents</th> <th style="width: 5%;">Code</th> <th style="width: 15%;">Dollars</th> <th style="width: 5%;">Cents</th> </tr> </thead> <tbody> <tr><td>6a.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>6h.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>6b.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>6i.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>6c.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>6j.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>6d.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>6k.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>6e.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>6l.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>6f.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>6m.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>6g.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>6n.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> </tbody> </table>				Code	Dollars	Cents	Code	Dollars	Cents	6a.			6h.			6b.			6i.			6c.			6j.			6d.			6k.			6e.			6l.			6f.			6m.			6g.			6n.		
Code	Dollars	Cents	Code	Dollars	Cents																																														
6a.			6h.																																																
6b.			6i.																																																
6c.			6j.																																																
6d.			6k.																																																
6e.			6l.																																																
6f.			6m.																																																
6g.			6n.																																																
Total other nonrefundable, carryover credits (add lines 6a through 6n)		6.																																																	
7	Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42)	7.																																																	

Section C – New York City nonrefundable, non-carryover credits used

8	New York City resident UBT credit (attach Form IT-219)	8.	4 8 8
9	New York City accumulation distribution credit (attach computation)	9.	
9a	Part-year resident nonrefundable NYC child and dependent care credit (attach Form IT-216)	9a.	
10	Total other New York City nonrefundable credits used (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53)	10.	4 8 8

Section D – New York State, New York City, and Yonkers refundable credits

11	Farmers' school tax credit (attach Form IT-217)	11.																																											
12	Other refundable credits (attach all applicable forms)																																												
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Code</th> <th style="width: 15%;">Dollars</th> <th style="width: 5%;">Cents</th> <th style="width: 5%;">Code</th> <th style="width: 15%;">Dollars</th> <th style="width: 5%;">Cents</th> </tr> </thead> <tbody> <tr><td>12a.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>12g.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>12b.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>12h.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>12c.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>12i.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>12d.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>12j.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>12e.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>12k.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td>12f.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td>12l.</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> </tbody> </table>				Code	Dollars	Cents	Code	Dollars	Cents	12a.			12g.			12b.			12h.			12c.			12i.			12d.			12j.			12e.			12k.			12f.			12l.		
Code	Dollars	Cents	Code	Dollars	Cents																																								
12a.			12g.																																										
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12d.			12j.																																										
12e.			12k.																																										
12f.			12l.																																										
Total other refundable credits (add lines 12a through 12l)		12.																																											
13	Add lines 11 and 12	13.																																											

(continued on back)

▼ Enter your social security number

4	0	0	0	0	4	8	2	0
---	---	---	---	---	---	---	---	---

Part 1, Section D – New York State, New York City, and Yonkers refundable credits *(continued)*

	Dollars	Cents
14 Enter amount from line 13 on the front page		
15 New York State claim of right credit <i>(attach Form IT-257)</i>		
16 New York City claim of right credit <i>(attach Form IT-257)</i>		
17 Yonkers claim of right credit <i>(attach Form IT-257)</i>		
18 Total New York State, New York City, and Yonkers other refundable credits <i>(add lines 14 through 17; enter here and on Form IT-201, line 71)</i>		

Part 2 – Other New York State taxes

If you are subject to other New York State taxes, **complete Part 2 and attach this Form IT-201-ATT to your return.**

19 New York State tax on capital gain portion of lump-sum distributions *(attach Form IT-230)*

20 Other New York State taxes *(attach all applicable forms)*

Code	Dollars	Cents	Code	Dollars	Cents
20a.			20g.		
20b.			20h.		
20c.			20i.		
20d.			20j.		
20e.			20k.		
20f.			20l.		

Total other New York State taxes *(add lines 20a through 20l)*

21 Add lines 19 and 20

22 See instructions for line 22

23 Enter amount from **Form IT-201**, line 39

24 Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*

25 Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*

26 New York State separate tax on lump-sum distributions
(attach Form IT-230)

27 Resident credit against separate tax on lump-sum
distributions *(attach Form IT-112.1)*

28 Subtract line 27 from line 26

29 New York State minimum income tax *(attach Form IT-220)*

30 **Net other New York State taxes**
(add lines 25, 28, and 29; enter here and on Form IT-201, line 45)

Part 3 – Other New York City taxes

31 New York City minimum income tax *(attach Form IT-220)*

32 New York City resident separate tax on lump-sum distributions *(attach Form IT-230)*

33 New York City tax on capital gain portion of lump-sum distributions *(attach Form IT-230)*

34 **Total other New York City taxes**
(add lines 31, 32, and 33; enter here and on Form IT-201, line 51)





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return
DANIEL T THOMAS

Identifying number as shown on return
400004820

Attach this form to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.		1.	
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss	6.	3019	6.	
7 Capital gain or loss	7.		7.	
8 Other gains or losses	8.	-2040	8.	
9 Taxable amount of IRA distributions	9.		9.	
10 Taxable amount of pensions and annuities	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11.	20960	11.	2243
12 Farm income or loss	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits	14.		14.	
15 Other income	15.		15.	
16 Add lines 1 through 15	16.	21939	16.	2243
17 Total federal adjustments to income	17.	214	17.	
18 Federal adjusted gross income (subtract line 17 from line 16)	18.	21725	18.	2243
19 New York adjustments (see instructions)	19.		19.	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions)	20.	21725	20.	2243
21 Capital gain portion of lump-sum distributions (see instr.) ..	21.		21.	
22 Add lines 20 and 21	22.	21725	22.	2243

(continued on back)

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of both pages. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions).....	23.			NJ
	Also enter the locality name, if applicable <i>Locality name:</i> HOBOKEN				
24	Enter the amount of income tax computed on this year's return for the other state or local government (see instructions)	24.	70	.	
25	New York State tax payable (see instructions)	25.	970	.	
26	Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ..	26.		.	1032
27	Multiply line 25 by line 26.....	27.	100	.	
28	Enter amount from line 24 or line 27, whichever is less (see instructions)	28.	70	.	
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)	29.		.	
30	Add lines 28 and 29	30.	70	.	

Part 3 – Application of Credit

31	Tax due before credits (see instructions)	31.	970	.	
32	Other credits that you applied before this credit (see instructions)	32.		.	
33	Subtract line 32 from line 31	33.	970	.	
34	Enter the amount from line 30 or line 33, whichever is less (see instructions)	34.	70	.	

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to attach a copy of the return you filed with the other state or local government to Form IT-201, IT-203, or IT-205. Attaching a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you attach a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions).....	35.	100	.	
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	36.	30	.	
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	37.		.	
38	Mark an X in the box if the taxes paid to the other jurisdiction were paid on a group return.....				<input checked="" type="checkbox"/>

Enter the group's EIN



Credit for New York City Unincorporated Business Tax

IT-219

Attach Form IT-219 to your return, Form IT-201, Form IT-203, or Form IT-205.

Name(s) as shown on return
DANIEL T THOMAS

▼ Taxpayer identification number (SSN or EIN)
4 0 0 0 0 4 8 2 0

Part 1 — Partner (see instructions)

Name of partnership (as shown on Form NYC-204) ▶	Partnership year end (from Form NYC-204) []	Partnership EIN ▶ []
---	---	--------------------------

1 Enter the amount from Form NYC-204, line 25 (see instr.) ...	1.	[]	.	[]
2 Enter the amount from Form NYC-204, line 22 (see instr.) ...	2.	[]	.	[]
3 Add lines 1 and 2	3.	[]	.	[]
4 Enter your percentage of total distributive shares from Form NYC-204, Schedule C, column 4. Enter amount as a decimal and round to the fourth decimal place (for example, 17.5% = .1750) ...	4.	[]	.	[]
5 Multiply line 3 by line 4 (if more than one business, see instructions)	5.	[]	.	[]

Part 2 — Individual

6 Resident individual — Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8 (see instr.)
Part-year resident individual — Enter the amount from Worksheet A, line 5 (on back)

6.	[]	4 8 8	.	[]
----	-----	-------	---	-----

Part 3 — Beneficiary's share of unincorporated business taxes (see instructions)

7 Beneficiary — Enter your share of New York City unincorporated business taxes imposed on the estate or trust (see instructions)

Name of estate or trust ▶ []	▼ Employer identification number []	7.	[]	.	[]
----------------------------------	---	----	-----	---	-----

Part 4 — Computation of credit

8 Fiduciaries — Enter the amount from Schedule A, Fiduciary line, column D (on back; see instr.)
All others — Add lines 5, 6, and 7 (partners, see instructions)

8.	[]	4 8 8	.	[]
----	-----	-------	---	-----

9 Enter your taxable income from:
Full-year NYC resident individuals — Form IT-201, line 37
Part-year NYC resident individuals — Form IT-360.1, line 47
Full-year NYC resident estates or trusts — Form IT-205, line 5
Part-year NYC resident trusts — Form IT-205-A, line 10, col. (b)

9.	[]	1 9 9 4 5	.	[]
----	-----	-----------	---	-----

10 If line 9 above is:
— \$42,000 or less, enter 1.000 (100%)
— more than \$42,000, but less than \$142,000, complete Worksheet B (on back)
— \$142,000 or more, enter .230 (23%)

10.	[]	1	.	0 0 0
-----	-----	---	---	-------

11 Multiply line 8 by line 10. New York City resident individuals — Continue on line 12 below.
NYC part-year resident individuals — Stop; enter line 11 amount on Form IT-360.1, line 54.
Estates and trusts — Stop; enter line 11 amount on Form IT-205, line 22

11.	[]	4 8 8	.	[]
-----	-----	-------	---	-----

New York City full-year resident individuals

12 Amount from Form IT-201, line 49	12.	[]	6 3 0	.	[]
13 Amount from Form IT-201-ATT, line 32	13.	[]		.	[]
14 Amount from Form IT-201-ATT, line 33	14.	[]		.	[]
15 Add lines 12, 13, and 14	15.	[]	6 3 0	.	[]
16 Enter the lesser of line 11 or 15, and transfer the amount to Form IT-201-ATT, line 8	16.	[]	4 8 8	.	[]



Worksheet A

- 1 Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8 1. _____
- 2 **Individuals** — Enter the amount from Form IT-360.1, line 6, column B
Trusts — Enter the amount from Form IT-205-A, Schedule 4, line 16, column C
 (see instructions) 2. _____
- 3 **Individuals** — Enter the amount from Form IT-360.1, line 6, column A
Trusts — Enter the amount from Form IT-205-A, Schedule 4, line 16, column A
 (see instructions) 3. _____
- 4 Divide line 2 by line 3 and round the result to the fourth decimal place 4. _____
- 5 Multiply line 1 by line 4. This is the part-year resident tax imposed on the unincorporated business.
Estates and trusts — Include this amount (below) in Schedule A, *Totals* line, column D.
All others — Transfer this amount to line 6 on the front page 5. _____

Worksheet B

- 1 Base percentage 100%..... 1. 1.000
- 2 Enter your taxable income from the front page, line 9 2. _____
- 3 Base amount 3. \$42,000
- 4 Subtract line 3 from line 2 4. _____
- 5 Divide line 4 by \$100,000 and round to the third decimal place 5. _____
- 6 Multiply line 5 by .770 6. _____
- 7 Subtract line 6 from line 1. Transfer this decimal amount to the front page, line 10 7. _____

Schedule A (for estates and trusts only)
Fiduciary's and beneficiary's share of New York City unincorporated business tax

A Name and address of beneficiary	B Beneficiary's identifying number	C Allocation percentage	D Beneficiary's eligible unincorporated business taxes
Totals		100%	
Fiduciary			





Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return DANIEL T THOMAS	Identification number (SSN or EIN) 400004820
--	--

Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2011 return before withholding and estimated tax payments (<i>caution: see instructions</i>)	1.	1042	
2 Empire State child credit (from Form IT-201, line 63)	2.		
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3.		
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4.		
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5.		
6 Real property tax credit (from Form IT-201, line 67)	6.		
7 College tuition credit (from Form IT-201, line 68)	7.		
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	8.	63	
9 NY City earned income credit (from Form IT-201, line 70)	9.		
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10.		
11 Add lines 2 through 10	11.	63	
12 Current year tax (subtract line 11 from line 1)	12.	979	
13 Multiply line 12 by 90% (.90)	13.	881	
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14.		
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15.	979	
16 Enter your 2010 tax (<i>caution: see instructions</i>)	16.	927	
17 Enter the smaller of line 13 or line 16	17.	881	

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 – Regular method*.

18 Enter the amount from line 14 above	18.		
19 Enter the total amount of estimated tax payments you made (see instructions)	19.	492	
20 Add lines 18 and 19	20.	492	
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21.	389	
22 Multiply line 21 by .05000 and enter the result	22.	19	
23 If the amount on line 21 was paid on or after April 15, 2012, enter 0 . If the amount on line 21 was paid before April 15, 2012, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2012 × .00020 =	23.		
24 Penalty. Subtract line 23 from line 22	24.	19	

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

Payment due dates	A 4/15/11	B 6/15/11	C 9/15/11	D 1/15/12
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25.			
26 Estimated tax paid and tax withheld (see instructions)	26.			
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27.			
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28.			
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29.			





Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Form with fields for personal information, social security numbers, addresses, and dates.

- (A) Filing status - Single, Married filing joint return (checked), Married filing separate return, Head of household, Qualifying widow(er)

(D) E-file this return. Most taxpayers must now e-file

- (E) New York City part-year residents only - Number of months lived in NY City in 2011

- (B) Did you itemize your deductions on your 2011 federal income tax return?
(C) Can you be claimed as a dependent on another taxpayer's federal return?

- (F) Enter your 2-character special condition code if applicable (E3) and second 2-character special condition code (C7)

Table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows include Wages, interest, dividends, and other income.

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400004822

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 87749 . 19. 54031 .

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. . 20. .
 21 Public employee 414(h) retirement contributions 21. . 21. .
 22 Other (see page 27) Identify: 22. . 22. .
 23 Add lines 19 through 22 23. 87749 . 23. 54031 .

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. . 24. .
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. . 25. .
 26 Taxable amount of social security benefits (from line 14) .. 26. . 26. .
 27 Interest income on U.S. government bonds 27. . 27. .
 28 Pension and annuity income exclusion 28. . 28. .
 29 Other (see page 31) Identify: 29. . 29. .
 30 Add lines 24 through 29 30. . 30. .
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 87749 . 31. 54031 .

32 Enter the amount from line 31, Federal amount column 32. 87749 .

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 15000 .

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 72749 .

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 3000 .00

36 New York taxable income (subtract line 35 from line 34) 36. 69749 .



New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.	.
b Taxes you paid (federal Sch. A, line 9)	b.	.
c Interest you paid (federal Sch. A, line 15)	c.	.
d Gifts to charity (federal Sch. A, line 19)	d.	.
e Casualty and theft losses (federal Sch. A, line 20)	e.	.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.	.
g Other misc. deductions (federal Sch. A, line 28)	g.	.
h Enter amount from federal Schedule A, line 29	h.	.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	.
j Subtract line i from line h	j.	.
k College tuition itemized deduction (see page 37)	k.	.
l Addition adjustments (see page 37)	l.	.
m Add lines j, k, and l	m.	.
n Itemized deduction adjustment (see page 38)	n.	.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	.

2032110099



Tax computation, credits, and other taxes (see page 39)

		Dollars	Cents
37 New York taxable income (from line 36 on page 2)	37.	69749	
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	38.	3984	
39 New York State household credit (from table 1, 2, or 3 on page 39)	39.		
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	3984	
41 New York State child and dependent care credit (attach Form IT-216; see page 40)	41.		
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	3984	
43 New York State earned income credit (attach Form IT-215; see page 40)	43.		

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) **44.** 3984

45 Income percentage (see page 40) New York State amount from line 31 Federal amount from line 31 Round result to 4 decimal places
 54031 87749 = **45.** 0.6157

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.	2453	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)	47.	2453	
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.		
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)	49.	850	
50 Total New York State taxes (add lines 48 and 49)	50.	850	

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.		
52 New York City minimum income tax (attach Form IT-220) ..	52.		
52a Add lines 51 and 52	52a.		
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.		
52c Subtract line 52b from 52a	52c.		
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.		
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.		
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.		

See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.

56 Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.) **56.** 49

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	57a.	0	0
57b Missing/Exploited Children Fund	57b.	0	0
57c Breast Cancer Research Fund	57c.	0	0
57d Alzheimer's Fund	57d.	0	0
57e Olympic Fund (\$2 or \$4; see page 43)	57e.	0	0
57f Prostate Cancer Research Fund	57f.	0	0
57g 9/11 Memorial	57g.	0	0
57h Volunteer Firefighting & EMS Recruitment Fund	57h.	0	0

57 Total voluntary contributions (add lines 57a through 57h) **57.** 00

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) **58.** 899



▼ Enter your social security number

400004822

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars Cents

59. 899 .

Payments and refundable credits

60 Part-year NYC school tax credit (also complete (E) on front; see page 44)	60.	
61 Other refundable credits (from Form IT-203-ATT, line 17)	61.	
62 Total New York State tax withheld	62.	1257
63 Total New York City tax withheld	63.	436
64 Total Yonkers tax withheld	64.	
65 Total estimated tax payments/amount paid with Form IT-370	65.	2000
66 Total payments and refundable credits (add lines 60 through 65)	66.	3693

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44).
 Staple them (and any other applicable forms) to the top of this page 4.
 See Step 12 on page 50 for the proper assembly of your return and attachments.

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67. 2794 .
 68 Amount of line 67 to be refunded
 Mark one refund choice: direct deposit (fill in line 72) - or - debit card - or - paper check ... 68. 2794 .
 69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions) 69. .

See page 74 for information about your three refund choices.

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59).
 To pay by electronic funds withdrawal, mark this box and fill in line 72 70. .
 71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46) 71. .

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47).
 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. 47)

72a Routing number • Electronic funds withdrawal effective date
 72b Account number • 72c Account type • Checking • Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) ▶ 06/30/2011
 Mark an X in the box that describes your situation on the last day of the tax year:
 73a Moved into New York State 73a.
 73b Moved out of New York State; received income from NYS sources during nonresident period 73b.
 73c Moved out of New York State; received no income from NYS sources during nonresident period 73c.
 74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions)
 (If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes No

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name JOE PALMER	Designee's phone number (518) 555-7777	Personal identification number (PIN) 55555
	E-mail: PALMER@PATS.COM		

▼ 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 518-464-1264
E-mail: CHARITY@PATS.COM	

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on Form IT-203
 MARY B CHARITY

▼ Your social security number
 400004822

Complete all parts that apply to you; see instructions (Form IT-203-I). Attach this form to your Form IT-203.

Part 1 – Other tax credits. Attach all applicable forms.

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents
1	Resident credit (attach Form(s) IT-112-R and/or IT-112-C)	1.	
2	Accumulation distribution credit (attach computation)	2.	
3	Other nonrefundable, non-carryover credits (attach all applicable forms)		
3a.	Code Dollars Cents		
3b.	Code Dollars Cents		
3.	Total other nonrefundable, non-carryover credits (add lines 3a and 3b)	3.	

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit (attach Form IT-249)	4.	
5	Investment credit (attach Form IT-212)	5.	2453
6	Part-year solar energy system equipment credit (attach Form IT-255)	6.	
7	Other nonrefundable, carryover credits (attach all applicable forms)		
7a.	Code Dollars Cents		
7b.			
7c.			
7d.			
7e.			
7f.			
7g.			
7h.	Code Dollars Cents		
7i.			
7j.			
7k.			
7l.			
7m.			
7n.			
7.	Total other nonrefundable, carryover credits (add lines 7a through 7n)	7.	
8.	Total New York State nonrefundable credits used (add lines 1 through 7; enter here and on Form IT-203, line 47)	8.	2453

Section C – New York State, New York City, and Yonkers refundable credits

9	Part-year resident refundable New York State child and dependent care credit (attach Form IT-216)	9.	
9a	Part-year resident refundable New York City child and dependent care credit (attach Form IT-216)	9a.	
10	Part-year resident refundable New York State earned income credit (attach Form IT-215)	10.	
11	Part-year resident refundable New York City earned income credit (attach Form IT-215)	11.	
12	Other NY State refundable credits (attach all applicable forms)		
12a.	Code Dollars Cents		
12b.			
12c.			
12d.			
12e.			
12f.			
12g.	Code Dollars Cents		
12h.			
12i.			
12j.			
12k.			
12l.			
12.	Total other refundable credits (add lines 12a through 12l)	12.	
13	Add lines 9 through 12	13.	
14	New York State claim of right credit (attach Form IT-257)	14.	
15	New York City claim of right credit (attach Form IT-257)	15.	
16	Yonkers claim of right credit (attach Form IT-257)	16.	
17	Total New York State, New York City, and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61)	17.	



400004822

Part 2 – Other New York State taxes. Attach all applicable forms.

18 NY State tax on capital gain portion of lump-sum distributions (from Form IT-230-I, worksheet C, line 7) **18.**

	Dollars
--	---------

 .

	Cents
--	-------

19 Other New York State taxes (attach all applicable forms)

Code	Dollars	Cents	Code	Dollars	Cents
19a.			19g.		
19b.			19h.		
19c.			19i.		
19d.			19j.		
19e.			19k.		
19f.			19l.		

Total other New York State taxes (add lines 19a through 19l) **19.**

	Dollars
--	---------

 .

	Cents
--	-------

20 Add lines 18 and 19 **20.**

	Dollars
--	---------

 .

	Cents
--	-------

21 Enter amount from **Form IT-203**, line 47 **21.**

	Dollars
--	---------

 .

	Cents
--	-------

22 Enter amount from **Form IT-203**, line 46 **22.**

	Dollars
--	---------

 .

	Cents
--	-------

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank) **23.**

	Dollars
--	---------

 .

	Cents
--	-------

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank) **24.**

	Dollars
--	---------

 .

	Cents
--	-------

25 New York State separate tax on lump-sum distributions (attach Form IT-230) **25.**

40	Dollars
----	---------

 .

	Cents
--	-------

26 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) **26.**

	Dollars
--	---------

 .

	Cents
--	-------

27 Subtract line 26 from line 25 **27.**

40	Dollars
----	---------

 .

	Cents
--	-------

28 New York State minimum income tax (attach Form IT-220) **28.**

810	Dollars
-----	---------

 .

	Cents
--	-------

29 Add lines 24, 27, and 28 **29.**

850	Dollars
-----	---------

 .

	Cents
--	-------

30 Excess child and dependent care credit (attach Form IT-216) **30.**

	Dollars
--	---------

 .

	Cents
--	-------

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31.**

850	Dollars
-----	---------

 .

	Cents
--	-------

32 Excess New York State earned income credit (attach Form IT-215) **32.**

	Dollars
--	---------

 .

	Cents
--	-------

33 **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203, line 49**) **33.**

850	Dollars
-----	---------

 .

	Cents
--	-------



Nonresident or Part-Year Resident Spouse's Certification

To be filed with Form IT-203 by married taxpayers filing a joint return when only one spouse has New York source income (see Form IT-203 instructions for additional information).

Name of spouse with New York source income MARY B CHARITY	Social security number 400004822
---	---

Name of spouse with no New York source income GEORGE L CHARITY	Social security number 400004872
--	---

Certification of spouse with New York source income — I certify that I am the spouse with the New York source income shown in the *New York State amount* column on Form IT-203 and my spouse, to the best of my knowledge and belief, had no New York source income for

Tax year: 2011

Signature	Date
-----------	------

Instructions

Who must complete this form

If you are required to file a joint Form IT-203 and only one of you had New York source income, the spouse with New York source income must complete this form.

Caution — Enter name and social security number (SSN) information as follows:

- On **Form IT-203-C**, you must enter the name and SSN of the spouse **with New York source income first**. Enter the name and SSN of the spouse with no New York source income **second**.
- On your **Form IT-203**, you must enter **the name and SSN** of the spouse **with New York source income first**. Enter the SSN of the spouse with no New York source income **second (do not enter that spouse's name)**.
- If you are filing Form IT-201-V, *Payment Voucher for E-Filed Income Tax Returns*, enter on that form only the name and SSN of the spouse with New York source income. (Do not enter any name or SSN for the spouse with no New York source income.)

Purpose of form

Married nonresidents and part-year residents who are required to file a joint New York State return must use the combined income of both spouses to determine the base tax subject to the income percentage allocation, even if only one spouse has New York source income. However, a spouse with no New York source income cannot be required to sign the joint return and cannot be held liable for any tax, penalty, or interest that may be due. This form will allow the Tax Department to properly process your return.

How to file

Attach the completed Form IT-203-C to your Form IT-203. Keep a copy for your records.



Please file this original scannable attachment with the Tax Department.





Investment Credit

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return: MARY B CHARITY; Type of business: RESTORATION; Identifying number as shown on return: 400004822

Date you started your business in New York State: 01/01/2008; Location of the qualified property: ALTAMONY, ALBANY COUNTY

Part 1 - Computation of credit

Table with 15 rows for credit computation. Line 1: 2750; Line 9: 2750; Line 15a: 2750.

Part 2 - Summary of addback of credit on early dispositions

Table with 6 rows for addback summary. Line 21: Total addback.



Part 3 – Investments in qualified property

A – Description of property <i>(list each asset and attach schedule if needed)</i>	B – Principal use of property	C – Date acquired	D – Useful life in years	E – Investment credit base	F – Investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property <i>(column E × 4% (.04))</i>	G – Investment credit for research and development property <i>(column E × 7% (.07))</i>
22 EQUIPMENT	BUSINESS	05/02/2011	7	68750	2750	
23 Enter amount from Form IT-212-ATT, line 11					23.	
24 Enter amount from Form IT-212-ATT, line 19, column C					24.	
25 Total investment credit <i>(add amounts in columns F and G)</i>					25.	2750

Individuals – Enter the line 25, column F amount on line 1. Enter the line 25, column G amount on line 2.

Fiduciaries – Enter the line 25, column F amount on line 1 and on the *Total* line of Part 5, column C.

Enter the line 25, column G amount on line 2 and on the *Total* line of Part 5, column D.

Partnerships – See instructions.

Part 4 – Early dispositions of qualified property and addback of credit on early dispositions

A – Description of property <i>(list each asset and attach schedule if needed)</i>	B – Date acquired	C – Date property ceased to qualify	D – Life (months)	E – Unused life (months)	F – Percentage $(E \div D)$	G – Total investment credit allowed <i>(see instructions)</i>	H – Addback of credit on early disposition $(F \times G)$
26							
27 Enter amount from Form IT-212-ATT, line 12						27.	
28 Total <i>(add lines 26 and 27, column H, and enter total here)</i>						28.	
29 Interest rate <i>(see instructions)</i>						29.	
30 Multiply line 28 by line 29						30.	
31 Total addback of credit on early disposition <i>(add amounts on lines 28 and 30)</i>						31.	

Fiduciaries – Include the line 31 amount on the *Total* line of Part 5, column E.

All others – Enter the line 31 amount on line 16.

Part 5 – Beneficiary's and fiduciary's share of investment credit and addback of credit on early dispositions

A – Beneficiary's name <i>(same as in Form IT-205, Schedule C)</i>	B – Identifying number	C – Share of investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property	D – Share of investment credit for research and development property	E – Share of addback of credit on early dispositions
Total				
Fiduciary				

Part 6 – Application of credit and computation of carryover

32a Total credit <i>(from line 15a)</i>	32a.	2750	.
32b Tax due before credits <i>(see instructions)</i>	32b.	2453	.
33 Credits that you applied before this credit <i>(see instructions)</i>	33.		.
34 Net tax <i>(subtract line 33 from line 32b)</i>	34.	2453	.
35 Amount of credit used for the current tax year <i>(see instructions)</i>	35.	2453	.
36 Amount of credit available for refund or carryover to next year <i>(subtract line 35 from line 32a)</i> ..	36.	297	.
37 Amount of credit to be refunded <i>(see instructions)</i>	37.		.
38 Amount of credit available for carryover to next year <i>(subtract line 37 from line 36)</i>	38.	297	.
39 Amount, if any, included on line 38 that expires this tax year <i>(see instructions)</i>	39.		.
40 Amount of credit to be carried over to next year <i>(subtract line 39 from line 38)</i>	40.	297	.





Minimum Income Tax

New York State • New York City

IT-220

Name(s) as shown on return
MARY B CHARITY

▼ Your social security number
400004822

▼ Employer identification number (estate or trust only)

Married persons filing separate New York State returns **must** file separate Forms IT-220.

Attach to Form IT-201, IT-203, or IT-205.

- Form you are filing: (mark an X in only one box)
- Form IT-201, resident — complete only **Column B** below.
 - Form IT-203, nonresident and part-year resident — complete **Columns A and B** below.
 - Form IT-205, estate or trust (resident or nonresident) and part-year resident trust — complete **Columns A and B** below.

Enter tax preference items from federal Form 6251 or from federal Form 1041, Schedule I (attach copy, if filed), even if you do not have to file federal Form 6251 or Form 1041.

Column A
Total amount

Column B
New York amount

	Dollars	Cents	Dollars	Cents
1 Interest from specified private activity bonds exempt from federal tax	1.		1.	
2 Depletion	2.		2.	
3 Depreciation (pre-1987)	3.		3.	
4 Intangible drilling costs	4.	32000	4.	16000
5 Qualified small business stock (excluded under section 1202)	5.		5.	
6 Total federal tax preference items (add lines 1 through 5) ...	6.	32000	6.	16000
7 New York addition for restoration of net operating loss deduction (see instructions)	7.		7.	
8 Total (add lines 6 and 7)	8.	32000	8.	16000

New York subtractions

9 Portion of line 3 relating to accelerated cost recovery deduction (see instructions)	9.		9.	
10 Portion of tax preference items relating to an S corporation (see instructions)	10.		10.	
11 Itemized deduction adjustment (see instructions)	11.		11.	
12 Interest from specified private activity bonds exempt from federal tax entered on line 1	12.		12.	
13 Depletion entered on line 2	13.		13.	
14 Total New York subtractions (add lines 9 through 13)	14.		14.	
15 Total NY tax preference items (subtract line 14 from line 8) ...	15.	32000	15.	16000
16 Specific deduction (see instructions)	16.		16.	2500
17 Subtract line 16 from line 15, Column B	17.		17.	13500
18 New York State personal income tax after credits (see instructions)	18.		18.	
19 Subtract line 18 from line 17 (if line 18 is more than line 17, leave blank)	19.		19.	13500
20 Available net operating loss carryover (see instructions)	20.		20.	
21 Minimum taxable income (subtract line 20 from line 19; see instructions)	21.		21.	13500

22 New York State minimum income tax due (enter 6% (.06) of line 21 here and on Form IT-201-ATT, line 29; or Form IT-203-ATT, line 28; or on Form IT-205, line 13; see instructions) 22. 810

23 New York City resident minimum income tax (enter 2.85% (.0285) of line 21 here and on Form IT-201-ATT, line 31; or Form IT-203, line 52; or on Form IT-205, line 24; see instructions) 23.

Please file this original scannable form with your return.



2201110099



Separate Tax on Lump-Sum Distributions

IT-230

New York State • New York City

Attach to Form IT-201, IT-203, or IT-205.

Name as shown on return MARY B CHARITY
--

▼ Identification number 400004822

Part 1 — Did you use federal Form 4972 to figure your federal tax on lump-sum distributions?

- Yes (If Yes, attach this form, and a copy of federal Form 4972 to Form IT-201, IT-203, or IT-205.)
- From New York State or the United States or political subdivision.
- No (If No, **do not complete** the rest of this form. Your lump-sum distribution does not qualify for the separate tax on lump-sum distributions.)

Residents — Complete all of this Form IT-230 using information from federal Form 4972 (see instructions, Form IT-230-I, for assistance).

Part-year residents — Complete Part 2 using information from federal Form 4972. Complete Part 3 using information reported on federal Form 4972 for the period of New York residence **only** (see instructions).

Nonresidents — Complete **only** Part 2, line 1, and the *Income percentage schedule* on page 3 of Form IT-230-I, *Instructions for Form IT-230*.

Part 2 — Use this part if you completed Part II on federal Form 4972.

1 Capital gain part from federal Form 4972, Part II, line 6	1.		.	
---	----	--	---	--

2 Multiply line 1 by 5.4% (.054) and enter in New York State column

(New York City and part-year New York City residents use both columns; multiply line 1 by 1.72% (.0172) and enter in New York City column)

	New York State	New York City
2.		

Line 2 — New York State column

Form IT-201 filers — Enter the line 2, *New York State* column amount on Form IT-230-I, *Worksheet A*, line 1.

Form IT-203 filers — Enter the line 2, *New York State* column amount on Form IT-230-I, *Worksheet C*, line 1.

Full-year resident estates or trusts — Enter the line 2, *New York State* column amount on Form IT-205, line 7.

Nonresident estates or trusts or part-year resident trusts — Include the line 2, *New York State* column amount on Form IT-205-A, line 11.

Line 2 — New York City column

Full-year New York City residents — Enter the line 2, *New York City* column amount on Form IT-230-I, *Worksheet B*, line 1.

Part-year New York City residents — Enter the line 2, *New York City* column amount on Form IT-230-I, *Worksheet D*, line 1.

Form IT-205 filers — Enter the line 2, *New York City* column amount on Form IT-205, line 16.

New York State nonresidents, part-year residents, New York State nonresident estates or trusts, or part-year resident trusts: Complete the *Income percentage schedule* on page 3 of Form IT-230-I to compute the income percentage to enter on Form IT-203, line 45, and on Form IT-230-I, *Worksheet C*, line 6, or Form IT-205-A, Schedule 1, line 12.

Part 3 — Use this part if you were a resident or part-year resident and completed Part III on federal Form 4972.

3 Amount from federal Form 4972, Part III, line 8 (see instructions)	3.	3800	.	
4 Death benefit exclusion (see instructions)	4.		.	
5 Subtract line 4 from line 3 (total taxable amount)	5.	3800	.	
6 Current actuarial value of annuity from federal Form 4972, Part III, line 11	6.		.	
7 Add lines 5 and 6 (adjusted total taxable amount). If this amount is \$70,000 or more, skip lines 8 through 11, and enter this amount on line 12	7.	3800	.	
8 Multiply line 7 by 50% (.50) but do not enter more than 10,000 ...	8.	1900	.	
9 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank	9.		.	
10 Multiply line 9 by 20% (.20)	10.		.	
11 Subtract line 10 from line 8 (minimum distribution allowance)	11.	1900	.	
12 Subtract line 11 from line 7	12.	1900	.	
13 Federal estate tax attributable to lump-sum distribution	13.		.	
14 Subtract line 13 from line 12	14.	1900	.	

(continued on back)



Part 3 (continued)

Lines 15 through 24 — New York City and part-year New York City residents use both columns.
If line 6 is blank, skip lines 15 through 17 and go to line 18.

	New York State	New York City
15 Divide line 6 by line 7 and round the result to the fourth decimal place. If line 6 is zero, leave blank	15. <input type="text"/> . <input type="text"/>	15. <input type="text"/> . <input type="text"/>
16 Multiply line 11 by the decimal amount on line 15. If line 15 is zero, leave blank	16. <input type="text"/> . <input type="text"/>	16. <input type="text"/> . <input type="text"/>
17 Subtract line 16 from line 6	17. <input type="text"/> . <input type="text"/>	17. <input type="text"/> . <input type="text"/>

10-year tax option

18 Multiply line 14 by 10% (.10)	18. <input type="text"/> 190 . <input type="text"/>	18. <input type="text"/> . <input type="text"/>
19 Tax on line 18 amount (use the New York State tax rate schedule on page 4 of the instructions; New York City and part-year New York City residents must also use the New York City tax rate schedule on page 4 of the instructions)	19. <input type="text"/> 4 . <input type="text"/>	19. <input type="text"/> . <input type="text"/>
20 Multiply line 19 by ten. If line 6 is blank, skip lines 21 through 23 and enter this amount on line 24	20. <input type="text"/> 40 . <input type="text"/>	20. <input type="text"/> . <input type="text"/>
21 Multiply line 17 by 10% (.10)	21. <input type="text"/> . <input type="text"/>	21. <input type="text"/> . <input type="text"/>
22 Tax on line 21 amount (use the New York State tax rate schedule on page 4 of the instructions; New York City and part-year New York City residents must also use the New York City tax rate schedule on page 4 of the instructions)	22. <input type="text"/> . <input type="text"/>	22. <input type="text"/> . <input type="text"/>
23 Multiply line 22 by ten	23. <input type="text"/> . <input type="text"/>	23. <input type="text"/> . <input type="text"/>
24 Subtract line 23 from line 20. This is your tax on lump-sum distribution using the 10-year option	24. <input type="text"/> 40 . <input type="text"/>	24. <input type="text"/> . <input type="text"/>

Line 24 — New York State column

- **Individuals** — Enter the line 24, *New York State* column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25.
- **Fiduciaries** — Include the line 24, *New York State* column amount on Form IT-205, line 12.
- **Multiple recipients** — See the front page of the instructions; if applicable, complete the worksheet below.

Line 24 — New York City column

- **Full-year New York City residents** — Enter the line 24, *New York City* column amount on Form IT-201-ATT, line 32.
- **Part-year New York City residents** — Enter the line 24, *New York City* column amount on Form IT-360.1, line 51.
- **Estates or trusts** — Enter the line 24, *New York City* column amount on Form IT-205, line 20.

Multiple recipients of lump-sum distribution worksheet

	New York State	New York City
a Enter the amount from line 24 (<i>New York City and part-year New York City residents: use both columns</i>)	a. <input type="text"/> . <input type="text"/>	a. <input type="text"/> . <input type="text"/>
b Enter your percentage of the total distribution	b. <input type="text"/> . <input type="text"/>	b. <input type="text"/> . <input type="text"/>
c Multiply line a by line b. Enter the result here and as follows: Individuals — Enter the line c, <i>New York State</i> column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. Fiduciaries — Include the line c, <i>New York State</i> column amount on Form IT-205, line 12.	c. <input type="text"/> . <input type="text"/>	c. <input type="text"/> . <input type="text"/>

Full-year New York City residents — Enter the line c, *New York City* column amount on Form IT-201-ATT, line 32, or Form IT-205, line 20.

Part-year New York City residents — Enter the line c, *New York City* column amount on Form IT-360.1, line 51, or Form IT-205, line 20.



CORRECTED

OMB No. 1545-0238

2011

Form W-2G

**Certain
Gambling
Winnings**

PAYER'S name, address, ZIP code, federal identification number, and telephone number OTB OTB 50 SMITH ST SCHENECTADY NY 12305 691478326 518-344-5200	1 Gross winnings 2043	2 Federal income tax withheld
	3 Type of wager DAILY DOUBLE	4 Date won 05/20/2011
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
WINNER'S name, address (including apt. no.), and ZIP code MARY B CHARITY 923 HOPE CT FAITH NC 28041-0923	9 Winner's taxpayer identification no. 400004822	10 Window 6789
	11 First I.D. 497801236	12 Second I.D.
	13 State/Payer's state identification no. NY	14 State income tax withheld 61
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		
Signature ►		Date ►

**Copy 1
For State Tax
Department**

Form **W-2G**

Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD -37
YONKERS INCOME TAX WITHHELD -

W-2G INDICATOR -S

22222		a Employee's social security number 400004822		OMB No. 1545-0008		
b Employer identification number (EIN) 632257358			1 Wages, tips, other compensation 32000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code WORK WORKING HARD INDUSTRIES 2800 LABOR ST FAITH NC 28041-0280			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name MARY B CHARITY 923 HOPE CT FAITH NC 28041-9023			11 Nonqualified plans		12a C o o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e	
			14 Other		12c C o o d e	
					12d C o o d e	
f Employee's address and ZIP code						
15 State Employer's state ID number NY		16 State wages, tips, etc. 32000	17 State income tax 1000	18 Local wages, tips, etc. 32000	19 Local income tax 300	20 Locality name NYC

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2-INDICATOR-S

22222		a Employee's social security number 400004822		OMB No. 1545-0008					
b Employer identification number (EIN) 563046224			1 Wages, tips, other compensation 6840		2 Federal income tax withheld				
c Employer's name, address, and ZIP code GOLD GOLD BLAZER REAL ESTATE 459 DWELLING AVE FAITH NC 28041			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial MARY B CHARITY		Last name CHARITY		Suff.		11 Nonqualified plans		12a C o o d e	
923 HOPE CT FAITH NC 28041-0923			13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		12b C o o d e
			14 Other		12c C o o d e			12d C o o d e	
			f Employee's address and ZIP code						
15 State NY		Employer's state ID number		16 State wages, tips, etc. 6840	17 State income tax 175	18 Local wages, tips, etc. 6840	19 Local income tax 99	20 Locality name NYC	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W-2 INDICATOR-S

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code CANA CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO K2K1X3 CANADA		1 Gross distribution \$ 3800	OMB No. 1545-0119 2011 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 3800	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 995244433	RECIPIENT'S identification number 400004822	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name MARY B CHARITY Street address (including apt. no.) 923 HOPE CT City, state, and ZIP code FAITH NC 28041		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 4A	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution 100 %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 21	13 State/Payer's state no. NY		14 State distribution \$ 3800
Account number (see instructions)		15 Local tax withheld \$ 420	16 Name of locality CANADA		17 Local distribution \$ 3800

Form **1099-R**

Department of the Treasury - Internal Revenue Service

1099R INDICATOR -S

400-00-4822

IT-203 STATEMENT RECORDS

STM 31

FED

LINE 17: IRA 1,741

SUB PAY 400

½ SE TAX 1,159



New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Important: You must enter your date(s) of birth and social security number(s) below.						and ending	
Your first name and middle initial DANIEL T		Your last name (for a joint return, enter spouse's name on line below) THOMAS		Your date of birth (MMDDYYYY) 07/31/1972		▼ Your social security number 400-00-4824	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (MMDDYYYY)		▼ Spouse's social security number 400-00-4874	
Mailing address (see instructions, page 13) (number and street or rural route) 145 WARD STREET				Apartment number		New York State county of residence ● KINGS	
City, village, or post office FAITH		State NC	ZIP code 28146	Country (if not United States)		School district name ● BROOKLYN	
Permanent home address (see instr., pg. 13) (no. and street or rural route) 356 DOVER STREET				Apartment no.		City, village, or post office BROOKLYN	
State NY		ZIP code 11217		Country (if not United States)		School district code number 071	Taxpayer's date of death
				Decedent information ●		Spouse's date of death ●	

(A) Filing status — mark an X in one box:

① Single

② Married filing joint return (enter both spouses' social security numbers above)

③ Married filing separate return (enter both spouses' social security numbers above)

④ Head of household (with qualifying person)

⑤ Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 2011 federal income tax return? Yes No

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

(D) E-file this return. Most taxpayers must now e-file (see page 12).

(E) New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2011 ●

(2) Number of months your spouse lived in NY City in 2011 ●

(F) Enter your 2-character special condition code if applicable (see page 15) ●

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

	Federal amount		New York State amount	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.	50000	1.	30068
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)	6.	3019	6.	3019
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	7.		7.	
8 Other gains or losses (attach a copy of federal Form 4797) ..	8.	-2040	8.	-2040
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9.		9.	
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)	11.	20820	11.	17350
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits (also enter on line 26)	14.		14.	
15 Other income (see page 23) Identify:	15.		15.	
16 Add lines 1 through 15	16.	71799	16.	48397
17 Total federal adjustments to income (see page 23) Identify: 1/2 SE TAX	17.	214	17.	214
18 Federal adjusted gross income (subtract line 17 from line 16)	18.	71585	18.	48183

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400-00-4824

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 71585 . 48183 .

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. 20.
 21 Public employee 414(h) retirement contributions 21. 21.
 22 Other (see page 27) Identify: 22. 22.
 23 Add lines 19 through 22 23. 71585 . 48183 .

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 24.
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. 25.
 26 Taxable amount of social security benefits (from line 14) .. 26. 26.
 27 Interest income on U.S. government bonds 27. 27.
 28 Pension and annuity income exclusion 28. 28.
 29 Other (see page 31) Identify: 29. 29.
 30 Add lines 24 through 29 30. 30.
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 71585 . 48183 .

32 Enter the amount from line 31, Federal amount column 32. 71585 .

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 2030 .

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 69555 .

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 3 0 0 0 . 0 0

36 New York taxable income (subtract line 35 from line 34) 36. 66555 .



New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.		
b Taxes you paid (federal Sch. A, line 9)	b.	3184	
c Interest you paid (federal Sch. A, line 15)	c.	1075	
d Gifts to charity (federal Sch. A, line 19)	d.	580	
e Casualty and theft losses (federal Sch. A, line 20)	e.		
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.		
g Other misc. deductions (federal Sch. A, line 28)	g.		
h Enter amount from federal Schedule A, line 29	h.	4839	
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	3184	
j Subtract line i from line h	j.	1655	
k College tuition itemized deduction (see page 37)	k.	375	
l Addition adjustments (see page 37)	l.		
m Add lines j, k, and l	m.	2030	
n Itemized deduction adjustment (see page 38)	n.		
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	2030	



Name(s) as shown on page 1
DANIEL T THOMAS

▼ Enter your social security number
400-00-4824

Tax computation, credits, and other taxes (see page 39)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	66555	
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	4162	
39 New York State household credit (from table 1, 2, or 3 on page 39)		
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	4162	
41 New York State child and dependent care credit (attach Form IT-216; see page 40)		
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	4162	
43 New York State earned income credit (attach Form IT-215; see page 40)		
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	4162	
45 Income percentage (see page 40) <input type="text"/> New York State amount from line 31 <input type="text"/> 48183 <input type="text"/> Federal amount from line 31 <input type="text"/> 71585 <input type="text"/> = 45. <input type="text"/> 0 <input type="text"/> 6731		
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	2801	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)		
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	2801	
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)		
50 Total New York State taxes (add lines 48 and 49)	2801	

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.	934	
52 New York City minimum income tax (attach Form IT-220) ..	52.		
52a Add lines 51 and 52	52a.	934	
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.		
52c Subtract line 52b from 52a	52c.	934	
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.		
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.		
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.	934	
56 Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.)	56.	0	00

See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	57a.	15	00
57b Missing/Exploited Children Fund	57b.		00
57c Breast Cancer Research Fund	57c.		00
57d Alzheimer's Fund	57d.		00
57e Olympic Fund (\$2 or \$4; see page 43)	57e.		00
57f Prostate Cancer Research Fund	57f.		00
57g 9/11 Memorial	57g.		00
57h Volunteer Firefighting & EMS Recruitment Fund	57h.		00
57 Total voluntary contributions (add lines 57a through 57h)	57.	15	00
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58.	3750	



▼ Enter your social security number

[Social Security Number Field]

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars Cents

59. 3750 . []

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include Part-year NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, and Total payments and refundable credits.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44). Staple them (and any other applicable forms) to the top of this page 4. See Step 12 on page 50 for the proper assembly of your return and attachments.

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)
68 Amount of line 67 to be refunded
Mark one refund choice: [] direct deposit (fill in line 72) - or - [] debit card - or - [] paper check ...
69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions)

67. [] . []
68. [] . []
See page 74 for information about your three refund choices.

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark this box [] and fill in line 72
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46)

70. 1581 . []
71. 31 . []

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47). 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. 47)
72a Routing number
72b Account number
72c Account type [] Checking [] Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy)
Mark an X in the box that describes your situation on the last day of the tax year:
73a Moved into New York State
73b Moved out of New York State; received income from NYS sources during nonresident period
73c Moved out of New York State; received no income from NYS sources during nonresident period

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions)
(If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes [] No []

Third-party designee? (see instr.) Yes [] No [X]
Print designee's name
Designee's phone number ()
Personal identification number (PIN)
E-mail:

▼ Paid preparer must complete (see instr.) ▼
Date:
Preparer's signature
Firm's name (or yours, if self-employed)
Address
Employer identification number
Mark an X if self-employed []
E-mail:

▼ Taxpayer(s) must sign here ▼
Your signature
Your occupation LAND LORD
Spouse's signature and occupation (if joint return)
Date
Daytime phone number 518-464-1264
E-mail: THOMAS@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet Attachment to Form IT-203

IT-203-B

Name(s) and occupation(s) as shown on Form IT-203 DANIEL T THOMAS

Your social security number 400004824

Complete all parts that apply to you; see instructions (Form IT-203-I). Attach this form to your Form IT-203.

Schedule A - Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

An additional Schedule A section is provided on the back of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the New York State amount column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
You had a job for only part of the year; or
You and your spouse each had a job that requires allocation.

1a Total days (see instructions) 184
1b Saturdays and Sundays (not worked) 48
1c Holidays (not worked) 5
1d Sick leave 3
1e Vacation 5
1f Other nonworking days 5
1g Total nonworking days (add lines 1b through 1f) 66
1h Total days worked in year at this job (subtract line 1g from line 1a) 118
1i Total days included in line 1h worked outside New York State 100
1j Enter number of days worked at home included in line 1i amount 2
1k Subtract line 1j from line 1i 98
1l Days worked in New York State (subtract line 1k from line 1h) 20
1m Enter number of days from line 1h above 118
1n Divide line 1l by line 1m; round the result to the fourth decimal place 0.1695
1o Wages, salaries, tips, etc. (to be allocated) 24000
1p New York State allocated wage and salary income (multiply line 1n by line 1o) 4068

Include the line 1p amount on Form IT-203, line 1, in the New York State amount column.

Schedule B - Living quarters maintained in New York State by a nonresident

Mark an X in the box if NYS living quarters were maintained for you or by you for the entire tax year

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Attach additional sheets if necessary. For column E, mark an X in the box if the living quarters are still maintained for or by you.

Table with 5 columns: A - Street address, B - City, village, or post office, C, D - ZIP code, E. Includes a grid for entering address information and a column for marking living quarters status.

Enter the number of days spent in New York State in this tax year

Any part of a day spent in New York State is considered a day spent in New York State.

Please file this original scannable attachment with your return.



400004824

Schedule C – College tuition itemized deduction worksheet (See the instructions for Schedule C.)

1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? ... 1. Yes No

- If **Yes, stop**; you do not qualify for the college tuition itemized deduction.
- If **No**, continue. Complete lines A through H below for each eligible student for whom you paid qualified college tuition expenses. Attach additional sheets if necessary.

	1 – Student 1	2 – Student 2	3 – Student 3
A Eligible student's name	STM 32		
B Eligible student's social security number (SSN).....			
C Is the student claimed as a dependent on your NYS return? (see instructions) ...	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D EIN of college or university (see instr.) ...			
E Name of college or university (see instr.) ..			
F Were expenses for undergraduate tuition? (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G Amount of qualified college tuition expenses (see instructions)	STM 33 .		
H Enter the lesser of line G or 10,000			

2 **College tuition itemized deduction** (add line H, columns 1, 2, and 3; include amounts from any additional sheets). Also enter this amount on Form IT-203, page 2, *New York State itemized deduction worksheet*, line k. 2. 375 .

Schedule A – Allocation of wage and salary income to New York State

2a Total days (see instructions)	2a.	
Nonworking days included in line 2a:		
2b Saturdays and Sundays (not worked)	2b.	
2c Holidays (not worked)	2c.	
2d Sick leave	2d.	
2e Vacation	2e.	
2f Other nonworking days	2f.	
2g Total nonworking days (add lines 2b through 2f)	2g.	
2h Total days worked in year at this job (subtract line 2g from line 2a)	2h.	
2i Total days included in line 2h worked outside New York State	2i.	
2j Enter number of days worked at home included in line 2i amount	2j.	
2k Subtract line 2j from line 2i	2k.	
2l Days worked in New York State (subtract line 2k from line 2h)	2l.	
2m Enter number of days from line 2h above	2m.	
2n Divide line 2l by line 2m; round the result to the fourth decimal place	2n.	
2o Wages, salaries, tips, etc. (to be allocated)	2o.	
2p New York State allocated wage and salary income (multiply line 2n by line 2o)	2p.	

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.





Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return DANIEL T THOMAS	Identification number (SSN or EIN) 400004824
--	--

Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2011 return before withholding and estimated tax payments (<i>caution: see instructions</i>)	1.	3735	
2 Empire State child credit (from Form IT-201, line 63)	2.		
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3.		
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4.		
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5.		
6 Real property tax credit (from Form IT-201, line 67)	6.		
7 College tuition credit (from Form IT-201, line 68)	7.		
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	8.	16	
9 NY City earned income credit (from Form IT-201, line 70)	9.		
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10.		
11 Add lines 2 through 10	11.	16	
12 Current year tax (subtract line 11 from line 1)	12.	3719	
13 Multiply line 12 by 90% (.90)	13.	3347	
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14.	1700	
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15.	2019	
16 Enter your 2010 tax (<i>caution: see instructions</i>)	16.	2800	
17 Enter the smaller of line 13 or line 16	17.	2800	

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete Part 3 – Regular method.

18 Enter the amount from line 14 above	18.	1700	
19 Enter the total amount of estimated tax payments you made (see instructions)	19.	484	
20 Add lines 18 and 19	20.	2184	
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21.	616	
22 Multiply line 21 by .05000 and enter the result	22.	31	
23 If the amount on line 21 was paid on or after April 15, 2012, enter 0 . If the amount on line 21 was paid before April 15, 2012, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2012 × .00020 =	23.		
24 Penalty. Subtract line 23 from line 22	24.	31	.

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

Payment due dates	A	B	C	D
	4/15/11	6/15/11	9/15/11	1/15/12
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25.			
26 Estimated tax paid and tax withheld (see instructions)	26.			
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27.			
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28.			
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29.			

0591110099





Change of City Resident Status

IT-360.1

New York City • Yonkers

Attach this form to Form IT-201 or Form IT-203.

Name(s) as shown on return
DANIEL T THOMAS

▼ Social security number
400004824

Change of resident status — If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an **X** in only **one** box (A) **New York City change of residence** — Complete Parts 1, 2, 3, and 4.

(B) **Yonkers change of residence** — Complete Parts 1 and 5.

(C) **New York City and Yonkers change of residence** — Complete the entire form.

Part 1 — New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1. 50000	13000	
2 Taxable interest income	2.		
3 Ordinary dividends	3.		
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		
5 Alimony received	5.		
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040) ...	6. 3019	3019	
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	7.		
8 Other gains or losses (attach copy of federal Form 4797)	8. -2040	-2040	
9 Taxable amount of IRA distributions	9.		
10 Taxable amount of pensions and annuities	10.		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11. 20820	17350	
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)	12.		
13 Unemployment compensation	13.		
14 Taxable amount of social security benefits	14.		
15 Other income	15.		
Identify:			
16 Total (add lines 1 through 15)	16. 71799	31329	
17 Total federal adjustments to income	17.		
Identify: STM 31	214	214	
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 71585	31115	
19 New York adjustments (attach schedule)	19.		
20 New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43)	20. 71585	31115	



Part 2 – Itemized deductions for New York City (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21.	
22	Taxes you paid	22.	3184
23	Interest you paid	23.	1075
24	Gifts to charity	24.	580
25	Casualty and theft losses	25.	
26	Job expenses and most other miscellaneous deductions	26.	
27	Other miscellaneous deductions	27.	
28	This line is intentionally left blank	28.	
29	This line is intentionally left blank	29.	
30	Total itemized deductions (add lines 21 through 27)	30.	4839
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31.	2500
32	Subtract line 31 from line 30	32.	1477
33	Addition adjustments and college tuition itemized deduction (see instructions)	33.	375
34	Add lines 32 and 33	34.	1852
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)	35.	
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36.	1852

Part 3 – Dependent exemptions (see instructions, page 5)

37 Enter the period you were a New York City **resident** during 2011

From: month day To: month day

38	Enter the county where you resided while a nonresident of New York City	<input type="text" value="ALBANY"/>	
39	Enter the number of full months in the New York City resident period	39.	03
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2)	40.	250
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36 or Form IT-203, line 35	41.	03
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	42.	750

Part 4 – Part-year New York City resident tax (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B)	43.	31115
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44.	1852
45	Subtract line 44 from line 43	45.	29263
46	Dependent exemption amount (from line 42)	46.	750
47	New York City taxable income (subtract line 46 from line 45)	47.	28513
48	New York City tax on line 47 amount (see instructions, page 5)	48.	934
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49.	
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50.	934
51	Part-year New York City separate tax on lump-sum distributions (attach Form IT-230)	51.	
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (attach Form IT-230)	52.	
53	Add lines 50, 51, and 52	53.	934
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	54.	
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50 or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55.	934

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Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

	Full-year NYS resident		Part-year NYS resident	
56 Total New York State taxes (from Form IT-201, line 46)	56.			
57 Empire State child credit (from Form IT-201, line 63)	57.			
58 NYS child and dependent care credit (from Form IT-216, line 14)	58.			
59 Earned income credit (from Form IT-201, line 65)	59.			
60 Noncustodial parent New York State earned income credit (from Form IT-201, line 66)	60.			
61 Real property tax credit (from Form IT-201, line 67)	61.			
62 College tuition credit (from Form IT-201, line 68)	62.			
63 Amount from Form IT-201-ATT, line 13	63.			
64 Add lines 57 through 63	64.			
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65.			
66 Base tax (amount from Form IT-203, line 44)	66.			
67 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	67.			
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ...	68.			
69 Net other New York State taxes (from Form IT-203-ATT, line 33)	69.			
70 Add lines 68 and 69	70.			
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71.			
72 Subtract line 71 from line 70 (if line 71 is more than line 70, enter 0) ...	72.			
73 Income percentage (see worksheet on page 8 of the instructions)	73.			
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents	74.			
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	75.			
76 Yonkers resident tax rate	76.	.15		

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77.** .

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.



22222		a Employee's social security number 400004824		OMB No. 1545-0008		
b Employer identification number (EIN) 63-2257358		1 Wages, tips, other compensation 50000		2 Federal income tax withheld		
c Employer's name, address, and ZIP code WORK WORKING HARD INDUSTRIES 2800 LABOR STREET FAITH NC 28041		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Last name DANIEL T THOMAS 356 DOVER STREET BROOKLYN NY 11217		11 Nonqualified plans		12a C o o d e		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
		14 Other		12c C o o d e		
f Employee's address and ZIP code				12d C o o d e		
15 State NY	Employer's state ID number	16 State wages, tips, etc. 26000	17 State income tax 900	18 Local wages, tips, etc. 13000	19 Local income tax 800	20 Locality name NYC
NC		24000	1000			

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR -S

400-00-4824

IT-360.1 STATEMENT RECORDS

STM 31

TOTAL FEDERAL ADJUSTMENTS TO INCOME IT-360.1 LINE 17

½ SE TAX 214

400-00-4824

IT-203-B STATEMENT RECORDS

STM 32

NAME (A)	SSN (B)	CLAIMED AS DEP ON NYS RET (C)	EIN OF COLLEGE (D)	NAME OF COLLEGE (E)	FOR UNDERGRADUATE EXPENSES (F)
DANIEL T THOMAS	400004824		123456789	SUNY	X
CHARLES THOMAS	400884838	X	123456777	MIT	X
ANN THOMAS	400884839	X	123456666	SCHENECTADY CCC	X
JOE THOMAS	400884840	X	123455555	HUDSON VALLEY CC	X

STM 33

AMOUNT OF QUALIFIED COLLEGE TUTION EXPENSE (G)	LESSER OF LINE G OR 10,000 (H)
125	125
100	100
75	75
75	75

▼ Enter your social security number

4 0 0 0 0 4 8 2 5

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 1 7 6 9 5 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21. 2 5 5 .
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: A-3 35 23. 3 5 .
 24 Add lines 19 through 23 24. 1 7 9 8 5 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 1 7 9 8 5 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 1 0 5 0 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 7 4 8 5 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 5 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. 2 4 8 5 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 26)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 27)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.



Name(s) as shown on page 1
JOE Z CANASTA

▼ Enter your social security number
4 0 0 0 0 4 8 2 5

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	2,485	
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.	99	
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.	135	
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.		
43 Add lines 40, 41, and 42	43.	135	
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.		
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.		

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

47 New York City resident tax on line 38 amount (see page 30)	47.	72	
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.	90	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		
55 Yonkers resident income tax surcharge (see page 32)	55.		
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.		

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59. 20

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.	5	00
60b Missing/Exploited Children Fund	60b.	5	00
60c Breast Cancer Research Fund	60c.	5	00
60d Alzheimer's Fund	60d.	5	00
60e Olympic Fund (\$2 or \$4; see page 34)	60e.	2	00
60f Prostate Cancer Research Fund	60f.	5	00
60g 9/11 Memorial	60g.	5	00
60h Volunteer Firefighting & EMS Recruitment Fund	60h.	5	00

60 Total voluntary contributions (add lines 60a through 60h)

60. 37.00

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. 57



▼ Enter your social security number

4 0 0 0 0 4 8 2 5

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. Dollars 57 Cents

Payments and refundable credits (see page 35)

Table with 5 columns: Line number, Description, and Amount. Rows include Empire State child credit, NYS/ NYC child and dependent care credit, NYS earned income credit, etc. Total payments (line 76) is 4,522.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 4,465
78 Amount of line 77 to be refunded. Mark one refund choice: [X] direct deposit (fill in line 82) - or - [] debit card - or - [] paper check 78. 4,465
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box [] and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) []

82a Routing number: 0 1 1 0 0 1 8 8 1 Electronic funds withdrawal effective date

82b Account number: L O A N X X X X 4 0 0 0 0 4 8 2 5 82c Account type: [X] Checking [] Savings

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail.

Paid preparer must complete (see instr.) Date, Preparer's signature, Firm's name, Address, E-mail, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer(s) must sign here Date, Your signature, Your occupation: CLERK, Spouse's signature and occupation (if joint return), Daytime phone number: 5 1 8 4 2 6 4 6 6 4, E-mail: CANASTA@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





Claim for Real Property Tax Credit For Homeowners and Renters

Step 1 – Enter identifying information

Your first name and middle initial JOE Z	Your last name (for a joint claim, enter spouse's name on line below) CANASTA	Your date of birth (MMDDYYYY) 0 4 - 1 2 - 1 9 4 2	▼ Your social security number 4 0 0 - 0 0 - 4 8 2 5
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth (MMDDYYYY)	▼ Spouse's social security number
Current mailing address (number and street or rural route) %AMANDA JONES 327 W 57 ST		Apartment number	New York State county of residence • NEW YORK
City, village, or post office NEW YORK	State NY	ZIP code 10012	Important: You must enter your social security number(s) in the boxes above.
Street address of New York residence that qualifies you for this credit, if different from above •			
City, village, or post office	State NY	ZIP code	

Step 2 – Determine eligibility (For lines 1 through 6, mark an X in the appropriate box.)

- Were you a New York State resident for all of 2011? **1.** Yes No
- Did you occupy the same residence for at least six months during 2011? **2.** Yes No
If you marked an **X** in the **No** box on line 1 or 2, **stop**; you do not qualify for this credit.
- Did you own real property with a current market value of more than \$85,000 during 2011? **3.** Yes No
- Can you be claimed as a dependent on another taxpayer's 2011 federal return? **4.** Yes No
- Did you reside in public housing, or other residence completely exempted from real property taxes in 2011? (see instr.) **5.** Yes No
If you marked an **X** in the **Yes** box on line 3, 4, or 5, **stop**; you do not qualify for this credit.
- Did you live in a nursing home during 2011? (If you mark an **X** in the Yes box, see instructions.) **6.** Yes No
- Complete below for the qualifying household member 65 or older (see instructions).

A – First name JOE Z	Last name CANASTA	B – Social security number 4 0 0 - 0 0 - 4 8 2 5	C – Year of birth 1 9 4 2
--------------------------------	-----------------------------	--	-------------------------------------

8 Complete below for all household members not included on line 7 (attach additional sheets if needed; see instructions).

A – First name STM 34	Last name	B – Social security number	C – Year of birth

Step 3 – Determine household gross income

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2011.

- Federal adjusted gross income (from Form 1040A, line 22; Form 1040EZ, line 4; or Form 1040, line 38).
If any household members do not have to file a federal return, see instructions **9.** **1 7 6 9 5**
- New York State additions to federal adjusted gross income **10.** **2 9 0**
- Social security payments not included on line 9 **11.** **.**
- Supplemental security income (SSI) payments **12.** **.**
- Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12 **13.** **.**
- Cash public assistance and relief **14.** **.**
- Other income **15.** **.**
- Household gross income (add lines 9 through 15; round to the nearest whole dollar) **16.** **1 7 9 8 5**
If line 16 is more than \$18,000, **stop**; you do not qualify for this credit.
- Enter rate from Table 1 (see instructions) **17.** **. 0 6 5**
- Multiply line 16 by line 17 **18.** **1 1 6 9**



Step 4 – Compute real property tax

Renters only	19	Enter the total amount of rent you and all members of your household paid during the year 2011. (Do not include any subsidized part of your rental charge.)	19.	5	2	0	0	.			
	20	Adjusted rent – If line 19 includes charges for: Enter on line 20									
		heat, gas, electricity, furnishings, and board	50% (.5) of line 19								
		heat, gas, electricity, and furnishings	75% (.75) of line 19								
		heat, gas, and electricity	80% (.8) of line 19								
		heat or heat and gas	85% (.85) of line 19								
		none of the above	100% of line 19	20.	5	2	0	0	.		
	21	Average monthly adjusted rent (divide line 20 by the number of months you paid rent)	21.			4	3	3	.		
		If line 21 is more than \$450, stop ; you do not qualify for this credit.									
	22	Multiply line 20 by 25% (.25); enter here and on line 28	22.	1	3	0	0	.			
Homeowners only	23	Real property taxes paid during the year 2011 (see instructions)	23.					.			
	24	Special assessments	24.					.			
	25	Add lines 23 and 24	25.					.			
	26	Exemption for homeowners 65 and over (optional - see instructions)	26.					.			
	27	Add lines 25 and 26; enter here and on line 28	27.					.			

Step 5 – Compute credit amount

28 Renters: Enter amount from line 22. **Homeowners:** Enter amount from line 27 (see instructions)

If line 28 is zero or less, **stop**; no credit is allowed. **28.** 1 3 0 0 .

29 Enter amount from line 18

If line 29 is equal to or more than line 28, **stop**; you do not qualify for this credit. **29.** 1 1 6 9 .

30 Subtract line 29 from line 28

31 Multiply line 30 by 50% (.5) (However, if you entered an amount on line 26, multiply line 30 by 25% (.25).)

32 Credit limit (see instructions; enter amount from chart)

33 Enter the amount from line 32 or 31, whichever is less. This is the credit for your household. (If more than one member of your household is filing Form IT-214, see instructions.)

33. 6 6 .

- If you are **filing this claim with your New York State income tax return:**
Enter the line 33 amount on Form IT-150, line 42, or Form IT-201, line 67.
- If you are **not attaching this claim to a New York State income tax return:**
Mark one refund option: direct deposit (fill in line 34) **or** paper check refund

Step 6 – Enter account information (see instructions)

34 Direct deposit: Complete the following to have your refund of real property tax credit from line 33 deposited directly in your bank account.

Note: If the funds for your refund would go to an account outside the U.S., mark an **X** in this box (see instructions)

34a Routing number •

34b Account type: • Checking • Savings **34c** Account number •

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:		<input type="text"/>

▼ Paid preparer must complete (see instructions) ▼	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:	<input type="text"/>

- If you **are filing** a NYS income tax return, attach this form to your return.
- If you **are not filing** a NYS income tax return, mail this form to:

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

Please file this original scannable return with the Tax Department.





Claim for Earned Income Credit

New York State • New York City

IT-215

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return JOE Z CANASTA	▼ Your social security number 400004825
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- 1 Did you claim the federal earned income credit for 2011? If **No, stop; you do not qualify for these credits.** **1.** Yes No
- 2 Is your investment income (see instructions) greater than \$3,150? If **Yes, stop; you do not qualify for these credits.** **2.** Yes No
- 3 Have you already filed your 2011 New York State income tax return? If **Yes**, you must file an amended NYS return. **3.** Yes No
- 4 Did you claim qualifying children on your 2011 **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. **4.** Yes No
If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Year of birth
SAMUEL M	CANASTA JR	• SON	12	<input type="checkbox"/>	• <input checked="" type="checkbox"/>	400884805	1986
MARY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884804	2008
SALLY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884802	2003

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your 2011 federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form. ... **5.** Yes No
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. **6.** Dollars 20500 Cents 00
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions) **7.** 0000 Dollars 00 Cents
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) **8.** -5 Dollars 00 Cents
- Employer identification number (see instructions) • 400004825
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) **9.** 17695 Dollars 00 Cents
- 10 **Amount of federal EIC claimed** (from federal Form 1040EZ, line 9a; Form 1040A, line 41a; or Form 1040, line 64a) **10.** 4954 Dollars 00 Cents
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) **11.** 00 Dollars 30 Cents
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) **12.** 1486 Dollars 00 Cents

Complete **Worksheet B** on the back page before continuing.

- 13 Enter the amount from **Worksheet B**, line 5, on the back of this form **13.** 99 Dollars 00 Cents
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) **14.** 135 Dollars 00 Cents
- 15 Enter the smaller of line 13 or line 14 **15.** 99 Dollars 00 Cents
- 16 **Allowable New York State earned income credit** (subtract line 15 from line 12; see instructions) **16.** 1387 Dollars 00 Cents
- 17 If your New York State filing status is **3**, **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. **17.** 0000 Dollars 00 Cents
- Federal adjusted gross income** (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) • 0000 Dollars 00 Cents

2151110099



Please file this original scannable form with the Tax Department.

Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

	Dollars	Cents
18 Enter your New York State earned income credit (from line 16 or line 17)	18.	.
19 Enter the amount from Form IT-203, line 42	19.	.
— If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. — If line 19 is less than line 18, continue on line 20 below.		
20 Excess New York State earned income credit (subtract line 19 from line 18)	20.	.
21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21.	.
— If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. — If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.		
22 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22.	.
23 Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	23.	.
24 Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24.	.
25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25.	.
26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26.	.

New York City earned income credit (full-year and part-year New York City residents)

27 From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11	27.	248	.
Part-year New York City residents must also complete line 28 below.			
28 Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A.	.	28B.

Worksheet B

1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1.	99	.
2 Resident credit (see instructions)	2.	.	.
3 Accumulation distribution credit (see instructions)	3.	.	.
4 Add lines 2 and 3	4.	.	.
5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5.	99	.





Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return JOE Z CANASTA	▼ Your social security number 400004825
---	--

- 1 Have you already filed your 2011 New York State income tax return?..... Yes No
 If Yes, you must file an amended New York State return and attach Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A – Care provider's first name, middle initial, and last name	B – Address	C – Identifying number (SSN or EIN)	D – Amount paid (see instructions)
STM 31		• STM 32	• [] . []
		• []	• [] . []

- 3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A – First name and middle initial	B – Last name	C – Qualified expenses paid in 2011	D – Person with disability (see instr.)	E – Social security number	F – Year of birth
STM 33			• <input type="checkbox"/>	• []	• []
			• <input type="checkbox"/>	• []	• []
			• <input type="checkbox"/>	• []	• []
			• <input type="checkbox"/>	• []	• []

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. [] 3420 . []

- 4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?..... Yes No
Note: On line 5, if you are claiming expenses paid for a dependent child born in 1998, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2011, through the day preceding the child's 13th birthday. [] 04

5 Enter the **smallest** of:

	Dollars	Cents
– line 3a above; or		
– federal Form 2441, line 3; or		
– 3,000 if one qualifying person, or 6,000 if two or more qualifying persons	5. 3420	[]
6 Enter your earned income (see instructions)	6. 20495	[]
7 If your filing status is ② Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions)	7. 20495	[]
8 Enter the smallest of line 5, 6, or 7	8. 3420	[]

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9. [] 17695 . []

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions 10. [] . 33

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) 11. [] 1129 . []



Dollars Cents

- 12 Amount from line 11 **12.** .
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32)
- Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line..... **13.** .
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit (*see instructions*) **14.** .

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 **15.** .
- If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** **16.** .
- 17 Enter the amount from Form IT-203-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.*) **17.** .
- If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** **18.** .
- 19 Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **19.** .
- 20 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **20.** .
- 21 Divide line 19 by line 20 (*round the result to the fourth decimal place*). This amount cannot exceed 100% (1.0000)..... **21.** .
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22.** .

New York City child and dependent care credit

If you were a resident of New York City at any time during 2011 **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old **23.** .
- IT-201 filers:**
- 24 Refundable New York City child and dependent care credit (*from Worksheet 1, line 7 or line 13*) **24.** .
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... **25.** .
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-201-ATT, line 9a **26.** .
- IT-203 filers:**
- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-203, line 52b **27.** .
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 13*); also enter this amount on Form IT-203-ATT, line 9a **28.** .
- Part-year New York City resident filers only:**
- 29 Enter the amount from Worksheet 1, line 10 **29.** .
- 30 Enter the amount from Worksheet 1, line 11 **30.** .



22222		a Employee's social security number 400004825		OMB No. 1545-0008		
b Employer identification number (EIN) 64-1234567			1 Wages, tips, other compensation 20500		2 Federal income tax withheld	
c Employer's name, address, and ZIP code NYS NYS DOT 11 RIVER RD NEW YORK NY 10019			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. JOE Z CANASTA 327 W 57 ST NEW YORK NY 10012			11 Nonqualified plans		12a C o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e	
			14 Other 414H-255 IRC125-35		12c C o d e	
					12d C o d e	
f Employee's address and ZIP code						
15 State Employer's state ID number NY		16 State wages, tips, etc. 20500	17 State income tax 1295	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

400-00-4825

IT-214 STATEMENT RECORDS

STM 34

NAME	SSN	YOB
SAMUEL M CANASTA JR	400-88-4805	1986
JANE M CANASTA	400-88-4803	1998
JOHN M CANASTA	400-88-4801	1999
SALLY M CANASTA	400-88-4802	2003
MARY M CANASTA	400-88-4804	2008

400-00-4825

IT-216 STATEMENT RECORDS

STM 31

A) DAY CARE PROVIDERS

1. CARING PLACE

2. KIDS INC

3. BIGG BLOCKS

B.) ADDRESS

16 SRAIGHT ST
ROCKY POINT NY 11778

22 TOT TERRACE
ROCKY POINT NY 11778

123 MAIN ST
ROCKY POINT NY 11778

STM 32

C.) EIN

1. 64-1234568

2. 64-1234569

3. 64-1234570

D.) AMOUNT

1420

1000

1000

STM 33

NAME	EXPENSES	DISABILITY	SSN	YOB
MARY M CANASTA	\$810		400-88-4804	2008
SALLY M CANASTA	\$1000		400-88-4802	2003
JOHN M CANASTA	\$400		400-88-4801	1999
JANE M CANASTA	\$500		400-88-4803	1998
SAMUEL M CANASTA JR	\$710	X	400-88-4805	1986

▼ Enter your social security number

4 0 0 0 0 4 8 3 1

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 2 1 7 2 5 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21.
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: 23.
 24 Add lines 19 through 23 24. 2 1 7 2 5 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 2 1 7 2 5 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 1 7 8 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 1 9 9 4 5 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 0 0 0 0 0
 37 Taxable income (subtract line 36 from line 35) 37. 1 9 9 4 5 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a. 4 9 2 .
b Taxes you paid (federal Sch. A, line 9)	b. 1 2 0 0 .
c Interest you paid (federal Sch. A, line 15)	c. 5 8 0 .
d Gifts to charity (federal Sch. A, line 19)	d. 2 2 7 2 .
e Casualty and theft losses (federal Sch. A, line 20)	e. 4 9 2 .
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. 1 7 8 0 .
g Other misc. deductions (federal Sch. A, line 28)	g. 1 7 8 0 .
h Enter amount from federal Schedule A, line 29	h. 1 7 8 0 .
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i. 1 7 8 0 .
j Subtract line i from line h	j. 1 7 8 0 .
k Addition adjustments (see page 26)	k. 1 7 8 0 .
l Add lines j and k	l. 1 7 8 0 .
m Itemized deduction adjustment (see page 27)	m. 1 7 8 0 .
n Subtract line m from line l	n. 1 7 8 0 .
o College tuition itemized deduction (see Form IT-272)	o. 1 7 8 0 .
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. 1 7 8 0 .



Name(s) as shown on page 1
DANIEL T THOMAS

▼ Enter your social security number

4 0 0 0 0 4 8 3 1

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	1 9 9 4 5	.
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.	9 7 0	.
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.		
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.	7 0	.
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.		
43 Add lines 40, 41, and 42	43.	7 0	.
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	9 0 0	.
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.	9 0 0	.

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

47 New York City resident tax on line 38 amount (see page 30)	47.	6 3 0	.
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.		
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	6 3 0	.
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.	6 3 0	.
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	6 3 0	.
55 Yonkers resident income tax surcharge (see page 32)	55.		
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.	6 3 0	.

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59. 2 0 . 0 0

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.	0 0	.
60b Missing/Exploited Children Fund	60b.	0 0	.
60c Breast Cancer Research Fund	60c.	0 0	.
60d Alzheimer's Fund	60d.	0 0	.
60e Olympic Fund (\$2 or \$4; see page 34)	60e.	0 0	.
60f Prostate Cancer Research Fund	60f.	0 0	.
60g 9/11 Memorial	60g.	0 0	.
60h Volunteer Firefighting & EMS Recruitment Fund ...	60h.	0 0	.
60 Total voluntary contributions (add lines 60a through 60h)	60.	0 0	.
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.	1 5 5 0	.



▼ Enter your social security number

4 0 0 0 4 8 3 1

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 1,550.00

Payments and refundable credits (see page 35)

Table with 10 rows (63-76) for tax credits and payments. Includes items like Empire State child credit, NYC school tax credit, and total payments. Total payments (76) is 555.00.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77.
78 Amount of line 77 to be refunded. Mark one refund choice: deposit (fill in line 82) - or - debit card - or - paper check ... 78.
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box and fill in line 82 80. 1,036.00
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81. 41.00

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) •

82a Routing number Electronic funds withdrawal effective date

82b Account number 82c Account type • Checking • Savings

Third-party designee? (see instr.) Print designee's name Designee's phone number Personal identification number (PIN) Yes No X 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 Mark an X if self-employed E-mail:

Taxpayer(s) must sign here Your signature Your occupation RENTAL AGENT Spouse's signature and occupation (if joint return) Date Daytime phone number 518-464-1264 E-mail: THOMAS@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return
DANIEL T THOMAS

Identifying number as shown on return
400004831

Attach this form to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.		1.	
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss	6.	3019	6.	
7 Capital gain or loss	7.		7.	
8 Other gains or losses	8.	-2040	8.	
9 Taxable amount of IRA distributions	9.		9.	
10 Taxable amount of pensions and annuities	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11.	20960	11.	2243
12 Farm income or loss	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits	14.		14.	
15 Other income	15.		15.	
16 Add lines 1 through 15	16.	21939	16.	2243
17 Total federal adjustments to income	17.	214	17.	
18 Federal adjusted gross income (subtract line 17 from line 16)	18.	21725	18.	2243
19 New York adjustments (see instructions)	19.		19.	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions)	20.	21725	20.	2243
21 Capital gain portion of lump-sum distributions (see instr.) ..	21.		21.	
22 Add lines 20 and 21	22.	21725	22.	2243

(continued on back)

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of both pages. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions).....	23.			NJ
	Also enter the locality name, if applicable <i>Locality name:</i> HOBOKEN				
24	Enter the amount of income tax computed on this year's return for the other state or local government (see instructions)	24.	70	.	
25	New York State tax payable (see instructions)	25.	970	.	
26	Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ..	26.	0	.	1032
27	Multiply line 25 by line 26.....	27.	100	.	
28	Enter amount from line 24 or line 27, whichever is less (see instructions)	28.	70	.	
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)	29.		.	
30	Add lines 28 and 29	30.	70	.	

Part 3 – Application of Credit

31	Tax due before credits (see instructions)	31.	970	.	
32	Other credits that you applied before this credit (see instructions)	32.		.	
33	Subtract line 32 from line 31	33.	970	.	
34	Enter the amount from line 30 or line 33, whichever is less (see instructions)	34.	70	.	

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to attach a copy of the return you filed with the other state or local government to Form IT-201, IT-203, or IT-205. Attaching a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you attach a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions).....	35.	70	.	
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	36.		.	
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	37.		.	
38	Mark an X in the box if the taxes paid to the other jurisdiction were paid on a group return.....				<input checked="" type="checkbox"/>

Enter the group's EIN



Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return DANIEL T THOMAS	Identification number (SSN or EIN) 400004831
--	--

Part 1 — All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2011 return before withholding and estimated tax payments (<i>caution: see instructions</i>)	1.	1530	
2 Empire State child credit (from Form IT-201, line 63)	2.		
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3.		
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4.		
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5.		
6 Real property tax credit (from Form IT-201, line 67)	6.		
7 College tuition credit (from Form IT-201, line 68)	7.		
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	8.	63	
9 NY City earned income credit (from Form IT-201, line 70)	9.		
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10.		
11 Add lines 2 through 10	11.	63	
12 Current year tax (subtract line 11 from line 1)	12.	1467	
13 Multiply line 12 by 90% (.90)	13.	1320	
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14.		
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15.	1467	
16 Enter your 2010 tax (<i>caution: see instructions</i>)	16.	1414	
17 Enter the smaller of line 13 or line 16	17.	1320	

Part 2 — Short method for computing the penalty — Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 — Regular method*.

18 Enter the amount from line 14 above	18.		
19 Enter the total amount of estimated tax payments you made (see instructions)	19.	492	
20 Add lines 18 and 19	20.	492	
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21.	828	
22 Multiply line 21 by .05000 and enter the result	22.	41	
23 If the amount on line 21 was paid on or after April 15, 2012, enter 0 . If the amount on line 21 was paid before April 15, 2012, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2012 × .00020 =	23.		
24 Penalty. Subtract line 23 from line 22	24.	41	

Part 3 — Regular method — Schedule A — Computing your underpayment (Schedule B is on the back)

Payment due dates	A	B	C	D
	4/15/11	6/15/11	9/15/11	1/15/12
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25.			
26 Estimated tax paid and tax withheld (see instructions)	26.			
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27.			
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28.			
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29.			

0591110099





Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Important: You must enter your date(s) of birth and social security number(s) below.

Your first name and middle initial JOE Z		Your last name (for a joint return, enter spouse's name on line below) CANASTA	Your date of birth (MMDDYYYY) 05/01/1960	▼ Your social security number 400-00-4832
Spouse's first name and middle initial		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 rural route) % AMANDA JONES 215 LAIDBACKWAY			Apartment number	New York State county of residence NEW YORK
City, village, or post office ROCKY POINT		State NY	ZIP code 11778	Country (if not United States)
Permanent home address (see instr., pg. 13) (no. and street or rural route) 115 SOUTH 93 ST			Apartment no.	City, village, or post office NEW YORK
State NY		ZIP code 10029	Country (if not United States)	School district name MANHATTAN
Taxpayer's date of death			Spouse's date of death	School district code number 369
Decedent information				

- (A) Filing status — mark an X in one box:**
- ① Single
 - ② Married filing joint return (enter both spouses' social security numbers above)
 - ③ Married filing separate return (enter both spouses' social security numbers above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

NEW (D) E-file this return. Most taxpayers must now e-file (see page 12).

- (E) New York City part-year residents only** (see page 15)
- (1) Number of months you lived in NY City in 2011 • **06**
 - (2) Number of months your spouse lived in NY City in 2011

- (B)** Did you itemize your deductions on your 2011 federal income tax return? Yes No
- (C)** Can you be claimed as a dependent on another taxpayer's federal return? Yes No

- (F)** Enter your 2-character special condition code if applicable (see page 15)
- If applicable, also enter your second 2-character special condition code

	Federal amount		New York State amount	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.	18500	1.	12333
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)	6.	-405	6.	
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	7.		7.	
8 Other gains or losses (attach a copy of federal Form 4797) ..	8.		8.	
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9.		9.	
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)	11.		11.	
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)	12.	400	12.	400
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits (also enter on line 26)	14.		14.	
15 Other income (see page 23) Identify:	15.		15.	
16 Add lines 1 through 15	16.	18495	16.	12733
17 Total federal adjustments to income (see page 23) Identify: ALIMONY	17.	2800	17.	1928
18 Federal adjusted gross income (subtract line 17 from line 16)	18.	15695	18.	10805

You must file all four pages of this original scannable return with the Tax Department.



2031110099

▼ Enter your social security number

400-00-4832

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 15695 . 10805 .

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. 20.
 21 Public employee 414(h) retirement contributions 21. 555 21. 555
 22 Other (see page 27) Identify: A-3 \$50 22. 50 22. 50
 23 Add lines 19 through 22 23. 16300 23. 11410

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 24.
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. 25.
 26 Taxable amount of social security benefits (from line 14) .. 26. 26.
 27 Interest income on U.S. government bonds 27. 27.
 28 Pension and annuity income exclusion 28. 28.
 29 Other (see page 31) Identify: 29. 29.
 30 Add lines 24 through 29 30. 30.
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 16300 31. 11410

32 Enter the amount from line 31, Federal amount column 32. 16300

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 10500

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 5800

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 3000 .00

36 New York taxable income (subtract line 35 from line 34) 36. 2800



New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.	.	.
b Taxes you paid (federal Sch. A, line 9)	b.	.	.
c Interest you paid (federal Sch. A, line 15)	c.	.	.
d Gifts to charity (federal Sch. A, line 19)	d.	.	.
e Casualty and theft losses (federal Sch. A, line 20)	e.	.	.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.	.	.
g Other misc. deductions (federal Sch. A, line 28)	g.	.	.
h Enter amount from federal Schedule A, line 29	h.	.	.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	.	.
j Subtract line i from line h	j.	.	.
k College tuition itemized deduction (see page 37)	k.	.	.
l Addition adjustments (see page 37)	l.	.	.
m Add lines j, k, and l	m.	.	.
n Itemized deduction adjustment (see page 38)	n.	.	.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	.	.

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Name(s) as shown on page 1
JOE Z CANASTA

▼ Enter your social security number
400-00-4832

Tax computation, credits, and other taxes (see page 39)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	2800	
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	112	
39 New York State household credit (from table 1, 2, or 3 on page 39)	105	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	7	
41 New York State child and dependent care credit (attach Form IT-216; see page 40)	1279	
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)		
43 New York State earned income credit (attach Form IT-215; see page 40)	1508	

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

45 Income percentage (see page 40) New York State amount from line 31 Federal amount from line 31 Round result to 4 decimal places
 \div $=$

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)		
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)		
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)		
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)		
50 Total New York State taxes (add lines 48 and 49)		

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	85		See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.
52 New York City minimum income tax (attach Form IT-220) ..			
52a Add lines 51 and 52	85		
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	85		
52c Subtract line 52b from 52a			
53 Yonkers nonresident earnings tax (attach Form Y-203)			
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)			
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)			

56 Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.)

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	5	00
57b Missing/Exploited Children Fund	5	00
57c Breast Cancer Research Fund	5	00
57d Alzheimer's Fund	5	00
57e Olympic Fund (\$2 or \$4; see page 43)	2	00
57f Prostate Cancer Research Fund	5	00
57g 9/11 Memorial	5	00
57h Volunteer Firefighting & EMS Recruitment Fund	5	00

57 Total voluntary contributions (add lines 57a through 57h)

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)



▼ Enter your social security number

400004832

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3) 59. 57 .

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include: 60 Part-year NYC school tax credit (31), 61 Other refundable credits (2511), 62 Total New York State tax withheld (1295), 63 Total New York City tax withheld, 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370, 66 Total payments and refundable credits (3837).

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44). Staple them (and any other applicable forms) to the top of this page 4. See Step 12 on page 50 for the proper assembly of your return and attachments.

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67. 3780 .
68 Amount of line 67 to be refunded Mark one refund choice: [] direct deposit (fill in line 72) - or - [x] debit card - or - [] paper check ... 68. 3780 .
69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions) 69. .

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark this box [] and fill in line 72 70. .
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46) 71. .

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47). 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. 47) []
72a Routing number [] Electronic funds withdrawal effective date []
72b Account number [] 72c Account type [] Checking [] Savings []

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) ▶ 04/01/2011
Mark an X in the box that describes your situation on the last day of the tax year:
73a Moved into New York State [x]
73b Moved out of New York State; received income from NYS sources during nonresident period []
73c Moved out of New York State; received no income from NYS sources during nonresident period []

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions) (If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes [] No []

Third-party designee? (see instr.) Yes [] No [x]
Print designee's name [] Designee's phone number () [] Personal identification number (PIN) []
E-mail: []

▼ Paid preparer must complete (see instr.) ▼
Preparer's signature [] Date: []
Firm's name (or yours, if self-employed) [] Preparer's NYTPRIN []
Address [] Preparer's PTIN or SSN []
Employer identification number [] Mark an X if self-employed []
E-mail: []

▼ Taxpayer(s) must sign here ▼
Your signature []
Your occupation AIDE
Spouse's signature and occupation (if joint return) []
Date [] Daytime phone number 518-464-1264
E-mail: CANASTA@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on Form IT-203
 JOE Z CANASTA

▼ Your social security number
 400-00-4832

Complete all parts that apply to you; see instructions (Form IT-203-I). Attach this form to your Form IT-203.

Part 1 – Other tax credits. Attach all applicable forms.

Section A – New York State nonrefundable, non-carryover credits used

		Dollars	Cents
1	Resident credit (attach Form(s) IT-112-R and/or IT-112-C)	1.	.
2	Accumulation distribution credit (attach computation)	2.	.
3	Other nonrefundable, non-carryover credits (attach all applicable forms)		
3a.	Code Dollars Cents		
3b.	Code Dollars Cents		
3.	Total other nonrefundable, non-carryover credits (add lines 3a and 3b)	3.	.

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit (attach Form IT-249)	4.	.
5	Investment credit (attach Form IT-212)	5.	.
6	Part-year solar energy system equipment credit (attach Form IT-255)	6.	.
7	Other nonrefundable, carryover credits (attach all applicable forms)		
7a.	Code Dollars Cents		
7b.			
7c.			
7d.			
7e.			
7f.			
7g.			
7h.	Code Dollars Cents		
7i.			
7j.			
7k.			
7l.			
7m.			
7n.			
7.	Total other nonrefundable, carryover credits (add lines 7a through 7n)	7.	.
8	Total New York State nonrefundable credits used (add lines 1 through 7; enter here and on Form IT-203, line 47)	8.	.

Section C – New York State, New York City, and Yonkers refundable credits

9	Part-year resident refundable New York State child and dependent care credit (attach Form IT-216)	9.	876	.
9a	Part-year resident refundable New York City child and dependent care credit (attach Form IT-216)	9a.	409	.
10	Part-year resident refundable New York State earned income credit (attach Form IT-215)	10.	1038	.
11	Part-year resident refundable New York City earned income credit (attach Form IT-215)	11.	188	.
12	Other NY State refundable credits (attach all applicable forms)			
12a.	Code Dollars Cents			
12b.				
12c.				
12d.				
12e.				
12f.				
12g.	Code Dollars Cents			
12h.				
12i.				
12j.				
12k.				
12l.				
12.	Total other refundable credits (add lines 12a through 12l)	12.		.
13	Add lines 9 through 12	13.	2511	.
14	New York State claim of right credit (attach Form IT-257)	14.		.
15	New York City claim of right credit (attach Form IT-257)	15.		.
16	Yonkers claim of right credit (attach Form IT-257)	16.		.
17	Total New York State, New York City, and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61)	17.	2511	.

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Please file this original scannable form with the Tax Department.

400-00-4832

Part 2 – Other New York State taxes. Attach all applicable forms.

18 NY State tax on capital gain portion of lump-sum distributions (from Form IT-230-I, worksheet C, line 7) Dollars **18.** . Cents

19 Other New York State taxes (attach all applicable forms)

Code	Dollars	Cents	Code	Dollars	Cents
19a.			19g.		
19b.			19h.		
19c.			19i.		
19d.			19j.		
19e.			19k.		
19f.			19l.		

Total other New York State taxes (add lines 19a through 19l) **19.** .

20 Add lines 18 and 19 **20.** .

21 Enter amount from **Form IT-203**, line 47 **21.** .

22 Enter amount from **Form IT-203**, line 46 **22.** .

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank) **23.** .

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank) **24.** .

25 New York State separate tax on lump-sum distributions (attach Form IT-230) **25.** .

26 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) **26.** .

27 Subtract line 26 from line 25 **27.** .

28 New York State minimum income tax (attach Form IT-220) **28.** .

29 Add lines 24, 27, and 28 **29.** .

30 Excess child and dependent care credit (attach Form IT-216) **30.** .

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31.** .

32 Excess New York State earned income credit (attach Form IT-215) **32.** .

33 **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203, line 49**) **33.** .



Claim for Earned Income Credit

New York State • New York City

IT-215

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return
JOE Z CANASTA

Your social security number
400004832

- 1 Did you claim the federal earned income credit for 2011? If **No, stop; you do not qualify for these credits.** 1. Yes No
- 2 Is your investment income (see instructions) greater than \$3,150? If **Yes, stop; you do not qualify for these credits.** 2. Yes No
- 3 Have you already filed your 2011 New York State income tax return? If **Yes**, you must file an amended NYS return. 3. Yes No
- 4 Did you claim qualifying children on your 2011 **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4. Yes No
If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Year of birth
SAMUEL M	CANASTA JR	• SON	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884824	2009
MARY M	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input type="checkbox"/>	400884825	2008
JANE	CANASTA	• DAUGHTER	12	<input type="checkbox"/>	• <input checked="" type="checkbox"/>	400884826	1986

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your 2011 federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form. ... 5. Yes No
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. 6. 18500 Dollars Cents
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions) 7. Dollars Cents
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 8. -5 Dollars Cents
Employer identification number (see instructions) • 400004810
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) 9. 15695 Dollars Cents
- 10 **Amount of federal EIC claimed** (from federal Form 1040EZ, line 9a; Form 1040A, line 41a; or Form 1040, line 64a) 10. 5375 Dollars Cents
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11. Dollars Cents **30**
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 12. 1613 Dollars Cents

Complete **Worksheet B** on the back page before continuing.

- 13 Enter the amount from **Worksheet B**, line 5, on the back of this form 13. 112 Dollars Cents
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14. 105 Dollars Cents
- 15 Enter the smaller of line 13 or line 14 15. 105 Dollars Cents
- 16 **Allowable New York State earned income credit** (subtract line 15 from line 12; see instructions) 16. 1508 Dollars Cents
- 17 If your New York State filing status is **3**, **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17. Dollars Cents
Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) • Dollars Cents

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Please file this original scannable form with the Tax Department.

Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

		Dollars	Cents
18 Enter your New York State earned income credit (from line 16 or line 17)	18.	1508	
19 Enter the amount from Form IT-203, line 42	19.		
— If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. — If line 19 is less than line 18, continue on line 20 below.			
20 Excess New York State earned income credit (subtract line 19 from line 18)	20.	1508	
21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21.		
— If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. — If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.			
22 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22.	1508	
23 Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	23.	10805	
24 Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24.	15695	
25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25.		6884
26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26.	1038	

New York City earned income credit (full-year and part-year New York City residents)

27 From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11	27.	188	
Part-year New York City residents must also complete line 28 below.			
28 Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A.	16300	
	28B.	11410	

Worksheet B

1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1.	112	
2 Resident credit (see instructions)	2.		
3 Accumulation distribution credit (see instructions)	3.		
4 Add lines 2 and 3	4.		
5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5.	112	





Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return JOE Z CANASTA	▼ Your social security number 400004832
---	--

- 1 Have you already filed your 2011 New York State income tax return?..... Yes No
 If Yes, you must file an amended New York State return and attach Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A – Care provider's first name, middle initial, and last name	B – Address	C – Identifying number (SSN or EIN)	D – Amount paid (see instructions)
CARING PLACE	16 STRT PLACE NEW YORK NY 10029	• 641234568	• 2420 .
KIDS INC	22 TOT TRC NEW YORK NY 10029	• 641234569	• 1000 .

- 3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A – First name and middle initial	B – Last name	C – Qualified expenses paid in 2011	D – Person with disability (see instr.)	E – Social security number	F – Year of birth
SAMUEL	CANASTA	1710	• <input type="checkbox"/>	• 400884824	• 2009
MARY	CANASTA	710	• <input type="checkbox"/>	• 400884825	• 2008
JANE	CANASTA	1000	• <input checked="" type="checkbox"/>	• 400884826	• 1986
			• <input type="checkbox"/>	•	•

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. 3420 .

- 4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?..... Yes No
Note: On line 5, if you are claiming expenses paid for a dependent child born in 1998, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2011, through the day preceding the child's 13th birthday.

5 Enter the **smallest** of:

	Dollars	Cents
– line 3a above; or		
– federal Form 2441, line 3; or		
– 3,000 if one qualifying person, or 6,000 if two or more qualifying persons	5. 3420	
6 Enter your earned income (see instructions)	6. 18495	
7 If your filing status is 2 Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions)	7. 18495	
8 Enter the smallest of line 5, 6, or 7	8. 3420	

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9. 15695 .

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions 10. .34

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) 11. 1163 .



Dollars Cents

- 12 Amount from line 11 **12.**
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32)
 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line..... **13.**
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit (*see instructions*) **14.**

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 **15.**
 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
 If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** **16.**
- 17 Enter the amount from Form IT-203-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.*) **17.**
 If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
 If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** **18.**
- 19 Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **19.**
- 20 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **20.**
- 21 Divide line 19 by line 20 (*round the result to the fourth decimal place*). This amount cannot exceed 100% (1.0000)..... **21.**
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22.**

New York City child and dependent care credit

If you were a resident of New York City at any time during 2011 **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old **23.**
IT-201 filers:
- 24 Refundable New York City child and dependent care credit (*from Worksheet 1, line 7 or line 13*) **24.**
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... **25.**
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-201-ATT, line 9a **26.**
- IT-203 filers:**
- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-203, line 52b **27.**
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 13*); also enter this amount on Form IT-203-ATT, line 9a **28.**
- Part-year New York City resident filers only:**
- 29 Enter the amount from Worksheet 1, line 10 **29.**
- 30 Enter the amount from Worksheet 1, line 11 **30.**





Change of City Resident Status

IT-360.1

New York City • Yonkers

Attach this form to Form IT-201 or Form IT-203.

Name(s) as shown on return
JOE Z CANASTA

▼ Social security number
400004832

Change of resident status — If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an **X** in only **one** box (A) **New York City change of residence** — Complete Parts 1, 2, 3, and 4.

(B) **Yonkers change of residence** — Complete Parts 1 and 5.

(C) **New York City and Yonkers change of residence** — Complete the entire form.

Part 1 — New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1. 18500	12333	
2 Taxable interest income	2.		
3 Ordinary dividends	3.		
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		
5 Alimony received	5.		
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040) ...	6. -405		
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	7.		
8 Other gains or losses (attach copy of federal Form 4797)	8.		
9 Taxable amount of IRA distributions	9.		
10 Taxable amount of pensions and annuities	10.		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.		
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)	12. 400	400	
13 Unemployment compensation	13.		
14 Taxable amount of social security benefits	14.		
15 Other income	15.		
Identify:			
16 Total (add lines 1 through 15)	16. 18495	12733	
17 Total federal adjustments to income	17.		
Identify:			
STM 31	2800	1928	
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 15695	10805	
19 New York adjustments (attach schedule)	19. 605	605	
20 New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43)	20. 16300	11410	

3601110099



Part 2 – Itemized deductions for New York City (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21.	
22	Taxes you paid	22.	
23	Interest you paid	23.	
24	Gifts to charity	24.	
25	Casualty and theft losses	25.	
26	Job expenses and most other miscellaneous deductions	26.	
27	Other miscellaneous deductions	27.	
28	This line is intentionally left blank	28.	
29	This line is intentionally left blank	29.	
30	Total itemized deductions (add lines 21 through 27)	30.	
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31.	
32	Subtract line 31 from line 30	32.	
33	Addition adjustments and college tuition itemized deduction (see instructions)	33.	
34	Add lines 32 and 33	34.	
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)	35.	
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36.	

Part 3 – Dependent exemptions (see instructions, page 5)

37 Enter the period you were a New York City **resident** during 2011

From: month day To: month day

38	Enter the county where you resided while a nonresident of New York City	<input type="text" value="SUFFOLK"/>	
39	Enter the number of full months in the New York City resident period	39.	06
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2)	40.	500
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36 or Form IT-203, line 35	41.	3
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	42.	1500

Part 4 – Part-year New York City resident tax (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B)	43.	11410	
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44.	5250	
45	Subtract line 44 from line 43	45.	6160	
46	Dependent exemption amount (from line 42)	46.	1500	
47	New York City taxable income (subtract line 46 from line 45)	47.	4660	
48	New York City tax on line 47 amount (see instructions, page 5)	48.	135	
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49.	50	
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50.	85	
51	Part-year New York City separate tax on lump-sum distributions (attach Form IT-230)	51.		
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (attach Form IT-230)	52.		
53	Add lines 50, 51, and 52	53.	85	
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	54.		
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50 or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55.	85	



Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

	Full-year NYS resident		Part-year NYS resident	
56 Total New York State taxes (from Form IT-201, line 46)	56.			
57 Empire State child credit (from Form IT-201, line 63)	57.			
58 NYS child and dependent care credit (from Form IT-216, line 14)	58.			
59 Earned income credit (from Form IT-201, line 65)	59.			
60 Noncustodial parent New York State earned income credit (from Form IT-201, line 66)	60.			
61 Real property tax credit (from Form IT-201, line 67)	61.			
62 College tuition credit (from Form IT-201, line 68)	62.			
63 Amount from Form IT-201-ATT, line 13	63.			
64 Add lines 57 through 63	64.			
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65.			
66 Base tax (amount from Form IT-203, line 44)	66.			
67 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	67.			
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ...	68.			
69 Net other New York State taxes (from Form IT-203-ATT, line 33)	69.			
70 Add lines 68 and 69	70.			
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71.			
72 Subtract line 71 from line 70 (if line 71 is more than line 70, enter 0) ...	72.			
73 Income percentage (see worksheet on page 8 of the instructions)	73.			
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents	74.			
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	75.			
76 Yonkers resident tax rate	76.	.15		

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77.** .

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.



22222		a Employee's social security number 400004832		OMB No. 1545-0008			
b Employer identification number (EIN) 64-1234567			1 Wages, tips, other compensation 18500		2 Federal income tax withheld		
c Employer's name, address, and ZIP code IBM IBM 11 RIVER ROAD NEW YORK NY 10019			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name JOE Z CANASTA 215 LAID BACKWAY ROCKYPOINT NY 11778			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other 414H-555 IRC125-50		12c C o o d e		
					12d C o o d e		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY		12333	1295				
ME		6167	400				

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR -S



Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Important: You must enter your date(s) of birth and social security number(s) below. Your first name and middle initial MARY B, Your last name CHARITY, Your date of birth 10/05/1984, Spouse's first name and middle initial, Spouse's last name, Spouse's date of birth, Mailing address 923 HOPE CT, Apartment number, New York State county of residence ALBANY, City, village, or post office FAITH, State NC, ZIP code 28041-0923, Country, Permanent home address 145 NEW SCOTLAND AVE, Apartment no., City, village, or post office ALBANY, School district code number 005, State NY, ZIP code 12206, Country, Decedent information, Taxpayer's date of death, Spouse's date of death.

- (A) Filing status - mark an X in one box: 1 Single, 2 Married filing joint return (X), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child.

NEW (D) E-file this return. Most taxpayers must now e-file (see page 12).

- (E) New York City part-year residents only (see page 15): (1) Number of months you lived in NY City in 2011, (2) Number of months your spouse lived in NY City in 2011.

- (B) Did you itemize your deductions on your 2011 federal income tax return? Yes No (X)
(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No (X)

- (F) Enter your 2-character special condition code if applicable (see page 15) E3
If applicable, also enter your second 2-character special condition code C7

Federal income and adjustments table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows include Wages, salaries, tips, etc. (38840), Taxable interest income (4300), Ordinary dividends (6190), Taxable refunds, credits, or offsets of state and local income taxes, Alimony received, Business income or loss, Capital gain or loss (72), Other gains or losses, Taxable amount of IRA distributions, Taxable amount of pensions/annuities, Rental real estate, royalties, partnerships, S corporations, trusts, etc. (23200), Farm income or loss (16404), Unemployment compensation, Taxable amount of social security benefits, Other income (identify: STM 31), Add lines 1 through 15 (89006), Total federal adjustments to income (identify: STM 31) (3300), Federal adjusted gross income (85706), New York State amount (51988).

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

400004834

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) 19. 85706 . 19. 51988 .

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. . 20. .
 21 Public employee 414(h) retirement contributions 21. . 21. .
 22 Other (see page 27) Identify: 22. . 22. .
 23 Add lines 19 through 22 23. 85706 . 23. 51988 .

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. . 24. .
 25 Pensions of NYS and local governments and the federal government (see page 30) 25. . 25. .
 26 Taxable amount of social security benefits (from line 14) .. 26. . 26. .
 27 Interest income on U.S. government bonds 27. . 27. .
 28 Pension and annuity income exclusion 28. . 28. .
 29 Other (see page 31) Identify: 29. . 29. .
 30 Add lines 24 through 29 30. . 30. .
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 85706 . 31. 51988 .

32 Enter the amount from line 31, Federal amount column 32. 85706 .

33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 33. 15000 .

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 70706 .

35 Dependent exemptions (not the same as total federal exemptions; see page 38) 35. 3000 .00

36 New York taxable income (subtract line 35 from line 34) 36. 67706 .

◀ or ▶

New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a.	.
b Taxes you paid (federal Sch. A, line 9)	b.	.
c Interest you paid (federal Sch. A, line 15)	c.	.
d Gifts to charity (federal Sch. A, line 19)	d.	.
e Casualty and theft losses (federal Sch. A, line 20)	e.	.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.	.
g Other misc. deductions (federal Sch. A, line 28)	g.	.
h Enter amount from federal Schedule A, line 29	h.	.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 36)	i.	.
j Subtract line i from line h	j.	.
k College tuition itemized deduction (see page 37)	k.	.
l Addition adjustments (see page 37)	l.	.
m Add lines j, k, and l	m.	.
n Itemized deduction adjustment (see page 38)	n.	.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o.	.

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Tax computation, credits, and other taxes (see page 39)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	67706	
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	3844	
39 New York State household credit (from table 1, 2, or 3 on page 39)		
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	3844	
41 New York State child and dependent care credit (attach Form IT-216; see page 40)		
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	3844	
43 New York State earned income credit (attach Form IT-215; see page 40)		

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) **44.** 3844 .

45 Income percentage (see page 40) New York State amount from line 31 51988 . ÷ Federal amount from line 31 85706 . = **45.** 0 . 6066 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	2332	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)		
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	2332	
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)	40	
50 Total New York State taxes (add lines 48 and 49)	2372	

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.		See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.
52 New York City minimum income tax (attach Form IT-220) ..	52.		
52a Add lines 51 and 52	52a.		
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.		
52c Subtract line 52b from 52a	52c.		
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.		
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.		
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.		

56 Sales or use tax (See the instructions on page 42. **Do not leave line 56 blank.**) **56.** 0 .

Voluntary contributions (whole dollar amounts only; see page 43)

57a Return a Gift to Wildlife	57a.		00
57b Missing/Exploited Children Fund	57b.		00
57c Breast Cancer Research Fund	57c.		00
57d Alzheimer's Fund	57d.		00
57e Olympic Fund (\$2 or \$4; see page 43)	57e.		00
57f Prostate Cancer Research Fund	57f.		00
57g 9/11 Memorial	57g.		00
57h Volunteer Firefighting & EMS Recruitment Fund	57h.		00

57 Total voluntary contributions (add lines 57a through 57h) **57.** . 00

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) **58.** 2372 .



▼ Enter your social security number

400004834

59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3) 59. 2372 .

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include: 60 Part-year NYC school tax credit, 61 Other refundable credits, 62 Total New York State tax withheld (1196), 63 Total New York City tax withheld (399), 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370 (2000), 66 Total payments and refundable credits (3595).

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44). Staple them (and any other applicable forms) to the top of this page 4. See Step 12 on page 50 for the proper assembly of your return and attachments.

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67. 1223 .
68 Amount of line 67 to be refunded. Mark one refund choice: [] direct deposit (fill in line 72) - or - [X] debit card - or - [] paper check ... 68. 1223 .
69 Amount of line 67 that you want applied to your 2012 estimated tax (see instructions) 69. .

See page 74 for information about your three refund choices.

Amount you owe

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark this box [] and fill in line 72 70. .
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46) 71. .

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47). 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. 47) []
72a Routing number [] Electronic funds withdrawal effective date []
72b Account number [] 72c Account type [] Checking [] Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) ▶ 06/30/2011
Mark an X in the box that describes your situation on the last day of the tax year:
73a Moved into New York State 73a. []
73b Moved out of New York State; received income from NYS sources during nonresident period 73b. []
73c Moved out of New York State; received no income from NYS sources during nonresident period 73c. [X]

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions) (If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes [] No []

Third-party designee? (see instr.) Yes [X] No []
Print designee's name: JOE PALMER
Designee's phone number: (518) 555-7777
Personal identification number (PIN): 55555
E-mail:

▼ Paid preparer must complete (see instr.) ▼
Preparer's signature: []
Date: []
Firm's name (or yours, if self-employed): []
Preparer's NYTPRIN: []
Address: []
Preparer's PTIN or SSN: []
Employer identification number: []
Mark an X if self-employed []
E-mail:

▼ Taxpayer(s) must sign here ▼
Your signature: []
Your occupation: REALTOR
Spouse's signature and occupation (if joint return): []
Date: []
Daytime phone number: 518-464-1264
E-mail: CHARITY@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on Form IT-203
 MARY B CHARITY

▼ Your social security number
 4 0 0 0 0 4 8 3 4

Complete all parts that apply to you; see instructions (Form IT-203-l). Attach this form to your Form IT-203.

Part 1 – Other tax credits. Attach all applicable forms.

Section A – New York State nonrefundable, non-carryover credits used

	Dollars	Cents
1 Resident credit (attach Form(s) IT-112-R and/or IT-112-C)	1.	.
2 Accumulation distribution credit (attach computation)	2.	.
3 Other nonrefundable, non-carryover credits (attach all applicable forms)		

Code	Dollars	Cents	Code	Dollars	Cents
3a.			3b.		

Total other nonrefundable, non-carryover credits (add lines 3a and 3b) 3. .

Section B – New York State nonrefundable, carryover credits used

4 Long-term care insurance credit (attach Form IT-249)	4.	.
5 Investment credit (attach Form IT-212)	5.	.
6 Part-year solar energy system equipment credit (attach Form IT-255)	6.	.
7 Other nonrefundable, carryover credits (attach all applicable forms)		

Code	Dollars	Cents	Code	Dollars	Cents
7a.			7h.		
7b.			7i.		
7c.			7j.		
7d.			7k.		
7e.			7l.		
7f.			7m.		
7g.			7n.		

Total other nonrefundable, carryover credits (add lines 7a through 7n) 7. .

8 Total New York State nonrefundable credits used
 (add lines 1 through 7; enter here and on Form IT-203, line 47) 8. .

Section C – New York State, New York City, and Yonkers refundable credits

9 Part-year resident refundable New York State child and dependent care credit (attach Form IT-216)	9.	.
9a Part-year resident refundable New York City child and dependent care credit (attach Form IT-216)	9a.	.
10 Part-year resident refundable New York State earned income credit (attach Form IT-215)	10.	.
11 Part-year resident refundable New York City earned income credit (attach Form IT-215)	11.	.
12 Other NY State refundable credits (attach all applicable forms)		

Code	Dollars	Cents	Code	Dollars	Cents
12a.			12g.		
12b.			12h.		
12c.			12i.		
12d.			12j.		
12e.			12k.		
12f.			12l.		

Total other refundable credits (add lines 12a through 12l) 12. .

13 Add lines 9 through 12 13. .

14 **New York State** claim of right credit (attach Form IT-257) 14. .

15 **New York City** claim of right credit (attach Form IT-257) 15. .

16 **Yonkers** claim of right credit (attach Form IT-257) 16. .

17 **Total New York State, New York City, and Yonkers refundable credits**
 (add lines 13 through 16; enter here and on Form IT-203, line 61) 17. .



4 0 0 0 0 4 8 3 4

Part 2 – Other New York State taxes. Attach all applicable forms.

18 NY State tax on capital gain portion of lump-sum distributions (from Form IT-230-I, worksheet C, line 7) **18.**

--

 Dollars

--

 Cents

19 Other New York State taxes (attach all applicable forms)

Code	Dollars	Cents	Code	Dollars	Cents
19a.			19g.		
19b.			19h.		
19c.			19i.		
19d.			19j.		
19e.			19k.		
19f.			19l.		

Total other New York State taxes (add lines 19a through 19l) **19.**

--

 Dollars

--

 Cents

20 Add lines 18 and 19 **20.**

--

 Dollars

--

 Cents

21 Enter amount from **Form IT-203**, line 47 **21.**

--

 Dollars

--

 Cents

22 Enter amount from **Form IT-203**, line 46 **22.**

--

 Dollars

--

 Cents

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank) **23.**

--

 Dollars

--

 Cents

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank) **24.**

--

 Dollars

--

 Cents

25 New York State separate tax on lump-sum distributions (attach Form IT-230) **25.**

4 0

 Dollars

--

 Cents

26 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) **26.**

--

 Dollars

--

 Cents

27 Subtract line 26 from line 25 **27.**

4 0

 Dollars

--

 Cents

28 New York State minimum income tax (attach Form IT-220) **28.**

--

 Dollars

--

 Cents

29 Add lines 24, 27, and 28 **29.**

4 0

 Dollars

--

 Cents

30 Excess child and dependent care credit (attach Form IT-216) **30.**

--

 Dollars

--

 Cents

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31.**

4 0

 Dollars

--

 Cents

32 Excess New York State earned income credit (attach Form IT-215) **32.**

--

 Dollars

--

 Cents

33 **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203, line 49**) **33.**

4 0

 Dollars

--

 Cents



Nonresident or Part-Year Resident Spouse's Certification

To be filed with Form IT-203 by married taxpayers filing a joint return when only one spouse has New York source income (see Form IT-203 instructions for additional information).

Name of spouse with New York source income MARY B CHARITY	Social security number 400004834
---	---

Name of spouse with no New York source income GEORGE L CHARITY	Social security number 400004884
--	---

Certification of spouse with New York source income — I certify that I am the spouse with the New York source income shown in the *New York State amount* column on Form IT-203 and my spouse, to the best of my knowledge and belief, had no New York source income for

Tax year:	2011
------------------	------

Signature	Date
-----------	------

Instructions

Who must complete this form

If you are required to file a joint Form IT-203 and only one of you had New York source income, the spouse with New York source income must complete this form.

Caution — Enter name and social security number (SSN) information as follows:

- On **Form IT-203-C**, you must enter the name and SSN of the spouse **with New York source income first**. Enter the name and SSN of the spouse with no New York source income **second**.
- On your **Form IT-203**, you must enter **the name and SSN** of the spouse **with New York source income first**. Enter the SSN of the spouse with no New York source income **second (do not enter that spouse's name)**.
- If you are filing Form IT-201-V, *Payment Voucher for E-Filed Income Tax Returns*, enter on that form only the name and SSN of the spouse with New York source income. (Do not enter any name or SSN for the spouse with no New York source income.)

Purpose of form

Married nonresidents and part-year residents who are required to file a joint New York State return must use the combined income of both spouses to determine the base tax subject to the income percentage allocation, even if only one spouse has New York source income. However, a spouse with no New York source income cannot be required to sign the joint return and cannot be held liable for any tax, penalty, or interest that may be due. This form will allow the Tax Department to properly process your return.

How to file

Attach the completed Form IT-203-C to your Form IT-203. Keep a copy for your records.



Please file this original scannable attachment with the Tax Department.





Separate Tax on Lump-Sum Distributions

IT-230

New York State • New York City

Attach to Form IT-201, IT-203, or IT-205.

Name as shown on return MARY B CHARITY
--

▼ Identification number 400004834

Part 1 — Did you use federal Form 4972 to figure your federal tax on lump-sum distributions?

- Yes (If Yes, attach this form, and a copy of federal Form 4972 to Form IT-201, IT-203, or IT-205.)
- From New York State or the United States or political subdivision.
- No (If No, **do not complete** the rest of this form. Your lump-sum distribution does not qualify for the separate tax on lump-sum distributions.)

Residents — Complete all of this Form IT-230 using information from federal Form 4972 (see instructions, Form IT-230-I, for assistance).

Part-year residents — Complete Part 2 using information from federal Form 4972. Complete Part 3 using information reported on federal Form 4972 for the period of New York residence **only** (see instructions).

Nonresidents — Complete **only** Part 2, line 1, and the *Income percentage schedule* on page 3 of Form IT-230-I, *Instructions for Form IT-230*.

Part 2 — Use this part if you completed Part II on federal Form 4972.

1 Capital gain part from federal Form 4972, Part II, line 6	1.		.	
---	----	--	---	--

2 Multiply line 1 by 5.4% (.054) and enter in New York State column

(New York City and part-year New York City residents use both columns; multiply line 1 by 1.72% (.0172) and enter in New York City column)

	New York State	New York City
2.		

Line 2 — New York State column

Form IT-201 filers — Enter the line 2, *New York State* column amount on Form IT-230-I, *Worksheet A*, line 1.

Form IT-203 filers — Enter the line 2, *New York State* column amount on Form IT-230-I, *Worksheet C*, line 1.

Full-year resident estates or trusts — Enter the line 2, *New York State* column amount on Form IT-205, line 7.

Nonresident estates or trusts or part-year resident trusts — Include the line 2, *New York State* column amount on Form IT-205-A, line 11.

Line 2 — New York City column

Full-year New York City residents — Enter the line 2, *New York City* column amount on Form IT-230-I, *Worksheet B*, line 1.

Part-year New York City residents — Enter the line 2, *New York City* column amount on Form IT-230-I, *Worksheet D*, line 1.

Form IT-205 filers — Enter the line 2, *New York City* column amount on Form IT-205, line 16.

New York State nonresidents, part-year residents, New York State nonresident estates or trusts, or part-year resident trusts: Complete the *Income percentage schedule* on page 3 of Form IT-230-I to compute the income percentage to enter on Form IT-203, line 45, and on Form IT-230-I, *Worksheet C*, line 6, or Form IT-205-A, Schedule 1, line 12.

Part 3 — Use this part if you were a resident or part-year resident and completed Part III on federal Form 4972.

3 Amount from federal Form 4972, Part III, line 8 (see instructions)	3.		3800	.	
4 Death benefit exclusion (see instructions)	4.			.	
5 Subtract line 4 from line 3 (total taxable amount)	5.		3800	.	
6 Current actuarial value of annuity from federal Form 4972, Part III, line 11	6.			.	
7 Add lines 5 and 6 (adjusted total taxable amount). If this amount is \$70,000 or more, skip lines 8 through 11, and enter this amount on line 12	7.		3800	.	
8 Multiply line 7 by 50% (.50) but do not enter more than 10,000 ...	8.		1900	.	
9 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank	9.			.	
10 Multiply line 9 by 20% (.20)	10.			.	
11 Subtract line 10 from line 8 (minimum distribution allowance)	11.		1900	.	
12 Subtract line 11 from line 7	12.		1900	.	
13 Federal estate tax attributable to lump-sum distribution	13.			.	
14 Subtract line 13 from line 12	14.		1900	.	

(continued on back)



Part 3 (continued)

Lines 15 through 24 — New York City and part-year New York City residents use both columns.
If line 6 is blank, skip lines 15 through 17 and go to line 18.

	New York State		New York City	
15 Divide line 6 by line 7 and round the result to the fourth decimal place. If line 6 is zero, leave blank	15.		15.	
16 Multiply line 11 by the decimal amount on line 15. If line 15 is zero, leave blank	16.		16.	
17 Subtract line 16 from line 6	17.		17.	

10-year tax option

18 Multiply line 14 by 10% (.10)	18.	190		18.	
19 Tax on line 18 amount (use the New York State tax rate schedule on page 4 of the instructions; New York City and part-year New York City residents must also use the New York City tax rate schedule on page 4 of the instructions)	19.	4		19.	
20 Multiply line 19 by ten. If line 6 is blank, skip lines 21 through 23 and enter this amount on line 24	20.	40		20.	
21 Multiply line 17 by 10% (.10)	21.			21.	
22 Tax on line 21 amount (use the New York State tax rate schedule on page 4 of the instructions; New York City and part-year New York City residents must also use the New York City tax rate schedule on page 4 of the instructions)	22.			22.	
23 Multiply line 22 by ten	23.			23.	
24 Subtract line 23 from line 20. This is your tax on lump-sum distribution using the 10-year option	24.	40		24.	

Line 24 — New York State column

- **Individuals** — Enter the line 24, *New York State* column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25.
- **Fiduciaries** — Include the line 24, *New York State* column amount on Form IT-205, line 12.
- **Multiple recipients** — See the front page of the instructions; if applicable, complete the worksheet below.

Line 24 — New York City column

- **Full-year New York City residents** — Enter the line 24, *New York City* column amount on Form IT-201-ATT, line 32.
- **Part-year New York City residents** — Enter the line 24, *New York City* column amount on Form IT-360.1, line 51.
- **Estates or trusts** — Enter the line 24, *New York City* column amount on Form IT-205, line 20.

Multiple recipients of lump-sum distribution worksheet

	New York State		New York City	
a Enter the amount from line 24 (<i>New York City and part-year New York City residents: use both columns</i>)	a.		a.	
b Enter your percentage of the total distribution	b.		b.	
c Multiply line a by line b. Enter the result here and as follows: Individuals — Enter the line c, <i>New York State</i> column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. Fiduciaries — Include the line c, <i>New York State</i> column amount on Form IT-205, line 12.	c.		c.	

Full-year New York City residents — Enter the line c, *New York City* column amount on Form IT-201-ATT, line 32, or Form IT-205, line 20.

Part-year New York City residents — Enter the line c, *New York City* column amount on Form IT-360.1, line 51, or Form IT-205, line 20.



22222		a Employee's social security number 400004834		OMB No. 1545-0008			
b Employer identification number (EIN) 62-2257358			1 Wages, tips, other compensation 32000		2 Federal income tax withheld		
c Employer's name, address, and ZIP code WORK WORKING HARD INDUSTRIES 280 LABOR CT FAITH NC 28041-0280			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. MARY B CHARITY 923 HOPE CT FAITH NC 28041-0923			11 Nonqualified plans		12a C o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e L 350		
			14 Other		12c C o d e		
					12d C o d e		
f Employee's address and ZIP code							
15 State Employer's state ID number NY		16 State wages, tips, etc. 32000		17 State income tax 1000		18 Local wages, tips, etc. 32000	
						19 Local income tax 300	
						20 Locality name NYC	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

22222		a Employee's social security number 400004834		OMB No. 1545-0008			
b Employer identification number (EIN) 56-3046224			1 Wages, tips, other compensation 6840		2 Federal income tax withheld		
c Employer's name, address, and ZIP code GOLD GOLD BLAZER REAL ESTATE 459 DWELLING AVE FAITH NC 28041			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. MARY B CHARITY 923 HOPE CT FAITH NC 28041-0923			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other		12c C o o d e		
					12d C o o d e		
f Employee's address and ZIP code							
15 State Employer's state ID number NY		16 State wages, tips, etc. 6840		17 State income tax 175		18 Local wages, tips, etc. 6840	
						19 Local income tax 99	
						20 Locality name NYC	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR -S

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code CANA CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO L2L1X3		1 Gross distribution \$ 3800	OMB No. 1545-0119 2011 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 3800	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
PAYER'S federal identification number 99-5244433	RECIPIENT'S identification number 400004834	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name MARY B CHARITY Street address (including apt. no.) 923 HOPE CT City, state, and ZIP code FAITH NC 28041		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 4A	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution 100 %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 21	13 State/Payer's state no. NY	14 State distribution \$ 3800	
Account number (see instructions)		15 Local tax withheld \$ 420	16 Name of locality CANADA	17 Local distribution \$ 3800	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

1099R INDICATOR-S

400-00-4834

IT-203 STATEMENT RECORDS

STM 31

FED

LINE 17: IRA 1741

SUB PAY 400

½ SE TAX 1159



Application for Automatic Six-Month Extension of Time to File for Individuals (with instructions)

IT-370

Instructions

Changes for 2011

We will no longer accept a copy of federal Form 4868, *Application for Automatic Extension of Time to File U.S. Individual Income Tax Return*, in place of Form IT-370. Previously, you could submit a copy of federal Form 4868 in place of Form IT-370, if you expected to receive a refund or anticipated having no amount of New York State, New York City, or Yonkers income tax, or state or local sales or use tax, remaining unpaid as of the due date of your return.

Ask for your extension online

Instead of using paper Form IT-370 to request an extension of time to file, you can complete your request for free on our Web site (at www.tax.ny.gov). If you are using a software package that offers an e-file option for extensions and you use that software to prepare your extension, you are required to e-file your extension. The online and e-file options provide you with a confirmation that we received your extension request. **Note:** If your paid preparer is required to e-file your personal income tax return, and is also preparing your extension request, the preparer must e-file your extension request.

General information

Purpose

File Form IT-370 on or before the due date of the return to get an automatic six-month extension of time to file Form IT-201, *Resident Income Tax Return*, or Form IT-203, *Nonresident and Part-Year Resident Income Tax Return* (including attachments).

If you are requesting an extension of time to file using Form IT-370, you may still file Form IT-201 or Form IT-203 electronically, provided you meet the conditions for electronic filing as listed in the instructions for the forms.

If you have to file Form Y-203, *Yonkers Nonresident Earnings Tax Return*, the time to file is automatically extended when you file Form IT-370. For more information on who is required to file Form Y-203, see the instructions for the form.

We cannot grant an extension of time to file for more than six months if you live in the United States. However, you may qualify for an extension of time to file beyond six months under section 157.3(b)(1) of the personal income tax regulations because you are outside the United States and Puerto Rico, or you intend to claim nonresident status under section 605(b)(1)(A)(ii) of the Tax Law (548-day rule), as explained in the instructions for Form IT-203 under *Additional general information*. Also see the special condition code instructions for the return you will be filing (Form IT-201 or Form IT-203).

When to file

File **one** completed Form IT-370 on or before the filing deadline for your return (extension applications filed after the filing deadline for the return are invalid). Generally, the filing deadline is the fifteenth day of the fourth month following the close of your tax year (April 17, 2012, for calendar-year filers, due to mailing rules).

However, you may file Form IT-370 on or before:

- **June 15, 2012**, if you qualify for an automatic two-month extension of time to file your federal and New York State income tax returns because you are out of the country (for additional information, see *When to file/important dates* on the back cover of the instructions for the return you are filing) **and** you need an additional four months to file (October 15, 2012);
- **June 15, 2012**, if you are a U.S. nonresident alien for federal income tax purposes and you qualify to file your federal and New York State income tax returns on June 15, 2012, **and** you need an additional six months to file (December 17, 2012); or
- **July 16, 2012**, (if your due date is April 17, 2012) or **September 13, 2012**, (if you are a nonresident alien and your due date is June 15, 2012), if you qualify for a 90-day extension of time to file because your spouse died within 30 days before your return due date **and** you need additional time to file. However, you must file your return on

▼ Detach here ▼ Do not attach to your return.



Application for Automatic Six-Month Extension of Time to File for Individuals

IT-370

Paid preparer? Mark an **X** in the box and complete the back

Your social security number (SSN) 400-00-4837		Spouse's SSN (only if filing a joint return)	
Your first name and middle initial SARAH		Your last name PHILIPS	
Spouse's first name and middle initial		Spouse's last name	
Mailing address (number and street or rural route) 427 OAK ST			Apartment number
City, village, or post office (see instructions) CATSKILL		State NY	ZIP code 12414
E-mail: PHILIPS@PATS.COM			

Enter your 2-character special condition code if applicable (see instructions)

Mark an **X** in the box for each tax that you are subject to:

New York State tax New York City tax Yonkers tax

Dollars Cents

1 Sales and use tax **00**

2 Total payment **00**



or before October 15, 2012, if your due date is April 17, 2012, or on or before December 17, 2012, if you are a nonresident alien and your due date is June 15, 2012.

See *Special condition codes* on page 3.

If you qualify for an **extension of time to file beyond six months**, you must file Form IT-370 on or before the filing deadline for your return.

How to file

Complete Form IT-370 and file it, along with payment for any tax due, on or before the due date of your return. Use the worksheet on page 3 to determine if a payment is required.

Spouses who file separate returns must complete separate Forms IT-370. Do not include your spouse's SSN or name on your separate Form IT-370.

Payment of tax — To obtain an extension of time to file, you must make full payment of the properly estimated tax balances due. Payment may be made by check or money order. See *Payment options* below.

Penalties

Late payment penalty — If you do not pay your income tax liability when due (determined with regard to any extension of time to pay), you will have to pay a penalty of ½ of 1% of the unpaid amount for each month or part of a month it is not paid, up to a maximum of 25%. The penalty will not be charged if you can show reasonable cause for paying late. This penalty is in addition to the interest charged for late payments.

Reasonable cause will be presumed with respect to the addition to tax for late payment of income tax if the requirements relating to extensions of time to file have been complied with, the balance due shown on the income tax return, reduced by any sales or use tax that is owed, is no greater than 10% of the total New York State, New York City, and Yonkers income tax shown on the income tax return, and the balance due shown on the income tax return is paid with the return.

Late filing penalty — If you do not file your Form IT-201 or Form IT-203 when due (determined with regard to any extension of time to file), or if you do not file Form IT-370 on time and

obtain an extension of time to file, you will have to pay a penalty of 5% of the income tax due for each month, or part of a month, the return is late, up to a maximum of 25%. However, if your return is not filed within 60 days of the time prescribed for filing a return (including extensions), this penalty will not be less than the lesser of \$100 or 100% of the amount required to be shown as income tax due on the return reduced by any tax paid and by any credit that may be claimed. The penalty will not be charged if you can show reasonable cause for filing late.

Interest

Interest will be charged on income tax or sales or use tax that is not paid on or before the due date of your return, even if you received an extension of time to file your return. Interest is a charge for the use of money and in most cases may not be waived. Interest is compounded daily and the rate is adjusted quarterly.

Fee for payments returned by banks

The law allows the Tax Department to charge a \$50 fee when a check, money order, or electronic payment is returned by a bank for nonpayment. However, if an electronic payment is returned as a result of an error by the bank or the department, the department won't charge the fee. If your payment is returned, we will send a separate bill for \$50 for each return or other tax document associated with the returned payment.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Name and address box — Enter your name (both names if filing a joint application), address and social security number(s). Failure to provide a social security number may invalidate this extension. If you do not have a social security number, enter **do not have one**. If you do not have a social security number, but have applied for one, enter **applied for**.

Foreign addresses — Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**

----- ▼ Detach here ▼ Do not attach to your return. -----

IT-370 (2011) (back)

Payment options — Full payment must be made by check or money order of any balance due with this automatic extension of time to file. Make the check or money order payable to **New York State Income Tax** and write your social security number and **2011 Income Tax** on it.

For online payment options, see our Web site (at www.tax.ny.gov).

Paid preparers — When signing Form IT-370, you must enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

Paid preparers may be subject to a penalty for failure to conform to certain requirements. For more information, see Publication 58, *Information for Income Tax Return Preparers*.

▼ Paid preparer must complete (see instructions) ▼	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"/>



Special condition codes — If you are out of the country and need an additional four months to file (October 15, 2012), enter special condition code **E3**. If you are a nonresident alien and your filing due date is June 15, 2012, and you need an additional six months to file (December 17, 2012), enter special condition code **E4**. If you qualified for a 90-day extension of time to file because your spouse died, and you need additional time to file (on or before October 15, 2012, or in the case of a nonresident alien, on or before December 17, 2012), enter special condition code **D9**. Also enter the applicable special condition code, **E3**, **E4**, or **D9** on Form IT-201 or Form IT-203 when you file your return.

Worksheet instructions

Complete the following worksheet to determine if you must make a payment with Form IT-370.

If you enter an amount on lines 1, 2, or 3 of this worksheet, mark an **X** in the appropriate box on the front of this form.

Line 1 — Enter the amount of your New York State income tax liability for 2011 that you expect to enter on Form IT-201, line 46, or Form IT-203, line 50.

Line 2 — Enter the amount of your New York City income tax liability for 2011 that you expect to enter on Form IT-201, line 54, or Form IT-203, line 52c.

Line 3 — Enter the amount of your Yonkers income tax liability for 2011 that you expect to enter on Form IT-201, lines 55, 56, and 57; or Form IT-203, lines 53 and 54.

Line 4 — Enter the amount of sales and use tax, if any, that you will be required to report when you file your 2011 return. See the instructions for your NYS income tax return for information on how to compute your sales and use tax. Also enter this amount on line 1 on the front of this form.

Line 6 — Enter the amount of 2011 income tax already paid that you expect to enter on Form IT-201, line 76, or Form IT-203, line 66 (excluding the amount paid with Form IT-370).

Worksheet

1	New York State income tax liability for 2011	1.	_____
2	New York City income tax liability for 2011 ...	2.	_____
3	Yonkers income tax liability for 2011	3.	_____
4	Sales and use tax due for 2011 (enter this amount here and on line 1 on the front)	4.	_____
5	Total taxes (add lines 1 through 4)	5.	_____
6	Total 2011 income tax already paid	6.	_____
7	Total payment (subtract line 6 from line 5 and enter this amount here and on line 2 on the front). If line 6 is more than line 5, enter 0	7.	_____

Note: You may be subject to penalties if you underestimate the balance due.

How to claim credit for payment made with this form

Include the amount paid with Form IT-370 on Form IT-201, line 75, or Form IT-203, line 65.

For more information, see the line instructions for the return you file.

Where to file

If you are enclosing a payment with Form IT-370, mail to: **Extension Request, PO Box 4125, Binghamton NY 13902-4125.**

If you are not enclosing a payment with Form IT-370, mail to: **Extension Request-NR, PO Box 4126, Binghamton NY 13902-4126.**

For information about private delivery services, see Publication 55, *Designated Private Delivery Services*.





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 JOE		Your last name (for a joint return, enter spouse's name on line below) HALSE		Your date of birth (mm-dd-yyyy)	Your social security number
Spouse's first name and middle initial SANDRA		Spouse's last name HALSE		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) 37 MAIN ST				Apartment number	New York State county of residence FRANKLIN
City, village, or post office BURKE		State NY	ZIP code 12917	Country (if not United States)	School district name MALONE
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number 3 6 5
City, village, or post office		State NY	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

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 ARCHITECT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
E-mail: HALSE@PATS.COM	

201004120099



See instructions for where to mail your return.



Claim for Empire State Child Credit

IT-213

Attach this form to Form IT-201 or IT-203.

Step 1 – Enter identifying information

Your name as shown on return JOE HALSE	▼ Your social security number 400004838
Spouse's name SANDRA HALSE	▼ Spouse's social security number 400004898

Step 2 – Determine eligibility

- Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2011? **1.** Yes No
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- Did you claim the federal child tax credit or additional child tax credit for 2011?..... **2.** Yes No
- Is your federal adjusted gross income (*see instructions*)
 - \$110,000 or less and your filing status is ② married filing joint return;
 - \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**
 - \$55,000 or less and your filing status is ③ married filing separate return?..... **3.** Yes No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit (*see instructions*)..... **4.**
- Enter the number of children from line 4 that were at least four years of age on December 31, 2011 **5.**
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

Step 3 – Enter child information

List below the name, social security number, and year of birth for each child included on line 4.

First name and middle initial	Last name	Social security number	Year of birth
JOE	HALSE	<input type="text" value="400884829"/>	<input type="text" value="2002"/>
SUE	HALSE	<input type="text" value="400884830"/>	<input type="text" value="2001"/>
BILL	HALSE	<input type="text" value="400884831"/>	<input type="text" value="2000"/>
TOM	HALSE	<input type="text" value="400884832"/>	<input type="text" value="1999"/>
PAT	HALSE	<input type="text" value="400884833"/>	<input type="text" value="1998"/>
JOHN	HALSE	<input type="text" value="400884834"/>	<input type="text" value="1997"/>

Attach Form IT-213-ATT if you have additional children to report (*see instructions*).



Step 4 – Compute credit

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

	Dollars	Cents
6 Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51	6. 1143	.
7 Enter your federal additional child tax credit from Form 1040A, line 39, or Form 1040, line 65	7. 6857	.
8 Add lines 6 and 7	8. 8000	.
9 Enter the number of children from line 4	9. 08	
10 Divide line 8 by line 9	10. 1000	.
11 Enter the number of children from line 5	11. 08	
12 Multiply line 10 by line 11	12. 8000	.
13 Multiply line 12 by 33% (.33)	13. 2640	.

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.
All others continue with line 14.

14 Enter the number of children from line 5	14. 08	
15 Multiply line 14 by 100	15. 800	.
16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16. 2640	.

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns (see instructions)

17 Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank	17. []	.
Enter here and on Form IT-201, line 63.		
18 Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank	18. []	.
Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.		



22222		a Employee's social security number 400004838		OMB No. 1545-0008		
b Employer identification number (EIN) 14-6018523			1 Wages, tips, other compensation 55000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code HOME HOMES 4 U 39 THOMAS AVE BURKE NY 12917			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name JOE HALSE 37 MAIN STREET BURKE NY 12917			11 Nonqualified plans		12a C o o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e	
			14 Other		12c C o o d e	
					12d C o o d e	
f Employee's address and ZIP code						
15 State NY	Employer's state ID number	16 State wages, tips, etc. 55000	17 State income tax 1000	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

CORRECTED

OMB No. 1545-0238

2011

Form W-2G

**Certain
Gambling
Winnings**

PAYER'S name, address, ZIP code, federal identification number, and telephone number OTB OTB 50 SMITH ST BURKE NY 12917 69-1478326 718-218-6957	1 Gross winnings 5000	2 Federal income tax withheld
	3 Type of wager DAILY DOUBLE	4 Date won 05/20/2011
	5 Transaction	6 Race RACE 1
	7 Winnings from identical wagers	8 Cashier 12345
WINNER'S name, address (including apt. no.), and ZIP code JOE HALSE 37 MAIN STREET BURKE NY 12917	9 Winner's taxpayer identification no. 400004838	10 Window 6789
	11 First I.D. 497801236	12 Second I.D.
	13 State/Payer's state identification no. NY	14 State income tax withheld 100
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		
Signature ►		Date ►

**Copy 1
For State Tax
Department**

Form **W-2G**

Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD-
YONKERS INCOME TAX WITHHELD-

W2 INDICATOR-S

▼ Enter your social security number

4 0 0 0 0 4 8 3 9

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 4 8,0 0 0 . 0 0

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20. , , , , , .
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21. , , , , , .
 22 New York's 529 college savings program distributions (see page 16) 22. , , , , , .
 23 Other (see page 17) Identify: 23. , , , , , .
 24 Add lines 19 through 23 24. 4 8,0 0 0 . 0 0

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25. , , , , , .
 26 Pensions of NYS and local governments and the federal government (see page 20) 26. , , , , , .
 27 Taxable amount of social security benefits (from line 14) 27. , , , , , .
 28 Interest income on U.S. government bonds 28. , , , , , .
 29 Pension and annuity income exclusion (see page 20) 29. , , , , , .
 30 New York's 529 college savings program deduction/earnings 30. , , , , , .
 31 Other (see page 21) Identify: 31. , , , , , .
 32 Add lines 25 through 31 32. , , , , , .
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 4 8,0 0 0 . 0 0

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 1 5,0 0 0 . 0 0
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 3 3,0 0 0 . 0 0
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. 3 3,0 0 0 . 0 0



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a. , , , , , .
b Taxes you paid (federal Sch. A, line 9)	b. , , , , , .
c Interest you paid (federal Sch. A, line 15)	c. , , , , , .
d Gifts to charity (federal Sch. A, line 19)	d. , , , , , .
e Casualty and theft losses (federal Sch. A, line 20)	e. , , , , , .
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. , , , , , .
g Other misc. deductions (federal Sch. A, line 28)	g. , , , , , .
h Enter amount from federal Schedule A, line 29	h. , , , , , .
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i. , , , , , .
j Subtract line i from line h	j. , , , , , .
k Addition adjustments (see page 26)	k. , , , , , .
l Add lines j and k	l. , , , , , .
m Itemized deduction adjustment (see page 27)	m. , , , , , .
n Subtract line m from line l	n. , , , , , .
o College tuition itemized deduction (see Form IT-272)	o. , , , , , .
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. , , , , , .



Name(s) as shown on page 1
JOE FIRE

▼ Enter your social security number

4 0 0 0 0 4 8 3 9

Tax computation, credits, and other taxes (see page 29)

		Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	3 3 0 0 0	. 0 0
39 New York State tax on line 38 amount (see page 29 and Tax computation on pages 60 and 61)	39.	1 5 3 3	. 0 0
40 New York State household credit (from table 1, 2, or 3 on page 29)	40.		
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.		
43 Add lines 40, 41, and 42	43.		
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	1 5 3 3	. 0 0
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.	1 5 3 3	. 0 0

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

47 New York City resident tax on line 38 amount (see page 30)	47.		
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.		
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		
55 Yonkers resident income tax surcharge (see page 32)	55.		
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.		

See instructions on pages 30, 31, and 32 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 33. Do not leave line 59 blank.)

59. 4 5 . 0 0

Voluntary contributions (whole dollar amounts only; see page 34)

60a Return a Gift to Wildlife	60a.			0 0
60b Missing/Exploited Children Fund	60b.			0 0
60c Breast Cancer Research Fund	60c.			0 0
60d Alzheimer's Fund	60d.			0 0
60e Olympic Fund (\$2 or \$4; see page 34)	60e.			0 0
60f Prostate Cancer Research Fund	60f.			0 0
60g 9/11 Memorial	60g.			0 0
60h Volunteer Firefighting & EMS Recruitment Fund	60h.			0 0
60 Total voluntary contributions (add lines 60a through 60h)	60.			0 0
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.	1 5 7 8	. 0 0	



▼ Enter your social security number

4 0 0 0 0 4 8 3 9

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 1,578.00

Payments and refundable credits (see page 35)

Table with 10 rows (63-76) for various credits and taxes. Includes items like Empire State child credit, NYC school tax credit, and total payments. Total payments (76) is 2,400.00.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 822.00
78 Amount of line 77 to be refunded Mark one refund choice: [] direct deposit (fill in line 82) - or - [X] debit card - or - [] paper check 78. 822.00
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79. 0.00

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box [] and fill in line 82 80. 0.00
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81. 0.00

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) []
82a Routing number [] Electronic funds withdrawal effective date []
82b Account number [] 82c Account type [] Checking [] Savings

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail.

Paid preparer must complete (see instr.) Date, Preparer's signature, Firm's name, Address, E-mail, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed []

Taxpayer(s) must sign here Date, Your signature, Your occupation CHEF, Spouse's signature and occupation (if joint return) CASHIER, Date, Daytime phone number 518-464-1264, E-mail: FIRE@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.



▼ Enter your social security number

4 0 0 0 0 4 8 3 9

Part 1, Section D — New York State, New York City, and Yonkers refundable credits (continued)

Dollars Cents

14 Enter amount from line 13 on the front page 14. 4 0 0 .
15 New York State claim of right credit (attach Form IT-257) 15.
16 New York City claim of right credit (attach Form IT-257) 16.
17 Yonkers claim of right credit (attach Form IT-257) 17.
18 Total New York State, New York City, and Yonkers other refundable credits (add lines 14 through 17; enter here and on Form IT-201, line 71) 18. 4 0 0 .

Part 2 — Other New York State taxes

If you are subject to other New York State taxes, complete Part 2 and attach this Form IT-201-ATT to your return.

19 New York State tax on capital gain portion of lump-sum distributions (attach Form IT-230) 19.
20 Other New York State taxes (attach all applicable forms)

Table with columns: Code, Dollars, Cents, Code, Dollars, Cents. Rows 20a through 20l.

Total other New York State taxes (add lines 20a through 20l) 20.
21 Add lines 19 and 20 21.
22 See instructions for line 22 22.
23 Enter amount from Form IT-201, line 39 23.
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) 24.
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank) 25.
26 New York State separate tax on lump-sum distributions (attach Form IT-230) 26.
27 Resident credit against separate tax on lump-sum distributions (attach Form IT-112.1) 27.
28 Subtract line 27 from line 26 28.
29 New York State minimum income tax (attach Form IT-220) 29.
30 Net other New York State taxes (add lines 25, 28, and 29; enter here and on Form IT-201, line 45) 30.

Part 3 — Other New York City taxes

31 New York City minimum income tax (attach Form IT-220) 31.
32 New York City resident separate tax on lump-sum distributions (attach Form IT-230) 32.
33 New York City tax on capital gain portion of lump-sum distributions (attach Form IT-230) 33.
34 Total other New York City taxes (add lines 31, 32, and 33; enter here and on Form IT-201, line 51) 34.





Claim for Volunteer Firefighters' and Ambulance Workers' Credit

Tax Law — Section 606(e-1)

IT-245

Attach your completed Form IT-245 to Form IT-201. See instructions on back.

Step 1 — Enter identifying information

Your name as shown on return JOE FIRE	▼ Your social security number 400004839
Spouse's name JACK FOX	▼ Spouse's social security number 400004829

Step 2 — Determine eligibility (for lines 1 through 3, mark an X in the appropriate box)

- 1 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year? **1.** Yes No
If you marked an X in the No box, **stop**; you do not qualify for this credit.
- 2 Were you an active volunteer firefighter or ambulance worker for all of this tax year who **did not** receive a real property tax exemption for these services (see instructions)? **2.** Yes No
If your filing status is ②, *Married filing joint return*, continue with line 3.
For any other filing status:
If you marked an X in the No box, **stop**; you do not qualify for this credit.
If you marked an X in the Yes box, continue with Step 3.
- 3 If your filing status is ②, *Married filing joint return*, was your spouse an active volunteer firefighter or ambulance worker for all of this tax year who **did not** receive a real property tax exemption for these services (see instructions)? **3.** Yes No
If you marked an X in the No box at **both** lines 2 and 3, **stop**; you do not qualify for this credit.

Step 3 — Enter qualifying information (see instructions)

Name of qualifying volunteer	Volunteer fire company/department or ambulance company	Address of volunteer fire company/department or ambulance company
JOE FIRE	CATSKILL FIRE DEPARTMENT	240 GREEN ROAD CATSKILL NY 12414
JACK FOX	CATSKILL FIRE DEPARTMENT	240 GREEN ROAD CATSKILL NY 12414

Step 4 — Determine credit amount

- 4 If you marked the Yes box at **either** line 2 **or** line 3, but not both enter **200**.
If you marked the Yes box at **both** lines 2 and 3, enter **400** **4.**
Enter the line 4 amount and code **354** on Form IT-201-ATT, line 12.



Instructions

General information

What is the volunteer firefighters' and ambulance workers' credit?

The volunteer firefighters' and ambulance workers' credit is available to full-year New York State residents who are active volunteer firefighters or volunteer ambulance workers for the entire tax year for which the credit is claimed.

You **cannot claim** the volunteer firefighters' and ambulance workers' credit if you receive a real property tax exemption that relates to your volunteer service under Real Property Tax Law (RPTL), Article 4, Title 2. However, if the property has multiple owners, the owner(s) whose volunteer service was not the basis of the exemption may be eligible to claim the credit.

If the credit exceeds your tax for the year, any excess will be refunded without interest.

Definitions

Active volunteer firefighter means a person who has been approved by the authorities in control of a duly organized New York State volunteer fire company or New York State volunteer fire department as an active volunteer firefighter of the fire company or department and who is faithfully and actually performing service in the protection of life and property from fire or other emergency, accident or calamity in connection with which the services of the fire company or fire department are required.

Volunteer ambulance worker means an active volunteer member of a New York State ambulance company as specified on a list regularly maintained by the company for purposes of the volunteer ambulance workers' benefit law.

How do I claim the credit?

File Form IT-245 with your Form IT-201, *Resident Income Tax Return*. If your filing status is ③, *Married filing separate return*, and both you and your spouse qualify for the credit, each spouse must file a separate Form IT-245 with Form IT-201.

Do not attach this form to your return unless you are claiming the credit.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Step 2 — Determine eligibility

If your filing status is ① *Single*, ③ *Married filing separate return*, ④ *Head of household*, or ⑤ *Qualifying widower*, complete lines 1 and 2. If your filing status is ② *Married filing joint return*, complete lines 1, 2, and 3.

Line 2 — If you received a real property tax exemption under the RPTL that relates to your volunteer service, mark an **X** in the *No* box.

Line 3 — If your filing status is ②, *Married filing joint return*, and your spouse received a real property tax exemption under the RPTL that relates to his/her volunteer service, mark an **X** in the *No* box.

Step 3 — Enter qualifying information

If you are an active volunteer for both a fire company/department and an ambulance company, enter the qualifying information for either the fire company/department or the ambulance company. Do not enter the information for both.



22222		a Employee's social security number 400004839		OMB No. 1545-0008		
b Employer identification number (EIN) 12-3456790			1 Wages, tips, other compensation 27900		2 Federal income tax withheld	
c Employer's name, address, and ZIP code FOUR FOUR SEASONS TAVERN 42 PAINVIEW ROAD HUNTER NY 12442			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a C o o d e
JOE FIRE		PO BOX 527	CATSKILL NY 12414	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e
f Employee's address and ZIP code				14 Other		12c C o o d e
						12d C o o d e
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY		27900	1000			

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

22222		a Employee's social security number 400004829		OMB No. 1545-0008		
b Employer identification number (EIN) 23-4567810			1 Wages, tips, other compensation 19000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code HUNT HUNTER SKI SHOP 118 HUNTER RD HUNTER NY 12442			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a C o d e
JACK FOX		PO BOX 527	CATSKILL NY 12414	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e
f Employee's address and ZIP code				14 Other		12c C o d e
						12d C o d e
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY		19000	800			

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S



New York State Department of Taxation and Finance
**Summary of Unemployment
 Compensation Payments**

IT-1099-UI

File Form IT-1099-UI as an entire page.

Taxpayer's first name and middle initial JOE	Taxpayer's last name FIRE
Spouse's first name and middle initial JACK	Spouse's last name FOX

▼ Your social security number 400004839
▼ Spouse's social security number 400004829

This Form IT-1099-UI is for (mark an X in one box): Taxpayer Spouse

Box a Payer's name and full address

New York State Department of Labor-Unemployment Insurance Albany, NY 12240-0001

Box b Payer's federal identification number

2 7 0 2 9 3 1 1 7

State New York State tax withheld

NY	50	.	
----	----	---	--

Box 1 Unemployment compensation

500	.	
-----	---	--

Instructions

General instructions

Who must file this form — If you are required to file a New York State income tax return and you (or your spouse, if filing jointly) received federal Form(s) 1099-G statements issued by the **New York State Department of Labor** showing New York State income tax withheld, you must complete Form IT-1099-UI. You should complete Form IT-1099-UI **only** if the federal Form 1099-G was issued by the New York State Department of Labor **and** shows New York State withholding.

How to complete Form IT-1099-UI — You must complete one Form IT-1099-UI for each federal Form 1099-G you (and if filing jointly, your spouse) received that shows New York State income tax withheld. Enter only the information requested on Form IT-1099-UI.

Each box on Form IT-1099-UI corresponds to a similarly named or numbered box on the federal Form 1099-G that you received from the New York State Department of Labor. Enter the information provided on your federal Form 1099-G in the corresponding boxes on Form IT-1099-UI.

Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number in the appropriate boxes.

If **you** are the recipient of federal Form 1099-G, mark an **X** in the *Taxpayer* box. If your **spouse** is the recipient, mark an **X** in the *Spouse* box.

Box 1 — Enter the unemployment compensation shown in Box 1 of federal Form 1099-G.

New York State tax withheld — Enter the New York State income tax withheld as shown on federal Form 1099-G issued by the New York State Department of Labor.

Total the New York State tax withheld amount(s) from all IT-1099-UI form(s). Include this total on the *Total New York State tax withheld* line on your New York State income tax return.

File Form IT-1099-UI as an entire page. Attach this form (IT-1099-UI) to your New York State income tax return, Form IT-201 or IT-203. **Do not** attach your federal 1099-G form(s); keep them for your records.

Please file this original scannable form with the Tax Department.



0981110099



New York State Department of Taxation and Finance
**Summary of Unemployment
 Compensation Payments**

IT-1099-UI

File Form IT-1099-UI as an entire page.

Taxpayer's first name and middle initial JOE	Taxpayer's last name FIRE
Spouse's first name and middle initial JACK	Spouse's last name FOX

▼ Your social security number
400004839

▼ Spouse's social security number
400004829

This Form IT-1099-UI is for (mark an X in one box): Taxpayer Spouse

Box a Payer's name and full address

New York State
 Department of Labor-Unemployment Insurance
 Albany, NY 12240-0001

Box b Payer's federal identification number

2 7 0 2 9 3 1 1 7

State New York State tax withheld

NY **150** .

Box 1 Unemployment compensation

600 .

Instructions

General instructions

Who must file this form — If you are required to file a New York State income tax return and you (or your spouse, if filing jointly) received federal Form(s) 1099-G statements issued by the **New York State Department of Labor** showing New York State income tax withheld, you must complete Form IT-1099-UI. You should complete Form IT-1099-UI **only** if the federal Form 1099-G was issued by the New York State Department of Labor **and** shows New York State withholding.

How to complete Form IT-1099-UI — You must complete one Form IT-1099-UI for each federal Form 1099-G you (and if filing jointly, your spouse) received that shows New York State income tax withheld. Enter only the information requested on Form IT-1099-UI.

Each box on Form IT-1099-UI corresponds to a similarly named or numbered box on the federal Form 1099-G that you received from the New York State Department of Labor. Enter the information provided on your federal Form 1099-G in the corresponding boxes on Form IT-1099-UI.

Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number in the appropriate boxes.

If **you** are the recipient of federal Form 1099-G, mark an **X** in the *Taxpayer* box. If your **spouse** is the recipient, mark an **X** in the *Spouse* box.

Box 1 — Enter the unemployment compensation shown in Box 1 of federal Form 1099-G.

New York State tax withheld — Enter the New York State income tax withheld as shown on federal Form 1099-G issued by the New York State Department of Labor.

Total the New York State tax withheld amount(s) from all IT-1099-UI form(s). Include this total on the *Total New York State tax withheld* line on your New York State income tax return.

File Form IT-1099-UI as an entire page. Attach this form (IT-1099-UI) to your New York State income tax return, Form IT-201 or IT-203. **Do not** attach your federal 1099-G form(s); keep them for your records.

Please file this original scannable form with the Tax Department.



0981110099

▼ Enter your social security number

4 0 0 0 0 4 8 4 1

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 6,346,477.

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20. 19,149.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21.
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: 23.
 24 Add lines 19 through 23 24. 6,365,626.

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25. 6,708.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28. 310.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32. 7,018.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 6,358,608.

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 16,263.
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 6,342,345.
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 2,000.
 37 Taxable income (subtract line 36 from line 35) 37. 6,340,345.

◀ OR ▶

New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a. 79,985.
b Taxes you paid (federal Sch. A, line 9)	b. 31,426.
c Interest you paid (federal Sch. A, line 15)	c. 32,526.
d Gifts to charity (federal Sch. A, line 19)	d. 143,937.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h. 58,653.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i. 85,284.
j Subtract line i from line h	j. 85,284.
k Addition adjustments (see page 26)	k.
l Add lines j and k	l. 69,021.
m Itemized deduction adjustment (see page 27)	m. 16,263.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. 16,263.



▼ Enter your social security number

4 0 0 0 0 4 8 4 1

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 8 1 3, 1 2 9 .

Payments and refundable credits (see page 35)

63 Empire State child credit (attach Form IT-213) 63.
64 NYS/NYC child and dependent care credit (attach Form IT-216) 64.
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209) 65.
66 NYS noncustodial parent EIC (attach Form IT-209) 66.
67 Real property tax credit (attach Form IT-214) 67.
68 College tuition credit (attach Form IT-272) 68.
69 NYC school tax credit (also complete (F) on page 1; see page 35) 69.
70 NYC earned income credit (attach Form IT-215 or IT-209) 70.
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form) 71.
72 Total New York State tax withheld 72. 9 7
73 Total New York City tax withheld 73.
74 Total Yonkers tax withheld 74.
75 Total estimated tax payments/Amount paid with Form IT-370 ... 75. 8 1 3, 5 0 0 .
76 Total payments (add lines 63 through 75) 76. 8 1 3, 5 9 7 .

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 4 6 8 .
78 Amount of line 77 to be refunded
X Mark one refund choice: X direct deposit (fill in line 82) - or - debit card - or - paper check ... 78. 4 6 8 .
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39).
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. 39) .

82a Routing number 0 1 1 0 0 1 7 4 2 Electronic funds withdrawal effective date

82b Account number L O A N X X X X 4 0 0 0 0 4 8 4 1 82c Account type X Checking Savings

Third-party designee? (see instr.) Yes No X
Print designee's name
Designee's phone number ()
Personal identification number (PIN)

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

Taxpayer(s) must sign here
Your signature
Your occupation MANAGER
Spouse's signature and occupation (if joint return) OFFICE MANAGER
Date
Daytime phone number 5 1 8 4 6 4 4 2 6 4
E-mail: HICKS@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.



22222		a Employee's social security number 400004863		OMB No. 1545-0008	
b Employer identification number (EIN) 59-1234567			1 Wages, tips, other compensation 2692		2 Federal income tax withheld
c Employer's name, address, and ZIP code ARTI ART INC 350 MAIN ST NEW YORK NY 10013			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name MELISSA HICKS 115 S 94 ST NEW YORK NY 10029			11 Nonqualified plans		12a C o o d e
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e
			14 Other		12c C o o d e
f Employee's address and ZIP code					12d C o o d e
15 State Employer's state ID number NY		16 State wages, tips, etc. 2692	17 State income tax 97	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2011

Department of the Treasury—Internal Revenue Service

W2 INDICATOR-S

▼ Enter your social security number

4 0 0 0 0 4 8 4 2

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. 7 3 8 9 3 .

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21.
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: 23.
 24 Add lines 19 through 23 24. 7 3 8 9 3 .

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the federal government (see page 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 7 3 8 9 3 .

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 1 0 5 0 0 .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 6 3 3 9 3 .
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 2 0 0 0 . 0 0
 37 Taxable income (subtract line 36 from line 35) 37. 6 1 3 9 3 .



New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i.
j Subtract line i from line h	j.
k Addition adjustments (see page 26)	k.
l Add lines j and k	l.
m Itemized deduction adjustment (see page 27)	m.
n Subtract line m from line l	n.
o College tuition itemized deduction (see Form IT-272)	o.
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.



▼ Enter your social security number

4 0 0 0 0 4 8 4 2

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. Dollars 2,826. Cents

Payments and refundable credits (see page 35)

63 Empire State child credit (attach Form IT-213) 63.
64 NYS/NYC child and dependent care credit (attach Form IT-216) 64.
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209) 65.
66 NYS noncustodial parent EIC (attach Form IT-209) 66.
67 Real property tax credit (attach Form IT-214) 67.
68 College tuition credit (attach Form IT-272) 68.
69 NYC school tax credit (also complete (F) on page 1; see page 35) 69.
70 NYC earned income credit (attach Form IT-215 or IT-209) 70.
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form) 71.
72 Total New York State tax withheld 72.
73 Total New York City tax withheld 73.
74 Total Yonkers tax withheld 74.
75 Total estimated tax payments/Amount paid with Form IT-370 ... 75. 5,000.
76 Total payments (add lines 63 through 75) 76. 5,000.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37). Staple them (and any other applicable forms) to the top of this page 4. See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 2,174.
78 Amount of line 77 to be refunded Mark one refund choice: deposit (fill in line 82) - or - debit card - or - paper check 78. 674.
79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79. 1,500.

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

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 this box and fill in line 82 80.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). 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. 39) •

82a Routing number Electronic funds withdrawal effective date
82b Account number 82c Account type Checking Savings

Third-party designee? (see instr.) Print designee's name Designee's phone number Personal identification number (PIN) Yes No X 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 Mark an X if self-employed E-mail:

Taxpayer(s) must sign here Your signature Your occupation WELDER Spouse's signature and occupation (if joint return) Date Daytime phone number E-mail: SMITH@PATS.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return JOSEPH SMITH	Identifying number as shown on return 400004842
---	---

Attach this form to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments <i>(see instructions)</i>	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Dollars		Dollars	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.		1.	
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		4.	
5 Alimony received.....	5.		5.	
6 Business income or loss	6.		6.	
7 Capital gain or loss.....	7.	-3000	7.	
8 Other gains or losses	8.		8.	
9 Taxable amount of IRA distributions	9.		9.	
10 Taxable amount of pensions and annuities.....	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11.	76893	11.	5490
12 Farm income or loss.....	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits	14.		14.	
15 Other income.....	15.		15.	
16 Add lines 1 through 15	16.	73893	16.	5490
17 Total federal adjustments to income	17.		17.	
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i>	18.	73893	18.	5490
19 New York adjustments <i>(see instructions)</i>	19.		19.	
20 New York adjusted gross income <i>(line 18 and add or subtract line 19; see instructions)</i>	20.	73893	20.	5490
21 Capital gain portion of lump-sum distributions <i>(see instr.)</i> ..	21.		21.	
22 Add lines 20 and 21	22.	73893	22.	5490

(continued on back)

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of both pages. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions).....	23.		CT
	Also enter the locality name, if applicable <i>Locality name:</i> HARTFORD			
24	Enter the amount of income tax computed on this year's return for the other state or local government (see instructions)	24.	131	.
25	New York State tax payable (see instructions)	25.	3642	.
26	Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ..	26.	0	.0743
27	Multiply line 25 by line 26.....	27.	271	.
28	Enter amount from line 24 or line 27, whichever is less (see instructions)	28.	131	.
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)	29.	770	.
30	Add lines 28 and 29	30.	901	.

Part 3 – Application of Credit

31	Tax due before credits (see instructions)	31.	3642	.
32	Other credits that you applied before this credit (see instructions)	32.		.
33	Subtract line 32 from line 31	33.	3642	.
34	Enter the amount from line 30 or line 33, whichever is less (see instructions)	34.	901	.

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to attach a copy of the return you filed with the other state or local government to Form IT-201, IT-203, or IT-205. Attaching a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you attach a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions).....	35.	75	.
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	36.		.
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	37.	56	.
38	Mark an X in the box if the taxes paid to the other jurisdiction were paid on a group return.....			<input type="checkbox"/>

Enter the group's EIN





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return JOSEPH SMITH	Identifying number as shown on return 400004842
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Attach this form to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments <i>(see instructions)</i>	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Dollars		Dollars	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.		1.	
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		4.	
5 Alimony received.....	5.		5.	
6 Business income or loss	6.		6.	
7 Capital gain or loss.....	7.	-3000	7.	
8 Other gains or losses	8.		8.	
9 Taxable amount of IRA distributions	9.		9.	
10 Taxable amount of pensions and annuities.....	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11.	76893	11.	12400
12 Farm income or loss.....	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits	14.		14.	
15 Other income.....	15.		15.	
16 Add lines 1 through 15	16.	73893	16.	12400
17 Total federal adjustments to income	17.		17.	
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i>	18.	73893	18.	12400
19 New York adjustments <i>(see instructions)</i>	19.		19.	
20 New York adjusted gross income <i>(line 18 and add or subtract line 19; see instructions)</i>	20.	73893	20.	12400
21 Capital gain portion of lump-sum distributions <i>(see instr.)</i> ..	21.		21.	
22 Add lines 20 and 21	22.	73893	22.	12400

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If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of both pages. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (<i>see instructions</i>)	23.	CA
	Also enter the locality name, if applicable <i>Locality name:</i> SACRAMENTO		
24	Enter the amount of income tax computed on this year's return for the other state or local government (<i>see instructions</i>)	24.	509
25	New York State tax payable (<i>see instructions</i>)	25.	3642
26	Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>) ..	26.	0 . 1678
27	Multiply line 25 by line 26.....	27.	611
28	Enter amount from line 24 or line 27, whichever is less (<i>see instructions</i>)	28.	509
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (<i>see instructions</i>)	29.	
30	Add lines 28 and 29	30.	

Part 3 – Application of Credit

31	Tax due before credits (<i>see instructions</i>)	31.	
32	Other credits that you applied before this credit (<i>see instructions</i>)	32.	
33	Subtract line 32 from line 31	33.	
34	Enter the amount from line 30 or line 33, whichever is less (<i>see instructions</i>)	34.	

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to attach a copy of the return you filed with the other state or local government to Form IT-201, IT-203, or IT-205. Attaching a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you attach a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (<i>see instructions</i>).....	35.	550
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>)	36.	41
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>)	37.	
38	Mark an X in the box if the taxes paid to the other jurisdiction were paid on a group return.....	<input type="checkbox"/>	
	Enter the group's EIN <input style="width: 150px; height: 20px;" type="text"/>		





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return
JOSEPH SMITH

Identifying number as shown on return
400004842

Attach this form to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.		1.	
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss	6.		6.	
7 Capital gain or loss.....	7.	-3000	7.	
8 Other gains or losses	8.		8.	
9 Taxable amount of IRA distributions	9.		9.	
10 Taxable amount of pensions and annuities.....	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11.	76893	11.	4600
12 Farm income or loss.....	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits	14.		14.	
15 Other income.....	15.		15.	
16 Add lines 1 through 15	16.	73893	16.	4600
17 Total federal adjustments to income	17.		17.	
18 Federal adjusted gross income (subtract line 17 from line 16).....	18.	73893	18.	4600
19 New York adjustments (see instructions).....	19.		19.	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions).....	20.	73893	20.	4600
21 Capital gain portion of lump-sum distributions (see instr.) ..	21.		21.	
22 Add lines 20 and 21	22.	73893	22.	4600

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Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions).....		23.	AL
	Also enter the locality name, if applicable <i>Locality name:</i>	MONTGOMERY		
24	Enter the amount of income tax computed on this year's return for the other state or local government (see instructions)	382	24.	
25	New York State tax payable (see instructions)	3642	25.	
26	Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ..	0	26.	.0623
27	Multiply line 25 by line 26.....	227	27.	
28	Enter amount from line 24 or line 27, whichever is less (see instructions)	227	28.	
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)		29.	
30	Add lines 28 and 29		30.	

Part 3 – Application of Credit

31	Tax due before credits (see instructions)		31.	
32	Other credits that you applied before this credit (see instructions)		32.	
33	Subtract line 32 from line 31		33.	
34	Enter the amount from line 30 or line 33, whichever is less (see instructions)		34.	

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to attach a copy of the return you filed with the other state or local government to Form IT-201, IT-203, or IT-205. Attaching a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you attach a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions).....		35.	
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)		36.	
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	382	37.	
38	Mark an X in the box if the taxes paid to the other jurisdiction were paid on a group return.....			<input type="checkbox"/>

Enter the group's EIN





New York State Resident Credit for Taxes Paid to a Province of Canada

Complete this form if you want to claim a resident credit or if you have an addback for taxes paid to a province of Canada.

Name(s) as shown on return JOSEPH SMITH

Identifying number as shown on return 400004842

Attach this form and a copy of federal Form 1116 to Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties. If you are not required to file federal Form 1116, see instructions.

Table with 4 columns: Description, A (Dollars), A (Cents), B (Dollars), B (Cents). Rows include Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss (-3000); Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions and annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc. (76893); Farm income or loss; Unemployment compensation; Taxable amount of social security benefits; Other income; Add lines 1 through 15 (73893); Total federal adjustments to income; Federal adjusted gross income (73893); New York adjustments; New York adjusted gross income (4000); Capital gain portion of lump-sum distributions; Add lines 20 and 21 (4000).

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If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



Report all amounts in U.S. dollars.

Part 2 – Computing your resident credit or addback for taxes paid to a province of Canada

If any portion of the Canadian provincial income tax that entitled you to a New York State credit is claimed as a foreign tax credit on your federal return in a succeeding tax year, the amount claimed must be added back to your New York State tax liability for that succeeding tax year.

23	Enter the two-letter abbreviation of the Canadian province where tax was paid (<i>see instr.</i>)	23.		BC
24	Enter the amount from federal Form 1116, line 9, pertaining to this year's income taxes paid to the above Canadian province (<i>see instructions</i>)	24.	1200	
25	Enter the amount from federal Form 1116, line 12, pertaining to the reduction in foreign taxes paid to the above Canadian province	25.		
26	Enter the amount from line 24 that was carried back and claimed as a credit for federal purposes	26.		
27	Add lines 25 and 26	27.		
28	Subtract line 27 from line 24	28.	1200	
29	Enter the amount from federal Form 1116, line 10, pertaining to carryover of taxes paid for prior years to the above Canadian province (<i>attach copy of federal Form(s) 1116</i>)	29.		
30	Add lines 28 and 29	30.	1200	
31	Enter the amount from federal Form 1116, line 22, pertaining to this year's foreign tax credit for taxes paid to the above Canadian province	31.	1166	
32	Subtract line 31 from line 30	32.	34	
33	New York State tax payable (<i>see instructions</i>)	33.	3642	
34	Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>)....	34.	0	0541
35	Multiply line 33 by line 34	35.	197	
36	Tentative credit (<i>enter the lesser of line 28, 32, or 35</i>)	36.	34	
37	Enter the amount from line 29	37.		
38	Enter the amount from line 31	38.	1166	
39	Subtract line 38 from line 37 (<i>if line 38 is more than line 37, leave blank</i>)	39.		
40	Add lines 36 and 39	40.	34	
41	Enter the prior-year(s) resident credit claimed on Form(s) IT-112-R or IT-112-C for taxes paid to Canadian province(s) (<i>see instructions</i>)	41.		
42	If line 41 is more than line 40, subtract line 40 from line 41. This is your addback of resident credit (<i>see instructions; do not make any entries on lines 43 through 50</i>)	42.		
43	If line 41 is less than (or equal to) line 40, subtract line 41 from line 40	43.	34	
44	Enter the amount from line 36 or line 43, whichever is less (<i>see instructions</i>)	44.	34	
45	Total line 44 amounts from additional Form(s) IT-112-C and line 28 amounts from Form(s) IT-112-R, if any (<i>see instructions</i>)	45.		
46	Add lines 44 and 45	46.		

Part 3 – Application of credit

47	Tax due before credits (<i>see instructions</i>)	47.		
48	Other credits that you applied before this credit (<i>see instructions</i>)	48.		
49	Subtract line 48 from line 47	49.		
50	Enter the amount from line 46 or line 49, whichever is less (<i>see instructions</i>)	50.		



Part 4 – Information from your Canadian federal and/or provincial returns

You are not **required** to attach a copy of the return you filed with a province of Canada to Form IT-201, IT-203, or IT-205. Attaching a copy of the provincial return is **optional**. You are still required to attach a copy of federal Form 1116 (if filed). However, you may be required to furnish a copy of your Canadian provincial return at a later date. Whether or not you attach a copy of the provincial return to Form IT-201, IT-203, or IT-205, you **must** complete this section.

51 Enter the amount of your provincial tax 51. 500 .

Note: For lines 52 through 55, provinces other than Quebec should use the *Canada* column.

	Canada		Quebec	
52 Enter your total tax payable (see instructions)	52.	500	.	52.
53 Enter the amount of your prepayments (see instructions) ...	53.	600	.	53.
54 Enter the amount of overpayment, if any, shown on the return you filed with Canada or Quebec.....	54.	100	.	54.
55 Enter the balance due, if any shown on the return you filed with Canada or Quebec (see instructions)	55.		.	55.

