Publication 98
(11/2012)

New York State
Department of
Taxation and Finance

New York State Test Package For Software Developers

Personal Income Tax Modernized E-File

Tax Year 2012

New for tax year 2012 MeF

Additional Forms added to program:
*IT-634 Empire State Jobs Retention Program Credit
*IT-635 New York Youth Works Tax Credit
IT-636 Beer Production Credit
Stand Alone IT-214 "Claim for Real Property Tax Credit"
Stand Alone NYC-210 "Claim for New York City School Tax Credit"
Prior Year (2011) returns.
IT-1099-UI has been discontinued

*Submission requires a pdf attachment for certificate.

Due to pending legislative changes forms IT-634, IT-635 and IT-636 are subject to change.

Send only "whole dollar amounts" even though cents have been preprinted on all forms.

Previous Year Returns

New York will now support previous year filings starting with Tax Year 2011. Software approval will be year specific, once your software has passed you will not be required to *retest annually.

* New York may need to make changes that impacts a previous year, developers may be required to test for the change.

Transmitting ATS test files

When sending test you will need to send an e-mail to NYSPITMEF@tax.ny.gov that includes the submission ID's of the returns you want reviewed. If you do not send the submission ID's your test returns may not be processed. Acknowledgements of test files will be via e-mail after we have pulled your test submissions.
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.

Schema changes for Tax Year 2012 (field adds and deletes)

<dependent>

~~<DEP_YOB_YEAR>1901</DEP_YOB_YEAR>~~
<DOB_DT>

</rtnHeader>

DIR_DEP_IND

<IT201>

FORGN_ACCT_IND (Form change, D, see form instructions)

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

DEP_EXCD_IND (Form change, H, see form instructions)

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

RNT_RE_AMT (Form change, Line 12, see form instructions)

12 Rental real estate included in line 11	12	.00

OTH_PI_AMT (Form change, Line 82, see form instructions)

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

Cont'd

~~FORM_TYPE~~ (removed, not used)

Moved itemized deduction fields within BO. New form IT-201-D was created for paper only.

<IT201DepExmpInfo> (Form change, see form instructions)
<depInfo>
<DEP_CHLD_FRST_NAME claimed=""/>
<DEP_CHLD_LAST_NAME claimed=""/>
<DEP_RELATION_DESC claimed=""/>
<DEP_SSN_NMBR claimed=""/>
<DOB_DT claimed=""/>
</depInfo>
</IT201DepExmpInfo>

H Dependent exemption information *(see page 14)*

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

<IT203>

FORGN_ACCT_IND (Form change, D, see form instructions)

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

<PTYR_LST_MOVE_DT claimed=""/> (Moved fields within BO, G, see form instructions)
<PTYR_CLM_IND claimed=""/>
<NYS_LVNG_QTR_IND claimed=""/>
~~<NYS_NR_IND claimed=""/>~~

G New York State part-year residents *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* ..... PTYR_LST_MOVE_DT

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS ..... ☐
2) Lived outside NYS; received income from NYS sources during nonresident period ..... ☐
3) Lived outside NYS; received no income from NYS sources during nonresident period ..... ☐

PTYR_CLM_IND

H New York State nonresidents *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? .....Yes ☐ No ☐ NYS_LVNG_QTR_IND

(if Yes, complete Form IT-203-B)

<DEP_EXCD_IND claimed=""/> (Form change, I, see form instructions)

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

<FED_RNT_RE_AMT claimed=""/> (Form change, Line 12, see form instructions)

12 Rental real estate included in line 11 *(federal amount)* | **12** | .00

~~<FED_NYSAGI_1_AMT claimed=""/>~~ (Removed, not used)

Moved itemized deduction fields within BO. New form IT-203-D was created for paper only.

OTH_PI_AMT (Form change, Line 72, see form instructions)

72 Other penalties and interest *(see page 40)* ..... | **72** | .00

<IT203DepExmpInfo> (Form change, I, see form instructions)
<depInfo>
<DEP_CHLD_FRST_NAME claimed="A"/>
<DEP_CHLD_LAST_NAME claimed="A"/>
<DEP_RELATION_DESC claimed=""/>
<DEP_SSN_NMBR claimed="TF0000000"/>
<DOB_DT claimed="1967-08-13"/>
</depInfo>
</IT203DepExmpInfo>

I Dependent exemption information *(see page 15)*

<IT214>

Fields added to allow filing individually, no main form (IT201/203) required.

<PR_DOB_DT claimed=""/>
~~<R_65_QP_YOB_YEAR claimed="YYYY"/>~~ (Removed, see new field "R_65_QP_DOB_DT".)
<R_65_QP_DOB_DT claimed="YYYY-MM-DD"/> (New field)
<TX_PREP_RGST_ID claimed=""/>
<PREP_SSN_NMBR claimed=""/>
<PAID_PREPARER_ID claimed=""/>
<THRD_PRTY_NAME claimed=""/>
<THRD_PRTY_PH_NMBR claimed=""/>
<THRDPRTY_EMAIL_ADR claimed=""/>
<TP_EMAIL_ADR claimed=""/>
<PP_EMAIL_ADR claimed=""/>
<PR_SGN_IND claimed=""/>
<SP_SGN_IND claimed=""/>
<ERO_SGN_IND claimed=""/>

~~<R_HM_YOB_DATE claimed="YYYY"/>~~ (Removed, see new field "R_HM_DOB_DT".)
<R_HM_DOB_DT claimed=" YYYY-MM-DD "/>

<IT216>

~~<D_CHLD_YOB_MNTH claimed="YYYY"/>~~ (Field removed)

Cont'd

<IT255>

<SOL_PCHS_SERV_DT claimed=""/> (New schedule added to form, see form instructions)
<SOL_PCHS_EXP_AMT claimed=""/>
<SOL_PCHS_25_AMT claimed=""/>
<SOL_PCHS_LMT_AMT claimed=""/>
<SOL_LSE_SERV_DT claimed=""/>
<SOL_LSE_EXP_AMT claimed=""/>
<SOL_LSE_25_EXP_AMT claimed=""/>
<SOL_LSE_EXP_B_AMT claimed=""/>
<SOL_LSE_LMT_AMT claimed=""/>

Schedule A – Computation of solar energy system equipment credit

Complete the information in the applicable chart with respect to your solar energy system equipment.

	A	B	C
Purchase	Date equipment placed in service *(mm-dd-yyyy)*	Qualified solar energy system equipment expenditures *(see instr.)*	Column B x 25% (.25)
	SOL_SERV_2_DT	SOL_EXP_2_AMT .00	SOL_25_EXP_2_AMT .00

	A	B	C	D
Power purchase agreement	Date equipment placed in service *(mm-dd-yyyy)*	Qualified solar energy system equipment expenditures *(see instr.)*	Column B x 25% (.25)	Limitation *(see instructions)*
	SOL_PCHS_SERV_DT	SOL_PCHS_EXP_AMT .00	SOL_PCHS_25_AMT .00	SOL_PCHS_LMT_AMT .00

	A	B	C	D	E
Lease	Date equipment placed in service *(mm-dd-yyyy)*	Qualified solar energy system equipment expenditures *(see instr.)*	Column B x 25% (.25) not to exceed $5000	Amount from column B paid in 2012	Limitation *(see instructions)*
	SOL_LSE_SERV_DT	SOL_LSE_EXP_AMT .00	SOL_LSE_25_EXP_AMT .00	SOL_LSE_EXP_B_AMT .00	SOL_LSE_LMT_AMT .00

<IT370>

~~<FORM_TYPE claimed=""/>~~ (Removed, not used)

<IT209>

<IT209SCHEDA>
<ncChldInfo>

~~<YEAR claimed="YYYY"/>~~ (Removed, see new field "DOB_DT")
<DOB_DT claimed="YYYY-MM-DD"/>

<IT1099UI>

BO removed, replaced with **“**<State1099G>”

New form BO’s added

<IT634>
<IT635>
<IT636>
<NYC210>
<State1099G>

TY12 NYS MEF ATS 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-G**			
	400-00-4818	IT-201	IT-201-ATT		IT-249		IT-272	W-2	1099-MISC	**1099-G**			
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-G**						
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-G**							
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-G**							
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							
19	400-00-4843	IT-201	IT-201-ATT	IT-634	IT-635	IT-636							
20	400-00-4844	IT-214 STANDALONE	IT-214										
21	400-00-4846	NYC-210 STANDALONE	NYC-210										

400-00-4800 **SPECIAL INSTRUCTIONS**

POPULATE ELECTRONIC FUNDS WITHDRAWAL INDICATOR WITH A “2”
DIRECT DEBIT DATE: 04-10-2013
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
ALSO PLEASE POPULATE PREPARER INFORMATION FOR PROFESSIONAL PRODUCT.

New York State Department of Taxation and Finance

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

IT-370

Instructions

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*.

Note: We 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.

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 15, 2013, for calendar-year filers).

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

- **June 17, 2013**, 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, 2013);
- **June 17, 2013**, 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 17, 2013, **and** you need an additional six months to file (December 16, 2013); or
- **July 15, 2013**, (if your due date is April 15, 2013) or **September 13, 2013**, (if you are a nonresident alien and your due date is June 17, 2013), 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 or before October 15, 2013, if your due date is April 15, 2013, or on or before December 16, 2013, if you are a nonresident alien and your due date is June 17, 2013.

See *Special condition codes* on page 2.

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.

▼ Detach here ▼ **Do not attach to your return.**

New York State Department of Taxation and Finance

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 ..... [X]

Your social security number (SSN) 400004800	Spouse's SSN *(only if filing a joint return)* 400004850
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)* %AMANDA JONES 215 LAIDBACK WAY	Apartment number
City, village, or post office *(see instructions)* LAZY POINT	State NY / ZIP code 11930
E-mail: ERITA@ATS.COM	

Enter your **2-character special condition code if applicable** *(see instructions)* E3

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

New York State tax [X] New York City tax [X] Yonkers tax [ ]

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

3701120099

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*.

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.**

Special condition codes – If you are out of the country **and** need an additional four months to file (October 15, 2013), enter special condition code ***E3***. If you are a nonresident alien and your filing due date is June 17, 2013, **and** you need an additional six months to file (December 16, 2013), 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, 2013, or in the case of a nonresident alien, on or before December 16, 2013), 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.

▼ Detach here ▼ Do not attach to your return.

IT-370 (2012) (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 ***2012 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
	Mark an ***X*** if self-employed ☐
E-mail:	

3702120099

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 2012 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 2012 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 2012 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 2012 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 2012 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 2012	**1.** _____	
2	New York City income tax liability for 2012	**2.** _____	
3	Yonkers income tax liability for 2012	**3.** _____	
4	Sales and use tax due for 2012 *(enter this amount here and on line 1 on the front)*	**4.** _____	
5	Total taxes *(add lines 1 through 4)*		**5.** _____
6	Total 2012 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.**

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services.* See *Need help?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: JPMorgan Chase, NYS Tax Processing – Estimated Tax, 33 Lewis Road, Binghamton NY 13905-1040.

Need help?

Visit our Web site at ***www.tax.ny.gov***

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status:	(518) 457-5149
Personal Income Tax Information Center:	(518) 457-5181
To order forms and publications:	(518) 457-5431
Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY):	(518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
LAURA	PEARSON	04-15-1980	400004801
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
115 S 94 ST		NEW YORK

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
NEW YORK	NY	10029		MANHATTAN

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number .....
		369

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 [X] 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 [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(2) Enter the number of days spent in NYC in 2012 *(any part of a day spent in NYC is considered a day)* 365

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

(1) Number of months **you** lived in NYC in 2012 12

(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)*
JEFF	PEARSON	SON	400884827	05-01-2008
JASON	PEARSON	SON	400884828	04-01-2009
JESSY	PEARSON	DAUGHTER	400884826	06-01-2010

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

201001120099

Your social security number
400004801

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	8000 .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	1000 .00
6	Business income or loss *(submit a copy of federal Schedule C or C-EZ, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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	9000 .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	9000 .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	9000 .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	9000 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	10500 .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	3 000.00
37	**Taxable income** *(subtract line 36 from line 35)*	37	.00

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Name(s) as shown on page 1: LAURA PEARSON

Your social security number: 400004801

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	105 .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	105 .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	120 .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

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

59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***	59	9 .00

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	9 .00

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Your social security number: 400004801

62 Enter amount from line 61 ..... **62** 9 .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	948 .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	63 .00
70	NYC earned income credit	70	19 .00
71	Other refundable credits *(Form IT-201-ATT, line 18)*	71	.00
72	Total **New York State** tax withheld	72	600 .00
73	Total **New York City** tax withheld	73	400 .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**	2030 .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** 2021 .00

78 Amount of line 77 to be **refunded**
Mark one refund choice: [X] **direct deposit** *(fill in line 83)* - **or** - [ ] **debit card** - **or** - [ ] **paper check** ... **78** 2021 .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

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

See page 37 for the proper assembly of your return.

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** - [X] Personal savings - **or** - [ ] Business checking - **or** - [ ] Business savings

83b Routing number 011001881 **83c** Account number LOANXXXX400004801

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

Third-party designee? *(see instr.)* X 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 CLERK	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: PEARSON@ATS.COM	

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See instructions for where to mail your return.

New York State Department of Taxation and Finance

Claim for Noncustodial Parent New York State Earned Income Credit

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

IT-209

2012

Submit this form with Form IT-201.

Name(s) as shown on return	Your social security number
LAURA PEARSON	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, 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, 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 Were you a full-year resident of New York State? ..... **1** Yes [X] No [ ]
If ***No,*** **stop;** you do not qualify for this credit.

2 Were you age 18 or older as of December 31? ..... **2** Yes [X] No [ ]
If ***No,*** **stop;** you do not qualify for this credit.

3 Were you the parent of a child who **did not** reside with you **and** was under the age of 18 on December 31? ... **3** Yes [X] No [ ]
If ***No,*** **stop;** you do not qualify for this credit.
If ***Yes,*** list up to three children who did not reside with you in the spaces below *(see instructions)*.

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
JEFF	PEARSON	SON	400884827	05-01-2008
JASON	PEARSON	SON	400884828	04-01-2009
JESSY	PEARSON	DAUGHTER	400884826	06-01-2010

4 Did you have a child support order payable through a support collection unit for at least one-half of the tax year? ..... **4** Yes [X] No [ ]
If ***No,*** **stop;** you do not qualify for this credit.

5 For the tax year, 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? ..... **5** Yes [X] No [ ]
If ***No,*** **stop;** you do not qualify for this credit.

6 Is your federal AGI from Form IT-201, line 19, less than $36,920? ..... **6** Yes [X] No [ ]
If ***No,*** **stop;** you do not qualify for this credit.

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? *(see instructions)* ..... **7** Yes [X] No [ ]
If ***No,*** **stop;** you do not qualify for this credit, the NYS EIC, or the NYC EIC.

8 Is your federal filing status *Married filing separately?* ..... **8** Yes [ ] No [X]
If ***Yes,*** **stop;** you do not qualify for this credit, the NYS EIC, or the NYC EIC.

9 Are you filing federal Form 2555 or Form 2555-EZ (relating to foreign earned income)? ..... **9** Yes [ ] No [X]
If ***Yes,*** **stop;** you do not qualify for this credit, the NYS EIC, or the NYC EIC.

10 Is your investment income greater than $3,200? *(see instructions)* ..... **10** Yes [ ] No [X]
If ***Yes,*** **stop;** you do not qualify for this credit, the NYS EIC, or the NYC EIC.

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Part 2 – Claiming the credit

11 Have you already filed your 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

		Whole dollars only
13 Wages, salaries, tips, etc. from **Worksheet A**, line 5, on page 2 of the instructions	**13**	8000 .00
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 *(see instructions)*	**14**	.00
15 Business income or loss from **Worksheet B**, line 4, on page 2 of the instructions	**15**	.00

Employer identification number *(see instr.)* ☐
The amount on line 15 is a *(mark an **X** in one box):* ☐ **profit** -**or**- ☐ **loss**

16 Total earned income *(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.)*	**16**	8000 .00
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	**17**	9000 .00

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**	**18**	2729 .00

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**	**21**	.00
22 Enter the amount from line 18 or line 21, whichever is less	**22**	2729 .00
23 Noncustodial EIC rate 20% (.20)	**23**	.20
24 Noncustodial EIC *(multiply line 22 by line 23)*	**24**	546 .00

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 ②,* Married filing joint return*, enter the credit amount from **column c**. All other filing statuses, enter the credit amount from **column b.**)*	**25**	456 .00

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.

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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** 379 .00

29 Enter the amount from line 25 or line 28, whichever is less ..... **29** 379 .00

30 Noncustodial EIC factor (2.5) **30** **2.50**

31 Noncustodial EIC calculation *(multiply line 29 by line 30)* ..... **31** 948 .00

32 Noncustodial EIC *(enter the greater of line 24 or line 31; see instructions)* ..... **32** 948 .00

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

33 Did you claim the federal EIC? ..... **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 **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	Date of birth *(mm-dd-yyyy)*
				☐	☐		
				☐	☐		
				☐	☐		

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

35 Amount of federal EIC claimed *(from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)* ..... **35** 379 .00

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

37 Tentative NYS EIC *(multiply line 35 by line 36)* ..... **37** 114 .00

38 Complete lines 38a through 38e, and enter the line 38e amount on line 38 ..... **38** .00

38a Amount from Form IT-201, line 39 ..... **38a** .00
38b Resident credit *(see instructions)* ..... **38b** .00
38c Accumulation distribution credit *(see instructions)* ..... **38c** .00
38d Add lines 38b and 38c ..... **38d** .00
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** .00

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

39	Enter the amount from line 38 on page 3	**39**	.00
40	New York State household credit (from Form IT-201, line 40)	**40**	105 .00
41	Enter the amount from line 39 or line 40, whichever is less	**41**	.00
42	Allowable NYS EIC *(subtract line 41 from line **37**)*	**42**	114 .00
43	Noncustodial EIC *(enter the amount from line **32**)*	**43**	948 .00

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? **44** Yes [X] 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**	19 .00
46	Part-year New York City AGI: Enter the amount from **Worksheet C**, line 7	**46**	.00
47	Part-year New York City AGI: Enter the amount from **Worksheet C**, line 6	**47**	.00

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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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		8000	600	8000	400	NYC

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR - S

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
JOE Z	CANASTA	01-01-1942	400004802
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
%AMANDA JONES 327 W 57 ST		NEW YORK

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
NEW YORK	NY	10012		MANHATTAN

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number .....
215 LAIDBACK WAY		369

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
ROCKY POINT	**NY**	11778			

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 [X] 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 [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(2) Enter the number of days spent in NYC in 2012 *(any part of a day spent in NYC is considered a day)* 365

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

(1) Number of months **you** lived in NYC in 2012 12

(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)*
MARY M	CANASTA	DAUGHTER	400884804	02-01-2009
SALLY M	CANASTA	DAUGHTER	400884802	03-01-2004
JOHN M	CANASTA	SON	400884801	04-01-2000
JANE M	CANASTA	DAUGHTER	400884803	05-01-1999
SAMUEL M	CANASTA JR	SON	400884805	06-01-1989

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

201001120099

Your social security number
400004802

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	20500 .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	-405 .00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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	400 .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	20495 .00
18	Total federal adjustments to income *(see page 14)* *Identify:* ALIMONY 2800	18	2800 .00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	17695 .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	255 .00
22	**New York's** 529 college savings program distributions *(see page 15)*	22	.00
23	Other *(see page 16)* *Identify:* A-3 35	23	35 .00
24	Add lines **19** through **23**	24	17985 .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	17985 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	10500 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	7485 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	5 **000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	37	2485 .00

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

Your social security number: 400004802

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

38	**Taxable income** *(from line 37 on page 2)*			38	2485 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	99 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	135 .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	135 .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	72 .00		
48	NYC household credit *(page 26, table 4, 5, or 6)*	48	90 .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	0 .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	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 30)*	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	37 .00

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Your social security number: 400004802

62 Enter amount from line 61 ..... **62** 37 .00

Payments and refundable credits *(see page 31)*

63	Empire State child credit	63	649 .00
64	NYS/NYC child and dependent care credit	64	1463 .00
65	NYS earned income credit (EIC)	65	1454 .00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	66 .00
68	College tuition credit	68	.00
69	NYC school tax credit ***(also complete F on page 1;*** *see page 31)*	69	63 .00
70	NYC earned income credit	70	259 .00
71	Other refundable credits *(Form IT-201-ATT, line 18)*	71	1500 .00
72	Total **New York State** tax withheld	72	1295 .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

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

76 **Total payments** *(add lines 63 through 75)* ..... **76** 6749 .00

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** 6712 .00

78 Amount of line 77 to be **refunded**
Mark one refund choice: [X] **direct deposit** *(fill in line 83)* - **or** - [ ] **debit card** - **or** - [ ] **paper check** ... **78** 6712 .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

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

See page 37 for the proper assembly of your return.

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: [X] Personal checking - **or** - [ ] Personal savings - **or** - [ ] Business checking - **or** - [ ] Business savings

83b Routing number 011001742 **83c** Account number LOANXXXX400004802

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

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 CLERK	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: CANASTA@ATS.COM	

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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

2012

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	Your social security number
JOE Z CANASTA	400004802

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1	Accumulation distribution credit *(submit computation)*	1	.00
2	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
2a		.00	2b		.00

	Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)*	2	.00

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit	3	.00
4	Investment credit	4	.00
5	Solar energy system equipment credit	5	.00
6	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

	Total other nonrefundable, carryover credits *(add lines 6a through 6n)*	6	.00
7	**Total New York State nonrefundable credits used** *(add lines 1 through 6; enter here and on **Form IT-201, line 42**)*	7	.00

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

8	New York City resident UBT credit	8	.00
9	New York City accumulation distribution credit *(submit computation)*	9	.00
9a	Part-year resident nonrefundable NYC child and dependent care credit	9a	.00
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	.00

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

11	Farmers' school tax credit	11	1500 .00
12	Other refundable credits		

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	.00
13	Add lines 11 and 12	13	1500 .00

(continued on back)

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Enter your social security number: 400004802

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

14	Enter amount from line 13 on the front page	14	1500 .00
15	**New York State** claim of right credit	15	.00
16	**New York City** claim of right credit	16	.00
17	**Yonkers** claim of right credit	17	.00
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 .00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)*	19	.00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	20g		.00
20b		.00	20h		.00
20c		.00	20i		.00
20d		.00	20j		.00
20e		.00	20k		.00
20f		.00	20l		.00

	Total other New York State taxes *(add lines 20a through 20l)*	20	.00
21	Add lines 19 and 20	21	.00

22	See instructions for line 22	22	.00		
23	Enter amount from **Form IT-201**, line 39	23	.00		
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*			24	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*			25	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	26	.00		
27	Resident credit against separate tax on lump-sum distributions	27	.00		
28	Subtract line 27 from line 26			28	.00
29	New York State minimum income tax *(Form IT-220)*			29	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*			30	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	31	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	32	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	33	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	34	.00

New York State Department of Taxation and Finance

Claim for Empire State Child Credit

IT-213

2012

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

Step 1 – Enter identifying information

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

Step 2 – Determine eligibility

1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2012? **1** Yes [X] No [ ]
If you marked an ***X*** in the ***No*** box, **stop;** you do not qualify for this credit.

2 Did you claim the federal child tax credit or additional child tax credit for 2012? ..... **2** Yes [X] No [ ]

3 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 [X] No [ ]

If you marked an ***X*** in the ***No*** box at both lines 2 and 3, **stop;** you do not qualify for this credit.

4 Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit *(see instructions)* **4** 04

5 Enter the number of children from line 4 that were at least four years of age on December 31, 2012 ..... **5** 03
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 date of birth for each child included on line 4.

First name and middle initial	Last name	Social security number	Date of birth *(mm-dd-yyyy)*
MARY M	CANASTA	400884804	02-01-2009
SALLY M	CANASTA	400884802	03-01-2004
JOHN M	CANASTA	400884801	04-01-2000
JANE M	CANASTA	400884803	05-01-1999

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

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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.

		Whole dollars only
6 Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51	**6**	.00
7 Enter your federal additional child tax credit from Form 1040A, line 39, or Form 1040, line 65	**7**	2624 .00
8 Add lines 6 and 7	**8**	2624 .00
9 Enter the number of children from line 4	**9**	04
10 Divide line 8 by line 9	**10**	656 .00
11 Enter the number of children from line 5	**11**	03
12 Multiply line 10 by line 11	**12**	1968 .00
13 Multiply line 12 by 33% (.33)	**13**	649 .00

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**	03
15 Multiply line 14 by 100	**15**	300 .00
16 Empire State child credit *(enter the amount from line 13 or line 15, whichever is greater)*	**16**	649 .00

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** Enter here and on Form IT-201, line 63.	**17**	.00
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.	**18**	.00

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SPECIAL INSTRUCTIONS FOR IT-213

PLEASE BE AWARE THAT THE RATE USED IN THE CALCULATIONS ON IT-213 ARE FROM TAX YEAR 2011. THIS RATE IS SUBJECT TO CHANGE TAX YEAR 2012.

New York State Department of Taxation and Finance

Claim for Real Property Tax Credit

For Homeowners and Renters

IT-214

2012

Step 1 – Enter identifying information

Your first name and middle initial	Your last name *(for a **joint claim**, enter spouse's name on line below)*	Your date of birth *(mm-dd-yyyy)*	Your social security number
JOE Z	CANASTA	01-01-1942	400004802
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number

Current mailing address *(number and street or rural route)*	Apartment number	New York State county of residence
% AMANDA JONES 327 W 57 ST		NEW YORK

City, village, or post office	State	ZIP code	Country *(if not United States)*
NEW YORK	NY	10012	

Street address of New York residence that **qualifies** you for this credit, if different from above: 215 LAIDBACK WAY

City, village, or post office	State	ZIP code
ROCKY POINT	NY	11778

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

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

1 Were you a New York State resident for all of 2012?	1	Yes	X	No	
2 Did you occupy the same residence for at least six months during 2012?	2	Yes	X	No	
If you marked an ***X*** in the ***No*** box on line 1 or 2, **stop;** you do not qualify for this credit.					
3 Did you own real property with a current market value of more than $85,000 during 2012?	3	Yes		No	X
4 Can you be claimed as a dependent on another taxpayer's 2012 federal return?	4	Yes		No	X
5 Did you reside in public housing, or other residence completely exempted from real property taxes in 2012? *(see instr.)*	5	Yes		No	X
If you marked an ***X*** in the ***Yes*** box on line 3, 4, or 5, **stop;** you do not qualify for this credit.					
6 Did you live in a nursing home during 2012? *(If you mark an **X** in the* Yes *box, see instructions.)*	6	Yes		No	X

7 Complete below for the qualifying household member 65 or older *(see instructions)*.

A – First name	Last name	**B –** Social security number	**C –** Date of birth *(mm-dd-yyyy)*
JOE Z	CANASTA	400004802	01-01-1942

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

A – First name	Last name	**B –** Social security number	**C –** Date of birth *(mm-dd-yyyy)*
SAMUEL M	CANASTA JR	400884805	06-01-1989
JANE M	CANASTA	400884803	05-01-1999
JOHN M	CANASTA	400884801	04-01-2000

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 2012.

9 Federal adjusted gross income If any household members do not have to file a federal return, see instructions	9	17695 .00
10 New York State additions to federal adjusted gross income	10	290 .00
11 Social security payments not included on line 9	11	.00
12 Supplemental security income (SSI) payments	12	.00
13 Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12	13	.00
14 Cash public assistance and relief	14	.00
15 Other income	15	.00
16 Household gross income *(add lines 9 through 15)*	16	17985 .00
If line 16 is more than $18,000, **stop;** you do not qualify for this credit.		
17 Enter rate from Table 1 *(see instructions)*	17	.065
18 Multiply line 16 by line 17	18	1169 .00

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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 2012. *(Do not include any subsidized part of your rental charge.)*	**19** 5200 .00
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** 5200 .00
21	Average monthly adjusted rent *(divide line 20 by the number of months you paid rent)* If line 21 is more than $450, **stop;** you do not qualify for this credit.	**21** 433 .00
22	Multiply line 20 by 25% (.25); enter here and on line 28	**22** 1300 .00

Homeowners only

23	Real property taxes paid during the year 2012 *(see instructions)*	**23** .00
24	Special assessments	**24** .00
25	Add lines 23 and 24	**25** .00
26	Exemption for homeowners 65 and over *(optional - see instructions)*	**26** .00
27	Add lines 25 and 26; enter here and on line 28	**27** .00

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** 1300 .00
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** 1169 .00
30	Subtract line 29 from line 28	**30** 131 .00
31	Multiply line 30 by 50% (.5) *(However, if you entered an amount on line 26, multiply line 30 by 25% (.25).)*	**31** 66 .00
32	Credit limit *(see instructions; enter amount from chart)*	**32** 86 .00
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** 66 .00

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

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

34 Direct deposit *(see instructions)***:** Complete the following to have your refund deposited directly to your bank account.

34a Routing number _____ **34b** Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

Note: If the funds for your refund would go to an account outside the U.S., mark an ***X*** in this box *(see instructions)* ..... ☐ **34c** Account number _____

Third-party designee? *(see instr.)* Yes ☐ No ☐	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 claim)*	
Date	Daytime phone number ( )
E-mail:	

- If you **are filing** a NYS income tax return, submit this form with 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.

214002120099

400-00-4802 **CONTINUATION OF IT-214**

Line 8.

FIRST NAME	LAST NAME	SSN	DOB
SALLY M	CANASTA	400-88-4802	03-01-2004
MARY M	CANASTA	400-88-4804	02-01-2009

New York State Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

IT-215

2012

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

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

1 Did you claim the federal earned income credit? If ***No*, stop; you do not qualify for these credits.** ..... 1 Yes [X] No [ ]

2 Is your investment income (see instructions) greater than $3,200? If ***Yes*, stop; you do not qualify for these credits.** ..... 2 Yes [ ] No [X]

3 Have you already filed your New York State income tax return? If ***Yes***, you must file an amended NYS return..... 3 Yes [ ] No [X]

4 Did you claim qualifying children on your **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 [X] 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	Date of birth *(mm-dd-yyyy)*
SAMUEL M	CANASTAJR	SON	12	[ ]	X	400884805	06-01-1989
MARY M	CANASTA	DAUGHTER	12	[ ]	[ ]	400884804	02-01-2009
SALLY M	CANASTA	DAUGHTER	12	[ ]	[ ]	400884802	03-01-2004

* Mark an ***X*** in these boxes **only** if you checked ***Yes*** in the same box on your 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 [X]

Whole dollars only

6 Wages, salaries, tips, etc., from ***Worksheet A*** line 3, on page 2 of the instructions, Form IT-215-I. ..... 6 20500 .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 .00

8 Business income or loss *(from your federal Form 1040 line instructions,* Earned Income Credit Worksheet B, *lines 1e, 2c, and 3)* ... 8 -5 .00
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 .00

10 **Amount of federal EIC claimed** *(from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)* ..... 10 5178 .00

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 1553 .00

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 .00

14 New York State household credit *(from Form IT-201, line 40, or Form IT-203, line 39)* 14 135 .00

15 Enter the smaller of line 13 or line 14 ..... 15 99 .00

16 **Allowable New York State earned income credit** *(subtract line 15 from line 12; see instructions)* ..... 16 1454 .00

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 .00
Federal adjusted gross income *(from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)* ..... .00

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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.

18	Enter your New York State earned income credit *(from line 16 or line 17)*	**18**	.00
19	Enter the amount from Form IT-203, line 42	**19**	.00
	– 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**	.00
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**	.00
	– 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**	.00
23	Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet	**23**	.00
24	Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet	**24**	.00
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**	.00

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, *Instructions for Form IT-215.* Enter here and on **Form IT-201, line 70,** or **Form IT-203-ATT, line 11.** Part-year New York City residents must also complete line 28 below.	**27**	259 .00
28	**Part-year New York City adjusted gross income** Enter the amounts from Worksheet C, lines 6 and 7	**28A** .00	**28B** .00

Worksheet B

1	New York State tax *(from Form IT-201, line 39, or Form IT-203, line 38)*	**1**	99 .00
2	Resident credit *(see instructions)*	**2** .00	
3	Accumulation distribution credit *(see instructions)*	**3** .00	
4	Add lines 2 and 3	**4**	.00
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 .00

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New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

2012

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

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

1 Have you already filed your New York State income tax return? ..... Yes ☐ No ☒
If *Yes*, you must file an amended New York State return and include 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 STRAIGHT ST ROCKY POINT NY 11778	64-1234568	1420 .00
KIDS INC	22 TOT TERRACE ROCKY POINT NY 11778	64-1234569	1000 .00

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	**D** – Person with disability *(see instr.)*	**E** – Social security number	**F** – Date of birth *(mm-dd-yyyy)*
MARY M	CANASTA	810 .00	☐	400884804	02-01-2009
SALLY M	CANASTA	1000 .00	☐	400884802	03-01-2004
JOHN M	CANASTA	400 .00	☐	400884801	04-01-2000
JANE M	CANASTA	500 .00	☐	400884803	05-01-1999

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any ..... 3a 3420 .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?.....Yes ☒ No ☐

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 3420 .00

Whole dollars only

6 Enter your earned income *(see instructions)* ..... 6 20495 .00

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 .00

8 Enter the smallest of line 5, 6, or 7..... 8 3420 .00

9 Enter the amount from: federal Form 1040A, line 22,
or federal Form 1040, line 38 ..... 9 17695 .00

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 .00

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12 Amount from line 11 ..... **12** 1129 .00

13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) ..... 17985 .00

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 .00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40 ..... **15** .00

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** .00

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** .00

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** .00

19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... **19** .00

20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203..... **20** .00

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** .00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **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, 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 .00

IT-201 filers:

24 Refundable New York City child and dependent care credit *(from Worksheet 1, line 7 or line 13)* ..... **24** 221 .00

25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... **25** 1463 .00

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** .00

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** .00

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** .00

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 1, line 10 ..... **29** .00

30 Enter the amount from Worksheet 1, line 11 ..... **30** .00

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Line 2.

A) DAY CARE PROVIDERS:	BIGG BLOCKS
B) ADDRESS:	123 MAIN ST ROCKY POINT NY 11778
C) EIN:	64-1234570
D) AMOUNT:	$1000.00

Line 3.

A) NAME:	SAMUEL M CANASTA JR
B) EXPENSES:	$710.00
C) DISABILITY:	X (yes)
D) SSN:	400884805
E) YOB**:**	06-01-1989

New York State Department of Taxation and Finance

Claim for Farmers' School Tax Credit

IT-217

2012

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

Name(s) as shown on return	Identifying number as shown on return
JOE Z CANASTA	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 [X] No [ ]

B Were eligible school district property taxes paid on that property during tax year 2012? *(see instructions)* ..... Yes [X] 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 [X] 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 [X] 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

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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

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22222	a Employee's social security number 400004802	OMB No. 1545-0008	
b Employer identification number (EIN) 641234567		1 Wages, tips, other compensation 20500	2 Federal income tax withheld
c Employer's name, address, and ZIP code NYSD 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 215 LAIDBACK WAY ROCKY POINT NY 11778		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other 414H-255 IRC125-35	12c Code
			12d Code
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		20500	1295			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

400-00-4802 **CONTINUATION OF IT-217**

PART 3

NAME OF ENTITY	TYPE	EIN	LOCATION OF PROPERTY
CANASTA TRUST	ET	340004802	ROCKY POINT NY

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” (TAG NAME “W2_VERIFY_IND”).

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

W-2 #1 TAG NAME “LOCALINCOMETAXAMT” - 35
W-2 #2 TAG NAME “LOCALINCOMETAXAMT” - 29

*See special instructions sheet for literals. Wages also include $100 from tips not included on W-2

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
ROBIN D	RICHARD SR	01-25-1968	400004805
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
% JOHN RICHARD 1234 THOMAS PLACE		WESTCHESTER

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
YONKERS	NY	10701		YONKERS

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number .....
356 SKYLINE DRIVE		715

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
YONKERS	**NY**	10701		10-15-12	

A Filing status *(mark an **X** in one box):*

① [X] 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 [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(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
400004805

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	21500 .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	-40 .00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	40000 .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	500 .00
15	Taxable amount of social security benefits *(also enter on line 27)*	15	.00
16	Other income *(see page 14)* Identify: 1099 MISC 1300	16	1300 .00
17	Add lines **1 through 11** and **13 through 16**	17	63260 .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	63260 .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	54 .00
22	**New York's** 529 college savings program distributions *(see page 15)*	22	100 .00
23	Other *(see page 16)* Identify:	23	.00
24	Add lines **19** through **23**	24	63414 .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	100 .00		
31	Other *(see page 20)* Identify:	31	.00		
32	Add lines 25 through 31			32	100 .00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*			33	63314 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	7500 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	55814 .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	55814 .00

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

Your social security number: 400004805

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

38	**Taxable income** *(from line 37 on page 2)*			38	55814 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	3283 .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	400 .00		
43	Add lines 40, 41, and 42			43	400 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	2883 .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	2883 .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	396 .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	396 .00
59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***			59	35 .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	3314 .00

201003120099

Your social security number: 400004805

62 Enter amount from line 61 ..... **62** 3314 .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	200 .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	365 .00
72	Total **New York State** tax withheld	72	525 .00
73	Total **New York City** tax withheld	73	.00
74	Total **Yonkers** tax withheld	74	64 .00
75	Total estimated tax payments **and** amount paid with Form IT-370	75	.00

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

76 **Total payments** *(add lines 63 through 75)* ..... **76** 1154 .00

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** 2160 .00

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

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

See page 37 for the proper assembly of your return.

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 011001742 **83c** Account number LOANXXXX400004805

84 Electronic funds withdrawal *(see page 36)* ..... Date 04-02-2013 Amount 2160 .00

Third-party designee? *(see instr.)* Yes ☐ No ☒	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 WAITER	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: RICHARDS@ATS.COM	

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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

2012

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	Your social security number
ROBIN D RICHARD SR	400004805

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1	Accumulation distribution credit *(submit computation)*	1	.00
2	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
2a		.00	2b		.00

	Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)*	2	.00

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit	3	400 .00
4	Investment credit	4	.00
5	Solar energy system equipment credit	5	.00
6	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

	Total other nonrefundable, carryover credits *(add lines 6a through 6n)*	6	.00
7	**Total New York State nonrefundable credits used** *(add lines 1 through 6; enter here and on **Form IT-201, line 42**)*	7	400 .00

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

8	New York City resident UBT credit	8	.00
9	New York City accumulation distribution credit *(submit computation)*	9	.00
9a	Part-year resident nonrefundable NYC child and dependent care credit	9a	.00
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	.00

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

11	Farmers' school tax credit	11	.00
12	Other refundable credits		

	Code	Amount		Code	Amount
12a	301	40 .00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	40 .00
13	Add lines 11 and 12	13	40 .00

(continued on back)

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Enter your social security number
400004805

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

14	Enter amount from line 13 on the front page	14	40 .00
15	**New York State** claim of right credit	15	200 .00
16	**New York City** claim of right credit	16	.00
17	**Yonkers** claim of right credit	17	125 .00
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	365 .00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)*	19	.00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	20g		.00
20b		.00	20h		.00
20c		.00	20i		.00
20d		.00	20j		.00
20e		.00	20k		.00
20f		.00	20l		.00

	Total other New York State taxes *(add lines 20a through 20l)*	20	.00
21	Add lines 19 and 20	21	.00

22	See instructions for line 22	22	.00		
23	Enter amount from **Form IT-201**, line 39	23	.00		
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*			24	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*			25	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	26	.00		
27	Resident credit against separate tax on lump-sum distributions	27	.00		
28	Subtract line 27 from line 26			28	.00
29	New York State minimum income tax *(Form IT-220)*			29	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*			30	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	31	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	32	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	33	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	34	.00

New York State Department of Taxation and Finance

Claim for Clean Heating Fuel Credit

Tax Law – Section 606(mm)

IT-241

2012

Fiscal-year filers enter tax period:
beginning _____ and ending _____

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return
ROBIN D RICHARD SR	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 *(enter as a decimal, not to exceed .20)*	D Multiply column B by column C
06012012	100	02	20

1 Total of column D amounts from additional sheet(s), if any	1	.00
2 Clean heating fuel credit *(add the column D amounts, including any amount on line 1; see instructions)*	2	20 .00

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 *(see instructions)*

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	350004805
RICHARD INC	S	300004805

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	15 .00
S corporation shareholder	4	Enter your share of the credit from your S corporation *(see instructions)*	4	5 .00
Beneficiary	5	Enter your share of the credit from the **fiduciary's** Form IT-241, Part 4, column C	5	.00
	6	**Total** *(add lines 3, 4, and 5)*	6	20 .00

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.

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

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of clean heating fuel credit
Total *(fiduciaries, enter the amount from line 2 plus the amount from line 6)*		.00
		.00
		.00
Fiduciary		.00

Part 5 – Computation of clean heating fuel credit *(see instructions)*

Individual and partnership	**7**	Enter the amount, or your share of the amount, from line 2	**7**	20 .00
Partner, S corporation shareholder, beneficiary	**8**	Enter the amount from line 6	**8**	20 .00
Fiduciary	**9**	Enter the amount from Part 4, *Fiduciary* line, column C	**9**	.00
	10	Total clean heating fuel credit *(add lines 7, 8, and 9; see instructions)*	**10**	40 .00

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New York State Department of Taxation and Finance

Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

IT-249

2012

Name(s) as shown on return	Identifying number as shown on return
ROBIN D RICHARD SR	400004805

Submit this form with 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 .00
2	Credit rate (20%)	2	.20
3	Credit for qualified long-term care insurance *(multiply line 1 by line 2)*	3	100 .00

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 *(see instructions)*

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
RICHARD INC	S	300004805
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 .00
S corporation shareholder	5	Enter your share of the credit from your S corporation *(see instructions)*	5	50 .00
Beneficiary	6	Enter your share of the credit from the **fiduciary's** Form IT-249, Schedule D, column C	6	.00
	7	**Totals** *(add lines 4, 5, and 6)*	7	200 .00

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)*		.00
		.00
		.00
Fiduciary		.00

(continued on back)

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Schedule E – Computation of credit available for the current year

Individuals and partnerships	**8**	Enter the amount from Schedule A, line 3	**8**	100 .00
Partners, S corporation shareholders, beneficiaries	**9**	Enter the amount from Schedule C, line 7	**9**	200 .00
Fiduciaries	**10**	Enter the amount from Schedule D, *Fiduciary* line, column C	**10**	.00
	11	**Total credit available for the current year** *(add lines 8, 9, and 10)*	**11**	300 .00

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 .00
13	Enter the carryover credit from last year's Form IT-249	**13**	100 .00
14	Total credit *(add lines 12 and 13; complete Schedule H)*	**14**	400 .00

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

15	Enter the amount from line 11	**15**	.00
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**	.00
18	Enter the carryover credit from last year's Form IT-249	**18**	.00
19	Total credit *(add lines 17 and 18; complete Schedule H)*	**19**	.00

Schedule H – Computation of credit used and carried over

20	Tax due before credits *(see instructions)*	**20**	3283 .00
21	Credits applied against the tax before this credit *(see instructions)*	**21**	.00
22	Net tax *(subtract line 21 from line 20)*	**22**	3283 .00
23	Credit used for the current tax year *(see instructions)*	**23**	400 .00
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**	.00

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New York State Department of Taxation and Finance

Claim of Right Credit

New York State • New York City • Yonkers

IT-257

2012

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

Name(s) as shown on return	Identifying number as shown on return
ROBIN D RICHARD SR	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	2008
2	Enter the amount of income repaid	2	4000 .00

3 Identify the type of income involved and the reason for the repayment:

INCORRECTLY CALCULATED COMMISSION - EXCESS REPAID TO COMPANY

Section 1 – New York State tax

4	Previously computed New York State tax	4	800 .00
5	Recomputed New York State tax	5	600 .00
6	**New York State claim of right credit** *(subtract line 5 from line 4)*	6	200 .00

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	.00
8	Recomputed New York City resident tax	8	.00
9	**New York City resident claim of right credit** *(subtract line 8 from line 7)*	9	.00

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	.00
11	Recomputed New York City nonresident earnings tax	11	.00
12	**New York City nonresident earnings tax claim of right credit** *(subtract line 11 from line 10)*	12	.00

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	350 .00
14	Recomputed Yonkers resident income tax surcharge	14	225 .00
15	**Yonkers resident claim of right credit** *(subtract line 14 from line 13)*	15	125 .00

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	.00
17	Recomputed Yonkers nonresident earnings tax	17	.00
18	**Yonkers nonresident earnings tax claim of right credit** *(subtract line 17 from line 16)*	18	.00

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.

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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 submit Form IT-257 with 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.

New York State Department of Taxation and Finance

Claim for College Tuition Credit or Itemized Deduction

Full-year New York State residents only

IT-272

2012

Submit your completed Form IT-272 with Form IT-201. See Form IT-272-I, *Instructions for Form IT-272.*

Your name as shown on return *(first name first)*	Your social security number
ROBIN D RICHARD SR	400004805
Spouse's name *(first name first)*	Spouse's social security number

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? ..... **1** Yes ☐ No ☒

- If ***Yes*, stop;** you do not qualify for the college tuition credit or the college tuition itemized deduction.
- If ***No*,** continue with question 2.

2 Were you (and your spouse if filing a joint return) a **New York State resident for all of this tax year**? ..... **2** Yes ☒ No ☐

- If ***Yes*,** continue with Part 1 below.
- If ***No*, stop;** you do not qualify for the college tuition credit. However, you may qualify for the college tuition itemized deduction. For more information, see the instructions for Form IT-203.

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. *(If you are claiming expenses for more than three eligible students, see instructions.)*

		1 – Student 1	**2 –** Student 2	**3 –** Student 3
A	Eligible student's name	ROBIN D RICHARD SR		
B	Eligible student's social security number (SSN)	400004805		
C	Is the student claimed as a dependent on your NYS return? *(see instructions)*	Yes ☐ No ☒	Yes ☐ No ☐	Yes ☐ No ☐
D	EIN of college or university *(see instr.)*	123456789		
E	Name of college or university *(see instr.)*...	SCHENECTADY CCC		
F	Were expenses for **undergraduate** tuition? *(see instructions)*	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
G	Amount of qualified college tuition expenses *(see instructions)*	5000 .00	.00	.00
H	Enter the lesser of line G or 10,000	5000 .00	.00	.00

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.)* ..... **3** 5000 .00

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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**	**200.00**
5 Enter the lesser of line 3 or line 4. This is your **college tuition credit**	**5**	.00

- 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**	5000 .00
7 Multiply **line 6** by 4% (.04). This is your **college tuition credit**	**7**	200 .00

- 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 your itemized deduction schedule. **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 submit** Form IT-272 with your return.

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22222	a Employee's social security number 400004805	OMB No. 1545-0008	
b Employer identification number (EIN) 631234561		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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other 414H-54	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR - S

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
BCC CORP 123 MAIN AVE OAK TOWN VA 22000		$	2012	**Miscellaneous Income**
		2 Royalties $	Form **1099-MISC**	
		3 Other income $ 1300	4 Federal income tax withheld $	**Copy 1** **For State Tax Department**
PAYER'S federal identification number 631234567	RECIPIENT'S identification number 400004805	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name ROBIN D RICHARD SR		7 Nonemployee compensation $	8 Substitute payments in lieu of dividends or interest $	
Street address (including apt. no.) 1234 THOMAS PL		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
City, state, and ZIP code YONKERS NY 10701		11	12	
Account number (see instructions)		13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ 30 $	17 State/Payer's state no. NY/270293117	18 State income $ 1300 $

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

NEW YORK STATE DEPARTMENT OF LABOR
PAYMENT UNIT, BUILDING 12 1099-G
PO BOX 621
ALBANY, NY 12201-0621

Do You Qualify For An Earned Income Credit?

You may be entitled to a Federal tax credit. The amount of the credit is based on your earned income such as wages and self-employment. This credit may be allowed even if you do not owe any Federal income tax. However, you must file a Federal income tax return to obtain the credit. See the instructions on your Federal income tax forms to determine if the amount of your income allows you to claim this credit.

Important Information About Form 1099-G

New York State is required to report the unemployment compensation payments of $10 or more, that you received last year, to the Internal Revenue Service, and to furnish you with Form 1099-G by January 31 of this year. Unemployment compensation includes:

- Unemployment Insurance payments
- Extended Benefits and Federal Supplemental Compensation payments
- TAA (Trade Adjustment Act) basic, retroactive, and additional training payments
- DUA (Disaster Unemployment Assistance) payments.

Please keep Form 1099-G for your records. You will need this information to complete your Federal, State and Local income tax returns. If you did not receive any unemployment compensation this year, but repaid an overpayment, this form is being sent in case it will be of help to you.

Note: Unless you have voluntarily authorized Federal or State withholding, Federal, State and Local income taxes are not withheld on unemployment compensation. If you expect to receive these benefits in the future, you can ask the payer to withhold Federal and State income tax from each payment. Or, you can make estimated tax payments during the year. For more information regarding how to make estimated tax payments, see instructions on the appropriate tax return, or, contact the Internal Revenue Service or the NYS Department of Taxation and Finance.

BOX 1 Shows the total unemployment compensation paid to you this year. For tax year 2011, combine the box 1 amounts from all Forms 1099-G, and report the amount as income on the unemployment compensation line on your return. **If this 1099-G is for a year other than 2011, see the instructions on the appropriate tax return, or contact the Internal Revenue Service, the NYS Department of Taxation and Finance or your local taxing authority to determine the amount of taxable unemployment insurance.**

BOX 2 Shows adjustments credited to you this year. Adjustments include money we received including cash (money orders and personal checks) in repayment of an overpayment. Current unemployment compensation, used to repay (offset) existing overpayments, is not included in this amount. Adjustment information may be helpful to you in filing your return.

BOX 4 Shows total Federal income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 10% rate. Include tax withheld, if any, on your income tax return.

BOX 5 Shows Alternative Trade Adjustment Assistance (ATAA) payments you received. This amount is not included in Box 1 amounts.

BOX IO a Shows the payers state.

BOX IO b Shows the payers Federal Identification Number.

BOX 11 Shows total State income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 2.5% rate. Include tax withheld, if any, on your income tax return.

PAYER'S name, street address, city, state, ZIP code, Federal identification number, and telephone number	OMB No. 1545-0120
NEW YORK STATE DEPARTMENT OF LABOR PAYMENT UNIT, BUILDING 12 1099-G PO BOX 621 ALBANY, NY 12201-0621 [redacted]	Statement for Recipients of **Certain Government Payments** Form **1099-G** (12/11)

RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.	4. Federal income tax withheld
400004805	$500.00			

RECIPIENT'S name, street address, city, state and ZIP code	5. ATAA Payments	6.
ROBIN D RICHARD SR 356 SKYLINE DR YONKERS NY 10701		

7.	8.	9.
10 a. State NY	10 b. State Identification No. [redacted]	11. State income tax withheld $50

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
GEORGE L	CHARITY	12-25-1960	400004806
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
MARY B	CHARITY	10-31-1962	400004856

Mailing address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	New York State county of residence
923 HOPE CT		DUTCHESS

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
DOVER PLAINS	NY	12522		DOVERS UNION FREE

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number .....
		149

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 [X] 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 [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(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)* C7

If applicable, also enter your **second** 2-character special condition code E3

H Dependent exemption information *(see page 14)*

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
CAROLINE	CHARITY	DAUGHTER	400884848	04-01-1996
CHRISTOPHER	CHARITY	SON	400884849	05-01-1997
CANDACE	CHARITY	DAUGHTER	400884850	06-01-1998

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

201001120099

Your social security number
400004806

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	30000 .00
2	Taxable interest income	2	4300 .00
3	Ordinary dividends	3	6190 .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	72 .00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	12640 .00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	13200 .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	16404 .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	82806 .00
18	Total federal adjustments to income *(see page 14)* *Identify:* IRA 1741 SUB PAY 400 1/2 SE TAX 1159	18	3300 .00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	79506 .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	79506 .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	79506 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	15000 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	64506 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	3 000.00
37	**Taxable income** *(subtract line 36 from line 35)*	37	61506 .00

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Name(s) as shown on page 1: GEORGE L AND MARY B CHARITY

Your social security number: 400004806

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

38	**Taxable income** *(from line 37 on page 2)*			38	61506 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	3333 .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	2212 .00		
43	Add lines 40, 41, and 42			43	2212 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	1121 .00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*			45	1618 .00
46	**Total New York State taxes** *(add lines 44 and 45)*			46	2739 .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	49 .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	2788 .00

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Your social security number: 400004806

62 Enter amount from line 61 ..... **62** 2788 .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	1121 .00
73	Total **New York City** tax withheld	73	359 .00
74	Total **Yonkers** tax withheld	74	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	75	2000 .00

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

76 **Total payments** *(add lines 63 through 75)* ..... **76** 3480 .00

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** 692 .00

78 Amount of line 77 to be **refunded**
Mark one refund choice: [X] **direct deposit** *(fill in line 83)* - **or** - [ ] **debit card** - **or** - [ ] **paper check** ... **78** 542 .00

79 Amount of line 77 that you want applied to your **2013** estimated tax *(see instructions)* ..... **79** 150 .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

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

See page 37 for the proper assembly of your return.

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: [X] Personal checking - **or** - [ ] Personal savings - **or** - [ ] Business checking - **or** - [ ] Business savings

83b Routing number 011001881 **83c** Account number LOANXXXX400004806

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

Third-party designee? *(see instr.)* Yes [X] No [ ]	Print designee's name: JOE PALMER	Designee's phone number: (518) 5557777	Personal identification number (PIN): 55555
	E-mail: PALMER@ATS.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
	Mark an ***X*** if self-employed [ ]
E-mail:	

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation: LABORER	
Spouse's signature and occupation *(if joint return)*: REAL ESTATE AGENT	
Date	Daytime phone number: (518) 555-6666
E-mail: CHARITY@ATS.COM	

201004120099

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

2012

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	Your social security number
GEORGE L AND MARY B CHARITY	400004806

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1 Accumulation distribution credit *(submit computation)* ..... 1 .00

2 Other nonrefundable, non-carryover credits

	Code	Amount		Code	Amount
2a		.00	2b		.00

Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)* ..... 2 .00

Section B – New York State nonrefundable, carryover credits used

3 Long-term care insurance credit ..... 3 .00

4 Investment credit ..... 4 2212 .00

5 Solar energy system equipment credit ..... 5 .00

6 Other nonrefundable, carryover credits

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

Total other nonrefundable, carryover credits *(add lines 6a through 6n)* ..... 6 .00

7 **Total New York State nonrefundable credits used**
*(add lines 1 through 6; enter here and on **Form IT-201, line 42**)* ..... 7 2212 .00

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

8 New York City resident UBT credit ..... 8 .00

9 New York City accumulation distribution credit *(submit computation)* ..... 9 .00

9a Part-year resident nonrefundable NYC child and dependent care credit ..... 9a .00

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 .00

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

11 Farmers' school tax credit ..... 11 .00

12 Other refundable credits

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

Total other refundable credits *(add lines 12a through 12l)* ..... 12 .00

13 Add lines 11 and 12 ..... 13 .00

(continued on back)

241001120099

Enter your social security number: 400004806

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

14	Enter amount from line 13 on the front page	14	.00
15	**New York State** claim of right credit	15	.00
16	**New York City** claim of right credit	16	.00
17	**Yonkers** claim of right credit	17	.00
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	.00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)*	19	.00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	20g		.00
20b		.00	20h		.00
20c		.00	20i		.00
20d		.00	20j		.00
20e		.00	20k		.00
20f		.00	20l		.00

	Total other New York State taxes *(add lines 20a through 20l)*	20	.00
21	Add lines 19 and 20	21	.00

22	See instructions for line 22	22	2212 .00		
23	Enter amount from **Form IT-201**, line 39	23	3333 .00		
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*			24	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*			25	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	26	40 .00		
27	Resident credit against separate tax on lump-sum distributions	27	35 .00		
28	Subtract line 27 from line 26			28	5 .00
29	New York State minimum income tax *(Form IT-220)*			29	1613 .00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*			30	1618 .00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	31	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	32	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	33	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	34	.00

New York State Department of Taxation and Finance

IT-112.1

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

2012

Name(s) as shown on return	Identifying number as shown on return
GEORGE L CHARITY	400004806

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** .00

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	$ .00	X	Total tax payable to the above jurisdiction (after any credits, exclusive of prepayments)	$ .00	=	Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above jurisdiction (*enter on* line 2)
Total income subject to tax by the above jurisdiction	$ .00					

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 .00	X	New York State amount from Form IT-230, line 24	$ 40 .00	=	Credit allowable	**3** 1 .00
Amount from Form IT-230, line 3	$ 3800 .00						

(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** .00

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.

Submit this form and a copy of federal Form 4972 with 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.

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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 .00

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			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)*
$ .00	X		$ .00	=	
Total income subject to tax by the above Canadian province $ .00					

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** 35 .00

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** .00

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			New York State amount from Form IT-230, line 24		Credit allowable		
$ .00	X		$ .00	=		**9**	.00
Amount from Form IT-230, line 3 $ .00							

(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 .00

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.

Submit this form, a copy of federal Form 1116, and a copy of federal Form 4972 with 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.

New York State Department of Taxation and Finance

Investment Credit

IT-212

2012

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

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

Date you started your business in New York State	Location of the qualified property *(if more than one, submit a schedule)*
01012007	ALTAMONT, ALBANY COUNTY

Part 1 – Computation of credit *(see Form IT-212-I,* Instructions for Form IT-212*)*

Individual or fiduciary	1	Credit from line 25, column F	1	2750 .00
	2	Credit from line 25, column G	2	.00
Beneficiary	3	Share of investment tax credit from the estate or trust	3	.00
	4	Share of research and development credit from the estate or trust	4	.00
Partner		Partnership name:		
		Employer identification number		
	5	Partner's share of credit shown on Form IT-204-IP, line 49	5	.00
	6	Partner's share of credit shown on Form IT-204-IP, line 50	6	.00
S corporation shareholder		S corporation name:		
		Employer identification number		
	7	Shareholder's share of investment credit from the S corporation *(see instructions)*	7	.00
	8	Shareholder's share of research and development credit from the S corporation *(see instr.)*	8	.00
	9	Total *(add lines 1 through 8)*	9	2750 .00

10	Fiduciaries: Enter credit allocated to beneficiaries	10	.00
11	Subtract line 10 from line 9	11	2750 .00
12	Available carryover credit from last year's Form IT-212	12	.00
13	Investment credit *(add lines 11 and 12)*	13	2750 .00
14	Total addback of credit from line 21 *(fiduciaries: see instructions)*	14	538 .00
15a	Total investment credit *(see instructions)*	15a	2212 .00
15b	Net investment credit recapture *(see instructions)*	15b	.00

Part 2 – Summary of addback of credit on early dispositions *(see instructions)*

16	Individual's and partnership's addback of credit on early dispositions *(from line 31)*	16	538 .00
17	Beneficiary's share of addback of credit on early dispositions	17	.00
18	Partner's share of addback of credit on early dispositions	18	.00
19	S corporation shareholder's share of addback of credit on early dispositions	19	.00
20	Estate's or trust's addback of credits on early dispositions *(from line 31)*	20	.00
21	**Total** *(add lines 16 through 20)*	21	538 .00

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Part 3 – Investments in qualified property *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	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 *(column E × 4% (.04))*	G – Investment credit for research and development property *(column E × 7% (.07))*
22 EQUIPMENT	BUSINESS	11012000	7	34375 .00	1375 .00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00

23 Enter amount from Form IT-212-ATT, line 11	23	1375 .00	
24 Enter amount from Form IT-212-ATT, line 19, column C	24	.00	
25 Total investment credit *(add amounts in columns F and G)*	25	2750 .00	.00

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 *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	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 *(see instructions)*	H – Addback of credit on early dispositions *(F × G)*
26 EQUIPMENT	11012000	11302012	146	73	0.5000	500 .00	250 .00
						.00	.00
						.00	.00
						.00	.00

27 Enter amount from Form IT-212-ATT, line 12	27	250 .00
28 Total *(add lines 26 and 27, column H, and enter total here)*	28	500 .00
29 Interest rate	29	0.075
30 Multiply line 28 by line 29	30	38 .00
31 Total addback of credit on early dispositions *(add amounts on lines 28 and 30)*	31	538 .00

Fiduciaries: Enter the line 31 amount on line 20.
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 *(same as in Form IT-205, Schedule C)*	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		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Fiduciary		.00	.00	.00

Part 6 – Application of credit and computation of refund and carryover *(see instructions)*

32a Total credit *(from line 15a)*	32a	2212 .00
32b Tax due before credits	32b	3333 .00
33 Credits that you applied before this credit	33	.00
34 Net tax *(subtract line 33 from line 32b)*	34	3333 .00
35 Amount of credit used for the current tax year	35	2212 .00
36 Amount of credit available for refund or carryover to next year *(subtract line 35 from line 32a)*	36	.00
37 Amount of credit to be refunded	37	.00
38 Amount of credit available for carryover to next year *(subtract line 37 from line 36)*	38	.00
39 Amount, if any, included on line 38 that expires this tax year	39	.00
40 Amount of credit to be carried over to next year *(subtract line 39 from line 38)*	40	.00

New York State Department of Taxation and Finance

Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

IT-212-ATT

Name(s) as shown on return	Identifying number as shown on return
GEORGE L CHARITY	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. **Submit this form with 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. Submit 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. Submit a copy of the certification. If *No*, submit 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*, submit 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 02/15/2010 TO 02/15/2012

8 What is the adjusted basis of the barn as of the first day of the measurement period?..... **8** 5250 .00

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)* 02/15/2010 | Date rehabilitation work was completed *(mm-dd-yyyy)* 02/15/2012

A Description of rehabilitation expenditures *(submit additional sheets if necessary)*	B Date of expenditure(s)	C Property's useful life *(years)*	D Amount of expenditures	E Rehabilitation credit *(column D × 25%)*
ROOF	02/15/2012	20	5000 .00	1250 .00
PAINT	02/15/2012	5	500 .00	125 .00
			.00	.00

11 Add column **E** amounts *(enter here and on Form IT-212, line 23)*..... **11** 1375 .00

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

A Description of rehabilitation expenditures *(submit additional sheets if necessary)*	B Date acquired	C Date property ceased to qualify	D Property's useful life *(months)*	E Unused life *(months)*	F Percentage *(E ÷ D)*	G Total investment credit allowed for rehabilitation of a historic barn	H Addback of credit on early dispositions *(F × G)*
ROOF	11012000	11012012	146	73	0.5000	500 .00	250 .00
						.00	.00
						.00	.00

12 Add column **H** amounts *(enter here and on Form IT-212, line 27)* ..... **12** 250 .00

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 *(B + C + D + E)*	G Average *(see instr.)*	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 *(exclude research and development (R&D) property at optional rate)*	C Employment incentive credit *(multiply column B by the appropriate rate from* Tax rate schedule *below)*
17 Information for first succeeding tax year; use line 14, column H, to determine rate		.00	.00
18 Information for second succeeding tax year; use line 16, column H, to determine rate		.00	.00

19 Add column C amounts from lines 17 and 18 *(enter here and on Form IT-212, line 24)* ..... **19** .00

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

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2012

New York State Department of Taxation and Finance

Minimum Income Tax

New York State • New York City

IT-220

Name(s) as shown on return	Your social security number	Employer identification number (estate or trust only)
GEORGE L AND MARY B CHARITY	400004806	

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

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

Form you are filing: *(mark an **X** in only **one** box)*

- [X] **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
		Whole dollars only		Whole dollars only
1 Interest from specified private activity bonds exempt from federal tax	1	.00	1	.00
2 Depletion	2	.00	2	.00
3 Depreciation (pre-1987)	3	.00	3	.00
4 Intangible drilling costs	4	.00	4	33000 .00
5 Qualified small business stock (excluded under section 1202)	5	.00	5	.00
6 Total federal tax preference items *(add lines 1 through 5)*	6	.00	6	33000 .00
7 New York addition for restoration of net operating loss deduction *(see instructions)*	7	.00	7	.00
8 Total *(add lines 6 and 7)*	8	.00	8	33000 .00

New York subtractions

9 Portion of line 3 relating to accelerated cost recovery deduction *(see instructions)*	9	.00	9	.00
10 Portion of tax preference items relating to an S corporation *(see instructions)*	10	.00	10	.00
11 Itemized deduction adjustment *(see instructions)*	11	.00	11	.00
12 Interest from specified private activity bonds exempt from federal tax entered on line 1	12	.00	12	.00
13 Depletion entered on line 2	13	.00	13	.00
14 Total New York subtractions *(add lines 9 through 13)*	14	.00	14	.00
15 Total NY tax preference items *(subtract line 14 from line 8)*	15	.00	15	33000 .00
16 Specific deduction *(see instructions)*			16	5000 .00
17 Subtract line 16 from line 15, Column B			17	28000 .00
18 New York State personal income tax after credits *(see instructions)*			18	1121 .00
19 Subtract line 18 from line 17 *(if line 18 is more than line 17, leave blank)*			19	26879 .00
20 Available net operating loss carryover *(see instructions)*			20	.00
21 Minimum taxable income *(subtract line 20 from line 19; see instructions)*			21	26879 .00
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	1613 .00
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	.00

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New York State Department of Taxation and Finance

Separate Tax on Lump-Sum Distributions

New York State • New York City

IT-230

2012

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

Name as shown on return	Identification number
GEORGE L AND MARY B CHARITY	400004806

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

[X] Yes *(If* Yes, *submit this form, and a copy of federal Form 4972 with 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	.00
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** 2	.00	**New York City** 2	.00

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 .00
4	Death benefit exclusion *(see instructions)*			4	.00
5	Subtract line 4 from line 3 *(total taxable amount)*			5	3800 .00
6	Current actuarial value of annuity from federal Form 4972, Part III, line 11			6	.00
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 .00
8	Multiply line 7 by 50% (.50) but do not enter more than 10,000	8	1900 .00		
9	Subtract $20,000 from line 7. If line 7 is $20,000 or less, leave blank	9	.00		
10	Multiply line 9 by 20% (.20)	10	.00		
11	Subtract line 10 from line 8 *(minimum distribution allowance)*			11	1900 .00
12	Subtract line 11 from line 7			12	1900 .00
13	Federal estate tax attributable to lump-sum distribution			13	.00
14	Subtract line 13 from line 12			14	1900 .00

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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	.00	16	.00
17 Subtract line 16 from line 6	17	.00	17	.00

10-year tax option

18 Multiply line 14 by 10% (.10)	18	190 .00	18	.00
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 .00	19	.00
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 .00	20	.00
21 Multiply line 17 by 10% (.10)	21	.00	21	.00
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	.00	22	.00
23 Multiply line 22 by ten	23	.00	23	.00
24 Subtract line 23 from line 20. This is your tax on lump-sum distribution using the 10-year option	24	40 .00	24	.00

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 (*New York City and part-year New York City residents: use both columns)*	a	40.00	a	.00
b Enter your percentage of the total distribution	b	1.00	b	
c Multiply line a by line b. Enter the result here and as follows: **Individuals:** Enter the line c, *New York State* column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. **Fiduciaries:** Include the line c, *New York State* column amount on Form IT-205, line 12.	c	40.00	c	.00

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.

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New York State Department of Taxation and Finance

Nonobligated Spouse Allocation

IT-280

2012

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	Social security number shown first	If nonobligated spouse, mark an *X* here
GEORGE L CHARITY	400004806	
First name, middle initial, and last name shown second on the return	**Social security number shown second**	**If nonobligated spouse, mark an *X* here**
MARY B CHARITY	400004856	X

Did you receive a *Notice of Claim Against Your Income Tax Refund*? ..... Yes ☐ No ☒ X
If *Yes,* please submit a copy with 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 .00	23160 .00	30000 .00
1b	All other income – Identify the type and amount below *(from Form IT-201, lines 2 through 16; Form IT-203, lines 2 through 16,* Federal amount *column).*			
	Total *(add column B amounts)* SEE CONTINUATION SHEET	.00	52806 .00	52806 .00
1c	Total income *(add lines 1a and 1b)*	6840 .00	75966 .00	82806 .00
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 18; Form IT-203, line 18,* Federal amount *column)*	700 .00	1321 .00	1480 .00
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)*			2788 .00
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 .00	1321 .00	1480 .00
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)*	.00	2000 .00	2000 .00
4c	Total prepayments *(add lines 4a and 4b)*	159 .00	2000 .00	2000 .00

A – Type	B – Amount
TAXABLE INTEREST INCOME	4300 .00
ORDINARY DIVIDENDS	6190 .00
CAPITAL GAINS (SCH D)	72 .00
TAXABLE PENSION	12640 .00
RENTAL REAL ESTATE(SCH E)	13200 .00

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

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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.

▼ **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 sign here** ▼
Nonobligated spouse's signature
Date
Daytime phone number (518) 555-6666
Nonobligated spouse's e-mail address CHARITY@ATS.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

Place the completed Form IT-280 in 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).*

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400004806 **IT-280 DESCRIPTION OF LINE 1b CONT'D**

ALL OTHER INCOME	AMOUNT
FARM INCOME (SCH F)	16404

22222	a Employee's social security number 400004806	OMB No. 1545-0008	
b Employer identification number (EIN) 632257358		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 DOVER PLAINS NY 12522 f Employee's address and ZIP code		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d 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		23160	900	23160	250	NYC

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

22222	a Employee's social security number 400004856	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 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 DOVER PLAINS NY 12522 f Employee's address and ZIP code	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d 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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
CANA CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO K2K1X3 CANADA		$ 3800	2012	
		2a Taxable amount $ 3800	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☒	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 995244433	RECIPIENT'S identification number 400004806	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name GEORGE L CHARITY		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 923 HOPE CT		7 Distribution code(s) 4A IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City, state, and ZIP code DOVER PLAINS NY 12522		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** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

1099R INDICATOR -S

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
NORT NORTHERN TRUST COMPANY 50 S LASALLE ST CHICAGO IL 60603	$ 12640	2012	
	2a Taxable amount $ 12640	Form 1099-R	
	2b Taxable amount not determined ☐	Total distribution ☒	Copy 1 For State, City, or Local Tax Department

PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld
363046064	400004806	$	$

RECIPIENT'S name	5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
GEORGE L CHARITY	$	$
Street address (including apt. no.) 923 HOPE CT	7 Distribution code(s) 7 — IRA/SEP/SIMPLE ☐	8 Other $ %
City, state, and ZIP code DOVER PLAINS NY 12522	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
$		$ 121	NY/363046064	$ 12640
		$		$

Account number (see instructions)	15 Local tax withheld	16 Name of locality	17 Local distribution
	$ 50	NYC	$ 12640
	$		$

1099R INDICATOR-S

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
ROBERT	MICHAELS	12-17-1964	400004807
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
441 AMES STREET		MONROE

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
ROCHESTER	NY	14611		ROCHESTER

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number .....
		538

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 [X] 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 [X] No [ ]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(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)*
KAYLA	MICHAELS	DAUGHTER	400884851	06-01-1999
KENNETH	MICHAELS	SON	400884852	03-01-2000

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

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Your social security number: 400004807

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	105000 .00
2	Taxable interest income	2	500 .00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C or C-EZ, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☒	10	4000 .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:* GAMBLING 10000	16	10000 .00
17	Add lines **1 through 11** and **13 through 16**	17	119500 .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	119500 .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	119500 .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	119500 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	10500 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	109000 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	2 **000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	37	107000 .00

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Name(s) as shown on page 1: ROBERT MICHAELS

Your social security number: 400004807

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

38	**Taxable income** *(from line 37 on page 2)*			38	107000 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	6704 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	.00		
41	Resident credit *(see page 26)*	41	34 .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	6670 .00		
43	Add lines 40, 41, and 42			43	6704 .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

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

59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***	59	1998 .00

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	1998 .00

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Your social security number: 400004807

62 Enter amount from line 61 ..... **62** 1998 .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	7250 .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

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

76 **Total payments** *(add lines 63 through 75)* ..... **76** 7250 .00

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** 5252 .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** 5252 .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

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

See page 37 for the proper assembly of your return.

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 ☒ No ☐	Print designee's name: JOE PALMER	Designee's phone number: (518) 5557777	Personal identification number (PIN): 55555
	E-mail: PALMER@ATS.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
	Mark an ***X*** if self-employed ☐
E-mail:	

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation: CONSULTANT	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number: (518) 555-6666
E-mail: MICHAELS@ATS.COM	

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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

2012

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	Your social security number
ROBERT MICHAELS	400004807

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1	Accumulation distribution credit *(submit computation)*	1	.00
2	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
2a	250	2000 .00	2b		.00

	Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)*	2	2000 .00

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit	3	.00
4	Investment credit	4	.00
5	Solar energy system equipment credit	5	4670 .00
6	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

	Total other nonrefundable, carryover credits *(add lines 6a through 6n)*	6	.00
7	**Total New York State nonrefundable credits used** *(add lines 1 through 6; enter here and on **Form IT-201, line 42**)*	7	6670 .00

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

8	New York City resident UBT credit	8	.00
9	New York City accumulation distribution credit *(submit computation)*	9	.00
9a	Part-year resident nonrefundable NYC child and dependent care credit	9a	.00
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	.00

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

11	Farmers' school tax credit	11	.00
12	Other refundable credits		

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	.00
13	Add lines 11 and 12	13	.00

(continued on back)

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Enter your social security number
400004807

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

14	Enter amount from line 13 on the front page	**14**	.00
15	**New York State** claim of right credit	**15**	.00
16	**New York City** claim of right credit	**16**	.00
17	**Yonkers** claim of right credit	**17**	.00
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**	.00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19 New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)* ..... **19** .00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	**20g**		.00
20b		.00	**20h**		.00
20c		.00	**20i**		.00
20d		.00	**20j**		.00
20e		.00	**20k**		.00
20f		.00	**20l**		.00

Total other New York State taxes *(add lines 20a through 20l)* ..... **20** .00

21	Add lines 19 and 20			**21**	.00
22	See instructions for line 22	**22**	.00		
23	Enter amount from **Form IT-201**, line 39	**23**	.00		
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*			**24**	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*			**25**	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	**26**	.00		
27	Resident credit against separate tax on lump-sum distributions	**27**	.00		
28	Subtract line 27 from line 26			**28**	.00
29	New York State minimum income tax *(Form IT-220)*			**29**	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*			**30**	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	**31**	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	**32**	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	**33**	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	**34**	.00

New York State Department of Taxation and Finance

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

IT-112-C

2012

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	Identifying number as shown on return
ROBERT MICHAELS	400004807

Submit this form and a copy of federal Form 1116 with 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.

Part 1 – Income and adjustments *(see instructions)* **Report all amounts in U.S. dollars.**		A Amount reported on New York State return (Whole dollars only)		B Amount sourced to and taxed by the Canadian province (Whole dollars only)
1 Wages, salaries, tips, etc.	1	105000 .00	1	.00
2 Taxable interest income	2	500 .00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss	7	.00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	4000 .00	10	4000 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	.00	11	.00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of social security benefits	14	.00	14	.00
15 Other income	15	10000 .00	15	.00
16 Add lines 1 through 15	16	119500 .00	16	4000 .00
17 Total federal adjustments to income	17	.00	17	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	119500 .00	18	4000 .00
19 New York adjustments *(see instructions)*	19	.00	19	
20 New York adjusted gross income *(line 18 and add or subtract line 19; see instructions)*	20	119500 .00	20	4000 .00
21 Capital gain portion of lump-sum distributions *(see instr.)*	21	.00	21	.00
22 Add lines 20 and 21	22	119500 .00	22	4000 .00

(continued)

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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 *(see instr.)*			**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 *(see instructions)*			**24**	1200 .00
25	Enter the amount from federal Form 1116, line 12, pertaining to the reduction in foreign taxes paid to the above Canadian province	**25**	.00		
26	Enter the amount from line 24 that was carried back and claimed as a credit for federal purposes	**26**	.00		
27	Add lines 25 and 26			**27**	.00
28	Subtract line 27 from line 24			**28**	1200 .00
29	Enter the amount from federal Form 1116, line 10, pertaining to carryover of taxes paid for prior years to the above Canadian province *(submit a copy of federal Form(s) 1116)*			**29**	.00
30	Add lines 28 and 29			**30**	1200 .00
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 .00
32	Subtract line 31 from line 30			**32**	34 .00
33	New York State tax payable *(see instructions)*			**33**	6704 .00
34	Divide line 22, column B, by line 22, column A *(round to the fourth decimal place; see instructions)*			**34**	0.0335
35	Multiply line 33 by line 34			**35**	225 .00
36	Tentative credit *(enter the lesser of line 28, 32, or 35)*			**36**	34 .00
37	Enter the amount from line 29	**37**	.00		
38	Enter the amount from line 31	**38**	1166 .00		
39	Subtract line 38 from line 37 *(if line 38 is more than line 37, leave blank)*			**39**	.00
40	Add lines 36 and 39			**40**	34 .00
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) *(see instructions)*			**41**	.00
42	If line 41 is more than line 40, subtract line 40 from line 41. This is your addback of resident credit *(see instructions; do not make any entries on lines 43 through 50)*			**42**	.00
43	If line 41 is less than (or equal to) line 40, subtract line 41 from line 40			**43**	34 .00
44	Enter the amount from line 36 or line 43, whichever is less *(see instructions)*			**44**	34 .00
45	Total line 44 amounts from additional Form(s) IT-112-C and line 28 amounts from Form(s) IT-112-R, if any *(see instructions)*			**45**	.00
46	Add lines 44 and 45			**46**	34 .00

Part 3 – Application of credit

47	Tax due before credits *(see instructions)*	**47**	6704 .00
48	Other credits that you applied before this credit *(see instructions)*	**48**	.00
49	Subtract line 48 from line 47	**49**	6704 .00
50	Enter the amount from line 46 or line 49, whichever is less *(see instructions)*	**50**	34 .00

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

You are not **required** to submit a copy of the return you filed with a province of Canada with Form IT-201, IT-203, or IT-205. Submitting a copy of the provincial return is **optional.** You are still required to submit 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 submit a copy of the provincial return with Form IT-201, IT-203, or IT-205, you **must** complete this section.

51 Enter the amount of your provincial tax	**51**	500 .00

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**	.00	**52**	500 .00
53 Enter the amount of your prepayments *(see instructions)*	**53**	.00	**53**	600 .00
54 Enter the amount of overpayment, if any, shown on the return you filed with Canada or Quebec	**54**	.00	**54**	100 .00
55 Enter the balance due, if any shown on the return you filed with Canada or Quebec *(see instructions)*	**55**	.00	**55**	.00

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New York State Department of Taxation and Finance

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

IT-135

2012

Submit this form with Form IT-201, IT-203, IT-205, ST-140, or ST-141. *(See instructions on back.)*

Name as shown on personal income tax return or sales and use tax return	Social security or employer identification number
ROBERT MICHAELS	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.

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 (if different from delivery address)	E Purchase price	F Tax paid to another taxing jurisdiction, if any
03/03/2012	WINDOWS DOORS& SIDING	INTRNL INSULATION BRANT AVE NW CANTON OH 44708 INTLINSULATION@NY.PR.COM	50 CHESTNUT ST ROCHESTER NY 14604 441 AMES ST ROCHESTER NY 14611	26000 .00	1000 .00
				.00	.00
				.00	.00
				.00	.00
				.00	.00
				.00	.00
				.00	.00
				.00	.00

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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 submit it with 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 with which you are submitting 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.

Submit this form with your Form IT-201, IT-203, IT-205, ST-140, or ST-141. If you need more space, use 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 additional sheets.

New York State Department of Taxation and Finance

Claim for Credit for Purchase of an Automated External Defibrillator

Personal Income Tax

IT-250

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Type of business *(if applicable)*	Identification number on return
ROBERT MICHAELS	CONSULTANT	400004807

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, submit 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	02-01-2012	1500 .00	$500	500 .00
WECHHEARTSTART FRX-861305	06-01-2012	2000 .00	$500	500 .00
		.00	$500	.00
		.00	$500	.00
		.00	$500	.00

1 Total column E amounts from additional Form(s) IT-250, if any ..... **1** .00

2 Total credit *(add column E amounts, including any amount on line 1)* ..... **2** 1000 .00

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 *(see instructions)*

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
MICHAELS INC	S	300004807
MICHAELS BROTHERS	P	350004807

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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 .00
S corporation shareholder	4	Enter your share of the credit from your S corporation *(see instructions)*	4	500 .00
Beneficiary	5	Enter your share of the credit from the fiduciary's Form IT-250, Schedule D, column C	5	.00
	6	**Total** *(add lines 3, 4, and 5)*	6	1000 .00

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)*		.00
		.00
		.00
Fiduciary		.00

Schedule E – Computation of credit

Individuals and partnerships	7	Enter the amount from Schedule A, line 2	7	1000 .00
Partners, S corporation shareholders, and beneficiaries	8	Enter the amount from Schedule C, line 6	8	1000 .00
Fiduciaries	9	Enter the amount from Schedule D, fiduciary line, column C	9	.00
	10	**Total credit** *(add lines 7, 8, and 9; see instructions)*	10	2000 .00

Schedule F – Computation of credit used

11	Tax due before credits *(see instructions)*	11	6704 .00
12	Credits applied against the tax before this credit *(see instructions)*	12	34 .00
13	Net tax *(subtract line 12 from line 11)*	13	6670 .00
14	Credit used for the current tax year *(enter the lesser of line 10 or line 13; see instructions)*	14	2000 .00

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New York State Department of Taxation and Finance

Claim for Solar Energy System Equipment Credit

IT-255

2012

Complete Schedule A and Schedule B. Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return	Your social security number
ROBERT MICHAELS	400004807

Schedule A – Computation of solar energy system equipment credit

Complete the information in the applicable chart with respect to your solar energy system equipment.

	A	B	C
Purchase	Date equipment placed in service *(mm-dd-yyyy)*	Qualified solar energy system equipment expenditures *(see instr.)*	Column B x 25% (.25)
	03-01-2012	20000 .00	5000 .00

	A	B	C	D
Power purchase agreement	Date equipment placed in service *(mm-dd-yyyy)*	Qualified solar energy system equipment expenditures *(see instr.)*	Column B x 25% (.25)	Limitation *(see instructions)*
		.00	.00	.00

	A	B	C	D	E
Lease	Date equipment placed in service *(mm-dd-yyyy)*	Qualified solar energy system equipment expenditures *(see instr.)*	Column B x 25% (.25) not to exceed $5000	Amount from column B paid in 2012	Limitation *(see instructions)*
		.00	.00	.00	.00

1	Current year credit *(see instructions.)*	1	5000 .00
2	Enter the carryover credit from last year's Form IT-255, line 10	2	.00
3	Solar energy system equipment credit *(add lines 1 and 2)*	3	5000 .00

Schedule B – Application of credit and computation of carryover

4	Tax due before credits *(see instructions)*	4	6704 .00
5	Other credits that you applied before this credit *(see instructions)*	5	2034 .00
6	Subtract line 5 from line 4	6	4670 .00
7	Enter the lesser of line 3 (or your portion of line 3) or line 6 *(see instructions)*	7	4670 .00
8	Subtract line 7 from line 3 *(or your portion of line 3; see instructions)*	8	330 .00
9	Amount, if any, included on line 8 that expired this tax year *(see instructions)*	9	.00
10	Amount of credit available for carryover to next year *(subtract line 9 from line 8)*	10	330 .00

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22222	a Employee's social security number 400004807	OMB No. 1545-0008		
b Employer identification number (EIN) 681357911		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 SUITE 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 f Employee's address and ZIP code		11 Nonqualified plans	12a Code	
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code	
		14 Other	12c Code	
			12d 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		105000	6950			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

☐ VOID ☐ CORRECTED

PAYER'S name, address, ZIP code, federal identification number, and telephone number	1 Gross winnings	2 Federal income tax withheld
NYSL NYS LOTTERY DIVISION 510 SMITH ST SCHENECTADY NY 12305 632259858 5184567890	10000	
	3 Type of wager LOTTO	4 Date won 02/20/2012
	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 ▶**

OMB No. 1545-0238

2012

Form W-2G

Certain Gambling Winnings

Copy 1

For State Tax Department

Form **W-2G** Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD - W-2G INDICATOR -S

YONKERS INCOME TAX WITHHELD -

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
CANA CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO K2K1X3 CANADA		$ 4000	2012	
		2a Taxable amount $ 4000	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 995244433	RECIPIENT'S identification number 400004807	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name ROBERT MICHAELS		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $ 480	
Street address (including apt. no.) 441 AMES ST		7 Distribution code(s) 4A IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City, state, and ZIP code ROCHESTER NY 14611		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 $

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: 04/15/2013

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
FRANCIS N	POWERS	02-15-1972	400004808
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
14 ABBEY PLACE		WESTCHESTER

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
YONKERS	NY	10705		YONKERS

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number 715

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 [X] Qualifying widow(er) with dependent child

B **Did you itemize** your deductions on your 2012 federal income tax return? ..... Yes [ ] No [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(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)*
CHARLES	POWERS	SON	400884838	07-01-1996
ANN	POWERS	DAUGHTER	400884839	04-01-1995
JOE	POWERS	SON	400884840	09-01-1994

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

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Your social security number
400004808

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	22300 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C or C-EZ, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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	2500 .00
15	Taxable amount of social security benefits *(also enter on line 27)*	15	5180 .00
16	Other income *(see page 14)* *Identify:*	16	.00
17	Add lines **1 through 11** and **13 through 16**	17	29980 .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	29980 .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	29980 .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: 5180 .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	5180 .00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	33	24800 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	15000 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	9800 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	3 000.00
37	**Taxable income** *(subtract line 36 from line 35)*	37	6800 .00

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

Your social security number: 400004808

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

38	**Taxable income** *(from line 37 on page 2)*			38	6800 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	272 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	35 .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	35 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	237 .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	237 .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	13 .00		
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	57	3 .00		
58	**Total New York City and Yonkers taxes / surcharges** *(add lines 54 through 57)*			58	16 .00
59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***			59	500 .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	753 .00

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Your social security number: 400004808

62 Enter amount from line 61		**62**	753 .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**	150 .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**	200 .00
73 Total **New York City** tax withheld		**73**	.00
74 Total **Yonkers** tax withheld		**74**	75 .00
75 Total estimated tax payments **and** amount paid with Form IT-370		**75**	25 .00
76 **Total payments** *(add lines 63 through 75)*		**76**	450 .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
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**	303 .00
81 Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77; see page 34)*	**81**		.00
82 Other penalties and interest *(see page 35)*	**82**		.00

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

See page 37 for the proper assembly of your return.

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 ☐ No ☒	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 PRINTER	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: POWERS@ATS.COM	

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See instructions for where to mail your return.

New York State Department of Taxation and Finance

Claim for College Tuition Credit or Itemized Deduction

Full-year New York State residents only

IT-272

2012

Submit your completed Form IT-272 with Form IT-201. See Form IT-272-I, *Instructions for Form IT-272.*

Your name as shown on return *(first name first)*	Your social security number
FRANCIS N POWERS	400004808
Spouse's name *(first name first)*	Spouse's social security number

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? ..... **1** Yes ☐ No ☒

- If ***Yes*, stop;** you do not qualify for the college tuition credit or the college tuition itemized deduction.
- If ***No*,** continue with question 2.

2 Were you (and your spouse if filing a joint return) a **New York State resident for all of this tax year**? ..... **2** Yes ☒ No ☐

- If ***Yes*,** continue with Part 1 below.
- If ***No*, stop;** you do not qualify for the college tuition credit. However, you may qualify for the college tuition itemized deduction. For more information, see the instructions for Form IT-203.

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. *(If you are claiming expenses for more than three eligible students, see instructions.)*

		1 – Student 1	**2 –** Student 2	**3 –** Student 3
A	Eligible student's name	FRANCIS N POWERS	ANN POWERS	JOE POWERS
B	Eligible student's social security number (SSN)	400004808	400884839	400884840
C	Is the student claimed as a dependent on your NYS return? *(see instructions)*	Yes ☐ No ☒	Yes ☒ No ☐	Yes ☒ No ☐
D	EIN of college or university *(see instr.)*	123456789	12345666	123455555
E	Name of college or university *(see instr.)*...	SUNY	SCHENECTADY CCC	HUDSON VALLEY CC
F	Were expenses for **undergraduate** tuition? *(see instructions)*	Yes ☒ No ☐	Yes ☒ No ☐	Yes ☒ No ☐
G	Amount of qualified college tuition expenses *(see instructions)*	50 .00	25 .00	25 .00
H	Enter the lesser of line G or 10,000	50 .00	25 .00	25 .00

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.)* ..... **3** 150 .00

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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**	**200.00**
5 Enter the lesser of line 3 or line 4. This is your **college tuition credit**	**5**	150 .00

- 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**	.00
7 Multiply **line 6** by 4% (.04). This is your **college tuition credit**	**7**	.00

- 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 your itemized deduction schedule. **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 submit** Form IT-272 with your return.

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Part 1

(A)	**CHARLES POWERS**
(B)	**400884838**
(C)	**YES**
(D)	**123456777**
(E)	**MIT**
(F)	**YES**
(G)	**$50**
(H)	**$50**

New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

IT-360.1

2012

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

Name(s) as shown on return	Social security number
FRANCIS N POWERS	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 .00	.00	5000 .00
2 Taxable interest income	2	.00	.00	.00
3 Ordinary dividends	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	.00	.00
5 Alimony received	5	.00	.00	.00
6 Business income or loss *(submit copy of federal Schedule C or C-EZ, Form 1040)*	6	.00	.00	.00
7 Capital gain or loss *(submit copy of federal Schedule D, Form 1040)*	7	.00	.00	.00
8 Other gains or losses *(submit copy of federal Form 4797)*	8	.00	.00	.00
9 Taxable amount of IRA distributions	9	.00	.00	.00
10 Taxable amount of pensions and annuities	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00	.00	.00
12 Farm income or loss *(submit copy of federal Schedule F, Form 1040)*	12	.00	.00	.00
13 Unemployment compensation	13	2500 .00	.00	.00
14 Taxable amount of social security benefits	14	5180 .00	.00	.00
15 Other income *Identify:*	15	.00	.00	.00
16 Total *(add lines 1 through 15)*	16	29980 .00	.00	5000 .00
17 Total federal adjustments to income *Identify:*	17	.00	.00	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	29980 .00	.00	.00
19 New York adjustments *(submit schedule)*	19	-5180 .00	.00	.00
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 .00	.00	5000 .00

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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**	.00	.00
22 Taxes you paid	**22**	.00	.00
23 Interest you paid	**23**	.00	.00
24 Gifts to charity	**24**	.00	.00
25 Casualty and theft losses	**25**	.00	.00
26 Job expenses and most other miscellaneous deductions	**26**	.00	.00
27 Other miscellaneous deductions	**27**	.00	.00
28 This line is intentionally left blank	**28**	.00	.00
29 This line is intentionally left blank	**29**	.00	.00
30 Total itemized deductions *(add lines 21 through 27)*	**30**	.00	.00

31 State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments	**31**	.00
32 Subtract line 31 from line 30	**32**	.00
33 Addition adjustments and college tuition itemized deduction *(see instructions)*	**33**	.00
34 Add lines 32 and 33	**34**	.00
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**	.00
36 **Itemized deduction** *(subtract line 35 from line 34, enter here and on line 44)*	**36**	.00

Part 3 – Dependent exemptions *(see instructions, page 5)*

37 Enter the period you were a New York City **resident** during 2012

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**	.00
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**	.00

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**	.00
44 Resident period standard deduction *(see instructions, page 2)* **or** resident period itemized deduction *(from line 36)*	**44**	.00
45 Subtract line 44 from line 43	**45**	.00
46 Dependent exemption amount *(from line 42)*	**46**	.00
47 **New York City taxable income** *(subtract line 46 from line 45)*	**47**	.00
48 New York City tax on line 47 amount *(see instructions, page 5)*	**48**	.00
49 Total New York City household credit and accumulation distribution credit *(see instructions, page 6)*	**49**	.00
50 Subtract line 49 from line 48 *(if line 49 is larger than line 48, enter **0**)*	**50**	.00
51 Part-year New York City separate tax on lump-sum distributions *(from Form IT-230)*	**51**	.00
52 Part-year New York City resident tax on capital gain portion of lump-sum distributions *(from Form IT-230)*	**52**	.00
53 Add lines 50, 51, and 52	**53**	.00
54 Credit for part-year New York City unincorporated business tax paid *(see instructions, page 8)*	**54**	.00
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**	.00

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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 *(Form IT-201, line 46)*	**56**	237 .00	
57 Empire State child credit *(Form IT-201, line 63)*	**57**	.00	
58 NYS child and dependent care credit *(Form IT-216, line 14)*	**58**	.00	
59 Earned income credit *(Form IT-201, line 65)*	**59**	.00	
60 Noncustodial parent New York State earned income credit *(Form IT-201, line 66)*	**60**	.00	
61 Real property tax credit *(Form IT-201, line 67)*	**61**	.00	
62 College tuition credit *(Form IT-201, line 68)*	**62**	150 .00	
63 Amount from Form IT-201-ATT, line 13	**63**	.00	
64 Add lines 57 through 63	**64**	150 .00	
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 .00	
66 Base tax *(Form IT-203, line 44)*	**66**		.00
67 New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	**67**		.00
68 Subtract line 67 from line 66 *(if line 67 is more than line 66, enter **0**)*	**68**		.00
69 Net other New York State taxes *(Form IT-203-ATT, line 33)*	**69**		.00
70 Add lines 68 and 69	**70**		.00
71 Total of amounts from Form IT-203-ATT, lines **9, 10,** and **12**	**71**		.00
72 Subtract line 71 from line 70 *(if line 71 is more than line 70, enter **0**)*	**72**		.00
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 .00	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	**75**		.00
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** 3 .00

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.

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New York State Department of Taxation and Finance

Yonkers Nonresident Earnings Tax Return

Y-203

2012

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

Name as shown on Form IT-201 or IT-203	Social security number
FRANCIS N POWERS	400004808

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)* 09-19-2012 to *(mm-dd-yyyy)* 12-31-2012

2. Are you reporting Yonkers resident income tax surcharge on your New York State return? ..... Yes [X] No [ ] *(submit explanation)*

3. You must complete and submit 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 **2012:** 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

1 Gross wages and other employee compensation *(see instructions; if claiming an allocation, include amount from line 22)*	1	11048 .00
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	.00
3 Add lines 1 and 2 *(if line 2 is a loss, enter amount from line 1)*	3	11048 .00
4 Allowable exclusion *(see instructions; use* Exclusion table *below)*	4	1500 .00
5 Taxable amount *(subtract line 4 from line 3; if line 4 is more than line 3, enter **0**)*	5	9548 .00
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	13 .00

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.
- **Submit this form with your New York State return: Form IT-201 or IT-203.**

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	over $10,000 but not over $20,000	over $20,000 but not over $30,000
	Exclusion amount is:	Exclusion amount is:	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.

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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
	Nonworking days included in line 7: 8 Saturdays and Sundays *(not worked)*	8	68		
	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	0.6386
21	Gross wages and other employee compensation to be allocated			21	17300.00
22	**Yonkers allocated wage and salary income** *(multiply line 20 by line 21).* Include this amount on line 1.			22	11048 .00

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. Include a copy of Form Y-204.

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
Property percentage: 23 Real property owned	23	.00	.00	
24 Real property rented from others	24	.00	.00	
25 Tangible personal property owned	25	.00	.00	
26 Property percentage *(add lines 23, 24, and 25; see instructions)*	26	.00	.00	%
27 Payroll percentage *(see instructions)*	27	.00	.00	%
28 Gross income percentage *(see instructions)*	28	.00	.00	%
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	.00
32 Allocated net earnings from self-employment *(multiply line 31 by line 30; enter here and include on line 2)*			32	.00

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22222	a Employee's social security number 400004808	OMB No. 1545-0008	
b Employer identification number (EIN) 361425364		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 Last name Suff. FRANCIS N POWERS 14 ABBEY PL YONKERS NY 10705		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		22300	150	5000	75	YONKERS

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

NEW YORK STATE DEPARTMENT OF LABOR
PAYMENT UNIT, BUILDING 12 1099-G
P0 BOX 621
ALBANY, NY 12201-0621

Do You Qualify For An Earned Income Credit?

You may be entitled to a Federal tax credit. The amount of the credit is based on your earned income such as wages and self-employment. This credit may be allowed even if you do not owe any Federal income tax. However, you must file a Federal income tax return to obtain the credit. See the instructions on your Federal income tax forms to determine if the amount of your income allows you to claim this credit.

Important Information About Form 1099-G

New York State is required to report the unemployment compensation payments of $10 or more, that you received last year, to the Internal Revenue Service, and to furnish you with Form 1099-G by January 31 of this year. Unemployment compensation includes:

- Unemployment Insurance payments
- Extended Benefits and Federal Supplemental Compensation payments
- TAA (Trade Adjustment Act) basic, retroactive, and additional training payments
- DUA (Disaster Unemployment Assistance) payments.

Please keep Form 1099-G for your records. You will need this information to complete your Federal, State and Local income tax returns. If you did not receive any unemployment compensation this year, but repaid an overpayment, this form is being sent in case it will be of help to you.

Note: Unless you have voluntarily authorized Federal or State withholding, Federal, State and Local income taxes are not withheld on unemployment compensation. If you expect to receive these benefits in the future, you can ask the payer to withhold Federal and State income tax from each payment. Or, you can make estimated tax payments during the year. For more information regarding how to make estimated tax payments, see instructions on the appropriate tax return, or, contact the Internal Revenue Service or the NYS Department of Taxation and Finance.

BOX 1 Shows the total unemployment compensation paid to you this year. For tax year 2011, combine the box 1 amounts from all Forms 1099-G, and report the amount as income on the unemployment compensation line on your return. **If this 1099-G is for a year other than 2011, see the instructions on the appropriate tax return, or contact the Internal Revenue Service, the NYS Department of Taxation and Finance or your local taxing authority to determine the amount of taxable unemployment insurance.**

BOX 2 Shows adjustments credited to you this year. Adjustments include money we received including cash (money orders and personal checks) in repayment of an overpayment. Current unemployment compensation, used to repay (offset) existing overpayments, is not included in this amount. Adjustment information may be helpful to you in filing your return.

BOX 4 Shows total Federal income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 10% rate. Include tax withheld, if any, on your income tax return.

BOX 5 Shows Alternative Trade Adjustment Assistance (ATAA) payments you received. This amount is not included in Box 1 amounts.

BOX IO a Shows the payers state.

BOX IO b Shows the payers Federal Identification Number.

BOX 11 Shows total State income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 2.5% rate. Include tax withheld, if any, on your income tax return.

PAYER'S name, street address, city, state, ZIP code, Federal identification number, and telephone number	OMB No. 1545-0120
NEW YORK STATE DEPARTMENT OF LABOR PAYMENT UNIT, BUILDING 12 1099-G PO BOX 621 ALBANY, NY 12201-0621 [redacted]	Statement for Recipients of **Certain Government Payments** Form **1099-G** (12/11)

RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.	4. Federal income tax withheld
400004808	$2500.00			

RECIPIENT'S name, street address, city, state and ZIP code	5. ATAA Payments	6.		
FRANCIS N POWERS 14 ABBEY PLACE YONKERS NY 10705	7.	8.		9.
	10 a. State NY	10 b. State Identification No. [redacted]	11. State income tax withheld $50	

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
DANIEL T	THOMAS	10-17-1970	400004809
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
			400004859

Mailing address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	New York State county of residence
356 DOVER ST		KINGS

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
BROOKLYN	NY	11217		BROOKLYN

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number 071

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 ☒

NEW

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)* 365

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

(1) Number of months **you** lived in NYC in 2012 12

(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
400004809

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	3019 .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	-2040 .00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	20960 .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	21939 .00
18	Total federal adjustments to income *(see page 14)* *Identify:* 1/2 SE TAX 214	18	214 .00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	21725 .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:* A-19 721 A-15 3111	23	3832 .00
24	Add lines **19** through **23**	24	25557 .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:* S-29 778 S-32 240 — 31: 1018 .00		
32	Add lines 25 through 31	32	1018 .00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	33	24539 .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: ☐ **Standard** - **or** - ☒ **Itemized**	34	1780 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	22759 .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	22759 .00

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Name(s) as shown on page 1: DANIEL T THOMAS

Your social security number: 400004809

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

38	**Taxable income** *(from line 37 on page 2)*			38	22759 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	1151 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	.00		
41	Resident credit *(see page 26)*	41	70 .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	.00		
43	Add lines 40, 41, and 42			43	70 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	1081 .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	1081 .00

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

47	NYC resident tax on line 38 amount *(see page 26)*	47	729 .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	729 .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	729 .00		
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	53	488 .00		
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	54	241 .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	241 .00
59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***			59	20 .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	1342 .00

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Your social security number: 400004809

62 Enter amount from line 61		**62**	1342 .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**	63 .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**	492 .00
76 **Total payments** *(add lines 63 through 75)*		**76**	555 .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
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**	803 .00
81 Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77; see page 34)*	**81**	16 .00
82 Other penalties and interest *(see page 35)*	**82**	.00

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

See page 37 for the proper assembly of your return.

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 ☐ No ☒	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 INVESTOR	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: THOMAS@ATS.COM	

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See instructions for where to mail your return.

New York State Department of Taxation and Finance

Resident Itemized Deduction Schedule

IT-201-D

2012

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
DANIEL T THOMAS	400004809

		Whole dollars only
1 Medical and dental expenses *(federal Schedule A, line 4)*	1	.00
2 Taxes you paid *(federal Schedule A, line 9)*	2	492 .00
3 Interest you paid *(federal Schedule A, line 15)*	3	1200 .00
4 Gifts to charity *(federal Schedule A, line 19)*	4	580 .00
5 Casualty and theft losses *(federal Schedule A, line 20)*	5	.00
6 Job expenses / miscellaneous deductions *(federal Schedule A, line 27)*	6	.00
7 Other miscellaneous deductions *(federal Schedule A, line 28)*	7	.00
8 Enter amount **from federal Schedule A, line 29**	8	2272 .00
9 State, local, and foreign **income** taxes *(or general sales tax, if applicable)* and other subtraction adjustments *(see instructions)*	9	492 .00
10 Subtract line 9 from line 8	10	1780 .00
11 Addition adjustments *(see instructions)*	11	.00
12 Add lines 10 and 11	12	1780 .00
13 Itemized deduction adjustment *(see instructions)*	13	.00
14 Subtract line 13 from line 12	14	1780 .00
15 College tuition itemized deduction *(see Form IT-272)*	15	.00
16 **New York State itemized deduction** *(add lines 14 and 15; enter on Form IT-201, line 34)*	16	1780 .00

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New York State Department of Taxation and Finance

Other Tax Credits and Taxes

Attachment to Form IT-201

IT-201-ATT

2012

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	Your social security number
DANIEL T THOMAS	400004809

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1 Accumulation distribution credit *(submit computation)* ..... 1 .00

2 Other nonrefundable, non-carryover credits

	Code	Amount		Code	Amount
2a		.00	2b		.00

Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)* ..... 2 .00

Section B – New York State nonrefundable, carryover credits used

3 Long-term care insurance credit ..... 3 .00

4 Investment credit ..... 4 .00

5 Solar energy system equipment credit ..... 5 .00

6 Other nonrefundable, carryover credits

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

Total other nonrefundable, carryover credits *(add lines 6a through 6n)* ..... 6 .00

7 **Total New York State nonrefundable credits used**
*(add lines 1 through 6; enter here and on **Form IT-201, line 42**)* ..... 7 .00

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

8 New York City resident UBT credit ..... 8 488 .00

9 New York City accumulation distribution credit *(submit computation)* ..... 9 .00

9a Part-year resident nonrefundable NYC child and dependent care credit ..... 9a .00

10 **Total other New York City nonrefundable credits used**
*(add lines 8, 9, and 9a; enter here and on **Form IT-201, line 53**)* ..... 10 488 .00

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

11 Farmers' school tax credit ..... 11 .00

12 Other refundable credits

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

Total other refundable credits *(add lines 12a through 12l)* ..... 12 .00

13 Add lines 11 and 12 ..... 13 .00

(continued on back)

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Enter your social security number
400004809

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

14	Enter amount from line 13 on the front page	**14**	.00
15	**New York State** claim of right credit	**15**	.00
16	**New York City** claim of right credit	**16**	.00
17	**Yonkers** claim of right credit	**17**	.00
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**	.00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)*	**19**	.00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	**20g**		.00
20b		.00	**20h**		.00
20c		.00	**20i**		.00
20d		.00	**20j**		.00
20e		.00	**20k**		.00
20f		.00	**20l**		.00

	Total other New York State taxes *(add lines 20a through 20l)*	**20**	.00
21	Add lines 19 and 20	**21**	.00
22	See instructions for line 22	**22**	.00
23	Enter amount from **Form IT-201**, line 39	**23**	.00
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*	**24**	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*	**25**	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	**26**	.00
27	Resident credit against separate tax on lump-sum distributions	**27**	.00
28	Subtract line 27 from line 26	**28**	.00
29	New York State minimum income tax *(Form IT-220)*	**29**	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*	**30**	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	**31**	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	**32**	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	**33**	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	**34**	.00

New York State Department of Taxation and Finance

New York State Resident Credit

IT-112-R

2012

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	Identifying number as shown on return
DANIEL T THOMAS	400004809

Submit this form with 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 (Whole dollars only)		B Amount sourced to and taxed by other taxing authority (Whole dollars only)
1 Wages, salaries, tips, etc.	1	.00	1	.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	3019 .00	6	.00
7 Capital gain or loss	7	.00	7	.00
8 Other gains or losses	8	-2040 .00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	20960 .00	11	2243 .00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of social security benefits	14	.00	14	.00
15 Other income	15	.00	15	.00
16 Add lines 1 through 15	16	21939 .00	16	2243 .00
17 Total federal adjustments to income	17	214 .00	17	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	21725 .00	18	2243 .00
19 New York adjustments *(see instructions)*	19	2814 .00	19	
20 New York adjusted gross income *(line 18 and add or subtract line 19; see instructions)*	20	24539 .00	20	2243 .00
21 Capital gain portion of lump-sum distributions *(see instr.)*	21	.00	21	.00
22 Add lines 20 and 21	22	24539 .00	22	2243 .00

(continued on back)

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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**	NJ
	Also enter the locality name, if applicable *Locality name:* 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 .00
25	New York State tax payable *(see instructions)*	**25**	1151 .00
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**	105 .00
28	Enter amount from line 24 or line 27, whichever is less *(see instructions)*	**28**	70 .00
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**	.00
30	Add lines 28 and 29	**30**	70 .00

Part 3 – Application of Credit

31	Tax due before credits *(see instructions)*	**31**	1151 .00
32	Other credits that you applied before this credit *(see instructions)*	**32**	.00
33	Subtract line 32 from line 31	**33**	1151 .00
34	Enter the amount from line 30 or line 33, whichever is less *(see instructions)*	**34**	70 .00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting 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 submit 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 .00
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 .00
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**	.00

38 Mark an ***X*** in the box if the taxes paid to the other jurisdiction were paid on a group return X

Enter the group's EIN 233456789

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New York State Department of Taxation and Finance

Credit for New York City Unincorporated Business Tax

IT-219

2012

Submit Form IT-219 with your return, Form IT-201, Form IT-203, or Form IT-205.

Name(s) as shown on return	Taxpayer identification number *(SSN or EIN)*
DANIEL T THOMAS	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	.00	
2	Enter the amount from Form NYC-204, line 22 *(see instr.)* ...	2	.00	
3	Add lines 1 and 2			3 .00
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 .00

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 .00

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 .00

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 .00
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 .00
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
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 .00

New York City full-year resident individuals

12	Amount from Form IT-201, line 49	12	729 .00
13	Amount from Form IT-201-ATT, line 32	13	.00
14	Amount from Form IT-201-ATT, line 33	14	.00
15	Add lines 12, 13, and 14	15	729 .00
16	Enter the **lesser** of line 11 or 15, and transfer the amount to Form IT-201-ATT, line 8	16	488 .00

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Worksheet A

1	Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8		**1** .00
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** .00	
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** .00	
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** .00

Worksheet B

1	Base percentage 100%		**1** 1.000
2	Enter your taxable income from the front page, line 9	**2** .00	
3	Base amount	**3** $42,000.00	
4	Subtract line 3 from line 2	**4** .00	
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%**	.00
			.00
			.00
			.00
Fiduciary			.00

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New York State Department of Taxation and Finance

New York State Depreciation Schedule for IRC Section 168(k) Property

IT-398

2012

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	Identifying number as shown on return
DANIEL T THOMAS	400004809

Mark an *X* in one box to show the income tax return you are filing **and submit this form with that return.**

IT-201, Resident [X] 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 *(use additional sheet if needed)*	B Date placed in service	C Depreciable basis	D Convention	E Method	F New York depreciation deduction	G Federal depreciation deduction
APPLIANCE	09012012	1202	HY	200DB	240 .00	721 .00
					.00	.00
					.00	.00
					.00	.00
1 Enter column F and column G totals					**1** 240 .00	721 .00

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 *(use additional sheet if needed)*	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction
			.00	.00
			.00	.00
			.00	.00
			.00	.00
2 Enter column D and column E totals			**2** .00	.00
3 Enter amount from line 2, column D or column E, whichever is larger			**3**	.00
4 Enter amount from line 2, column D or column E, whichever is smaller			**4**	.00
5 Subtract line 4 from line 3			**5**	.00

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

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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. Submit a schedule with 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 submit this form with 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 Department of Taxation and Finance

New York State Depreciation Schedule

IT-399

2012

Name(s) as shown on return	Identifying number as shown on return
DANIEL T THOMAS	400004809

Mark an *X* in one box to show the income tax return you are filing **and submit this form with that return.**

IT-201, Resident [X] 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 *(submit schedule if needed)*	B Date placed in service	C Depreciable basis	D Depreciation method	E Life or rate	F New York depreciation	G Federal ACRS deduction
EQUIPMENT	07011992	5433	200DB	7	778 .00	3111 .00
					.00	.00
					.00	.00
1 Enter column F and column G totals				1	778 .00	3111 .00

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 *(submit schedule if needed)*	B Date of disposition	C Method of disposition	D Amount of New York depreciation	E Amount of ACRS deduction
			.00	.00
			.00	.00
			.00	.00
2 Enter column D and column E totals			2 .00	.00
3 Enter amount from line 2, column D or column E, whichever is larger			3	.00
4 Enter amount from line 2, column D or column E, whichever is smaller			4	.00
5 Subtract line 4 from line 3			5	.00

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.

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Instructions *(continued)*

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)I, *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. Submit a schedule with 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 submit this form with 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.

New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers

IT-2105.9

2012

Name(s) as shown on return	Identification number *(SSN or EIN)*
DANIEL T THOMAS	400004809

Part 1 – All filers must complete this part *(see instructions,* Form IT-2105.9-I, *for assistance)*

1	Total tax from your 2012 return before withholding and estimated tax payments *(**caution:** see instructions)*			1	1322 .00
2	Empire State child credit *(from Form IT-201, line 63)*	2	.00		
3	NYS/NYC child and dependent care credit *(from Form IT-201, line 64)*	3	.00		
4	NY State earned income credit (EIC) *(from Form IT-201, line 65)*	4	.00		
5	NY State noncustodial parent EIC *(from Form IT-201, line 66)*	5	.00		
6	Real property tax credit *(from Form IT-201, line 67)*	6	.00		
7	College tuition credit *(from Form IT-201, line 68)*	7	.00		
8	NY City school tax credit *(from Form IT-201, line 69, or Form IT-203, line 60)*	8	63 .00		
9	NY City earned income credit *(from Form IT-201, line 70)*	9	.00		
10	Other refundable credits *(from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)*	10	.00		
11	Add lines 2 through 10			11	63 .00
12	Current year tax *(subtract line 11 from line 1)*			12	1259 .00
13	Multiply line 12 by 90% (.90)	13	1133 .00		
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	.00
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	1259 .00
16	Enter your 2011 tax *(**caution:** see instructions)*			16	807 .00
17	Enter the **smaller** of line 13 or line 16			17	807 .00

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	.00		
19	Enter the total amount of estimated tax payments you made *(see instructions)*	19	.00		
20	Add lines 18 and 19			20	.00
21	**Total underpayment for year.** Subtract line 20 from line 17 *(if zero or less, you do not owe the penalty)*			21	.00
22	Multiply line 21 by .03289 and enter the result			22	.00
23	If the amount on line 21 was paid **on or after** April 15, 2013, enter ***0***. If the amount on line 21 was paid **before** April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 =			23	.00
24	**Penalty.** Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.			24	.00

Part 3 – Regular method – Schedule A – Computing your underpayment *(Schedule B is on the back)*

	Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
25	Required installments. Enter ¼ of line 17 in each column. *(If you used the annualized income installment method, see instructions.)*	25	202 .00	202 .00	202 .00	202 .00
26	Estimated tax paid and tax withheld *(see instructions)*	26	123 .00	123 .00	123 .00	123 .00
	Complete lines 27 through 29, one column at a time, starting in column A.					
27	Overpayment or underpayment from prior period	27		79 .00	158 .00	236 .00
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 .00	44 .00	-35 .00	-113 .00
29	Underpayment *(subtract line 28 from line 25)* **or** overpayment *(subtract line 25 from line 28; see instructions)*	29	79 .00	158 .00	236 .00	315 .00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates	A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
30 Amount of underpayment *(from line 29)*	79 .00	158 .00	236 .00	315 .00
First installment (April 15 - June 15, 2012)				
31 April 15 - June 15 = (61 ÷ 366) × 7.5% = .01249 **- or -** April 15 - _____ = (÷ 366) × 7.5% = .	0.0125			
32 Multiply line 30, column A by line 31	1 .00			
Second installment (June 15 - September 15, 2012)				
33 June 15 - September 15 = (92 ÷ 366) × 7.5% = .01884 **- or -** June 15 - _____ = (÷ 366) × 7.5% = .		0.0188		
34 Multiply line 30, column B by line 33		3 .00		
Third installment (September 15, 2012 - January 15, 2013)				
35 September 15 - December 31 = (107 ÷ 366) × 7.5% = .02192 January 1 - January 15 = (15 ÷ 365) × 7.5% = .00307 .02499 **Total** **- or -** September 15 - _____ = (÷ 366) × 7.5% = . January 1 - _____ = (÷ 365) × 7.5% = . . **Total**			0.0250	
36 Multiply line 30, column C by line 35			6 .00	
Fourth installment (January 15 - April 15, 2013)				
37 January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848 **- or -** January 15 - _____ = (÷ 365) × 7.5% = .				0.0185
38 Multiply line 30, column D by line 37				6 .00

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** 16 .00

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Submit this form with your New York State return.

SPECIAL INSTRUCTIONS FOR IT-2105.9

PLEASE BE AWARE THAT THE FORM AND THE RATE USED IN THE CALCULATIONS ON IT-2105.9 ARE FROM TAX YEAR 2011. THIS RATE IS SUBJECT TO CHANGE WHEN THE FORM IS FINALIZED FOR TAX YEAR 2012.

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

2012

For the 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-203-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
ROBERT S	PLANT	07-15-1962	400004810
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 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
% AMANDA JONES 215 LAIDBACK WAY		NEW YORK

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
ROCKY POINT	NY	11778		MANHATTAN

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
110 S 93 ST		NEW YORK	369

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death
NY	10029				

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 [X] 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 [X]

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

D Did you have a financial account located in a foreign country? *(see pg. 14)* NEW ..... Yes [ ] No [X]

E **New York City part-year residents only** *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 06

(2) Number of months **your spouse** lived in NY City in 2012 .....

F Enter your **2-character special condition code if applicable** *(see page 14)* .....

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

G **New York State part-year residents** *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* 07-01-2012

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS X

2) Lived outside NYS; received income from NYS sources during nonresident period .....

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

H **New York State nonresidents** *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes [ ] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
ROBERT S	PLANT JR	SON	400884809	06-01-2009
MOLLY S	PLANT	DAUGHTER	400884810	08-01-2004
JILL S	PLANT	DAUGHTER	400884811	10-01-1987

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

Enter your social security number: 400004810

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	18500 .00	1	12333 .00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	-405 .00	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	.00	7	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	.00	11	.00
12 Rental real estate included in line 11 *(federal amount)* 12 .00				
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	400 .00	13	400 .00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify:	16	.00	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	18495 .00	17	12733 .00
18 Total federal adjustments to income *(see page 22)* Identify: ALIMONY 2800	18	2800 .00	18	1928 .00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	15695 .00	19	10805 .00

New York additions *(see page 24)*

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	555 .00	21	555 .00
22 Other *(see page 24)* Identify: A-3 $50	22	50 .00	22	50 .00
23 Add lines **19** through **22**	23	16300 .00	23	11410 .00

New York subtractions *(see page 27)*

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 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* 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	16300 .00	31	11410 .00
32 Enter the amount from line 31, ***Federal amount*** column			32	16300 .00

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. Mark an ***X*** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**	33	10500 .00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	5800 .00
35 Dependent exemptions *(not the same as total federal exemptions; see page 33)*	35	3000.00
36 **New York taxable income** *(subtract line 35 from line 34)*	36	2800 .00

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Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	2800 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	112 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	105 .00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	7 .00
41	New York State child and dependent care credit *(see page 35)*	41	1279 .00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	.00
43	New York State earned income credit *(see page 35)*	43	1575 .00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	.00

45 Income percentage *(see page 35)* — New York State amount from line 31: 11410 .00 ÷ Federal amount from line 31: 16300 .00 = **45** Round result to 4 decimal places: 0.7000

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	.00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	.00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	.00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	85 .00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	85 .00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	85 .00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	20 .00

Voluntary contributions *(see page 37)*

57a	Return a Gift to Wildlife	57a	5 .00
57b	Missing/Exploited Children Fund	57b	5 .00
57c	Breast Cancer Research Fund	57c	5 .00
57d	Alzheimer's Fund	57d	5 .00
57e	Olympic Fund *($2 or $4; see page 37)*	57e	2 .00
57f	Prostate Cancer Research Fund	57f	5 .00
57g	9/11 Memorial	57g	5 .00
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	5 .00

57	**Total voluntary contributions** *(add lines 57a through 57h)*	57	37 .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	57 .00

Enter your social security number: 400-00-4810

59 Enter amount from line 58 ..... **59** 57 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	31 .00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	3928 .00	
62 Total **New York State** tax withheld	**62**	1295 .00	
63 Total **New York City** tax withheld	**63**	.00	
64 Total **Yonkers** tax withheld	**64**	.00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	.00	
66 Total payments and refundable credits *(add lines 60 through 65)*			**66** 5254 .00

Submit your wage and tax statements with your return (*see page 38*).

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** 5197 .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☒ **debit card** - **or** - ☐ **paper check** ... **68** 5197 .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** .00

72 Other penalties and interest *(see page 40)* ..... **72** .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number _____ **73c** Account number _____

74 Electronic funds withdrawal *(see page 41)* ..... Date _____ Amount _____ .00

Third-party designee? *(see instr.)* Yes ☐ No ☒	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 AIDE	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: CANASTA@ATS.COM	

See instructions for where to mail your return.

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New York State Department of Taxation and Finance

Other Tax Credits and Taxes

Attachment to Form IT-203

IT-203-ATT

2012

Name(s) as shown on your Form IT-203	Your social security number
ROBERT S PLANT	400004810

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Part 1 – Other tax credits *(submit all applicable forms)*

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

Whole dollars only

1	Resident credit	1	.00
2	Accumulation distribution credit *(submit computation)*	2	.00

3 Other nonrefundable, non-carryover credits

	Code	Amount		Code	Amount
3a		.00	3b		.00

	Total other nonrefundable, non-carryover credits *(add lines 3a and 3b)*	3	.00

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit	4	.00
5	Investment credit	5	.00
6	Part-year solar energy system equipment credit	6	.00

7 Other nonrefundable, carryover credits

	Code	Amount		Code	Amount
7a		.00	7h		.00
7b		.00	7i		.00
7c		.00	7j		.00
7d		.00	7k		.00
7e		.00	7l		.00
7f		.00	7m		.00
7g		.00	7n		.00

	Total other nonrefundable, carryover credits *(add lines 7a through 7n)*	7	.00
8	**Total New York State nonrefundable credits used** *(add lines 1 through 7; enter here and on **Form IT-203, line 47**)*	8	.00

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		9	876 .00
9a	Part-year resident refundable New York City child and dependent care credit		9a	272 .00
10	Part-year resident refundable New York State earned income credit		10	1084 .00
11	Part-year resident refundable New York City earned income credit		11	196 .00

12 Other NY State refundable credits

	Code	Amount		Code	Amount
12a	217	1500 .00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	1500 .00
13	Add lines 9 through 12	13	3928 .00
14	**New York State** claim of right credit	14	.00
15	**New York City** claim of right credit	15	.00
16	**Yonkers** claim of right credit	16	.00
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	3928 .00

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Enter your social security number
400004810

Part 2 – Other New York State taxes *(submit all applicable forms)*

18 NY State tax on capital gain portion of lump-sum distributions *(Form IT-230-I, worksheet C, line 7)* **18** .00

19 Other New York State taxes

	Code	Amount		Code	Amount
19a		.00	19g		.00
19b		.00	19h		.00
19c		.00	19i		.00
19d		.00	19j		.00
19e		.00	19k		.00
19f		.00	19l		.00

Total other New York State taxes *(add lines 19a through 19l)* ..... **19** .00

20 Add lines 18 and 19 ..... **20** .00

21 Enter amount from **Form IT-203**, line 47 ..... **21** .00

22 Enter amount from **Form IT-203**, line 46 ..... **22** .00

23 Subtract line 22 from line 21 *(if line 22 is more than line 21, leave blank)* ..... **23** .00

24 Subtract line 23 from line 20 *(if line 23 is more than line 20, leave blank)* ..... **24** .00

25 New York State separate tax on lump-sum distributions *(Form IT-230)* ..... **25** .00

26 Resident credit against separate tax on lump-sum distributions ..... **26** .00

27 Subtract line 26 from line 25 ..... **27** .00

28 New York State minimum income tax *(Form IT-220)* ..... **28** .00

29 Add lines 24, 27, and 28 ..... **29** .00

30 Excess child and dependent care credit ..... **30** 1272 .00

31 Subtract line 30 from line 29 *(if line 30 is more than line 29, leave blank)* ..... **31** .00

32 Excess New York State earned income credit ..... **32** 1575 .00

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** .00

New York State Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

IT-215

2012

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

Name(s) as shown on return	Your social security number
ROBERT S PLANT	400004810

1 Did you claim the federal earned income credit? If ***No*, stop; you do not qualify for these credits.** ..... 1 Yes [X] No [ ]

2 Is your investment income (see instructions) greater than $3,200? If ***Yes*, stop; you do not qualify for these credits.** ..... 2 Yes [ ] No [X]

3 Have you already filed your New York State income tax return? If ***Yes***, you must file an amended NYS return..... 3 Yes [ ] No [X]

4 Did you claim qualifying children on your **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 [X] 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	Date of birth *(mm-dd-yyyy)*
ROBERT S	PLANT JR	SON	12			400884809	06-01-2009
MOLLY S	PLANT	DAUGHTER	12			400884810	08-01-2004
JILL S	PLANT	DAUGHTER	12		X	400884811	10-01-1987

* Mark an ***X*** in these boxes **only** if you checked ***Yes*** in the same box on your 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 [X]

Whole dollars only

6 Wages, salaries, tips, etc., from ***Worksheet A*** line 3, on page 2 of the instructions, Form IT-215-I. ..... 6 18500 .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 .00

8 Business income or loss *(from your federal Form 1040 line instructions,* Earned Income Credit Worksheet B, *lines 1e, 2c, and 3)* ... 8 -5 .00
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 .00

10 **Amount of federal EIC claimed** *(from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)* ..... 10 5599 .00

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 1680 .00

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 .00

14 New York State household credit *(from Form IT-201, line 40, or Form IT-203, line 39)* 14 105 .00

15 Enter the smaller of line 13 or line 14 ..... 15 105 .00

16 **Allowable New York State earned income credit** *(subtract line 15 from line 12; see instructions)* ..... 16 1575 .00

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 .00
Federal adjusted gross income *(from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)* ..... .00

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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.

18	Enter your New York State earned income credit *(from line 16 or line 17)*	**18**	1575 .00
19	Enter the amount from Form IT-203, line 42	**19**	.00
	– 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**	1575 .00
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**	.00
	– 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**	1575 .00
23	Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet — **23** 10805 .00		
24	Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet — **24** 15695 .00		
25	Divide line 23 by line 24 *(round the result to the fourth decimal place)*. This amount cannot exceed 100% (1.0000).	**25**	0.6884
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**	1084 .00

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, *Instructions for Form IT-215.* Enter here and on **Form IT-201, line 70,** or **Form IT-203-ATT, line 11.** Part-year New York City residents must also complete line 28 below.	**27**	196 .00
28	**Part-year New York City adjusted gross income** Enter the amounts from Worksheet C, lines 6 and 7 — **28A** 16300 .00	**28B**	11410 .00

Worksheet B

1	New York State tax *(from Form IT-201, line 39, or Form IT-203, line 38)*	**1**	112 .00
2	Resident credit *(see instructions)* — **2** .00		
3	Accumulation distribution credit *(see instructions)* — **3** .00		
4	Add lines 2 and 3	**4**	.00
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 .00

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New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

2012

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

Name(s) as shown on return	Your social security number
ROBERT S PLANT	400004810

1 Have you already filed your New York State income tax return? ..... Yes ☐ No ☒
If *Yes*, you must file an amended New York State return and include 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 STRAIGHT ST ROCKY POINT NY 11778	641234568	1420 .00
KIDS INC.	22 TOT TERRACE ROCKY POINT NY 11778	641234569	1000 .00

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	**D** – Person with disability *(see instr.)*	**E** – Social security number	**F** – Date of birth *(mm-dd-yyyy)*
ROBERT S	PLANT JR	1710 .00	☐	400884809	06-01-2009
MOLLY S	PLANT	1000 .00	☐	400884810	08-01-2004
JILL S	PLANT	710 .00	☒	400884811	10-01-1987
		.00	☐		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any ..... 3a 3420 .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?.....Yes ☒ No ☐

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 3420 .00

Whole dollars only

6 Enter your earned income *(see instructions)* ..... 6 18495 .00

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 .00

8 Enter the smallest of line 5, 6, or 7..... 8 3420 .00

9 Enter the amount from: federal Form 1040A, line 22,
or federal Form 1040, line 38 ..... 9 15695 .00

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 .00

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12 Amount from line 11		**12**	1163 .00
13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32)	16300 .00		
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 .00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40 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.**		**15**	7 .00
16 Subtract line 15 from line 14. **This is your excess child and dependent care credit**		**16**	1272 .00
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.)* 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.		**17**	.00
18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit**		**18**	1272 .00
19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203	**19** 10805 .00		
20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203	**20** 15695 .00		
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 .00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **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, 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 .00

IT-201 filers:

24 Refundable New York City child and dependent care credit *(from Worksheet 1, line 7 or line 13)*	**24**	.00
25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64	**25**	.00
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**	.00

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 .00
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 .00

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 1, line 10	**29**	10805 .00
30 Enter the amount from Worksheet 1, line 11	**30**	15695 .00

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BIGG BLOCKS
123 MAIN STREET
ROCKY POINT NY 11778
64-1234570
$1000.00

New York State Department of Taxation and Finance

Claim for Farmers' School Tax Credit

IT-217

2012

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

Name(s) as shown on return	Identifying number as shown on return
ROBERT S PLANT	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 2012? *(see instr., Form IT-217-I)* ..... Yes [X] No [ ]

B Were eligible school district property taxes paid on that property during tax year 2012? *(see instructions)* ..... Yes [X] 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 [X] 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 [X] 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	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 2012 *(see instr.)*	10	2432 .00		
11	**Partners, S corporation shareholders, and beneficiaries of estates and trusts:** Enter the amount from Part 4, line 7, column B	11	.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	16300 .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

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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

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)*		
	2	Enter your share of eligible taxes from your partnership *(see instructions)*		.00
S corporation shareholder	3	Enter your share of acres of qualified agricultural property from your S corporation *(see instructions)*		
	4	Enter your share of eligible taxes from your S corporation *(see instructions)*		.00
Beneficiary	5	Enter your share of acres of qualified agricultural property from the estate or trust		
	6	Enter your share of eligible taxes from the estate or trust		.00
	7	**Totals**		.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

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New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

IT-360.1

2012

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

Name(s) as shown on return	Social security number
ROBERT S PLANT	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) [X] **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 .00	12333 .00	.00
2 Taxable interest income	2	.00	.00	.00
3 Ordinary dividends	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	.00	.00
5 Alimony received	5	.00	.00	.00
6 Business income or loss *(submit copy of federal Schedule C or C-EZ, Form 1040)*	6	-405 .00	.00	.00
7 Capital gain or loss *(submit copy of federal Schedule D, Form 1040)*	7	.00	.00	.00
8 Other gains or losses *(submit copy of federal Form 4797)*	8	.00	.00	.00
9 Taxable amount of IRA distributions	9	.00	.00	.00
10 Taxable amount of pensions and annuities	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00	.00	.00
12 Farm income or loss *(submit copy of federal Schedule F, Form 1040)*	12	400 .00	400 .00	.00
13 Unemployment compensation	13	.00	.00	.00
14 Taxable amount of social security benefits	14	.00	.00	.00
15 Other income *Identify:*	15	.00	.00	.00
16 Total *(add lines 1 through 15)*	16	18495 .00	12733 .00	.00
17 Total federal adjustments to income *Identify:* ALIMONY 2800	17	2800 .00	1928 .00	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	15695 .00	10805 .00	.00
19 New York adjustments *(submit schedule)*	19	605 .00	605 .00	.00
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 .00	11410 .00	.00

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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**	.00	.00
22 Taxes you paid	**22**	.00	.00
23 Interest you paid	**23**	.00	.00
24 Gifts to charity	**24**	.00	.00
25 Casualty and theft losses	**25**	.00	.00
26 Job expenses and most other miscellaneous deductions	**26**	.00	.00
27 Other miscellaneous deductions	**27**	.00	.00
28 This line is intentionally left blank	**28**	.00	.00
29 This line is intentionally left blank	**29**	.00	.00
30 Total itemized deductions *(add lines 21 through 27)*	**30**	.00	.00

31 State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments	**31**	.00
32 Subtract line 31 from line 30	**32**	.00
33 Addition adjustments and college tuition itemized deduction *(see instructions)*	**33**	.00
34 Add lines 32 and 33	**34**	.00
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**	.00
36 **Itemized deduction** *(subtract line 35 from line 34, enter here and on line 44)*	**36**	.00

Part 3 – Dependent exemptions *(see instructions, page 5)*

37 Enter the period you were a New York City **resident** during 2012

From: month 07 day 01 To: month 12 day 31

38 Enter the county where you resided while a **nonresident** of New York City		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 .00
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 .00

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 .00
44 Resident period standard deduction *(see instructions, page 2)* **or** resident period itemized deduction *(from line 36)*	**44**	5250 .00
45 Subtract line 44 from line 43	**45**	6160 .00
46 Dependent exemption amount *(from line 42)*	**46**	1500 .00
47 **New York City taxable income** *(subtract line 46 from line 45)*	**47**	4660 .00
48 New York City tax on line 47 amount *(see instructions, page 5)*	**48**	135 .00
49 Total New York City household credit and accumulation distribution credit *(see instructions, page 6)*	**49**	50 .00
50 Subtract line 49 from line 48 *(if line 49 is larger than line 48, enter **0**)*	**50**	85 .00
51 Part-year New York City separate tax on lump-sum distributions *(from Form IT-230)*	**51**	.00
52 Part-year New York City resident tax on capital gain portion of lump-sum distributions *(from Form IT-230)*	**52**	.00
53 Add lines 50, 51, and 52	**53**	85 .00
54 Credit for part-year New York City unincorporated business tax paid *(see instructions, page 8)*	**54**	.00
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 .00

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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 *(Form IT-201, line 46)*	**56**	.00	
57 Empire State child credit *(Form IT-201, line 63)*	**57**	.00	
58 NYS child and dependent care credit *(Form IT-216, line 14)*	**58**	.00	
59 Earned income credit *(Form IT-201, line 65)*	**59**	.00	
60 Noncustodial parent New York State earned income credit *(Form IT-201, line 66)*	**60**	.00	
61 Real property tax credit *(Form IT-201, line 67)*	**61**	.00	
62 College tuition credit *(Form IT-201, line 68)*	**62**	.00	
63 Amount from Form IT-201-ATT, line 13	**63**	.00	
64 Add lines 57 through 63	**64**	.00	
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**	.00	
66 Base tax *(Form IT-203, line 44)*	**66**		.00
67 New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	**67**		.00
68 Subtract line 67 from line 66 *(if line 67 is more than line 66, enter **0**)*	**68**		.00
69 Net other New York State taxes *(Form IT-203-ATT, line 33)*	**69**		.00
70 Add lines 68 and 69	**70**		.00
71 Total of amounts from Form IT-203-ATT, lines **9, 10,** and **12**	**71**		.00
72 Subtract line 71 from line 70 *(if line 71 is more than line 70, enter **0**)*	**72**		.00
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**	.00	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	**75**		.00
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** .00

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.

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22222	a Employee's social security number 400004810	OMB No. 1545-0008	
b Employer identification number (EIN) 641234567		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. ROBERT S PLANT 215 LAIDBACK WAY ROCKY POINT NY 11778		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other 414H-555 IRC125-50	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

WAGES INCLUDE $500 FROM TIPS NOT REPORTED ON W-2

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

New York State • New York City • Yonkers

2012

For the 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-203-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
ROBIN D	RICHARD	10-31-1953	400004811
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 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
1234 LUKE BLVD		NR

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
QUINTON	AL	35130		NR

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
RUE DU SIMPLON 47, 1006			

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death
LAUSANNE	SZ				

A Filing status *(mark an **X** in one box):*

① [X] 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 2012 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 Did you have a financial account located in a foreign country? *(see pg. 14)* NEW ..... Yes [ ] No [X]

E New York City part-year residents only *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 .....

(2) Number of months **your spouse** lived in NY City in 2012 .....

F Enter your **2-character special condition code if applicable** *(see page 14)* .....

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

G New York State part-year residents *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* .....

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS .....

2) Lived outside NYS; received income from NYS sources during nonresident period .....

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

H New York State nonresidents *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes [X] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

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

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

Enter your social security number: 400004811

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	18300 .00	1	18300 .00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	.00	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	-40 .00	7	-40 .00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	.00	11	.00
12 Rental real estate included in line 11 *(federal amount)* 12 .00				
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	.00	13	.00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify:	16	.00	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	18260 .00	17	18260 .00
18 Total federal adjustments to income *(see page 22)* Identify:	18	.00	18	.00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	18260 .00	19	18260 .00

New York additions *(see page 24)*

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 24)* Identify:	22	.00	22	.00
23 Add lines **19** through **22**	23	18314 .00	23	18314 .00

New York subtractions *(see page 27)*

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 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* 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

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. 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 33)*	35	000.00
36 **New York taxable income** *(subtract line 35 from line 34)*	36	10814 .00

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Name(s) as shown on page 1	Enter your social security number
ROBIN D RICHARD	400004811

Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	10814 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	447 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	45 .00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	402 .00
41	New York State child and dependent care credit *(see page 35)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	402 .00
43	New York State earned income credit *(see page 35)*	43	.00
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 35)* — New York State amount from line 31: 18314 .00 ÷ Federal amount from line 31: 18314 .00 = Round result to 4 decimal places: **45** 1.000

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	402 .00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	402 .00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	.00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	.00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	.00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	.00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	.00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	500 .00

Voluntary contributions *(see page 37)*

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 37)*	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

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Enter your social security number: 400004811

59 Enter amount from line 58 ..... **59** 500 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	.00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	125 .00	**Submit your wage and tax statements with your return (*see page 38*).**
62 Total **New York State** tax withheld	**62**	350 .00	
63 Total **New York City** tax withheld	**63**	.00	
64 Total **Yonkers** tax withheld	**64**	.00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	.00	
66 Total payments and refundable credits *(add lines 60 through 65)*			**66** 475 .00

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☐ **debit card** - **or** - ☐ **paper check** ... **68** .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** 25 .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** .00

72 Other penalties and interest *(see page 40)* ..... **72** .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - [X] Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number 011001742 **73c** Account number LOANXXXX400004811

74 Electronic funds withdrawal *(see page 41)* ..... Date 02-01-2013 Amount 25.00

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 MUSICIAN	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: RICHARD@ATS.COM	

See instructions for where to mail your return.

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New York State Department of Taxation and Finance

Other Tax Credits and Taxes

Attachment to Form IT-203

IT-203-ATT

2012

Name(s) as shown on your Form IT-203	Your social security number
ROBIN D RICHARD	400004811

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Part 1 – Other tax credits *(submit all applicable forms)*

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

Whole dollars only

1	Resident credit	1	.00
2	Accumulation distribution credit *(submit computation)*	2	.00
3	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
3a		.00	3b		.00

	Total other nonrefundable, non-carryover credits *(add lines 3a and 3b)*	3	.00

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit	4	300 .00
5	Investment credit	5	.00
6	Part-year solar energy system equipment credit	6	.00
7	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
7a	256	102 .00	7h		.00
7b		.00	7i		.00
7c		.00	7j		.00
7d		.00	7k		.00
7e		.00	7l		.00
7f		.00	7m		.00
7g		.00	7n		.00

	Total other nonrefundable, carryover credits *(add lines 7a through 7n)*	7	102 .00
8	**Total New York State nonrefundable credits used** *(add lines 1 through 7; enter here and on **Form IT-203, line 47**)*	8	402 .00

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		9	.00
9a	Part-year resident refundable New York City child and dependent care credit		9a	.00
10	Part-year resident refundable New York State earned income credit		10	.00
11	Part-year resident refundable New York City earned income credit		11	.00
12	Other NY State refundable credits			

	Code	Amount		Code	Amount
12a	258	75 .00	12g		.00
12b	256	50 .00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	125 .00
13	Add lines 9 through 12	13	125 .00
14	**New York State** claim of right credit	14	.00
15	**New York City** claim of right credit	15	.00
16	**Yonkers** claim of right credit	16	.00
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	125 .00

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Enter your social security number
400004811

Part 2 – Other New York State taxes *(submit all applicable forms)*

18 NY State tax on capital gain portion of lump-sum distributions *(Form IT-230-I, worksheet C, line 7)* **18** .00

19 Other New York State taxes

	Code	Amount		Code	Amount
19a		.00	19g		.00
19b		.00	19h		.00
19c		.00	19i		.00
19d		.00	19j		.00
19e		.00	19k		.00
19f		.00	19l		.00

Total other New York State taxes *(add lines 19a through 19l)* ..... **19** .00

20 Add lines 18 and 19 ..... **20** .00

21 Enter amount from **Form IT-203**, line 47 ..... **21** .00

22 Enter amount from **Form IT-203**, line 46 ..... **22** .00

23 Subtract line 22 from line 21 *(if line 22 is more than line 21, leave blank)* ..... **23** .00

24 Subtract line 23 from line 20 *(if line 23 is more than line 20, leave blank)* ..... **24** .00

25 New York State separate tax on lump-sum distributions *(Form IT-230)* ..... **25** .00

26 Resident credit against separate tax on lump-sum distributions ..... **26** .00

27 Subtract line 26 from line 25 ..... **27** .00

28 New York State minimum income tax *(Form IT-220)* ..... **28** .00

29 Add lines 24, 27, and 28 ..... **29** .00

30 Excess child and dependent care credit ..... **30** .00

31 Subtract line 30 from line 29 *(if line 30 is more than line 29, leave blank)* ..... **31** .00

32 Excess New York State earned income credit ..... **32** .00

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** .00

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

Name(s) and occupation(s) as shown on Form IT-203	Your social security number
ROBIN D RICHARD	400004811

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with 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)*			**1a**	
Nonworking days included in line 1a:	**1b** Saturdays and Sundays *(not worked)*	**1b**			
	1c Holidays *(not worked)*	**1c**			
	1d Sick leave	**1d**			
	1e Vacation	**1e**			
	1f Other nonworking days	**1f**			
1g	Total nonworking days *(add lines 1b through 1f)*			**1g**	
1h	Total days worked in year at this job *(subtract line 1g from line 1a)*			**1h**	
1i	Total days included in line 1h worked outside New York State	**1i**			
1j	Enter number of days worked at home included in line 1i amount	**1j**			
1k	Subtract line 1j from line 1i			**1k**	
1l	Days worked in New York State *(subtract line 1k from line 1h)*			**1l**	
1m	Enter number of days from line 1h above			**1m**	

1n	Divide line 1l by line 1m; round the result to the fourth decimal place	**1n**	
1o	Wages, salaries, tips, etc. (to be allocated)	**1o**	.00
1p	New York State allocated wage and salary income *(multiply line 1n by line 1o)*	**1p**	.00

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. Submit additional sheets if necessary. **For column E, mark an *X* in the box if the living quarters are still maintained for or by you.**

A – Street address	**B –** City, village, or post office	**C**	**D –** ZIP code	**E**
1646 REDDY LANE	ALBANY	NY	12205	X
		NY		
		NY		
		NY		

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.

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 Enter your social security number 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. Use 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 ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
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 ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
G	Amount of qualified college tuition expenses *(see instructions)*	.00	.00	.00
H	Enter the lesser of line G or 10,000	.00	.00	.00

2 **College tuition itemized deduction** *(add **line H**, columns 1, 2, and 3; include amounts from any additional sheets).* Also enter this amount on your itemized deduction schedule. ..... **2** .00

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** .00

2p New York State allocated wage and salary income *(multiply line 2n by line 2o)* ..... **2p** .00

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.

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New York State Department of Taxation and Finance

Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

IT-249

2012

Name(s) as shown on return	Identifying number as shown on return
ROBIN D RICHARD	400004811

Submit this form with 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 .00
2	Credit rate (20%)	2	.20
3	Credit for qualified long-term care insurance *(multiply line 1 by line 2)*	3	200 .00

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 *(see instructions)*

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

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	.00
S corporation shareholder	5	Enter your share of the credit from your S corporation *(see instructions)*	5	.00
Beneficiary	6	Enter your share of the credit from the **fiduciary's** Form IT-249, Schedule D, column C	6	.00
	7	**Totals** *(add lines 4, 5, and 6)*	7	.00

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)*		.00
		.00
		.00
Fiduciary		.00

(continued on back)

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Schedule E – Computation of credit available for the current year

Individuals and partnerships	**8**	Enter the amount from Schedule A, line 3	**8**	200 .00
Partners, S corporation shareholders, beneficiaries	**9**	Enter the amount from Schedule C, line 7	**9**	.00
Fiduciaries	**10**	Enter the amount from Schedule D, *Fiduciary* line, column C	**10**	.00
	11	**Total credit available for the current year** *(add lines 8, 9, and 10)*	**11**	200 .00

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**	.00
13	Enter the carryover credit from last year's Form IT-249	**13**	.00
14	Total credit *(add lines 12 and 13; complete Schedule H)*	**14**	.00

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

15	Enter the amount from line 11	**15**	200 .00
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 .00
18	Enter the carryover credit from last year's Form IT-249	**18**	100 .00
19	Total credit *(add lines 17 and 18; complete Schedule H)*	**19**	300 .00

Schedule H – Computation of credit used and carried over

20	Tax due before credits *(see instructions)*	**20**	402 .00
21	Credits applied against the tax before this credit *(see instructions)*	**21**	.00
22	Net tax *(subtract line 21 from line 20)*	**22**	402 .00
23	Credit used for the current tax year *(see instructions)*	**23**	300 .00
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**	.00

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New York State Department of Taxation and Finance

Claim for Special Additional Mortgage Recording Tax Credit

Tax Law – Article 22, Section 606(f)

IT-256

2012

Fiscal year filers enter tax period: beginning _____ ending _____

Name(s) as shown on your return	Taxpayer identification number
ROBIN D RICHARD	400004811

Submit this form with 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, submit additional Form(s) IT-256, and enter the total from all additional forms on line 1 *(see instructions)*.

A Location of property	B Date mortgage recorded	C Amount of mortgage	D Amount of special additional mortgage recording tax paid
23 JAMES ST ALBANY NY 12205	02/10/2012	40000 .00	102 .00
		.00	.00
		.00	.00
		.00	.00
		.00	.00

1 Total of the column D amounts from additional Form(s) IT-256 and/or spreadsheets, if any ..... **1** .00

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 .00

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 *(see instructions)*

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.

Name	Type	Employer identification number
RICHARD BROTHERS	P	300004811

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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 .00
Beneficiary	4	Enter your share of the credit from the estate or trust	4	.00
	5	**Total** *(add lines 3 and 4)*	5	100 .00

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)*		.00
		.00
		.00
Fiduciary		.00

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 .00
Partners and beneficiaries	7	Enter the amount from Part 3, line 5	7	100 .00
Fiduciaries	8	Enter the amount from Part 4, *Fiduciary* line, column C	8	.00
	9	Credit for the current tax year *(add lines 6, 7, and 8; partnerships see instructions)*	9	202 .00
	10	Enter any unused special additional mortgage recording tax credit from preceding period(s) *(see instructions)*	10	50 .00
	11	Total credit available for the current tax year *(add lines 9 and 10)*	11	252 .00

Part 6 – Computation of credit used and carried forward or refunded

12	Tax due before credits *(see instructions)*	12	402 .00
13	Credits applied against the tax before this credit *(see instructions)*	13	300 .00
14	Net tax *(subtract line 13 from line 12)*	14	102 .00
15	Credit used for the current tax year *(enter the amount from line 11 or line 14, whichever is less; see instructions)*	15	102 .00
16	Unused credit *(subtract line 15 from line 11)*	16	150 .00
17	Amount available for refund *(enter the amount from line 9 or line 16, whichever is less)*	17	150 .00
18	Amount of credit from line 17 you want refunded *(see instructions)*	18	50 .00
19	Amount of credit you want to carry forward *(subtract line 18 from line 16)*	19	100 .00

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New York State Department of Taxation and Finance

Claim for Nursing Home Assessment Credit

IT-258

Tax Law – Article 22, Section 606(hh)

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

Name(s) as shown on return	Your social security number
ROBIN D RICHARD	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	State	ZIP code
ALBANY	NY	12205

Resident's name *(if different from the taxpayer claiming the credit)*	Resident's social security number
RALPH RICHARD	400004861

Part 2 – Credit amount

1 Enter the 6% base-rate portion 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)* ..... **1** 75 .00

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 6% base-rate portion of the **assessment** separately stated and accounted for on your billing statements or other statements and paid directly by you during this tax year.

⚠ There is a temporary rate increase, however, the NYS credit is still limited to the 6% allowed pursuant to Public Health Law section 2807-d(2)(b).

If the billing statements or other statements show the amount of expenses instead of the amount assessed by New York State, or if you are unable to determine the 6% portion of your assessment allowed for this credit, contact the health care facility to obtain the New York State assessment amount eligible for this credit. Keep a copy of the billing statements for your records to substantiate the amount of credit claimed.

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22222	a Employee's social security number 400004811	OMB No. 1545-0008	
b Employer identification number (EIN) 631234565		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. ROBIN D RICHARD 1234 LUKE BLVD QUINTON AL 35130		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other 414H-54	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

22222	a Employee's social security number 400004811	OMB No. 1545-0008	
b Employer identification number (EIN) 631234561		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. ROBIN D RICHARD 1234 LUKE BLVD QUINTON AL 35130		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

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

2012

For the 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-203-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
MARY B	CHARITY	06-16-1965	400004812
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
			400004872

Mailing address ***(see instructions, page 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
923 HOPE CT		ALBANY

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
FAITH	NC	28041-0923		ALBANY

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
145 NEW SCOTLAND AVE		ALBANY	005

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death
NY	12206				

A Filing status *(mark an **X** in one box):*

① [ ] Single

② [X] 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 2012 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 Did you have a financial account located in a foreign country? *(see pg. 14)* NEW ..... Yes [ ] No [X]

E New York City part-year residents only *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 ..... [ ]

(2) Number of months **your spouse** lived in NY City in 2012 ..... [ ]

F Enter your **2-character special condition code if applicable** *(see page 14)* E3

If applicable, also enter your **second** 2-character special condition code C7

G New York State part-year residents *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* 06-30-2012

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS ..... [ ]

2) Lived outside NYS; received income from NYS sources during nonresident period ..... [ ]

3) Lived outside NYS; received no income from NYS sources during nonresident period ..... [X]

H New York State nonresidents *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes [ ] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
MELINDA B	CHARITY	DAUGHTER	400884857	04-01-2000
MELISSA B	CHARITY	DAUGHTER	400884858	09-01-2002
MICHAEL B	CHARITY	SON	400884859	11-01-2004

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

Enter your social security number: 400004812

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	38840 .00	1	38840 .00
2 Taxable interest income	2	4300 .00	2	550 .00
3 Ordinary dividends	3	6190 .00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	.00	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	72 .00	7	-50 .00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	23200 .00	11	-500 .00
12 Rental real estate included in line 11 *(federal amount)*	12	.00		
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	18447 .00	13	18447 .00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify:	16	.00	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	91049 .00	17	57287 .00
18 Total federal adjustments to income *(see page 22)* Identify: IRA 1597 SUB PAY 400 1/2 SE TAX 1303	18	3300 .00	18	3256 .00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	87749 .00	19	54031 .00

New York additions *(see page 24)*

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	.00	21	.00
22 Other *(see page 24)* Identify:	22	.00	22	.00
23 Add lines **19** through **22**	23	87749 .00	23	54031 .00

New York subtractions *(see page 27)*

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 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* 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	87749 .00	31	54031 .00
32 Enter the amount from line 31, ***Federal amount*** column			32	87749 .00

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. Mark an ***X*** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**	33	15000 .00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	72749 .00
35 Dependent exemptions *(not the same as total federal exemptions; see page 33)*	35	3 **000.00**
36 **New York taxable income** *(subtract line 35 from line 34)*	36	69749 .00

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Name(s) as shown on page 1	Enter your social security number
MARY B CHARITY	400004812

Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	69749 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	3865 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	3865 .00
41	New York State child and dependent care credit *(see page 35)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	3865 .00
43	New York State earned income credit *(see page 35)*	43	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	3865 .00

45 Income percentage *(see page 35)* — New York State amount from line 31: 54031 .00 ÷ Federal amount from line 31: 87749 .00 = Round result to 4 decimal places: 0.6157 (45)

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	2380 .00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	2380 .00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	.00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	815 .00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	815 .00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	.00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	.00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	.00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	49 .00

Voluntary contributions *(see page 37)*

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 37)*	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 .00

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Enter your social security number: 400004812

59 Enter amount from line 58 ..... **59** 864 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	.00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	.00	
62 Total **New York State** tax withheld	**62**	1196 .00	**Submit your wage and tax statements with your return (*see page 38*).**
63 Total **New York City** tax withheld	**63**	399 .00	
64 Total **Yonkers** tax withheld	**64**	.00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	2000 .00	
66 Total payments and refundable credits *(add lines 60 through 65)*			**66** 3595 .00

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** 2731 .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☒ **debit card** - **or** - ☐ **paper check** ... **68** 2484 .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** 247 .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** .00

72 Other penalties and interest *(see page 40)* ..... **72** .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number _____ **73c** Account number _____

74 Electronic funds withdrawal *(see page 41)* ..... Date _____ Amount _____ .00

Third-party designee? *(see instr.)* Yes ☒ No ☐	Print designee's name: JOE PALMER	Designee's phone number: (518) 5557777	Personal identification number (PIN): 55555
	E-mail: PALMER@ATS.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
	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) 555-6666
E-mail: CHARITY@ATS.COM	

See instructions for where to mail your return.

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LINE F EXPLANATION

1. **EXPLANATION FOR SPECIAL CONDITION CODE E3**

   EXTENSION DUE TO TAXPAYER OUT OF COUNTRY

2. **EXPLANATION FOR SPECIAL CONDITION CODE C7**

   EXTENSION DUE TO COMBAT ZONE CONDITION

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 your Form IT-203	Your social security number
MARY B CHARITY	400004812

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Part 1 – Other tax credits *(submit all applicable forms)*

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

Whole dollars only

1	Resident credit	1	.00
2	Accumulation distribution credit *(submit computation)*	2	.00
3	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
3a		.00	3b		.00

	Total other nonrefundable, non-carryover credits *(add lines 3a and 3b)*	3	.00

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit	4	.00
5	Investment credit	5	2380 .00
6	Part-year solar energy system equipment credit	6	.00
7	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
7a		.00	7h		.00
7b		.00	7i		.00
7c		.00	7j		.00
7d		.00	7k		.00
7e		.00	7l		.00
7f		.00	7m		.00
7g		.00	7n		.00

	Total other nonrefundable, carryover credits *(add lines 7a through 7n)*	7	.00
8	**Total New York State nonrefundable credits used** *(add lines 1 through 7; enter here and on **Form IT-203, line 47**)*	8	2380 .00

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		9	.00
9a	Part-year resident refundable New York City child and dependent care credit		9a	.00
10	Part-year resident refundable New York State earned income credit		10	.00
11	Part-year resident refundable New York City earned income credit		11	.00
12	Other NY State refundable credits			

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	.00
13	Add lines 9 through 12	13	.00
14	**New York State** claim of right credit	14	.00
15	**New York City** claim of right credit	15	.00
16	**Yonkers** claim of right credit	16	.00
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	.00

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Enter your social security number
400004812

Part 2 – Other New York State taxes *(submit all applicable forms)*

18 NY State tax on capital gain portion of lump-sum distributions *(Form IT-230-I, worksheet C, line 7)* **18** .00

19 Other New York State taxes

	Code	Amount		Code	Amount
19a		.00	19g		.00
19b		.00	19h		.00
19c		.00	19i		.00
19d		.00	19j		.00
19e		.00	19k		.00
19f		.00	19l		.00

Total other New York State taxes *(add lines 19a through 19l)* ..... **19** .00

20 Add lines 18 and 19 ..... **20** .00

21 Enter amount from **Form IT-203**, line 47 ..... **21** .00

22 Enter amount from **Form IT-203**, line 46 ..... **22** .00

23 Subtract line 22 from line 21 *(if line 22 is more than line 21, leave blank)* ..... **23** .00

24 Subtract line 23 from line 20 *(if line 23 is more than line 20, leave blank)* ..... **24** .00

25 New York State separate tax on lump-sum distributions *(Form IT-230)* ..... **25** 40 .00

26 Resident credit against separate tax on lump-sum distributions ..... **26** 35 .00

27 Subtract line 26 from line 25 ..... **27** 5 .00

28 New York State minimum income tax *(Form IT-220)* ..... **28** 810 .00

29 Add lines 24, 27, and 28 ..... **29** 815 .00

30 Excess child and dependent care credit ..... **30** .00

31 Subtract line 30 from line 29 *(if line 30 is more than line 29, leave blank)* ..... **31** 815 .00

32 Excess New York State earned income credit ..... **32** .00

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** 815 .00

New York State Department of Taxation and Finance

Nonresident or Part-Year Resident Spouse's Certification

IT-203-C
(8/12)

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	Social security number
MARY B CHARITY	400004812

Name of spouse with **no** New York source income	Social security number
GEORGE L CHARITY	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: 2012

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 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

Submit the completed Form IT-203-C with your Form IT-203. Keep a copy for your records.

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Please file this original scannable attachment with the Tax Department.

New York State Department of Taxation and Finance

IT-112.1

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

2012

Name(s) as shown on return	Identifying number as shown on return
MARY B CHARITY	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** _____ .00

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	$ .00	X	Total tax payable to the above jurisdiction (after any credits, exclusive of prepayments)	$ .00	=	Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above jurisdiction (*enter on* line 2)
Total income subject to tax by the above jurisdiction	$ .00					

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	$ .00	X	New York State amount from Form IT-230, line 24	$ .00	=	Credit allowable	**3** .00
Amount from Form IT-230, line 3	$ .00						

(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** .00

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.

Submit this form and a copy of federal Form 4972 with 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.

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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 .00

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	$ .00	X	Total tax payable to the above Canadian province (after any credits, exclusive of prepayments)	$ .00	=	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	$ .00					

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** .00

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 .00

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 .00	X	New York State amount from Form IT-230, line 24	$ 40 .00	=	Credit allowable	**9** 40 .00
Amount from Form IT-230, line 3	$ 3800 .00						

(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 .00

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.

Submit this form, a copy of federal Form 1116, and a copy of federal Form 4972 with 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.

111002120099

New York State Department of Taxation and Finance

Passive Activity Loss Limitations
For Nonresidents and Part-Year Residents

IT-182

2012

Submit with your Form IT-203 or IT-205.

Name as shown on return	Identifying number as shown on return
MARY B CHARITY	400004812

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**	.00		
1b	Activities with net loss from Worksheet 1, column (b)	**1b**	.00		
1c	Prior years unallowed losses from Worksheet 1, column (c) *(see instructions)*	**1c**	.00		
1d	Add lines 1a, 1b, and 1c			**1d**	.00

Commercial revitalization deductions from rental real estate activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	**2a**	.00		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	**2b**	.00		
2c	Add lines 2a and 2b			**2c**	.00

All other passive activities

3a	Activities with net income from Worksheet 3, column (a)	**3a**	500 .00		
3b	Activities with net loss from Worksheet 3, column (b)	**3b**	-1000 .00		
3c	Prior years unallowed losses from Worksheet 3, column (c) *(see instructions)*	**3c**	.00		
3d	Add lines 3a, 3b, and 3c			**3d**	-500 .00

4 Add lines 1d, 2c, and 3d. **Note:** If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used. **4** -500 .00

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 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**	.00
6	Enter 150,000 *(if married filing separately, see instructions)*	**6**	.00		
7	Enter federal modified adjusted gross income, but not less than zero *(see instrs.)*	**7**	.00		
	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**	.00		
9	Multiply line 8 by 50% (.5). Do not enter more than 25,000. *(If married filing separately, filing status ③, see instr.)*			**9**	.00
10	Enter the smaller of line 5 or line 9			**10**	.00

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**	.00
12	Enter the loss from line 4	**12**	.00
13	Subtract line 10 from line 12	**13**	.00
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	**14**	.00

Part IV – Total losses allowed

15	Add the income, if any, from lines 1a and 3a and enter the total	**15**	500 .00
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 .00

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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 (a) Net income *(line 1a)*	Current year (b) Net loss *(line 1b)*	Prior years (c) Unallowed loss *(line 1c)*	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Form IT-182, lines 1a, 1b, and 1c			.00	.00	.00		

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
	.00	.00	.00
	.00	.00	.00
	.00	.00	.00
	.00	.00	.00
Totals. Enter on Form IT-182, lines 2a and 2b.....	.00	.00	

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 (a) Net income *(line 3a)*	Current year (b) Net loss *(line 3b)*	Prior years (c) Unallowed loss *(line 3c)*	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
MACHINE RENTAL	07271988	12312011	500 .00	.00	.00	500 .00	.00
			.00	.00	.00	.00	.00
MACHINE RENTAL	07272000	12312012	.00	1000 .00	.00	.00	1000 .00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Form IT-182, lines 3a, 3b, and 3c			500 .00	1000 .00	.00		

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)
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals		.00	**1.00**	.00	.00

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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 .00	1	500 .00
		.00		.00
		.00		.00
		.00		.00
Totals		1000 .00	**1.00**	500 .00

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 .00	500 .00	500 .00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals		1000 .00	500 .00	500 .00

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	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank		.00		.00	.00
Form or schedule and line number to be reported on *(see instructions)*: _____					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank		.00		.00	.00
Form or schedule and line number to be reported on *(see instructions)*: _____					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank		.00		.00	.00
Totals		.00	**1.00**	.00	.00

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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.

Submit Form IT-182 with 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.

New York State Department of Taxation and Finance

Investment Credit

IT-212

2012

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Type of business	Identifying number as shown on return
MARY B CHARITY	RESTORATION	400004812

Date you started your business in New York State	Location of the qualified property *(if more than one, submit a schedule)*
01-01-2008	ALTAMONT, ALBANY COUNTY

Part 1 – Computation of credit *(see Form IT-212-I,* Instructions for Form IT-212*)*

Individual or fiduciary	1	Credit from line 25, column F	1	2750 .00
	2	Credit from line 25, column G	2	.00
Beneficiary	3	Share of investment tax credit from the estate or trust	3	.00
	4	Share of research and development credit from the estate or trust	4	.00
Partner		Partnership name:		
		Employer identification number		
	5	Partner's share of credit shown on Form IT-204-IP, line 49	5	.00
	6	Partner's share of credit shown on Form IT-204-IP, line 50	6	.00
S corporation shareholder		S corporation name:		
		Employer identification number		
	7	Shareholder's share of investment credit from the S corporation *(see instructions)*	7	.00
	8	Shareholder's share of research and development credit from the S corporation *(see instr.)*	8	.00
	9	Total *(add lines 1 through 8)*	9	2750 .00

10	Fiduciaries: Enter credit allocated to beneficiaries	10	.00
11	Subtract line 10 from line 9	11	2750 .00
12	Available carryover credit from last year's Form IT-212	12	50 .00
13	Investment credit *(add lines 11 and 12)*	13	2800 .00
14	Total addback of credit from line 21 *(fiduciaries: see instructions)*	14	.00
15a	Total investment credit *(see instructions)*	15a	2800 .00
15b	Net investment credit recapture *(see instructions)*	15b	.00

Part 2 – Summary of addback of credit on early dispositions *(see instructions)*

16	Individual's and partnership's addback of credit on early dispositions *(from line 31)*	16	.00
17	Beneficiary's share of addback of credit on early dispositions	17	.00
18	Partner's share of addback of credit on early dispositions	18	.00
19	S corporation shareholder's share of addback of credit on early dispositions	19	.00
20	Estate's or trust's addback of credits on early dispositions *(from line 31)*	20	.00
21	**Total** *(add lines 16 through 20)*	21	.00

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Part 3 – Investments in qualified property *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	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 *(column E × 4% (.04))*	G – Investment credit for research and development property *(column E × 7% (.07))*
22 EQUIPMENT	BUSINESS	05022012	7	34375 .00	1375 .00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00

23 Enter amount from Form IT-212-ATT, line 11	23	1375 .00	
24 Enter amount from Form IT-212-ATT, line 19, column C	24	.00	
25 Total investment credit *(add amounts in columns F and G)*	25	2750 .00	.00

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 *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	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 *(see instructions)*	H – Addback of credit on early dispositions *(F × G)*
26						.00	.00
						.00	.00
						.00	.00
						.00	.00

27 Enter amount from Form IT-212-ATT, line 12	27	.00
28 Total *(add lines 26 and 27, column H, and enter total here)*	28	.00
29 Interest rate	29	
30 Multiply line 28 by line 29	30	.00
31 Total addback of credit on early dispositions *(add amounts on lines 28 and 30)*	31	.00

Fiduciaries: Enter the line 31 amount on line 20.
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 *(same as in Form IT-205, Schedule C)*	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		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Fiduciary		.00	.00	.00

Part 6 – Application of credit and computation of refund and carryover *(see instructions)*

32a Total credit *(from line 15a)*	32a	2800 .00
32b Tax due before credits	32b	2380 .00
33 Credits that you applied before this credit	33	.00
34 Net tax *(subtract line 33 from line 32b)*	34	2380 .00
35 Amount of credit used for the current tax year	35	2380 .00
36 Amount of credit available for refund or carryover to next year *(subtract line 35 from line 32a)*	36	420 .00
37 Amount of credit to be refunded	37	.00
38 Amount of credit available for carryover to next year *(subtract line 37 from line 36)*	38	420 .00
39 Amount, if any, included on line 38 that expires this tax year	39	25 .00
40 Amount of credit to be carried over to next year *(subtract line 39 from line 38)*	40	395 .00

UNUSED CREDIT FROM TAX YEAR 1999- $25

UNUSED CREDIT FROM TAX YEAR 2002- $25

New York State Department of Taxation and Finance

Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

IT-212-ATT

Name(s) as shown on return	Identifying number as shown on return
MARY B CHARITY	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. **Submit this form with 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. Submit 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. Submit a copy of the certification. If *No*, submit 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*, submit 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 02/15/2010 TO 02/15/2012

8 What is the adjusted basis of the barn as of the first day of the measurement period?..... **8** 5250 .00

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)* 02-15-2010 | Date rehabilitation work was completed *(mm-dd-yyyy)* 02-15-2012

A Description of rehabilitation expenditures *(submit additional sheets if necessary)*	B Date of expenditure(s)	C Property's useful life *(years)*	D Amount of expenditures	E Rehabilitation credit *(column D × 25%)*
			.00	.00
ROOF	02/15/2012	20	5000 .00	1250 .00
PAINT	02/15/2012	5	500 .00	125 .00

11 Add column **E** amounts *(enter here and on Form IT-212, line 23)*..... **11** 1375 .00

(continued on back)

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

A Description of rehabilitation expenditures *(submit additional sheets if necessary)*	B Date acquired	C Date property ceased to qualify	D Property's useful life *(months)*	E Unused life *(months)*	F Percentage *(E ÷ D)*	G Total investment credit allowed for rehabilitation of a historic barn	H Addback of credit on early dispositions *(F × G)*
						.00	.00
						.00	.00
						.00	.00
12 Add column **H** amounts *(enter here and on Form IT-212, line 27)*						**12**	.00

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 *(B + C + D + E)*	G Average *(see instr.)*	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 *(exclude research and development (R&D) property at optional rate)*	C Employment incentive credit *(multiply column B by the appropriate rate from* Tax rate schedule *below)*
17 Information for first succeeding tax year; use line 14, column H, to determine rate		.00	.00
18 Information for second succeeding tax year; use line 16, column H, to determine rate		.00	.00
19 Add column C amounts from lines 17 and 18 *(enter here and on Form IT-212, line 24)*		**19**	.00

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

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2012

New York State Department of Taxation and Finance

Minimum Income Tax

New York State • New York City

IT-220

Name(s) as shown on return	Your social security number	Employer identification number (estate or trust only)
MARY B CHARITY	400004812	

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

Submit with 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.
- [X] **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
		Whole dollars only		Whole dollars only
1 Interest from specified private activity bonds exempt from federal tax	1	.00	1	.00
2 Depletion	2	.00	2	.00
3 Depreciation (pre-1987)	3	.00	3	.00
4 Intangible drilling costs	4	32000 .00	4	16000 .00
5 Qualified small business stock (excluded under section 1202)	5	.00	5	.00
6 Total federal tax preference items *(add lines 1 through 5)*	6	32000 .00	6	16000 .00
7 New York addition for restoration of net operating loss deduction *(see instructions)*	7	.00	7	.00
8 Total *(add lines 6 and 7)*	8	32000 .00	8	16000 .00

New York subtractions

9 Portion of line 3 relating to accelerated cost recovery deduction *(see instructions)*	9	.00	9	.00
10 Portion of tax preference items relating to an S corporation *(see instructions)*	10	.00	10	.00
11 Itemized deduction adjustment *(see instructions)*	11	.00	11	.00
12 Interest from specified private activity bonds exempt from federal tax entered on line 1	12	.00	12	.00
13 Depletion entered on line 2	13	.00	13	.00
14 Total New York subtractions *(add lines 9 through 13)*	14	.00	14	.00
15 Total NY tax preference items *(subtract line 14 from line 8)*	15	32000 .00	15	16000 .00
16 Specific deduction *(see instructions)*			16	2500 .00
17 Subtract line 16 from line 15, Column B			17	13500 .00
18 New York State personal income tax after credits *(see instructions)*			18	.00
19 Subtract line 18 from line 17 *(if line 18 is more than line 17, leave blank)*			19	13500 .00
20 Available net operating loss carryover *(see instructions)*			20	.00
21 Minimum taxable income *(subtract line 20 from line 19; see instructions)*			21	13500 .00
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 .00
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	.00

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New York State Department of Taxation and Finance

Separate Tax on Lump-Sum Distributions

New York State • New York City

IT-230

2012

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

Name as shown on return	Identification number
MARY B CHARITY	400004812

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

[X] Yes *(If* Yes, *submit this form, and a copy of federal Form 4972 with 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	.00
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** 2 .00	**New York City** 2	.00

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 .00
4	Death benefit exclusion *(see instructions)*			4	.00
5	Subtract line 4 from line 3 *(total taxable amount)*			5	3800 .00
6	Current actuarial value of annuity from federal Form 4972, Part III, line 11			6	.00
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 .00
8	Multiply line 7 by 50% (.50) but do not enter more than 10,000	8	1900 .00		
9	Subtract $20,000 from line 7. If line 7 is $20,000 or less, leave blank	9	.00		
10	Multiply line 9 by 20% (.20)	10	.00		
11	Subtract line 10 from line 8 *(minimum distribution allowance)*			11	1900 .00
12	Subtract line 11 from line 7			12	1900 .00
13	Federal estate tax attributable to lump-sum distribution			13	.00
14	Subtract line 13 from line 12			14	1900 .00

(continued on back)

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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	.00	16	.00
17 Subtract line 16 from line 6	17	.00	17	.00

10-year tax option

18 Multiply line 14 by 10% (.10)	18	190 .00	18	.00
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 .00	19	.00
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 .00	20	.00
21 Multiply line 17 by 10% (.10)	21	.00	21	.00
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	.00	22	.00
23 Multiply line 22 by ten	23	.00	23	.00
24 Subtract line 23 from line 20. This is your tax on lump-sum distribution using the 10-year option	24	40 .00	24	.00

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 (*New York City and part-year New York City residents: use both columns)*	a	.00	a	.00
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, *New York State* column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. **Fiduciaries:** Include the line c, *New York State* column amount on Form IT-205, line 12.	c	.00	c	.00

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.

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22222	a Employee's social security number 400004812	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 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 Suff. MARY B CHARITY 923 HOPE CT FAITH NC 28041-0923		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		32000	1000	32000	300	NYC

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

22222	a Employee's social security number 400004812	OMB No. 1545-0008	
b Employer identification number (EIN) 563046244		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 f Employee's address and ZIP code		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d 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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO K2K1X3 CANADA		$ 3800	2012	
		2a Taxable amount $ 3800	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☒	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 995244433	RECIPIENT'S identification number 400004812	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name MARY B CHARITY		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 923 HOPE CT		7 Distribution code(s) 4A IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City, state, and ZIP code FAITH NC 28041-0923		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 $

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

2012

For the 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-203-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
FRANCIS N	POWERS	06-25-1961	400004813
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 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
14 ABBEY PL		WESTCHESTER

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
YONKERS	NY	10705		YONKERS

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
			715

State	ZIP code	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 [X] 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 2012 federal income tax return? ..... Yes [ ] No [X]

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

D Did you have a financial account located in a foreign country? *(see pg. 14)* NEW ..... Yes [ ] No [X]

E New York City part-year residents only *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 .....

(2) Number of months **your spouse** lived in NY City in 2012 .....

F Enter your **2-character special condition code if applicable** *(see page 14)* .....

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

G New York State part-year residents *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* 07-30-2012

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS ..... [X]

2) Lived outside NYS; received income from NYS sources during nonresident period ..... [ ]

3) Lived outside NYS; received no income from NYS sources during nonresident period ..... [ ]

H New York State nonresidents *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes [ ] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

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

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

Enter your social security number: 400004813

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	22300 .00	1	11500 .00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	5180 .00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	.00	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	.00	7	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	.00	11	.00
12 Rental real estate included in line 11 *(federal amount)* 12 .00				
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	.00	13	.00
14 Unemployment compensation	14	2500 .00	14	2500 .00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify:	16	.00	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	29980 .00	17	14000 .00
18 Total federal adjustments to income *(see page 22)* Identify:	18	.00	18	.00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	29980 .00	19	14000 .00

New York additions *(see page 24)*

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	.00	21	.00
22 Other *(see page 24)* Identify:	22	.00	22	.00
23 Add lines **19** through **22**	23	29980 .00	23	14000 .00

New York subtractions *(see page 27)*

24 Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	24	5180 .00	24	.00
25 Pensions of NYS and local governments and the federal government *(see page 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* Identify:	29	.00	29	.00
30 Add lines 24 through 29	30	5180 .00	30	.00
31 **New York adjusted gross income** *(subtract line **30** from line **23**)*	31	24800 .00	31	14000 .00
32 Enter the amount from line 31, ***Federal amount*** column			32	24800 .00

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. Mark an ***X*** in the appropriate box: ... [X] **Standard** – or – ☐ **Itemized**	33	3000 .00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	21800 .00
35 Dependent exemptions *(not the same as total federal exemptions; see page 33)*	35	000.00
36 **New York taxable income** *(subtract line 35 from line 34)*	36	21800 .00

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Name(s) as shown on page 1	Enter your social security number
FRANCIS N POWERS	400004813

Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	21800 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	1089 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	1089 .00
41	New York State child and dependent care credit *(see page 35)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	1089 .00
43	New York State earned income credit *(see page 35)*	43	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	1089 .00

45 Income percentage *(see page 35)* — New York State amount from line 31: 14000 .00 ÷ Federal amount from line 31: 24800 .00 = Round result to 4 decimal places: 0.5645 (45)

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	615 .00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	615 .00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	615 .00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	.00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	.00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	.00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	29 .00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	49 .00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	78 .00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	0 .00

Voluntary contributions *(see page 37)*

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 37)*	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	693 .00

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Enter your social security number: 400004813

59 Enter amount from line 58 ..... **59** 693 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	.00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	.00	
62 Total **New York State** tax withheld	**62**	805 .00	**Submit your wage and tax statements with your return (*see page 38*).**
63 Total **New York City** tax withheld	**63**	.00	
64 Total **Yonkers** tax withheld	**64**	350 .00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	100 .00	
66 Total payments and refundable credits *(add lines 60 through 65)*			**66** 1255 .00

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** 562 .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☒ **debit card** - **or** - ☐ **paper check** ... **68** 62 .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** 500 .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** .00

72 Other penalties and interest *(see page 40)* ..... **72** .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number _____ **73c** Account number _____

74 Electronic funds withdrawal *(see page 41)* ..... Date _____ Amount _____ .00

Third-party designee? *(see instr.)* Yes ☐ No ☒	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: WELDER	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: POWERS@ATS.COM	

See instructions for where to mail your return.

203004120099

New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

IT-360.1

2012

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

Name(s) as shown on return	Social security number
FRANCIS N POWERS	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 .00	.00	5000 .00
2 Taxable interest income	2	.00	.00	.00
3 Ordinary dividends	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	5180 .00	.00	.00
5 Alimony received	5	.00	.00	.00
6 Business income or loss *(submit copy of federal Schedule C or C-EZ, Form 1040)*	6	.00	.00	.00
7 Capital gain or loss *(submit copy of federal Schedule D, Form 1040)*	7	.00	.00	.00
8 Other gains or losses *(submit copy of federal Form 4797)*	8	.00	.00	.00
9 Taxable amount of IRA distributions	9	.00	.00	.00
10 Taxable amount of pensions and annuities	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00	.00	.00
12 Farm income or loss *(submit copy of federal Schedule F, Form 1040)*	12	.00	.00	.00
13 Unemployment compensation	13	2500 .00	.00	2500 .00
14 Taxable amount of social security benefits	14	.00	.00	.00
15 Other income *Identify:*	15	.00	.00	.00
16 Total *(add lines 1 through 15)*	16	29980 .00	.00	7500 .00
17 Total federal adjustments to income *Identify:*	17	.00	.00	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	29980 .00	.00	7500 .00
19 New York adjustments *(submit schedule)*	19	-5180 .00	.00	.00
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 .00	.00	7500 .00

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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**	.00	.00
22 Taxes you paid	**22**	.00	.00
23 Interest you paid	**23**	.00	.00
24 Gifts to charity	**24**	.00	.00
25 Casualty and theft losses	**25**	.00	.00
26 Job expenses and most other miscellaneous deductions	**26**	.00	.00
27 Other miscellaneous deductions	**27**	.00	.00
28 This line is intentionally left blank	**28**	.00	.00
29 This line is intentionally left blank	**29**	.00	.00
30 Total itemized deductions *(add lines 21 through 27)*	**30**	.00	.00

31 State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments	**31**	.00
32 Subtract line 31 from line 30	**32**	.00
33 Addition adjustments and college tuition itemized deduction *(see instructions)*	**33**	.00
34 Add lines 32 and 33	**34**	.00
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**	.00
36 **Itemized deduction** *(subtract line 35 from line 34, enter here and on line 44)*	**36**	.00

Part 3 – Dependent exemptions *(see instructions, page 5)*

37 Enter the period you were a New York City **resident** during 2012

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**	.00
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**	.00

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**	.00
44 Resident period standard deduction *(see instructions, page 2)* **or** resident period itemized deduction *(from line 36)*	**44**	.00
45 Subtract line 44 from line 43	**45**	.00
46 Dependent exemption amount *(from line 42)*	**46**	.00
47 **New York City taxable income** *(subtract line 46 from line 45)*	**47**	.00
48 New York City tax on line 47 amount *(see instructions, page 5)*	**48**	.00
49 Total New York City household credit and accumulation distribution credit *(see instructions, page 6)*	**49**	.00
50 Subtract line 49 from line 48 *(if line 49 is larger than line 48, enter **0**)*	**50**	.00
51 Part-year New York City separate tax on lump-sum distributions *(from Form IT-230)*	**51**	.00
52 Part-year New York City resident tax on capital gain portion of lump-sum distributions *(from Form IT-230)*	**52**	.00
53 Add lines 50, 51, and 52	**53**	.00
54 Credit for part-year New York City unincorporated business tax paid *(see instructions, page 8)*	**54**	.00
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**	.00

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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 *(Form IT-201, line 46)*	**56**	.00	
57 Empire State child credit *(Form IT-201, line 63)*	**57**	.00	
58 NYS child and dependent care credit *(Form IT-216, line 14)*	**58**	.00	
59 Earned income credit *(Form IT-201, line 65)*	**59**	.00	
60 Noncustodial parent New York State earned income credit *(Form IT-201, line 66)*	**60**	.00	
61 Real property tax credit *(Form IT-201, line 67)*	**61**	.00	
62 College tuition credit *(Form IT-201, line 68)*	**62**	.00	
63 Amount from Form IT-201-ATT, line 13	**63**	.00	
64 Add lines 57 through 63	**64**	.00	
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**	.00	
66 Base tax *(Form IT-203, line 44)*	**66**		1089 .00
67 New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	**67**		.00
68 Subtract line 67 from line 66 *(if line 67 is more than line 66, enter **0**)*	**68**		1089 .00
69 Net other New York State taxes *(Form IT-203-ATT, line 33)*	**69**		.00
70 Add lines 68 and 69	**70**		1089 .00
71 Total of amounts from Form IT-203-ATT, lines **9, 10,** and **12**	**71**		.00
72 Subtract line 71 from line 70 *(if line 71 is more than line 70, enter **0**)*	**72**		1089 .00
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**	.00	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	**75**		329 .00
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** 49 .00

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.

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New York State Department of Taxation and Finance

Yonkers Nonresident Earnings Tax Return

Y-203

2012

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

Name as shown on Form IT-201 or IT-203	Social security number
FRANCIS N POWERS	400004813

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)* 09-19-2012 to *(mm-dd-yyyy)* 12-31-2012

2. Are you reporting Yonkers resident income tax surcharge on your New York State return? ..... Yes [X] No [ ] *(submit explanation)*

3. You must complete and submit 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 **2012:** 104 days

Address: 14 ABBEY PL 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

1 Gross wages and other employee compensation *(see instructions; if claiming an allocation, include amount from line 22)*	1	8036 .00
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	.00
3 Add lines 1 and 2 *(if line 2 is a loss, enter amount from line 1)*	3	8036 .00
4 Allowable exclusion *(see instructions; use* Exclusion table *below)*	4	2250 .00
5 Taxable amount *(subtract line 4 from line 3; if line 4 is more than line 3, enter **0**)*	5	5786 .00
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 .00

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.
- **Submit this form with your New York State return: Form IT-201 or IT-203.**

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	over $10,000 but not over $20,000	over $20,000 but not over $30,000
	Exclusion amount is:	Exclusion amount is:	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.

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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
	Nonworking days included in line 7: 8 Saturdays and Sundays *(not worked)*	8	74		
	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	0.4645
21	Gross wages and other employee compensation to be allocated			21	17300 .00
22	**Yonkers allocated wage and salary income** *(multiply line 20 by line 21).* Include this amount on line 1.			22	8036 .00

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. Include a copy of Form Y-204.

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
Property percentage: 23 Real property owned	23	.00	.00	
24 Real property rented from others	24	.00	.00	
25 Tangible personal property owned	25	.00	.00	
26 Property percentage *(add lines 23, 24, and 25; see instructions)*	26	.00	.00	%
27 Payroll percentage *(see instructions)*	27	.00	.00	%
28 Gross income percentage *(see instructions)*	28	.00	.00	%
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	.00
32 Allocated net earnings from self-employment *(multiply line 31 by line 30; enter here and include on line 2)*			32	.00

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22222	a Employee's social security number 400004813	OMB No. 1545-0008	
b Employer identification number (EIN) 361425364		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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

NEW YORK STATE DEPARTMENT OF LABOR
PAYMENT UNIT, BUILDING 12 1099-G
PO BOX 621
ALBANY, NY 12201-0621

Do You Qualify For An Earned Income Credit?

You may be entitled to a Federal tax credit. The amount of the credit is based on your earned income such as wages and self-employment. This credit may be allowed even if you do not owe any Federal income tax. However, you must file a Federal income tax return to obtain the credit. See the instructions on your Federal income tax forms to determine if the amount of your income allows you to claim this credit.

Important Information About Form 1099-G

New York State is required to report the unemployment compensation payments of $10 or more, that you received last year, to the Internal Revenue Service, and to furnish you with Form 1099-G by January 31 of this year. Unemployment compensation includes:

- Unemployment Insurance payments
- Extended Benefits and Federal Supplemental Compensation payments
- TAA (Trade Adjustment Act) basic, retroactive, and additional training payments
- DUA (Disaster Unemployment Assistance) payments.

Please keep Form 1099-G for your records. You will need this information to complete your Federal, State and Local income tax returns. If you did not receive any unemployment compensation this year, but repaid an overpayment, this form is being sent in case it will be of help to you.

Note: Unless you have voluntarily authorized Federal or State withholding, Federal, State and Local income taxes are not withheld on unemployment compensation. If you expect to receive these benefits in the future, you can ask the payer to withhold Federal and State income tax from each payment. Or, you can make estimated tax payments during the year. For more information regarding how to make estimated tax payments, see instructions on the appropriate tax return, or, contact the Internal Revenue Service or the NYS Department of Taxation and Finance.

BOX 1 Shows the total unemployment compensation paid to you this year. For tax year 2011, combine the box 1 amounts from all Forms 1099-G, and report the amount as income on the unemployment compensation line on your return. **If this 1099-G is for a year other than 2011, see the instructions on the appropriate tax return, or contact the Internal Revenue Service, the NYS Department of Taxation and Finance or your local taxing authority to determine the amount of taxable unemployment insurance.**

BOX 2 Shows adjustments credited to you this year. Adjustments include money we received including cash (money orders and personal checks) in repayment of an overpayment. Current unemployment compensation, used to repay (offset) existing overpayments, is not included in this amount. Adjustment information may be helpful to you in filing your return.

BOX 4 Shows total Federal income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 10% rate. Include tax withheld, if any, on your income tax return.

BOX 5 Shows Alternative Trade Adjustment Assistance (ATAA) payments you received. This amount is not included in Box 1 amounts.

BOX IO a Shows the payers state.

BOX IO b Shows the payers Federal Identification Number.

BOX 11 Shows total State income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 2.5% rate. Include tax withheld, if any, on your income tax return.

PAYER'S name, street address, city, state, ZIP code, Federal identification number, and telephone number	OMB No. 1545-0120
NEW YORK STATE DEPARTMENT OF LABOR PAYMENT UNIT, BUILDING 12 1099-G PO BOX 621 ALBANY, NY 12201-0621 [redacted]	Statement for Recipients of **Certain Government Payments** Form **1099-G** (12/11)

RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.	4. Federal income tax withheld
400004813	$2500.00			

RECIPIENT'S name, street address, city, state and ZIP code	5. ATAA Payments	6.		
FRANCIS N POWERS 14 ABBEY PLACE YONKERS NY 10705	7.	8.		9.
	10 a. State NY	10 b. State Identification No. [redacted]	11. State income tax withheld $50	

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

SPOUSE'S FAGI LINE 19 = 10600, AND SPOUSE ITEMIZED.

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

New York State • New York City • Yonkers

For the 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-203-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
DANIEL T	THOMAS	07-31-1972	400004814
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
			400004864

Mailing address ***(see instructions, page 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
145 WARD ST		KINGS

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
FAITH	NC	28146		BROOKLYN

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
356 DOVER ST		BROOKLYN	071

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death
NY	11217				

A Filing status *(mark an **X** in one box):*

① [ ] Single

② [ ] Married filing joint return *(enter both spouses' social security numbers above)*

③ [X] 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 2012 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 Did you have a financial account located in a foreign country? *(see pg. 14)* NEW ..... Yes [X] No [ ]

E New York City part-year residents only *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 03

(2) Number of months **your spouse** lived in NY City in 2012 .....

F Enter your **2-character special condition code if applicable** *(see page 14)* .....

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

G New York State part-year residents *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* 06-30-2012

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS .....

2) Lived outside NYS; received income from NYS sources during nonresident period X

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

H New York State nonresidents *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes [ ] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
CHARLES T	THOMAS	SON	400884838	03-01-1993
ANN T	THOMAS	DAUGHTER	400884839	06-01-1994
JOE T	THOMAS	SON	400884840	11-01-1995

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

Enter your social security number: 400004814

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	50000 .00	1	30068 .00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	3019 .00	6	3019 .00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	.00	7	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	-2040 .00	8	-2040 .00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	18613 .00	11	15143 .00
12 Rental real estate included in line 11 *(federal amount)* 12 .00				
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	.00	13	.00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify: GAMBLING 2043	16	2043 .00	16	2043 .00
17 Add lines **1 through 11** and **13 through 16**	17	71635 .00	17	48233 .00
18 Total federal adjustments to income *(see page 22)* Identify: 1/2 SE TAX 214	18	214 .00	18	214 .00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	71421 .00	19	48019 .00

New York additions *(see page 24)*

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	.00	21	.00
22 Other *(see page 24)* Identify:	22	.00	22	.00
23 Add lines **19** through **22**	23	71421 .00	23	48019 .00

New York subtractions *(see page 27)*

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 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* 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	71421 .00	31	48019 .00
32 Enter the amount from line 31, ***Federal amount*** column			32	71421 .00

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. Mark an ***X*** in the appropriate box: ... ☐ **Standard** – **or** – ☒ **Itemized**	33	2030 .00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	69391 .00
35 Dependent exemptions *(not the same as total federal exemptions; see page 33)*	35	3 **000.00**
36 **New York taxable income** *(subtract line 35 from line 34)*	36	66391 .00

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Name(s) as shown on page 1	Enter your social security number
DANIEL T THOMAS	400004814

Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	66391 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	3965 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	3965 .00
41	New York State child and dependent care credit *(see page 35)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	3965 .00
43	New York State earned income credit *(see page 35)*	43	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	3965 .00

45 Income percentage *(see page 35)* — New York State amount from line 31: 48019 .00 ÷ Federal amount from line 31: 71421 .00 = Round result to 4 decimal places: .6723 (45)

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	2666 .00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	2666 .00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	2666 .00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	928 .00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	928 .00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	.00
52c	Subtract line 52b from 52a	52c	928 .00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	928 .00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	35 .00

Voluntary contributions *(see page 37)*

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 37)*	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	3629 .00

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Enter your social security number: 400004814

59 Enter amount from line 58 ..... **59** 3629 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	16 .00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	.00	
62 Total **New York State** tax withheld	**62**	1061 .00	
63 Total **New York City** tax withheld	**63**	837 .00	
64 Total **Yonkers** tax withheld	**64**	.00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	386 .00	
66 Total payments and refundable credits *(add lines 60 through 65)*			**66** 2300 .00

Submit your wage and tax statements with your return (*see page 38*).

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☐ **debit card** - **or** - ☐ **paper check** ... **68** .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** 1363 .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** 17 .00

72 Other penalties and interest *(see page 40)* ..... **72** 17 .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number _____ **73c** Account number _____

74 Electronic funds withdrawal *(see page 41)* ..... Date _____ Amount _____ .00

Third-party designee? *(see instr.)* Yes ☐ No ☒	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 RENTAL AGENT	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: THOMAS@ATS.COM	

See instructions for where to mail your return.

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New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Itemized Deduction Schedule

IT-203-D

2012

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Name(s) as shown on your Form IT-203	Your social security number
DANIEL T THOMAS	400004814

		Whole dollars only
1 Medical and dental expenses *(federal Schedule A, line 4)*	1	.00
2 Taxes you paid *(federal Schedule A, line 9)*	2	3184 .00
3 Interest you paid *(federal Schedule A, line 15)*	3	1075 .00
4 Gifts to charity *(federal Schedule A, line 19)*	4	580 .00
5 Casualty and theft losses *(federal Schedule A, line 20)*	5	.00
6 Job expenses / miscellaneous deductions *(federal Schedule A, line 27)*	6	.00
7 Other miscellaneous deductions *(federal Schedule A, line 28)*	7	.00
8 Enter amount **from federal Schedule A, line 29**	8	4839 .00
9 State, local, and foreign **income** taxes *(or general sales tax, if applicable)* and other subtraction adjustments *(see instructions)*	9	3184 .00
10 Subtract line 9 from line 8	10	1655 .00
11 College tuition itemized deduction (Form IT-203-B, line 2; *see instructions)*	11	375 .00
12 Addition adjustments *(see instructions)*	12	.00
13 Add lines 10, 11, and 12	13	2030 .00
14 Itemized deduction adjustment *(see instructions)*	14	.00
15 **New York State itemized deduction** *(subtract line 14 from line 13; enter on Form IT-203, line 33)*	15	2030 .00

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New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

2012

Name(s) and occupation(s) as shown on Form IT-203	Your social security number
DANIEL T THOMAS	400004814

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with 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)*			1a	184
Nonworking days included in line 1a:	**1b** Saturdays and Sundays *(not worked)*	1b	48		
	1c Holidays *(not worked)*	1c	5		
	1d Sick leave	1d	3		
	1e Vacation	1e	5		
	1f Other nonworking days	1f	5		
1g	Total nonworking days *(add lines 1b through 1f)*			1g	66
1h	Total days worked in year at this job *(subtract line 1g from line 1a)*			1h	118
1i	Total days included in line 1h worked outside New York State	1i	100		
1j	Enter number of days worked at home included in line 1i amount	1j	2		
1k	Subtract line 1j from line 1i			1k	98
1l	Days worked in New York State *(subtract line 1k from line 1h)*			1l	20
1m	Enter number of days from line 1h above			1m	118

1n	Divide line 1l by line 1m; round the result to the fourth decimal place	1n	0.1695
1o	Wages, salaries, tips, etc. (to be allocated)	1o	24000 .00
1p	New York State allocated wage and salary income *(multiply line 1n by line 1o)*	1p	4068 .00

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. Submit additional sheets if necessary. **For column E, mark an *X* in the box if the living quarters are still maintained for or by you.**

A – Street address	**B –** City, village, or post office	**C**	**D –** ZIP code	**E**
		NY		☐
		NY		☐
		NY		☐
		NY		☐

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.

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 Enter your social security number 400004814

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. Use additional sheets if necessary.

		1 – Student 1	**2 –** Student 2	**3 –** Student 3
A	Eligible student's name	DANIEL T THOMAS	CHARLES T THOMAS	ANN T THOMAS
B	Eligible student's social security number (SSN)	400884824	400884838	400884839
C	Is the student claimed as a dependent on your NYS return? *(see instructions)*	Yes ☐ No ☒	Yes ☒ No ☐	Yes ☒ No ☐
D	EIN of college or university *(see instr.)*	123456789	123456777	123456666
E	Name of college or university *(see instr.)*	SUNY	MIT	SCHENECTADY CCC
F	Were expenses for **undergraduate** tuition? *(see instructions)*	Yes ☒ No ☐	Yes ☒ No ☐	Yes ☒ No ☐
G	Amount of qualified college tuition expenses *(see instructions)*	125 .00	100 .00	75 .00
H	Enter the lesser of line G or 10,000	125 .00	100 .00	75 .00

2 **College tuition itemized deduction** *(add **line H**, columns 1, 2, and 3; include amounts from any additional sheets).* Also enter this amount on your itemized deduction schedule. .... **2** 375 .00

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** .00

2p New York State allocated wage and salary income *(multiply line 2n by line 2o)* .... **2p** .00

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.

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Schedule C continued

Student: JOE T THOMAS

SSN: 400884840

Claimed as Dependant: yes

College EIN: 123455555

College: HUDSON VALLEY CC

Undergraduate tuition: yes

Expenses: $75

Lesser: $ 75

New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

IT-360.1

2012

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

Name(s) as shown on return	Social security number
DANIEL T THOMAS	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) [X] **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 .00	13000 .00	.00
2 Taxable interest income	2	.00	.00	.00
3 Ordinary dividends	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	.00	.00
5 Alimony received	5	.00	.00	.00
6 Business income or loss *(submit copy of federal Schedule C or C-EZ, Form 1040)*	6	3019 .00	3019 .00	.00
7 Capital gain or loss *(submit copy of federal Schedule D, Form 1040)*	7	.00	.00	.00
8 Other gains or losses *(submit copy of federal Form 4797)*	8	-2040 .00	-2040 .00	.00
9 Taxable amount of IRA distributions	9	.00	.00	.00
10 Taxable amount of pensions and annuities	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	18613 .00	15143 .00	.00
12 Farm income or loss *(submit copy of federal Schedule F, Form 1040)*	12	.00	.00	.00
13 Unemployment compensation	13	.00	.00	.00
14 Taxable amount of social security benefits	14	.00	.00	.00
15 Other income *Identify:* GAMBLING 2043	15	2043 .00	2043 .00	.00
16 Total *(add lines 1 through 15)*	16	71635 .00	31165 .00	.00
17 Total federal adjustments to income *Identify:* 1/2 SE TAX 214	17	214 .00	214 .00	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	71421 .00	30951 .00	.00
19 New York adjustments *(submit schedule)*	19	.00	.00	.00
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 .00	30951 .00	.00

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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	.00	.00
22 Taxes you paid	22	3184 .00	2500 .00
23 Interest you paid	23	1075 .00	996 .00
24 Gifts to charity	24	580 .00	481 .00
25 Casualty and theft losses	25	.00	.00
26 Job expenses and most other miscellaneous deductions	26	.00	.00
27 Other miscellaneous deductions	27	.00	.00
28 This line is intentionally left blank	28	.00	.00
29 This line is intentionally left blank	29	.00	.00
30 Total itemized deductions *(add lines 21 through 27)*	30	4839 .00	3977 .00

31 State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments	31	2500 .00
32 Subtract line 31 from line 30	32	1477 .00
33 Addition adjustments and college tuition itemized deduction *(see instructions)*	33	375 .00
34 Add lines 32 and 33	34	1852 .00
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	.00
36 **Itemized deduction** *(subtract line 35 from line 34, enter here and on line 44)*	36	1852 .00

Part 3 – Dependent exemptions *(see instructions, page 5)*

37 Enter the period you were a New York City **resident** during 2012

From: month 04 day 01 To: month 06 day 30

38 Enter the county where you resided while a **nonresident** of New York City 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 .00
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 .00

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 .00
44 Resident period standard deduction *(see instructions, page 2)* **or** resident period itemized deduction *(from line 36)*	44	1852 .00
45 Subtract line 44 from line 43	45	29099 .00
46 Dependent exemption amount *(from line 42)*	46	750 .00
47 **New York City taxable income** *(subtract line 46 from line 45)*	47	28349 .00
48 New York City tax on line 47 amount *(see instructions, page 5)*	48	928 .00
49 Total New York City household credit and accumulation distribution credit *(see instructions, page 6)*	49	.00
50 Subtract line 49 from line 48 *(if line 49 is larger than line 48, enter **0**)*	50	928 .00
51 Part-year New York City separate tax on lump-sum distributions *(from Form IT-230)*	51	.00
52 Part-year New York City resident tax on capital gain portion of lump-sum distributions *(from Form IT-230)*	52	.00
53 Add lines 50, 51, and 52	53	928 .00
54 Credit for part-year New York City unincorporated business tax paid *(see instructions, page 8)*	54	.00
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 .00

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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 *(Form IT-201, line 46)*	**56**	.00	
57 Empire State child credit *(Form IT-201, line 63)*	**57**	.00	
58 NYS child and dependent care credit *(Form IT-216, line 14)*	**58**	.00	
59 Earned income credit *(Form IT-201, line 65)*	**59**	.00	
60 Noncustodial parent New York State earned income credit *(Form IT-201, line 66)*	**60**	.00	
61 Real property tax credit *(Form IT-201, line 67)*	**61**	.00	
62 College tuition credit *(Form IT-201, line 68)*	**62**	.00	
63 Amount from Form IT-201-ATT, line 13	**63**	.00	
64 Add lines 57 through 63	**64**	.00	
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**	.00	
66 Base tax *(Form IT-203, line 44)*	**66**		.00
67 New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	**67**		.00
68 Subtract line 67 from line 66 *(if line 67 is more than line 66, enter **0**)*	**68**		.00
69 Net other New York State taxes *(Form IT-203-ATT, line 33)*	**69**		.00
70 Add lines 68 and 69	**70**		.00
71 Total of amounts from Form IT-203-ATT, lines **9, 10,** and **12**	**71**		.00
72 Subtract line 71 from line 70 *(if line 71 is more than line 70, enter **0**)*	**72**		.00
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**	.00	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	**75**		.00
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** .00

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.

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New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers

IT-2105.9

2012

Name(s) as shown on return	Identification number *(SSN or EIN)*
DANIEL T THOMAS	400004814

Part 1 – All filers must complete this part *(see instructions,* Form IT-2105.9-I, *for assistance)*

1	Total tax from your 2012 return before withholding and estimated tax payments *(**caution:** see instructions)*			1	3629 .00
2	Empire State child credit *(from Form IT-201, line 63)*	2	.00		
3	NYS/NYC child and dependent care credit *(from Form IT-201, line 64)*	3	.00		
4	NY State earned income credit (EIC) *(from Form IT-201, line 65)*	4	.00		
5	NY State noncustodial parent EIC *(from Form IT-201, line 66)*	5	.00		
6	Real property tax credit *(from Form IT-201, line 67)*	6	.00		
7	College tuition credit *(from Form IT-201, line 68)*	7	.00		
8	NY City school tax credit *(from Form IT-201, line 69, or Form IT-203, line 60)*	8	16 .00		
9	NY City earned income credit *(from Form IT-201, line 70)*	9	.00		
10	Other refundable credits *(from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)*	10	.00		
11	Add lines 2 through 10			11	16 .00
12	Current year tax *(subtract line 11 from line 1)*			12	3613 .00
13	Multiply line 12 by 90% (.90)	13	3252 .00		
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 .00
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	1680 .00
16	Enter your 2011 tax *(**caution:** see instructions)*			16	2800 .00
17	Enter the **smaller** of line 13 or line 16			17	2800 .00

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 .00		
19	Enter the total amount of estimated tax payments you made *(see instructions)*	19	386 .00		
20	Add lines 18 and 19			20	2284 .00
21	**Total underpayment for year.** Subtract line 20 from line 17 *(if zero or less, you do not owe the penalty)*			21	516 .00
22	Multiply line 21 by .03289 and enter the result			22	17 .00
23	If the amount on line 21 was paid **on or after** April 15, 2013, enter ***0***. If the amount on line 21 was paid **before** April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 =			23	.00
24	**Penalty.** Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.			24	17 .00

Part 3 – Regular method – Schedule A – Computing your underpayment *(Schedule B is on the back)*

Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
25 Required installments. Enter ¼ of line 17 in each column. *(If you used the annualized income installment method, see instructions.)*	25	.00	.00	.00	.00
26 Estimated tax paid and tax withheld *(see instructions)*	26	.00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27		.00	.00	.00
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	.00	.00	.00	.00
29 Underpayment *(subtract line 28 from line 25)* **or** overpayment *(subtract line 25 from line 28; see instructions)*	29	.00	.00	.00	.00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
30 Amount of underpayment *(from line 29)*	**30**	.00	.00	.00	.00
First installment (April 15 - June 15, 2012)					
31 April 15 - June 15 = (61 ÷ 366) × 7.5% = .01249 **- or -** April 15 - _____ = (÷ 366) × 7.5% = .	**31**				
32 Multiply line 30, column A by line 31	**32**	.00			
Second installment (June 15 - September 15, 2012)					
33 June 15 - September 15 = (92 ÷ 366) × 7.5% = .01884 **- or -** June 15 - _____ = (÷ 366) × 7.5% = .	**33**				
34 Multiply line 30, column B by line 33	**34**		.00		
Third installment (September 15, 2012 - January 15, 2013)					
35 September 15 - December 31 = (107 ÷ 366) × 7.5% = .02192 January 1 - January 15 = (15 ÷ 365) × 7.5% = .00307 .02499 **Total** **- or -** September 15 - _____ = (÷ 366) × 7.5% = . January 1 - _____ = (÷ 365) × 7.5% = . . **Total**	**35**				
36 Multiply line 30, column C by line 35	**36**			.00	
Fourth installment (January 15 - April 15, 2013)					
37 January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848 **- or -** January 15 - _____ = (÷ 365) × 7.5% = .	**37**				
38 Multiply line 30, column D by line 37	**38**				.00
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**	.00			

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Submit this form with your New York State return.

SPECIAL INSTRUCTIONS FOR IT-2105.9

PLEASE BE AWARE THAT THE FORM AND THE RATE USED IN THE CALCULATIONS ON IT-2105.9 ARE FROM TAX YEAR 2011. THIS RATE IS SUBJECT TO CHANGE WHEN THE FORM IS FINALIZED FOR TAX YEAR 2012

22222	a Employee's social security number 400004814	OMB No. 1545-0008	
b Employer identification number (EIN) 632257358		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 Suff. DANIEL T THOMAS 356 DOVER ST BROOKLYN NY 11217		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		26000	1000	13000	800	NYC
NC		24000	900			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
OTB OTB 50 SMITH ST SCHENECTADY NY 12305 631478236 5184567890	2043		2012
	3 Type of wager DAILY DOUBLE	4 Date won 05/20/2012	**Form W-2G**
	5 Transaction	6 Race RACE 1	**Certain Gambling Winnings**
	7 Winnings from identical wagers	8 Cashier 12345	
WINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no. 400004814	10 Window 6789	This information is being furnished to the Internal Revenue Service.
DANIEL T THOMAS 356 DOVER ST BROOKLYN NY 11217	11 First I.D. 497801236	12 Second I.D.	
	13 State/Payer's state identification no. NY	14 State income tax withheld 61	**Copy B**

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 ▶**

Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.

Form **W-2G** Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD - 37 W2G INDICATOR -S

YONKERS INCOME TAX WITHHELD -

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
JOE Z	CANASTA	01-01-1942	400004815
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
% AMANDA JONES 327 W 57 ST		SUFFOLK

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
NEW YORK	NY	10012		ROCKY POINT

Permanent home address *(see instructions, page 12)* *(number and street or rural route)*	Apartment number	School district code number .....
215 LAIDBACK WAY		540

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
ROCKY POINT	**NY**	11778			

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 [X] 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 [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(2) Enter the number of days spent in NYC in 2012 *(any part of a day spent in NYC is considered a day)* 365

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

(1) Number of months **you** lived in NYC in 2012 12

(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)*
MARY M	CANASTA	DAUGHTER	400884804	02-01-2009
SALLY M	CANASTA	DAUGHTER	400884802	03-01-2004
JOHN M	CANASTA	SON	400884801	04-01-2000
JANE M	CANASTA	DAUGHTER	400884803	05-01-1999
SAMUEL M	CANASTA JR	SON	400884805	06-01-1989

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

201001120099

Your social security number
400004815

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	20500 .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	-405 .00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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	400 .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	20495 .00
18	Total federal adjustments to income *(see page 14)* *Identify:* ALIMONY 2800	18	2800 .00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	17695 .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	255 .00
22	**New York's** 529 college savings program distributions *(see page 15)*	22	.00
23	Other *(see page 16)* *Identify:* A-3 35	23	35 .00
24	Add lines **19** through **23**	24	17985 .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	17985 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	10500 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	7485 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	5000.00
37	**Taxable income** *(subtract line 36 from line 35)*	37	2485 .00

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

Your social security number: 400004815

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

38	**Taxable income** *(from line 37 on page 2)*			38	2485 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	99 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	135 .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	135 .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	72 .00		
48	NYC household credit *(page 26, table 4, 5, or 6)*	48	90 .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	20 .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	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 30)*	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 .00

5

201003120099

Your social security number: 400004815

62 Enter amount from line 61 ..... **62** 57 .00

Payments and refundable credits *(see page 31)*

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	1463 .00
65	NYS earned income credit (EIC)	65	1454 .00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	66 .00
68	College tuition credit	68	.00
69	NYC school tax credit ***(also complete F on page 1;*** *see page 31)*	69	63 .00
70	NYC earned income credit	70	259 .00
71	Other refundable credits *(Form IT-201-ATT, line 18)*	71	1500 .00
72	Total **New York State** tax withheld	72	1295 .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**	6100 .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** 6043 .00

78 Amount of line 77 to be **refunded**
Mark one refund choice: [X] **direct deposit** *(fill in line 83)* - **or** - [ ] **debit card** - **or** - [ ] **paper check** ... **78** 6043 .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

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

See page 37 for the proper assembly of your return.

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** - [X] Personal savings - **or** - [ ] Business checking - **or** - [ ] Business savings

83b Routing number 011001881 **83c** Account number LOANXXXX400004815

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

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 TRUCK DRIVER	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: CANASTA@ATS.COM	

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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

2012

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	Your social security number
JOE Z CANASTA	400004815

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1 Accumulation distribution credit *(submit computation)* ..... 1 .00

2 Other nonrefundable, non-carryover credits

	Code	Amount		Code	Amount
2a		.00	2b		.00

Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)* ..... 2 .00

Section B – New York State nonrefundable, carryover credits used

3 Long-term care insurance credit ..... 3 .00

4 Investment credit ..... 4 .00

5 Solar energy system equipment credit ..... 5 .00

6 Other nonrefundable, carryover credits

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

Total other nonrefundable, carryover credits *(add lines 6a through 6n)* ..... 6 .00

7 **Total New York State nonrefundable credits used**
*(add lines 1 through 6; enter here and on **Form IT-201, line 42**)* ..... 7 .00

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

8 New York City resident UBT credit ..... 8 .00

9 New York City accumulation distribution credit *(submit computation)* ..... 9 .00

9a Part-year resident nonrefundable NYC child and dependent care credit ..... 9a .00

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 .00

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

11 Farmers' school tax credit ..... 11 1500 .00

12 Other refundable credits

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

Total other refundable credits *(add lines 12a through 12l)* ..... 12 .00

13 Add lines 11 and 12 ..... 13 1500 .00

(continued on back)

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Enter your social security number: 400004815

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

14	Enter amount from line 13 on the front page	14	1500 .00
15	**New York State** claim of right credit	15	.00
16	**New York City** claim of right credit	16	.00
17	**Yonkers** claim of right credit	17	.00
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 .00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)*	19	.00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	20g		.00
20b		.00	20h		.00
20c		.00	20i		.00
20d		.00	20j		.00
20e		.00	20k		.00
20f		.00	20l		.00

	Total other New York State taxes *(add lines 20a through 20l)*	20	.00
21	Add lines 19 and 20	21	.00
22	See instructions for line 22	22	.00
23	Enter amount from **Form IT-201**, line 39	23	.00
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*	24	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*	25	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	26	.00
27	Resident credit against separate tax on lump-sum distributions	27	.00
28	Subtract line 27 from line 26	28	.00
29	New York State minimum income tax *(Form IT-220)*	29	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*	30	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	31	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	32	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	33	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	34	.00

New York State Department of Taxation and Finance

Claim for Real Property Tax Credit

For Homeowners and Renters

IT-214

2012

Step 1 – Enter identifying information

Your first name and middle initial	Your last name *(for a **joint claim**, enter spouse's name on line below)*	Your date of birth *(mm-dd-yyyy)*	Your social security number
JOE Z	CANASTA	01-01-1942	400004815
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number

Current mailing address *(number and street or rural route)*	Apartment number	New York State county of residence
% AMANDA JONES 327 W 57 ST		SUFFOLK

City, village, or post office	State	ZIP code	Country *(if not United States)*
NEW YORK	NY	10012	

Street address of New York residence that **qualifies** you for this credit, if different from above: 215 LAIDBACK WAY

City, village, or post office	State	ZIP code
ROCKY POINT	NY	11778

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

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

1 Were you a New York State resident for all of 2012?	1	Yes	X	No	
2 Did you occupy the same residence for at least six months during 2012?	2	Yes	X	No	
If you marked an ***X*** in the ***No*** box on line 1 or 2, **stop;** you do not qualify for this credit.					
3 Did you own real property with a current market value of more than $85,000 during 2012?	3	Yes		No	X
4 Can you be claimed as a dependent on another taxpayer's 2012 federal return?	4	Yes		No	X
5 Did you reside in public housing, or other residence completely exempted from real property taxes in 2012? *(see instr.)*	5	Yes		No	X
If you marked an ***X*** in the ***Yes*** box on line 3, 4, or 5, **stop;** you do not qualify for this credit.					
6 Did you live in a nursing home during 2012? *(If you mark an **X** in the* Yes *box, see instructions.)*	6	Yes		No	X

7 Complete below for the qualifying household member 65 or older *(see instructions)*.

A – First name	Last name	**B –** Social security number	**C –** Date of birth *(mm-dd-yyyy)*
JOE Z	CANASTA	400004815	01-01-1942

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

A – First name	Last name	**B –** Social security number	**C –** Date of birth *(mm-dd-yyyy)*
SAMUEL M	CANASTA JR	400884805	06-01-1989
JANE M	CANASTA	400884803	05-01-1999
JOHN M	CANASTA	400884801	04-01-2000

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 2012.

9 Federal adjusted gross income If any household members do not have to file a federal return, see instructions	9	17695 .00
10 New York State additions to federal adjusted gross income	10	290 .00
11 Social security payments not included on line 9	11	.00
12 Supplemental security income (SSI) payments	12	.00
13 Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12	13	.00
14 Cash public assistance and relief	14	.00
15 Other income	15	.00
16 Household gross income *(add lines 9 through 15)*	16	17985 .00
If line 16 is more than $18,000, **stop;** you do not qualify for this credit.		
17 Enter rate from Table 1 *(see instructions)*	17	.065
18 Multiply line 16 by line 17	18	1169 .00

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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 2012. *(Do not include any subsidized part of your rental charge.)*	**19** 5200 .00
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** 5200 .00
21	Average monthly adjusted rent *(divide line 20 by the number of months you paid rent)* If line 21 is more than $450, **stop;** you do not qualify for this credit.	**21** 433 .00
22	Multiply line 20 by 25% (.25); enter here and on line 28	**22** 1300 .00

Homeowners only

23	Real property taxes paid during the year 2012 *(see instructions)*	**23** .00
24	Special assessments	**24** .00
25	Add lines 23 and 24	**25** .00
26	Exemption for homeowners 65 and over *(optional - see instructions)*	**26** .00
27	Add lines 25 and 26; enter here and on line 28	**27** .00

Step 5 – Compute credit amount

28 **Renters:** Enter amount from line 22. **Homeowners:** Enter amount from line 27 *(see instructions)* ..... **28** 1300 .00
If line 28 is zero or less, **stop**; no credit is allowed.

29 Enter amount from line 18 ..... **29** 1169 .00
If line 29 is equal to or more than line 28, **stop;** you do not qualify for this credit.

30 Subtract line 29 from line 28 ..... **30** 131 .00

31 Multiply line 30 by 50% (.5) *(However, if you entered an amount on line 26, multiply line 30 by 25% (.25).)* ..... **31** 66 .00

32 Credit limit *(see instructions; enter amount from chart)* ..... **32** 86 .00

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** 66 .00

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

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

34 **Direct deposit** *(see instructions)***:** Complete the following to have your refund deposited directly to your bank account.

34a Routing number _____ **34b** Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

Note: If the funds for your refund would go to an account outside the U.S., mark an ***X*** in this box *(see instructions)* ..... ☐ **34c** Account number _____

Third-party designee? *(see instr.)* **Yes** ☐ **No** ☐	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 claim)*	
Date	Daytime phone number ( )
E-mail:	

- If you **are filing** a NYS income tax return, submit this form with 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.

214002120099

400-00-4815 **IT-214 CONTINUED**

Line 8

SALLY M CANASTA	400884802	03-01-2004
MARY M CANASTA	400884804	02-01-2009

New York State Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

IT-215

2012

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

Name(s) as shown on return	Your social security number
JOE Z CANASTA	400004815

1 Did you claim the federal earned income credit? If ***No*, stop; you do not qualify for these credits.** ..... 1 Yes [X] No [ ]

2 Is your investment income (see instructions) greater than $3,200? If ***Yes*, stop; you do not qualify for these credits.** ..... 2 Yes [ ] No [X]

3 Have you already filed your New York State income tax return? If ***Yes***, you must file an amended NYS return..... 3 Yes [ ] No [X]

4 Did you claim qualifying children on your **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 [X] 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	Date of birth *(mm-dd-yyyy)*
SAMUEL M	CANASTA JR	SON	12		X	400884805	06-01-1989
MARY M	CANASTA	DAUGHTER	12			400884804	02-01-2009
SALLY M	CABASTA	DAUGHTER	12			400884802	03-01-2004

* Mark an ***X*** in these boxes **only** if you checked ***Yes*** in the same box on your 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 [X]

Whole dollars only

6 Wages, salaries, tips, etc., from ***Worksheet A*** line 3, on page 2 of the instructions, Form IT-215-I. ..... 6 20500 .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 .00

8 Business income or loss *(from your federal Form 1040 line instructions,* Earned Income Credit Worksheet B, *lines 1e, 2c, and 3)* ... 8 -5 .00
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 .00

10 **Amount of federal EIC claimed** *(from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)* ..... 10 5178 .00

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 1553 .00

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 .00

14 New York State household credit *(from Form IT-201, line 40, or Form IT-203, line 39)* 14 135 .00

15 Enter the smaller of line 13 or line 14 ..... 15 99 .00

16 **Allowable New York State earned income credit** *(subtract line 15 from line 12; see instructions)* ..... 16 1454 .00

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 .00
Federal adjusted gross income *(from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)* ..... .00

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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.

18	Enter your New York State earned income credit *(from line 16 or line 17)*	**18**	.00
19	Enter the amount from Form IT-203, line 42	**19**	.00
	– 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**	.00
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**	.00
	– 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**	.00
23	Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet	**23**	.00
24	Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet	**24**	.00
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**	.00

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, *Instructions for Form IT-215.* Enter here and on **Form IT-201, line 70,** or **Form IT-203-ATT, line 11.** Part-year New York City residents must also complete line 28 below.	**27**	259 .00
28	**Part-year New York City adjusted gross income** Enter the amounts from Worksheet C, lines 6 and 7	**28A** .00	**28B** .00

Worksheet B

1	New York State tax *(from Form IT-201, line 39, or Form IT-203, line 38)*	**1**	99 .00
2	Resident credit *(see instructions)*	**2** .00	
3	Accumulation distribution credit *(see instructions)*	**3** .00	
4	Add lines 2 and 3	**4**	.00
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 .00

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New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

2012

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

Name(s) as shown on return	Your social security number
JOE Z CANASTA	400004815

1 Have you already filed your New York State income tax return? ..... Yes ☐ No ☒
If *Yes*, you must file an amended New York State return and include 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 STRAIGHT ST ROCKY POINT NY 11778	64-1234568	1420 .00
KIDS INC	22 TOT TERRACE ROCKY POINT NY 11778	64-1234569	1000 .00

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	**D** – Person with disability *(see instr.)*	**E** – Social security number	**F** – Date of birth *(mm-dd-yyyy)*
MARY M	CANASTA	810 .00	☐	400884804	02-01-2009
SALLY M	CANASTA	1000 .00	☐	400884802	03-01-2004
JOHN M	CANASTA	400 .00	☐	400884801	04-01-2000
JANE M	CANASTA	500 .00	☐	400884803	05-01-1999

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any ..... **3a** 3420 .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?.....Yes ☒ No ☐

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** 3420 .00

Whole dollars only

6 Enter your earned income *(see instructions)* ..... **6** 20495 .00

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 .00

8 Enter the smallest of line 5, 6, or 7..... **8** 3420 .00

9 Enter the amount from: federal Form 1040A, line 22,
or federal Form 1040, line 38 ..... **9** 17695 .00

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 .00

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12 Amount from line 11 ..... **12** 1129 .00

13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) ..... 17985 .00

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 .00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40 ..... **15** .00

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** .00

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** .00

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** .00

19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... **19** .00

20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203..... **20** .00

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** .00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **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, 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 .00

IT-201 filers:

24 Refundable New York City child and dependent care credit *(from Worksheet 1, line 7 or line 13)* ..... **24** 221 .00

25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... **25** 1463 .00

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** .00

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** .00

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** .00

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 1, line 10 ..... **29** .00

30 Enter the amount from Worksheet 1, line 11 ..... **30** .00

400-00-4815 **IT-216 CONTINUATION**

Line 2

BIGG BLOCKS
123 MAIN ST
ROCKY POINT NY 11778
64-1234570
$1000

Line 3

SAMUEL M CANASTA JR	$710	X	400-88-4805	06-01-1989

New York State Department of Taxation and Finance

Claim for Farmers' School Tax Credit

IT-217

2012

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

Name(s) as shown on return	Identifying number as shown on return
JOE Z CANASTA	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 2012? *(see instr., Form IT-217-I)* .....Yes [X] No [ ]

B Were eligible school district property taxes paid on that property during tax year 2012? *(see instructions)* ..... Yes [X] 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 [X] 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 [X] 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	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 2012 *(see instr.)*	10	2432 .00		
11	**Partners, S corporation shareholders, and beneficiaries of estates and trusts:** Enter the amount from Part 4, line 7, column B	11	.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

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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

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)*		
	2	Enter your share of eligible taxes from your partnership *(see instructions)*		.00
S corporation shareholder	3	Enter your share of acres of qualified agricultural property from your S corporation *(see instructions)*		
	4	Enter your share of eligible taxes from your S corporation *(see instructions)*		.00
Beneficiary	5	Enter your share of acres of qualified agricultural property from the estate or trust		
	6	Enter your share of eligible taxes from the estate or trust		.00
	7	**Totals**		.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

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22222	a Employee's social security number 400004815	OMB No. 1545-0008	
b Employer identification number (EIN) 641234567		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 215 LAIDBACK WAY ROCKY POINT NY 11778		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other 414H-255 IRC125-35	12c Code
			12d Code
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		20500	1295			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR- S

400-00-4818 **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” (TAG NAME “W2_VERIFY_IND”).

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

W-2 #1 TAG NAME “LOCALINCOMETAXAMT” - 35
W-2 #2 TAG NAME “LOCALINCOMETAXAMT” - 62

See special instructions for literals. Wages also include $100 from tips not reported on w-2

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
ROBIN D	RICHARD SR	01-25-1968	400004818
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
% JOHN RICHARD 1234 THOMAS PL		WESTCHESTER

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
YONKERS	NY	10701		YONKERS

Permanent home address *(see instructions, page 12)* *(number and street or rural route)*	Apartment number	School district code number .....
356 SKYLINE DR		715

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
YONKERS	**NY**	10701		10-15-2012	

A Filing status *(mark an **X** in one box):*

① [X] 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 [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(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. [ ]

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Your social security number: 400004818

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	21500 .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	-40 .00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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	500 .00
15	Taxable amount of social security benefits *(also enter on line 27)*	15	.00
16	Other income *(see page 14)* *Identify:* 1099-MISC 1300	16	1300 .00
17	Add lines **1 through 11** and **13 through 16**	17	23260 .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	23260 .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	54 .00
22	**New York's** 529 college savings program distributions *(see page 15)*	22	100 .00
23	Other *(see page 16)* *Identify:*	23	.00
24	Add lines **19** through **23**	24	23414 .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	100 .00		
31	Other *(see page 20)* *Identify:*	31	.00		
32	Add lines 25 through 31			32	100 .00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*			33	23314 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	7500 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	15814 .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	15814 .00

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

Your social security number: 400004818

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

38	**Taxable income** *(from line 37 on page 2)*			38	15814 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	726 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	40 .00		
41	Resident credit *(see page 26)*	41	.00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	400 .00		
43	Add lines 40, 41, and 42			43	440 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	286 .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	286 .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	13 .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	13 .00
59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***			59	554 .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	853 .00

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Your social security number: 400004818

62 Enter amount from line 61 ..... **62** 853 .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	200 .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	525 .00
73	Total **New York City** tax withheld	73	.00
74	Total **Yonkers** tax withheld	74	97 .00
75	Total estimated tax payments **and** amount paid with Form IT-370	75	.00

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

76 **Total payments** *(add lines 63 through 75)* ..... **76** 822 .00

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 [X] and fill in lines 83 and 84 .. **80** 31 .00

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

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

See page 37 for the proper assembly of your return.

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: [X] Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

83b Routing number 011001742 **83c** Account number LOANXXXX400004818

84 Electronic funds withdrawal *(see page 36)* ..... Date 04-02-2013 Amount 31 .00

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 EXECUTOR	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: RICHARD@ATS.COM	

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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

2012

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	Your social security number
ROBIN D RICHARD SR	400004818

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1 Accumulation distribution credit *(submit computation)* ..... 1 .00

2 Other nonrefundable, non-carryover credits

	Code	Amount		Code	Amount
2a		.00	2b		.00

Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)* ..... 2 .00

Section B – New York State nonrefundable, carryover credits used

3 Long-term care insurance credit ..... 3 400 .00

4 Investment credit ..... 4 .00

5 Solar energy system equipment credit ..... 5 .00

6 Other nonrefundable, carryover credits

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

Total other nonrefundable, carryover credits *(add lines 6a through 6n)* ..... 6 .00

7 **Total New York State nonrefundable credits used**
*(add lines 1 through 6; enter here and on **Form IT-201, line 42**)* ..... 7 400 .00

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

8 New York City resident UBT credit ..... 8 .00

9 New York City accumulation distribution credit *(submit computation)* ..... 9 .00

9a Part-year resident nonrefundable NYC child and dependent care credit ..... 9a .00

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 .00

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

11 Farmers' school tax credit ..... 11 .00

12 Other refundable credits

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

Total other refundable credits *(add lines 12a through 12l)* ..... 12 .00

13 Add lines 11 and 12 ..... 13 .00

(continued on back)

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Enter your social security number
400004818

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

14	Enter amount from line 13 on the front page	**14**	.00
15	**New York State** claim of right credit	**15**	.00
16	**New York City** claim of right credit	**16**	.00
17	**Yonkers** claim of right credit	**17**	.00
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**	.00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19 New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)* ..... **19** .00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	**20g**		.00
20b		.00	**20h**		.00
20c		.00	**20i**		.00
20d		.00	**20j**		.00
20e		.00	**20k**		.00
20f		.00	**20l**		.00

Total other New York State taxes *(add lines 20a through 20l)* ..... **20** .00

21	Add lines 19 and 20			**21**	.00
22	See instructions for line 22	**22**	.00		
23	Enter amount from **Form IT-201**, line 39	**23**	.00		
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*			**24**	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*			**25**	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	**26**	.00		
27	Resident credit against separate tax on lump-sum distributions	**27**	.00		
28	Subtract line 27 from line 26			**28**	.00
29	New York State minimum income tax *(Form IT-220)*			**29**	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*			**30**	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	**31**	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	**32**	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	**33**	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	**34**	.00

New York State Department of Taxation and Finance

Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

IT-249

2012

Name(s) as shown on return	Identifying number as shown on return
ROBIN D RICHARD SR	400004818

Submit this form with 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 .00
2	Credit rate (20%)	2	.20
3	Credit for qualified long-term care insurance *(multiply line 1 by line 2)*	3	100 .00

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 *(see instructions)*

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
RICHARD INC	S	300004805
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 .00
S corporation shareholder	5	Enter your share of the credit from your S corporation *(see instructions)*	5	50 .00
Beneficiary	6	Enter your share of the credit from the **fiduciary's** Form IT-249, Schedule D, column C	6	.00
	7	**Totals** *(add lines 4, 5, and 6)*	7	200 .00

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)*		.00
		.00
		.00
Fiduciary		.00

(continued on back)

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Schedule E – Computation of credit available for the current year

Individuals and partnerships	**8**	Enter the amount from Schedule A, line 3	**8**	100 .00
Partners, S corporation shareholders, beneficiaries	**9**	Enter the amount from Schedule C, line 7	**9**	200 .00
Fiduciaries	**10**	Enter the amount from Schedule D, *Fiduciary* line, column C	**10**	.00
	11	**Total credit available for the current year** *(add lines 8, 9, and 10)*	**11**	300 .00

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 .00
13	Enter the carryover credit from last year's Form IT-249	**13**	100 .00
14	Total credit *(add lines 12 and 13; complete Schedule H)*	**14**	400 .00

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

15	Enter the amount from line 11	**15**	.00
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**	.00
18	Enter the carryover credit from last year's Form IT-249	**18**	.00
19	Total credit *(add lines 17 and 18; complete Schedule H)*	**19**	.00

Schedule H – Computation of credit used and carried over

20	Tax due before credits *(see instructions)*	**20**	726 .00
21	Credits applied against the tax before this credit *(see instructions)*	**21**	.00
22	Net tax *(subtract line 21 from line 20)*	**22**	726 .00
23	Credit used for the current tax year *(see instructions)*	**23**	400 .00
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**	.00

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New York State Department of Taxation and Finance

Claim for College Tuition Credit or Itemized Deduction

Full-year New York State residents only

IT-272

2012

Submit your completed Form IT-272 with Form IT-201. See Form IT-272-I, *Instructions for Form IT-272.*

Your name as shown on return *(first name first)*	Your social security number
ROBIN D RICHARD SR	400004818
Spouse's name *(first name first)*	Spouse's social security number

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? ..... **1** Yes ☐ No ☒

- If ***Yes*, stop;** you do not qualify for the college tuition credit or the college tuition itemized deduction.
- If ***No*,** continue with question 2.

2 Were you (and your spouse if filing a joint return) a **New York State resident for all of this tax year**? ..... **2** Yes ☒ No ☐

- If ***Yes*,** continue with Part 1 below.
- If ***No*, stop;** you do not qualify for the college tuition credit. However, you may qualify for the college tuition itemized deduction. For more information, see the instructions for Form IT-203.

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. *(If you are claiming expenses for more than three eligible students, see instructions.)*

		1 – Student 1	**2 –** Student 2	**3 –** Student 3
A	Eligible student's name	ROBIN D RICHARD SR		
B	Eligible student's social security number (SSN)	400004818		
C	Is the student claimed as a dependent on your NYS return? *(see instructions)*	Yes ☐ No ☒	Yes ☐ No ☐	Yes ☐ No ☐
D	EIN of college or university *(see instr.)*	631234567		
E	Name of college or university *(see instr.)*...	SCHENECTADY CCC		
F	Were expenses for **undergraduate** tuition? *(see instructions)*	Yes ☒ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
G	Amount of qualified college tuition expenses *(see instructions)*	2000 .00	.00	.00
H	Enter the lesser of line G or 10,000	2000 .00	.00	.00

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.)* ..... **3** 2000 .00

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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**	**200.00**
5 Enter the lesser of line 3 or line 4. This is your **college tuition credit**	**5**	200 .00

- 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**	.00
7 Multiply **line 6** by 4% (.04). This is your **college tuition credit**	**7**	.00

- 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 your itemized deduction schedule. **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 submit** Form IT-272 with your return.

272002120099

22222	a Employee's social security number 400004818	OMB No. 1545-0008	
b Employer identification number (EIN) 631234561		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 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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	460	17725	62	YONKERS

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

22222	a Employee's social security number 400004818	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 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. ROBIN D RICHARD SR 1234 THOMAS PL YONKERS NY 10701		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
BCC CORP 123 MAIN AVE OAK TOWN VA 22000		$	2012	**Miscellaneous Income**
		2 Royalties $	Form **1099-MISC**	
		3 Other income $ 1300	4 Federal income tax withheld $	**Copy 1** **For State Tax Department**
PAYER'S federal identification number 621234567	RECIPIENT'S identification number 400004818	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name ROBIN D RICHARD SR		7 Nonemployee compensation $	8 Substitute payments in lieu of dividends or interest $	
Street address (including apt. no.) 1234 THOMAS PL		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
City, state, and ZIP code YONKERS NY 10701		11	12	
Account number (see instructions)		13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ 30 $	17 State/Payer's state no. NY/270293117	18 State income $ 1300 $

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

NEW YORK STATE DEPARTMENT OF LABOR
PAYMENT UNIT, BUILDING 12 1099-G
PO BOX 621
ALBANY, NY 12201-0621

Do You Qualify For An Earned Income Credit?

You may be entitled to a Federal tax credit. The amount of the credit is based on your earned income such as wages and self-employment. This credit may be allowed even if you do not owe any Federal income tax. However, you must file a Federal income tax return to obtain the credit. See the instructions on your Federal income tax forms to determine if the amount of your income allows you to claim this credit.

Important Information About Form 1099-G

New York State is required to report the unemployment compensation payments of $10 or more, that you received last year, to the Internal Revenue Service, and to furnish you with Form 1099-G by January 31 of this year. Unemployment compensation includes:

- Unemployment Insurance payments
- Extended Benefits and Federal Supplemental Compensation payments
- TAA (Trade Adjustment Act) basic, retroactive, and additional training payments
- DUA (Disaster Unemployment Assistance) payments.

Please keep Form 1099-G for your records. You will need this information to complete your Federal, State and Local income tax returns. If you did not receive any unemployment compensation this year, but repaid an overpayment, this form is being sent in case it will be of help to you.

Note: Unless you have voluntarily authorized Federal or State withholding, Federal, State and Local income taxes are not withheld on unemployment compensation. If you expect to receive these benefits in the future, you can ask the payer to withhold Federal and State income tax from each payment. Or, you can make estimated tax payments during the year. For more information regarding how to make estimated tax payments, see instructions on the appropriate tax return, or, contact the Internal Revenue Service or the NYS Department of Taxation and Finance.

BOX 1 Shows the total unemployment compensation paid to you this year. For tax year 2011, combine the box 1 amounts from all Forms 1099-G, and report the amount as income on the unemployment compensation line on your return. **If this 1099-G is for a year other than 2011, see the instructions on the appropriate tax return, or contact the Internal Revenue Service, the NYS Department of Taxation and Finance or your local taxing authority to determine the amount of taxable unemployment insurance.**

BOX 2 Shows adjustments credited to you this year. Adjustments include money we received including cash (money orders and personal checks) in repayment of an overpayment. Current unemployment compensation, used to repay (offset) existing overpayments, is not included in this amount. Adjustment information may be helpful to you in filing your return.

BOX 4 Shows total Federal income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 10% rate. Include tax withheld, if any, on your income tax return.

BOX 5 Shows Alternative Trade Adjustment Assistance (ATAA) payments you received. This amount is not included in Box 1 amounts.

BOX 10 a Shows the payers state.

BOX 10 b Shows the payers Federal Identification Number.

BOX 11 Shows total State income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 2.5% rate. Include tax withheld, if any, on your income tax return.

PAYER'S name, street address, city, state, ZIP code, Federal identification number, and telephone number	OMB No. 1545-0120
NEW YORK STATE DEPARTMENT OF LABOR PAYMENT UNIT, BUILDING 12 1099-G PO BOX 621 ALBANY, NY 12201-0621 [redacted]	Statement for Recipients of **Certain Government Payments** Form **1099-G** (12/11)

RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.	4. Federal income tax withheld
400004818	$500.00			

RECIPIENT'S name, street address, city, state and ZIP code	5. ATAA Payments	6.
ROBIN D RICHARD SR 356 SKYLINE DR YONKERS NY 10701		

7.	8.	9.
10 a. State	10 b. State Identification No.	11. State income tax withheld
NY	[redacted]	$50

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

SPOUSE FAGI LINE 19 = 10600 AND SHE ITEMIZED

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
DANIEL T	THOMAS	03-15-1982	400004820
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
			400004870

Mailing address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	New York State county of residence
356 DOVER STREET		KINGS

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
BROOKYLN	NY	11217		BROOKLYN

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number 071

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 [X] 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 [X] No [ ]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(2) Enter the number of days spent in NYC in 2012 *(any part of a day spent in NYC is considered a day)* 365

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

(1) Number of months **you** lived in NYC in 2012 12

(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
400004820

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	3019 .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	-2040 .00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	20960 .00
12	Rental real estate included in line 11 — 12: 960 .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	21939 .00
18	Total federal adjustments to income *(see page 14)* *Identify:* 1/2 SE TAX 214	18	214 .00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	21725 .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	21725 .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	21725 .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: ☐ **Standard** - **or** - ☒ **Itemized**	34	1780 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	19945 .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	19945 .00

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Name(s) as shown on page 1: DANIEL T THOMAS

Your social security number: 400004820

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

38	**Taxable income** *(from line 37 on page 2)*			38	19945 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	970 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	.00		
41	Resident credit *(see page 26)*	41	70 .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	.00		
43	Add lines 40, 41, and 42			43	70 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	900 .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	900 .00

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

47	NYC resident tax on line 38 amount *(see page 26)*	47	630 .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	630 .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	630 .00		
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	53	488 .00		
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	54	142 .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	142 .00
59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***			59	20 .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	1062 .00

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Your social security number: 400004820

62 Enter amount from line 61 ..... **62** 1062 .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**	63 .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**	492 .00

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

76 **Total payments** *(add lines 63 through 75)* ..... **76** 555 .00

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** 520 .00

81 Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77; see page 34)* ..... **81** 13 .00

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

See page 37 for the proper assembly of your return.

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 ☐ No ☒	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: VENDOR	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: THOMAS@ATS.COM	

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See instructions for where to mail your return.

New York State Department of Taxation and Finance

Resident Itemized Deduction Schedule

IT-201-D

2012

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
DANIEL T THOMAS	400004820

		Whole dollars only
1 Medical and dental expenses *(federal Schedule A, line 4)*	**1**	.00
2 Taxes you paid *(federal Schedule A, line 9)*	**2**	492 .00
3 Interest you paid *(federal Schedule A, line 15)*	**3**	1200 .00
4 Gifts to charity *(federal Schedule A, line 19)*	**4**	580 .00
5 Casualty and theft losses *(federal Schedule A, line 20)*	**5**	.00
6 Job expenses / miscellaneous deductions *(federal Schedule A, line 27)*	**6**	.00
7 Other miscellaneous deductions *(federal Schedule A, line 28)*	**7**	.00
8 Enter amount **from federal Schedule A, line 29**	**8**	2272 .00
9 State, local, and foreign **income** taxes *(or general sales tax, if applicable)* and other subtraction adjustments *(see instructions)*	**9**	492 .00
10 Subtract line 9 from line 8	**10**	1780 .00
11 Addition adjustments *(see instructions)*	**11**	.00
12 Add lines 10 and 11	**12**	1780 .00
13 Itemized deduction adjustment *(see instructions)*	**13**	.00
14 Subtract line 13 from line 12	**14**	1780 .00
15 College tuition itemized deduction *(see Form IT-272)*	**15**	.00
16 **New York State itemized deduction** *(add lines 14 and 15; enter on Form IT-201, line 34)*	**16**	1780 .00

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New York State Department of Taxation and Finance

Other Tax Credits and Taxes

Attachment to Form IT-201

IT-201-ATT

2012

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	Your social security number
DANIEL T THOMAS	400004820

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1 Accumulation distribution credit *(submit computation)* ..... 1 .00

2 Other nonrefundable, non-carryover credits

	Code	Amount		Code	Amount
2a		.00	2b		.00

Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)* ..... 2 .00

Section B – New York State nonrefundable, carryover credits used

3 Long-term care insurance credit ..... 3 .00

4 Investment credit ..... 4 .00

5 Solar energy system equipment credit ..... 5 .00

6 Other nonrefundable, carryover credits

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

Total other nonrefundable, carryover credits *(add lines 6a through 6n)* ..... 6 .00

7 **Total New York State nonrefundable credits used**
*(add lines 1 through 6; enter here and on **Form IT-201, line 42**)* ..... 7 .00

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

8 New York City resident UBT credit ..... 8 488 .00

9 New York City accumulation distribution credit *(submit computation)* ..... 9 .00

9a Part-year resident nonrefundable NYC child and dependent care credit ..... 9a .00

10 **Total other New York City nonrefundable credits used**
*(add lines 8, 9, and 9a; enter here and on **Form IT-201, line 53**)* ..... 10 488 .00

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

11 Farmers' school tax credit ..... 11 .00

12 Other refundable credits

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

Total other refundable credits *(add lines 12a through 12l)* ..... 12 .00

13 Add lines 11 and 12 ..... 13 .00

(continued on back)

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Enter your social security number
400004820

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

14	Enter amount from line 13 on the front page	**14**	.00
15	**New York State** claim of right credit	**15**	.00
16	**New York City** claim of right credit	**16**	.00
17	**Yonkers** claim of right credit	**17**	.00
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**	.00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)*	**19**	.00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	**20g**		.00
20b		.00	**20h**		.00
20c		.00	**20i**		.00
20d		.00	**20j**		.00
20e		.00	**20k**		.00
20f		.00	**20l**		.00

	Total other New York State taxes *(add lines 20a through 20l)*	**20**	.00
21	Add lines 19 and 20	**21**	.00
22	See instructions for line 22	**22**	.00
23	Enter amount from **Form IT-201**, line 39	**23**	.00
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*	**24**	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*	**25**	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	**26**	.00
27	Resident credit against separate tax on lump-sum distributions	**27**	.00
28	Subtract line 27 from line 26	**28**	.00
29	New York State minimum income tax *(Form IT-220)*	**29**	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*	**30**	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	**31**	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	**32**	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	**33**	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	**34**	.00

New York State Department of Taxation and Finance

New York State Resident Credit

IT-112-R

2012

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	Identifying number as shown on return
DANIEL T THOMAS	400004820

Submit this form with 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 (Whole dollars only)		B Amount sourced to and taxed by other taxing authority (Whole dollars only)
1 Wages, salaries, tips, etc.	1	.00	1	.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	3019 .00	6	.00
7 Capital gain or loss	7	.00	7	.00
8 Other gains or losses	8	-2040 .00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	20960 .00	11	2243 .00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of social security benefits	14	.00	14	.00
15 Other income	15	.00	15	.00
16 Add lines 1 through 15	16	21939 .00	16	2243 .00
17 Total federal adjustments to income	17	214 .00	17	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	21725 .00	18	2243 .00
19 New York adjustments *(see instructions)*	19	.00	19	
20 New York adjusted gross income *(line 18 and add or subtract line 19; see instructions)*	20	21725 .00	20	2243 .00
21 Capital gain portion of lump-sum distributions *(see instr.)*	21	.00	21	.00
22 Add lines 20 and 21	22	21725 .00	22	2243 .00

(continued on back)

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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**	NJ
	Also enter the locality name, if applicable *Locality name:* 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 .00
25	New York State tax payable *(see instructions)*	**25**	970 .00
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 .00
28	Enter amount from line 24 or line 27, whichever is less *(see instructions)*	**28**	70 .00
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**	.00
30	Add lines 28 and 29	**30**	70 .00

Part 3 – Application of Credit

31	Tax due before credits *(see instructions)*	**31**	970 .00
32	Other credits that you applied before this credit *(see instructions)*	**32**	.00
33	Subtract line 32 from line 31	**33**	970 .00
34	Enter the amount from line 30 or line 33, whichever is less *(see instructions)*	**34**	70 .00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting 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 submit 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 .00
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 .00
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**	.00

38 Mark an ***X*** in the box if the taxes paid to the other jurisdiction were paid on a group return X

Enter the group's EIN 233456789

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New York State Department of Taxation and Finance

Credit for New York City Unincorporated Business Tax

IT-219

2012

Submit Form IT-219 with your return, Form IT-201, Form IT-203, or Form IT-205.

Name(s) as shown on return	Taxpayer identification number *(SSN or EIN)*
DANIEL T THOMAS	400004820

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	.00	
2	Enter the amount from Form NYC-204, line 22 *(see instr.)* ...	2	.00	
3	Add lines 1 and 2			3 .00
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 .00

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 .00

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 .00

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 .00
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	19945 .00
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
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 .00

New York City full-year resident individuals

12	Amount from Form IT-201, line 49	12	.00
13	Amount from Form IT-201-ATT, line 32	13	630 .00
14	Amount from Form IT-201-ATT, line 33	14	.00
15	Add lines 12, 13, and 14	15	630 .00
16	Enter the **lesser** of line 11 or 15, and transfer the amount to Form IT-201-ATT, line 8	16	488 .00

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Worksheet A

1	Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8		**1** .00
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** .00	
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** .00	
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** .00

Worksheet B

1	Base percentage 100%		**1** 1.000
2	Enter your taxable income from the front page, line 9	**2** .00	
3	Base amount	**3** $42,000.00	
4	Subtract line 3 from line 2	**4** .00	
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%**	.00
			.00
			.00
			.00
Fiduciary			.00

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New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers

IT-2105.9

2012

Name(s) as shown on return	Identification number *(SSN or EIN)*
DANIEL T THOMAS	400004820

Part 1 – All filers must complete this part *(see instructions,* Form IT-2105.9-I, *for assistance)*

1	Total tax from your 2012 return before withholding and estimated tax payments *(**caution:** see instructions)*			1	1042 .00
2	Empire State child credit *(from Form IT-201, line 63)*	2	.00		
3	NYS/NYC child and dependent care credit *(from Form IT-201, line 64)*	3	.00		
4	NY State earned income credit (EIC) *(from Form IT-201, line 65)*	4	.00		
5	NY State noncustodial parent EIC *(from Form IT-201, line 66)*	5	.00		
6	Real property tax credit *(from Form IT-201, line 67)*	6	.00		
7	College tuition credit *(from Form IT-201, line 68)*	7	.00		
8	NY City school tax credit *(from Form IT-201, line 69, or Form IT-203, line 60)*	8	63 .00		
9	NY City earned income credit *(from Form IT-201, line 70)*	9	.00		
10	Other refundable credits *(from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)*	10	.00		
11	Add lines 2 through 10			11	63 .00
12	Current year tax *(subtract line 11 from line 1)*			12	979 .00
13	Multiply line 12 by 90% (.90)	13	881 .00		
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	.00
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 .00
16	Enter your 2011 tax *(**caution:** see instructions)*			16	927 .00
17	Enter the **smaller** of line 13 or line 16			17	881 .00

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	.00		
19	Enter the total amount of estimated tax payments you made *(see instructions)*	19	492 .00		
20	Add lines 18 and 19			20	492 .00
21	**Total underpayment for year.** Subtract line 20 from line 17 *(if zero or less, you do not owe the penalty)*			21	389 .00
22	Multiply line 21 by .03289 and enter the result			22	13 .00
23	If the amount on line 21 was paid **on or after** April 15, 2013, enter ***0***. If the amount on line 21 was paid **before** April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 =			23	.00
24	**Penalty.** Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.			24	13 .00

Part 3 – Regular method – Schedule A – Computing your underpayment *(Schedule B is on the back)*

Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
25 Required installments. Enter ¼ of line 17 in each column. *(If you used the annualized income installment method, see instructions.)*	25	.00	.00	.00	.00
26 Estimated tax paid and tax withheld *(see instructions)*	26	.00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27		.00	.00	.00
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	.00	.00	.00	.00
29 Underpayment *(subtract line 28 from line 25)* **or** overpayment *(subtract line 25 from line 28; see instructions)*	29	.00	.00	.00	.00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
30 Amount of underpayment *(from line 29)*	**30**	.00	.00	.00	.00
First installment (April 15 - June 15, 2012)					
31 April 15 - June 15 = (61 ÷ 366) × 7.5% = .01249 **- or -** April 15 - _____ = (÷ 366) × 7.5% = .	**31**				
32 Multiply line 30, column A by line 31	**32**	.00			
Second installment (June 15 - September 15, 2012)					
33 June 15 - September 15 = (92 ÷ 366) × 7.5% = .01884 **- or -** June 15 - _____ = (÷ 366) × 7.5% = .	**33**				
34 Multiply line 30, column B by line 33	**34**		.00		
Third installment (September 15, 2012 - January 15, 2013)					
35 September 15 - December 31 = (107 ÷ 366) × 7.5% = .02192 January 1 - January 15 = (15 ÷ 365) × 7.5% = .00307 .02499 **Total** **- or -** September 15 - _____ = (÷ 366) × 7.5% = . January 1 - _____ = (÷ 365) × 7.5% = . . **Total**	**35**				
36 Multiply line 30, column C by line 35	**36**			.00	
Fourth installment (January 15 - April 15, 2013)					
37 January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848 **- or -** January 15 - _____ = (÷ 365) × 7.5% = .	**37**				
38 Multiply line 30, column D by line 37	**38**				.00
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**	.00			

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Submit this form with your New York State return.

SPECIAL INSTRUCTIONS FOR IT-2105.9

PLEASE BE AWARE THAT THE FORM AND THE RATE USED IN THE CALCULATIONS ON IT-2105.9 ARE FROM TAX YEAR 2011. THIS RATE IS SUBJECT TO CHANGE WHEN THE FORM IS FINALIZED FOR TAX YEAR 2012.

400-00-4822 **SPECIAL INSTRUCTIONS**

WHEN CALCULATING THIS RETURN, PLEASE CALCULATE NYC INCOME TAX WITHHELD AS $436.

THIS INCLUDES:

W2G - $37
W2 #2 -$99
W2#1 - $300

IT-203 LINE F EXPLANATION

1. **EXPLANATION FOR SPECIAL CONDITION CODE E3**

   EXTENSION DUE TO TAXPAYER OUT OF COUNTRY

2. **EXPLANATION FOR SPECIAL CONDITION CODE C7**

   EXTENSION DUE TO COMBAT ZONE CONDITION

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

2012

For the 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-203-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
MARY B	CHARITY	06-16-1965	400004822
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
			400004872

Mailing address ***(see instructions, page 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
923 HOPE CT		ALBANY

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
FAITH	NC	28041-0923		ALBANY

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
145 NEW SCOTLAND AVE		ALBANY	005

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death
NY	12206				

A Filing status *(mark an **X** in one box):*

① [ ] Single

② [X] 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 2012 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 Did you have a financial account located in a foreign country? *(see pg. 14)* NEW ..... Yes [ ] No [X]

E New York City part-year residents only *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 ..... [ ]

(2) Number of months **your spouse** lived in NY City in 2012 ..... [ ]

F Enter your **2-character special condition code if applicable** *(see page 14)* E3

If applicable, also enter your **second** 2-character special condition code C7

G New York State part-year residents *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* 06-30-2012

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS ..... [ ]

2) Lived outside NYS; received income from NYS sources during nonresident period ..... [ ]

3) Lived outside NYS; received no income from NYS sources during nonresident period ..... [X]

H New York State nonresidents *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes [ ] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
MELINDA B	CHARITY	DAUGHTER	400884857	04-01-2000
MELISSA B	CHARITY	DAUGHTER	400884858	09-01-2002
MICHAEL B	CHARITY	SON	400884859	11-01-2004

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

Enter your social security number: 400004822

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	38840 .00	1	38840 .00
2 Taxable interest income	2	4300 .00	2	.00
3 Ordinary dividends	3	6190 .00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	.00	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	72 .00	7	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	23200 .00	11	.00
12 Rental real estate included in line 11 *(federal amount)*	12	.00		
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	16404 .00	13	16404 .00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify: GAMBLING 2043	16	2043 .00	16	2043 .00
17 Add lines **1 through 11** and **13 through 16**	17	91049 .00	17	57287 .00
18 Total federal adjustments to income *(see page 22)* Identify: IRA 1741 SUB PAY 400 1/2 SE TAX 1159	18	3300 .00	18	3256 .00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	87749 .00	19	54031 .00

New York additions *(see page 24)*

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	.00	21	.00
22 Other *(see page 24)* Identify:	22	.00	22	.00
23 Add lines **19** through **22**	23	87749 .00	23	54031 .00

New York subtractions *(see page 27)*

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 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* 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	87749 .00	31	54031 .00
32 Enter the amount from line 31, ***Federal amount*** column			32	87749 .00

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. Mark an ***X*** in the appropriate box: ... [X] **Standard** – or – ☐ **Itemized**	33	15000 .00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	72749 .00
35 Dependent exemptions *(not the same as total federal exemptions; see page 33)*	35	3 000.00
36 **New York taxable income** *(subtract line 35 from line 34)*	36	69749 .00

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Name(s) as shown on page 1	Enter your social security number
GEORGE L AND MARY B CHARITY	400004822

Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	69749 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	3865 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	3865 .00
41	New York State child and dependent care credit *(see page 35)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	3865 .00
43	New York State earned income credit *(see page 35)*	43	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	3865 .00

45 Income percentage *(see page 35)* — New York State amount from line 31: 54031 .00 ÷ Federal amount from line 31: 87749 .00 = Round result to 4 decimal places: **45** 0.6157

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	2380 .00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	2380 .00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	.00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	850 .00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	850 .00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	.00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	.00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	.00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	49 .00

Voluntary contributions *(see page 37)*

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 37)*	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	899 .00

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Enter your social security number: 400004822

59 Enter amount from line 58 ..... **59** 899 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	.00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	.00	
62 Total **New York State** tax withheld	**62**	1257 .00	**Submit your wage and tax statements with your return (*see page 38*).**
63 Total **New York City** tax withheld	**63**	436 .00	
64 Total **Yonkers** tax withheld	**64**	.00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	2000 .00	
66 Total payments and refundable credits *(add lines 60 through 65)*			**66** 3693 .00

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** 2794 .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☒ **debit card** - **or** - ☐ **paper check** ... **68** 2794 .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** .00

72 Other penalties and interest *(see page 40)* ..... **72** .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number _____ **73c** Account number _____

74 Electronic funds withdrawal *(see page 41)* ..... Date _____ Amount _____ .00

Third-party designee? *(see instr.)* Yes ☒ No ☐	Print designee's name: JOE PALMER	Designee's phone number: (518) 555-7777	Personal identification number (PIN): 55555
	E-mail: PALMER@ATS.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
	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 (518) 555-6666
E-mail: CHARITY@ATS.COM	

See instructions for where to mail your return.

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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 your Form IT-203	Your social security number
MARY B AND GEORGE L CHARITY	400004822

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Part 1 – Other tax credits *(submit all applicable forms)*

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

			Whole dollars only
1	Resident credit	1	.00
2	Accumulation distribution credit *(submit computation)*	2	.00
3	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
3a		.00	3b		.00

	Total other nonrefundable, non-carryover credits *(add lines 3a and 3b)*	3	.00

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit	4	.00
5	Investment credit	5	2380 .00
6	Part-year solar energy system equipment credit	6	.00
7	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
7a		.00	7h		.00
7b		.00	7i		.00
7c		.00	7j		.00
7d		.00	7k		.00
7e		.00	7l		.00
7f		.00	7m		.00
7g		.00	7n		.00

	Total other nonrefundable, carryover credits *(add lines 7a through 7n)*	7	.00
8	**Total New York State nonrefundable credits used** *(add lines 1 through 7; enter here and on **Form IT-203, line 47**)*	8	2380 .00

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		9	.00
9a	Part-year resident refundable New York City child and dependent care credit		9a	.00
10	Part-year resident refundable New York State earned income credit		10	.00
11	Part-year resident refundable New York City earned income credit		11	.00
12	Other NY State refundable credits			

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	.00
13	Add lines 9 through 12	13	.00
14	**New York State** claim of right credit	14	.00
15	**New York City** claim of right credit	15	.00
16	**Yonkers** claim of right credit	16	.00
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	.00

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Enter your social security number
400004822

Part 2 – Other New York State taxes *(submit all applicable forms)*

18 NY State tax on capital gain portion of lump-sum distributions *(Form IT-230-I, worksheet C, line 7)* **18** .00

19 Other New York State taxes

	Code	Amount		Code	Amount
19a		.00	19g		.00
19b		.00	19h		.00
19c		.00	19i		.00
19d		.00	19j		.00
19e		.00	19k		.00
19f		.00	19l		.00

Total other New York State taxes *(add lines 19a through 19l)* ..... **19** .00

20 Add lines 18 and 19 ..... **20** .00

21 Enter amount from **Form IT-203**, line 47 ..... **21** .00

22 Enter amount from **Form IT-203**, line 46 ..... **22** .00

23 Subtract line 22 from line 21 *(if line 22 is more than line 21, leave blank)* ..... **23** .00

24 Subtract line 23 from line 20 *(if line 23 is more than line 20, leave blank)* ..... **24** .00

25 New York State separate tax on lump-sum distributions *(Form IT-230)* ..... **25** 40 .00

26 Resident credit against separate tax on lump-sum distributions ..... **26** .00

27 Subtract line 26 from line 25 ..... **27** 40 .00

28 New York State minimum income tax *(Form IT-220)* ..... **28** 810 .00

29 Add lines 24, 27, and 28 ..... **29** 850 .00

30 Excess child and dependent care credit ..... **30** .00

31 Subtract line 30 from line 29 *(if line 30 is more than line 29, leave blank)* ..... **31** 850 .00

32 Excess New York State earned income credit ..... **32** .00

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 .00

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New York State Department of Taxation and Finance

Nonresident or Part-Year Resident Spouse's Certification

IT-203-C
(8/12)

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	Social security number
MARY B CHARITY	400004822

Name of spouse with **no** New York source income	Social security number
GEORGE L CHARITY	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: 2012

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 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

Submit the completed Form IT-203-C with your Form IT-203. Keep a copy for your records.

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Please file this original scannable attachment with the Tax Department.

New York State Department of Taxation and Finance

Investment Credit

IT-212

2012

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Type of business	Identifying number as shown on return
MARY B AND GEORGE L CHARITY	RESTORATION	400004822

Date you started your business in New York State	Location of the qualified property *(if more than one, submit a schedule)*
01/01/2008	ALTAMONT, ALBANY COUNTY

Part 1 – Computation of credit *(see Form IT-212-I,* Instructions for Form IT-212*)*

Individual or fiduciary	1	Credit from line 25, column F	1	2750 .00
	2	Credit from line 25, column G	2	.00
Beneficiary	3	Share of investment tax credit from the estate or trust	3	.00
	4	Share of research and development credit from the estate or trust	4	.00
Partner		Partnership name:		
		Employer identification number		
	5	Partner's share of credit shown on Form IT-204-IP, line 49	5	.00
	6	Partner's share of credit shown on Form IT-204-IP, line 50	6	.00
S corporation shareholder		S corporation name:		
		Employer identification number		
	7	Shareholder's share of investment credit from the S corporation *(see instructions)*	7	.00
	8	Shareholder's share of research and development credit from the S corporation *(see instr.)*	8	.00
	9	Total *(add lines 1 through 8)*	9	2750 .00

10	Fiduciaries: Enter credit allocated to beneficiaries	10	.00
11	Subtract line 10 from line 9	11	2750 .00
12	Available carryover credit from last year's Form IT-212	12	.00
13	Investment credit *(add lines 11 and 12)*	13	2750 .00
14	Total addback of credit from line 21 *(fiduciaries: see instructions)*	14	.00
15a	Total investment credit *(see instructions)*	15a	2750 .00
15b	Net investment credit recapture *(see instructions)*	15b	.00

Part 2 – Summary of addback of credit on early dispositions *(see instructions)*

16	Individual's and partnership's addback of credit on early dispositions *(from line 31)*	16	.00
17	Beneficiary's share of addback of credit on early dispositions	17	.00
18	Partner's share of addback of credit on early dispositions	18	.00
19	S corporation shareholder's share of addback of credit on early dispositions	19	.00
20	Estate's or trust's addback of credits on early dispositions *(from line 31)*	20	.00
21	**Total** *(add lines 16 through 20)*	21	.00

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Part 3 – Investments in qualified property *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	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 *(column E × 4% (.04))*	G – Investment credit for research and development property *(column E × 7% (.07))*
22 EQUIPMENT	BUSINESS	05022012	7	68750 .00	2750 .00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00

23	Enter amount from Form IT-212-ATT, line 11	23	.00
24	Enter amount from Form IT-212-ATT, line 19, column C	24	.00
25	Total investment credit *(add amounts in columns F and G)*	25	2750 .00

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 *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	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 *(see instructions)*	H – Addback of credit on early dispositions *(F × G)*
26						.00	.00
						.00	.00
						.00	.00
						.00	.00

27	Enter amount from Form IT-212-ATT, line 12	27	.00
28	Total *(add lines 26 and 27, column H, and enter total here)*	28	.00
29	Interest rate	29	
30	Multiply line 28 by line 29	30	.00
31	Total addback of credit on early dispositions *(add amounts on lines 28 and 30)*	31	.00

Fiduciaries: Enter the line 31 amount on line 20.
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 *(same as in Form IT-205, Schedule C)*	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		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Fiduciary		.00	.00	.00

Part 6 – Application of credit and computation of refund and carryover *(see instructions)*

32a	Total credit *(from line 15a)*	32a	2750 .00
32b	Tax due before credits	32b	2380 .00
33	Credits that you applied before this credit	33	.00
34	Net tax *(subtract line 33 from line 32b)*	34	2380 .00
35	Amount of credit used for the current tax year	35	2380 .00
36	Amount of credit available for refund or carryover to next year *(subtract line 35 from line 32a)*	36	370 .00
37	Amount of credit to be refunded	37	.00
38	Amount of credit available for carryover to next year *(subtract line 37 from line 36)*	38	370 .00
39	Amount, if any, included on line 38 that expires this tax year	39	.00
40	Amount of credit to be carried over to next year *(subtract line 39 from line 38)*	40	370 .00

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2012

New York State Department of Taxation and Finance

Minimum Income Tax

New York State • New York City

IT-220

Name(s) as shown on return	Your social security number	Employer identification number (estate or trust only)
MARY B AND GEORGE L CHARITY	400004822	

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

Submit with 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.
- [X] **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
		Whole dollars only		Whole dollars only
1 Interest from specified private activity bonds exempt from federal tax	1	.00	1	.00
2 Depletion	2	.00	2	.00
3 Depreciation (pre-1987)	3	.00	3	.00
4 Intangible drilling costs	4	32000 .00	4	16000 .00
5 Qualified small business stock (excluded under section 1202)	5	.00	5	.00
6 Total federal tax preference items *(add lines 1 through 5)*	6	32000 .00	6	16000 .00
7 New York addition for restoration of net operating loss deduction *(see instructions)*	7	.00	7	.00
8 Total *(add lines 6 and 7)*	8	32000 .00	8	16000 .00

New York subtractions

9 Portion of line 3 relating to accelerated cost recovery deduction *(see instructions)*	9	.00	9	.00
10 Portion of tax preference items relating to an S corporation *(see instructions)*	10	.00	10	.00
11 Itemized deduction adjustment *(see instructions)*	11	.00	11	.00
12 Interest from specified private activity bonds exempt from federal tax entered on line 1	12	.00	12	.00
13 Depletion entered on line 2	13	.00	13	.00
14 Total New York subtractions *(add lines 9 through 13)*	14	.00	14	.00
15 Total NY tax preference items *(subtract line 14 from line 8)*	15	32000 .00	15	16000 .00
16 Specific deduction *(see instructions)*			16	2500 .00
17 Subtract line 16 from line 15, Column B			17	13500 .00
18 New York State personal income tax after credits *(see instructions)*			18	.00
19 Subtract line 18 from line 17 *(if line 18 is more than line 17, leave blank)*			19	13500 .00
20 Available net operating loss carryover *(see instructions)*			20	.00
21 Minimum taxable income *(subtract line 20 from line 19; see instructions)*			21	13500 .00
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 .00
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	.00

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New York State Department of Taxation and Finance

Separate Tax on Lump-Sum Distributions

New York State • New York City

IT-230

2012

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

Name as shown on return	Identification number
MARY B AND GEORGE L CHARITY	400004822

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

[X] Yes *(If* Yes, *submit this form, and a copy of federal Form 4972 with 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	.00
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** 2 .00	**New York City** 2 .00

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 .00
4	Death benefit exclusion *(see instructions)*		4	.00
5	Subtract line 4 from line 3 *(total taxable amount)*		5	3800 .00
6	Current actuarial value of annuity from federal Form 4972, Part III, line 11		6	.00
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 .00
8	Multiply line 7 by 50% (.50) but do not enter more than 10,000	8 1900 .00		
9	Subtract $20,000 from line 7. If line 7 is $20,000 or less, leave blank	9 .00		
10	Multiply line 9 by 20% (.20)	10 .00		
11	Subtract line 10 from line 8 *(minimum distribution allowance)*		11	1900 .00
12	Subtract line 11 from line 7		12	1900 .00
13	Federal estate tax attributable to lump-sum distribution		13	.00
14	Subtract line 13 from line 12		14	1900 .00

(continued on back)

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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	.00	16	.00
17 Subtract line 16 from line 6	17	.00	17	.00

10-year tax option

18 Multiply line 14 by 10% (.10)	18	190 .00	18	.00
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 .00	19	.00
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 .00	20	.00
21 Multiply line 17 by 10% (.10)	21	.00	21	.00
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	.00	22	.00
23 Multiply line 22 by ten	23	.00	23	.00
24 Subtract line 23 from line 20. This is your tax on lump-sum distribution using the 10-year option	24	40 .00	24	.00

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 (*New York City and part-year New York City residents: use both columns)*	a	.00	a	.00
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, *New York State* column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. **Fiduciaries:** Include the line c, *New York State* column amount on Form IT-205, line 12.	c	.00	c	.00

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.

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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 464
e Employee's first name and initial Last name Suff. MARY B CHARITY 923 HOPE CT FAITH NC 28041-9023		11 Nonqualified plans	12a Code L 350
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		32000	1000	32000	300	NYC

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

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 Last name Suff. MARY B CHARITY 923 HOPE CT FAITH NC 28041-0923		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
OTB OTB 50 SMITH ST SCHENECTADY NY 12305 691478326 5183445200	2043		2012
	3 Type of wager DAILY DOUBLE	4 Date won 05/20/2012	**Form W-2G**
	5 Transaction	6 Race	**Certain Gambling Winnings**
	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	This information is being furnished to the Internal Revenue Service.
	11 First I.D. 497801236	12 Second I.D.	
	13 State/Payer's state identification no. NY	14 State income tax withheld 61	**Copy B**
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 ▶**			**Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.**

Form **W-2G** Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD -37 W-2G INDICATOR -S

YONKERS INCOME TAX WITHHELD -

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
CANA CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO K2K1X3 CANADA		$ 3800	2012	
		2a Taxable amount $ 3800	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 995244433	RECIPIENT'S identification number 400004822	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name MARY B CHARITY		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 923 HOPE CT		7 Distribution code(s) 4A IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City, state, and ZIP code FAITH NC 28041		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 $

1099R INDICATOR -S

SPOUSE FAGI LINE 19 = $10,600 AND SHE ITEMIZED

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

New York State • New York City • Yonkers

For the 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-203-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
DANIEL T	THOMAS	07-31-1972	400004824
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
			400004874

Mailing address ***(see instructions, page 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
145 WARD STREET		KINGS

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
FAITH	NC	28146		BROOKLYN

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
356 DOVER STREET		BROOKLYN	071

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death
NY	11217				

A Filing status *(mark an **X** in one box):*

① [ ] Single

② [ ] Married filing joint return *(enter both spouses' social security numbers above)*

③ [X] 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 2012 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 Did you have a financial account located in a foreign country? *(see pg. 14)* NEW ..... Yes [X] No [ ]

E New York City part-year residents only *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 03

(2) Number of months **your spouse** lived in NY City in 2012 .....

F Enter your **2-character special condition code if applicable** *(see page 14)* .....

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

G New York State part-year residents *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* 06-30-2012

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS .....

2) Lived outside NYS; received income from NYS sources during nonresident period X

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

H New York State nonresidents *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes [ ] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
CHARLES T	THOMAS	SON	400884838	03-01-1993
ANN T	THOMAS	DAUGHTER	400884839	06-01-1994
JOE T	THOMAS	SON	400884840	11-01-1995

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

Enter your social security number: 400004824

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	50000 .00	1	30068 .00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	3019 .00	6	3019 .00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	.00	7	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	-2040 .00	8	-2040 .00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	20820 .00	11	17350 .00
12 Rental real estate included in line 11 *(federal amount)* 12 .00				
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	.00	13	.00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify:	16	.00	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	71799 .00	17	48397 .00
18 Total federal adjustments to income *(see page 22)* Identify: 1/2 SE TAX 214	18	214 .00	18	214 .00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	71585 .00	19	48183 .00

New York additions *(see page 24)*

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	.00	21	.00
22 Other *(see page 24)* Identify:	22	.00	22	.00
23 Add lines **19** through **22**	23	71585 .00	23	48183 .00

New York subtractions *(see page 27)*

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 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* 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	71585 .00	31	48183 .00
32 Enter the amount from line 31, ***Federal amount*** column			32	71585 .00

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. Mark an ***X*** in the appropriate box: ... ☐ **Standard** – **or** – ☒ **Itemized**	33	2030 .00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	69555 .00
35 Dependent exemptions *(not the same as total federal exemptions; see page 33)*	35	3 000.00
36 **New York taxable income** *(subtract line 35 from line 34)*	36	66555 .00

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Name(s) as shown on page 1	Enter your social security number
DANIEL T THOMAS	400004824

Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	66555 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	3976 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	3976 .00
41	New York State child and dependent care credit *(see page 35)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	3976 .00
43	New York State earned income credit *(see page 35)*	43	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	3976 .00

45 Income percentage *(see page 35)* — New York State amount from line 31: 48183 .00 ÷ Federal amount from line 31: 71585 .00 = Round result to 4 decimal places: .6731 (45)

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	2676 .00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	2676 .00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	2676 .00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	934 .00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	934 .00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	.00
52c	Subtract line 52b from 52a	52c	934 .00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	934 .00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	0 .00

Voluntary contributions *(see page 37)*

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 37)*	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	3625 .00

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Enter your social security number: 400004824

59 Enter amount from line 58 ..... **59** 3625 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	16 .00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	.00	
62 Total **New York State** tax withheld	**62**	900 .00	
63 Total **New York City** tax withheld	**63**	800 .00	
64 Total **Yonkers** tax withheld	**64**	.00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	484 .00	
66 Total payments and refundable credits *(add lines 60 through 65)*			**66** 2200 .00

Submit your wage and tax statements with your return (*see page 38*).

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☐ **debit card** - **or** - ☐ **paper check** ... **68** .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** 1463 .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** 20 .00

72 Other penalties and interest *(see page 40)* ..... **72** 18 .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number _____ **73c** Account number _____

74 Electronic funds withdrawal *(see page 41)* ..... Date _____ Amount _____ .00

Third-party designee? *(see instr.)* Yes ☐ No ☒	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: LABORER	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: THOMAS@ATS.COM	

See instructions for where to mail your return.

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New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Itemized Deduction Schedule

IT-203-D

2012

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Name(s) as shown on your Form IT-203	Your social security number
DANIEL T THOMAS	400004824

		Whole dollars only
1 Medical and dental expenses *(federal Schedule A, line 4)*	**1**	.00
2 Taxes you paid *(federal Schedule A, line 9)*	**2**	3184 .00
3 Interest you paid *(federal Schedule A, line 15)*	**3**	1075 .00
4 Gifts to charity *(federal Schedule A, line 19)*	**4**	580 .00
5 Casualty and theft losses *(federal Schedule A, line 20)*	**5**	.00
6 Job expenses / miscellaneous deductions *(federal Schedule A, line 27)*	**6**	.00
7 Other miscellaneous deductions *(federal Schedule A, line 28)*	**7**	.00
8 Enter amount **from federal Schedule A, line 29**	**8**	4839 .00
9 State, local, and foreign **income** taxes *(or general sales tax, if applicable)* and other subtraction adjustments *(see instructions)*	**9**	3184 .00
10 Subtract line 9 from line 8	**10**	1655 .00
11 College tuition itemized deduction (Form IT-203-B, line 2; *see instructions)*	**11**	375 .00
12 Addition adjustments *(see instructions)*	**12**	.00
13 Add lines 10, 11, and 12	**13**	2030 .00
14 Itemized deduction adjustment *(see instructions)*	**14**	.00
15 **New York State itemized deduction** *(subtract line 14 from line 13; enter on Form IT-203, line 33)*	**15**	2030 .00

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New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

Name(s) and occupation(s) as shown on Form IT-203	Your social security number
DANIEL T THOMAS	400004824

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with 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)*			1a	184
Nonworking days included in line 1a:	**1b** Saturdays and Sundays *(not worked)*	1b	48		
	1c Holidays *(not worked)*	1c	5		
	1d Sick leave	1d	3		
	1e Vacation	1e	5		
	1f Other nonworking days	1f	5		
1g	Total nonworking days *(add lines 1b through 1f)*			1g	66
1h	Total days worked in year at this job *(subtract line 1g from line 1a)*			1h	118
1i	Total days included in line 1h worked outside New York State	1i	100		
1j	Enter number of days worked at home included in line 1i amount	1j	2		
1k	Subtract line 1j from line 1i			1k	98
1l	Days worked in New York State *(subtract line 1k from line 1h)*			1l	20
1m	Enter number of days from line 1h above			1m	118

1n	Divide line 1l by line 1m; round the result to the fourth decimal place	1n	0.1695
1o	Wages, salaries, tips, etc. (to be allocated)	1o	24000 .00
1p	New York State allocated wage and salary income *(multiply line 1n by line 1o)*	1p	4068 .00

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. Submit additional sheets if necessary. **For column E, mark an *X* in the box if the living quarters are still maintained for or by you.**

A – Street address	**B –** City, village, or post office	**C**	**D –** ZIP code	**E**
		NY		☐
		NY		☐
		NY		☐
		NY		☐

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.

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 Enter your social security number 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. Use additional sheets if necessary.

		1 – Student 1	**2 –** Student 2	**3 –** Student 3
A	Eligible student's name	DANIEL T THOMAS	CHARLES T THOMAS	ANN T THOMAS
B	Eligible student's social security number (SSN)	400004824	400884838	400884839
C	Is the student claimed as a dependent on your NYS return? *(see instructions)*	Yes ☐ No ☒	Yes ☒ No ☐	Yes ☒ No ☐
D	EIN of college or university *(see instr.)*	123456789	123456777	123456666
E	Name of college or university *(see instr.)*	SUNY	MIT	SCHENECTADY CCC
F	Were expenses for **undergraduate** tuition? *(see instructions)*	Yes ☒ No ☐	Yes ☒ No ☐	Yes ☒ No ☐
G	Amount of qualified college tuition expenses *(see instructions)*	125 .00	100 .00	75 .00
H	Enter the lesser of line G or 10,000	125 .00	100 .00	75 .00

2 **College tuition itemized deduction** *(add **line H**, columns 1, 2, and 3; include amounts from any additional sheets).* Also enter this amount on your itemized deduction schedule. .... **2** 375 .00

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** .00

2p New York State allocated wage and salary income *(multiply line 2n by line 2o)* .... **2p** .00

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.

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Schedule C continued

Student: JOE T THOMAS

SSN: 400884840

Claimed as Dependant: yes

College EIN: 123455555

College: HUDSON VALLEY CC

Undergraduate tuition: yes

Expenses: $75

Lesser: $ 75

New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

IT-360.1

2012

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

Name(s) as shown on return	Social security number
DANIEL T THOMAS	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) [X] **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 .00	13000 .00	.00
2 Taxable interest income	2	.00	.00	.00
3 Ordinary dividends	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	.00	.00
5 Alimony received	5	.00	.00	.00
6 Business income or loss *(submit copy of federal Schedule C or C-EZ, Form 1040)*	6	3019 .00	3019 .00	.00
7 Capital gain or loss *(submit copy of federal Schedule D, Form 1040)*	7	.00	.00	.00
8 Other gains or losses *(submit copy of federal Form 4797)*	8	-2040 .00	-2040 .00	.00
9 Taxable amount of IRA distributions	9	.00	.00	.00
10 Taxable amount of pensions and annuities	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	20820 .00	17350 .00	.00
12 Farm income or loss *(submit copy of federal Schedule F, Form 1040)*	12	.00	.00	.00
13 Unemployment compensation	13	.00	.00	.00
14 Taxable amount of social security benefits	14	.00	.00	.00
15 Other income *Identify:*	15	.00	.00	.00
16 Total *(add lines 1 through 15)*	16	71799 .00	31329 .00	.00
17 Total federal adjustments to income *Identify:* 1/2 SE TAX 214	17	214 .00	214 .00	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	71585 .00	31115 .00	.00
19 New York adjustments *(submit schedule)*	19	.00	.00	.00
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 .00	31115 .00	.00

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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**	.00	.00
22 Taxes you paid	**22**	3184 .00	2500 .00
23 Interest you paid	**23**	1075 .00	996 .00
24 Gifts to charity	**24**	580 .00	481 .00
25 Casualty and theft losses	**25**	.00	.00
26 Job expenses and most other miscellaneous deductions	**26**	.00	.00
27 Other miscellaneous deductions	**27**	.00	.00
28 This line is intentionally left blank	**28**	.00	.00
29 This line is intentionally left blank	**29**	.00	.00
30 Total itemized deductions *(add lines 21 through 27)*	**30**	4839 .00	3977 .00

31 State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments	**31**	2500 .00
32 Subtract line 31 from line 30	**32**	1477 .00
33 Addition adjustments and college tuition itemized deduction *(see instructions)*	**33**	375 .00
34 Add lines 32 and 33	**34**	1852 .00
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**	.00
36 **Itemized deduction** *(subtract line 35 from line 34, enter here and on line 44)*	**36**	1852 .00

Part 3 – Dependent exemptions *(see instructions, page 5)*

37 Enter the period you were a New York City **resident** during 2012

From: month 04 day 01 To: month 06 day 30

38 Enter the county where you resided while a **nonresident** of New York City 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 .00
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 .00

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 .00
44 Resident period standard deduction *(see instructions, page 2)* **or** resident period itemized deduction *(from line 36)*	**44**	1852 .00
45 Subtract line 44 from line 43	**45**	29263 .00
46 Dependent exemption amount *(from line 42)*	**46**	750 .00
47 **New York City taxable income** *(subtract line 46 from line 45)*	**47**	28513 .00
48 New York City tax on line 47 amount *(see instructions, page 5)*	**48**	934 .00
49 Total New York City household credit and accumulation distribution credit *(see instructions, page 6)*	**49**	.00
50 Subtract line 49 from line 48 *(if line 49 is larger than line 48, enter **0**)*	**50**	934 .00
51 Part-year New York City separate tax on lump-sum distributions *(from Form IT-230)*	**51**	.00
52 Part-year New York City resident tax on capital gain portion of lump-sum distributions *(from Form IT-230)*	**52**	.00
53 Add lines 50, 51, and 52	**53**	934 .00
54 Credit for part-year New York City unincorporated business tax paid *(see instructions, page 8)*	**54**	.00
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 .00

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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 *(Form IT-201, line 46)*	**56**	.00	
57 Empire State child credit *(Form IT-201, line 63)*	**57**	.00	
58 NYS child and dependent care credit *(Form IT-216, line 14)*	**58**	.00	
59 Earned income credit *(Form IT-201, line 65)*	**59**	.00	
60 Noncustodial parent New York State earned income credit *(Form IT-201, line 66)*	**60**	.00	
61 Real property tax credit *(Form IT-201, line 67)*	**61**	.00	
62 College tuition credit *(Form IT-201, line 68)*	**62**	.00	
63 Amount from Form IT-201-ATT, line 13	**63**	.00	
64 Add lines 57 through 63	**64**	.00	
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**	.00	
66 Base tax *(Form IT-203, line 44)*	**66**		.00
67 New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	**67**		.00
68 Subtract line 67 from line 66 *(if line 67 is more than line 66, enter **0**)*	**68**		.00
69 Net other New York State taxes *(Form IT-203-ATT, line 33)*	**69**		.00
70 Add lines 68 and 69	**70**		.00
71 Total of amounts from Form IT-203-ATT, lines **9, 10,** and **12**	**71**		.00
72 Subtract line 71 from line 70 *(if line 71 is more than line 70, enter **0**)*	**72**		.00
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**	.00	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	**75**		.00
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** .00

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.

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New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers

IT-2105.9

2012

Name(s) as shown on return	Identification number *(SSN or EIN)*
DANIEL T THOMAS	400004824

Part 1 – All filers must complete this part *(see instructions,* Form IT-2105.9-I, *for assistance)*

1	Total tax from your 2012 return before withholding and estimated tax payments *(**caution:** see instructions)*			1	3625 .00
2	Empire State child credit *(from Form IT-201, line 63)*	2	.00		
3	NYS/NYC child and dependent care credit *(from Form IT-201, line 64)*	3	.00		
4	NY State earned income credit (EIC) *(from Form IT-201, line 65)*	4	.00		
5	NY State noncustodial parent EIC *(from Form IT-201, line 66)*	5	.00		
6	Real property tax credit *(from Form IT-201, line 67)*	6	.00		
7	College tuition credit *(from Form IT-201, line 68)*	7	.00		
8	NY City school tax credit *(from Form IT-201, line 69, or Form IT-203, line 60)*	8	16 .00		
9	NY City earned income credit *(from Form IT-201, line 70)*	9	.00		
10	Other refundable credits *(from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)*	10	.00		
11	Add lines 2 through 10			11	16 .00
12	Current year tax *(subtract line 11 from line 1)*			12	3609 .00
13	Multiply line 12 by 90% (.90)	13	3248 .00		
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 .00
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	1909 .00
16	Enter your 2011 tax *(**caution:** see instructions)*			16	2800 .00
17	Enter the **smaller** of line 13 or line 16			17	2800 .00

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 .00		
19	Enter the total amount of estimated tax payments you made *(see instructions)*	19	484 .00		
20	Add lines 18 and 19			20	2184 .00
21	**Total underpayment for year.** Subtract line 20 from line 17 *(if zero or less, you do not owe the penalty)*			21	616 .00
22	Multiply line 21 by .03289 and enter the result			22	20 .00
23	If the amount on line 21 was paid **on or after** April 15, 2013, enter ***0***. If the amount on line 21 was paid **before** April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 =			23	.00
24	**Penalty.** Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.			24	20 .00

Part 3 – Regular method – Schedule A – Computing your underpayment *(Schedule B is on the back)*

	Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
25	Required installments. Enter ¼ of line 17 in each column. *(If you used the annualized income installment method, see instructions.)*	25	.00	.00	.00	.00
26	Estimated tax paid and tax withheld *(see instructions)*	26	.00	.00	.00	.00
	Complete lines 27 through 29, one column at a time, starting in column A.					
27	Overpayment or underpayment from prior period	27		.00	.00	.00
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	.00	.00	.00	.00
29	Underpayment *(subtract line 28 from line 25)* **or** overpayment *(subtract line 25 from line 28; see instructions)*	29	.00	.00	.00	.00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
30 Amount of underpayment *(from line 29)*	**30**	.00	.00	.00	.00
First installment (April 15 - June 15, 2012)					
31 April 15 - June 15 = (61 ÷ 366) × 7.5% = .01249 **- or -** April 15 - _____ = (÷ 366) × 7.5% = .	**31**				
32 Multiply line 30, column A by line 31	**32**	.00			
Second installment (June 15 - September 15, 2012)					
33 June 15 - September 15 = (92 ÷ 366) × 7.5% = .01884 **- or -** June 15 - _____ = (÷ 366) × 7.5% = .	**33**				
34 Multiply line 30, column B by line 33	**34**		.00		
Third installment (September 15, 2012 - January 15, 2013)					
35 September 15 - December 31 = (107 ÷ 366) × 7.5% = .02192 January 1 - January 15 = (15 ÷ 365) × 7.5% = .00307 .02499 **Total** **- or -** September 15 - _____ = (÷ 366) × 7.5% = . January 1 - _____ = (÷ 365) × 7.5% = . . **Total**	**35**				
36 Multiply line 30, column C by line 35	**36**			.00	
Fourth installment (January 15 - April 15, 2013)					
37 January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848 **- or -** January 15 - _____ = (÷ 365) × 7.5% = .	**37**				
38 Multiply line 30, column D by line 37	**38**				.00
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**	.00			

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Submit this form with your New York State return.

SPECIAL INSTRUCTIONS FOR IT-2105.9

PLEASE BE AWARE THAT THE FORM AND THE RATE USED IN THE CALCULATIONS ON IT-2105.9 ARE FROM TAX YEAR 2011. THIS RATE IS SUBJECT TO CHANGE WHEN THE FORM IS FINALIZED FOR TAX YEAR 2012

22222	a Employee's social security number 400004824	OMB No. 1545-0008	
b Employer identification number (EIN) 632257358		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 Suff. DANIEL T THOMAS 356 DOVER STREET BROOKYLN NY 11217		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		26000	900	13000	800	NYC
NC		24000	1000			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
JOE Z	CANASTA	01-01-1942	400004825
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
% AMANDA JONES 327 W 57 ST		SUFFOLK

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
NEW YORK	NY	10012		ROCKY POINT

Permanent home address *(see instructions, page 12)* *(number and street or rural route)*	Apartment number	School district code number .....
215 LAIDBACK WAY		540

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
ROCKY POINT	**NY**	11778			

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 [X] 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 [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(2) Enter the number of days spent in NYC in 2012 *(any part of a day spent in NYC is considered a day)* 365

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

(1) Number of months **you** lived in NYC in 2012 12

(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)*
MARY M	CANASTA	DAUGHTER	400884804	02-01-2009
SALLY M	CANASTA	DAUGHTER	400884802	03-01-2004
JOHN M	CANASTA	SON	400884801	04-01-2000
JANE M	CANASTA	DAUGHTER	400884803	05-01-1999
SAMUEL M	CANASTA JR	SON	400884805	06-01-1989

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

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Your social security number
400004825

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	20500 .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	-405 .00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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	400 .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	20495 .00
18	Total federal adjustments to income *(see page 14)* *Identify:* ALIMONY 2800	18	2800 .00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	17695 .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	255 .00
22	**New York's** 529 college savings program distributions *(see page 15)*	22	.00
23	Other *(see page 16)* *Identify:* A-3 35	23	35 .00
24	Add lines **19** through **23**	24	17985 .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	17985 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	10500 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	7485 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	5000.00
37	**Taxable income** *(subtract line 36 from line 35)*	37	2485 .00

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

Your social security number: 400004825

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

38	**Taxable income** *(from line 37 on page 2)*			38	2485 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	99 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	135 .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	135 .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	72 .00		
48	NYC household credit *(page 26, table 4, 5, or 6)*	48	90 .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	20 .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	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 30)*	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 .00

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Your social security number: 400004825

62 Enter amount from line 61 ..... **62** 57 .00

Payments and refundable credits *(see page 31)*

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	1463 .00
65	NYS earned income credit (EIC)	65	1454 .00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	66 .00
68	College tuition credit	68	.00
69	NYC school tax credit ***(also complete F on page 1;*** *see page 31)*	69	63 .00
70	NYC earned income credit	70	259 .00
71	Other refundable credits *(Form IT-201-ATT, line 18)*	71	.00
72	Total **New York State** tax withheld	72	1295 .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**	4600 .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** 4543 .00

78 Amount of line 77 to be **refunded**
Mark one refund choice: [X] **direct deposit** *(fill in line 83)* - **or** - [ ] **debit card** - **or** - [ ] **paper check** ... **78** 4543 .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

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

See page 37 for the proper assembly of your return.

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: [X] Personal checking - **or** - [ ] Personal savings - **or** - [ ] Business checking - **or** - [ ] Business savings

83b Routing number 011001881 **83c** Account number LOANXXXX400004825

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

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 CLERK	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: CANASTA@ATS.COM	

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See instructions for where to mail your return.

New York State Department of Taxation and Finance

Claim for Real Property Tax Credit

For Homeowners and Renters

IT-214

2012

Step 1 – Enter identifying information

Your first name and middle initial	Your last name *(for a **joint claim**, enter spouse's name on line below)*	Your date of birth *(mm-dd-yyyy)*	Your social security number
JOE Z	CANASTA	01-01-1942	400004825
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number

Current mailing address *(number and street or rural route)*	Apartment number	New York State county of residence
% AMANADA JONES 215 LAIDBACKWAY		SUFFOLK

City, village, or post office	State	ZIP code	Country *(if not United States)*
NEW YORK	NY	10012	

Street address of New York residence that **qualifies** you for this credit, if different from above: 215 LAIDBACK WAY

City, village, or post office	State	ZIP code
ROCKY POINT	NY	11778

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

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

1	Were you a New York State resident for all of 2012?	1	Yes	X	No
2	Did you occupy the same residence for at least six months during 2012?	2	Yes	X	No
	If you marked an ***X*** in the ***No*** box on line 1 or 2, **stop;** you do not qualify for this credit.				
3	Did you own real property with a current market value of more than $85,000 during 2012?	3	Yes		No X
4	Can you be claimed as a dependent on another taxpayer's 2012 federal return?	4	Yes		No X
5	Did you reside in public housing, or other residence completely exempted from real property taxes in 2012? *(see instr.)*	5	Yes		No X
	If you marked an ***X*** in the ***Yes*** box on line 3, 4, or 5, **stop;** you do not qualify for this credit.				
6	Did you live in a nursing home during 2012? *(If you mark an **X** in the* Yes *box, see instructions.)*	6	Yes		No X

7 Complete below for the qualifying household member 65 or older *(see instructions)*.

A – First name	Last name	**B –** Social security number	**C –** Date of birth *(mm-dd-yyyy)*
JOE Z	CANASTA	400004825	01-01-1942

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

A – First name	Last name	**B –** Social security number	**C –** Date of birth *(mm-dd-yyyy)*
SAMUEL M	CANASTA JR	400884805	06-01-1989
JANE M	CANASTA	400884803	05-01-1999
JOHN M	CANASTA	400884801	04-01-2000

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 2012.

9	Federal adjusted gross income If any household members do not have to file a federal return, see instructions	9	17695 .00
10	New York State additions to federal adjusted gross income	10	290 .00
11	Social security payments not included on line 9	11	.00
12	Supplemental security income (SSI) payments	12	.00
13	Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12	13	.00
14	Cash public assistance and relief	14	.00
15	Other income	15	.00
16	Household gross income *(add lines 9 through 15)*	16	17985 .00
	If line 16 is more than $18,000, **stop;** you do not qualify for this credit.		
17	Enter rate from Table 1 *(see instructions)*	17	0.065
18	Multiply line 16 by line 17	18	1169 .00

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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 2012. *(Do not include any subsidized part of your rental charge.)*	19	5200 .00
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	5200 .00
21	Average monthly adjusted rent *(divide line 20 by the number of months you paid rent)* If line 21 is more than $450, **stop;** you do not qualify for this credit.	21	433 .00
22	Multiply line 20 by 25% (.25); enter here and on line 28	22	1300 .00

Homeowners only

23	Real property taxes paid during the year 2012 *(see instructions)*	23	.00
24	Special assessments	24	.00
25	Add lines 23 and 24	25	.00
26	Exemption for homeowners 65 and over *(optional - see instructions)*	26	.00
27	Add lines 25 and 26; enter here and on line 28	27	.00

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	1300 .00
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	1169 .00
30	Subtract line 29 from line 28	30	131 .00
31	Multiply line 30 by 50% (.5) *(However, if you entered an amount on line 26, multiply line 30 by 25% (.25).)*	31	66 .00
32	Credit limit *(see instructions; enter amount from chart)*	32	86 .00
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	66 .00

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

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

34 Direct deposit *(see instructions)*: Complete the following to have your refund deposited directly to your bank account.

34a Routing number _____ **34b** Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

Note: If the funds for your refund would go to an account outside the U.S., mark an ***X*** in this box *(see instructions)* ..... ☐ **34c** Account number _____

Third-party designee? *(see instr.)* Yes ☐ No ☐	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 claim)*	
Date	Daytime phone number ( )
E-mail:	

- If you **are filing** a NYS income tax return, submit this form with 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.

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400-00-4825 **IT-214 Continued**

Line 8

SALLY M CANASTA	400884802	03-01-2004
MARY M CANASTA	400884804	02-01-2009

New York State Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

IT-215

2012

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

Name(s) as shown on return	Your social security number
JOE Z CANASTA	400004825

1 Did you claim the federal earned income credit? If ***No*, stop; you do not qualify for these credits.** ..... 1 Yes [X] No [ ]

2 Is your investment income (see instructions) greater than $3,200? If ***Yes*, stop; you do not qualify for these credits.** ..... 2 Yes [ ] No [X]

3 Have you already filed your New York State income tax return? If ***Yes***, you must file an amended NYS return..... 3 Yes [ ] No [X]

4 Did you claim qualifying children on your **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 [X] 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	Date of birth *(mm-dd-yyyy)*
SAMUEL M	CANASTA JR	SON	12	[ ]	[X]	400884805	06-01-1989
MARY M	CANASTA	DAUGHTER	12	[ ]	[ ]	400884804	02-01-2009
SALLY M	CANASTA	DAUGHTER	12	[ ]	[ ]	400884802	03-01-2004

* Mark an ***X*** in these boxes **only** if you checked ***Yes*** in the same box on your 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 [X]

Whole dollars only

6 Wages, salaries, tips, etc., from ***Worksheet A*** line 3, on page 2 of the instructions, Form IT-215-I. ..... 6 20500 .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 .00

8 Business income or loss *(from your federal Form 1040 line instructions,* Earned Income Credit Worksheet B, *lines 1e, 2c, and 3)* ... 8 -5 .00
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 .00

10 **Amount of federal EIC claimed** *(from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)* ..... 10 5178 .00

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 1553 .00

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 .00

14 New York State household credit *(from Form IT-201, line 40, or Form IT-203, line 39)* 14 135 .00

15 Enter the smaller of line 13 or line 14 ..... 15 99 .00

16 **Allowable New York State earned income credit** *(subtract line 15 from line 12; see instructions)* ..... 16 1454 .00

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 .00
Federal adjusted gross income *(from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)* ..... .00

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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.

18	Enter your New York State earned income credit *(from line 16 or line 17)*	**18**	.00
19	Enter the amount from Form IT-203, line 42	**19**	.00
	– 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**	.00
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**	.00
	– 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**	.00
23	Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet	**23**	.00
24	Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet	**24**	.00
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**	.00

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, *Instructions for Form IT-215.* Enter here and on **Form IT-201, line 70,** or **Form IT-203-ATT, line 11.** Part-year New York City residents must also complete line 28 below.	**27**	259 .00
28	**Part-year New York City adjusted gross income** Enter the amounts from Worksheet C, lines 6 and 7	**28A** .00	**28B** .00

Worksheet B

1	New York State tax *(from Form IT-201, line 39, or Form IT-203, line 38)*	**1**	99 .00
2	Resident credit *(see instructions)*	**2** .00	
3	Accumulation distribution credit *(see instructions)*	**3** .00	
4	Add lines 2 and 3	**4**	.00
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 .00

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New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

2012

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

Name(s) as shown on return	Your social security number
JOE Z CANASTA	400004825

1 Have you already filed your New York State income tax return? ..... Yes ☐ No ☒
If *Yes*, you must file an amended New York State return and include 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 STRAIGHT ST ROCKY POINT NY 11778	64-1234568	1420 .00
KIDS INC	22 TOT TERRACE ROCKY POINT NY 11778	64-1234569	1000 .00

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	**D** – Person with disability *(see instr.)*	**E** – Social security number	**F** – Date of birth *(mm-dd-yyyy)*
MARY M	CANASTA	810 .00	☐	400884804	02-01-2009
SALLY M	CANASTA	1000 .00	☐	400884802	03-01-2004
JOHN M	CANASTA	400 .00	☐	400884801	04-01-2000
JANE M	CANASTA	500 .00	☐	400884803	05-01-1999

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any ..... **3a** 3420 .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?.....Yes ☒ No ☐

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** 3420 .00

Whole dollars only

6 Enter your earned income *(see instructions)* ..... **6** 20495 .00

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 .00

8 Enter the smallest of line 5, 6, or 7..... **8** 3420 .00

9 Enter the amount from: federal Form 1040A, line 22,
or federal Form 1040, line 38 ..... **9** 17695 .00

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 .00

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12 Amount from line 11 ..... **12** 1129 .00

13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) ..... 17985 .00

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 .00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40 ..... **15** .00

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** .00

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** .00

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** .00

19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... **19** .00

20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203..... **20** .00

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** .00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **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, 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 .00

IT-201 filers:

24 Refundable New York City child and dependent care credit *(from Worksheet 1, line 7 or line 13)* ..... **24** 221 .00

25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64..... **25** 1463 .00

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** .00

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** .00

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** .00

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 1, line 10 ..... **29** .00

30 Enter the amount from Worksheet 1, line 11 ..... **30** .00

Line 2

BIGG BLOCKS
123 MAIN ST
ROCKY POINT NY 11778
EIN 64-1234570
Amount paid : $1000

Line 3

SAMUEL M CANASTA JR	$710	X	400884805	06-01-1989

22222	a Employee's social security number 400004825	OMB No. 1545-0008	
b Employer identification number (EIN) 641234567		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 215 LAID BACKWAY ROCKYPOINT NY 11778		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other 414H-255 IRC125-35	12c Code
			12d Code
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		20500	1295			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
DANIEL T	THOMAS	03-15-1982	400004831
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
			400004881

Mailing address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	New York State county of residence
356 DOVER STREET		KINGS

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
BROOKLYN	NY	11217		BROOKLYN

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number 071

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 [X] 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 [X] No [ ]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(2) Enter the number of days spent in NYC in 2012 *(any part of a day spent in NYC is considered a day)* 365

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

(1) Number of months **you** lived in NYC in 2012 12

(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. [ ]

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Your social security number: 400004831

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	3019 .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	-2040 .00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	20960 .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	21939 .00
18	Total federal adjustments to income *(see page 14)* *Identify:* 1/2 SE TAX 214	18	214 .00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	21725 .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	21725 .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	21725 .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: ☐ **Standard** - **or** - ☒ **Itemized**	34	1780 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	19945 .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	19945 .00

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Name(s) as shown on page 1: DANIEL T THOMAS

Your social security number: 400004831

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

38	**Taxable income** *(from line 37 on page 2)*			38	19945 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	970 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	.00		
41	Resident credit *(see page 26)*	41	70 .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	.00		
43	Add lines 40, 41, and 42			43	70 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	900 .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	900 .00

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

47	NYC resident tax on line 38 amount *(see page 26)*	47	630 .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	630 .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	630 .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	630 .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	630 .00
59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***			59	20 .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	1550 .00

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Your social security number: 400004831

62 Enter amount from line 61 ..... **62** 1550 .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**	63 .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**	492 .00

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

76 **Total payments** *(add lines 63 through 75)* ..... **76** 555 .00

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** 1022 .00

81 Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77; see page 34)* ..... **81** 27 .00

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

See page 37 for the proper assembly of your return.

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 ☐ No ☒	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 RENTAL AGENT	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: THOMAS@ATS.COM	

201004120099

See instructions for where to mail your return.

New York State Department of Taxation and Finance

Resident Itemized Deduction Schedule

IT-201-D

2012

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
DANIEL T THOMAS	400004831

		Whole dollars only
1 Medical and dental expenses *(federal Schedule A, line 4)*	**1**	.00
2 Taxes you paid *(federal Schedule A, line 9)*	**2**	492 .00
3 Interest you paid *(federal Schedule A, line 15)*	**3**	1200 .00
4 Gifts to charity *(federal Schedule A, line 19)*	**4**	580 .00
5 Casualty and theft losses *(federal Schedule A, line 20)*	**5**	.00
6 Job expenses / miscellaneous deductions *(federal Schedule A, line 27)*	**6**	.00
7 Other miscellaneous deductions *(federal Schedule A, line 28)*	**7**	.00
8 Enter amount **from federal Schedule A, line 29**	**8**	2272 .00
9 State, local, and foreign **income** taxes *(or general sales tax, if applicable)* and other subtraction adjustments *(see instructions)*	**9**	492 .00
10 Subtract line 9 from line 8	**10**	1780 .00
11 Addition adjustments *(see instructions)*	**11**	.00
12 Add lines 10 and 11	**12**	1780 .00
13 Itemized deduction adjustment *(see instructions)*	**13**	.00
14 Subtract line 13 from line 12	**14**	1780 .00
15 College tuition itemized deduction *(see Form IT-272)*	**15**	.00
16 **New York State itemized deduction** *(add lines 14 and 15; enter on Form IT-201, line 34)*	**16**	1780 .00

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New York State Department of Taxation and Finance

New York State Resident Credit

IT-112-R

2012

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	Identifying number as shown on return
DANIEL T THOMAS	400004831

Submit this form with 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 (Whole dollars only)		B Amount sourced to and taxed by other taxing authority (Whole dollars only)
1 Wages, salaries, tips, etc.	1	.00	1	.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	3019 .00	6	.00
7 Capital gain or loss	7	.00	7	.00
8 Other gains or losses	8	-2040 .00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	20960 .00	11	2243 .00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of social security benefits	14	.00	14	.00
15 Other income	15	.00	15	.00
16 Add lines 1 through 15	16	21939 .00	16	2243 .00
17 Total federal adjustments to income	17	214 .00	17	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	21725 .00	18	2243 .00
19 New York adjustments *(see instructions)*	19	.00	19	
20 New York adjusted gross income *(line 18 and add or subtract line 19; see instructions)*	20	21725 .00	20	2243 .00
21 Capital gain portion of lump-sum distributions *(see instr.)*	21	.00	21	.00
22 Add lines 20 and 21	22	21725 .00	22	2243 .00

(continued on back)

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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**	NJ
	Also enter the locality name, if applicable *Locality name:* 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 .00
25	New York State tax payable *(see instructions)*	**25**	970 .00
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 .00
28	Enter amount from line 24 or line 27, whichever is less *(see instructions)*	**28**	70 .00
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**	.00
30	Add lines 28 and 29	**30**	70 .00

Part 3 – Application of Credit

31	Tax due before credits *(see instructions)*	**31**	970 .00
32	Other credits that you applied before this credit *(see instructions)*	**32**	.00
33	Subtract line 32 from line 31	**33**	970 .00
34	Enter the amount from line 30 or line 33, whichever is less *(see instructions)*	**34**	70 .00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting 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 submit 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 .00
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**	.00
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**	.00

38 Mark an ***X*** in the box if the taxes paid to the other jurisdiction were paid on a group return X

Enter the group's EIN 233422566

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New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers

IT-2105.9

2012

Name(s) as shown on return	Identification number *(SSN or EIN)*
DANIEL T THOMAS	400004831

Part 1 – All filers must complete this part *(see instructions,* Form IT-2105.9-I, *for assistance)*

1	Total tax from your 2012 return before withholding and estimated tax payments *(**caution:** see instructions)*			1	1530 .00
2	Empire State child credit *(from Form IT-201, line 63)*	2	.00		
3	NYS/NYC child and dependent care credit *(from Form IT-201, line 64)*	3	.00		
4	NY State earned income credit (EIC) *(from Form IT-201, line 65)*	4	.00		
5	NY State noncustodial parent EIC *(from Form IT-201, line 66)*	5	.00		
6	Real property tax credit *(from Form IT-201, line 67)*	6	.00		
7	College tuition credit *(from Form IT-201, line 68)*	7	.00		
8	NY City school tax credit *(from Form IT-201, line 69, or Form IT-203, line 60)*	8	63 .00		
9	NY City earned income credit *(from Form IT-201, line 70)*	9	.00		
10	Other refundable credits *(from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)*	10	.00		
11	Add lines 2 through 10			11	63 .00
12	Current year tax *(subtract line 11 from line 1)*			12	1467 .00
13	Multiply line 12 by 90% (.90)	13	1320 .00		
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	.00
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 .00
16	Enter your 2011 tax *(**caution:** see instructions)*			16	1414 .00
17	Enter the **smaller** of line 13 or line 16			17	1320 .00

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	.00		
19	Enter the total amount of estimated tax payments you made *(see instructions)*	19	492 .00		
20	Add lines 18 and 19			20	492 .00
21	**Total underpayment for year.** Subtract line 20 from line 17 *(if zero or less, you do not owe the penalty)*			21	828 .00
22	Multiply line 21 by .03289 and enter the result			22	27 .00
23	If the amount on line 21 was paid **on or after** April 15, 2013, enter ***0***. If the amount on line 21 was paid **before** April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 =			23	.00
24	**Penalty.** Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.			24	27 .00

Part 3 – Regular method – Schedule A – Computing your underpayment *(Schedule B is on the back)*

Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
25 Required installments. Enter ¼ of line 17 in each column. *(If you used the annualized income installment method, see instructions.)*	25	.00	.00	.00	.00
26 Estimated tax paid and tax withheld *(see instructions)*	26	.00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27		.00	.00	.00
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	.00	.00	.00	.00
29 Underpayment *(subtract line 28 from line 25)* **or** overpayment *(subtract line 25 from line 28; see instructions)*	29	.00	.00	.00	.00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates		A 4/15/12	B 6/15/12	C 9/15/12	D 1/15/13
30 Amount of underpayment *(from line 29)*	**30**	.00	.00	.00	.00
First installment (April 15 - June 15, 2012)					
31 April 15 - June 15 = (61 ÷ 366) × 7.5% = .01249 **- or -** April 15 - _____ = (÷ 366) × 7.5% = .	**31**				
32 Multiply line 30, column A by line 31	**32**	.00			
Second installment (June 15 - September 15, 2012)					
33 June 15 - September 15 = (92 ÷ 366) × 7.5% = .01884 **- or -** June 15 - _____ = (÷ 366) × 7.5% = .	**33**				
34 Multiply line 30, column B by line 33	**34**		.00		
Third installment (September 15, 2012 - January 15, 2013)					
35 September 15 - December 31 = (107 ÷ 366) × 7.5% = .02192 January 1 - January 15 = (15 ÷ 365) × 7.5% = .00307 .02499 **Total** **- or -** September 15 - _____ = (÷ 366) × 7.5% = . January 1 - _____ = (÷ 365) × 7.5% = . . **Total**	**35**				
36 Multiply line 30, column C by line 35	**36**			.00	
Fourth installment (January 15 - April 15, 2013)					
37 January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848 **- or -** January 15 - _____ = (÷ 365) × 7.5% = .	**37**				
38 Multiply line 30, column D by line 37	**38**				.00
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**	.00			

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Submit this form with your New York State return.

SPECIAL INSTRUCTIONS FOR IT-2105.9

PLEASE BE AWARE THAT THE FORM AND THE RATE USED IN THE CALCULATIONS ON IT-2105.9 ARE FROM TAX YEAR 2011. THIS RATE IS SUBJECT TO CHANGE WHEN THE FORM IS FINALIZED FOR TAX YEAR 2012.

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

2012

For the 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-203-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
ROBERT S	PLANT	07-15-1962	400004832
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 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
% AMANDA JONES 215 LAIDBACK WAY		NEW YORK

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
ROCKY POINT	NY	11778		MANHATTAN

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
115 SOUTH 93 ST		NEW YORK	369

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death
NY	10029				

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 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 pg. 14)* NEW ..... Yes ☐ No ☒

E **New York City part-year residents only** *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 06

(2) Number of months **your spouse** lived in NY City in 2012 .....

F Enter your **2-character special condition code if applicable** *(see page 14)* .....

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

G **New York State part-year residents** *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* 04-01-2012

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS ..... ☒

2) Lived outside NYS; received income from NYS sources during nonresident period ..... ☐

3) Lived outside NYS; received no income from NYS sources during nonresident period ..... ☐

H **New York State nonresidents** *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes ☐ No ☐

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
JILL S	PLANT	DAUGHTER	400884811	10-01-1987
MOLLY S	PLANT	DAUGHTER	400884810	08-01-1996
ROBERT S	PLANT JR	SON	400884809	06-01-2009

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

Enter your social security number: 400004832

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	18500 .00	1	12333 .00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	-405 .00	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	.00	7	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	.00	11	.00
12 Rental real estate included in line 11 *(federal amount)* 12 .00				
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	400 .00	13	400 .00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify:	16	.00	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	18495 .00	17	12733 .00
18 Total federal adjustments to income *(see page 22)* Identify: ALIMONY	18	2800 .00	18	1928 .00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	15695 .00	19	10805 .00

New York additions *(see page 24)*

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	555 .00	21	555 .00
22 Other *(see page 24)* Identify: A-3 50	22	50 .00	22	50 .00
23 Add lines **19** through **22**	23	16300 .00	23	11410 .00

New York subtractions *(see page 27)*

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 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* 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	16300 .00	31	11410 .00
32 Enter the amount from line 31, ***Federal amount*** column			32	16300 .00

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. Mark an ***X*** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**	33	10500 .00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	5800 .00
35 Dependent exemptions *(not the same as total federal exemptions; see page 33)*	35	3 000.00
36 **New York taxable income** *(subtract line 35 from line 34)*	36	2800 .00

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Name(s) as shown on page 1	Enter your social security number
ROBERT S PLANT	400004832

Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	2800 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	112 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	105 .00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	7 .00
41	New York State child and dependent care credit *(see page 35)*	41	1279 .00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	.00
43	New York State earned income credit *(see page 35)*	43	1575 .00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	.00

45 Income percentage *(see page 35)* — New York State amount from line 31: 11410 .00 ÷ Federal amount from line 31: 16300 .00 = **45** .7000 (Round result to 4 decimal places)

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	.00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	.00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	.00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	85 .00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	85 .00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	85 .00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	20 .00

Voluntary contributions *(see page 37)*

57a	Return a Gift to Wildlife	57a	5 .00
57b	Missing/Exploited Children Fund	57b	5 .00
57c	Breast Cancer Research Fund	57c	5 .00
57d	Alzheimer's Fund	57d	5 .00
57e	Olympic Fund *($2 or $4; see page 37)*	57e	2 .00
57f	Prostate Cancer Research Fund	57f	5 .00
57g	9/11 Memorial	57g	5 .00
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	5 .00

57	**Total voluntary contributions** *(add lines 57a through 57h)*	57	37 .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	57 .00

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Enter your social security number: 400004832

59 Enter amount from line 58 ..... **59** 57 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	31 .00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	2427 .00	
62 Total **New York State** tax withheld	**62**	1295 .00	**Submit your wage and tax statements with your return (*see page 38*).**
63 Total **New York City** tax withheld	**63**	.00	
64 Total **Yonkers** tax withheld	**64**	.00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	.00	
66 Total payments and refundable credits *(add lines 60 through 65)*		**66**	3753 .00

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** 3668 .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☒ **debit card** - **or** - ☐ **paper check** ... **68** 3668 .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** .00

72 Other penalties and interest *(see page 40)* ..... **72** .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number _____ **73c** Account number _____

74 Electronic funds withdrawal *(see page 41)* ..... Date _____ Amount _____ .00

Third-party designee? *(see instr.)* Yes ☐ No ☒	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: AIDE	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: PLANT@ATS.COM	

See instructions for where to mail your return.

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New York State Department of Taxation and Finance

Other Tax Credits and Taxes

Attachment to Form IT-203

IT-203-ATT

2012

Name(s) as shown on your Form IT-203	Your social security number
ROBERT S PLANT	400004832

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Part 1 – Other tax credits *(submit all applicable forms)*

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

Whole dollars only

1	Resident credit	1	.00
2	Accumulation distribution credit *(submit computation)*	2	.00
3	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
3a		.00	3b		.00

	Total other nonrefundable, non-carryover credits *(add lines 3a and 3b)*	3	.00

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit	4	.00
5	Investment credit	5	.00
6	Part-year solar energy system equipment credit	6	.00
7	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
7a		.00	7h		.00
7b		.00	7i		.00
7c		.00	7j		.00
7d		.00	7k		.00
7e		.00	7l		.00
7f		.00	7m		.00
7g		.00	7n		.00

	Total other nonrefundable, carryover credits *(add lines 7a through 7n)*	7	.00
8	**Total New York State nonrefundable credits used** *(add lines 1 through 7; enter here and on **Form IT-203, line 47**)*	8	.00

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		9	876 .00
9a	Part-year resident refundable New York City child and dependent care credit		9a	272 .00
10	Part-year resident refundable New York State earned income credit		10	1084 .00
11	Part-year resident refundable New York City earned income credit		11	195 .00
12	Other NY State refundable credits			

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	.00
13	Add lines 9 through 12	13	2427 .00
14	**New York State** claim of right credit	14	.00
15	**New York City** claim of right credit	15	.00
16	**Yonkers** claim of right credit	16	.00
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	2427 .00

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Enter your social security number
400004832

Part 2 – Other New York State taxes *(submit all applicable forms)*

18 NY State tax on capital gain portion of lump-sum distributions *(Form IT-230-I, worksheet C, line 7)* **18** .00

19 Other New York State taxes

	Code	Amount		Code	Amount
19a		.00	19g		.00
19b		.00	19h		.00
19c		.00	19i		.00
19d		.00	19j		.00
19e		.00	19k		.00
19f		.00	19l		.00

Total other New York State taxes *(add lines 19a through 19l)* ..... **19** .00

20 Add lines 18 and 19 ..... **20** .00

21 Enter amount from **Form IT-203**, line 47 ..... **21** .00

22 Enter amount from **Form IT-203**, line 46 ..... **22** .00

23 Subtract line 22 from line 21 *(if line 22 is more than line 21, leave blank)* ..... **23** .00

24 Subtract line 23 from line 20 *(if line 23 is more than line 20, leave blank)* ..... **24** .00

25 New York State separate tax on lump-sum distributions *(Form IT-230)* ..... **25** .00

26 Resident credit against separate tax on lump-sum distributions ..... **26** .00

27 Subtract line 26 from line 25 ..... **27** .00

28 New York State minimum income tax *(Form IT-220)* ..... **28** .00

29 Add lines 24, 27, and 28 ..... **29** .00

30 Excess child and dependent care credit ..... **30** 1272 .00

31 Subtract line 30 from line 29 *(if line 30 is more than line 29, leave blank)* ..... **31** .00

32 Excess New York State earned income credit ..... **32** 1575 .00

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** .00

New York State Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

IT-215

2012

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

Name(s) as shown on return	Your social security number
ROBERT S PLANT	400004832

1 Did you claim the federal earned income credit? If ***No*, stop; you do not qualify for these credits.** ..... 1 Yes [X] No [ ]

2 Is your investment income (see instructions) greater than $3,200? If ***Yes*, stop; you do not qualify for these credits.** ..... 2 Yes [ ] No [X]

3 Have you already filed your New York State income tax return? If ***Yes***, you must file an amended NYS return..... 3 Yes [ ] No [X]

4 Did you claim qualifying children on your **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 [X] 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	Date of birth *(mm-dd-yyyy)*
ROBERT S	PLANT JR	CHILD	12			400884809	06-01-2009
MOLLY S	PLANT	CHILD	12			400884810	08-01-1996
JILL S	PLANT	CHILD	12		X	400884811	10-01-1987

* Mark an ***X*** in these boxes **only** if you checked ***Yes*** in the same box on your 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 [X]

Whole dollars only

6 Wages, salaries, tips, etc., from ***Worksheet A*** line 3, on page 2 of the instructions, Form IT-215-I. ..... 6 18500 .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 .00

8 Business income or loss *(from your federal Form 1040 line instructions,* Earned Income Credit Worksheet B, *lines 1e, 2c, and 3)* ... 8 -5 .00
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 .00

10 **Amount of federal EIC claimed** *(from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)* ..... 10 5599 .00

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 1680 .00

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 .00

14 New York State household credit *(from Form IT-201, line 40, or Form IT-203, line 39)* 14 105 .00

15 Enter the smaller of line 13 or line 14 ..... 15 105 .00

16 **Allowable New York State earned income credit** *(subtract line 15 from line 12; see instructions)* ..... 16 1575 .00

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 .00
Federal adjusted gross income *(from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)* ..... .00

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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.

18	Enter your New York State earned income credit *(from line 16 or line 17)*	**18**	1575 .00
19	Enter the amount from Form IT-203, line 42	**19**	.00
	– 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**	1575 .00
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**	.00
	– 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**	1575 .00
23	Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet — **23** 10805 .00		
24	Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet — **24** 15695 .00		
25	Divide line 23 by line 24 *(round the result to the fourth decimal place)*. This amount cannot exceed 100% (1.0000).	**25**	0.6884
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**	1084 .00

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, *Instructions for Form IT-215.* Enter here and on **Form IT-201, line 70,** or **Form IT-203-ATT, line 11.** Part-year New York City residents must also complete line 28 below.	**27**	196 .00
28	**Part-year New York City adjusted gross income** Enter the amounts from Worksheet C, lines 6 and 7 — **28A** 16300 .00	**28B**	11410 .00

Worksheet B

1	New York State tax *(from Form IT-201, line 39, or Form IT-203, line 38)*	**1**	112 .00
2	Resident credit *(see instructions)* — **2** .00		
3	Accumulation distribution credit *(see instructions)* — **3** .00		
4	Add lines 2 and 3	**4**	.00
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 .00

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New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

2012

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

Name(s) as shown on return	Your social security number
ROBERT S PLANT	400004832

1 Have you already filed your New York State income tax return? ..... Yes ☐ No ☒
If *Yes*, you must file an amended New York State return and include 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 STRAIGHT PLACE NEW YORK NY 10029	641234568	2420 .00
KIDS INC	22 TOT TERRACE NEW YORK NY 10029	641234569	1000 .00

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	**D** – Person with disability *(see instr.)*	**E** – Social security number	**F** – Date of birth *(mm-dd-yyyy)*
ROBERT S	PLANT JR	1710 .00	☐	400884809	06-01-2009
MOLLY S	PLANT	710 .00	☐	400884810	08-01-1996
JILL S	PLANT	1000 .00	☒	400884811	10-01-1987
		.00	☐		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any ..... 3a 3420 .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?.....Yes ☒ No ☐

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 3420 .00

Whole dollars only

6 Enter your earned income *(see instructions)* ..... 6 18495 .00

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 .00

8 Enter the smallest of line 5, 6, or 7..... 8 3420 .00

9 Enter the amount from: federal Form 1040A, line 22,
or federal Form 1040, line 38 ..... 9 15695 .00

10 Enter the decimal amount that applies to the amount
on line 9 from the *Table for line 10* in the instructions 10 0.34

11 Multiply line 8 by the decimal amount on line 10 *(enter here and on line 12 on the back)* ..... 11 1163 .00

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12 Amount from line 11		**12**	1163 .00
13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32)	16300 .00		
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 .00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40 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.**		**15**	7 .00
16 Subtract line 15 from line 14. **This is your excess child and dependent care credit**		**16**	1272 .00
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.)* 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.		**17**	.00
18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit**		**18**	1272 .00
19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203	**19** 10805 .00		
20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203	**20** 15695 .00		
21 Divide line 19 by line 20 *(round the result to the fourth decimal place).* This amount cannot exceed 100% (1.0000)		**21**	0.6884
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 .00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **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, 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 .00

IT-201 filers:

24 Refundable New York City child and dependent care credit *(from Worksheet 1, line 7 or line 13)*	**24**	.00
25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64	**25**	.00
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**	.00

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 .00
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 .00

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 1, line 10	**29**	10805 .00
30 Enter the amount from Worksheet 1, line 11	**30**	15695 .00

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New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

IT-360.1

2012

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

Name(s) as shown on return	Social security number
ROBERT S PLANT	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) [X] **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 .00	12333 .00	.00
2 Taxable interest income	2	.00	.00	.00
3 Ordinary dividends	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	.00	.00
5 Alimony received	5	.00	.00	.00
6 Business income or loss *(submit copy of federal Schedule C or C-EZ, Form 1040)*	6	-405 .00	.00	.00
7 Capital gain or loss *(submit copy of federal Schedule D, Form 1040)*	7	.00	.00	.00
8 Other gains or losses *(submit copy of federal Form 4797)*	8	.00	.00	.00
9 Taxable amount of IRA distributions	9	.00	.00	.00
10 Taxable amount of pensions and annuities	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00	.00	.00
12 Farm income or loss *(submit copy of federal Schedule F, Form 1040)*	12	400 .00	400 .00	.00
13 Unemployment compensation	13	.00	.00	.00
14 Taxable amount of social security benefits	14	.00	.00	.00
15 Other income *Identify:*	15	.00	.00	.00
16 Total *(add lines 1 through 15)*	16	18495 .00	12733 .00	.00
17 Total federal adjustments to income *Identify:* ALIMONY 2800	17	2800 .00	1928 .00	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	15695 .00	10805 .00	.00
19 New York adjustments *(submit schedule)*	19	605 .00	605 .00	.00
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 .00	11410 .00	.00

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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**	.00	.00
22 Taxes you paid	**22**	.00	.00
23 Interest you paid	**23**	.00	.00
24 Gifts to charity	**24**	.00	.00
25 Casualty and theft losses	**25**	.00	.00
26 Job expenses and most other miscellaneous deductions	**26**	.00	.00
27 Other miscellaneous deductions	**27**	.00	.00
28 This line is intentionally left blank	**28**	.00	.00
29 This line is intentionally left blank	**29**	.00	.00
30 Total itemized deductions *(add lines 21 through 27)*	**30**	.00	.00

31 State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments	**31**	.00
32 Subtract line 31 from line 30	**32**	.00
33 Addition adjustments and college tuition itemized deduction *(see instructions)*	**33**	.00
34 Add lines 32 and 33	**34**	.00
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**	.00
36 **Itemized deduction** *(subtract line 35 from line 34, enter here and on line 44)*	**36**	.00

Part 3 – Dependent exemptions *(see instructions, page 5)*

37 Enter the period you were a New York City **resident** during 2012

From: month 07 day 01 To: month 12 day 31

38 Enter the county where you resided while a **nonresident** of New York City 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 .00
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 .00

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 .00
44 Resident period standard deduction *(see instructions, page 2)* **or** resident period itemized deduction *(from line 36)*	**44**	5250 .00
45 Subtract line 44 from line 43	**45**	6160 .00
46 Dependent exemption amount *(from line 42)*	**46**	1500 .00
47 **New York City taxable income** *(subtract line 46 from line 45)*	**47**	4660 .00
48 New York City tax on line 47 amount *(see instructions, page 5)*	**48**	135 .00
49 Total New York City household credit and accumulation distribution credit *(see instructions, page 6)*	**49**	50 .00
50 Subtract line 49 from line 48 *(if line 49 is larger than line 48, enter **0**)*	**50**	85 .00
51 Part-year New York City separate tax on lump-sum distributions *(from Form IT-230)*	**51**	.00
52 Part-year New York City resident tax on capital gain portion of lump-sum distributions *(from Form IT-230)*	**52**	.00
53 Add lines 50, 51, and 52	**53**	85 .00
54 Credit for part-year New York City unincorporated business tax paid *(see instructions, page 8)*	**54**	.00
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 .00

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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 *(Form IT-201, line 46)*	**56**	.00	
57 Empire State child credit *(Form IT-201, line 63)*	**57**	.00	
58 NYS child and dependent care credit *(Form IT-216, line 14)*	**58**	.00	
59 Earned income credit *(Form IT-201, line 65)*	**59**	.00	
60 Noncustodial parent New York State earned income credit *(Form IT-201, line 66)*	**60**	.00	
61 Real property tax credit *(Form IT-201, line 67)*	**61**	.00	
62 College tuition credit *(Form IT-201, line 68)*	**62**	.00	
63 Amount from Form IT-201-ATT, line 13	**63**	.00	
64 Add lines 57 through 63	**64**	.00	
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**	.00	
66 Base tax *(Form IT-203, line 44)*	**66**		.00
67 New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	**67**		.00
68 Subtract line 67 from line 66 *(if line 67 is more than line 66, enter **0**)*	**68**		.00
69 Net other New York State taxes *(Form IT-203-ATT, line 33)*	**69**		.00
70 Add lines 68 and 69	**70**		.00
71 Total of amounts from Form IT-203-ATT, lines **9, 10,** and **12**	**71**		.00
72 Subtract line 71 from line 70 *(if line 71 is more than line 70, enter **0**)*	**72**		.00
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**	.00	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	**75**		.00
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** .00

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.

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22222	a Employee's social security number 400004832	OMB No. 1545-0008	
b Employer identification number (EIN) 641234567		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 Suff. ROBERT S PLANT 215 LAIDBACK WAY ROCKY POINT NY 11778		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other 414H-555 IRC125-50	12c Code
			12d Code
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

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

2012

For the 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-203-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
MARY B	CHARITY	10-05-1984	400004834
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
			400004884

Mailing address ***(see instructions, page 13)*** *(number and street or rural route)*	Apartment number	New York State county of residence
923 HOPE CT		ALBANY

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
FAITH	NC	28041		ALBANY

Permanent home address ***(see instr., pg. 13)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number
145 NEW SCOTLAND AVE		ALBANY	005

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death
NY	12206				

A Filing status *(mark an **X** in one box):*

① [ ] Single

② [X] 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 2012 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 Did you have a financial account located in a foreign country? *(see pg. 14)* NEW ..... Yes [ ] No [X]

E New York City part-year residents only *(see page 14)*

(1) Number of months **you** lived in NY City in 2012 ..... [ ]

(2) Number of months **your spouse** lived in NY City in 2012 ..... [ ]

F Enter your **2-character special condition code if applicable** *(see page 14)* E3

If applicable, also enter your **second** 2-character special condition code C7

G New York State part-year residents *(see page 15)*

Enter the date you moved into or out of NYS *(mm-dd-yyyy)* 06-30-2012

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS ..... [ ]

2) Lived outside NYS; received income from NYS sources during nonresident period ..... [ ]

3) Lived outside NYS; received no income from NYS sources during nonresident period ..... [X]

H New York State nonresidents *(see page 15)*

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes [ ] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent exemption information *(see page 15)*

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*
MELINDA B	CHARITY	DAUGHTER	400884859	04-12-2000
MELISSA B	CHARITY	DAUGHTER	400884858	09-01-2002
MICHAEL B	CHARITY	SON	400884859	11-01-2004

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

Enter your social security number: 400004834

Federal income and adjustments *(see page 17)*

		Federal amount (Whole dollars only)		New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	38840 .00	1	38840 .00
2 Taxable interest income	2	4300 .00	2	.00
3 Ordinary dividends	3	6190 .00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C or C-EZ, Form 1040)*	6	.00	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	72 .00	7	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	23200 .00	11	.00
12 Rental real estate included in line 11 *(federal amount)* 12 .00				
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	16404 .00	13	16404 .00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see page 22)* Identify:	16	.00	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	89006 .00	17	55244 .00
18 Total federal adjustments to income *(see page 22)* Identify: IRA 1741 SUB PAY 400 1/2 SE TAX 1159	18	3300 .00	18	3256 .00
19 **Federal adjusted gross income** *(subtract line 18 from line 17)*	19	85706 .00	19	51988 .00

New York additions *(see page 24)*

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	.00	21	.00
22 Other *(see page 24)* Identify:	22	.00	22	.00
23 Add lines **19** through **22**	23	85706 .00	23	51988 .00

New York subtractions *(see page 27)*

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 27)*	25	.00	25	.00
26 Taxable amount of social security benefits *(from line 15)*	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 29)* 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	85706 .00	31	51988 .00
32 Enter the amount from line 31, ***Federal amount*** column			32	85706 .00

Standard deduction or itemized deduction *(see page 33)*

33 Enter your **standard deduction** *(table on page 33)* **or** your **itemized deduction** *(from Form IT-203-D)*. Mark an ***X*** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**	33	15000 .00
34 Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	70706 .00
35 Dependent exemptions *(not the same as total federal exemptions; see page 33)*	35	3 000.00
36 **New York taxable income** *(subtract line 35 from line 34)*	36	67706 .00

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Name(s) as shown on page 1	Enter your social security number
MARY B CHARITY	400004834

Tax computation, credits, and other taxes *(see page 34)*

37	**New York taxable income** *(from line 36 on page 2)*	37	67706 .00
38	New York State tax on line 37 amount *(see page 34 and* Tax computation *on pages 66,67, and 68)*	38	3733 .00
39	New York State household credit *(page 34, table 1, 2, or 3)*	39	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	3733 .00
41	New York State child and dependent care credit *(see page 35)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	3733 .00
43	New York State earned income credit *(see page 35)*	43	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	3733 .00

45 Income percentage *(see page 35)* — New York State amount from line 31: 51988 .00 ÷ Federal amount from line 31: 85706 .00 = Round result to 4 decimal places: 0.6066 (45)

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	2264 .00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	2264 .00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	40 .00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	2304 .00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(Form IT-360.1)*	51	.00
52	New York City minimum income tax *(Form IT-220)*	52	.00
52a	Add lines 51 and 52	52a	.00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	.00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55	.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56	**Sales or use tax** *(See the instructions on page 36.* ***Do not leave line 56 blank.****)*	56	0 .00

Voluntary contributions *(see page 37)*

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 37)*	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	2304 .00

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Enter your social security number: 400004834

59 Enter amount from line 58 ..... **59** 2304 .00

Payments and refundable credits *(see page 38)*

60 Part-year NYC school tax credit *(also complete* **E** *on front; see page 38)* ...	**60**	.00	
61 Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	.00	
62 Total **New York State** tax withheld	**62**	1196 .00	**Submit your wage and tax statements with your return (*see page 38*).**
63 Total **New York City** tax withheld	**63**	399 .00	
64 Total **Yonkers** tax withheld	**64**	.00	
65 Total estimated tax payments/amount paid with Form IT-370 ..	**65**	2000 .00	
66 Total payments and refundable credits *(add lines 60 through 65)*			**66** 3595 .00

Your refund, amount you owe, and account information *(see pages 39 through 42)*

67 Amount overpaid *(if line 66 is **more than** line 59, subtract line 59 from line 66)* ..... **67** 1291 .00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☐ **direct deposit** *(fill in line 73)* - **or** - ☒ **debit card** - **or** - ☐ **paper check** ... **68** 1291 .00

69 Amount of line 67 that you want applied to your **2013** estimated tax *(see instructions)* ..... **69** .00

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... **70** .00

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 40)* ..... **71** .00

72 Other penalties and interest *(see page 40)* ..... **72** .00

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 41).*

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. 41)* ☐

73a Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

73b Routing number _____ **73c** Account number _____

74 Electronic funds withdrawal *(see page 41)* ..... Date _____ Amount _____ .00

Third-party designee? *(see instr.)* Yes ☒ No ☐	Print designee's name: JOE PALMER	Designee's phone number: (518) 5557777	Personal identification number (PIN): 55555
	E-mail: PALMER@ATS.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
	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) 555-6666
E-mail: CHARITY@ATS.COM	

See instructions for where to mail your return.

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New York State Department of Taxation and Finance

Nonresident or Part-Year Resident Spouse's Certification

IT-203-C
(8/12)

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	Social security number
MARY B CHARITY	400004834

Name of spouse with **no** New York source income	Social security number
GEORGE L CHARITY	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: 2012

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 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

Submit the completed Form IT-203-C with your Form IT-203. Keep a copy for your records.

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Please file this original scannable attachment 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

2012

Name(s) as shown on your Form IT-203	Your social security number
MARY B CHARITY	400004834

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Part 1 – Other tax credits *(submit all applicable forms)*

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

Whole dollars only

1	Resident credit	1	.00
2	Accumulation distribution credit *(submit computation)*	2	.00

3 Other nonrefundable, non-carryover credits

	Code	Amount		Code	Amount
3a		.00	3b		.00

	Total other nonrefundable, non-carryover credits *(add lines 3a and 3b)*	3	.00

Section B – New York State nonrefundable, carryover credits used

4	Long-term care insurance credit	4	.00
5	Investment credit	5	.00
6	Part-year solar energy system equipment credit	6	.00

7 Other nonrefundable, carryover credits

	Code	Amount		Code	Amount
7a		.00	7h		.00
7b		.00	7i		.00
7c		.00	7j		.00
7d		.00	7k		.00
7e		.00	7l		.00
7f		.00	7m		.00
7g		.00	7n		.00

	Total other nonrefundable, carryover credits *(add lines 7a through 7n)*	7	.00
8	**Total New York State nonrefundable credits used** *(add lines 1 through 7; enter here and on **Form IT-203, line 47**)*	8	.00

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		9	.00
9a	Part-year resident refundable New York City child and dependent care credit		9a	.00
10	Part-year resident refundable New York State earned income credit		10	.00
11	Part-year resident refundable New York City earned income credit		11	.00

12 Other NY State refundable credits

	Code	Amount		Code	Amount
12a		.00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	.00
13	Add lines 9 through 12	13	.00
14	**New York State** claim of right credit	14	.00
15	**New York City** claim of right credit	15	.00
16	**Yonkers** claim of right credit	16	.00
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	.00

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Enter your social security number
400004834

Part 2 – Other New York State taxes *(submit all applicable forms)*

18 NY State tax on capital gain portion of lump-sum distributions *(Form IT-230-I, worksheet C, line 7)* **18** .00

19 Other New York State taxes

	Code	Amount		Code	Amount
19a		.00	19g		.00
19b		.00	19h		.00
19c		.00	19i		.00
19d		.00	19j		.00
19e		.00	19k		.00
19f		.00	19l		.00

Total other New York State taxes *(add lines 19a through 19l)* ..... **19** .00

20 Add lines 18 and 19 ..... **20** .00

21 Enter amount from **Form IT-203**, line 47 ..... **21** .00

22 Enter amount from **Form IT-203**, line 46 ..... **22** .00

23 Subtract line 22 from line 21 *(if line 22 is more than line 21, leave blank)* ..... **23** .00

24 Subtract line 23 from line 20 *(if line 23 is more than line 20, leave blank)* ..... **24** .00

25 New York State separate tax on lump-sum distributions *(Form IT-230)* ..... **25** 40 .00

26 Resident credit against separate tax on lump-sum distributions ..... **26** .00

27 Subtract line 26 from line 25 ..... **27** 40 .00

28 New York State minimum income tax *(Form IT-220)* ..... **28** .00

29 Add lines 24, 27, and 28 ..... **29** 40 .00

30 Excess child and dependent care credit ..... **30** .00

31 Subtract line 30 from line 29 *(if line 30 is more than line 29, leave blank)* ..... **31** 40 .00

32 Excess New York State earned income credit ..... **32** .00

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** 40 .00

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New York State Department of Taxation and Finance

Separate Tax on Lump-Sum Distributions

New York State • New York City

IT-230

2012

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

Name as shown on return	Identification number
MARY B CHARITY	400004834

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

[X] Yes *(If* Yes, *submit this form, and a copy of federal Form 4972 with 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	.00
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** 2 .00	**New York City** 2 .00

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 .00
4	Death benefit exclusion *(see instructions)*		4	.00
5	Subtract line 4 from line 3 *(total taxable amount)*		5	3800 .00
6	Current actuarial value of annuity from federal Form 4972, Part III, line 11		6	.00
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 .00
8	Multiply line 7 by 50% (.50) but do not enter more than 10,000	8 1900 .00		
9	Subtract $20,000 from line 7. If line 7 is $20,000 or less, leave blank	9 .00		
10	Multiply line 9 by 20% (.20)	10 .00		
11	Subtract line 10 from line 8 *(minimum distribution allowance)*		11	1900 .00
12	Subtract line 11 from line 7		12	1900 .00
13	Federal estate tax attributable to lump-sum distribution		13	.00
14	Subtract line 13 from line 12		14	1900 .00

(continued on back)

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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	.00	16	.00
17 Subtract line 16 from line 6	17	.00	17	.00

10-year tax option

18 Multiply line 14 by 10% (.10)	18	190 .00	18	.00
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 .00	19	.00
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 .00	20	.00
21 Multiply line 17 by 10% (.10)	21	.00	21	.00
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	.00	22	.00
23 Multiply line 22 by ten	23	.00	23	.00
24 Subtract line 23 from line 20. This is your tax on lump-sum distribution using the 10-year option	24	40 .00	24	.00

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 (*New York City and part-year New York City residents: use both columns)*	a	.00	a	.00
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, *New York State* column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. **Fiduciaries:** Include the line c, *New York State* column amount on Form IT-205, line 12.	c	.00	c	.00

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.

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22222	a Employee's social security number 400004834	OMB No. 1545-0008	
b Employer identification number (EIN) 622257358		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 Code L 350
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		32000	1000	32000	300	NYC

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

22222	a Employee's social security number 400004834	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 Last name Suff. MARY B CHARITY 923 HOPE CT FAITH NC 28041-0923		11 Nonqualified plans	12a Code	
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code	
		14 Other	12c Code	
			12d Code	
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** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR -S

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
CANA CANADIAN RETIREMENT SYSTEM 359 QUEBEC BLVD KANATA ONTARIO K2K1X3		$ 3800	2012	
		2a Taxable amount $ 3800	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☒	Copy 1 For State, City, or Local Tax Department
PAYER'S federal identification number 995244433	RECIPIENT'S identification number 400004834	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name MARY B CHARITY		5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 923 HOPE CT		7 Distribution code(s) 4A IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City, state, and ZIP code FAITH NC 28041		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/995244433	14 State distribution $ 3800 $
Account number (see instructions)		15 Local tax withheld $ 420 $	16 Name of locality CANADA	17 Local distribution $ 3800 $

1099R INDICATOR-S

New York State Department of Taxation and Finance

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

IT-370

Instructions

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*.

Note: We 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.

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 15, 2013, for calendar-year filers).

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

- **June 17, 2013**, 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, 2013);
- **June 17, 2013**, 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 17, 2013, **and** you need an additional six months to file (December 16, 2013); or
- **July 15, 2013**, (if your due date is April 15, 2013) or **September 13, 2013**, (if you are a nonresident alien and your due date is June 17, 2013), 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 or before October 15, 2013, if your due date is April 15, 2013, or on or before December 16, 2013, if you are a nonresident alien and your due date is June 17, 2013.

See *Special condition codes* on page 2.

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.

▼ Detach here ▼ Do not attach to your return.

New York State Department of Taxation and Finance

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) 400004837	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@ATS.COM	

Enter your **2-character special condition code if applicable** *(see instructions)* ..... ● E4

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

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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*.

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.**

Special condition codes – If you are out of the country **and** need an additional four months to file (October 15, 2013), enter special condition code ***E3***. If you are a nonresident alien and your filing due date is June 17, 2013, **and** you need an additional six months to file (December 16, 2013), 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, 2013, or in the case of a nonresident alien, on or before December 16, 2013), 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.

▼ Detach here ▼ Do not attach to your return.

IT-370 (2012) (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 ***2012 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
	Mark an ***X*** if self-employed ☐
E-mail:	

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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 2012 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 2012 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 2012 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 2012 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 2012 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 2012	**1.** _____	
2	New York City income tax liability for 2012	**2.** _____	
3	Yonkers income tax liability for 2012	**3.** _____	
4	Sales and use tax due for 2012 *(enter this amount here and on line 1 on the front)*	**4.** _____	
5	Total taxes *(add lines 1 through 4)*		**5.** _____
6	Total 2012 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.**

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services.* See *Need help?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: JPMorgan Chase, NYS Tax Processing – Estimated Tax, 33 Lewis Road, Binghamton NY 13905-1040.

Need help?

Visit our Web site at ***www.tax.ny.gov***

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status:	(518) 457-5149
Personal Income Tax Information Center:	(518) 457-5181
To order forms and publications:	(518) 457-5431
Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY):	(518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
JOE	HALSE	04-01-1954	400004838
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
SANDRA	HALSE	11-01-1961	400004898

Mailing address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	New York State county of residence
37 MAIN ST		FRANKLIN

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
BURKE	NY	12917		MALONE

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number 365

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 ☒

NEW

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)*
JOE	HALSE	SON	400884829	11-01-2003
SUE	HALSE	DAUGHTER	400884830	07-01-2002
BILL	HALSE	SON	400884831	09-01-2001
TOM	HALSE	SON	400884832	06-01-2000
PAT	HALSE	SON	400884833	08-01-1999
JOHN	HALSE	SON	400884834	05-01-1998
SALLY	HALSE	DAUGHTER	400884835	03-01-1997
KIM	HALSE	DAUGHTER	400884836	02-01-1996

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

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Your social security number: 400004838

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	55000 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C or C-EZ, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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:* GAMBLING WINNINGS 5000	16	5000 .00
17	Add lines **1 through 11** and **13 through 16**	17	60000 .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	60000 .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	60000 .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	60000 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	15000 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	45000 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	8 **000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	37	37000 .00

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Name(s) as shown on page 1: JOE AND SANDRA HALSE

Your social security number: 400004838

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

38	**Taxable income** *(from line 37 on page 2)*			38	37000 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	1769 .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	1769 .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	1769 .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	0 .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	1769 .00

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Your social security number: 400004838

62 Enter amount from line 61 ..... **62** 1769 .00

Payments and refundable credits *(see page 31)*

63	Empire State child credit	**63**	2640 .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**	1100 .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

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

76 **Total payments** *(add lines 63 through 75)* ..... **76** 3740 .00

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** 1971 .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** 1971 .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

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

See page 37 for the proper assembly of your return.

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 ☐ No ☒	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: ARCHITECT	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (518) 555-6666
E-mail: HALSE@ATS.COM	

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See instructions for where to mail your return.

New York State Department of Taxation and Finance

Claim for Empire State Child Credit

IT-213

2012

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

Step 1 – Enter identifying information

Your name as shown on return	Your social security number
JOE HALSE	400004838
Spouse's name	Spouse's social security number
SANDRA HALSE	400004898

Step 2 – Determine eligibility

1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2012? **1** Yes [X] No [ ]
If you marked an ***X*** in the ***No*** box, **stop;** you do not qualify for this credit.

2 Did you claim the federal child tax credit or additional child tax credit for 2012? ..... **2** Yes [X] No [ ]

3 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 [X] No [ ]

If you marked an ***X*** in the ***No*** box at both lines 2 and 3, **stop;** you do not qualify for this credit.

4 Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit *(see instructions)* **4** 08

5 Enter the number of children from line 4 that were at least four years of age on December 31, 2012 ..... **5** 08
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 date of birth for each child included on line 4.

First name and middle initial	Last name	Social security number	Date of birth *(mm-dd-yyyy)*
JOE	HALSE	400884829	11-01-2003
SUE	HALSE	400884830	07-01-2002
BILL	HALSE	400884831	09-01-2001
TOM	HALSE	400884832	06-01-2000
PAT	HALSE	400884833	08-01-1999
JOHN	HALSE	400884834	05-01-1998

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

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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.

		Whole dollars only
6 Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51	6	1213 .00
7 Enter your federal additional child tax credit from Form 1040A, line 39, or Form 1040, line 65	7	6787 .00
8 Add lines 6 and 7	8	8000 .00
9 Enter the number of children from line 4	9	08
10 Divide line 8 by line 9	10	1000 .00
11 Enter the number of children from line 5	11	08
12 Multiply line 10 by line 11	12	8000 .00
13 Multiply line 12 by 33% (.33)	13	2640 .00

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 .00
16 Empire State child credit *(enter the amount from line 13 or line 15, whichever is greater)*	16	2640 .00

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** Enter here and on Form IT-201, line 63.	17	.00
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.	18	.00

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SPECIAL INSTRUCTIONS FOR IT-213

PLEASE BE AWARE THAT THE FORM AND THE RATE USED IN THE CALCULATIONS ON IT-213 ARE FROM TAX YEAR 2011. THIS RATE IS SUBJECT TO CHANGE WHEN THE FORM IS FINALIZED FOR TAX YEAR 2012.

New York State Department of Taxation and Finance

Child Information for Empire State Child Credit

Attachment to Form IT-213

IT-213-ATT

Submit this form with Form IT-213 if you have more than six children to report.

Name(s) as shown on return	Your social security number
JOE AND SANDRA HALSE	400004838

List below the name, social security number, and date of birth for each child **not included** on Form IT-213, Step 3.

First name and middle initial	Last name	Social security number	Date of birth *(mm-dd-yyyy)*
SALLY	HALSE	400884835	03-01-1997
KIM	HALSE	400884836	02-01-1996

239001120099

22222	a Employee's social security number 400004838	OMB No. 1545-0008	
b Employer identification number (EIN) 146018523		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 Suff. JOE HALSE 37 MAIN STREET BURKE NY 12917		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		55000	1000			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
OTB OTB 50 SMITH ST BURKE NY 12917 691478326 7182186957	5000		2012
	3 Type of wager DAILY DOUBLE	4 Date won 05/20/2012	**Form W-2G**
	5 Transaction	6 Race RACE 1	**Certain Gambling Winnings**
	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	This information is being furnished to the Internal Revenue Service.
	11 First I.D. 497801236	12 Second I.D.	
	13 State/Payer's state identification no. NY	14 State income tax withheld 100	**Copy B**
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 ▶**			**Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.**

Form **W-2G** Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD- W2 INDICATOR-S
YONKERS INCOME TAX WITHHELD-

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
JOE	FIRE	05-14-1976	400004839
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
JACK	FOX	08-29-1980	400004829

Mailing address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	New York State county of residence
P0 BOX 527		GREENE

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
CATSKILL	NY	12414		CATSKILL

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number .....
120 MAIN ST		093

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
CATSKILL	**NY**	12414			

A Filing status *(mark an **X** in one box):*

① [ ] Single

② [X] 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 [X]

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

NEW

D Did you have a financial account located in a foreign country? *(see page 13)* ..... Yes [ ] No [X]

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

(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)* M3

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
400004839

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	46900 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C or C-EZ, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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	1100 .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	48000 .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	48000 .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	48000 .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	48000 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	15000 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	33000 .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	33000 .00

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Name(s) as shown on page 1: JOE FIRE AND JACK FOX

Your social security number: 400004839

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

38	**Taxable income** *(from line 37 on page 2)*			38	33000 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	1533 .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	1533 .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	1533 .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	45 .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	1578 .00

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Your social security number: 400004839

62 Enter amount from line 61 ..... **62** 1578 .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	400 .00
72	Total **New York State** tax withheld	72	2000 .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**	2400 .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** 822 .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** 822 .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

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

See page 37 for the proper assembly of your return.

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 ☐ No ☒	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: CHEF	
Spouse's signature and occupation *(if joint return)*: CASHIER	
Date	Daytime phone number ( )
E-mail: FIRE@ATS.COM	

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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

2012

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	Your social security number
JOE FIRE AND JACK FOX	400004839

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1	Accumulation distribution credit *(submit computation)*	1	.00
2	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
2a		.00	2b		.00

	Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)*	2	.00

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit	3	.00
4	Investment credit	4	.00
5	Solar energy system equipment credit	5	.00
6	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

	Total other nonrefundable, carryover credits *(add lines 6a through 6n)*	6	.00
7	**Total New York State nonrefundable credits used** *(add lines 1 through 6; enter here and on **Form IT-201, line 42**)*	7	.00

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

8	New York City resident UBT credit	8	.00
9	New York City accumulation distribution credit *(submit computation)*	9	.00
9a	Part-year resident nonrefundable NYC child and dependent care credit	9a	.00
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	.00

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

11	Farmers' school tax credit	11	.00
12	Other refundable credits		

	Code	Amount		Code	Amount
12a	354	400 .00	12g		.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	400 .00
13	Add lines 11 and 12	13	400 .00

(continued on back)

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Enter your social security number
400004839

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

14	Enter amount from line 13 on the front page	14	400 .00
15	**New York State** claim of right credit	15	.00
16	**New York City** claim of right credit	16	.00
17	**Yonkers** claim of right credit	17	.00
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	400 .00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)*	19	.00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	20g		.00
20b		.00	20h		.00
20c		.00	20i		.00
20d		.00	20j		.00
20e		.00	20k		.00
20f		.00	20l		.00

	Total other New York State taxes *(add lines 20a through 20l)*	20	.00
21	Add lines 19 and 20	21	.00
22	See instructions for line 22	22	.00
23	Enter amount from **Form IT-201**, line 39	23	.00
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*	24	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*	25	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	26	.00
27	Resident credit against separate tax on lump-sum distributions	27	.00
28	Subtract line 27 from line 26	28	.00
29	New York State minimum income tax *(Form IT-220)*	29	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*	30	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	31	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	32	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	33	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	34	.00

New York State Department of Taxation and Finance

Claim for Volunteer Firefighters' and Ambulance Workers' Credit

Tax Law–Section 606(e-1)

IT-245

2012

Submit your completed Form IT-245 with Form IT-201. See instructions on back.

Step 1 – Enter identifying information

Your name as shown on return	Your social security number
JOE FIRE	400004839
Spouse's name	Spouse's social security number
JACK FOX	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 [X] 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 [X] 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 [X] 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** 400 .00
Enter the line 4 amount and code ***354*** on Form IT-201-ATT, line 12.

354001120099

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 submit this form with 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.

354002120099

22222	a Employee's social security number 400004839	OMB No. 1545-0008	
b Employer identification number (EIN) 123456790		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. JOE FIRE 120 MAIN ST CATSKILL NY 12414		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		27900	1000			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

22222	a Employee's social security number 400004829	OMB No. 1545-0008	
b Employer identification number (EIN) 234567810		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 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. JACK FOX 120 MAIN ST CATSKILL NY 12414		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		19000	800			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

NEW YORK STATE DEPARTMENT OF LABOR
PAYMENT UNIT, BUILDING 12 1099-G
PO BOX 621
ALBANY, NY 12201-0621

Do You Qualify For An Earned Income Credit?

You may be entitled to a Federal tax credit. The amount of the credit is based on your earned income such as wages and self-employment. This credit may be allowed even if you do not owe any Federal income tax. However, you must file a Federal income tax return to obtain the credit. See the instructions on your Federal income tax forms to determine if the amount of your income allows you to claim this credit.

Important Information About Form 1099-G

New York State is required to report the unemployment compensation payments of $10 or more, that you received last year, to the Internal Revenue Service, and to furnish you with Form 1099-G by January 31 of this year. Unemployment compensation includes:

- Unemployment Insurance payments
- Extended Benefits and Federal Supplemental Compensation payments
- TAA (Trade Adjustment Act) basic, retroactive, and additional training payments
- DUA (Disaster Unemployment Assistance) payments.

Please keep Form 1099-G for your records. You will need this information to complete your Federal, State and Local income tax returns. If you did not receive any unemployment compensation this year, but repaid an overpayment, this form is being sent in case it will be of help to you.

Note: Unless you have voluntarily authorized Federal or State withholding, Federal, State and Local income taxes are not withheld on unemployment compensation. If you expect to receive these benefits in the future, you can ask the payer to withhold Federal and State income tax from each payment. Or, you can make estimated tax payments during the year. For more information regarding how to make estimated tax payments, see instructions on the appropriate tax return, or, contact the Internal Revenue Service or the NYS Department of Taxation and Finance.

BOX 1 Shows the total unemployment compensation paid to you this year. For tax year 2011, combine the box 1 amounts from all Forms 1099-G, and report the amount as income on the unemployment compensation line on your return. **If this 1099-G is for a year other than 2011, see the instructions on the appropriate tax return, or contact the Internal Revenue Service, the NYS Department of Taxation and Finance or your local taxing authority to determine the amount of taxable unemployment insurance.**

BOX 2 Shows adjustments credited to you this year. Adjustments include money we received including cash (money orders and personal checks) in repayment of an overpayment. Current unemployment compensation, used to repay (offset) existing overpayments, is not included in this amount. Adjustment information may be helpful to you in filing your return.

BOX 4 Shows total Federal income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 10% rate. Include tax withheld, if any, on your income tax return.

BOX 5 Shows Alternative Trade Adjustment Assistance (ATAA) payments you received. This amount is not included in Box 1 amounts.

BOX IO a Shows the payers state.

BOX IO b Shows the payers Federal Identification Number.

BOX 11 Shows total State income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 2.5% rate. Include tax withheld, if any, on your income tax return.

PAYER'S name, street address, city, state, ZIP code, Federal identification number, and telephone number	OMB No. 1545-0120
NEW YORK STATE DEPARTMENT OF LABOR PAYMENT UNIT, BUILDING 12 1099-G PO BOX 621 ALBANY, NY 12201-0621 **PAYER'S Fed. Id. No. 27-0293117** **Phone 518 485-7071**	Statement for Recipients of **Certain Government Payments** Form **1099-G** (12/11)

RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.	4. Federal income tax withheld
400004839	$500.00			

RECIPIENT'S name, street address, city, state and ZIP code	5. ATAA Payments	6.
JOE FIRE 120 MAIN STREET CATSKILL, NY 12414		

7.	8.	9.
10 a. State NY	10 b. State Identification No. 27-0293117	11. State income tax withheld $50

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

NEW YORK STATE DEPARTMENT OF LABOR
PAYMENT UNIT, BUILDING 12 1099-G
PO BOX 621
ALBANY, NY 12201-0621

Do You Qualify For An Earned Income Credit?

You may be entitled to a Federal tax credit. The amount of the credit is based on your earned income such as wages and self-employment. This credit may be allowed even if you do not owe any Federal income tax. However, you must file a Federal income tax return to obtain the credit. See the instructions on your Federal income tax forms to determine if the amount of your income allows you to claim this credit.

Important Information About Form 1099-G

New York State is required to report the unemployment compensation payments of $10 or more, that you received last year, to the Internal Revenue Service, and to furnish you with Form 1099-G by January 31 of this year. Unemployment compensation includes:

- Unemployment Insurance payments
- Extended Benefits and Federal Supplemental Compensation payments
- TAA (Trade Adjustment Act) basic, retroactive, and additional training payments
- DUA (Disaster Unemployment Assistance) payments.

Please keep Form 1099-G for your records. You will need this information to complete your Federal, State and Local income tax returns. If you did not receive any unemployment compensation this year, but repaid an overpayment, this form is being sent in case it will be of help to you.

Note: Unless you have voluntarily authorized Federal or State withholding, Federal, State and Local income taxes are not withheld on unemployment compensation. If you expect to receive these benefits in the future, you can ask the payer to withhold Federal and State income tax from each payment. Or, you can make estimated tax payments during the year. For more information regarding how to make estimated tax payments, see instructions on the appropriate tax return, or, contact the Internal Revenue Service or the NYS Department of Taxation and Finance.

BOX 1 Shows the total unemployment compensation paid to you this year. For tax year 2011, combine the box 1 amounts from all Forms 1099-G, and report the amount as income on the unemployment compensation line on your return. **If this 1099-G is for a year other than 2011, see the instructions on the appropriate tax return, or contact the Internal Revenue Service, the NYS Department of Taxation and Finance or your local taxing authority to determine the amount of taxable unemployment insurance.**

BOX 2 Shows adjustments credited to you this year. Adjustments include money we received including cash (money orders and personal checks) in repayment of an overpayment. Current unemployment compensation, used to repay (offset) existing overpayments, is not included in this amount. Adjustment information may be helpful to you in filing your return.

BOX 4 Shows total Federal income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 10% rate. Include tax withheld, if any, on your income tax return.

BOX 5 Shows Alternative Trade Adjustment Assistance (ATAA) payments you received. This amount is not included in Box 1 amounts.

BOX IO a Shows the payers state.

BOX IO b Shows the payers Federal Identification Number.

BOX 11 Shows total State income tax withheld from unemployment compensation paid to you this year. If you voluntarily authorized withholding, tax has been withheld at a 2.5% rate. Include tax withheld, if any, on your income tax return.

PAYER'S name, street address, city, state, ZIP code, Federal identification number, and telephone number	OMB No. 1545-0120
NEW YORK STATE DEPARTMENT OF LABOR PAYMENT UNIT, BUILDING 12 1099-G PO BOX 621 ALBANY, NY 12201-0621 **PAYER'S Fed. Id. No. 27-0293117** **Phone 518 485-7071**	Statement for Recipients of **Certain Government Payments** Form **1099-G** (12/11)

RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.	4. Federal income tax withheld
400004829	$600.00			

RECIPIENT'S name, street address, city, state and ZIP code	5. ATAA Payments	6.		
JACK FOX 120 MAIN STREET CATSKILL, NY 12414	7.	8.		9.
	10 a. State NY	10 b. State Identification No. 27-0293117		11. State income tax withheld $150

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
JAMIE	HICKS	04-18-1962	400004841
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
MELISSA	HICKS	11-25-1986	400004863

Mailing address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	New York State county of residence
115 S 94 ST		NEW YORK

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
NEW YORK	NY	10029		MANHATTAN

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number 369

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 ☒

NEW

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)* 365

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

(1) Number of months **you** lived in NYC in 2012 12

(2) Number of months **your spouse** lived in NYC in 2012 12

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)*
CHRISTOPHER	HICKS	SON	400884853	07-01-2005
CANDACE	HICKS	DAUGHTER	400884854	03-01-2007

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

201001120099

Your social security number
400004841

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	2692 .00
2	Taxable interest income	2	43702 .00
3	Ordinary dividends	3	63618 .00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	6708 .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	5519959 .00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	53 .00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	725931 .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:* UBS PAYMENT 641	16	641 .00
17	Add lines **1 through 11** and **13 through 16**	17	6363304 .00
18	Total federal adjustments to income *(see page 14)* *Identify:* 1/2 SE TAX-1189 SE HEALTH-15638	18	16827 .00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	6346477 .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	19149 .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	6365626 .00

New York subtractions *(see page 19)*

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	25	6708 .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	310 .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	7018 .00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*			33	6358608 .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: ☐ **Standard** - **or** - ☒ **Itemized**	34	16263 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	6342345 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	2 **000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	37	6340345 .00

201002120099

Name(s) as shown on page 1: JAMIE AND MELISSA HICKS

Your social security number: 400004841

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

38	**Taxable income** *(from line 37 on page 2)*			38	6340345 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	559218 .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	559218 .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	559218 .00

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

47	NYC resident tax on line 38 amount *(see page 26)*	47	244400 .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	244400 .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	244400 .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	244400 .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	244400 .00
59	**Sales or use tax** *(see page 29;* ***do not leave line 59 blank)***			59	0 .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	803618 .00

201003120099

Your social security number 400004841

62 Enter amount from line 61 ..... **62** 803618 .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	97 .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	813500 .00
76	**Total payments** *(add lines 63 through 75)*	**76**	813597 .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** 9979 .00

78 Amount of line 77 to be **refunded**
Mark one refund choice: [X] **direct deposit** *(fill in line 83)* - **or** - [ ] **debit card** - **or** - [ ] **paper check** ... **78** 9979 .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

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

See page 37 for the proper assembly of your return.

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: [X] Personal checking - **or** - [ ] Personal savings - **or** - [ ] Business checking - **or** - [ ] Business savings

83b Routing number 011001742 **83c** Account number LOANXXXX400004841

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

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 MANAGER	
Spouse's signature and occupation *(if joint return)* OFFICE MANAGER	
Date	Daytime phone number (518)555-6666
E-mail: HICKS@ATS.COM	

201004120099

See instructions for where to mail your return.

New York State Department of Taxation and Finance

Resident Itemized Deduction Schedule

IT-201-D

2012

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
JAMIE AND MELISSA HICKS	400004841

		Whole dollars only
1 Medical and dental expenses *(federal Schedule A, line 4)*	1	.00
2 Taxes you paid *(federal Schedule A, line 9)*	2	79985 .00
3 Interest you paid *(federal Schedule A, line 15)*	3	31426 .00
4 Gifts to charity *(federal Schedule A, line 19)*	4	32526 .00
5 Casualty and theft losses *(federal Schedule A, line 20)*	5	.00
6 Job expenses / miscellaneous deductions *(federal Schedule A, line 27)*	6	.00
7 Other miscellaneous deductions *(federal Schedule A, line 28)*	7	.00
8 Enter amount **from federal Schedule A, line 29**	8	143937.00
9 State, local, and foreign **income** taxes *(or general sales tax, if applicable)* and other subtraction adjustments *(see instructions)*	9	58653.00
10 Subtract line 9 from line 8	10	85284.00
11 Addition adjustments *(see instructions)*	11	.00
12 Add lines 10 and 11	12	85284.00
13 Itemized deduction adjustment *(see instructions)*	13	69021 .00
14 Subtract line 13 from line 12	14	16263 .00
15 College tuition itemized deduction *(see Form IT-272)*	15	.00
16 **New York State itemized deduction** *(add lines 14 and 15; enter on Form IT-201, line 34)*	16	16263.00

201005120099

22222	a Employee's social security number 400004863	OMB No. 1545-0008	
b Employer identification number (EIN) 591234567		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 Suff. MELISSA HICKS 115 S 94 ST NEW YORK NY 10029		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
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		2692	97			

Form **W-2** **Wage and Tax Statement** 2012 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

W2 INDICATOR-S

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
JOSEPH	SMITH	07-04-1976	400004842
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
8 GARFIELD AVE		ALBANY

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
ALBANY	NY	12205		

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number 595

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 ☒

NEW

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)*
JAMES	SMITH	SON	400884855	11-01-2004
JESSICA	SMITH	DAUGHTER	400884856	08-01-2006

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

201001120099

Your social security number: 400004842

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	-3000 .00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	76893 .00
12	Rental real estate included in line 11 — 12: 2650 .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	73893 .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	73893 .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	73893 .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	73893 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	10500 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	63393 .00
36	Dependent exemptions *(not the same as total federal exemptions; see page 24)*	36	2 **000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	37	61393 .00

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Name(s) as shown on page 1: JOSEPH SMITH

Your social security number: 400004842

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

38	**Taxable income** *(from line 37 on page 2)*			38	61393 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	3485 .00
40	NYS household credit *(page 25, table 1, 2, or 3)*	40	.00		
41	Resident credit *(see page 26)*	41	891 .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	.00		
43	Add lines 40, 41, and 42			43	891 .00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	2594 .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	2594 .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	35 .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	50 .00		
60	**Total voluntary contributions** *(add lines 60a through 60h)*			60	50 .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	2679 .00

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Your social security number: 400004842

62 Enter amount from line 61 ..... **62** 2679 .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**	5000 .00
76	**Total payments** *(add lines 63 through 75)*	**76**	5000 .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** 2321 .00

78 Amount of line 77 to be **refunded** **78** 821 .00

Mark one refund choice: ☐ **direct deposit** *(fill in line 83)* - **or** - ☒ **debit card** - **or** - ☐ **paper check** ...

79 Amount of line 77 that you want applied to your **2013** estimated tax *(see instructions)* ..... **79** 1500 .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

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

See page 37 for the proper assembly of your return.

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 ☐ No ☒	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 WELDER	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number ( )
E-mail: SMITH@ATS.COM	

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See instructions for where to mail your return.

New York State Department of Taxation and Finance

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

IT-112-C

2012

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	Identifying number as shown on return
JOSEPH SMITH	400004842

Submit this form and a copy of federal Form 1116 with 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.

Part 1 – Income and adjustments *(see instructions)* **Report all amounts in U.S. dollars.**		**A** Amount reported on New York State return (Whole dollars only)		**B** Amount sourced to and taxed by the Canadian province (Whole dollars only)
1 Wages, salaries, tips, etc.	1	.00	1	.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss	7	-3000 .00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	76893 .00	11	4000 .00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of social security benefits	14	.00	14	.00
15 Other income	15	.00	15	.00
16 Add lines 1 through 15	16	73893 .00	16	4000 .00
17 Total federal adjustments to income	17	.00	17	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	73893 .00	18	4000 .00
19 New York adjustments *(see instructions)*	19	.00	19	
20 New York adjusted gross income *(line 18 and add or subtract line 19; see instructions)*	20	73893 .00	20	4000 .00
21 Capital gain portion of lump-sum distributions *(see instr.)*	21	.00	21	.00
22 Add lines 20 and 21	22	73893 .00	22	4000 .00

(continued)

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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 *(see instr.)*			**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 *(see instructions)*			**24**	1200 .00
25	Enter the amount from federal Form 1116, line 12, pertaining to the reduction in foreign taxes paid to the above Canadian province	**25**	.00		
26	Enter the amount from line 24 that was carried back and claimed as a credit for federal purposes	**26**	.00		
27	Add lines 25 and 26			**27**	.00
28	Subtract line 27 from line 24			**28**	1200 .00
29	Enter the amount from federal Form 1116, line 10, pertaining to carryover of taxes paid for prior years to the above Canadian province *(submit a copy of federal Form(s) 1116)*			**29**	.00
30	Add lines 28 and 29			**30**	1200 .00
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 .00
32	Subtract line 31 from line 30			**32**	34 .00
33	New York State tax payable *(see instructions)*			**33**	3485 .00
34	Divide line 22, column B, by line 22, column A *(round to the fourth decimal place; see instructions)*			**34**	.0541
35	Multiply line 33 by line 34			**35**	189 .00
36	Tentative credit *(enter the lesser of line 28, 32, or 35)*			**36**	34 .00
37	Enter the amount from line 29	**37**	.00		
38	Enter the amount from line 31	**38**	1166 .00		
39	Subtract line 38 from line 37 *(if line 38 is more than line 37, leave blank)*			**39**	.00
40	Add lines 36 and 39			**40**	34 .00
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) *(see instructions)*			**41**	.00
42	If line 41 is more than line 40, subtract line 40 from line 41. This is your addback of resident credit *(see instructions; do not make any entries on lines 43 through 50)*			**42**	.00
43	If line 41 is less than (or equal to) line 40, subtract line 41 from line 40			**43**	34 .00
44	Enter the amount from line 36 or line 43, whichever is less *(see instructions)*			**44**	34 .00
45	Total line 44 amounts from additional Form(s) IT-112-C and line 28 amounts from Form(s) IT-112-R, if any *(see instructions)*			**45**	.00
46	Add lines 44 and 45			**46**	.00

Part 3 – Application of credit

47	Tax due before credits *(see instructions)*	**47**	.00
48	Other credits that you applied before this credit *(see instructions)*	**48**	.00
49	Subtract line 48 from line 47	**49**	.00
50	Enter the amount from line 46 or line 49, whichever is less *(see instructions)*	**50**	.00

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

You are not **required** to submit a copy of the return you filed with a province of Canada with Form IT-201, IT-203, or IT-205. Submitting a copy of the provincial return is **optional.** You are still required to submit 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 submit a copy of the provincial return with Form IT-201, IT-203, or IT-205, you **must** complete this section.

51 Enter the amount of your provincial tax	**51**	500 .00

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 .00	**52**	.00
53 Enter the amount of your prepayments *(see instructions)*	**53**	600 .00	**53**	.00
54 Enter the amount of overpayment, if any, shown on the return you filed with Canada or Quebec	**54**	100 .00	**54**	.00
55 Enter the balance due, if any shown on the return you filed with Canada or Quebec *(see instructions)*	**55**	.00	**55**	.00

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New York State Department of Taxation and Finance

New York State Resident Credit

IT-112-R

2012

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	Identifying number as shown on return
JOSEPH SMITH	400004842

Submit this form with 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
		Whole dollars only		**Whole dollars only**
1 Wages, salaries, tips, etc.	**1**	.00	**1**	.00
2 Taxable interest income	**2**	.00	**2**	.00
3 Ordinary dividends	**3**	.00	**3**	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	**4**	.00	**4**	.00
5 Alimony received	**5**	.00	**5**	.00
6 Business income or loss	**6**	.00	**6**	.00
7 Capital gain or loss	**7**	-3000 .00	**7**	.00
8 Other gains or losses	**8**	.00	**8**	.00
9 Taxable amount of IRA distributions	**9**	.00	**9**	.00
10 Taxable amount of pensions and annuities	**10**	.00	**10**	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	**11**	76893 .00	**11**	5490 .00
12 Farm income or loss	**12**	.00	**12**	.00
13 Unemployment compensation	**13**	.00	**13**	.00
14 Taxable amount of social security benefits	**14**	.00	**14**	.00
15 Other income	**15**	.00	**15**	.00
16 Add lines 1 through 15	**16**	73893 .00	**16**	5490 .00
17 Total federal adjustments to income	**17**	.00	**17**	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	**18**	73893 .00	**18**	5490 .00
19 New York adjustments *(see instructions)*	**19**	.00	**19**	
20 New York adjusted gross income *(line 18 and add or subtract line 19; see instructions)*	**20**	73893 .00	**20**	5490 .00
21 Capital gain portion of lump-sum distributions *(see instr.)*	**21**	.00	**21**	.00
22 Add lines 20 and 21	**22**	73893 .00	**22**	5490 .00

(continued on back)

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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**	CT
	Also enter the locality name, if applicable *Locality name:* 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 .00
25	New York State tax payable *(see instructions)*	**25**	3485 .00
26	Divide line 22, column B, by line 22, column A *(round to the fourth decimal place; see instructions)*	**26**	.0743
27	Multiply line 25 by line 26	**27**	259 .00
28	Enter amount from line 24 or line 27, whichever is less *(see instructions)*	**28**	131 .00
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**	760 .00
30	Add lines 28 and 29	**30**	891 .00

Part 3 – Application of Credit

31	Tax due before credits *(see instructions)*	**31**	3485 .00
32	Other credits that you applied before this credit *(see instructions)*	**32**	.00
33	Subtract line 32 from line 31	**33**	3485 .00
34	Enter the amount from line 30 or line 33, whichever is less *(see instructions)*	**34**	891 .00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting 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 submit 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 .00
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**	.00
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 .00

38 Mark an ***X*** in the box if the taxes paid to the other jurisdiction were paid on a group return ☐

Enter the group's EIN

112002120099

New York State Department of Taxation and Finance

New York State Resident Credit

IT-112-R

2012

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	Identifying number as shown on return
JOSEPH SMITH	400004842

Submit this form with 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 Whole dollars only		B Amount sourced to and taxed by other taxing authority Whole dollars only
1 Wages, salaries, tips, etc.	1	.00	1	.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss	7	-3000 .00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	76893 .00	11	12400 .00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of social security benefits	14	.00	14	.00
15 Other income	15	.00	15	.00
16 Add lines 1 through 15	16	73893 .00	16	12400 .00
17 Total federal adjustments to income	17	.00	17	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	18	73893 .00	18	12400 .00
19 New York adjustments *(see instructions)*	19	.00	19	
20 New York adjusted gross income *(line 18 and add or subtract line 19; see instructions)*	20	73893 .00	20	12400 .00
21 Capital gain portion of lump-sum distributions *(see instr.)*	21	.00	21	.00
22 Add lines 20 and 21	22	73893 .00	22	12400 .00

(continued on back)

112001120099

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**	CA
	Also enter the locality name, if applicable *Locality name:* SACRAMENTO		
24	Enter the amount of income tax computed on this year's return for the other state or local government *(see instructions)*	**24**	509 .00
25	New York State tax payable *(see instructions)*	**25**	3485 .00
26	Divide line 22, column B, by line 22, column A *(round to the fourth decimal place; see instructions)*	**26**	.1678
27	Multiply line 25 by line 26	**27**	585 .00
28	Enter amount from line 24 or line 27, whichever is less *(see instructions)*	**28**	509 .00
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**	.00
30	Add lines 28 and 29	**30**	.00

Part 3 – Application of Credit

31	Tax due before credits *(see instructions)*	**31**	.00
32	Other credits that you applied before this credit *(see instructions)*	**32**	.00
33	Subtract line 32 from line 31	**33**	.00
34	Enter the amount from line 30 or line 33, whichever is less *(see instructions)*	**34**	.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting 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 submit 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**	550 .00
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**	41 .00
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**	.00

38 Mark an ***X*** in the box if the taxes paid to the other jurisdiction were paid on a group return ☐

Enter the group's EIN

112002120099

New York State Department of Taxation and Finance

New York State Resident Credit

IT-112-R

2012

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	Identifying number as shown on return
JOSEPH SMITH	400004842

Submit this form with 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
		Whole dollars only		**Whole dollars only**
1 Wages, salaries, tips, etc.	**1**	.00	**1**	.00
2 Taxable interest income	**2**	.00	**2**	.00
3 Ordinary dividends	**3**	.00	**3**	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	**4**	.00	**4**	.00
5 Alimony received	**5**	.00	**5**	.00
6 Business income or loss	**6**	.00	**6**	.00
7 Capital gain or loss	**7**	-3000 .00	**7**	.00
8 Other gains or losses	**8**	.00	**8**	.00
9 Taxable amount of IRA distributions	**9**	.00	**9**	.00
10 Taxable amount of pensions and annuities	**10**	.00	**10**	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	**11**	76893 .00	**11**	4600 .00
12 Farm income or loss	**12**	.00	**12**	.00
13 Unemployment compensation	**13**	.00	**13**	.00
14 Taxable amount of social security benefits	**14**	.00	**14**	.00
15 Other income	**15**	.00	**15**	.00
16 Add lines 1 through 15	**16**	73893 .00	**16**	4600 .00
17 Total federal adjustments to income	**17**	.00	**17**	.00
18 Federal adjusted gross income *(subtract line 17 from line 16)*	**18**	73893 .00	**18**	4600 .00
19 New York adjustments *(see instructions)*	**19**	.00	**19**	
20 New York adjusted gross income *(line 18 and add or subtract line 19; see instructions)*	**20**	73893 .00	**20**	4600 .00
21 Capital gain portion of lump-sum distributions *(see instr.)*	**21**	.00	**21**	.00
22 Add lines 20 and 21	**22**	73893 .00	**22**	4600 .00

(continued on back)

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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 *Locality name:* MONTGOMERY		
24	Enter the amount of income tax computed on this year's return for the other state or local government *(see instructions)*	**24**	382 .00
25	New York State tax payable *(see instructions)*	**25**	3485 .00
26	Divide line 22, column B, by line 22, column A *(round to the fourth decimal place; see instructions)*	**26**	.0623
27	Multiply line 25 by line 26	**27**	217 .00
28	Enter amount from line 24 or line 27, whichever is less *(see instructions)*	**28**	217 .00
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**	.00
30	Add lines 28 and 29	**30**	.00

Part 3 – Application of Credit

31	Tax due before credits *(see instructions)*	**31**	.00
32	Other credits that you applied before this credit *(see instructions)*	**32**	.00
33	Subtract line 32 from line 31	**33**	.00
34	Enter the amount from line 30 or line 33, whichever is less *(see instructions)*	**34**	.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting 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 submit 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**	.00
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**	.00
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**	382 .00

38 Mark an ***X*** in the box if the taxes paid to the other jurisdiction were paid on a group return ☐

Enter the group's EIN

112002120099

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

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
FREDERICK	MILLER	11-24-1945	400004843
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
LISETTE	MILLER	03-31-1955	400004883

Mailing address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	New York State county of residence
636 TAP DR		CHEMUNG

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
ELMIRA	NY	14901		ELMIRA

Permanent home address ***(see instructions, page 12)*** *(number and street or rural route)*	Apartment number	School district code number .....
		182

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 ☒

NEW

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
400004843

Federal income and adjustments *(see page 14)*

			Whole dollars only
1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	1500 .00
3	Ordinary dividends	3	10000 .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	800500 .00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	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	812000 .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	812000 .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	812000 .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	812000 .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: ☒ **Standard** - **or** - ☐ **Itemized**	34	15000 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	797000 .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	797000 .00

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Name(s) as shown on page 1: FREDERICK AND LISETTE MILLER

Your social security number: 400004843

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

38	**Taxable income** *(from line 37 on page 2)*			38	797000 .00
39	NYS tax on line 38 amount *(see page 25 and* Tax computation *on pages 57, 58, and 59)*			39	54595 .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	54595 .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	54595 .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	250 .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	54845 .00

201003120099

Your social security number: 400004843

62 Enter amount from line 61		**62**	54845 .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**	86500 .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**	86500 .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**	31655 .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**	11655 .00
79 Amount of line 77 that you want applied to your **2013** estimated tax *(see instructions)*	**79**	20000 .00
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
82 Other penalties and interest *(see page 35)*	**82**	.00

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

See page 37 for the proper assembly of your return.

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 ☐ No ☒	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 BREWER	
Spouse's signature and occupation *(if joint return)* HOUSEWIFE	
Date	Daytime phone number (518) 555-6666
E-mail: MILLER@ATS.COM	

201004120099

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

2012

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	Your social security number
FREDERICK AND LISETTE MILLER	400004843

Complete all parts that apply to you; see instructions. Submit this form with 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

Whole dollars only

1	Accumulation distribution credit *(submit computation)*	1	.00
2	Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
2a		.00	2b		.00

	Total other nonrefundable, non-carryover credits *(add lines 2a and 2b)*	2	.00

Section B – New York State nonrefundable, carryover credits used

3	Long-term care insurance credit	3	.00
4	Investment credit	4	.00
5	Solar energy system equipment credit	5	.00
6	Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
6a		.00	6h		.00
6b		.00	6i		.00
6c		.00	6j		.00
6d		.00	6k		.00
6e		.00	6l		.00
6f		.00	6m		.00
6g		.00	6n		.00

	Total other nonrefundable, carryover credits *(add lines 6a through 6n)*	6	.00
7	**Total New York State nonrefundable credits used** *(add lines 1 through 6; enter here and on **Form IT-201, line 42**)*	7	.00

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

8	New York City resident UBT credit	8	.00
9	New York City accumulation distribution credit *(submit computation)*	9	.00
9a	Part-year resident nonrefundable NYC child and dependent care credit	9a	.00
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	.00

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

11	Farmers' school tax credit	11	.00
12	Other refundable credits		

	Code	Amount		Code	Amount
12a	634	9000 .00	12g		.00
12b	635	3000 .00	12h		.00
12c	636	74500 .00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

	Total other refundable credits *(add lines 12a through 12l)*	12	86500 .00
13	Add lines 11 and 12	13	86500 .00

(continued on back)

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Enter your social security number: 400004843

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

14	Enter amount from line 13 on the front page	14	86500 .00
15	**New York State** claim of right credit	15	.00
16	**New York City** claim of right credit	16	.00
17	**Yonkers** claim of right credit	17	.00
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	86500 .00

Part 2 – Other New York State taxes *(submit all applicable forms)*

If you are subject to other New York State taxes, **complete Part 2.**

19	New York State tax on capital gain portion of lump-sum distributions *(Form IT-230)*	19	.00

20 Other New York State taxes

	Code	Amount		Code	Amount
20a		.00	20g		.00
20b		.00	20h		.00
20c		.00	20i		.00
20d		.00	20j		.00
20e		.00	20k		.00
20f		.00	20l		.00

	Total other New York State taxes *(add lines 20a through 20l)*	20	.00
21	Add lines 19 and 20	21	.00
22	See instructions for line 22	22	.00
23	Enter amount from **Form IT-201**, line 39	23	.00
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*	24	.00
25	Subtract line 24 from line 21 *(if line 24 is more than line 21, leave blank)*	25	.00
26	New York State separate tax on lump-sum distributions *(Form IT-230)*	26	.00
27	Resident credit against separate tax on lump-sum distributions	27	.00
28	Subtract line 27 from line 26	28	.00
29	New York State minimum income tax *(Form IT-220)*	29	.00
30	**Net other New York State taxes** *(add lines 25, 28, and 29; enter here and on **Form IT-201, line 45**)*	30	.00

Part 3 – Other New York City taxes *(submit all applicable forms)*

31	New York City minimum income tax *(Form IT-220)*	31	.00
32	New York City resident separate tax on lump-sum distributions *(Form IT-230)*	32	.00
33	New York City tax on capital gain portion of lump-sum distributions *(Form IT-230)*	33	.00
34	**Total other New York City taxes** *(add lines 31, 32, and 33; enter here and on **Form IT-201, line 51**)*	34	.00

New York State Department of Taxation and Finance

Empire State Jobs Retention Program Credit

Tax Law - Sections 36 and 606(tt)

IT-634

Calendar-year filers, mark an *X* in the box: X

Other filers enter tax period:

beginning _____ and ending _____

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.
You must also submit a copy of the certificate(s) of tax credit issued by Empire State Development (ESD).

Name(s) as shown on return	Identifying number as shown on return
FREDERICK AND LISETTE MILLER	400004843

A Year of eligibility *(enter a number from 1 to 10; see instructions)* ..... **A** 1

Schedule A – Credit computation *(see instructions)*

Individual (including sole proprietor), partnership, fiduciary	1	Enter your Empire State jobs retention program credit	1	9000 .00
Partner	2	Enter your share of the Empire State jobs retention program credit from your partnership(s)	2	.00
S corporation shareholder	3	Enter your share of the Empire State jobs retention program credit from your S corporation(s)	3	.00
Beneficiary	4	Enter your share of the Empire State jobs retention program credit from the estate(s) or trust(s)	4	.00
	5	Total Empire State jobs retention program credit *(add lines 1 through 4; see instructions)*	5	9000 .00

Schedule B – Partnership, S corporation, estate, and trust information *(see instructions)*

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 Empire State jobs retention program 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	Type	Employer ID number

Schedule C – Beneficiary's and fiduciary's share of credit and recapture of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of credit	D Share of recapture of credit
Total		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

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Schedule D – Summary of recapture of credit *(see instructions)*

6	Individual's and partnership's recapture of credit	**6**	9000 .00
7	Beneficiary's share of recapture of credit	**7**	.00
8	Partner's share of recapture of credit	**8**	.00
9	S corporation shareholder's share of recapture of credit	**9**	.00
10	Fiduciaries: enter your share of amount from Schedule C, *Fiduciary* line, column D	**10**	.00
11	Total *(see instructions)*	**11**	9000 .00

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 11 amount and code ***634*** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Fiduciaries: Include the line 11 amount on Form IT-205, line 12.

Partnerships: Enter the line 11 amount and code ***634*** on Form IT-204, line 148.

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THIS IS THE EMPIRE STATE JOBS RETENTION PROGRAM CREDIT CERTIFICATE IT-634

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

New York State Department of Taxation and Finance

New York Youth Works Tax Credit

Tax Law – Article 22, Section 606(tt)

IT-635

Calendar-year filers, mark an *X* in the box: X

Other filers enter tax period:

beginning _____ and ending _____

Submit this form with Form IT-201, IT-203, IT-204, or IT-205. You must also submit a copy of the *Certificate of Tax Credit* issued by the New York State Department of Labor.

Name(s) as shown on return	Taxpayer identification number
FREDERICK AND LISETTE MILLER	400004843

Schedule A – Credit for eligible employees

1 New York youth works tax credit *(from line 11)*	**1**	3000 .00

Schedule B – Partner's, shareholder's, or beneficiary's share of credit *(see instructions)*

Partner	**2**	Enter your share of the credit from your partnership(s)	**2**	.00
S corporation shareholder	**3**	Enter your share of the credit from your S corporations(s)	**3**	.00
Beneficiary	**4**	Enter your share of the credit from the estate(s) or trust(s)	**4**	.00
	5	Total credit allowed *(add lines 1 through 4; see instructions)*	**5**	3000 .00

Schedule C – 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 tax credit
Total *(from line 5)*		.00
		.00
		.00
Fiduciary		.00

Schedule D – Partnership, S corporation, estate, and trust information *(see instructions)*

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 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	Type	Employer ID number

635001120099

Schedule E – Employee information and computation of credit

Employee name		Social security number
SAMUEL ADAMS		400884860
Hire date *(mm-dd-yyyy)*	Last date of employment during the current tax year	
07-01-2012	12-31-2012	

Part 1 – 2012 hours worked and monthly factors for full-time or part-time work *(see instructions)*

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of hours worked							155	155	150	155	150	155
Full-time or part-time factor							1.0	1.0	1.0	1.0	1.0	1.0

Part 2 – 2013 hours worked and monthly factors for full-time or part-time work *(see instructions)*

Month	Jan	Feb	March	April	May	June
Number of hours worked						
Full-time or part-time factor						

Part 3 – Computation of credit

6	Total monthly factors for first six months *(see instructions)*	**6**	6.0
7	Six-month employment credit *(multiply line 6 by 500)*	**7**	3000 .00
8	Additional six-month credit *(see instructions)*	**8**	.00
9	Total tax credit for employee *(add lines 7 and 8)*	**9**	3000 .00

Schedule F – Total New York youth works credit

10	Total line 9 amounts from additional Schedule(s) E, if any	**10**	.00
11	Total credit *(add lines 9 and 10; enter here and on line 1)*	**11**	3000 .00

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THIS IS THE NEW YORK WORKS TAX CREDIT CERTIFICATE IT-635

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

New York State Department of Taxation and Finance

Beer Production Credit

Tax Law - Section 37, Article 22, Section 606(uu)

IT-636

2012

All filers must enter tax period:

beginning _____ ending _____

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return
FREDERICK AND LISETTE MILLER	400004843

Schedule A – Eligibility

A Are you registered as a distributor under Tax Law Article 18 (Taxes on Alcoholic Beverages)? ..... Yes [X] No [ ]

B For the tax year, did you produce 60 million gallons of beer or less in New York State? ..... Yes [X] No [ ]
If you answered *No* to question A or B, **stop**. You do not qualify for this credit for this tax year.

Schedule B – Individual (including sole proprietor), partnership, and fiduciary *(see instructions)*

Part 1 – Credit for the first 500,000 gallons produced in New York State *(submit additional sheets if necessary)*

A Beer production facility's physical address	B Total gallons of beer produced in NYS on or after April 1, 2012
40 ALE LANE ELMIRA NY	100000
12 LAGER RD ELMIRA NY	600000

1	Total of column B amounts from additional Form(s) IT-636, if any	1		
2	Add column B amounts *(include any amount from line 1)*	2	700000	
3	Enter the lesser of line 2 or 500,000	3	500000	
4	Total credit for first 500,000 gallons produced in New York State *(multiply line 3 by .14; see instr.)* ...	4		70000 .00

Part 2 – Credit for gallons produced in New York State in excess of 500,000 *(submit additional sheets if necessary)*

A Beer production facility's physical address	B Total gallons of beer produced in NYS on or after April 1, 2012
12 LAGER RD ELMIRA NY	600000

5	Total of column B amounts from additional Form(s) IT-636, if any	5		
6	Add column B amounts *(include any amount from line 5)*	6	600000	
7	Subtract 500,000 from line 6	7	100000	
8	Enter the lesser of line 7 or 15,000,000 *(see instructions)*	8	100000	
9	Total credit for gallons produced in New York State in excess of 500,000 *(multiply line 8 by .045)*	9		4500 .00
10	Add lines 4 and 9	10		74500 .00

Individuals and partnerships: Enter the line 10 amount on line 15.
Fiduciaries: Include the line 10 amount on the *Total* line of Schedule E, column C.

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Schedule C – Partnership, S corporation, estate, and trust information *(see instructions)*

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 beer production 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

Schedule D – Partner's, shareholder's, or beneficiary's share of credit *(see instructions)*

Partner	**11**	Enter your share of credit from your partnership	**11**	.00
S corporation shareholder	**12**	Enter your share of credit from your S corporation	**12**	.00
Beneficiary	**13**	Enter your share of credit from the estate or trust	**13**	.00
	14	**Total** *(add lines 11, 12, and 13)*	**14**	.00

Fiduciaries: Include the line 14 amount in the *Total* line of Schedule E, column C.
All others: Enter the line 14 amount on line 16.

Schedule E – Beneficiary's and fiduciary's share of credit *(see instructions)*

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of credit
Total *(fiduciaries, enter the amount from line 10* ***plus*** *the amount from line 14)*		.00
		.00
		.00
Fiduciary		.00

Schedule F – Computation of credit *(see instructions)*

Individuals and partnerships	**15**	Enter the amount from line 10	**15**	74500 .00
Partners, S corporation shareholders, beneficiaries	**16**	Enter the amount from line 14	**16**	.00
Fiduciaries	**17**	Enter the amount from Schedule E, column C, *Fiduciary* line..	**17**	.00
	18	**Total credit** *(add lines 15, 16 and 17)*	**18**	74500 .00

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New York State Department of Taxation and Finance

Claim for Real Property Tax Credit

For Homeowners and Renters

IT-214

2012

Step 1 – Enter identifying information

Your first name and middle initial	Your last name *(for a **joint claim**, enter spouse's name on line below)*	Your date of birth *(mm-dd-yyyy)*	Your social security number
DONALD B	LODGE	04-01-1976	400004844
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
ETHEL K	LODGE	07-01-1978	400004887

Current mailing address *(number and street or rural route)*	Apartment number	New York State county of residence
123 HOMESTEAD AVENUE	214	ALBANY

City, village, or post office	State	ZIP code	Country *(if not United States)*
COHOES	NY	12047	

Street address of New York residence that **qualifies** you for this credit, if different from above

City, village, or post office	State	ZIP code
	NY	

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

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

1	Were you a New York State resident for all of 2012?	1	Yes	X	No
2	Did you occupy the same residence for at least six months during 2012?	2	Yes	X	No
	If you marked an ***X*** in the ***No*** box on line 1 or 2, **stop;** you do not qualify for this credit.				
3	Did you own real property with a current market value of more than $85,000 during 2012?	3	Yes		No X
4	Can you be claimed as a dependent on another taxpayer's 2012 federal return?	4	Yes		No X
5	Did you reside in public housing, or other residence completely exempted from real property taxes in 2012? *(see instr.)*	5	Yes		No X
	If you marked an ***X*** in the ***Yes*** box on line 3, 4, or 5, **stop;** you do not qualify for this credit.				
6	Did you live in a nursing home during 2012? *(If you mark an **X** in the* Yes *box, see instructions.)*	6	Yes		No X

7 Complete below for the qualifying household member 65 or older *(see instructions)*.

A – First name	Last name	**B –** Social security number	**C –** Date of birth *(mm-dd-yyyy)*
FRANCIS	LODGE	400884860	06-22-1946

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

A – First name	Last name	**B –** Social security number	**C –** Date of birth *(mm-dd-yyyy)*
DONALD	LODGE	400004844	04-01-1976
ETHEL	LODGE	400004887	07-15-1978
GARY	LODGE	400884841	03-01-1995

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 2012.

9	Federal adjusted gross income If any household members do not have to file a federal return, see instructions	9	13500 .00
10	New York State additions to federal adjusted gross income	10	.00
11	Social security payments not included on line 9	11	.00
12	Supplemental security income (SSI) payments	12	2500 .00
13	Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12	13	.00
14	Cash public assistance and relief	14	.00
15	Other income	15	.00
16	Household gross income *(add lines 9 through 15)*	16	16000 .00
	If line 16 is more than $18,000, **stop;** you do not qualify for this credit.		
17	Enter rate from Table 1 *(see instructions)*	17	.065
18	Multiply line 16 by line 17	18	1040 .00

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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 2012. *(Do not include any subsidized part of your rental charge.)*	19	5100 .00
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	5100 .00
21	Average monthly adjusted rent *(divide line 20 by the number of months you paid rent)* If line 21 is more than $450, **stop;** you do not qualify for this credit.	21	425 .00
22	Multiply line 20 by 25% (.25); enter here and on line 28	22	1275 .00

Homeowners only

23	Real property taxes paid during the year 2012 *(see instructions)*	23	.00
24	Special assessments	24	.00
25	Add lines 23 and 24	25	.00
26	Exemption for homeowners 65 and over *(optional - see instructions)*	26	.00
27	Add lines 25 and 26; enter here and on line 28	27	.00

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	1275 .00
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	1040 .00
30	Subtract line 29 from line 28	30	235 .00
31	Multiply line 30 by 50% (.5) *(However, if you entered an amount on line 26, multiply line 30 by 25% (.25).)*	31	118 .00
32	Credit limit *(see instructions; enter amount from chart)*	32	120 .00
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	118 .00

- If you are **filing this claim with your New York State income tax return:**
  Enter the line 33 amount on Form IT-201, line 67.
- If you are **not filing this claim with a New York State income tax return** *(see instructions)*:
  Mark one refund choice: [X] direct deposit *(fill in line 34)* - **or** - [ ] debit card - **or** - [ ] paper check

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

34 Direct deposit *(see instructions)*: Complete the following to have your refund deposited directly to your bank account.

34a Routing number: 011001742

34b Account type: [X] Personal checking - **or** - [ ] Personal savings - **or** - [ ] Business checking - **or** - [ ] Business savings

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

34c Account number: LOANXXXX400004844

Third-party designee? *(see instr.)* Yes [X] No [ ]	Print designee's name: JOE PALMER	Designee's phone number: (518) 5557777	Personal identification number (PIN): 55555
	E-mail: PALMER@ATS.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
	Mark an ***X*** if self-employed [ ]
E-mail:	

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation: CLERK	
Spouse's signature and occupation *(if joint claim)*: TEACHER	
Date	Daytime phone number: (518) 555-6666
E-mail: LODGE@ATS.COM	

- If you **are filing** a NYS income tax return, submit this form with 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.

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New York State Department of Taxation and Finance

Claim for New York City School Tax Credit

NYC-210

Your first name and middle initial	Your last name *(for a **combined claim**, enter spouse's name on line below)*	Your date of birth *(mm-dd-yyyy)*	Your social security number
ARLO G	KING	02-10-1960	400004846
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	Spouse's social security number
BARNEY F	KING	11-12-1978	400004886

Mailing address *(number and street or rural route)*	Apartment number	**You must enter your date(s) of birth and social security number(s) above.**
21012 ARTHUR BLVD		

City, village, or post office	State	ZIP code	Country *(if not United States)*	NYS county of residence while living in NY City
REGO PARK	NY	11374		QUEENS

Address of New York City residence that **qualifies** you for this credit, if different from above					
City	State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
	NY				08-01-2012

Note: Use this form only if you are not required to file a 2012 Form IT-201 or IT-203, and you lived in New York City for any part of 2012. You lived in **New York City** if you lived in any of the following counties during 2012: **Kings County (Brooklyn), Bronx, New York County (Manhattan), Richmond County (Staten Island), or Queens.** If you did not live in any of these counties for all or part of the year, **stop;** you do not qualify for this credit.

Type of claim – mark an *X* in one box *(see instructions)*

- a [ ] Single *(complete lines 1, 2, and 5)*
- b [X] Married filing a **combined** claim *(complete lines 1 through 5)*
- c [ ] Married but filing a **separate** claim *(complete lines 1, 2, and 5)*
- d [ ] Qualifying widow(er) with dependent child *(complete lines 1, 2, and 5)*

1 Can you be claimed as a dependent on another taxpayer's 2012 federal return? ..... 1 Yes [ ] No [X]
If you marked an ***X*** in box a, c, or d above, and marked the *Yes* box at line 1, **stop**; you do not qualify for the credit. All other filers continue with line 2.

2 Enter, in the box (to the right, the number of months during 2012 that you lived in **New York City** *(see* **Note** *above; also see instructions)* ..... 2 10 months
If you marked an ***X*** in box b above, continue with line 3. All other filers continue with line 5.

3 Can your **spouse** be claimed as a dependent on another taxpayer's 2012 federal return? ..... 3 Yes [ ] No [X]
If you marked an ***X*** in the *Yes* box at both lines 1 and 3, **stop**; you do not qualify for this credit. All other filers continue with line 4.

4 Enter, in the box to the right, the number of months during 2012 your **spouse** lived in **New York City** *(see* **Note** *above; also see instructions)* ..... 4 7 months

5 **Mark one refund choice** *(see instructions)*: [X] **direct deposit** *(fill in line 6)* - **or** - [ ] **debit card** - **or** - [ ] **paper check**

6 **Direct deposit** *(see instructions)***:** Complete the following to have your refund deposited directly to your bank account.

6a Routing number 011001742

6b Account type: [X] Personal checking - **or** - [ ] Personal savings - **or** - [ ] Business checking - **or** - [ ] Business savings

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

6c Account number LOANXXXX400004846

Third-party designee? *(see instr.)* Yes [X] No [ ]	Print designee's name	Designee's phone number	Personal identification number (PIN)
	JOE PALMER	(518) 5557777	55555
	E-mail: PALMER@ATS.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
	Mark an ***X*** if self-employed [ ]
E-mail:	

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation ACCOUNTANT	
Spouse's signature and occupation *(if joint claim)* DOORMAN	
Date	Daytime phone number (518) 555-6666
E-mail: KING@ATS.COM	

File your claim as soon as you can after January 1, 2013. Mail your claim to:

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

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