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



MeF supplement to Publication 98

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 <u>NYSPITMEF@tax.ny.gov</u> 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_AC	CT_IND	(Form change, D, see form instructions)		
NEW D	Did you located	have a financial account in a foreign country? <i>(see page 13)</i>	Yes	No 🗌
DEP_EXCD_	IND	(Form change, H, see form instructions)		
If more t	than 9 d	ependents, mark an X in the box.]	

RNT_RE_AMT	(Form change, Line 12, see	e form instructions)		
12 Rental real estate	included in line 11	12		.00
and the second	(Form change, Line 82, see nd interest (see page 35)			.00
		Cont'd		
FORM_TYPE	(removed, not used)			
Moved itemized deducti	ion fields within BO. New for	rm IT-201-D was cre	ated for paper only.	
<it201depexmpinfo> <depinfo></depinfo></it201depexmpinfo>	(Form change, see form ins	structions)		
<dep_chld_frst_n <br=""><dep_chld_last_n <="" th=""><th>AME claimed=""/></th><th></th><th></th><th></th></dep_chld_last_n></dep_chld_frst_n>	AME claimed=""/>			
<pre><dep_relation_des <="" <dep_ssn_nmbr="" clai="" pre=""></dep_relation_des></pre>	imed=""/>			
<dob_dt claimed=""></dob_dt> 				
	on information (see page 14)			
First name and middle initia		Relationship	Social security number	Date of birth (mm-dd-yyyy)
		<it203></it203>		
FORGN_ACCT_IND	(Form change, D, see form	instructions)		
	have a financial accoun in a foreign country? (se		Yes No	
<pre><ptyr_lst_move_d <nys_lvng_qtr_ine="" <nys_nr_ind="" <ptyr_clm_ind="" claim="" claimed<="" pre=""></ptyr_lst_move_d></pre>	ned=""/> D claimed=""/>	lds within BO, G, see	e form instructions)	
The Carlo manage that according to a	-year residents (see page 15)			
Enter the date you me	oved into	LST_MOVE_DT		
On the last day of the	e tax year (mark an X in one box):			
2) Lived outside NYS	S; received income from ng nonresident period			
	S; received no income from ng nonresident period			
H New York State none Did you or your spous living quarters in NYS (if Yes, complete Form	se maintain S in 2012?Yes			
<dep_excd_ind claim<="" td=""><td>ned=""/> (Form char</td><td>nge, I, see form instr</td><td>uctions)</td><td></td></dep_excd_ind>	ned=""/> (Form char	nge, I, see form instr	uctions)	

2

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> 201/203) required.</it214>
(Removed, see new field "R_65_QP_DOB_DT".) (New field)
(Removed, see new field "R_HM_DOB_DT".)
<it216></it216>
(Field removed)

Cont'd

<IT255>

(New schedule added to form, see form instructions)

<SOL_PCHS_SERV_DT claimed=""/> <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=""/>

Schedule A – Computation of solar energy system equipment credit

	A	B						С				
Purchase	Date equ placed in servic	Qualified solar energy system equipment expenditures (see instr.)					Column B x 25% (.25)					
	SOL_SE	SOL_EXP_2_AMT				SOL_25_EXP_2_AMT				.00		
Power purchase				B ualified solar energy system ipment expenditures (see instr.)			C Column B x 25% (.25)			D Limitation (see instructions)		
agreement	SOL_PCHS_SERV_DT		SOL_PC	HS_EXP_AMT	.00	SOL_PCH	HS_25_AMT		.00	SOL_PO	HS_LMT_AMT	.00
	A		В			С		D		E		
Lease	Date equipment placed in service (mm-dd-yyyy)		l solar energy expenditures	· · ·		B x 25% (.25) not to xceed \$5000		o Amount from paid in			Limitation (see instructions)	
	SOL_LSE_SERV_DT	SOL	LSE_EXP_AMT	.00	SOL_LSE_25_EXP_AMT .00			SOL_LS	E_EXP_B_A	.00	SOL_LSE_LMT_AMT	.00

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

<IT370>

<FORM_TYPE claimed=""/>

<IT209>

(Removed, not used)

<IT209SCHEDA> <ncChldInfo>

<<u>YEAR claimed="YYYY"/></u>

<DOB_DT claimed="YYYY-MM-DD"/>

(Removed, see new field "DOB_DT")

<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 F	orms									
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	9W-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.



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);

IT-370

- 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

X Paid preparer? Mark an X in the box and complete the back ... Your social security number (SSN) Spouse's SSN (only if filing a joint return) 400004800 400004850 Your first name and middle initial Your last name BRENDA N SIMS-ERITA Spouse's first name and middle initial Spouse's last name ROBERT B ERITA Mailing address (number and street or rural route) Apartment number %AMANDA JONES 215 LAIDBACK WAY City, village, or post office (see instructions) State ZIP code LAZY POINT NY 11930 E-mail: ERITA@ATS.COM

Enter your 2-character special condition code if applicable (see instructions) • E 3								
Mark an \pmb{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					



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



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.

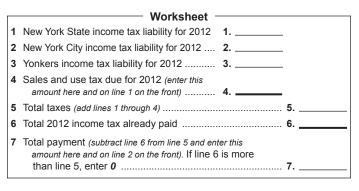
Line 1 – Enter the amount of your New York State income tax liability for 2012 that you expect to enter on Form IT-201, line 46, or Form IT-203, line 50.

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).



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.

Necu	help?						
Visit our Web site at <i>www.tax.ny.gov</i> • 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) 457-51							
To order forms and publications: (518) 457-5431							
	phone (TTY) Hotline (for persons with g 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

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your return, see the instructions, Form IT-201-I.									
Your first name and middle initial	Your last name (for a	a joint re	t urn , enter spouse's name	on line below)	You	r date of birth (mm-dd-yyyy)	Your social security number		
LAURA	PEAI	RSON	1		0	4-15-1980	400004801		
Spouse's first name and middle initial	Spouse's last name				Spo	use's date of birth (mm-dd-yyyy	Spouse's social security number		
Mailing address (see instructions, page	ge 12) (number and s	treet 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 no	ot Un	ited 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									
City, village, or post office State ZIP code					Decedent Taxpay		r's date of death Spouse's date of death		
			NY			information			

Α	Filing ① Single		NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No X					
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)		Е	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes X No				
	box):	3	Married filing separate return (enter spouse's social security number above)			(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)				
		4 X	Head of household (with qualifying person)		F	NYC residents and NYC part-year residents only (see page 13):				
_		(5) Qualifying widow(er) with dependent child				 (1) Number of months you lived in NYC in 2012 12 (2) Number of months your spouse lived in NYC in 2012 				
в	Did you itemize your deductions on your 2012 federal income tax return? Yes Xes		X (G	Enter your 2-character special condition code					
С	Can you be c on another tax	laimed a kpayer's	as a dependent federal return? Yes No	X		if applicable (see page 13) If applicable, also enter your second 2-character special condition code				

H Dependent exemption information (see page 14)

Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
PEARSON	SON	400884827	05-01-2008
PEARSON	SON	400884828	04-01-2009
PEARSON	DAUGHTER	400884826	06-01-2010
	PEARSON PEARSON	PEARSON SON PEARSON SON	PEARSONSON400884827PEARSONSON400884828



Federal income and adjustments (see page 14)

		Whole dollars only
Wages, salaries, tips, etc.	1	00. 0008
Taxable interest income	2	.00
Ordinary dividends	3	.00
	4	.00
Alimony received	5	1000 .00
Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
Other gains or losses (submit a copy of federal Form 4797)	8	.00
Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
	Taxable interest income Ordinary dividends Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) Alimony received Alimony received Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) Other gains or losses (submit a copy of federal Form 4797) Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box Image: Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	Taxable interest income 2 Ordinary dividends 3 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) 4 Alimony received 5 Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) 6 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) 7 Other gains or losses (submit a copy of federal Form 4797) 8 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box 9 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box 10

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
	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: X 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



	ex computation, credits, and other taxes (see page 25)					
38	Taxable income (from line 37 on page 2)				38	.00
	NYS tax on line 38 amount (see page 25 and Tax computation					
	NYS household credit (page 25, table 1, 2, or 3)			105	00	
41					00	
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)				00	
	Add lines 40, 41, and 42					1 05 .00
	Subtract line 43 from line 39 (if line 43 is more than line 39, lear					
	Net other NYS taxes (Form IT-201-ATT, line 30)					
	Total New York State taxes (add lines 44 and 45)					
	ew York City and Yonkers taxes, credits, and tax surcharg NYC resident tax on line 38 amount (see page 26)				00	
	NYC household credit (page 26, table 4, 5, or 6)			120 .	00	
	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	See instructions on
51	Other NYC taxes (Form IT-201-ATT, line 34)	51			00	pages 26, 27, and 28 to compute New York City and
52	Add lines 49, 50, and 51	52			00	Yonkers taxes, credits, and
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53			00	tax surcharges.
54	Subtract line 53 from line 52 (if line 53 is more than					C C
	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 (ad	d lines 54	through 57).		58	.00
						_
59	Sales or use tax (see page 29; do not leave line 59 blank)				59	9.00
V	60a Return a Gift to Wildlife		60a		00	
	60b Missing/Exploited Children Fund				00	
	60c Breast Cancer Research Fund				00	
	60d Alzheimer's Fund				00	
	60e Olympic Fund (\$2 or \$4; see page 30)				00	
	60f Prostate Cancer Research Fund				00	
	60g 9/11 Memorial		60g		00	
	5				00 00	
60	60h Volunteer Firefighting & EMS Recruitment Fund		60h		00	00.
	•		60h		00 60	.00

IT-201 (2012) Page 3 of 4



Name(s) as shown on page 1

LAURA PEARSON

Page 4 of 4	IT-201	(2012)
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		400	004	:001		_				
62	Enter amount from line 61					[62		9	.00
(Pa	yments and refundable credits) (see page 31)								
63	Empire State child credit		63			.00				
	NYS/NYC child and dependent care credit					.00				
	NYS earned income credit (EIC)		65			.00				
	NYS noncustodial parent EIC		66		948	.00				
	Real property tax credit		67			.00				
	College tuition credit		68			.00				
	NYC school tax credit (also complete F on page 1;		69		63	.00				
	NYC earned income credit		70		19	.00				
	Other refundable credits (Form IT-201-ATT, line 18		71			.00				
	Total New York State tax withheld		72		600	.00		Submit your wage	e and ta	IX
73	Total New York City tax withheld		73		400	.00		statements with y	our ret	urn
	Total Yonkers tax withheld		74			.00		(see page 33).		
75	Total estimated tax payments and amount paid with	Form IT-370	75			.00				
	Total payments (add lines 63 through 75)						76		2030	.00
Yo	ur refund, amount you owe, and account info	ormation	(see j	pages 33 tl	hrough 36)					
	Amount overpaid (if line 76 is more than line 62,					[77		2021	.00
	Amount of line 77 to be refunded direct			debit		-				
	Mark one refund choice: X deposit	(fill in line 83)	- or -		- or - Chec	:k [78		2021	.00
	— .	,				L				
79	Amount of line 77 that you want applied to your							See pages 33 and	1 34 for	
	2013 estimated tax (see instructions)		79			.00		information abou	t your t	hree
								refund choices.		
80	Amount you owe (if line 76 is less than line 62, su	btract line 76	from	line 62).		-				
	To pay by electronic funds withdrawal, mark a	an X in the b	ox [and fill	in lines 83 and 8	34	80			.00
								0		
81	Estimated tax penalty (include this amount in line a	80 or						See page 37 for the assembly of your		
	reduce the overpayment on line 77; see page 34)		81			.00		assembly of your	return.	
82	Other penalties and interest (see page 35)		82			.00				
83	Account information for direct deposit or electro	onic funds w	/ithdra	awal (see p	age 35).					
	If the funds for your payment (or refund) would o	come from (or go	to) an acco	ount outside the	U.S.,	mar	k an X in this box (٤	see pg. 3	5)
	83a Account type: Personal checking - or	X Pers	onal	avings - o	r - Busines	e cho	okino		iess savir	
		<u> </u>	onara	avings - O		S CHC	SKILLE		1033 3441	igs
	83b Routing number 011001881	830	Acc	ount number	LOANXXX	X40	000	04801		
84	Electronic funds withdrawal (see page 36)		Date		A	moun	t			.00
	Third-party X Print designee's name			Des	ignee's phone num	her		Persona	al identifica	ation
de	Third-party X signee? (see instr.)			()	bei			ber (PIN)	
Ye					/					
•		Date			V T	axpa	ver(s) must sign here	•	
	parer's signature	Preparer's	NYTP	RIN	Your signature		,(-,		
Firm	's name (or yours, if self-employed)	Preparer's PT	IN or S	SN	Your occupation	01.1	ירק			
A 1		Freelaw (11)	10 a - 11			CLI				
Add	ress	Employer ident	uticatio	n number	Spouse's signatu	re and	occu	pation <i>(if joint return)</i>		
			ark an If-emp		Date			Daytime phone numb	ber 5666	
E-m	ail:				E-mail: PEA	RSOI	N@A			



See instructions for where to mail your return.



Claim for Noncustodial Parent New York State Earned Income Credit

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

IT-209

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?	Yes X	No 🗌
	If No. stop: you do not qualify for this credit.		
2	Were you age 18 or older as of December 31?	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?	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)	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 <i>Married filing separately</i> ?	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)?	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.		



Part 2 – Claiming the credit				
 Have you already filed your New York State income tax return?	11	Yes 🗌	No	X
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	X
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 E and lines 44 through 47 if you are a New York City resident or part-year resident). 	EIC,			
Part 3 – Earned income				
		Whole dolla		
 13 Wages, salaries, tips, etc. from Worksheet A, line 5, on page 2 of the instructions 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 a pension of a non-time for the amount has a pension of the instruction of the section of the section 457 plan, and you included that a pension of the section of th		8	3000	.00
amount on your Form IT-201, line 1, enter the amount here <i>(see instructions)</i>				.00 .00
Employer identification number (see instr.)	. 15			<u>.</u> 00
The amount on line 15 is a <i>(mark an X in one box):</i>	5			
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	8	000	.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	<u>c</u>	000	.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	2	2729	.00
19 Are the amounts on lines 16 and 17 the same?	19	Yes	Νο	X
If Yes, skip lines 20 and 21, and enter the line 18 amount on line 22.			-	
If <i>No,</i> continue on line 20.			7	
20 Is the amount on line 17 less than \$16,700?	20	Yes X	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		,	2729	.00
 22 Enter the amount from line 18 or line 21, whichever is less		2	.129	.00 .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 (<i>Total earned income</i>) 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			150	
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	7 _{No}	X
If Yes , skip lines 27 and 28, and enter the line 25 amount on line 29. If No , continue on line 27.			w	



		Your social security number	IT-209 (2012)	Page 3	of 4
Pa	art 4 – Credit computation (continued)	400004801			
27	Is the amount on line 17 less than \$7,600 (\$12,700 if your filing st If Yes, skip line 28, and enter the line 25 amount on line 29. If No, continue on line 28.	tatus is ②, <i>Married filing joint return)</i> ?.	27 Yes [No	Χ
28	Find the line 17 amount in the noncustodial EIC tables (beginnin (If your NYS filing status is ⁽²⁾), Married filing joint return, <i>enter the cred</i> All other filing statuses, <i>enter the credit amount from column b.</i>)	lit amount from column c .	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	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 instruction	ons)	32	948	.00
So	chedule B – New York State earned income cr	redit (NYS EIC)			
33	Did you claim the federal EIC? If No, stop; you do not qualify for the NYS EIC (see the line 32		33 Yes [X _{No}	

	If Yes , continue on line 34.		
34	Did you claim qualifying children on your federal Schedule EIC?	34	Yes
	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)

No X

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

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 38d Add lines 38b and 38c .00 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)	35	Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 104	40A, I	line 38a;		
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 .00 38d .00 38e Subtract line 38d from line 38a (if line 38d is more than line 38a, .00 .00		or Form 1040, line 64a)		35	379.00	
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 .00 38d .00 38e Subtract line 38d from line 38a (if line 38d is more than line 38a, .00 .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 .00 38d .00 38e Subtract line 38d from line 38a (if line 38d is more than line 38a, .00 .00	36	NYS EIC rate 30% (.30)			36	.30
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 .00 38d .00 38e Subtract line 38d from line 38a (if line 38d is more than line 38a, .00 .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 .00 38d .00 38e Subtract line 38d from line 38a (if line 38d is more than line 38a, .00	37	Tentative NYS EIC (multiply line 35 by line 36)			37	114 .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 .00 38d .00 38e Subtract line 38d from line 38a (if line 38d is more than line 38a, .00						
38b.0038cAccumulation distribution credit (see instructions)38b.0038dAdd lines 38b and 38c.0038d.0038eSubtract line 38d from line 38a (if line 38d is more than line 38a,.00.00	38	Complete lines 38a through 38e, and enter the line 38e amount on line 3	38		38	.00
38c .00 38d Add lines 38b and 38c .00 38e Subtract line 38d from line 38a (<i>if line 38d is more than line 38a</i> , .00		38a Amount from Form IT-201, line 39	38a	.00		
38d .00 38e Subtract line 38d from line 38a (if line 38d is more than line 38a,		38b Resident credit (see instructions)	38b	.00		
38e Subtract line 38d from line 38a (if line 38d is more than line 38a,		38c Accumulation distribution credit (see instructions)	38c	.00		
		38d Add lines 38b and 38c	38d	.00		
enter 0 ; also enter this amount on line 38 above)		38e Subtract line 38d from line 38a (<i>if line 38d is more than line 38a</i> ,				
		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

Ca	tution: 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? If No, stop; you do not qualify for the NYC EIC.	44	Yes X	No	
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



55555	a Employee's social security number 400004801	OMB No. 154	5-0008			
b Employer identification number (371045689	EIN)			ges, tips, other compensation 0000	2 Federal income	tax withheld
c Employer's name, address, and STOR	ZIP code		3 Soc	cial security wages	4 Social security t	ax withheld
STORMAR	Т		5 Me	dicare wages and tips	6 Medicare tax wi	thheld
355 SHO DEER RI	P ST VER NY 13627		7 Soc	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care	benefits
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a	
LAURA PEARSO	N		13 Stat		[°] 12b	
115 S 94 ST			emp	oloyee plan sick pay	C	
NEW YORK NY 3	10029		14 Oth	er	12c	
f Employee's address and ZIP cod	le				e	
15 State Employer's state ID num	16 State wages, tips, etc. 8000	17 State incom	ne tax	18 Local wages, tips, etc. 8000	19 Local income tax 400	20 Locality name NYC
Form W-2 Wage an Statemen	d Tax – nt C	_ 2015]	Department	of the Treasury—Interna	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

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

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

Your first name and middle initial	Your last name (for a	joint ret	urn, enter spouse's name	on line below)	Your date of birth (mm-dd-yyyy)			Your social security number		
JOE Z	(CANA	ASTA		0	1-01-194	2	400004802		
Spouse's first name and middle initial	Spouse's last name				Spouse's date of birth (mm-dd-yyyy)			Spouse's socia	I security	number
Mailing address (see instructions, page	ge 12) (number and sti	reet or ru	ural route)			Apartment number	er	New York State	e county of	f residence
&AMANDA JONE	S 327 W !	57 S	57 ST					NEW YORK		
City, village, or post office		State	ZIP code	Country (if no	not United States) School district name					
NEW YORK		NY	10012					MANHAT	'TAN	
Permanent home address (see instr	uctions, page 12) (nu	umber ar	nd street or rural route)	A	parti	ment number		School district		
215 LAIDBACH	X WAY							code number .		369
City, village, or post office		S		ZIP code		Decedent 7	laxpayer'	's date of death	Spouse's	date of death
ROCKY POINT		I	NY	11778		information				

Α	Filing status	① Single	1
	(mark an X in one box):	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	
В	Did you item your 2012 fed	ize your deductions on eral income tax return? Yes No	:

NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes	No X
	Е	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes	
		(2) Enter the number of days spent in NYC in 2012	365
7	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)

Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
CANASTA	DAUGHTER	400884804	02-01-2009
CANASTA	DAUGHTER	400884802	03-01-2004
CANASTA	SON	400884801	04-01-2000
CANASTA	DAUGHTER	400884803	05-01-1999
CANASTA JR	SON	400884805	06-01-1989
	CANASTA CANASTA CANASTA CANASTA	CANASTA DAUGHTER CANASTA DAUGHTER CANASTA SON CANASTA DAUGHTER	CANASTADAUGHTER400884804CANASTADAUGHTER400884802CANASTASON400884801CANASTADAUGHTER400884803

No X



Federal income and adjustments (see page 14)

Fe	(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
	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 1	2 .00			
13	Farm income or loss (submit a copy of federal Schedule F, Form 1	13	400	.00	
14	Unemployment compensation	14		.00	
	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: ALIM	ONY 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	33	17985 .00		

Standard deduction or itemized deduction (see page 24)

34	4 Enter your standard deduction (table on page 24) or your itemized deduction (from Form IT-201-D)							
	Mark an X in the appropriate box: X 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					
	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	5 000.00					
	Taxable income (subtract line 36 from line 35)	37	2485 .00					



Name(s) as s	n on page 1	
JOE	Ζ	CANASTA

.00

.00

Та	x computation, credits, and other taxes (see page 25)						
38	Taxable income (from line 37 on page 2)			38	2485	.00	
	NYS tax on line 38 amount (see page 25 and Tax computation			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, lea	ave bl	ank)	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	
Ne	ew York City and Yonkers taxes, credits, and tax surcharg	ges)					
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				
	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		See instructions on		
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00		pages 26, 27, and 28 to	and	
52	Add lines 49, 50, and 51	52	.00	compute New York City and Yonkers taxes, credits, and			
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00		tax surcharges.		
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

0

Voluntary contributions (see page 30)

	60a	Return a Gift to Wildlife	60a	5.00	1			
	60b			5.00				
		Breast Cancer Research Fund	60c	<u> </u>				
	60d	Alzheimer's Fund	60d	5.00	1			
	60e	Olympic Fund (\$2 or \$4; see page 30)	60e	2.00				
		Prostate Cancer Research Fund		5.00				
	60g	9/11 Memorial	60g	5.00	1			
	60h	Volunteer Firefighting & EMS Recruitment Fund	60h	5 .00	1			
60	Total	voluntary contributions (add lines 60a through 60h)	60	37	.00			
61	61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary							
	cor	tributions (add lines 46, 58, 59, and 60)		61	37	.00		



Page 4 of 4	IT-201	(201	2)
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		400	004	802				1	
62	Enter amount from line 61						62	37.0	
Pa	yments and refundable credits (see page 3)	1)							
63	Empire State child credit		63		649	.00			
	NYS/NYC child and dependent care credit				1463	.00			
	NYS earned income credit (EIC)		65		1454	.00			
	NYS noncustodial parent EIC		66			.00			
	Real property tax credit				66	.00			
	College tuition credit					.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 1	8)	71		1500	.00			
72	Total New York State tax withheld		72		1295	.00		Submit your wage and tax	
73	Total New York City tax withheld		73			.00		statements with your return	
	Total Yonkers tax withheld					.00		(see page 33).	
75	Total estimated tax payments and amount paid wit	h Form IT-370	75			.00			
76	Total payments (add lines 63 through 75)						76	6749 .0	
Yo	ur refund, amount you owe, and account inf	ormation	(see r	nages 33 th	arouah 36)				
	• •					1		6710	
	Amount overpaid (if line 76 is more than line 62,	subtract line	e 62 fro	m line 76) .			77	6712 .0	
78	Amount of line 77 to be refunded direct	(511 : 1: 00)		debit	pap	er	70	6710	
	Mark one refund choice: 🔀 deposit	(fill in line 83)	- or -		- or cnee	ck	78	6712 .0	
70	Amount of line 77 that you want applied to you	r						See pages 33 and 34 for	
15	2013 estimated tax (see instructions)		79			.00		information about your thre	
			15			.00		refund choices.	
80	Amount you owe (if line 76 is less than line 62, su	ubtract line 76	6 from	line 62)					
	To pay by electronic funds withdrawal, mark				in lines 83 and 8	34	80		
						-		1	
81	Estimated tax penalty (include this amount in line	80 or						See page 37 for the proper	
	reduce the overpayment on line 77; see page 34)		81			.00		assembly of your return.	
82	Other penalties and interest (see page 35)		82			.00			
83	Account information for direct deposit or electro	onic funds v	vithdra	awal (see p	age 35).				
	If the funds for your payment (or refund) would	come from (or ao t	to) an acco	ount outside the	U.S	mar	k an X in this box (see pg. 35)	
		,	Ŭ	,					
	83a Account type: X Personal checking - or	- Pers	sonal s	avings - o	r - 📃 Busines	s che	cking	g - or - Business savings	
	011001740	1				37.4.0	0.0	04000	
	83b Routing number 011001742	83	c Acco	ount number	LOANXXX	.X40	00	04802	
84	Electronic funds withdrawal (see page 36)		Date		A	Amoun	t	.00	
•.			Duto	L	,	incun		100	
	Third-party Print designee's name			Des	ignee's phone num	nber		Personal identification	
de	signee? (see instr.)			()			number (PIN)	
Ye	s 🔲 No 🔀 🛛 E-mail:								
	Paid preparer must complete (see instr.)	Date			• T	axpa	ver(s) must sign here ▼	
	parer's signature	Preparer's	s NYTPI	RIN	Your signature			., .	
Firm	's name (or yours, if self-employed)	Preparer's PT	IN or SS	SN	Your occupation				
		i icpaici s P I	11 01 33	N 10	CLERK				
Add	ress	Employer iden	itificatior	n number	Spouse's signatu	re and	occu	pation (if joint return)	
			lark an J		Date			Daytime phone number	
-		Se	elf-emplo	oyed 🖵		<u> </u>	<u> </u>	Daytime phone number (518)555-6666	
E-m	ail				E-mail: CAN	מיוייצ א	(a) 7	ATS.COM	



See instructions for where to mail your return.



New York State Department of Taxation and Finance

Other Tax Credits and Taxes

IT-201-ATT

		Attachment to	Form	11-201				
		ons for completing Form IT-201	ATT in th	ne instructio	ns for Form IT-201.			
Nam	ne(s) as show	n on your Form IT-201					Your social se	curity number
J	OEZC.	ANASTA					4000	04802
Com	plete all pa	arts that apply to you; see inst	ructions	. Submit th	is form with your For	m IT-201	l .	
Pa	rt 1 – Oth	ner New York State, New	York C	ity, and Y	onkers tax credite	5		
Sec	tion A – N	ew York State nonrefundab	le, non	-carryovei	credits used		w	hole dollars only
1	Accumulati	on distribution credit (submit com	putation)				1	.00
2	Other nonr	efundable, non-carryover credits	6			-		
	Code	Amount		Code	Amount			
2a		.00	2b			.00		
	Total other	nonrefundable, non-carryover c	redits <i>(ac</i>	ld lines 2a an	d 2b)		2	.00
Sec	tion B – N	ew York State nonrefundab	le carr	vover cre	dits used			
		care insurance credit		-		[2	00
	-	care insurance credit				1	3	.00
		gy system equipment credit				-	5	.00
		efundable, carryover credits				[5	.00
0	Code	Amount		Code	Amount			
6a		.00	6h		Anount	.00		
6b		.00	6i			.00		
6C		.00	6j			.00		
6d		.00	6k			.00		
6e		.00	61			.00		
6f		.00	6m			.00		
6g		.00	6n			.00		
- 3	Total other	nonrefundable, carryover credit		s 6a through	6n)		6	.00
7		York State nonrefundable cre	•	-	0.1)	[•	100
•		1 through 6; enter here and on For				[7	.00
_								
		ew York City nonrefundabl	•	•			1	
		City resident UBT credit				h h	8	.00
		City accumulation distribution cre				r	9	.00
	-	esident nonrefundable NYC child		-	e credit		9a	.00
10		r New York City nonrefundable				r		
	(add lines	8, 9, and 9a; enter here and on For	m IT-201,	line 53)		[10	.00
Sec	tion D – N	ew York State, New York Ci	ty, and	Yonkers r	efundable credits			
		chool tax credit				[11	1500 .00
		idable credits				[100 .00
14	Code	Amount		Code	Amount			
12a		.00	12g		Anount	.00		
12b		.00	12h			.00		
120		.00	121			.00		
12d		.00	121			.00		
12e		.00	12k			.00		
12f		.00	121			.00		
	Total other	refundable credits (add lines 12a		2/)			12	.00
13		1 and 12	-				13	1500 .00
-							- 1	

(continued on back)



Enter your social security number

.00

						400004802	
Part	1, Section D – New York State, New York	City, and Yonk	kers 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
	New York City claim of right credit				16		.00
	Yonkers claim of right credit				17		.00
	Total New York State, New York City, and						
	(add lines 14 through 17; enter here and on Fo				18	1500	.00
	urt 0 Others New Versk Otete terres		liss his fam.	-)			
Pa	rt 2 – Other New York State taxes) (submit all a	applicable form	S)			
lf yo	u are subject to other New York State taxes,	complete Par	: 2 .				
	New York State tax on capital gain portion o	f lump-sum dis	tributions (Form I	T-230)	19		.00
20	Other New York State taxes						
	Code Amount	Code	e	Amount			
20a	.00	20g		.00			
20b	.00	20h		.00			
20c	.00	20i		.00			
20d	.00	20j		.00			
20e	.00	20k		.00			
20f	Total other New York State taxes (add lines 2	201 0a through 201)		.00	20		.00
	· ·	c ,					
21	Add lines 19 and 20			[21		.00
00	One instructions for line 00		22	0.0			
	See instructions for line 22		22	.00			
	Enter amount from Form IT-201, line 39			.00	24		00
	Subtract line 23 from line 22 (if line 23 is more				24		.00
25	Subtract line 24 from line 21 (if line 24 is more	e than line 21, lea	ave blank)	[25		.00
26	New York State separate tax on lump-sum of	listributions					
	(Form IT-230)		26	.00			
07	Decident and it excinct concrete toy, on lun						
27	Resident credit against separate tax on lum		07	20			
28	distributions Subtract line 27 from line 26			.00	28		.00
29	New York State minimum income tax (Form	T-220)			29		.00
	Net other New York State taxes						
	(add lines 25, 28, and 29; enter here and on F	orm IT-201, line	45)	[30		.00
Pa	rt 3 – Other New York City taxes	(suhmit all ar	plicable forms)				
			. ,	ŗ			
	New York City minimum income tax (Form IT	,			31		.00
	New York City resident separate tax on lump				32		.00
33	New York City tax on capital gain portion of	lump-sum distr	ibutions (Form IT-	230)	33		.00



34 Total other New York City taxes



Claim for Empire State Child Credit

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 If you marked an <i>X</i> in the <i>No</i> box, stop; you do not qualify for this credit.	Χ	No
2	Did you claim the federal child tax credit or additional child tax credit for 2012?	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 ③ 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?	X	No 🗌
4	Enter the number of children who qualify for the federal child tax credit or additional child tax credit (<i>see instructions</i>))4	
5	Enter the number of children from line 4 that were at least four years of age on December 31, 2012 5 If you entered 0 on line 5, stop ; you do not qualify for this credit.)3	

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).



IT-213 (2012) (back)

Step 4 – Compute credit				
If you answered <i>No</i> to question 2, skip lines 6 through 12, and enter <i>0</i> on line 13; continue with line 14.		Whole do	llars 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 <i>No</i> 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	17			.00
18 Enter the part-year resident or nonresident spouse's share of the line 16 amount;	40			00
do not leave line 18 blank Enter the line 18 amount and code <i>213</i> on Form IT-203-ATT, line 12.	18			.00



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

Step 1 – Enter identifying information

Υοι	Ir first name and middle initial	Υοι	ur date of birth (mm-dd-yyyy)	Your socia								
	JOE Z	CANAS	ТА)1-01-1942	400004802				
Spo	ouse's first name and middle initial	Spouse's last name				Spouse's date of birth (mm-dd-yyyy) Spouse's soci			social se	ecurity nur	nber	
Cur	rent mailing address (number and s	treet or rural route)					Apartment number	New York	State co	ounty of re	sidend	ce
	% AMANDA JONES	327 W 57	ST					N	EW	YORK		
City	v, village, or post office		State	ZIP code	Country (if no	ot Un	nited States)	You must				
	NEW YORK		NY	10012				and socia above.	al secu	rity num	per(s))
Stre	eet address of New York residence	that qualifies you f	for this cred	it, if different from a	above							
	215 LAIDBACK WA	Y										
'	v, village, or post office		Stat	_	ZIP code							
	ROCKY POINT		N		1778							
	p 2 – Determine eligibility		-									
	Were you a New York Stat								Yes		No	
2	Did you occupy the same r			-				2	Yes	X	No	
	If you marked an X in the											
	Did you own real property						-		Yes		No	Χ
	Can you be claimed as a d								Yes		No	Χ
5	Did you reside in public housir	-		• •		-	-	nstr.) 5	Yes		No	Χ
	If you marked an X in the											
6	Did you live in a nursing ho	ome during 201	2? (If you	mark an X in the	e Yes box, se	e in	structions.)	6	Yes		No	Х
7	Complete below for the qu	alifving househ	old meml	per 65 or older	(see instruct	tion	s).					
	First name	, , ,		st name			B – Social security	number		C – Date		
						_				(mm	-dd-yy	уу)
	JOE Z	CAI	LANASTA				400004802		01-01	1-1	942	
8	Complete below for all hou	sehold membe	ers not inc	luded on line 7	7 (submit add	ditio	nal sheets if needed: se	e instructi	ions).			
	First name	Last name				B – Social security			C – Date			
						_				(mm	-dd-yy	уу)
~ -		GANIA GERA					400004005			0 0 0 1	1.0	
SA	MUEL M	CANASTA	JR			_	400884805			06-01	-19	89
JA	NE M	CANASTA	1			_	400884803			05-01	1-19	999
то							400004001			04 01	1 20	
00	HN M	CANASTA	1				400884801			04-01	L-20	000
Ste	p 3 – Determine househo Enter the total of all amore			at you your spo	use (if marrie	(he	and all other household	memhers	receiv	ed during	1 201	2
						<i>J</i> u),		members	100010		12011	
9	Federal adjusted gross in If any household memb		to filo o	fodoral ratura	ooo inotruo	tion		9		100	0 5	00
10	•									176		.00
	New York State additions	-	-							Z	90	.00
	Social security payments Supplemental security inc											.00 .00
	Pensions and annuities (in	-					-					.00
	Cash public assistance an											.00
	Other income									1	0 -	.00
16	Household gross income		- ,					16		179	85	.00
47	If line 16 is more than \$							47				
17	Enter rate from Table 1 (se	e instructions)						17)65		
40	Multiply line 40 by line 47							40			60	0.0
Ίð	Multiply line 16 by line 17		•••••					18			69	.00



IT-214 (2012) (back)

Step 4 – Comp	oute	real property tax							
Renters only	19	Enter the total amount of rent during the year 2012. (Do no					. 19	5200	.00
	20	Adjusted rent – If line 19 incl heat, gas, electricity, furnishi heat, gas, electricity, and furn heat, gas, and electricity heat or heat and gas	ngs, and hishings	board	50% 75% 80%	(.75) of line 19 (.8) of line 19			
		none of the above					. 20	5200	.00
	. 21	433	.00						
	22	If line 21 is more than \$450, Multiply line 20 by 25% (.25); e					. 22	1300	.00
	23	Real property taxes paid during	g the yea	r 2012 <i>(see inst</i> i	ructio	ns)	. 23		.00
		Special assessments							.00
Homeowners	25	Add lines 23 and 24							.00
only		Exemption for homeowners 65							.00
	27	Add lines 25 and 26; enter her	e and on	line 28			. 27		.00
Step 5 – Comp	oute	credit amount					_		
		amount from line 22. Homeow		er amount from	n line	27 (see instructions)	. 28	1300	.00
		ro or less, stop ; no credit is allo om line 18					. 29	11.00	00
		ual to or more than line 28, sto					. 29	1169	.00
		from line 28					. 30	131	.00
		by 50% (.5) (However, if you enter						66	.00
		instructions; enter amount from cha						86	.00
		nt from line 32 or 31, whichever							
(If more th	an or	ne member of your household is filin	ng Form IT	-214, see instruc	tions.)	. 33	66	.00
Enter t • If you are	he lir not	g this claim with your New Yo ne 33 amount on Form IT-201, I filing this claim with a New Y efund choice: direct depos	ine 67. ork State	income tax r	e <u>tur</u> n	(see instructions):	aper c	heck	
		ount information (see instructio	,						
	SIL (S	ee instructions): Complete the follow	-	-	eposit			Dusing	
34a Routing number	,		Account type:	Personal checking	- or -		isiness ecking	- or - Busine savings	
		our refund would go to an account an X in this box <i>(see instructions)</i>			count nber				
Third-party designee? (see in	nstr.)	Print designee's name			Desig	gnee's phone number		Personal identifica number (PIN)	
Yes No	_	E-mail:			N N	1		-	
▼ Paid prep	arer	must complete (see instr.) ▼	Date			▼ Taxpayer(s) r	nust s	ign here 🔻	
Preparer's signatu	re	- · · · · ·	Prepar	er's NYTPRIN		Your signature			
Firm's name (or yo	ours, if	self-employed)		PTIN or SSN		Your occupation			
Address			Employer id	Mark on X if	r	Spouse's signature and occupation		t claim)	
E mail:				Mark an X if self-employed		() ayunne		
E-mail:						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.

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



IT-215

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

Nar	ne(s) as shown on return	Your social sec	urity number	
ر	JOE Z CANASTA	40000	4802	
1	Did you claim the federal earned income credit? If No, stop; you do not qualify for these credits.	1	Yes 🗴	No 🗌
2	Is your investment income (see instructions) greater than \$3,200? If Yes, stop; you do not qualify for these cred	its 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	rn 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 If you claimed more than three, see instructions.	4	Yes X	No 🗌

First name a middle initia		Last name	Relationship	Number of months lived with you	Person with disability *	Social security number	Date of birth (mm-dd-yyyy)
SAMUEL I	М	CANASTAJR	SON	12	X	400884805	06-01-1989
MARY I	М	CANASTA	DAUGHTER	12		400884804	02-01-2009
SALLY I	М	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	Χ
			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
Cor	nplete <i>Worksheet B</i> on the back page before continuing.			
13	Enter the amount from <i>Worksheet B</i> , line 5, on the back of this form			
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)			



Par	t-year New York State resident earned income credit			-
	es 18 through 26 apply only to part-year New York State esidents claiming the New York State earned income credit.			_
18	Enter your New York State earned income credit (from line 16 or line 17)	18	.0	0
19	Enter the amount from Form IT-203, line 42	19	.0	0
	 If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income cred If line 19 is less than line 18, continue on line 20 below. 	dit.		
20	Excess New York State earned income credit (subtract line 19 from line 18)	20	.0	0
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	0
	 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	0
23		٦		
	income allocation worksheet in your Form IT-203 instruction booklet			
24	Enter the amount from line 18, Column A, of the Part-year resident	٦		
	income allocation worksheet in your Form IT-203 instruction booklet]		
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	.0	0
Nev	w 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.	27	259 .00	0
	Part-year New York City residents must also complete line 28 below.			
28	Part-year New York City adjusted gross income			_
	Enter the amounts from Worksheet C, lines 6 and 7 28A .00	28B	.0	0
Wo	rksheet B			_
1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1	99.0	0
2	Resident credit (see instructions) 2 .00			
3	Accumulation distribution credit (see instructions)	<u> </u>		_
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	0





New York State Department of Taxation and Finance Claim for Child and Dependent Care Credit New York State • New York City

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?	No X

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)
	16 STRAIGHT ST		
CARING PLACE	ROCKY POINT NY 11778	64-1234568	1420 _{.00}
	22 TOT TERRACE		
KIDS INC	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 T	otal of line 3, column C amounts. Include amounts from additional sheet(s), if any	3a	3420 .00
-------------	--	----	----------

5	Enter the smallest of: - line 3a above; or - federal Form 2441, line 3; or		Whole dollars only	
	 - 3,000 if one qualifying person, or 6,000 if two or more qualifying persons 	5	3420	.00
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 <i>Table for line 10</i> 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



12	Amount from line 11	12	1129	.00	
13	3 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	a successful and the Para	40	1 100	
14	<i>credit limitation table</i> in the instructions to determine the decimal to b Multiply line 12 by the decimal amount on line 13. This is your New Yor		13	1.100	
14	care credit (see instructions)	•	14	1242	.00
Pa	rt-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 exce If line 15 is less than line 14, continue on line 16 below.		L		
16	Subtract line 15 from line 14. This is your excess child and depende	ent care credit	16		.00
17	Enter the amount from Form IT-203-ATT, line 29 (If you are not required to 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 wo 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				
19	Subtract line 17 from line 16. This is your remaining excess child an	,	18		.00
		iu dependent care credit	10		.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	.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-AT				
	refundable portion of your New York State part-year resident chil	d and dependent care credit.	22		.00
Νε	ew York City child and dependent care credit				
	If you were a resident of New York City at any time during the tax year and you is \$30,000 or less (see <i>Note</i> under <i>New York City credit</i> on page 1 of the instruct 4 years old as of December 31, on line 3, complete line 23 and see page 4 of t	tions) and you listed a child under			
23	Enter the portion of the total expenses from line 3a that was paid for ch	nildren under 4 years old	23	810	.00
	004 51				
	-201 filers: Refundable New York City child and dependent care credit (from Works)	haat 1 lina 7 ar lina 12)	24	221	.00
	Add lines 14 and 24; also enter this amount on Form IT-201, line 64		25	1463	
26	Part-year New York City resident nonrefundable New York City child an	-			
	(from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT,	line 9a	26		.00
IT	-203 filers:				
27	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 I	27		.00	
28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a			28		.00
P	art-year New York City resident filers only:		-*		-00
	Enter the amount from Worksheet 1, line 10		29		.00
30	Enter the amount from Worksheet 1, line 11		30		.00



400004802

IT-216 CONTINUATION

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



Claim for Farmers' School Tax Credit

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

	ou mark an X in <i>a No</i> box for item A, B, C, or D, stop ; ou do not qualify for this credit.		D	Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete
Α	Did you have qualified agricultural property for tax year 2012? (see instr., Form IT-217-I)Yes	No 🗌		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
	Were eligible school district property taxes paid on that property during tax year 2012? (see instructions)	No 🗌	E	(66.67%)? (see instructions)Yes ▲ No ▲ If you and one or more related persons (see instructions) each owned qualified agricultural property on March 1, 2012, mark an X here and
С	Complete Worksheet A on page 3 of the instructions. Is the amount shown on			see the instructions for Part 2, line 5
	line 6 of Worksheet A less than \$300,000? Yes	No 🗌	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 fro			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%) e	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		1		
	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	·	.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			1	
	amount is \$200,000 or less, skip lines 16, 17, and 18, and enter the line 14 amount on line 19) \ldots		17985 .00		
	Enter the excess of line 15 over \$200,000 (cannot exceed \$100,000)		.00		
17	Divide line 16 by \$100,000, and round the result to the fourth decimal place			17	
18	Multiply line 14 by line 17			18	.00
19	Farmers' school tax credit (subtract line 18 from line 14; see instructions)			19	1500 .00



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

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

Name of entity	Туре	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)		.00 .00
Beneficiary	5	Enter your share of acres of qualified agricultural property from the estate or trust	100	
Denencialy	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 201 and 2011 credit to be recaptured (column C × column D) 	0
			.00	Ε		.00



22222	a Employee 40000	e's social security number 4802	OMB No. 154	5-0008				
b Employer identification number (EIN) 641234567				1 Wages, tips, other compensation 2 Federal income tax with 20500 2				ax withheld
c Employer's name, address, and ZIP code NYSD				3 Soc	cial security wages	4 Social	security ta	x withheld
NYS DOT				5 Me	dicare wages and tips	6 Medic	are tax with	nheld
11 RIVE	r rd			7 Soc	cial security tips	8 Alloca	ted tips	
NEW YORI	K NY 10	0019						
d Control number				9		10 Deper	ident care l	penefits
e Employee's first name and initial Last name JOE Z CANASTA			Suff.	11 No	nqualified plans	12a		
215 LAII	DBACK I	YAW		13 Stati emp	utory Retirement Third-party loyee plan sick pay	12b		
ROCKY PO	OINT N	Y 11778		14 Oth		ੇ • 12c		
				14 001	414H-255	C C d		
					IRC125-35	12d		
f Employee's address and ZIP cod	le					e		
15 State Employer's state ID num	ıber	16 State wages, tips, etc. 20500	17 State incon 1295	ne tax	18 Local wages, tips, etc.	19 Local inco	me tax	20 Locality name
W-2 Wage and Tax Statement 2012								

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

400-00-4805

SPECIAL INSTRUCTIONS

EXPLANATION OF LITERALS FOR LINE 1 OF IT-201

HSH 1,200

SCH 700

SPECIAL INSTRUCTIONS THIS TEST UTILIZES W-2 VERIFICATION INDICATOR.

LOCAL (NY CITY OR YONKERS) WITHHOLDING IS EQUAL TO NY STATE WITHHOLDING ON W-2 #2 WHICH HAS CAUSED THE RETURN TO REJECT FOR R0503. WITHHOLDING HAS BEEN VERIFIED AS CORRECT. POPULATE W-2 VERIFICATION INDICATOR WITH "B" (TAG NAME "W2_VERIFY_IND").

NOTE: IF YOUR SOFTWARE DOES <u>NOT</u> 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

5	2012	

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

12

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

nd ending

							č	ana enaing	•	
For help completing your re	turn, see the ir	nstruc	tions, Form IT-2	01-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				Spo	use's date of birth (m	m-dd-yyyy)	Spouse's socia	al security	number
Mailing address (see instructions, page 12) (number and street or rural route) Apartment number				er	New York State county of residence					
% JOHN RICHARD 1234 THOMAS PLACE					WESTCHESTER					
City, village, or post office		State	ZIP code	Country (if no	ot Un	ited States)		School district name		
YONKERS		NY	10701					YONKERS		
Permanent home address (see instr	uctions, page 12) (n	umber a	and street or rural route)	A	part	ment number				
356 SKYLINE DRI	356 SKYLINE DRIVE						School district code number .		715	
City, village, or post office			State	ZIP code		Decedent	Taxpayer	's date of death	Spouse's	date of death
YONKERS			NY	10701		information	10-	15-12		

A Filing status		() X	Single	NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)			(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No X
	box):	3			(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)	
		4	Head of household (with qualifying person)		F	NYC residents and NYC part-year residents only (see page 13):
		5	Qualifying widow(er) with dependent child			 (1) Number of months you lived in NYC in 2012 (2) Number of months your spouse
В	Did you item your 2012 fed	ize your eral inco	deductions on me tax return? Yes No	X	G	Ived in NYC in 2012 Enter your 2-character special condition code
С	Can vou be o	n you be claimed as a dependent another taxpayer's federal return? Yes No				if applicable (see page 13)
2						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)



Your social security number 400004805

Federal income and adjustments (see page 14)

_			Whole dollars only
1	Wages, salaries, tips, etc.	1	21500 .00
	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
	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	33	63314 .00		

Standard deduction or itemized deduction (see page 24)

34	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: X 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				
	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	000.00				
	Taxable income (subtract line 36 from line 35)	37	55814 .00				



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

Your social security number 400004805

Та	Tax computation, credits, and other taxes (see page 25)								
38	Taxable income (from line 37 on page 2)				. 38 55814 .0	0			
39						0			
40	NYS household credit (page 25, table 1, 2, or 3)	40		.00	0				
41	Resident credit (see page 26)	41		.00	0				
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	400	.00	0	_			
43	Add lines 40, 41, and 42				43 400 .0	0			
44	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ve bla	ank)		44 2883 .0	0			
	Net other NYS taxes (Form IT-201-ATT, line 30)					0			
46	Total New York State taxes (add lines 44 and 45)				46 2883 .0	0			
Ne	ew York City and Yonkers taxes, credits, and tax surcharg	jes			_				
47	NYC resident tax on line 38 amount (see page 26)	47		.00	00				
	NYC household credit (page 26, table 4, 5, or 6)	48		.00	00				
49	Subtract line 48 from line 47 (if line 48 is more than								
	line 47, leave blank)	49		.00	Coo instructions on				
	Part-year NYC resident tax (Form IT-360.1)	50		.00					
51					nages 26 27 and 28 to				
	Other NYC taxes (Form IT-201-ATT, line 34)	51		.00	pages 26, 27, and 28 to compute New York City and				
52	Other NYC taxes (Form IT-201-ATT, line 34) Add lines 49, 50, and 51	52		.00 .00	pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and				
53	Other NYC taxes (Form IT-201-ATT, line 34) Add lines 49, 50, and 51 NYC nonrefundable credits (Form IT-201-ATT, line 10)	52		.00	pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and				
53	Other NYC taxes (Form IT-201-ATT, line 34) Add lines 49, 50, and 51 NYC nonrefundable credits (Form IT-201-ATT, line 10) Subtract line 53 from line 52 (if line 53 is more than	52 53		.00 .00	pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.				
53 54	Other NYC taxes (Form IT-201-ATT, line 34) Add lines 49, 50, and 51 NYC nonrefundable credits (Form IT-201-ATT, line 10) Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	52 53 54	206	.00 .00 .00	pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.				
53 54 55	Other NYC taxes (Form IT-201-ATT, line 34) Add lines 49, 50, and 51 NYC nonrefundable credits (Form IT-201-ATT, line 10) Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) Yonkers resident income tax surcharge (see page 28)	52 53 54 55	396	.00 .00 .00 .00	pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.				
53 54 55 56	Other NYC taxes (Form IT-201-ATT, line 34) Add lines 49, 50, and 51 NYC nonrefundable credits (Form IT-201-ATT, line 10) Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	52 53 54 55 56	396	.00 .00 .00	pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.				

58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)58396.00

 59 Sales or use tax (see page 29; do not leave line 59 blank)
 59
 35
 .00

Voluntary contributions (see page 30)

6	0a Return a Gift to Wildlife	60a	.00]			
6	0b Missing/Exploited Children Fund	60b	.00				
e	0c Breast Cancer Research Fund	60c	.00				
6	0d Alzheimer's Fund	60d	.00				
e	0e Olympic Fund (\$2 or \$4; see page 30)	60e	.00				
(Of Prostate Cancer Research Fund	60f	.00				
6	0g 9/11 Memorial	60g	.00				
6	0h Volunteer Firefighting & EMS Recruitment Fund	60h	.00				
60 T	60 Total voluntary contributions (add lines 60a through 60h)						
61 T	otal New York State, New York City, and Yonkers taxes, sales or us	se tax	, and voluntary				
	contributions (add lines 46, 58, 59, and 60)		61	3314	.00		



Page 4 of 4 IT-201 (2012)	Your social secu	rity number			
	4000	04805			
62 Enter amount from line 61				62	2 3314 .00
Payments and refundable credits (see page	21)				
	-				
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 pag		69		.00	
70 NYC earned income credit		70		.00	
71 Other refundable credits (Form IT-201-ATT, lin	· ·	71	365	.00	
72 Total New York State tax withheld		72	525	.00	Submit your wage and tax
73 Total New York City tax withheld	-	73		.00	statements with your return
74 Total Yonkers tax withheld		74	64	.00	(see page 33).
75 Total estimated tax payments and amount paid	I with Form IT-370	75		.00	
76 Total payments (add lines 63 through 75)				70	6 1154 .00
Your refund, amount you owe, and account	information (s	an nagas 22 thr	ough 26)		
four refund, amount you owe, and account	information (s	ee pages 55 im	ough 30)		
77 Amount overpaid (if line 76 is more than line	62, subtract line 6	2 from line 76)		77	.00
78 Amount of line 77 to be refunded direct	ct	debit	pap	er	
Mark one refund choice: 🔲 depo	osit (fill in line 83) -	or - 🗌 card	- or - 🗌 cheo	ck 78	3 .00
2013 estimated tax (see instructions)80 Amount you owe (if line 76 is less than line 62	_			.00	information about your three refund choices.
To pay by electronic funds withdrawal, ma			lines 83 and 8	84 8) 2160 <u>.</u> 00
					See nego 27 for the proper
81 Estimated tax penalty (include this amount in la					See page 37 for the proper assembly of your return.
reduce the overpayment on line 77; see page 3				.00	assembly of your return.
82 Other penalties and interest (see page 35)		82		.00	
83 Account information for direct deposit or ele					_
If the funds for your payment (or refund) wou	Ild come from (or	go to) an accou	int outside the	U.S., ma	ark an X in this box <i>(see pg. 35)</i>
83a Account type: X Personal checking -	or - Perso	nal savings - or -	- 🗌 Busines	s checki	ng - or - 🔲 Business savings
83b Routing number 011001742	83c	Account number	LOANXXX	XX400	004805
84 Electronic funds withdrawal (see page 36)	D	ate 04-02-	2013 <i>µ</i>	Amount	2160.00
Third-party designee? (see instr.) Print designee's name Yes No X E-mail:		Desig (nee's phone num)	iber	Personal identification number (PIN)
	Data				
▼ Paid preparer must complete (see instr.) ▼	Date		▼ T	axpaye	r(s) must sign here ▼
Preparer's signature	Preparer's N		Your signature		
Firm's name (or yours, if self-employed)	Preparer's PTIN	or SSN	Your occupation	WAITE	IR

Employer identification number

Mark an X if

self-employed

Address

E-mail:

201004120099

See instructions for where to mail your return.

Date

Spouse's signature and occupation (if joint return)

E-mail: RICHARDS@ATS.COM

Daytime phone number (518) 555-6666

.00

.00

.00

.00

.00



Other Tax Credits and Taxes Attachment to Form IT-201

IT-201-ATT

	Sector Contraction									
See	the instruct	ions for completing Form IT-201-A	TT in th	he instruct	tions for For	m IT-201.				
Nam	e(s) as show	vn on your Form IT-201						You	ur social security number	
R	OBIN D	RICHARD SR							400004805	
Com	plete all pa	arts that apply to you; see instru	uctions	s. Submit	this form w	ith your Form	IT-20 ⁻	1.		
Pa	rt 1 – Otl	her New York State, New Y	ork C	ity, and	Yonkers	tax credits)			
Sect	tion A – N	ew York State nonrefundable	ə, non	-carryov	er credits	used			Whole dollars only	
1	Accumulat	ion distribution credit (submit comp	utation)					1		.00
		refundable, non-carryover credits	,							
	Code	Amount		Code		Amount				
2a		.00	2b				.00			
	Total other	nonrefundable, non-carryover cre	edits (ad	ld lines 2a a	and 2b)			2		.00
Sect	tion B – N	lew York State nonrefundable	e, carr	yover cr	edits used	I				
3	Lona-term	care insurance credit		-				3	400	.00
	-	t credit						4		.00
5	Solar ener	gy system equipment credit						5		.00
6	Other nonr	refundable, carryover credits								
	Code	Amount		Code		Amount				
6a		.00	6h				.00			
6b		.00	<u>6i</u>				.00			
6c		.00	6j				.00			
6d		.00	6k				.00			
6e		.00	61				.00			
6f		.00	6m				.00			
6g	Total other	00] nonrefundable, carryover credits	6n	Co fo throw	(h 6n)		.00	6		00
		York State nonrefundable credi			gri ori)			0		.00
'		1 through 6; enter here and on Form						7	400	.00
_								1	100	100
		lew York City nonrefundable,		-						
		City resident UBT credit						8		.00
		City accumulation distribution cred	•		,			9		.00
		resident nonrefundable NYC child		•	are credit			9a		.00
10		r New York City nonrefundable						40		
	(add lines	s 8, 9, and 9a; enter here and on Form	111-201,	, line 53)				10		.00
Sect	tion D – N	lew York State, New York City	y, and	Yonkers	refundab	e credits				
11	Farmers' s	chool tax credit						11		.00
12	Other refu	ndable 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	12I				.00	10	40	00
		refundable credits <i>(add lines 12a th</i> 11 and 12	-	,				12 13		.00 .00
13								13	40	.00

(continued on back)



400004805

Dout 4 Continue D. Nous Vouls Chota	New Verle City, and Verleave refundable anadite /-	(!
Part 1, Section D – New York State	New York City, and Yonkers refundable credits (co	ontinuea)

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	e tax on capital gain portion of	lump-sum	distributio	ons (Form IT-230)	19	.00
20	Other New York	k 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	כ	
20f		.00	201		.00)	
	Total other Nev	v York State taxes (add lines 20	Da through 2	201)		20	.00
			-				<u>.</u>
21	Add lines 19 ar	nd 20				21	.00
						-	
		s for line 22			.00)	
		rom Form IT-201 , line 39			.00	_	
		3 from line 22 <i>(if line 23 is more</i>					
25	Subtract line 24	4 from line 21 <i>(if line 24 is more</i>	than line 21	, leave bla	nk)	25	.00
26		e separate tax on lump-sum d				_	
	(Form IT-230)			26	.00)	
27	Resident credit	against separate tax on lump	o-sum			_	
	distributions			27	.00)	
28	Subtract line 27	7 from line 26				28	.00
29	New York State	e minimum income tax (Form I	T-220)			29	.00
30	Net other New	York State taxes					
	(add lines 25,	28, and 29; enter here and on Fo	rm IT-201, I	line 45)		30	.00
Pa	art 3 – Other	New York City taxes	(submit al	l applical	ble forms)		
31	New York City	minimum income tax (Form IT-	220)			31	.00
	•	resident separate tax on lump	,				
		tax on capital gain portion of I					
	-	w York City taxes			- ,//		
		32, and 33; enter here and on Fo	rm IT-201.	line 51)		34	.00





Claim for Clean Heating Fuel Credit

Tax Law – Section 606(mm)

Fiscal-year filers enter tax period:

beginning

and ending

400004805

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

Identifying number as shown on return

IT-241

ROBIN D RICHARD SR

Name(s) as shown on return

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	Туре	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
D	5	Enter your share of the credit from the fiduciary's Form IT-241, Part 4,			
Beneficiary		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.



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

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





Claim for Long-Term Care Insurance Credit

Name(s) as shown on return

ROBIN D RICHARD SR

Identifying number as shown on return 400004805

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

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

Tax Law - Section 606(aa)

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	Туре	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								
S corporation shareholder					.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

Concease B Denendary 5 and nationary 5 share of orea	•	
Α	В	С
Beneficiary's name (same as on	Identifying number	Share of qualified long-term
Form IT-205, Schedule C)		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)



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		Enter the amount from Schedule C, line 7	9	200	.00
Fiduciaries 10 Enter the amount from Schedule D, Fiduciary line		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
	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

	Enter the amount from line 11 Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 <i>(if the income</i>	15	.00
17	percentage is more than 100% (1.0000), enter 1.0000) Nonresident and part-year resident credit (<i>multiply line 15 by line 16</i>)		.00
	Enter the carryover credit from last year's Form IT-249 Total credit (add lines 17 and 18; complete Schedule H)	18 19	.00 .00

Schedule H - Computation of credit used and carried over

.00
.00
.00
.00
.00





Claim of Right Credit New York State • New York City • Yonkers



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

Na	me(s) as shown on return	Identifying number as sho	own on return
	ROBIN D RICHARD SR	40000	
	KODIN D KICHAND SK	10000	1005
Co	mplete lines 1, 2, and 3, and all sections that apply (see instructions on the back of this	s 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	
Se	ction 1 – New York State tax		
4	Previously computed New York State tax	4	800.00
	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.		
	ction 2 – New York City resident tax	1 1	
	Previously computed New York City resident tax	7	.00
	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.		
Se	ction 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.		
Se	ction 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.		
	ction 5 – Yonkers nonresident earnings tax	1	
16	Previously computed Yonkers nonresident earnings tax	16	.00
	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.



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.





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

Submit your completed Form IT-272 with Form IT-201. See Form IT-272-1, Instructions for Form IT-272.

	Your name as shown on return (first name first)	Your social securi	ity number	
	ROBIN D RICHARD SR	4	0000480	5
	Spouse's name (first name first)	Spouse's social s	ecurity 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.			
	 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? If Yes, stop; you do not qualify for the college tuition credit or the college tuition itemized dedu If No, continue with question 2. 		Yes	No X
2	 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year? 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 	2	Yes X	No

 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
Α	Eligible student's name	ROBIN D RICHARD SR		
в	Eligible student's social security number (SSN)	400004805		
с	Is the student claimed as a dependent on your NYS return? (see instructions)	Yes No X	Yes No	Yes No
D	EIN of college or university (see instr.)	123456789		
Е	Name of college or university (see instr.)	SCHENECTADY CCC		
F	Were expenses for undergraduate tuition? (see instructions)	Yes X No	Yes No	Yes No
G	Amount of qualified college tuition expenses (see instructions)	5000 .00	.00	.00
н	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



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	0.00
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	Ę	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 f form), on your itemized deduction schedule. Do not enter the college tuition credit from line 5 or 7 a 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 college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68. 	the			

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



22222	a Employee's social security number 400004805	OMB No. 154	5-0008					
b Employer identification number (631234561	EIN)			ges, tips, other compensation 7725	2 Federal income	tax withheld		
c Employer's name, address, and MUSI	ZIP code		3 Soc	cial security wages	4 Social security t	ax withheld		
MUSIC ROW			5 Me	dicare wages and tips	6 Medicare tax wi	thheld		
123 JAMES PL QUINTON AL 3513	30		7 Soc	cial security tips	8 Allocated tips			
d Control number			9		10 Dependent care	benefits		
e Employee's first name and initial ROBIN D RICHARI		Suff.		nqualified plans	12a C d e			
1234 THOMAS PL			13 Statu emp	utory Retirement Third-party loyee plan sick pay	′ 12b			
YONKERS NY 1070)1		14 Oth	er	12c			
f Employee's address and ZIP coc				1				
15 state Employer's state ID num	16 State wages, tips, etc. 17725	17 State incom 4	ie tax 10	18 Local wages, tips, etc. 17725	19 Local income tax 29	20 Locality name YONKERS		
W-2 Wage and Tax 2012 Department of the Treasury-Internal Revenue Service Statement								

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

W2 INDICATOR - S

22222	${\color{black} a}$ Employee's social security number ${\color{black} 400004805}$	OMB No. 154	5-0008			
b Employer identification number (631234520	EIN)	1		ges, tips, other compensation 775	2 Federal income	e tax withheld
c Employer's name, address, and NYSO	ZIP code		3 Soc	cial security wages	4 Social security	tax withheld
NYS OFFICE OF E	MPLOYEE RELATIONS		5 Me	dicare wages and tips	6 Medicare tax w	rithheld
AGENCY BLDG 2 E ALBANY NY 12228	MPIRE STATE PLAZA		7 Soc	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent car	e benefits
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a	
ROBIN D RICHARD	SR				o d e	
1234 THOMAS PL			13 Stati emp	utory Retirement Third-party loyee plan sick pay	y 12b	
YONKERS NY 1070	1		14 Oth	er	• 12c	
				414H-54	C od e	
				414H-54	12d	
f Employee's address and ZIP cod	e				6	
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	1775	35		1775	35	YONKERS
Form W-2 Wage and Statemen		2012]	Department	of the Treasury-Internation	al Revenue Service

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

W2 INDICATOR - S

		ECTED		
PAYER'S name, street address, city,	state, ZIP code, and telephone no.	1 Rents	OMB No. 1545-0115	
BCC CORP		\$ 2 Royalties	2012	Miscellaneous Income
123 MAIN AVE				
OAK TOWN VA 22	2000	\$ 3 Other income	Form 1099-MISC 4 Federal income tax withheld	1
		\$ 1300	\$	Copy 1
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	
631234567	400004805	\$	\$	
RECIPIENT'S name		7 Nonemployee compensation		
ROBIN D RICHAF	RD SR			
		\$	\$	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	
1234 THOMAS PI	L	products to a buyer (recipient) for resale ►	\$	
City, state, and ZIP code YONKERS NY 10	701	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	17 State/Payer's state no.	18 State income
		\$ 30	NY/270293117	
\$	\$	\$		\$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

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, st NEW YORK STA DEPARTMENT O ALBANY, NY 122 PAYER'S Fed. Io	OMB No. 1545-0120 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	e tax withheid
400004805	\$500.00						
RECIPIENT'S name, street address, city, st	ate and ZIP code		5. ATA	A Payment	s 6.		
ROBIN D RICHAR	D SR	·	7.		8.		9.
356 SKYLINE DR			10 a.	10 b. Sta		11. State i	ncome tax withheld
YONKERS NY 107	01	•	State	dentifica			·
			NY	27-0293	17	\$5	0
This is important tax information and	is being furnished to the Internal	Revenue Service	. If you a	re require	1 to file	a return, a neol	igence penalty or

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 other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Resident Income Tax Return New York State • New York City • Yonkers

and ending ...

IT-201

12

For help completing your re-	tu <mark>r</mark> n, see the ir	nstruc	tions, Form IT-20	01-I.				-		
Your first name and middle initial	Your last name (for a	a joint re	turn , enter spouse's name	e on line below)	You	Your date of birth (mm-dd-yyyy)		Your social sec	curity num	ber
GEORGE L	CHAI	RITY	7		1	12-25-19	60	400004	806	
Spouse's first name and middle initial	Spouse's last name				· ·	ouse's date of birth (n		Spouse's socia		number
MARY B	CHAI	RITY	2		1	.0-31-19	62	400004	1856	
Mailing address (see instructions, page	ge 12) (number and s	treet or i	rural route)			Apartment numb	ber	New York State		
923 HOPE CT								DUT	CHESS	5
City, village, or post office		State	ZIP code	Country (if not United States)			School district name			
DOVER PLAINS	5	NY	12522					DOVERS	UNIO	N FREE
Permanent home address (see instr	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	Taxpayer	's date of death	Spouse's	date of death
		NY				Decedent information				

Α	Filing status	1	Single	NEW	Did you have a financial account located in a foreign country? (see page 13) Yes	No X
	(mark an X in one	2 X	Married filing joint return (enter spouse's social security number above)	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes	No X
	box):	3	Married filing separate return (enter spouse's social security number above)		(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)	
		4	Head of household (with qualifying person)	F	NYC residents and NYC part-year residents only (see page 13): (1) Number of months you lived in NYC in 2012	
в	Did you item	5	Qualifying widow(er) with dependent child	_	 (2) Number of months your spouse lived in NYC in 2012 	
	your 2012 fed	eral inco	me tax return? Yes 🗔 No 🗳	G	Enter your 2-character special condition code if applicable (see page 13)	C7
С		claimed as a dependent axpayer's federal return? Yes No		X	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



Federal income and adjustments (see page 14)

Fe	(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
	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 <i>X</i> 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	13	16404	.00	
14	Unemployment compensation		14		.00
	Taxable amount of social security benefits (also enter on line 2		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 174	1 SUB PAY 400 1/2 SE TAX 1159	18	3300	.00
19	Federal adjusted gross income (subtract line 18 from line 17	7)	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	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: X 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				



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

Your social security number 400004806

2788 .00

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 p	ages 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, lea	ve b	lank)	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

Ne	ew York City and Yonkers taxes, credits, and tax surcharge	es					
48		47 48		.00 .00			
	line 47, leave blank)	49		.00			
50	Part-year NYC resident tax (Form IT-360.1)	50		.00		See instructions on	
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		.00		pages 26, 27, and 28 to compute New York City and	4
52	Add lines 49, 50, and 51	52		.00		Yonkers taxes, credits, and	
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		.00		tax surcharges.	
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	d line	s 54 through 57)		58	-	00
59	Sales or use tax (see page 29; do not leave line 59 blank)				59	49.	00
Vo	oluntary 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



Page 4 of 4	IT-201	(2012)
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Your social security number

		400004800					
62	Enter amount from line 61					62	2788 .00
Pa	yments and refundable credits (see page 31)	1					
63	Empire State child credit				.00		
	NYS/NYC child and dependent care credit				.00		
	NYS earned income credit (EIC)				.00		
	NYS noncustodial parent EIC				.00		
	Real property tax credit				.00		
	College tuition credit				.00		
69	NYC school tax credit (also complete F on page 1; s	see page 31) 69			.00		
	NYC earned income credit				.00		
71	Other refundable credits (Form IT-201-ATT, line 18,) 71			.00		
	Total New York State tax withheld			1121	.00		Submit your wage and tax
73	Total New York City tax withheld			359	.00		statements with your return
74	Total Yonkers tax withheld	74			.00		(see page 33).
75	Total estimated tax payments and amount paid with	Form IT-370 75		2000	.00		
76	Total payments (add lines 63 through 75)					76	3480 .00
Yc	ur refund, amount you owe, and account info	rmation (see pages 3	33 thro	ugh 36)			
	Amount overpaid (if line 76 is more than line 62, s				[77	692 .00
	American films 77 to be welfinded	_			-	11	072 .00
10	Mark one refund choice: X deposit (fill in line 83) - or - CC	ebit ard -	or -		78	542.00
							5 12 100
79	Amount of line 77 that you want applied to your						See pages 33 and 34 for
	2013 estimated tax (see instructions)			150	.00		information about your three
		<u>i</u>					refund choices.
80	Amount you owe (if line 76 is less than line 62, sub	otract line 76 from line 62).			-		
	To pay by electronic funds withdrawal, mark a	n X in the box 🔲 and	l fill in	lines 83 and 8	84 [80	.00
							Saa naga 27 far tha propar
81	Estimated tax penalty (include this amount in line 8						See page 37 for the proper assembly of your return.
	reduce the overpayment on line 77; see page 34) .				.00		
82	Other penalties and interest (see page 35)				.00		
83	Account information for direct deposit or electron	nic funds withdrawal (s	20 n 200	a 35)			
00			se page				
	If the funds for your payment (or refund) would co	ome from (or go to) an a	accour	t outside the	U.S.,	mar	k an X in this box (see pg. 35)
	83a Account type: X Personal checking - or -	Personal savings	- or -	Busines	s cheo	cking	g - or - Business savings
	83b Routing number 011001881	83c Account nur	mber	LOANXXX	x40	000	04806
84	Electronic funds withdrawal (see page 36)	Date		A	moun	t	.00
		·					
	Third-party Print designee's name			ee's phone num			Personal identification number (PIN)
de	signee? (see instr.) JOE PALMER		(518	3) 555777	7		
Ye	s 🛛 No 🗌 🛛 E-mail: PALMER@ATS.COM	1					55555
	Paid preparer must complete (see instr.) V	Date		▼ Ta	axpa	yer(s) must sign here ▼
	parer's signature	Preparer's NYTPRIN	٦ŀ	Your signature			
Firn	's name (or yours, if self-employed)	Preparer's PTIN or SSN	$\neg \downarrow$	Your occupation	LAE		
Adr	ress	Employer identification number				occui	pation (if ioint return)
			REAL ESTÁTE AGENT				
		Mark on Vit -		Data			Doutimo phone number
		Mark an X if self-employed] '	Date			Daytime phone number (518)555-6666



See instructions for where to mail your return.



)thar Tay Cradite and Tayor

IT-201-ATT

		tions for completing Form IT-201-A	TT in th	ne instruc	tions for Form IT-201.			
		wn on your Form IT-201 」AND MARY B CHARITY						security number 00004806
Con	nplete all p	arts that apply to you; see instru	ctions	. Submit	this form with your For	m IT-201		
Pa	art 1 – Ot	her New York State, New Y	ork C	ity, and	Yonkers tax credit	s		
Sec	ction A – N	lew York State nonrefundable	non	-carryo	ver credits used			Whole dollars only
		tion distribution credit (submit compu		-			1	.00
		refundable, non-carryover credits	,			I		
	Code	Amount		Code	Amount			
2a		00 r nonrefundable, non-carryover cre	2b	ld lines 22	and 2b)	.00	2	.00
		non-carryover cre	uits (au	u iiries za	anu 20)		2	.00
		lew York State nonrefundable		-				
	-	care insurance credit					3	.00
4		t credit					4	2212 .00
ວ 6		gy system equipment credit refundable, carryover credits					5	.00
•	Code	Amount		Code	Amount			
6a		.00	6h			.00		
6b		.00	6i			.00		
6c		.00	6j			.00		
6d 6e		.00	6k 6l			.00 .00		
6f		.00	6m			.00		
6g		.00	6n			.00		
		n nonrefundable, carryover credits	add line	es 6a throu	gh 6n)		6	.00
7		York State nonrefundable credi				1		
	(add line	s 1 through 6; enter here and on Form	IT-201,	line 42) .			7	2212 .00
Sec	ction C – N	lew York City nonrefundable,	non-o	carryove	er credits used			
		City resident UBT credit		-			8	.00
		City accumulation distribution cred					9	.00
9a	Part-year	resident nonrefundable NYC child	and de	pendent	are credit		9a	.00
		er New York City nonrefundable o						
10	(add line	s 8, 9, and 9a; enter here and on Form	IT-201,	line 53)			10	.00
10	ction D – N	lew York State, New York City	, and	Yonker	s refundable credits			
		school tax credit					11	.00
Sec	Farmers' s					ľ		
Sec 11	Farmers' s Other refu	ndable credits		Code	Amount			
Sec 11 12	Other refu Code	ndable credits Amount				.00		
Sec 11 12 12a	Other refu Code	Amount .00	12g					
Sec 11 12 12a 12b	Other refu	Amount .00 .00	12h		-	.00		
Sec 11 12 12a 12b 12c	Other refu	Amount .00 .00 .00	12h 12i			.00 .00		
Sec 11 12 12a 12b	Other refu Code	Amount .00 .00	12h			.00		
Sec 11 12 12a 12b 12c 12d	Other refu Code	Amount .00 .00 .00 .00 .00 .00	12h 12i 12j			.00 .00 .00		
Sec 11 12 12a 12b 12c 12d 12e 12f	Other refu Code	Amount .00 .00 .00 .00 .00 .00 .00 .00	12h 12i 12j 12k 12l rough 1	21)		.00 .00 .00 .00	12 13	.00.



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 Ne	ew York S	state tax on capital gain portion of	lump-s	um dis	tribu	tions (Form IT-230)		19	.00
20 Ot	ther New	York State taxes					-		
	Code	Amount		Code	e	Amount			
20a		.00	20g				.00		
20b		.00	20h				.00		
20c		.00	20i				.00		
20d		.00	20j				.00		
20e		.00	20k				.00		
20f		.00	201				.00		
To	otal other	New York State taxes (add lines 20	a throug	gh 20l)				20	.00
							-		
21 Ac	dd lines 1	9 and 20					[21	.00
22 Se	ee instruc	tions for line 22			22	2212	.00		
23 Er	nter amou	Int from Form IT-201 , line 39			23	3333	.00		
		e 23 from line 22 (if line 23 is more						24	.00
		e 24 from line 21 (if line 24 is more				,	- F	25	.00
		·				,		·	
26 Ne	ew York S	state separate tax on lump-sum d	istributio	ons					
	(Form IT-2	230)			26	40	.00		
27 Re	esident cr	edit against separate tax on lump	-sum						
		ons			27	35	.00		
28 Su	ubtract lin	e 27 from line 26		······				28	5.00
29 Ne	ew York S	State minimum income tax (Form I	T-220)					29	1613.00
		New York State taxes	,						
	(add lines	25, 28, and 29; enter here and on Fo	rm IT-20	01, line	45)			30	1618.00
	`	· · · ·			,				
Part	3 – Oth	er New York City taxes	(submit	t all ap	plica	able forms)			
31 Ne	ew York C	City minimum income tax (Form IT-	220)				[31	.00
		City resident separate tax on lump	,				- F	32	.00
		City tax on capital gain portion of I				, ,	- F	33	.00
		New York City taxes					L	<u>L</u>	
		31, 32, and 33; enter here and on Fo	rm IT-20)1. line	51)		[34	.00





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

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.

 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	

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

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

. ,	Amount from Form IT-230, line 3 that is subject to tax by both New York State and the other taxing jurisdiction \$	100	.00	New York State	\$ 40	.00	_ Credit allowable	3_	 1	.00
	Amount from Form IT-230, \$ line 3	3800	.00	Form IT-230, line 24						

(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.



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

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	Total tax payable t the above Canadia x province (after any	an	.00 =	Amount constituti separate tax on th income part of lur	ne ordinary		
	Total income subject to tax by the above Canadian province	\$.00	 credits, exclusive of prepayments) 			distributions impo above province of (enter on line 6)			
7	Enter the amount from fe distributions paid to the							7	35	.00
8	Portion of the Canadian federal purposes (subtr							8		.00
9	The credit against New Y	ork State separate	e tax or	n lump-sum distri	outions may not exc	eed:				
	(a) Amount from Form IT-230, line 3 that is subject to tax both New York State and th above Canadian province Amount from Form IT-230, line 3	ne \$.00	New York State amount from Form IT-230, line 24	\$	<u>.00</u> =	Credit allowable	9		.00
	(b) The credit allowed ma	ay not reduce the N	New Yo	rk State separate	tax on the ordinary	income	part of lump-su	m distributio	ons 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.





Investment Credit

Name(s) as shown on	retur	n	Type of business	Identifying number as shown on return	۱
GEORGE L	CI	IARITY	RESTORATION	400004806	
Date you started your I	ousir	ess in New York State Location of the qualified	property (if more than one, submit a schedule)		
01012007		ALTAMON	T, ALBANY COUNTY		
Part 1 – Computa	tio	of credit (see Form IT-212-I, Instructions	for Form IT-212)		
Individual or	1	Credit from line 25, column F		1 2750	.00
fiduciary	2	Credit from line 25, column G		2	.00
Beneficiary	3	Share of investment tax credit from the		3	.00
Demenicialy		Share of research and development cr	edit from the estate or trust	4	.00
Partner		Partnership name:			
Partner	5	Partner's share of credit shown on For		5	.00
		Partner's share of credit shown on For		6	.00
S corporation shareholder		S corporation name:		_1	
	7	Shareholder's share of investment credit		7	.00
	8	Shareholder's share of research and develop	ment credit from the S corporation (see instr.)	8	.00
	9	Total (add lines 1 through 8)		9 2750	.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



Part 3 – Investments in qualified property (see instructions)

		inea property		(0110110)					
	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 treatme and pollution control property (column E × 4% (.04))	nt,	G – Investment credit for research and development property (column E × 7% (.07))
22	EQUIPMENT	BUSINESS	11012000	7	34375	.00	1375 .0	00	.00
						.00		00	.00
						.00		00	.00
						.00	.(00	.00
23	Enter amount from Form	IT-212-ATT, lin	e 11			23	1375 .(00	
24	Enter amount from Form	e 19, colu	24	.(00				
25	Total investment credit (a	olumns F a	25	2750 .0	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)

(list submit a	escription of property t each asset and a schedule if needed)	B – Date acquired	C – Date property ceased	D – Life	E-	F – Percentage	G – Total investment cree	4:4		
26 E	,		to qualify	(months)	Unused life (months)	(E ÷ D)	allowed (see instructions		H – Addback of credit on early dispositions (F × G)	
20 -	QUIPMENT 11012000 11302012 146 73 0.5000 500				500	.00	250 .	.00		
								.00		.00
								.00	•	.00
								.00		.00
27 Er	nter amount from	27	250 .	.00						
28 To	otal (add lines 26 ar	nd 27, columi	n H, and enter	total here)			28	500 .	.00
29 Int	terest rate							29	0.07	75
30 Mi	ultiply line 28 by I	30	38.	.00						
31 To	otal addback of cr	edit on early	y dispositions	s (add am	ounts on li	nes 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

T art o = Beneficially 5 and hade	any s share of investmen	it create and adaback o	release on early dispes	5110115
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
	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





Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

Name(s) as shown on return Identifying number as shown on return 400004806 GEORGE L CHARITY 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. No X 2 Is the barn listed in the National Register of Historic Places? (see instructions) Yes 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)). 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 (If you mark No, stop; you cannot claim this credit.) 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)). 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		525	0.00
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	X	No
10	Did you use the straight-line method of depreciation over a recovery period specified in either section or section 168(g) of the Internal Revenue Code (IRC), whichever is applicable to you?	`	/	X	No

Part 2 – Investments in qualified rehabilitation expenditures

Date rehabilitation work was begun (mm-dd-yy)	_{/y)} 02/15/2	010 Da	ate rehabilitation work was com	plete	d <i>(mm-dd-yyyy)</i> 02/15/20	12
A Description of rehabilitation expenditures (submit additional sheets if necessary)	B Date of expenditure(s)	C Property's useful life <i>(years)</i>	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 or	11	1375	.00			

(continued on back)

IT-212-ATT



IT-212-ATT (2012) (back)

Α	В	С	D	Е	F	G	Н	
Description of rehabilitation expenditures (submit additional sheets if necessary)	Date acquired	Date property ceased to qualify	Property's useful life (months)	Unused life (months)	Percentage (E ÷ D)	Total investment credit allowed for rehabilitation of a historic barn	Addback of credit on early dispositions (F × G)	
ROOF	11012000	11012012	146	73	0.5000	500 <u>.</u> 00	250	.(
						.00		
						.00		.(
2 Add column H amounts (e		250						

Schedule B – Employment incentive credit

Part 1 – Fligibility for employment incentive credit

Α	В	С	D	E	F	G	H*
Year	Mar. 31	June 30	Sept. 30	Dec. 31	Total (B + C + D + E)	Average (see instr.)	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

r art z – computation of employment incentive creat								
	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& property at optional rate)	:D)	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				
9 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%						
102% but less than 103% 103%						





Minimum Income Tax

New York State • New York City

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.

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
--	--------------------------	-----------------------------

1	Interest from specified private activity bonds exempt		Whole dollars only		Whole dollars only
	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
No	w York subtractions				
	Portion of line 3 relating to accelerated cost				
3	recovery deduction (see instructions)	9	.00	9	.00
10	Portion of tax preference items relating to	5	.00	5	.00
10	an S corporation (see instructions)	10	.00	10	.00
11	Itemized deduction adjustment (see instructions)	11	.00	11	.00
	Interest from specified private activity bonds		.00		.00
14	exempt from federal tax entered on line 1	12	.00	12	.00
12	Depletion entered on line 2	12	.00	13	.00
	Total New York subtractions (add lines 9 through 13)		.00	14	.00
	Total NY tax preference items (subtract line 14 from line 8)		.00	15	33000 .00
	Specific deduction (see instructions)			16	5000 .00
	Subtract line 16 from line 15, Column B			17	28000 .00
	New York State personal income tax after credits (see instru				1121 .00
	Subtract line 18 from line 17 <i>(if line 18 is more than line 17, lea</i>				26879 .00
	Available net operating loss carryover (see instructions)		*		.00
	Minimum taxable income (subtract line 20 from line 19; see ins				26879 .00
Z I		uucu	10/15)	21	20079 .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





Separate Tax on Lump-Sum Distributions

New York State • New York City

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

Name as shown on return		Identification number
GEORGE L AN	JD MARY B CHARTTY	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 colu	umn				
(New York City and part-year New York City residents use both columns; multiply line 1 by 1.72% (.0172)	New York State	New York City			
and enter in New York City column)	.00	2 .00			
Line 2 – New York State column	Line 2 – New York City colu	mn			
Form IT-201 filers: Enter the line 2, <i>New York State</i> column amount on Form IT-230-I, <i>Worksheet A</i> , line 1.		idents: Enter the line 2, <i>New York</i> IT-230-I, <i>Worksheet B</i> , line 1.			
Form IT-203 filers: Enter the line 2, New York State column amount on Form IT-230-I, Worksheet C, 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.				
Full-year resident estates or trusts: Enter the line 2, New York State column amount on Form IT-205, line 7.	Form IT-205 filers: Enter the on Form IT-205, line 16.	line 2, New York City column amount			

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.

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)				3800	.00		
Death benefit exclusion (see instructions)			4		.00		
			5	3800	.00		
6 Current actuarial value of annuity from federal Form 4972, Part III, line 11					.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				3800	.00		
Multiply line 7 by 50% (.50) but do not enter more than 10,000	8	1900.00					
Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank	9	.00					
Multiply line 9 by 20% (.20)	10	.00					
1 Subtract line 10 from line 8 (minimum distribution allowance)			11	1900	.00		
2 Subtract line 11 from line 7				1900	.00		
3 Federal estate tax attributable to lump-sum distribution					.00		
Subtract line 13 from line 12		[14	1900	.00		
	Amount from federal Form 4972, Part III, line 8 (see instructions, Death benefit exclusion (see instructions) Subtract line 4 from line 3 (total taxable amount) Current actuarial value of annuity from federal Form 4972, Par Add lines 5 and 6 (adjusted total taxable amount). If this amount is skip lines 8 through 11, and enter this amount on line 12 Multiply line 7 by 50% (.50) but do not enter more than 10,000 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank Multiply line 9 by 20% (.20) Subtract line 10 from line 8 (minimum distribution allowance) Federal estate tax attributable to lump-sum distribution	Amount from federal Form 4972, Part III, line 8 (see instructions) Death benefit exclusion (see instructions) Subtract line 4 from line 3 (total taxable amount) Current actuarial value of annuity from federal Form 4972, Part III, I Add lines 5 and 6 (adjusted total taxable amount). If this amount is \$70 skip lines 8 through 11, and enter this amount on line 12 Multiply line 7 by 50% (.50) but do not enter more than 10,000 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank Multiply line 9 by 20% (.20) Subtract line 10 from line 8 (minimum distribution allowance) Subtract line 11 from line 7 Federal estate tax attributable to lump-sum distribution	Amount from federal Form 4972, Part III, line 8 (see instructions) Death benefit exclusion (see instructions) Subtract line 4 from line 3 (total taxable amount) Current actuarial value of annuity from federal Form 4972, Part III, line 11 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 Multiply line 7 by 50% (.50) but do not enter more than 10,000 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank Multiply line 9 by 20% (.20) Subtract line 10 from line 8 (minimum distribution allowance) Subtract line 11 from line 7	Amount from federal Form 4972, Part III, line 8 (see instructions) 3 Death benefit exclusion (see instructions) 4 Subtract line 4 from line 3 (total taxable amount) 5 Current actuarial value of annuity from federal Form 4972, Part III, line 11 6 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 Multiply line 7 by 50% (.50) but do not enter more than 10,000 8 1900 .00 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank Multiply line 9 by 20% (.20) 10 .00 Subtract line 10 from line 8 (minimum distribution allowance) 11 12 Federal estate tax attributable to lump-sum distribution 13	Amount from federal Form 4972, Part III, line 8 (see instructions) 3 3800 Death benefit exclusion (see instructions) 4 5 3800 Subtract line 4 from line 3 (total taxable amount) 5 3800 6 Current actuarial value of annuity from federal Form 4972, Part III, line 11 6 6 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 Multiply line 7 by 50% (.50) but do not enter more than 10,000 8 1900 00 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank Multiply line 9 by 20% (.20) 10 .00 Subtract line 10 from line 8 (minimum distribution allowance) 11 1900 Subtract line 11 from line 7 12 1900 Federal estate tax attributable to lump-sum distribution 13 10		

(continued on back)



Part 3	(continued)
--------	-------------

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

15	Divide line 6 by line 7 and round the result to the fourth		New York State		New York City
	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
Lin	e 24 – <i>New York State</i> column		Line 24 – New York City col	umn	
• Ir	ndividuals: Enter the line 24, New York State column amount	t on	2		nts: Enter the line 24, New York
F	orm IT-201-ATT, line 26, or Form IT-203-ATT, line 25.		City column amount on For		
• F	iduciaries: Include the line 24, New York State column amou	unt	Part-year New York City r	eside	nts: Enter the line 24, New York
0	n Form IT-205, line 12.		City column amount on For		
• N	Aultiple recipients: See the front page of the instructions; if		Estates or trusts: Enter th		
	pplicable, complete the worksheet below.		amount on Form IT-205, lin		
				e 20.	
	Multiple recipients of	f lump-	sum distribution worksheet —		
a	Enter the amount from line 24 (New York City and part-year		New York State		New York City
	Now York City regidents: use both columna)		40.00	•	00

	New York City residents: use both columns)	а	40.00	а	.00
Ŀ		la la	1 00	la la	
b	Enter your percentage of the total distribution	b	1.00	b	
С	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	С	40.00	С	.00
F	ull-year New York City residents: Enter the line c, New York	k Cit	column amount on Form IT-201-A	TT, li	ne 32, or Form IT-205, line 20.
Ρ	art-year New York City residents: Enter the line c, New Yor	k Cit	y column amount on Form IT-360.1	, line	51, or Form IT-205, line 20.





Nonobligated Spouse Allocation

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

Enter the following information exactly as it is shown on the tax return for which you are filing this claim. The spouse's name and social security number shown first on that tax return must also be shown first below.						
First name, middle initial, and last name shown first on the return GEORGE L CHARITY	Social security number shown first 400004806	If nonobligated spouse, mark an X here				
First name, middle initial, and last name shown second on the return MARY B CHARITY	Social security number shown second 400004856	If nonobligated spouse, mark an X here				
Did you receive a <i>Notice of Claim Against Your Income Tax Refund</i> ?						

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

	Allocated items		a – Allocated to nonobligated spou	se	b – Allocated to other spouse		c – Amount show on joint return	
	Lines 1a, 1b, and 1c Income – Allocate separate income to the Allocate joint income, such as interest ea account, as you determine. Be sure to all on the joint return.	rned on a joint bank						
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 a <i>Form IT-201, lines 2 through 16; Form IT-203,</i> Federal amount <i>column</i>).							
	А – Туре	B – Amount						
	TAXABLE INTEREST INCOME	4300 .00						
	ORDINARY DIVIDENDS	6190 .00						
	CAPITAL GAINS (SCH D)	72.00						
	TAXABLE PENSION RENTAL REAL ESTATE(SCH E)	<u> 12640 .00</u> 13200 .00						
	Total (add column B amounts) SEECON			.00	52806	.00	52806	.00
					02000	100	52000	100
1c	Total income (add lines 1a and 1b)		6840	.00	75966	.00	82806	.00
2	Federal adjustments to income – Allocate such as an IRA deduction, to the spouse (from Form IT-201, line 18; Form IT-203, line 18)	to whom they belong	700	.00	1321	.00	1480	.00
3	Total New York State/New York City/Yon use tax (Form IT-201, add lines 46, 58, and 5 lines 50, 55, and 56)	9; Form IT-203, add					2788	.00
4a	Income tax withheld – Allocate New York	State/New York Citv/						
	Yonkers income tax withheld to each spo Forms W-2		159	00	1321	.00	1480	.00
				.00	TZZT	.00	1100	.00
4b	Estimated tax payments (including estimated tax payments (including estimated nonresidents on the sale or transfer of reaction by nonresidents on the gain from the in a cooperative housing corporation, and your behalf by a partnership or corporation extension Form IT-370 – Allocate joint est (Form IT-201, line 75; Form IT-203, line 65)	al property, estimated tax e sale of shares of stock estimated tax paid on n) and amount paid with timated tax payments		00	2000	00	2000	00
	(1 011111-201, line 13, F011111-203, line 03)			.00	2000	.00	2000	.00
4c	Total prepayments (add lines 4a and 4b)		159	.00	2000	.00	2000	.00

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



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	▼ Taxpayer sign here ▼
Preparer's signature	Preparer's NYTPRIN	Nonobligated spouse's signature
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	Date
Address	Employer identification number	Daytime phone number (518) 555-6666
	Mark an X if self-employed	Nonobligated spouse's e-mail address CHARITY@ATS . COM
E-mail:		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).



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. 154	5-0008			
b Employer identification number (632257358	EIN)		1 Wa	ages, tips, other compensation 23160	2 Federal income	tax withheld
c Employer's name, address, and	ZIP code		3 So	ocial security wages	4 Social security t	ax withheld
WORK						
WORKHARD INDUSTR	IES		5 1/16	edicare wages and tips	6 Medicare tax wi	tnneia
280 LABOR CT			7 So	ocial security tips	8 Allocated tips	
FAITH NC 28041-0	280					
d Control number			9		10 Dependent care	benefits
e Employee's first name and initial	Last name	Suff.	11 No	onqualified plans	12a	
GEORGE L. CHARIT	Y			tutory Retirement Third-party ployee plan sick pay	/ 12b	
923 HOPE CT					o d e	
DOVER PLAINS NY	12522		14 Oth	her	12c	
					ື 12d ເ	
f Employee's address and ZIP cod	e				d e	
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	23160	900		23160	250	NYC
Form W-2 Wage an Statemen		2015]	Department o	of the Treasury—Interna	I Revenue Service

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

W2 INDICATOR-S

55555	a Employee's social security number 400004856	OMB No. 154	o. 1545-0008							
b Employer identification number (E	IN)		1 Wages, tips, other compensation 2 Federal income tax withheld							
563046224				6840						
c Employer's name, address, and Z	IP code		3 Soc	3 Social security wages4 Social security tax withheld						
GOLD			5 14-		6 Medicare tax wit					
GOLDBLAZER RI	EAL ESTATE	5 Me	dicare wages and tips	6 Medicare tax with	nneia					
459 DWELLING	AVE	7 Soc	cial security tips	8 Allocated tips						
FAITH NC 2804	41									
d Control number			9		10 Dependent care	benefits				
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a					
			10 01-1	utory Retirement Third-party	o d e					
MARY B CHARI	ГҮ		13 Statu emp	utory Retirement Third-party loyee plan sick pay	12b					
923 HOPE CT					o d e					
DOVER PLAINS	NY 12522		14 Oth	er	12c					
					ື 12d					
f Employee's address and ZIP code					e					
15 State Employer's state ID numb		17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
NY	6840	100		6840	59	NYC				
¹		1								
NALO Wage and	Tax –		ו	Department o	of the Treasury-Internal	Revenue Service				
Form W-Z Statemen	t C	30 T S	J -							

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

W2 INDICATOR-S

		RREC	TE	ED		-		_			
PAYER'S name, street address,	city, state, and ZIP code		1	Gross distribut	ion	ON	IB No. 1545-0119		Distributions From		
CANA		ę	\$	3800			2012	P(Pensions, Annuities, Retirement or Profit-Sharing		
CANADIAN RETIREMENT SYSTEM		1	2a	Taxable amount					Plans, IRAs,		
359 QUEBEC BLVD			\$ 3800			F	orm 1099-R		Insurance Contracts, etc.		
KANATA ONTARIO K2K1X3			₽ 2b	Taxable amour	nt		Total		Copy 1		
CANADA				not determined			distributio	n X	For		
PAYER'S federal identification number	RECIPIENT'S identification number	1	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	State, City, or Local		
									Tax Department		
995244433	400004806		\$			\$					
RECIPIENT'S name GEORGE L CHARITY			/Designated Roth a		Net unrealized appreciation in employer's sec						
		ę	\$			\$					
Street address (including apt. no).)		7	Distribution	IRA/ SEP/	8	Other				
923 HOPE CT				code(s) 4A	SIMPLE	\$		%			
City, state, and ZIP code DOVER PLAINS NY 12522		!	9a			9b \$	Total employee con	tributions			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth c			State tax withhe	ld	13	State/Payer's s	tate no.	14 State distribution		
			\$			 			\$		
\$			\$						\$		
Account number (see instructions)			15 \$	Local tax withhe 420	eld	16	Name of localit CANADA	ty	17 Local distribution \$ 3800		
			\$						\$		

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

1099R INDICATOR -S

		CTI	ED	-			
PAYER'S name, street address, NORT	city, state, and ZIP code	1	Gross distribution	ON	IB No. 1545-0119		Distributions From ensions, Annuities, Retirement or
NORTHERN TRUST	COMPANY	\$	12640	4	2012		Profit-Sharing
50 S LASALLE ST	1	2a	Taxable amount				Plans, IRAs, Insurance
CHICAGO IL 60603			12640	F	orm 1099-R		Contracts, etc.
		2b	Taxable amount not determined		Total distribution	X	Copy 1 For
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (included in box 2a)	4	Federal income ta withheld	ax	State, City, or Local
363046064	400004806	\$		\$			Tax Department
RECIPIENT'S name GEORGE L CHARITY		5	Employee contributions /Designated Roth contributions or insurance premiums	6	Net unrealized appreciation in employer's secu	urities	
		\$		\$			
Street address (including apt. no	.)	7	Distribution IRA/ code(s) IRA/	-	Other		
923 HOPE CT			7 SIMPLE	\$		%	
City, state, and ZIP code DOVER PLAINS NY	12522	9a	Your percentage of total distribution 100%	9b \$	Total employee contri	ibutions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	Ι.	State tax withheld	13	State/Payer's sta		14 State distribution
		\$ \$	121	<u>IN</u>]	Y/3630460	64	\$12640
\$ Account number (see instructions)]	15 \$	Local tax withheld 5 0	16	Name of locality NYC	,	\$ 17 Local distribution 1 2640
		\$					\$

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

1099R INDICATOR-S



Resident Income Tax Return New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

	5 5	
and	ending	

IT-201

12

For help completing your re	turn, see the ir	nstruc	ctions, Form IT-20	01-I.							
Your first name and middle initial	Your last name (for a	a joint re	e turn , enter spouse's name	e on line below)	Your date of birth (mm-dd-yyyy)			Your social security number			r
ROBERT	MIC	HAE	LS		12-17-1964			400004807			
Spouse's first name and middle initial	Spouse's last name	ouse's last name					Spouse's date of birth (mm-dd-yyyy)			urity nı	ımber
Mailing address (see instructions, page			Apartment number	r	New York State county of residence						
441 AMES STRE	ET							MO	NR	ЭE	
City, village, or post office		State	ZIP code	Country (if no	ited States)		School district name				
ROCHESTER		NY	14611					ROCHE	ST	ER	
Permanent home address (see instr	ructions, page 12) (n	umber a	and street or rural route)	A	Apart	tment number		School district		-	
								code number .			538
City, village, or post office		State ZIP code				Decedent Ta	axpayer	's date of death	Spo	use's d	late of death
			NY			information					

A Filing status		1	Single	NEW I	D	Did you have a financial account located in a foreign country? (see page 13) Yes No				
	(mark an X in one	② Married filing joint return (enter spouse's social security number above)		I	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No X				
	box):	3	Married filing separate return (enter spouse's social security number above)			(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)				
		(4) X	Head of household (with qualifying person)	I	F	NYC residents and NYC part-year residents only (see page 13):				
		5	Qualifying widow(er) with dependent child			 (1) Number of months you lived in NYC in 2012 (2) Number of months your spouse 				
B Did you itemize your deductions on your 2012 federal income tax return?					G	Enter your 2-character special condition code				
С	C Can you be claimed as a dependent on another taxpayer's federal return?		X		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
	MICHAEDS	DAUGHTER	400004031	00 01 1999
KENNETH	MICHAELS	SON	400884852	03-01-2000



Your social security number 400004807

(Federal income and adjustments) (see page 14)

_			Whole dollars only
1	Wages, salaries, tips, etc.	1	105000 .00
	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 X	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	13		.00		
14	Unemployment compensation	14		.00		
	Taxable amount of social security benefits (also enter on line		15		.00	
16	Other income (see page 14) Identify: GAMBLING	100	00	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	7)		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	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: X 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						
	Taxable income (subtract line 36 from line 35)	37	107000 .00						



Name(s) as shown on page 1 ROBERT MICHAELS	Your social security number 400004807	IT-201 (2012)	Page 3 of 4
Tax computation, credits, and other taxes (see page 25)			

38	Taxable income (from line 37 on page 2)			38	107000	.00
	NYS tax on line 38 amount (see page 25 and Tax computation				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, lea	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	J	
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		See instructions on
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		.00		pages 26, 27, and 28 to compute New York City and
52	Add lines 49, 50, and 51	52		.00		Yonkers taxes, credits, and
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		.00		tax surcharges.
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 (ad	d line	s 54 through 57)		58	.00
59	Sales or use tax (see page 29; do not leave line 59 blank)				59	1998 .00
Vo	oluntary contributions (see page 30)					
<u> </u>					1	
	60a Return a Gift to Wildlife			.00	-	
	60b Missing/Exploited Children Fund			.00	-	
	60c Breast Cancer Research Fund			.00	-	
	60d Alzheimer's Fund			.00		
	60e Olympic Fund (\$2 or \$4; see page 30)			.00		
	60f Prostate Cancer Research Fund			.00		
	60g 9/11 Memorial			.00		
	60h Volunteer Firefighting & EMS Recruitment Fund			.00		1
	Total voluntary contributions (add lines 60a through 60h)				60	.00
61	Total New York State, New York City, and Yonkers taxes	, sa	es or use tax, and v	oluntary		

1998 .00



Page 4 of 4	IT-201	(2012)
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Your social security number 400004807

		400	004	807						
62	Enter amount from line 61					62	2	1998	3.0	0
Pa	yments and refundable credits (see page 31)								
63	Empire State child credit		63		ſ	0				
	NYS/NYC child and dependent care credit					0				
	NYS earned income credit (EIC)		65		.(_				
	NYS noncustodial parent EIC					0				
	Real property tax credit		67		.(_				
	College tuition credit					0				
	NYC school tax credit (also complete F on page 1;				.(_				
	NYC earned income credit		70			0				
71	Other refundable credits (Form IT-201-ATT, line 18		71		.(_				
72	Total New York State tax withheld		72		7250 .0	_	Submit y	our wage and	tax	
73	Total New York City tax withheld		73			00	statemen	ts with your re		
	Total Yonkers tax withheld		74		.(00	(see page	e 33).		
	Total estimated tax payments and amount paid with				.(00				
	Total payments (add lines 63 through 75)					76	6	7250).0	0
	ur refund, amount you owe, and account info									
-							- 1			_
	Amount overpaid (if line 76 is more than line 62,	subtract line	62 fro	om line 76)		77		5252	2.0	0
78	Amount of line 77 to be refunded direct			debit	paper					_
	Mark one refund choice: deposit	(fill in line 83)	- or -	X card	- or check .	78	8	5252	2.0	0
70	Amount of line 77 that you want applied to your						C	a 22 and 24 fa		
19	Amount of line 77 that you want applied to your		79					s 33 and 34 fo on about your		6
	2013 estimated tax (see instructions)		79		.(00	refund ch			-
00	Amount you owe (if line 76 is less than line 62, su	htraat lina 76	from	line 62)						
00	To pay by electronic funds withdrawal, mark a				lines 83 and 84	. 80			.0	~
	to pay by electronic funds withdrawal, mark a					. 00			.0	
81	Estimated tax penalty (include this amount in line	80 or						37 for the pro		
0.	reduce the overpayment on line 77; see page 34)		81		.(0	assembly	of your retur	n.	
82	Other penalties and interest (see page 35)					0				
83	Account information for direct deposit or electro	onic funds w	/ithdra	awal (see pa	ge 35).					
		. .								
	If the funds for your payment (or refund) would o	come from (or go	to) an accou	int outside the U.S	s., ma	ark an X in ti	nis box <i>(see pg.</i>	35)	
	83a Account type: Personal checking - or	- Pers	ional s	savings - or	- Business c	пескіг	ng - or -	Business sa	vings	
	83b Routing number	830	Acc	ount number						
				[]	г				
84	Electronic funds withdrawal (see page 36)		Date		Amo	unt			.00	
										_
	Third-party Print designee's name			-	nee's phone number			Personal identif number (PI		
	signee? (see instr.) JOE PALMER	-		(51	8) 5557777			55555	,	
Ye	s 🔀 No 🗌 🛛 E-mail: PALMER@ATS.COM	м						55555		
•	Paid preparer must complete (see instr.) V	Date			▼ Tax	bayeı	r(s) must si	ign here 🔻		
Pre	parer's signature	Preparer's	NYTP	RIN	Your signature					1
Firn	's name (or yours, if self-employed)	Preparer's PT	IN or S	SN	Your occupation					-
Add	ress	Employer iden	tificatio	n number	Spouse's signature a	nd occ	upation (if ioint	CONSULT	ANT	_
			ark an If-emp		Date		Daytime p (518)	hone number 555–6666		
E-m	ail:				E-mail: MICHAI	ELS	@ATS.CO)M		



See instructions for where to mail your return.



New York State Department of Taxation and Finance

IT-201-ATT

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2	012	Other Tax Attachment to F			Taxes		•	
See	the instructi	ons for completing Form IT-201-A	TT in the instruc	ctions for Fo	orm IT-201.			
		n on your Form IT-201					Your so	ocial security number
R	OBERT N	AICHAELS						400004807
		arts that apply to you; see instru ner New York State, New Yo			-	IT-201.)		
		ew York State nonrefundable	-			_		Whole dollars only
		on distribution credit (submit compu	tation)			······ L	1	
2		efundable, non-carryover credits	0.1		• • • • • •			
20	Code 250	Amount	Code		Amount	00		
2a		2000 .00 nonrefundable, non-carryover crea	lits (add lines 2a	and 2b)		.00	2	2000
		non-carryover eres		anu 20)		····· L	2	2000
Sect	tion <mark>B – N</mark>	ew York State nonrefundable	, carryover c	redits use	ed			
3	Long-term	care insurance credit					3	
		credit					4	
5	Solar energ	gy system equipment credit				L	5	4670
6		efundable, carryover credits						
	Code	Amount	Code		Amount			
6a		.00	6h	-		.00		
6b		.00	6i 6j	-		.00		
6c 6d		.00	6k	-		.00		
6e		.00	61			.00 .00		
6f		.00	6m			.00		
6g		.00	6n			.00		
	Total other	nonrefundable, carryover credits (ugh 6n)			6	
7		York State nonrefundable credit		0 /		L_		
	(add lines	1 through 6; enter here and on Form	IT-201, line 42) .				7	6670
Sect	tion C – N	ew York City nonrefundable,	non-carryov	er credits	used	_		
		City resident UBT credit					8	
		City accumulation distribution credi					9	
		esident nonrefundable NYC child a		care credit		······ [9a	
10		r New York City nonrefundable of 8, 9, and 9a; enter here and on Form				Г	10	
	(auu iiries	o, 9, and 9a, enter here and on Form	11-201, iiile 53)			····· L	10	
Sect	tion D – N	ew York State, New York City	, and Yonker	s refunda	ble credits			
11	Farmers' s	chool tax credit					11	
12	Other refur	ndable credits				L_		
	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	Total ather	00	12I			.00	12	
12		refundable credits (add lines 12a th	e ,				12 13	
13						····· L	13	
	(continued o	JII Dackj						



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	e tax on capital gain portion of	lump-s	um distrik	outions (Form IT-230)		19	.00
20	Other New York	k 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	201			.00		
	Total other New	v York State taxes (add lines 20	a throug	h 201)			20	.00
21	Add lines 19 an	nd 20					21	.00
					1			
22	See instructions	s for line 22		22	2	.00		
23	Enter amount fr	rom Form IT-201, line 39		23	3	.00		
24	Subtract line 23	3 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	e separate tax on lump-sum di	stributio	ons				
	(Form IT-230) .			20	6	.00		
27	Resident credit	against separate tax on lump	-sum					
	distributions.			27	7	.00		
28	Subtract line 27	7 from line 26					28	.00
29	New York State	e minimum income tax (Form I	Г-220)				29	.00
		York State taxes	- /					
		28, and 29; enter here and on Fo	rm IT-20	1. line 45)			30	.00
				, ,				
Pa	art 3 – Other	New York City taxes	submit	all appli	cable forms)			
_								
	•	minimum income tax (Form IT-					31	.00
		resident separate tax on lump					32	.00
33	New York City t	tax on capital gain portion of l	ump-su	m distribu	tions (Form IT-230)		33	.00
34	Total other Net	w York City taxes						
	(add lines 31, 3	32, and 33; enter here and on Fo	rm IT-20	1, line 51)			34	.00





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

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

Name(s) as shown on return	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)		A Amount reported on New York State return	A	B mount sourced to and taxed by the Canadian province
Report all amounts in U.S. dollars.	Whole dollars only			Whole dollars only
1 Wages, salaries, tips, etc.	1	105000.00	1	.00
2 Taxable interest income		500.00	2	.00
3 Ordinary dividends		00.	3	.00
4 Taxable refunds, credits, or offsets of state and local				
income taxes.	4	.00	4	.00
5 Alimony received		.00	5	.00
6 Business income or loss		.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)

IT-112-C



Report all amounts in U.S. dollars.

Pa	rt 2 – Computing your resident credit or addback	for	taxes paid to a province of	Cana	ida	
	ny portion of the Canadian provincial income tax that entitled yo					eral
retu	rn in a succeeding tax year, the amount claimed must be adde	d bac	k to your New York State tax liabilit	y for t	hat succeeding tax year.	
23	Enter the two-letter abbreviation of the Canadian province	⊃ wh∉	ere tax was naid (see instr.)	23	OC	
	Enter the amount from federal Form 1116, line 9, pertaining		• • •		20	
	the above Canadian province (see instructions)	•			1200	.00
25	Enter the amount from federal Form 1116, line 12,				1200	100
	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
	Subtract line 27 from line 24			28	1200	.00
29	Enter the amount from federal Form 1116, line 10, pertain	ning t	o carryover of taxes paid for			
	prior years to the above Canadian province (submit a co	py 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, pertain	ning t	o 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
					0.0005	
34	Divide line 22, column B, by line 22, column A (round to the	fourth	decimal place; see instructions)	34	0.0335	
~ =				0.5	225	
	Multiply line 33 by line 34			35	225	.00
	Tentative credit (enter the lesser of line 28, 32, or 35)			36	34	.00
	Enter the amount from line 29 Enter the amount from line 31		.00 1166.00			
	Subtract line 38 from line 37 (<i>if line 38 is more than line 37, le</i>	L		39		.00
	Add lines 36 and 39.			40	34	.00
	Enter the prior-year(s) resident credit claimed on Form(s)			40	J ₁	.00
	to Canadian province(s) (see instructions)		•	41		.00
42	If line 41 is more than line 40, subtract line 40 from line 4					100
	resident credit (see instructions; do not make any entries on		-	42		.00
43	If line 41 is less than (or equal to) line 40, subtract line 41 fr		÷ ,		34	.00
	Enter the amount from line 36 or line 43, whichever is less				34	.00
	Total line 44 amounts from additional Form(s) IT-112-C ar			·	J I	
	from Form(s) IT-112-R, if any (see instructions)			45		.00
46	Add lines 44 and 45				34	.00
Pa	rt 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



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
	e: For lines 52 through 55, provinces other than Quebec uld use the <i>Canada</i> 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





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

IT-135

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.

Α	В	С	D	E	_ F
Date item or service was delivered/brought	Description of item or service purchased	Seller's name and address	Delivery address and address of use (if different from delivery address)	Purchase price	Tax paid to another taxing jurisdiction, if
into New York					any
	WINDOWS	INTRNL INSULATION BRANT AVE NW	50 CHESTNUT ST ROCHESTER NY 14604		
03/03/2012	DOORS&	CANTON OH 44708 INTLINSULATION@NY.PR.COM	441 AMES ST ROCHESTER NY 14611		
	SIDING	INTERNOOLATIONGNI.IK.COM	ROCHESTER NI 14011	26000 .00	1000 .00
				.00	.00
				.00	. 00
				.00	.00
				.00	.00
				.00	.00
				.00	.00
				.00	.00



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.





Claim for Credit for Purchase of an Automated External Defibrillator

IT-250

1000

.00

Personal Income Tax

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	B	С	D	E Crodit (antar the lagger
Defibrillator name/model number	Date purchased (mm-dd-yyyy)	Cost	Maximum credit	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 7		
 Total column E amounts from addi 	tionai ⊢orm(s) 11-250,	IT any		.00

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	Туре	Employer identification number
MICHAELS INC	S	300004807
MICHAELS BROTHERS	P	350004807



Total credit (add column E amounts, including any amount on line 1)
 I

 Fiduciaries: Include the line 2 amount on the Total line of Schedule D, column C.

IT-250 (2012) (back)

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

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

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
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





Claim for Solar Energy System Equipment Credit IT-255

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		В			C				
	Date equ			energy system		Column B x 25% (.25)				
Purchase	placed in servic	equip	oment expend	ditures (see instr.)						
	03-0	1-201	2			20000 .0	00		5000	.00
	A			В		С			D	
Power					gy system	Column B x 2	5% (.25)		Limitation	
purchase	placed in service (mn	n-dd-yyyy)	equipment	expenditur	es (see instr.)			(see instructions)	
agreement										
					.00		.00			.00
	A		В			С	D		E	
	Date equipment placed		l solar energ			x 25% (.25) not to	Amount from column B paid in 2012		Limitation	
Lease	in service (mm-dd-yyyy)	equipment	expenditure	S (see instr.)	exc	eed \$5000			(see instruction	s)
				.00		.00		.00		.00

1	Current year credit (see instructions.)	1	5000 .0	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 -0	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



22222	a Employee's social securit 400004807	OMB No. 1545-0	8000						
b Employer identification number	EIN)	1	1Wages, tips, other compensation2Federal income tax withheld						
681357911					05000				
c Employer's name, address, and	ZIP code		3	3 Soc	ial security wages	4 Soci	al security ta	x withheld	
RICH									
RICHLAND CO	ONSULTING		5	5 Mec	licare wages and tips	6 Med	icare tax witl	hheld	
14 FITZHUG	H ST SUITE 40	1	7	7 Soc	ial security tips	8 Alloc	ated tips		
ROCHESTER I	NY 14611								
d Control number	·		9	9		10 Dep	endent care	benefits	
e Employee's first name and initial	Last name		Suff. 11	1 Non	qualified plans	12a	1		
			10	3 Statut	tory Retirement Third-party	o d e			
			13	emplo	byee plan sick pay	′ 12b	1		
ROBERT MIC	HAELS		14	4 Othe		 12c			
441 AMES S	Т		14	+ Othe			1		
ROCHESTER	NV 14611					- 12d			
ROCHEDIER	NI IIOII					C			
f Employee's address and ZIP cod	le					e			
15 State Employer's state ID nun	hber 16 State wages	, tips, etc. 17	7 State income ta	ax	18 Local wages, tips, etc.	19 Local ind	come tax	20 Locality name	
NY	1050	00	6950						
						1			
W-2 Wage and Tax Statement of the Treasury-Internal Revenue Service									

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

W2 INDICATOR -S

	CORRECTED					
PAYER'S name, address, ZIP code, federal identification	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238			
number, and telephone number NYSL	10000		2012			
	3 Type of wager	4 Date won				
NYS LOTTERY DIVISION	LOTTO	02/20/2012	Form W-2G			
510 SMITH ST	5 Transaction	6 Race	Certain			
SCHENECTADY NY 12305			Gambling			
	7 Winnings from identical wagers	8 Cashier	Winnings			
632259858 5184567890						
WINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no. 400004807	10 Window				
ROBERT MICHAELS	11 First I.D.	12 Second I.D.				
441 AMES ST	497801236		Copy 1			
ROCHESTER NY 14611	13 State/Payer's state identification no.	14 State income tax withheld	For State Tax			
	NY	250	Department			
Under penalties of perjury, I declare that, to the best of my knowledge and b correctly identify me as the recipient of this payment and any payments from ic						
Signature ►	D	ate 🕨				
Form W-2G Department of the Treasury - Internal Revenue Service						

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

		CTI	ED					
PAYER'S name, street address, city, state, and ZIP code			Gross distribution		OM	IB No. 1545-0119		Distributions From
CANA		\$	4000		G	2012	P	ensions, Annuities, Retirement or Profit-Sharing
CANADIAN RETIR		2a	Taxable amount		Ĺ			Plans, IRAs,
359 QUEBEC BLV	D		4000			1000 5		Insurance
KANATA ONTARIC	K2K1X3	\$ 2b	Taxable amount		F	orm 1099-R		Contracts, etc.
CANADA		20	not determined			distributio	n 🗌	Copy 1 For
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (incluc in box 2a)	ded	4	Federal income withheld	tax	State, City, or Local
								Tax Department
995244433	400004807	\$			\$			•
RECIPIENT'S name		5		tions	6	Net unrealized		
ROBERT MICHAEL	S		/Designated Roth contributions or			appreciation in employer's sec	urities	
		<u>م</u>	insurance premiums		\$	480		
Street address (including apt. no		\$	Distribution	RA/	Ŧ			
	•)	.	Sector(s) SE	SEP/ MPLE	Ū			
441 AMES ST			4A [\$		%	
City, state, and ZIP code		9a	Your percentage of to		9b	Total employee cont	ributions	
ROCHESTER NY	-		distribution 100	%	\$			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 \$	State tax withheld 50		13	State/Payer's st	ate no.	14 State distribution \$ 4000
\$		\$		+				\$
Account number (see instructions)			Local tax withheld		16	Name of locality	y	17 Local distribution
		\$	420			CANADA		\$ 4000
		\$						\$

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

400-00-4808

SPECIAL INSTRUCTIONS

WHEN CALCULATING THIS RETURN, PLEASE CALCULATE THE <u>FEDERAL</u> 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



Resident Income Tax Return New York State • New York City • Yonkers

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

IT-201

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 re	turn , enter spouse's name	e on line below)	You	r date of birth (mm-dd-yyyy)	Your social security number				
FRANCIS N	POWE	RS)2-15-1972	400004808				
Spouse's first name and middle initial	Spouse's last name				Spo	use's date of birth (mm-dd-yyyy)	Spouse's social security number				
Mailing address (see instructions, page	ge 12) (number and st	reet or	rural route)			Apartment number	New York State county of residence				
14 ABBEY PLACE							WESTCHESTER				
City, village, or post office		State	e ZIP code Country (if not			nited States)	School district name				
YONKERS		NY	10705				YONKERS				
Permanent home address (see instr	umber a	and street or rural route)	ŀ	Apart	tment number	School district code number					
City, village, or post office			State ZIP code			Decedent Taxpaye	r's date of death Spouse's date of de				
			NY			information					

Α	Filing status	1	Single	NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)	E	Ε	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No X
	box):	3 Married filing separate return (enter spouse's social security number above)				(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
		4	Head of household (with qualifying person)	F		NYC residents and NYC part-year residents only (see page 13):
		s X Qualifying widow(er) with dependent child			 (1) Number of months you lived in NYC in 2012 (2) Number of months your spouse 	
В			deductions on me tax return? Yes No	x (lived in NYC in 2012 Enter your 2-character special condition code
С	Can you be of on another tax	another taxpayer's federal return?				if applicable (see page 13)

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



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
	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: X 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
	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



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

Your social security number 400004808

Та	x computation, credits, and other taxes (see page 25)						
38	Taxable income (from line 37 on page 2)				38	3 6800	.00
	NYS tax on line 38 amount (see page 25 and Tax computation of						.00
		40			00		
		41			00		
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42			00		
	Add lines 40, 41, and 42				43	3 35	.00
	Subtract line 43 from line 39 (if line 43 is more than line 39, leave						.00
	Net other NYS taxes (Form IT-201-ATT, line 30)					5	.00
	Total New York State taxes (add lines 44 and 45)					3 237	.00
Ne	ew York City and Yonkers taxes, credits, and tax surcharge	es					
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	See instructions on	
51	Other NYC taxes (Form IT-201-ATT, line 34)	51			00	pages 26, 27, and 28 to compute New York City a	and
52	Add lines 49, 50, and 51	52			00	Yonkers taxes, credits, a	
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53			00	tax surcharges.	
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		
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)				00		
58	Total New York City and Yonkers taxes / surcharges (add	d lines t	54 through 57)		58	3 16	.00
50							
59	Sales or use tax (see page 29; do not leave line 59 blank)				59	500	.00
Vo	oluntary contributions (see page 30)						
	60a Return a Gift to Wildlife		60a		00		
	60b Missing/Exploited Children Fund				00		
	60c Breast Cancer Research Fund				00		
	60d Alzheimer's Fund				00		
	60e Olympic Fund (\$2 or \$4; see page 30)				00		
	60f Prostate Cancer Research Fund		i		00		
	60g 9/11 Memorial				00		
	60h Volunteer Firefighting & EMS Recruitment Fund		-		00		
60	Total voluntary contributions (add lines 60a through 60h))	.00
	Total New York State, New York City, and Yonkers taxes						
	contributions (add lines 46, 58, 59, and 60)	-	-			1 753	.00



Page 4 of 4	IT-201	(2012)
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Your social security number

		400	004	808				
62	Enter amount from line 61						62	753.00
Pa	yments and refundable credits (see page 3	1)						
63	Empire State child credit		63			.00		
	NYS/NYC child and dependent care credit					.00		
65	NYS earned income credit (EIC)		65			.00		
	NYS noncustodial parent EIC		66			.00		
67	Real property tax credit		67			.00		
68	College tuition credit		68		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 1	8)	71			.00		
72	Total New York State tax withheld		72		200	.00		Submit your wage and tax
73	Total New York City tax withheld		73			.00		statements with your return
74	Total Yonkers tax withheld		74		75	.00		(see page 33).
75	Total estimated tax payments and amount paid with	th Form IT-370	75		25	.00		
76	Total payments (add lines 63 through 75)						76	450 .00
Yo	ur refund, amount you owe, and account in	formation	(see p	ages 33 th	rough 36)			
	Amount overpaid (if line 76 is more than line 62	, subtract line	e 62 fro	m line 76)			77	.00
78	Amount of line 77 to be refunded direct			debit	pape	ər		1
	Mark one refund choice: deposit	t (fill in line 83)	- or -	card	- or chec	: k	78	.00
79	Amount of line 77 that you want applied to you							See pages 33 and 34 for information about your three
	2013 estimated tax (see instructions)		79			.00		refund choices.
~ ~								
80	Amount you owe (if line 76 is less than line 62, so						00	202
	To pay by electronic funds withdrawal, mark	an X in the i	oox L	_ and fill li	n lines 83 and 8	64	80	303 .00
04	Estimated tax papelty (include this encount in line	00						See page 37 for the proper
01	Estimated tax penalty (include this amount in line		04			00		assembly of your return.
02	reduce the overpayment on line 77; see page 34) Other penalties and interest (see page 35)					.00 .00		
02	Other perialities and interest (see page 55)		02			.00		
83	Account information for direct deposit or electr	onic funds v	vithdra	wal (see pa	ge 35).			
	If the funds for your payment (or refund) would	come from (or go	o) an acco	unt outside the	U.S.,	mar	k an X in this box <i>(see pg. 35)</i>
	- · · · · · · · · ·							
1	33a Account type: Personal checking - or	- Pers	sonal s	avings - or	- Busines	s che	cking	g - or - Business savings
;	33b Routing number	83	c Acco	ount number				
84	Electronic funds withdrawal (see page 36)		Date		A	moun	t	.00
					<u> </u>			
	Third-party Print designee's name			Desig	gnee's phone num	ber		Personal identification number (PIN)
ae	signee? (see instr.)			()			
Ye	s No X E-mail:							
▼	Paid preparer must complete (see instr.) v	Date			▼ Ta	axpa	yer(s) must sign here ▼
Prep	parer's signature	Preparer's	s NYTPI	RIN	Your signature			
Firm	's name (or yours, if self-employed)	Preparer's PT	IN or SS	ŝN	Your occupation	PR	IN	ſER
Add	ress	Employer iden	itification	number	Spouse's signature and occupation (<i>if joint return</i>)			
			lark an J		Date			Daytime phone number (518) 555-6666



See instructions for where to mail your return.



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

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

1	<i>four</i> name as shown on return (<i>first name first</i>)	Your social secu		
FRANCIS N POWERS 400004808				
S	Spouse's name (first name first)	Spouse's social	security number	
	lote: If you are married and filing separate New York State returns, you must also enter your pouse'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? If Yes, stop; you do not qualify for the college tuition credit or the college tuition itemized dedu If No, continue with question 2. 		Yes	No X
2	 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year? 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 	2	Yes X	No

 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 – St	udent 1	2 – 3	Student 2	3 – Student 3		
Α	Eligible student's name	FRANCIS	N POWERS	ANN	POWERS	JOE 1	POWERS	
в	Eligible student's social security number (SSN)	400004	1808	4008	384839	400884840		
С	Is the student claimed as a dependent on your NYS return? (see instructions)	Yes	No X	Yes X	No 🗌	Yes X	No 🗌	
D	EIN of college or university (see instr.)	123456789		12345666		123455555		
Е	Name of college or university (see instr.)	SUN	Y	SCHENE	CTADY CCC	HUDSON	VALLEY CC	
F	Were expenses for undergraduate tuition? (see instructions)	Yes X	No 🗌	Yes X	No 🗌	Yes X	No 🗌	
G	Amount of qualified college tuition expenses (see instructions)		50 .00		25 .00		25.00	
н	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



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	20	0.00
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			
 If you marked an X in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions f form), on your itemized deduction schedule. Do not enter the college tuition credit from line 5 or 7 a 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 college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68. 	he		

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



400-00-4808

IT-272 CONTINUATION

Part 1

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



Change of City Resident Status

New York City • Yonkers

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) $\begin{bmatrix} X \end{bmatrix}$ Yonkers change of residence – Complete Parts 1 and 5.

(C) New York City and Yonkers change of residence – Complete the entire form.

Par	t 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



Page 2 of 3 IT-360.1 (2012)

Ра	rt 2 – Itemized deductions for New York City (see instr., page 3 If you are claiming the standard deduction, do not complete Part	3) 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
	Taxes you paid	22		.00	.00
23	Interest you paid	23		.00	.00
	Gifts to charity			.00	.00
	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 appl	icable	e)		
	and other subtraction adjustments			31	.00
	Subtract line 31 from line 30			32	.00
	Addition adjustments and college tuition itemized deduction (see ins			33	.00
	Add lines 32 and 33			34	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,				
	see instructions, page 5; all others enter 0 on line 35)			-	.00
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44	4)		36	.00
Pa	rt 3 – Dependent exemptions (see instructions, page 5)				
	Enter the period you were a New York City resident during 2012				
31	Enter the period you were a new fork City resident during 2012				
	From: month day	To	month		dav
		10.			
38	Enter the county where you resided while a nonresident of New Yo	ork C	ity		
	Enter the number of full months in the New York City resident period		-	39	
	Enter the prorated value of one dependent exemption (use Proration			40	.00
	Enter the number of dependent exemptions you claimed on Form I				
	or Form IT-203, line 35			41	
42	Multiply the amount on line 40 by the number of dependent exempt	tions	claimed		
	on line 41 (enter here and on line 46)			42	.00
	rt 4 – Part-year New York City resident tax (see instructions,		-		
	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
	Subtract line 44 from line 43			45	.00
	Dependent exemption amount (from line 42)			46	.00
	New York City taxable income (subtract line 46 from line 45)			47	.00
	New York City tax on line 47 amount (see instructions, page 5)			48	.00
49	Total New York City household credit and accumulation distribution	crea	t (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
	Part-year New York City separate tax on lump-sum distributions (fro			51	
	Part-year New York City resident tax on capital gain portion of lump			51	.00
52	(from Form IT-230)			52	.00
53	Add lines 50, 51, and 52			53	.00
	Credit for part-year New York City unincorporated business tax paid			54	.00
	Part-year New York City resident tax (subtract line 54 from line 53 ar				.00
	line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)			55	.00



		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	

Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

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.





Yonkers Nonresident Earnings Tax Return

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginni	ing 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 a (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) 09-19-20 		,
 Are you reporting Yonkers resident income tax surcharge on your New York State return? You must complete and submit Form IT-360.1 <i>(see instructions).</i> 	Yes X No (submin	t explanation)
 B Did you or your spouse maintain an apartment or other living quarters in Yonkers during any part of the year? If Yes, give address below and enter the number of days spent in Yonkers durin Address: <u>14 ABBEY PLACE YONKERS NY 10705</u> 		
AddressAddress		
C Are you reporting income from self-employment (on line 2 below)?		e following:
Employer identification number Principal busines	ss 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)		048.00
 Net earnings from self-employment (see instructions; if claiming an allocation, inclu 		.00
line 32; if a loss, write loss on line 2)		.00
3 Add lines 1 and 2 (if line 2 is a loss, enter amount from line 1)		048.00
4 Allowable exclusion (see instructions; use Exclusion table below)		500.00
5 Taxable amount (subtract line 4 from line 3; if line 4 is more than line 3, enter 0)		548.00
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.		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)

Y-203

Number of	If line 3 (tota	al wages and net ea	arnings)* is:					
months of Yonkers nonresidence or	over \$0 but not over \$10,000	over \$20,000 but not over \$30,000						
short tax year	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.

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 inst	ructi	ons)						 				7	261
										8		68		
	Nonworking									9		10		
	days included									0		5	1	
	in line 7:									1		10		
		12	2 Other r	onworkin	g days .				 1	2		2		
13	Total nonworking d	ays	(add lines	8 through	12)				 				13	95
	Total days worked												14	166
	Total days included											70		
16	Enter number of da	ays	worked a	t home in	cluded ir	n line 1	5 amoun	t	 1	6		10		
	Subtract line 16 fro												17	60
18	Days worked in Yo	nke	rs <i>(subtra</i>	ct line 17 fr	om line 1	4)			 				18	106
	Enter number of da													166
														0.6206
20	Divide line 18 by lin	1e 1	9; round	the result	to the fo	ourth de	ecimal pla	ace	 				20	0.6386
21	Gross wages and o	othe	er employ	ee compe	ensation	to be a	llocated		 		21			17300.00
	Yonkers allocated			-										
	Include this amo		-	-			-	,	 		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
de de	23 Real property owned	23	.00	.00	is of Column 1
ert	24 Real property rented from others	24	.00	.00	
23 Real property owned			.00	.00	
	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,	Colu	mn 3)		%
30	Business allocation percentage (divide tota	al per	centages on line 29 by three, or by actual	number of	
	percentages if less than three)				%
31	Net earnings from self-employment to be all	ocat	ed (see instructions)	31	.00
32	Allocated net earnings from self-employmer	nt (mi	Itiply line 31 by line 30; enter here and inclu	de on line 2) 32	.00



22222	a Employee's	s social security number	OMB No. 154	5-0008					
b Employer identification number ((EIN)				ages, tips, other compensation	2 Federal income	tax withheld		
361425364					22300				
c Employer's name, address, and BOND	ZIP code			3 So	ocial security wages	4 Social security t	ax withheld		
BONDO MAGIC CO					5 Medicare wages and tips 6 Medicare tax withheld				
ONE PLUS ONE DR				7 Sc	ocial security tips	8 Allocated tips			
NAPOLEON MI 492	61-8888								
d Control number				9		10 Dependent care	benefits		
e Employee's first name and initial			Suff.	11 N	onqualified plans	12a			
FRANCIS N POWER	S					d e			
14 ABBEY PL				13 Sta err	atutory Retirement Third-party nployee plan sick pay	12b			
YONKERS NY 1070	5			14 Ot		12c			
						C			
						12d			
						o d e			
f Employee's address and ZIP cod	le								
15 State Employer's state ID num	nber 1	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
NY		22300	150		5000	75	YONKERS		
				_	-				
Form W-2 Wage an Statement	d Tax nt		2015] -	Department o	of the Treasury—Interna	I 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.

ALBANY, NY 122	TE PF LABOR-UNEMPLOYMENT 240-0001				State Recij Cert Gove Payr	No. 1545-0120 ement for pients of ain ernment ments 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, st	ate and ZiP code		5. ATA	A Payments	6.	
FRANCIS N POWE	RS		7.	{	 }.	9.
14 ABBEY PLACE YONKERS NY 107	10 a. State	10 b. Stat Identificat	-	11. State income tax withheld No.		
		Deserve Consider	NY	27-02931		\$50
This is important tax information and	is being turnished to the internal	Revenue Service.	. II VOU A	re reduired	to file	a return, a negligence penalty of

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 o 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

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your re	turn, see the ir	nstruc	tions, Form IT-20	01-I.						
Your first name and middle initial	Your last name (for a	a joint re	turn , enter spouse's name	e on line below)	You	r date of birth (mm-dd-yyy	y)	Your social security number		
DANIEL T	TH	THOMAS				0-17-1970		400004809		
Spouse's first name and middle initial	Spouse's last name				Spouse's date of birth (mm-dd-yyyy)			Spouse's socia	I security n	umber
						400004859				
Mailing address (see instructions, page	Mailing address (see instructions, page 12) (number and street or rural route) Apartment number							New York State county of residence		
356 DOVER ST								KIN	IGS	
City, village, or post office		State	ZIP code	Country (if no	ot Un	t United States) School distri			name	
BROOKLYN		NY	11217			BROOKLYN				
					tment number		School district code number		071	
City, village, or post office	City, village, or post office State ZIP code					Decedent Taxpayer's date of death Spouse's date		date of death		
			NY			information				

Α	Filing status	1	Single	NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)	I	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes X No
	box):	3 X	Married filing separate return (enter spouse's social security number above)			(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
		4	Head of household (with qualifying person)	I	F	NYC residents and NYC part-year residents only (see page 13):
		5	Qualifying widow(er) with dependent child			 (1) Number of months you lived in NYC in 2012 12 (2) Number of months your spouse lived in NYC in 2012
В		ize your eral inco	deductions on me tax return? Yes X No		G	Enter your 2-character special condition code
С	Can you be of on another tax	laimed a kpayer's	as a dependent federal return? Yes No	Ζ		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)



Your social security number 400004809

Federal income and adjustments (see page 14)

Fe	deral income and adjustments (see page 14)		Whole dollars only		
1	Wages, salaries, tips, etc.	1	.00		
	Taxable interest income	2	.00		
3	Ordinary dividends	3	.00		
	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 1	.00			
13	Farm income or loss (submit a copy of federal Schedule F, Form 1	1040)	13		.00
14	Unemployment compensation	14		.00	
	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	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 - X Itemized	34	1780 .00						
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	22759 .00						
	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						



8 Taxable income (from line 37 on page 2)				38	22759	.00
9 NYS tax on line 38 amount (see page 25 and Tax computation						.00
0 NYS household credit (page 25, table 1, 2, or 3)	40		-	00		
1 Resident credit (see page 26)				00		
2 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)				00		
3 Add lines 40, 41, and 42	· · · · · · · · · · · · · · · · · · ·			43	70	.00
4 Subtract line 43 from line 39 (if line 43 is more than line 39, lea						.00
5 Net other NYS taxes (Form IT-201-ATT, line 30)	,					.00
6 Total New York State taxes (add lines 44 and 45)				46	1081	.00
7 NYC resident tax on line 38 amount (see page 26) 47 729 .00 8 NYC household credit (page 26, table 4, 5, or 6) 48 .00 9 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) 49 729 .00 0 Part-year NYC resident tax (Form IT-360.1) 50 .00 1 Other NYC taxes (Form IT-201-ATT, line 34) 51 .00 2 Add lines 49, 50, and 51 .00 52 729 .00 3 NYC nonrefundable credits (Form IT-201-ATT, line 10) 53 488 .00 4 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) 54 241 .00 5 Yonkers resident income tax surcharge (see page 28) .00 55 .00 6 Yonkers nonresident earnings tax (Form Y-203) .00 56 .00				00 00 00 00 00 00	See instructions on pages 26, 27, and 28 to compute New York City a Yonkers taxes, credits, an tax surcharges.	
7 Part-year Yonkers resident income tax surcharge (Form IT-360.1)				00		
8 Total New York City and Yonkers taxes / surcharges (ad	ld lines 54	through 57)		58	241	.00
				50	0.0	
9 Sales or use tax (see page 29; do not leave line 59 blank)				59	20	.00
/oluntary contributions (see page 30) 60a Return a Gift to Wildlife 60b Missing/Exploited Children Fund 60c Breast Cancer Research Fund 60d Alzheimer's Fund		60b 60c 60d). . .	00 00 00 00 00		
60e Olympic Fund (\$2 or \$4; see page 30)60f Prostate Cancer Research Fund				00		
		60g		00 00		

Your social security number 400004809

IT-201 (2012) Page 3 of 4

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



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

Page 4 of 4 IT-201 (2012)	Your social sec	urity number					
	400	004809)				
62 Enter amount from line 61					62	1342	.00
Payments and refundable credits (se	e nage 31)						
<u> </u>							
3 Empire State child credit		63		.00			
NYS/NYC child and dependent care of		64		.00			
5 NYS earned income credit (EIC)		65		.00			
6 NYS noncustodial parent EIC		66		.00			
7 Real property tax credit		67		.00			
8 College tuition credit		68		.00			
 9 NYC school tax credit (also complete F 0 NYC earned income credit 		69 70	63				
		70		.00			
1 Other refundable credits (Form IT-201-,	,	71		.00	Cubmit.		
2 Total New York State tax withheld		73		.00		your wage and ta nts with your ret	
 Total New York City tax withheld Total Yonkers tax withheld 		73		.00	(see pag		
5 Total estimated tax payments and amo			492	.00 2 .00			
5 Total payments (add lines 63 through 7					7 6	555	.00
				····· []	0	222	.00
our refund, amount you owe, and ac	count information) (see pages	s 33 through 36)				
7 Amount overpaid (if line 76 is more th	an line 62 subtract line	52 from line	276)	5	77		.00
8 Amount of line 77 to be refunded	direct	2			•		100
Mark one refund choice:	deposit (fill in line 83)	- or - 🕅		per eck 7	78		.00
	/				!		
9 Amount of line 77 that you want appli	ed to your				See pag	es 33 and 34 for	
2013 estimated tax (see instructions)	-	79		.00		ion about your t	hree
					refund c	hoices.	
0 Amount you owe (if line 76 is less than	line 62, subtract line 76	from line 6	2).	_			
To pay by electronic funds withdraw	al, mark an X in the b	ox 🔲 ar	nd fill in lines 83 and	84	30	803	.00
					C	a 07 fay tha wyay	
81 Estimated tax penalty (include this amo	1					e 37 for the prop ly of your return.	
reduce the overpayment on line 77; see			16	.00	assemb	y or your return.	
2 Other penalties and interest (see page	35)	82		.00			
3 Account information for direct deposit	or electronic funds wi	thdrawal ((see page 35).				
IT TOO TUDGO TOP VOUR DOVIDOODT (OF FOTUD						the last of the second s	_, [
In the funds for your payment (or refurn	d) would come from (o	r go to) ar	account outside the	e U.S., n	nark an X in	this box (see pg. 3	5)
			_				
83a Account type: Personal chec		r go to) ar onal saving:	_		nark an X in ing - or -	this box <i>(see pg. 3</i>	
83a Account type: Personal chec	king - or - Perso	onal saving	s - or - Busine				
	king - or - Perso		s - or - Busine				
83a Account type: Personal chec 83b Routing number	king - or - Perso 83c	Account n	s - or - Busine			Business savir	ngs
83a Account type: Personal chec 83b Routing number	king - or - Perso 83c	Account n	s - or - Busine			Business savir	
 83a Account type: Personal chec 83b Routing number 4 Electronic funds withdrawal (see page 3 	king - or - Perso 83c	Account n	s - or - 🗌 Busine umber	ess check		Business savir	ngs .00
 83a Account type: Personal chec 83b Routing number 4 Electronic funds withdrawal (see page 3 Third-party Print designee's name 	king - or - Perso 83c	Account n	s - or - Busine	ess check		Business savir	ngs .00
 83a Account type: Personal chec 83b Routing number 4 Electronic funds withdrawal (see page 3 Third-party designee? (see instr.) 	king - or - Perso 83c	Account n	s - or - 🗌 Busine umber	ess check		Business savir	ngs .00
 83a Account type: Personal chec 83b Routing number 4 Electronic funds withdrawal (see page 3 Third-party designee? (see instr.) 	king - or - Perso 83c	Account n	s - or - 🗌 Busine umber	ess check		Business savir	ngs .00
83a Account type: Personal chec 83b Routing number	king - or - Perso 83c	Account n	s - or - Busine umber Designee's phone nu ()	Amount	ing - or -	Business savir Bersonal identifica number (PIN)	ngs .00
83a Account type: Personal chec 83b Routing number	king - or - Perso 83c	Account n	s - or - Busine umber Designee's phone nu ()	Amount	ing - or -	Business savir	ngs .00

Preparer's PTIN or SSN

Employer identification number

Mark an X if

self-employed

Your occupation

Date

E-mail:

Firm's name (or yours, if self-employed)

201004120099

Address

E-mail:

See instructions for where to mail your return.

Daytime phone number (518) 555-6666

INVESTOR

Spouse's signature and occupation (if joint return)

THOMAS@ATS.COM

.00

.00

.00

.00

.00



New York State Department of Taxation and Finance Resident Itemized Deduction Schedule

IT-201-D

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

Na	me(s) as shown on your Form IT-201	You	r 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





New York State Department of Taxation and Finance

Other Tax Credits and Taxes Attachment to Form IT-201

IT-201-ATT

See	the instruction	s for completing Form IT-201-A	TT in th	ne instructior	ns for Form IT-20	1.			
Nar	Name(s) as shown on your Form IT-201							cial security number	
DANIEL T THOMAS							40	0004809	
Con	nplete all parts	s that apply to you; see instru	uctions	. Submit thi	is form with you	r Form IT-201	l .		
Pa	art 1 – Othe	r New York State, New Y	′ork C	ity, and Y	onkers tax cr	edits			
Sec	tion A – New	v York State nonrefundable	e, non	-carryover	credits used			Whole dollars only	
1	Accumulation	distribution credit (submit comp	utation)				1		.00
2	Other nonrefu	undable, non-carryover credits							
-	Code	Amount		Code	Amour				
2a		.00	2b			.00	•		
	lotal other no	onrefundable, non-carryover cre	edits (ad	Id lines 2a and	d 2b)		2		.00
Sec	tion B – New	v York State nonrefundabl	e, carr	vover cred	lits used				
		re insurance credit		-			3		.00
4		edit					4		.00
5		system equipment credit					5		.00
6	Other nonrefu	undable, carryover credits							
	Code	Amount		Code	Amour	ıt			
6a		.00	6h			.00			
6b		.00	6i	-		.00			
6C		.00	6j 6k			.00			
6d 6e		.00	<u>ок</u> 61			.00 .00			
6f		.00	6m			.00			
6g		.00	6n			.00			
		onrefundable, carryover credits		es 6a through	6n)		6		.00
7		ork State nonrefundable cred			,				
	(add lines 1 t	through 6; enter here and on Form	IT-201,	line 42)			7		.00
800	tion C - Nov	v York City nonrefundable	non	carryovor (aradite usad				
		-		2					
8		y resident UBT credit					8	488	.00
9	-	y accumulation distribution crec ident nonrefundable NYC child					9 9a		.00 .00
	-	lew York City nonrefundable					5a		.00
		9, and 9a; enter here and on Forn					10	488	.00
_									
Sec	ction D – New	v York State, New York Cit	y, and	Yonkers re	efundable cred	its			
11	Farmers' scho	ool tax credit					11		.00
12	Other refunda	able credits							
	Code	Amount		Code	Amour				
12a		.00	12g			.00			
12b		.00	12h			.00			
12c		.00	12i 12j	-		.00			
12d 12e		.00	12j			.00 .00			
12e		.00	121			.00			
		fundable credits (add lines 12a th		21)			12		.00
13		and 12	-	,			13		.00

(continued on back)



Enter your social security number

400004809

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

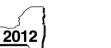
14	Enter amount from line 13 on the front page	14	.00
15	New York State claim of right credit	15	.00
16	New York City claim of right credit	16	.00
17	Yonkers claim of right credit	17	.00
18	Total New York State, New York City, and Yonkers other refundable credits		
	(add lines 14 through 17; enter here 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	9 New York State tax on capital gain portion of lump-sum distributions (Form IT-230)						19	.00
20	Other New York	k State taxes						
	Code	Amount		Code	Amour	nt	1	
20a		.00	20g			.00		
20b		.00	20h			.00		
20c		.00	20i			.00		
20d		.00	20j			.00		
20e		.00	20k			.00		
20f		.00	201			.00		
	Total other Nev	v York State taxes (add lines 20	a throu	igh 201)			20	.00
21	Add lines 19 ar	nd 20					21	.00
		6 H 60		Г			1	
		s for line 22			22	.00	-	
		rom Form IT-201, line 39			23	.00		
		3 from line 22 (if line 23 is more			,		24	.00
25	Subtract line 24	4 from line 21 (if line 24 is more	than lin	ne 21, leav	e blank)		25	.00
26		e separate tax on lump-sum di					1	
	(Form IT-230)				26	.00]	
27		against separate tax on lump					1	
					27	.00	,	
28	Subtract line 27	7 from line 26					28	.00
		e minimum income tax (Form I	T-220) .				29	.00
30	Net other New	York State taxes					· · · · ·	
	(add lines 25,	28, and 29; enter here and on Fo	rm IT-2	01, line 4	5)		30	.00
-								
Pa	art 3 – Other	New York City taxes	subm	it all app	licable forms)			
31	New York City	minimum income tax (Form IT-	220)				31	.00
	•	resident separate tax on lump	,				-	.00
		tax on capital gain portion of l			, ,		33	.00
	-	w York City taxes	1- 54		• • • • • • • • • • • • • • • • • • • •			100
		32, and 33; enter here and on Fo	rm IT-2	01, line 5	1)		34	.00





New York State Resident Credit

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	A	B mount sourced to and taxed by other taxing authority	d	
			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	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	
	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)



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

31Tax due before credits (see instructions)311151.0032Other credits that you applied before this credit (see instructions)32.0033Subtract line 32 from line 31.00331151.0034Enter the amount from line 30 or line 33, whichever is less (see instructions)347000					
33 Subtract line 32 from line 31 33 1151 .00	31	Tax due before credits (see instructions)	31	1151	.00
	32	Other credits that you applied before this credit (see instructions)	32		.00
34 Enter the amount from line 30 or line 33, whichever is less (see instructions) 34 70 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





New York State Department of Taxation and Finance Credit for New York City Unincorporated Business Tax

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

Submit Form 11-215 with your return, Form 11-201	, 1 011111-203, 01 1 011111-20	5.	
Name(s) as shown on return DANIEL T THOMAS		Taxpayer identificat 40000	tion number <i>(SSN or EIN)</i>) 4 8 0 9
Part 1 – Partner (see instructions)			
Name of partnership (as shown on Form NYC-204) Partnership	rtnership 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 3 Add lines 1 and 2		.00	
4 Enter your percentage of total distributive shares from F		3 mn 4.	.00
Enter amount as a decimal and round to the fourth de			
5 Multiply line 3 by line 4 (if more than one business, see ins	tructions)	5	.00
Part 2 – Individual			
6 Resident individual: Enter the amount from Form NYC-202	2, line 23, or Form NYC-202S, line 8	3 (see instr.)	
Part-year resident individual: Enter the amount from World			488 .00
	11		
Part 3 – Beneficiary's share of unincorporate	d business taxes (see instru	uctions)	
7 Beneficiary – Enter your share of New York City uninc on the estate or trust (see instructions)	orporated business taxes impose	d	
Name of estate or trust	Employer identification numbe		
		7	.00
Part 4 – Computation of credit			
8 Fiduciaries: Enter the amount from Schedule A, Fiduc	iary line, column D (on back: see in	str)	
All others: Add lines 5, 6, and 7 (partners, see instruction			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, li			
Part-year NYC resident trusts – Form IT-205-A, line 10, col.	(b) 9 2275	9.00	
10 If line 9 above is:			
– \$42,000 or less, enter 1.000 (100%)			
 more than \$42,000, but less than \$142,000, complete 			0
– \$142,000 or more, enter .230 (23%)		10 1.00	0
11 Multiply line 8 by line 10. New York City resident indiv			
NYC part-year resident individuals: Stop; enter line			
Estates and trusts: Stop; enter line 11 amount on F	Form IT-205, line 22	11	488 .00
New York City full-year resident individuals			
12 Amount from Form IT-201, line 49			729.00
13 Amount from Form IT-201-ATT, line 32			.00
14 Amount from Form IT-201-ATT, line 33			.00
15 Add lines 12, 13, and 14			729.00

 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



	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 <i>(see instructions)</i>	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 bus Estates and trusts: Include this amount (below) in Schedule A, <i>Totals</i> line, column D.	siness.		
	All others: Transfer this amount to line 6 on the front page		5	.00

— Worksheet B —

1	Base percentage 100%			1	1.000
	Enter your taxable income from the front page, line 9				
	Base amount				
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





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

IT-398

Use this form only for tax years beginning after December 31, 2002, and only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return	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	۱.

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 deductior	
APPLIANCE	09012012	1202	HY	200DE	3 240 .0	0 721 .00
					.0	00.
					.0	00.
					.0	00.
1 Enter column F and column	G totals			1	240 .0	0 721 .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	on	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 col	umn E, whichever i	s larger			3	.00
4	4 Enter amount from line 2, column D or column E, whichever is smaller						.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

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

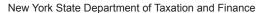
If you dispose of IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) that you placed in service inside or outside NYS after May 31, 2003, you **must** adjust your NYS income by the difference between the total NYS 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 Depreciation Schedule

IT-399

		Identifi in	
Name(s) as shown on return		, ,	g number as shown on return
DANIEL T THOMA	S	40	0004809
	ow the income tax return you are filing and submit this	s form with that return	_
IT-201, Resident X	IT-203, Nonresident and part-year resident	IT-204, Partnership	IT-205, Fiduciary
	mation for property (except for section 280F property) ng after December 31, 1980, but before January 1, 19		
, ,	roperty placed in service outside New York State in ta		

January 1, 1994 (see instructions)

201

bandary 1, 1004 (300 //	1311 40110113)							
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 .0		3111	.00
						00		.00
						00		.00
1 Enter column F and colum	n 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				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 large	er			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.



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.tak.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.



2012

New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Nar	ne(s) as shown on return								nber (SSN or EIN	I)	
I	DANIEL T THOMAS						40000)48	09		
Par	t 1 – All filers must complete this	par	t (see instructions, Form	n IT-2105.9-I,	for as	sistance)					
1	Total tax from your 2012 return before with	hhol	ding and estimated tax pa	yments (<i>cautio</i>	n: see	instructions)		1	132	22	.00
2	Empire State child credit (from Form IT-201	, line	63)		2		.00				
3	NYS/NYC child and dependent care cred	it (fro	m Form IT-201, line 64)		3		.00				
4	NY State earned income credit (EIC) (from	n Fori	m IT-201, line 65)		4		.00	1			
5	NY State noncustodial parent EIC (from F	orm I	T-201, line 66)		5		.00	1			
6	Real property tax credit (from Form IT-201,	line 6	7)		6		.00	1			
7	College tuition credit (from Form IT-201, line		7		.00	1					
8	NY City school tax credit (from Form IT-201,	line 6	9, or Form IT-203, line 60)		8	6	.00	1			
9	NY City earned income credit (from Form I		9		.00	1					
10	Other refundable credits (from Form IT-201,	line 71	; Form IT-203, line 61; or Form	n IT-205, line 33)	10		.00				
11	Add lines 2 through 10							11		53	.00
12	Current year tax (subtract line 11 from line 1)							12	125	59	.00
13	Multiply line 12 by 90% (.90)				13	113	.00				
14	Income taxes withheld (from Form IT-201, li	nes 7	2, 73, and 74; Form IT-203, lii	nes 62, 63, and 6	64; or						
	Form IT-205, lines 34, 35, and 36)							14			.00
15	Subtract line 14 from line 12. If the result is	less t	han \$300, do not complete	e the rest of this	form (see instructior	s)	15	125	59	.00
16	Enter your 2011 tax (caution: see instruction	ns) .						16	80		.00
17	Enter the smaller of line 13 or line 16							17	80)7	.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 <i>Part 3 – Regular method.</i>											
18	Enter the amount from line 14 above						.00				
19	·····						.00	ļ.,			
20	Add lines 18 and 19							20			.00
21	Total underpayment for year. Subtract I	ine 2	0 from line 17 <i>(if zero or les</i>	s, you do not ov	ve the p	enalty)		21			.00
22	Multiply line 21 by .03289 and enter the r	esult						22			.00
23	If the amount on line 21 was paid on or a	fter	April 15, 2013, enter 0 . If t	he amount on	line 21	I was paid b	efore				
	April 15, 2013, make the following com										
	Amount on line 21 × number of day	's pai	d before April 15, 2013 ×	.00020 =				23			.00
24	Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81						24				.00
Par	t 3 – Regular method – Schedule					edule B is c	n the back)				
	Payment due dates		A 4/15/12	B 6/15		C			D 1/1	5/13	
25	Required installments. Enter 1/4 of line 17		_								
	in each column. (If you used the annualized										
	income installment method, see instructions.)	25	202 _{.00}	2	202	.00	202	.00	2	02	.00
26	Estimated tax paid and tax withheld								_		
	(see instructions)	26	123 _00		123	.00	123	.00	1:	23	.00
	nplete lines 27 through 29, one column a time, starting in column A.										
27	Overpayment or underpayment from										
	prior period	27			79	.00	158	.00	2	36	.00
28	If line 27 is an overpayment, add lines 26							Ţ]
	and 27; if line 27 is an underpayment,		100		A A		<u> </u>				
	subtract line 27 from line 26 (see instr.)	28	123 _{.00}		44	.00	-35	.00	-1	13	.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	3	15	.00



IT-2105.9 (2012) (back)

Part	3 – Regular method – Schedule B – C	com	puting the pen	alty								
	Payment due dates		A 4/15/12		B 6/15/12		С	9/15/12		D	1/15/13	
30	Amount of underpayment (from line 29)	30	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 =											
	(31	0.0125									
32	Multiply line 30, column A by line 31	32	1	.00	•		1					
Seco	nd installment (June 15 - September 15, 201	2)										
33	June 15 - September 15 = $(92 \div 366) \times 7$	5% =	.01884									
	- or -											
	June 15 = ($ \div 366 $) >	¢ 7.5%	% = .									
				33	0.0188							
34	Multiply line 30, column B by line 33			34	3	.00						
Third	installment (September 15, 2012 - January	15, 20	013)									
35	September 15 - December 31 = $(107 \div 36)$	6) ×	7.5% = .02192									
	January 1 - January 15 = (15 ÷ 36	65) ×	7.5% = .00307 .02499		Total							
	- or -											
	September 15 - = (÷	366)	× 7.5% = .									
	January 1 = (÷	365)	× 7.5% =									
					Total	35	0.02	250				
36	Multiply line 30, column C by line 35					36			.00			
Fourt	h installment (January 15 - April 15, 2013)											
	January 15 - April 15 = (90 ÷ 365) × 7.5%	= .0	1848									
	- or -											
				_								
	January 15 = (÷ 365) × 7	.5% = .						37		0185	
38	Multiply line 30, column D by line 37								37	-	9100	.00
	Penalty. Add lines 32, 34, 36, and 38. Enter h									_ _		
	Form IT-203, line 71; or Form IT-205, line 42							39			16	.00



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 IT-203

No

12

Income Tax Return New York State • New York City • Yonkers

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial Your last name (initial ROBERT S	r a joint r PLAN	<i>eturn, enter spouse's name</i> T	on line below)		ir date of birth (mm- $07 - 15 - 19$		Your s 4				
Spouse's first name and middle initial Spouse's last na	Ie			Spo	ouse's date of birth (n	nm-dd-yyyy)	Spous	e's socia	I security r	number	
Mailing address (see instructions, page 13) (number an	street or	rural route)			Apartment num	ber	New Y	ork State	e county of	residence	
% AMANDA JONES 215 LAIDBACK WAY							NEW YORK				
City, village, or post office	State	ZIP code	Country (if n	ot Un	nited States)		Schoo	l district	name		
ROCKY POINT	NY	11778					M	IANH	ATTAN	Γ	
Permanent home address (see instr., pg. 13) (no. and stre	t or rural r	oute) Apartment no.	City, vil	llage,	, or post office			0.1			
110 S 93 ST			NEW	Y	ORK			School district 369			
State ZIP code Country (if not United	d States)				Decedent	Taxpayer	ayer's date of death Spouse's date of deat			date of death	
NY 10029					Decedent information						

Α	Filing	① Single						
	status (mark an X in one	② Married filing joint return (enter both spouses' social security numbers all	bove)					
	box):	③ Married filing separate return (enter both spouses' social security numbers about the spouse of	ove)					
		④ X Head of household (with qualifying person	ı)					
		5 Qualifying widow(er) with dependent ch	nild					
В	Did you itemize your deductions on your 2012 federal income tax return?							
С		e claimed as a dependent axpayer's federal return?	o X					
D	Did you hav located in a	e a financial account foreign country? (see pg. 14)	° X					
Е	New York C	ity part-year residents only (see page 14)	06					
	(1) Number of months you lived in NY City in 2012							
	· · ·	r of months your spouse lived						

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

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

Enter the date you moved into or out of NYS (<i>mm-dd-yyyy</i>))1-2012
On the last day of the tax year (mark an X in one box): 1) Lived in NYS	x
 Lived outside NYS; received income from NYS sources during nonresident period 	
 Lived outside NYS; received no income from NYS sources during nonresident period 	

Н	New York State nonresidents (see page 15)
	Did you or your spouse maintain
	living quarters in NYS in 2012?Yes
	(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



Pa	ge 2 of 4 IT-203 (2012)	Enter your social security number				
		400004810				
F	ederal income and adjustn			Federal amount		New York State amount
				Whole dollars only		Whole dollars only
			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 o	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, sur	bmit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (subm	it a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distribution	s. Beneficiaries: mark X in box	9	.00	9	.00
10	Taxable amount of pensions/annuit	ies. Beneficiaries: mark X in box	10	.00	10	.00
11	Rental real estate, royalties	, partnerships, S corporations,				
	trusts, etc. <i>(submit a copy</i> o	of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included	- 1	1			
	in line 11 (federal amount)	.00				
13	Farm income or loss (submit a	a copy of federal Sch. F, Form 1040)	13	400.00	13	400.00
14	Unemployment compensati	on	14	.00	14	.00
15	Taxable amount of social second	urity benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 22)	ntify:	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 2	2800	18	2800.00	18	1928 -00
19	Federal adjusted gross inc	ome (subtract line 18 from line 17)	19	15695.00	19	10805 .00
	ew York additions (see p	age 24)				
\subseteq						
20	Interest income on state an	d local bonds (but not those				
		alities)	20	.00	20	.00
		rement contributions	21	555.00	21	555.00
		A-3 \$50	22	50.00	22	50.00
23	Add lines 19 through 22		23	16300 .00	23	11410 .00
Ne	ew York subtractions (se	e page 27)				
24	Taxable refunds, credits, or	offsets of state and				
		line 4)	24	.00	24	.00
25	Pensions of NYS and local	-				
		bage 27)	25	.00	25	.00
		ecurity benefits (from line 15)	26	.00	26	.00
		vernment bonds	27	.00	27	.00
	-	e exclusion	28	.00	28	.00
	Other (see page 29) Identify:		29	.00	29	.00
			30	.00	30	.00
31	New York adjusted gross in	icome (subtract line 30 from line 23)	31	16300.00	31	11410 .00
						·
32	Enter the amount from line	31, <i>Federal amount</i> column			32	16300 .00
_						
S	tandard deduction or itemi	zed deduction (see page 33	3)			
_						

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



Name(s) as shown on page 1 ROBERT S PLANT	Enter your social security number 400004810	IT-203 (2012)	Page 3 of 4
	100001010		

Ta	c 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 New York State amount from line 31 Federal amount from line 31		Round result to 4 decimal place	ces
	percentage 11410 .00 ÷ 16300 .00 =	45	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
Ne	w York City and Yonkers taxes and credits			
51	Part-year New York City resident tax (Form IT-360.1) 51 85 .00		See instructions on page	s 35
52	New York City minimum income tax (Form IT-220)		and 36 to compute New Y	
52a	Add lines 51 and 52		City and Yonkers taxes,	
52b	Part-year resident nonrefundable New York City		credits, and surcharges.	
	child and dependent care credit 52b 85 .00			
52c	Subtract line 52b from 52a 52c .00			
53	Yonkers nonresident earnings tax (Form Y-203)			
54	Part-year Yonkers resident income tax surcharge			
	(Form IT-360.1)			
55	Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55		.00
			Γ	
56	Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.)	56	20	.00
Vo	luntary contributions (see page 37)			
	57a Return a Gift to Wildlife			
	57b Missing/Exploited Children Fund			
	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 u	se tax	,			
	and voluntary contributions (add lines 50, 55, 56, and 57)			58	57	.00



Page 4 of 4 IT-203 (2012)

Enter your social security number 400 - 00 - 4810

59 Enter amount from line 58			5	9 57 .00
Payments and refundable credits (see page 38)				
 60 Part-year NYC school tax credit (also complete E on front; see page 38) 61 Other refundable credits (Form IT-203-ATT, line 17) 	60 61	31 3928	.00 .00	
 62 Total New York State tax withheld	62 63 64	1295	.00 .00	Submit your wage and tax statements with your return (see page 38).
 65 Total estimated tax payments/amount paid with Form IT-370 66 Total payments and refundable credits (add lines 60 through the second s	65 gh 65)		.00 6	6 5254 .00
Your refund, amount you owe, and account information	(see pages 3	9 through 42)		
67 Amount overpaid (if line 66 is more than line 59, subtract line 68 Amount of line 67 to be refunded	59 from line 66)			5197 .00
Mark one refund choice: deposit (fill in line 73)	det - or - 🔀 car	d - or - checl	r K 6	8 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 To pay by electronic funds withdrawal, mark this box 71 Estimated tax penalty (include this amount on line 70, 	,	es 73 and 74	7	
or reduce the overpayment on line 67; see page 40)			.00 .00	See page 43 for the proper assembly of your return.
73 Account information for direct deposit or electronic funds with	ithdrawal (see	bage 41).		
If the funds for your payment (or refund) would come from (c	or go to) an acc	count outside the U	.S., ma	rk an X in this box <i>(see pg. 41)</i>
73a Account type: Personal checking - or - Pers	onal savings	or - Business	checkii	ng - or - Business savings
73b Routing number 730	c Account num	per	r	
74 Electronic funds withdrawal (see page 41)	Date	Ar	mount	.00
				Devenel identification
Third-party Print designee's name designee? (see instr.)	(esignee's phone numb)	ber	Personal identification number (PIN)
Yes No X E-mail:				
▼ Paid preparer must complete (see instr.) ▼ Date			xpaye	r(s) must sign here ▼
Preparer's signature Preparer's	S NYTPRIN	Your signature		
Firm's name (or yours, if self-employed) Preparer's PT	IN or SSN	Your occupation	AID	Ε
	tification number		e and occ	cupation (if joint return)
se	ark an X if elf-employed		ניתיס	Daytime phone number (518) 555-6666
E-mail:		E-mail: CAN	IASTA	A@ATS.COM

203004120099

See instructions for where to mail your return.

2012	New York State Depa Other Tax Attachment to I	Cre	dits	n and Finance and Taxes		IT-203-AT	Т
Name(s) as shown on ye					Υοι	ur social security number	
ROBERT S	PLANT					400004810	
Complete all parts th	at apply to you; see instru	uctions	s (Form IT	⁻ 203-I). Submit this form with y	our Fo	orm IT-203.	
Part 1 – Other tax	credits (submit all appli	icable f	orms)				
Section A – New Yor	k State nonrefundable, no	n-carry	yover cre	dits used		Whole dollars only	
					1		.00
		tation)			2		.00
	ble, non-carryover credits						
Code	Amount		Code	Amount	1		
3a Total other period	.00	3b		.00			00
Total other nonrel	undable, non-carryover cree	uits (add	a lines 3a a	and 3b)	3		.00
Section B - New Yor	k State nonrefundable, ca	rrvovo	r cradite	usod			
		-			4		.00
•					5		.00
					6		.00
-	ble, carryover credits						
Code	Amount		Code	Amount			
7a	.00	7h		.00]		
7b	.00	7i		.00			
7c	.00	7j		.00			
7d	.00	7k		.00			
7e	.00	71		.00	-		
7f	.00	7m		.00	-		
7g	.00	7n		.00			
				nh 7n)	7		.00
	State nonrefundable credit				0		00
(add lines 1 throu	ign 7; enter nere and on Form	11-203, 1	line 47)		8		.00
Section C - New York	k State, New York City, and	Vonkor	e rofundal	alo crodite			
				ident care credit	9	876	.00
•			-	ent care credit	9a	272	.00
-	t refundable New York State				10	1084	.00
•	t refundable New York City				11	196	.00
12 Other NY State re	•						
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	1		
	.00	121		.00	40		
					12	1500	.00
•	gh 12				13	3928	.00
	claim of right credit				14		.00
-	aim of right credit right credit				15 16		.00 .00
	State, New York City, and Y				10		.00
					17	3928	.00
			,				



400004810

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

		x on capital gain portion of lump-s	um dist	ributions <i>(For</i>	rm IT-230-I, worksheet C, line 7)	18	.00
19	Other New Code	York State taxes Amount		Code	Amount		
19a		.00	19g		.00		
19b		.00	19h		.00		
190		.00	19i		.00		
190		.00	19j		.00		
19e		.00	19k		.00		
19	F	.00	191		.00		
	Total other	New York State taxes (add lines 19a	a throug	h 19I)		19	.00
			0	,			
20	Add lines 1	8 and 19				20	.00
21	Enter amou	Int from Form IT-203, line 47		21	.00		
22	Enter amou	Int from Form IT-203, line 46		22	.00		
23	Subtract lin	e 22 from line 21 (if line 22 is more t	han line	21, leave blan	k)	23	.00
24	Subtract lin	a 00 frame line 00 (if line 00 is many f					
25		e 23 from line 20 (if line 23 is more t	nan line	20, leave blan	k)	24	.00
20	New York S	tate separate tax on lump-sum dis		,	k)	24	.00
25		,	stributio	ns	<i>k</i>)	24	.00
	<i>(Form IT-2</i> Resident cr	tate separate tax on lump-sum dis 30) edit against separate tax on lump-	stributio sum	ns 25	·	24	.00
26	(Form IT-2 Resident cr distributio	tate separate tax on lump-sum dis 30) edit against separate tax on lump- ons	stributio sum	ns 25	.00		.00
26 27	(Form IT-2 Resident cr distributio Subtract lin	tate separate tax on lump-sum dis 30) edit against separate tax on lump- ons e 26 from line 25	stributio	ns 25	.00	27	.00
26 27	(Form IT-2 Resident cr distributio Subtract lin New York S	tate separate tax on lump-sum dis 30) edit against separate tax on lump- ons e 26 from line 25 tate minimum income tax (Form IT-	stributio sum -220)	ns 25 26	.00	27 28	
26 27	(Form IT-2 Resident cr distributio Subtract lin New York S	tate separate tax on lump-sum dis 30) edit against separate tax on lump- ons e 26 from line 25	stributio sum -220)	ns 25 26	.00	27 28 29	.00
26 27 28 29 30	(Form IT-2 Resident cr distribution Subtract lin New York S Add lines 2 Excess chil	tate separate tax on lump-sum dis 30) edit against separate tax on lump- ons e 26 from line 25 tate minimum income tax <i>(Form IT</i> 4, 27, and 28 d and dependent care credit	sum -220)	ns 25	.00	27 28 29 30	.00 .00 .00 1272 .00
26 27 28 29 30 31	(Form IT-2 Resident cr distribution Subtract lin New York S Add lines 2 Excess chill Subtract lin	tate separate tax on lump-sum dis 30) edit against separate tax on lump- ons e 26 from line 25 tate minimum income tax (Form IT- 4, 27, and 28 d and dependent care credit e 30 from line 29 (<i>if line 30 is more t</i>	sum -220)	ns 25 26 27 29, leave blan	.00 .00	27 28 29 30 31	.00 .00 .00 1272 .00 .00
26 27 28 29 30 31 32	(Form IT-2 Resident cr distribution Subtract lin New York S Add lines 2 Excess chill Subtract lin Excess New	tate separate tax on lump-sum dis 30) edit against separate tax on lump- ons e 26 from line 25 tate minimum income tax (Form IT 4, 27, and 28 d and dependent care credit e 30 from line 29 (<i>if line 30 is more t</i> w York State earned income credit	sum -220)	ns 25 26 27 29, leave blan	.00 .00	27 28 29 30	.00 .00 .00 1272 .00
26 27 28 29 30 31 32	(Form IT-2 Resident cr distribution Subtract lin New York S Add lines 2 Excess chill Subtract lin Excess New Net other N	tate separate tax on lump-sum dis 30) edit against separate tax on lump- ons e 26 from line 25 tate minimum income tax (Form IT- 4, 27, and 28 d and dependent care credit e 30 from line 29 (<i>if line 30 is more t</i>	stributio sum -220) han line 32 from	ns 25 25 26 27 29, leave blan 11, if line 31; if line	.00 .00 .00 .00 k) 32 is more than line 31, leave	27 28 29 30 31	.00 .00 .00 1272 .00 .00





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

Nan	ame(s) as shown on return Your social se							Your social secu	urity numb	er
R	OBERT S PL	ANT						4000	04810	
1 2	-					-	hese credits.		Yes 🗾 Yes 🗌	No No X
3	-						n amended NYS retur		Yes	
4							Yes X	No 🗌		
	First name and	Last name	Deletionship	Number of months lived	Full-time	Person with	Conint another	ritu numbor	Da	ate of birth

First name and middle initial	Last name	Relationship	months lived with you	Full-time student*	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

	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	s only	
6	Wages, salaries, tips, etc., from <i>Worksheet A</i> line 3, on page 2 of the instructions, Form IT-215-I.	6	185	00	.00

.00

.00

-5

	· · · · · · · · · · · · · · · · · · ·		
7	If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a		
	penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred		
	compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions)	7	

8	Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)	8	
	Employer identification number <i>(see instructions)</i> 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.

	Enter the amount from <i>Worksheet B</i> , line 5, on the back of this form New York State household credit (<i>from Form IT-201, line 40, or Form IT-203, line 39</i>)	13 14	112 105	.00 .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	e instru	ictions)		. 16	1575	.00
17	If your New York State filing status is ③, Married filing separate return, comp	lete li	ne 17. The NYS I	EIC on			
	line 16 above can be divided between spouses in any manner you wish. Enter o	n line	17 the amount				
	of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below.						.00
	Federal adjusted gross income (from federal Form 1040EZ, line 4;						
	Form 1040A, line 22; or Form 1040, line 38)			.00			



Par	t-year New York State resident earned income credit			
	es 18 through 26 apply only to part-year New York State esidents 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 cred If line 19 is less than line 18, continue on line 20 below. 	dit.		
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	1		
	income allocation worksheet in your Form IT-203 instruction booklet	J		
24	Enter the amount from line 18, Column A, of the Part-year resident	1		
	income allocation worksheet in your Form IT-203 instruction booklet	J		
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
Nev	v 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.	27	196	.00
	Part-year New York City residents must also complete line 28 below.			
28	Part-year New York City adjusted gross income			
	Enter the amounts from Worksheet C, lines 6 and 7 28A 16300 .00	28B	11410	.00
Wo	rksheet 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)	ļ		
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





New York State Department of Taxation and Finance **Claim for Child and Dependent Care Credit** New York State • New York City

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

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

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)
	16 STRAIGHT ST		
CARING PLACE	ROCKY POINT NY 11778	641234568	1420 .00
	22 TOT TERRACE		
KIDS INC.	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.)

	st name and dle 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	X	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.

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

5	Enter the smallest of:			
	 line 3a above; or federal Form 2441, line 3; or 		Whole dollars only	
	 3,000 if one qualifying person, or 6,000 if two or more qualifying persons 	5	3420	.00
6	Enter your earned income (see instructions)	6	18495	.00
7	If your filing status is @ 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 <i>Table for line 10</i> 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)	1163 .00
---	----------



12	Amount from line 11		12		1163	.00
13	Enter your New York adjusted gross income (Form IT-201 filers,		-			
		6300 .00)			
	Use the New York State child and dependent care	line	42	1.100	1	
14	<i>credit limitation table</i> in the instructions to determine the decimal to be entered on this Multiply line 12 by the decimal amount on line 13. This is your New York State child and		13	1.100		
14	care credit (see instructions)	•	14		1279	.00
Pa	art-year New York State residents					
15	Enter the amount from Form IT-203, line 40		15		7	.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		1272	.00
17	Enter the amount from Form IT-203-ATT, line 29 (If you are not required to file Form IT-203-A		17			.00
	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 on Form IT-203-ATT, line 30. If line 17 is less than line 16, anter the line 16 ensure to Form IT-202 ATT, line 20, and centinue at the line 17 is less than line 16.	line 16 amoun	t			.00
	If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue of				1070	
	Subtract line 17 from line 16. This is your remaining excess child and dependent ca	re credit	18		1272	.00
19	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i>					
		0805 .00				
20	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	5695 .00	7			
21	Divide line 19 by line 20 (round the result to the fourth decimal place).	5095 .00				
21	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 refundable portion of your New York State part-year resident child and dependent		22		876	.00
Νε	ew 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 is \$30,000 or less (see <i>Note</i> under <i>New York City credit</i> on page 1 of the instructions) and you lister 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 ye	ears old	23		1710	.00
іт	Γ-201 filers:					
	Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line	13)	24			.00
	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 card (from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT, line 9a		26			00
			20			.00
IT	Γ-203 filers:					
27	Nonrefundable portion of your part-year New York City resident New York City child and 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 de care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9		28		272	.00
	art-year New York City resident filers only:					
	Enter the amount from Worksheet 1, line 10		29		10805	.00
30	Enter the amount from Worksheet 1, line 11		30		15695	.00



400004810

IT-216 Continued

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

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

	ou mark an X in <i>a No</i> box for item A, B, C, or D, stop ; ou do not qualify for this credit.		D	Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete
Α	Did you have qualified agricultural property for tax year 2012? (see instr., Form IT-217-I)Yes	No 🗌		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
	Were eligible school district property taxes paid on that property during tax year 2012? (see instructions)	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
	instructions. Is the amount shown on line 6 of Worksheet A less than \$300,000?Yes	No 🗌	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				1	_
	and trusts: Enter the amount from Part 4, line 7, column A					
3	Fiduciaries: Enter fiduciary's share of qualified agricultural property fro	om Pa	art 5, column C	3		
4	Add lines 1, 2, and 3				1500	
5	Enter total base acreage amount (see instructions)				350	
6	Subtract line 5 from line 4 (if zero or less, skip lines 7 and 8, enter 1.0000 (100%) a	on line	9, and continue on line 10)		1150	
7	Multiply line 6 by 50% (.5)		575			
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 .0)		
11	Partners, S corporation shareholders, and beneficiaries of estates			_		
	and trusts: Enter the amount from Part 4, line 7, column B	11	.0	2		
12	Fiduciaries: Enter fiduciary's share of eligible taxes from Part 5, column D	·	.0	-	[_
13	Add lines 10, 11, and 12	13 14	2432 .00)		
14	14 Multiply line 13 by line 9				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) \ldots		16300 .0	2		
	Enter the excess of line 15 over \$200,000 (cannot exceed \$100,000)		.0) 17		-
17	······································					_
18 Multiply line 14 by line 17				18	.00	נ
						-
19	Farmers' school tax credit (subtract line 18 from line 14; see instructions)			19	1500 .00)



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

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

Name of entity	Туре	Employer ID number	Location of property

		shareholder's, or beneficiary's share of 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	3	Enter your share of acres of qualified agricultural property from your S corporation (see instructions)		
shareholder	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		
Demencialy	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 201 and 2011 credit to be recaptured (column C × column D) 	0
			.00	Ε		.00





New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

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

(B)

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.

Yonkers change of residence – Complete Parts 1 and 5.

(C) New York City and Yonkers change of residence – Complete the entire form.

	w York adjusted gross come (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, sa	alaries, tips, etc	1	18500	.00	12333	.00	.00
2 Taxable in	terest income	2		.00		.00	.00
3 Ordinary	dividends	3		.00		.00	.00
4 Taxable re	efunds, credits, or offsets of						
state ar	nd local income taxes	4		.00		.00	.00
5 Alimony r	eceived	5		.00		.00	.00
6 Business	income or loss (submit copy of						
federal S	chedule C or C-EZ, Form 1040)	6	-405	.00		.00	.00
7 Capital ga	in or loss (submit copy of federal						
Schedule	e D, Form 1040)	7		.00		.00	.00
8 Other gair	ns or losses (submit copy of						
federal F	orm 4797)	8		.00		.00	.00
9 Taxable a	mount of IRA distributions	9		.00		.00	.00
10 Taxable ar	mount of pensions and annuities	10		.00		.00	.00
11 Rental rea	al estate, royalties,						
partnersh	ps, S corporations, trusts, etc.						
(submit c	opy of federal Schedule E, Form 1040)	11		.00		.00	.00
12 Farm inco	me or loss (submit copy of						
federal S	Schedule F, Form 1040)	12	400	.00	400	.00	.00
13 Unemploy	ment compensation	13		.00		.00	.00
14 Taxable a	mount of social security benefits	14		.00		.00	.00
15 Other inco	ome						
Identify:							
		15		.00		.00	.00
16 Total (add	lines 1 through 15)	16	18495	.00	12733	.00	.00
17 Total fede	ral adjustments to income						
Identify:							
AL	IMONY 2800	17	2800	.00	1928	.00	.00
18 Federal a	djusted gross income						
(subtrac	t 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 a	and add or subtract line 19;						
transfer	he amount from Column B to						
line 43)		20	16300	.00	11410	.00	.00



Page 2 of 3 IT-360.1 (2012)

Pa	rt 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 mized 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
20	This line is intentionally left blank	20			00	00
	Total itemized deductions (add lines 21 through 27)				.00 .00	.00 .00
	State, local, and foreign income taxes (or general sales tax, if appli		2)		.00	.00
31	and other subtraction adjustments				31	00
22	Subtract line 31 from line 30					.00
						.00
	Addition adjustments and college tuition itemized deduction (see inst Add lines 32 and 33				33	.00
					34	.00
30	Itemized deduction adjustment (<i>if line 20, Column B, is more than \$100,</i>				25	00
26	see instructions, page 5; all others enter 0 on line 35)					.00
30	Itemized deduction (subtract line 35 from line 34, enter here and on line 44,)			30	.00
Pa	rt 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
				SUFFOLK		
	Enter the county where you resided while a nonresident of New Yo		-			
	Enter the number of full months in the New York City resident period				39	6
	Enter the prorated value of one dependent exemption (use Proration				40	500.00
41	Enter the number of dependent exemptions you claimed on Form IT					2
	or Form IT-203, line 35				41	3
42	Multiply the amount on line 40 by the number of dependent exemption					1500
	on line 41 (enter here and on line 46)				42	1500 .00
Pa	rt 4 – Part-year New York City resident tax (see instructions,	page	e 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
	Dependent exemption amount (from line 42)				46	1500 .00
47	New York City taxable income (subtract line 46 from line 45)				47	4660 .00
	New York City tax on line 47 amount (see instructions, page 5)				48	135 .00
	Total New York City household credit and accumulation distribution				49	50.00
	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)				50	85.00
	Part-year New York City separate tax on lump-sum distributions (from				51	.00
52	Part-year New York City resident tax on capital gain portion of lump					
	(from Form IT-230)				52	.00
	Add lines 50, 51, and 52				53	85.00
	Credit for part-year New York City unincorporated business tax paid				54	.00
55	Part-year New York City resident tax (subtract line 54 from line 53 and					~-
	line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)				55	85.00



		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			.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)			
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			.00
76 Yonkers resident tax rate		.15	

Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

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 .000 Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.



22222	a Employee's social security number 400004810	OMB No. 154	5-0008			
b Employer identification number (EIN)		1 Wag	ges, tips, other compensation	2 Federal income t	ax withheld
641234567				8500		
c Employer's name, address, and I IBM	ZIP code		3 Soc	cial security wages	4 Social security ta	x withheld
IBM			5 Me	dicare wages and tips	6 Medicare tax wit	hheld
11 RIVER RD			7 6	sial accuvity time	Q Allegated tipe	
NEW YORK NY 100	19		1 500	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care	benefits
e Employee's first name and initial ROBERT S PLANT 215 LAIDBACK WA ROCKY POINT NY	Y	Suff.	13 Stati	loyee plan sick pay	a	
f Employee's address and ZIP cod	e				e	
15 State Employer's state ID num	ber 16 State wages, tips, etc. 12333	17 State incom		18 Local wages, tips, etc.	19 Local income tax	20 Locality name
ME	6167	4	00			
Form W-2 Wage an Statemen	d Tax – nt C	2015) -	Department o	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 IT-203

12

Income Tax Return New York State • New York City • Yonkers

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

.

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial	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		RICI	HARD		10-31-1953			400004811			11
Spouse's first name and middle initial	Spouse's last name				Spouse's date of birth (mm-dd-yyyy)			Spouse's social security number		umber	
Mailing address (see instructions, page	ge 13) (number and si	treet or i	rural route)			Apartment numb	ber	New Y	ork State	e county of	residence
1234 LUKE BI	JVD							NI	R		
City, village, or post office		State	ZIP code	Country (if no	ot Un	nited States)		School	I district	name	
QUINTON		AL	35130		NR						
Permanent home address (see instr.,	pg. 13) (no. and street o	or rural ro	ute) Apartment no.	City, vil	lage, or post office School district						
RUE DU SIMPLON	47, 1006									number	
State ZIP code C	ountry (if not United S	States)				Decedent	Taxpayer	s date c	of death	Spouse's	date of death
LAUSANNE SZ	1					information					
A Filing ⁽¹⁾ X Single				FΕ	nter	your 2-charac	ter spec	ial cor	ndition	code	
-4-4						•					

	(mark an X in one	s above)						
	box):	③ Married filing separate return (enter both spouses' social security numbers	above)					
		④ Head of household (with qualifying per-	son)					
		⑤ Qualifying widow(er) with dependent	child					
В	Did you itemize your deductions on your 2012 federal income tax return?							
С	Can you be claimed as a dependent on another taxpayer's federal return?Yes No							
D	Did you hav located in a	re a financial account foreign country? (see pg. 14)	No X					
Е	New York C	City part-year residents only (see page 14)						
	(1) Number	r of months you lived in NY City in 2012						
	· · ·	r of months your spouse lived 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

н	New York State nonresidents (see page 15)		
	Did you or your spouse maintain living quarters in NYS in 2012?Yes	v	
	living quarters in NYS in 2012?		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)



Pag	ge 2 of 4 IT-203 (2012)	Enter your social security number					
	-	400004811					
F	ederal income and adjustn			Federal amount		New York State amount	
				Whole dollars only		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, su	bmit a copy of federal Sch. D, Form 1040)	7	-40.00	7	-40 -	.00
8	Other gains or losses (subm	nit a copy of federal Form 4797)	8	.00	8		.00
9	Taxable amount of IRA distribution	ns. Beneficiaries: mark X in box	9	.00	9		.00
10	Taxable amount of pensions/annuit	ties. Beneficiaries: mark X in box	10	.00	10		.00
11	Rental real estate, royalties	, partnerships, S corporations,					
	trusts, etc. <i>(submit a copy</i>	of federal Schedule E, Form 1040)	11	.00	11		.00
12	Rental real estate included						
	in line 11 (federal amount) 1						
		a copy of federal Sch. F, Form 1040)	13	.00	13		.00
		ion	14	.00	14		.00
		urity benefits (also enter on line 26)	15	.00	15		.00
	Other income (see page 22)		16	.00	16		.00
		13 through 16	17	18260 .00	17	18260 -	.00
18	Total federal adjustments to	o 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
Ne	w York additions (see p	age 24)					
20							
20	Interest income on state an		20	00	20		00
21		alities) irement contributions	20	.00 E.4. 00	20 21		.00
	Other (see page 24) Identify:		21	54.00			.00
			22	.00 18314 .00	22 23		.00 .00
23			23	18314.00	23	18314	.00
Ne	ew York subtractions) (se	ee page 27)					
24	Taxable refunds, credits, or	offects of state and					
24		line 4)	24	.00	24		.00
25	Pensions of NYS and local	-	24	.00	24		.00
23		page 27)	25	.00	25		.00
26		ecurity benefits (from line 15)	26	.00	26		.00
		vernment bonds	27	.00	20		.00
		e exclusion	28	.00	28		.00
	Other (see page 29) Identify:		29	.00	20		.00
			30	.00	30		.00
	•	ncome (subtract line 30 from line 23)	31	18314 .00	31		.00
51	nom rom aujusteu gross li		51		51	TTCOT.	.00
32	Enter the amount from line	31, Federal amount column		└───►	32	18314	.00
	andard doduction or item	ized deduction	21				
ျ	tandard deduction or item	ized deduction (see page 33	り				

33 Enter your **standard deduction** (*table on page 33*) **or** your **itemized deduction** (*from Form IT-203-D*).

33	Enter your standard deduction (table on page 33) or your nemized deduction (nonin onin 1-203-D).									
	Mark an X in the appropriate box: X 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							



Name(s) as shown on page 1	Enter your social security number	IT-203 (2012)	Page 3 of 4
ROBIN D RICHARD	400004811		

Та	x 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 com	putation on page	es 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 l	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 l	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 New York State amount from line 31	Federal amoun	t from line 31		Round result to 4 decimal pla	aces
	percentage 18314 .00 ÷ (see page 35) 18314 .00 ÷	1	8314 .00 =	45	1.000	
46	Allocated New York State tax (multiply line 44 by the decimal on lir	ne 45)		46	402	.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8) .			47	402	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave l			48	101	.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	,		49		.00
	Total New York State taxes (add lines 48 and 49)			50		.00
52a 52b 52c	New York City minimum income tax (Form IT-220) 50 Add lines 51 and 52 52 Part-year resident nonrefundable New York City 52 child and dependent care credit 52 Subtract line 52b from 52a 52 Yonkers nonresident earnings tax (Form Y-203) 55	a b c	00. 00. 00. 00. 00.]	and 36 to compute New City and Yonkers taxes, credits, and surcharges.	
	Part-year Yonkers resident income tax surcharge	5	.00			
01	(Form IT-360.1)	4	.00]		
55	Total New York City and Yonkers taxes (add lines 52c, 53, ar	-		55		.00
56	Sales or use tax (See the instructions on page 36. Do not leave li	ne 56 blank.)		56	500	.00
_	Juntary contributions (see page 37)	ne 50 blank.)		50	500	.00
	57a Return a Gift to Wildlife	57a	.00]		
	57b Missing/Exploited Children Fund			1		
	57c Breast Cancer Research Fund			1		
	57d Alzheimer's Fund	57d		1		
	57e Olympic Fund (\$2 or \$4; see page 37)	57e		1		
	57f Prostate Cancer Research Fund			1		

	57h Volunteer Firefighting & EMS Recruitment Fund 5	7 h .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

57g 9/11 Memorial

57g

.00



Page 4 of 4 IT-203 (2012)	Enter your social security number					
	400004811					
				1		
59 Enter amount from line 58					59	500.00
Payments and refundable of	credits (see page 38)					
		60		00		
-	(also complete E on front; see page 38) Form IT-203-ATT, line 17)	60 61	125	.00 .00		
	withheld	62		.00		Submit your wage and tax
	ithheld		350	.00		statements with your return
•	1			.00		(see page 38).
	ts/amount paid with Form IT-370			.00		
	ndable credits (add lines 60 throug				66	475 .00
		<i>gii 00)</i>			00	4/5 00
Your refund, amount you or	we, and account information	(see	pages 39 through 42)			
67 Amount overpaid (if line 6	6 is more than line 59, subtract line 5	59 fron	n line 66)		67	.00
68 Amount of line 67 to be ref						· · · · · · · · · · · · · · · · · · ·
Mark one refund o		- or -	card - or - chec	:k	68	.00
69 Amount of line 67 that you	want applied					See pages 39 and 40 for
to your 2013 estimated t	ax (see instructions)	69		.00		information about your three
						refund choices.
70 Amount you owe (if line 66	is less than line 59, subtract line 66 i	from li	ne 59).			
To pay by electronic fund	ds withdrawal, mark this box 🗵	and	fill in lines 73 and 74		70	25 .00
71 Estimated tax penalty (inclu	ude this amount on line 70,					
or reduce the overpayment	on line 67; see page 40)	71		.00		See page 43 for the proper assembly of your return.
72 Other penalties and interes	st (see page 40)	72		.00		assembly of your return.
73 Account information for dir	ect deposit or electronic funds wi	thdrav	wal (see page 41).			
If the funds for your payme	nt (or refund) would come from (o	or go to	o) an account outside the L	J.S., r	mark	$x \text{ an } \boldsymbol{X} \text{ in this box (see pg. 41)}$
			avings - or - Busines		مارز م	a - or - Business savings
73a Account type:	Personal checking - or - X Pers	onars	avings - or - Busines	s che	CKING	g - or - Business savings
73b Routing number 0	11001742 730		ount number LOANXXX	v A C		04911
	11001/42 /30	ACCO		<u>+</u> (000	04011
74 Electronic funds withdrawa	al (see page 41)	Date	02-01-2013	moun	t	25.00
		2410			· _	20100
			Desire	h		
Third-party Print design designee? (see instr.)	iees name		Designee's phone num	ber		Personal identification number (PIN)
			()			

▼ Paid preparer must complete (see instr.) ▼	▼ Taxpayer(s) must sign here ▼	
Preparer's signature	Preparer's NYTPRIN	Your signature
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	Your occupation MUSICIAN
Address	Employer identification number	Spouse's signature and occupation (if joint return)
	Mark an X if self-employed	Date Daytime phone number (518) 555-6666
E-mail:		E-mail: RICHARD@ATS.COM

See instructions for where to mail your return.



2012	2	New York State Other T Attachmen	ax (Cre	dits					IT-203-A1	Т
	as shown on your F									ur social security number	
	IN D RICH		inotru	otiono		. 202 1) (Pubmit this fo			400004811	
Complete	e all parts that a	apply to you; see	Instru	ctions	(Form II	-203-1). 3	Submit this to	rm with y	ourre	orm 11-203.	
Part 1 –	- Other tax ci	redits (submit a	ll applic	able fo	orms)						
Section A	A – New York St	ate nonrefundab	le nor	ı-carrv	over cre	dits use	h			Whole dollars only	
				-					1		.00
2 Accu	mulation distribu	tion credit (submit	computa	ation)					2		.00
3 Other	r nonrefundable,	non-carryover cre	edits								
	ode	Amount			Code		Amount		1		
3a			.00	3b				.00			
Iotal	other nonrefund	able, non-carryov	er cred	its (add	l línes 3a a	nd 3b)			3		.00
Section F	B - New York St	tate nonrefundat	No car	rvovor	r cradite i	hoau					
		ance credit							4	300	.00
•									5		.00
		y system equipme							6		.00
		carryover credits									
	ode	Amount			Code		Amount		1		
	256	102	.00	7h				.00			
7b			.00	7i				.00			
7c			.00	7j				.00			
7d			.00	7k				.00			
7e 7f			.00 .00	7l 7m				.00 .00			
7g			.00	7n				.00			
	other nonrefund	able, carryover cr			s 7a throug	h 7n)			7	102	.00
		e nonrefundable	•			,			L		
(ad	ld lines 1 through 7	; enter here and on	Form I	T-203, II	ine 47)				8	402	.00
		ate, New York City									
-	•	undable New York							9		.00
-	•	undable New York undable New York	-		-			·····	9a 10		.00
-	•	undable New York							11		.00 .00
-	r NY State refun		Conty C	anicui		cuit					.00
	ode	Amount			Code		Amount				
12a	258	75	.00	12g				.00			
	256	50	.00	12h				.00			
12c			.00	12i				.00			
12d			.00	12j				.00			
12e			.00	12k				.00			
			.00	121				.00	40		
		e credits <i>(add lines</i>							12	125	.00
	•	2 n of right credit							13 14	125	.00. .00
		of right credit							14		.00
		it credit							16		.00
	-	e, New York City,									
		16; enter here and o							17	125	.00



400004811

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

		ax on capital gain portion of lump-s	um dist	ributions (Form I7	-230-I, worksheet C, line 7)	18	.00
19	Other New Code	York State taxes 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	191		.00		
	Total other	New York State taxes (add lines 19a	throug	h 19I)		19	.00
20	Add lines 1	8 and 19				20	.00
21		unt from Form IT-203, line 47			.00		
22	Enter amo	unt from Form IT-203, line 46		22	.00		
		ie 22 from line 21 (if line 22 is more the					.00
		e 23 from line 20 (if line 23 is more the		,		24	.00
25		State separate tax on lump-sum dis				1	
•••		230)			.00	ļ	
26		redit against separate tax on lump-				1	
07		ons			.00	07	
		e 26 from line 25				27 28	.00
		State minimum income tax (Form IT-					.00
		4, 27, and 28				29 30	.00
		Id and dependent care credit				30	.00
	 Subtract line 30 from line 29 (<i>if line 30 is more than line 29, leave blank</i>) Excess New York State earned income credit 						.00
						32	.00
33		New York State taxes (subtract line				33	00
	ματικ, οτη	erwise, enter the result here and on Fo	11111-20	<i>, iiiie 49</i>		33	.00





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-203Your social security numberROBIN D RICHARD400004811						
	at apply to you; see instructions (Form IT-203-I). Submit this form wi		011			
	ation of wage and salary income to New York State					
Complete a separate S	Schedule A for each job for which your wage and salary income is subject	to allocation.				
	e A section is provided on the back of this form. If you are required to com p on all schedules and include this total on Form IT-203, line 1, in the New					
Do not use this schedu	ule for income based on the volume of business transacted. See the Sche	edule A instructions if:				
 You had more than a You had a job for on You and your spouse 						
1a Total days (see ins	tructions)		1a			
N	1b Saturdays and Sundays (not worked)	1b				
Nonworking	1c Holidays (not worked)	1c				
days included in line 1a:	1d Sick leave	1d				
in line 1a:	1e Vacation					
	1f Other nonworking days	· · · · · · · · · · · · · · · · · · ·				
	days (add lines 1b through 1f)					
-	I in year at this job (subtract line 1g from line 1a)		1h			
	d in line 1h worked outside New York State					
•	lays worked at home included in line 1i amount					
	om line 1i					
	ew York State (subtract line 1k from line 1h)					
1m Enter number of a	lays from line 1h above		1m			
1n Divide line 11 by lin	ne 1m; round the result to the fourth decimal place	<u>1n</u>				
10 Wages, salaries, t	ips, etc. (to be allocated)	10	.00			
1p New York State al	located wage and salary income (multiply line 1n by line 1o)	1p	.00			
Include the line 1p an	nount 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	С	D – ZIP code	Е
1646 REDDY LANE	ALBANY	NY	12205	X
		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.

007



IT-203-B (2012) (back)

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?

Yes No X

1

- 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 – St	udent 1	2 – St	tudent 2	3 – S	tudent 3
Α	Eligible student's name						
в	Eligible student's social security number (SSN)						
С	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.)						
Е	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
н	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

Sch	nedule A – Alloc	catior	n c	of	of	of v	vaç	je a	inc	l s	sal	lar	y i	ind	00	me	to I	Nev	w Y	ork \$	State	9									
2a	Total days (see ins	structic	ions	ıs)))																	 	 					 2a		
	Nonworking							-					-																		
	days included	2d	I S	Sic	ic	ick	lea	ive .				· · · · · ·											 	 		20	d k				
	in line 2a:																										e				
																											f				
2g	Total nonworking																												 2g		
2h																													2h		
2i	Total days include																														
2j	Enter number of o	days v	wo	ork	rk	rke	d at	i hoi	me	in	clι	ude	edi	in	line	e 2i a	amo	ount	t				 	 		2	j				
	Subtract line 2j fro																												 2k		
	Days worked in N																												21		
	Enter number of o																												2m		
2n	Divide line 2I by li	line 2n	m; ı	; ro	o	roui	nd 1	the i	res	ult	to	ว th	ie f	fou	ırth	ı dec	cima	al pl	lace				 	 				2n		 	
20	Wages, salaries,	tips, e	etc.	с. (. ((to	be	allo	ca	te	d)												 	 20						.0	0
-	New York State a ude the line 2p ar						-				-													 21)				 	 .0	0





New York State Department of Taxation and Finance

Claim for Long-Term Care Insurance Credit

IT-249

Name(s) as shown on return ROBIN D RICHARD Identifying number as shown on return 400004811

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

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

Tax Law - Section 606(aa)

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	Туре	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

Α	B	С
Beneficiary's name (same as on	Identifying number	Share of qualified long-term
Form IT-205, Schedule C)		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)



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

	Enter the amount from line 11 Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 <i>(if the income</i>	15	200	.00
	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)	402	.00
21 Credits applied against the tax before this credit (see instructions) 21		.00
22 Net tax (subtract line 21 from line 20)	402	.00
23 Credit used for the current tax year (see instructions)	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





New York State Department of Taxation and Finance

Claim for Special Additional Mortgage Recording Tax Credit

Tax Law – Article 22, Section 606(f)

Fiscal year filers enter tax period: beginning

ending

J J J

IT-256

Name(s) as shown on your return ROBIN D RICHARD Taxpayer identification number 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).

Α	В	С		D Amount of special additional
Location of property	Date mortgage recorded	Amount of mortgage		mortgage recording tax paid
22 TAMES OF ALDANIX NIX 1220E	02/10/2012	10000		1.0.0
23 JAMES ST ALBANY NY 12205	02/10/2012	40000	.00	102.00
			.00	.00
			.00	.00
			.00	.00
			.00	.00
			.00	.00
1 Total of the column D amounts from ad	ditional Form(s) IT-256 a	nd/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	Туре	Employer identification number
RICHARD BROTHERS	P	300004811



Part 3 – Partner's or beneficiary's share of credit

Partner	3	Enter your share of the credit from your partnership (see instructions)			
Beneficiary	4	Enter your share of the credit from the estate or trust			.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 <i>(same as on</i> <i>Form IT-205, Schedule C)</i>	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
			0	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, <i>Fiduciary</i> 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





Claim for Nursing Home Assessment Credit

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							

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.

IT-258

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.



22222	a Employee	's social security number 4811	OMB No. 154	5-0008				
b Employer identification number (631234565	EIN)	1		1 Wages, tips, other compensation 2 Federal income tax 1775 2				
c Employer's name, address, and NYSO	ZIP code		3 Sc	ocial security wages	4 Soc	cial security ta	ax withheld	
NYS OFFICE OF E	MPLOYE	E RELATIONS		5 Me	5 Medicare wages and tips 6 Medicare tax withheld			hheld
AGENCY BLDG 2 E ALBANY NY 12223			7 Sc	ocial security tips	8 Allo	cated tips		
d Control number		9		10 Dep	pendent care	benefits		
e Employee's first name and initial	Last nam	e	Suff.	11 No	11 Nonqualified plans 12a			
ROBIN D RICHARD				13 Sta	tutory Retirement Third-party	o d e		
1234 LUKE BLVD				em	ployee plan sick pay	12b		
QUINTON AL 3513	0			14 Oth	ner	12c		
				414H-54				
						12d		
f Employee's address and ZIP cod	le					e		
15 State Employer's state ID num	nber	16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local in	ncome tax	20 Locality name
NY		1775	35					
	Form W-2 Wage and Tax 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 400004811OMB No. 1545-0008							
b Employer identification number (631234561	EIN)		1Wages, tips, other compensation2Federal income tax withheld16025					
c Employer's name, address, and MUSI	ZIP code	3 Soc	cial security wages	4 Social security	tax withheld			
MUSIC ROW 1			5 Me	dicare wages and tips	6 Medicare tax w	ithheld		
123 JAMES ST			7 Soc	cial security tips	8 Allocated tips			
QUINTON AL 3513	0							
d Control number		9 10 Dependent care benefits						
e Employee's first name and initial	Last name	Suff.						
ROBIN D RICHARD)		13 Statutory Retirement Third-party 12b					
1234 LUKE BLVD			employee plan sick pay					
QUINTON AL 3513	0		14 Oth	er	12c			
					12d			
f Employee's address and ZIP cod	le				e			
15 State Employer's state ID num	8 7 1 7	17 State incon		18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
NY	16025	315						
Form W-2 Wage an Stateme	Form W-2 Wage and Tax 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 IT-203

No

12

Income Tax Return New York State • New York City • Yonkers

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning

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	MARY B CHARITY					06-16-1965			400004812		
Spouse's first name and middle initial	Spouse's last name			Spou	use's date of birth (mn	n-dd-yyyy)	Spouse	s socia	al security	number	
								400	0048	72	
Mailing address (see instructions, page	ge 13) (number and street of	r rural route)			Apartment number	er	New Yo	k State	e county o	fresidence	
923 HOPE CT							ALBANY				
City, village, or post office	State	ZIP code	Country (if no	ot Uni	ited States)		School	district	name		
FAITH	NC	28041-0923						ALE	BANY		
Permanent home address (see instr.,	pg. 13) (no. and street or rural i	<i>route)</i> Apartment no.	City, vil	lage,	or post office		School district				
145 NEW SCOTLAND AVE									number	005	
State ZIP code C	ountry (if not United States)				Decedent	Taxpayer'	's date of	death	Spouse's	date of death	
NY 12206					information						

Α	Filing	① Single					
	status (mark an X in one	② X Married filing joint return (enter both spouses' social security numbers above)					
	box):	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					
В	Did you itemize your deductions on your 2012 federal income tax return?Yes No						
С	Can you be claimed as a dependent on another taxpayer's federal return?Yes						
D	Did you have a financial account located in a foreign country? (see pg. 14)						
Е	New York City part-year residents only (see page 14)						
	(1) Number	of months you lived in NY City in 2012					
	()	of months your spouse lived					

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 (<i>mm-dd-yyyy</i>)	06-30-2012
On the last day of the tax year <i>(mark an X in or</i> 1) Lived in NYS	· · · · · · · · · · · · · · · · · · ·
 Lived outside NYS; received income from NYS sources during nonresident period 	
 Lived outside NYS; received no income fr NYS sources during nonresident period 	

livir	ng qu	arters	in	NYS	in	2012?	 •••••	
(i	f Yes,	comple	ete	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
		~ ~ ~ ~		



Pa	ge 2 of 4 IT-203 (2012)	Enter your social security number					
		400004812					
F	ederal income and adjustn			Federal amount Whole dollars only		New York State amount Whole dollars only	
4	Wagos salarios tins oto		1		1		00
			2		2	38840	.00 .00
			3	4300.00 6190.00	3	550	.00
	Taxable refunds, credits, or		5	8190:00	5		.00
-		on line 24)	4	.00	4		.00
5			5	.00	5		.00
		copy of federal Sch. C or C-EZ, Form 1040)		.00	6		.00
		bmit a copy of federal Sch. D, Form 1040)	7	72 .00	7	-50	.00
		nit a copy of federal Form 4797)	8	.00	8	-50	.00
	Taxable amount of IRA distribution		9	.00	9		.00
	Taxable amount of pensions/annuit		10	.00	10		.00
	•	, partnerships, S corporations,	10	.00	10		.00
		of federal Schedule E, Form 1040)	11	23200.00	11	-500	.00
12	Rental real estate included		_ ••	23200.00		-500	.00
	in line 11 (federal amount)	2 .00		1			
		a copy of federal Sch. F, Form 1040)	13	18447 .00	13	18447	.00
		ion	14	.00	14		.00
		urity benefits (also enter on line 26)	15	.00	15		.00
	Other income (see page 22)		16	.00	16		.00
		d 13 through 16	17	91049 .00	17	57287	.00
18	Total federal adjustments to						
		AY 400 1/2 SE TAX 1303	18	3300.00	18	3256	.00
19	Federal adjusted gross inc	ome (subtract line 18 from line 17)	19	87749 .00	19	54031	.00
N	ew York additions (see p	age 24)					
20	Interest income on state an	d local bonds (but not those					
		alities)	20	.00	20		.00
21		irement contributions	21	.00	21		.00
	Other (see page 24) Identify:		22	.00	22		.00
			23	87749.00	23	54031	.00
Ne	ew York subtractions (se	ee page 27)					
	Taxable refunds, credits, or						
24		line 4)	24	.00	24		.00
25	Pensions of NYS and local		24	.00	24		.00
20		page 27)	25	.00	25		.00
26		ecurity benefits (from line 15)	26	.00	26		.00
		vernment bonds	27	.00	27		.00
		e exclusion	28	.00	28		.00
	Other (see page 29) Identify:		29	.00	29		.00
			30	.00	30		.00
		ncome (subtract line 30 from line 23)	31	87749.00	31	54031	.00
••						<u>51051</u>	
32	Enter the amount from line	31, Federal amount column		→	32	87749	.00
S	tandard deduction or itemi	ized deduction (see page 33	3)				

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 – 🗌 Itemiz	d 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



Name(s) as shown on page 1	Enter your social security number	IT-203 (2012)	Page 3 of 4
MARY B CHARITY	400004812		

Tax	x computation, credits, and other taxes) (see page 34	!)					
37	New York taxable income (from line 36 on page 2)				87	69749	.00
38	New York State tax on line 37 amount (see page 34 and Tax	computa	ation on pages 66,67, and 68) 🕻	88	3865	.00
39	New York State household credit (page 34, table 1, 2, or 3)		89		.00		
40	Subtract line 39 from line 38 (if line 39 is more than line 38, lea	ave blan	k)		10	3865	.00
41	New York State child and dependent care credit (see page 3	35)		4	1		.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, lea	ave blan	k)		2	3865	.00
43	New York State earned income credit (see page 35)			4	13		.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line	e 42, lea	ve blank)	4	14	3865	.00
-	Income New York State amount from line 31 percentage (see page 35) 54031 .00 ÷		deral amount from line 31] = [4	Round	result to 4 decimal pla	aces
46	Allocated New York State tax (multiply line 44 by the decimal	on line 4	5)		6	2380	.00
	New York State nonrefundable credits (Form IT-203-ATT, line				7	2380	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, lea	'			8		.00
	Net other New York State taxes (Form IT-203-ATT, line 33)		,		9	815	.00
50	Total New York State taxes (add lines 48 and 49)			[{	50	815	.00
Ne	w York City and Yonkers taxes and credits						
51 52	Part-year New York City resident tax (Form IT-360.1) New York City minimum income tax (Form IT-220)	51 52		.00	and 36	structions on page	
51 52 52a	New York City minimum income tax <i>(Form IT-220)</i> Add lines 51 and 52				and 36 City ar	to compute New Yonkers taxes,	
51 52 52a	New York City minimum income tax <i>(Form IT-220)</i> Add lines 51 and 52 Part-year resident nonrefundable New York City	52 52a		.00 .00	and 36 City ar	to compute New Y	
51 52 52a 52b	New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit	52 52a 52b		.00 .00	and 36 City ar	to compute New Yonkers taxes,	
51 52 52a 52b 52b	New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a	52 52a 52b 52c		.00 .00 .00	and 36 City ar	to compute New Yonkers taxes,	
51 52 52a 52b 52c 53	 New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) 	52 52a 52b		.00 .00	and 36 City ar	to compute New Yonkers taxes,	
51 52 52a 52b 52c 53	New York City minimum income tax <i>(Form IT-220)</i> Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax <i>(Form Y-203)</i> Part-year Yonkers resident income tax surcharge	52 52a 52b 52c 53		.00 .00 .00 .00	and 36 City ar	to compute New Yonkers taxes,	
51 52a 52b 52b 52c 53 54	 New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) 	52 52a 52b 52c 53 54		.00 .00 .00 .00 .00	and 36 City ar	to compute New Yonkers taxes,	
51 52 52a 52b 52c 53 54 55	 New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1) Total New York City and Yonkers taxes (add lines 52c, 5) 	52 52a 52b 52c 53 54 3, and 5		.00 .00 .00 .00 .00	and 36 City ar credits	to compute New Yonkers taxes,	.00
51 52 52a 52b 52c 53 54 55	 New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1) 	52 52a 52b 52c 53 54 3, and 5		.00 .00 .00 .00 .00	and 36 City ar credits	to compute New Y nd Yonkers taxes, s, and surcharges.	York
51 52 52a 52b 52c 53 54 55 55 56	 New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1) Total New York City and Yonkers taxes (add lines 52c, 5) 	52 52a 52b 52c 53 54 3, and 5		.00 .00 .00 .00 .00	and 36 City ar credits	to compute New Y nd Yonkers taxes, s, and surcharges.	.00
51 52 52a 52b 52c 53 54 55 56	New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1) Total New York City and Yonkers taxes (add lines 52c, 5 Sales or use tax (See the instructions on page 36. Do not leav	52 52a 52b 52c 53 54 3, and 5 ve line 5	i6 blank.)	.00 .00 .00 .00 .00	and 36 City ar credits	to compute New Y nd Yonkers taxes, s, and surcharges.	.00
51 52 52a 52b 52c 53 54 55 55 56	New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1) Total New York City and Yonkers taxes (add lines 52c, 5) Sales or use tax (See the instructions on page 36. Do not leave luntary contributions (see page 37)	52 52a 52b 52c 53 54 3, and 5 ve line 5	i6 blank.) 	.00 .00 .00 .00 .00	and 36 City ar credits	to compute New Y nd Yonkers taxes, s, and surcharges.	.00
51 52 52a 52b 52c 53 54 55 55 56	New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1) Total New York City and Yonkers taxes (add lines 52c, 5 Sales or use tax (See the instructions on page 36. Do not leave luntary contributions (see page 37) 57a Return a Gift to Wildlife	52 52a 52b 52c 53 54 3, and 5 ve line 5	57a 	.00 .00 .00 .00 .00 .00	and 36 City ar credits	to compute New Y nd Yonkers taxes, s, and surcharges.	.00
51 52 52a 52b 52c 53 54 55 55 56	New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1) Total New York City and Yonkers taxes (add lines 52c, 5 Sales or use tax (See the instructions on page 36. Do not leave luntary contributions (see page 37) 57a Return a Gift to Wildlife 57b Missing/Exploited Children Fund	52 52a 52b 52c 53 3, and 5 ve line 5	56 blank.)	.00 .00 .00 .00 .00 .00	and 36 City ar credits	to compute New Y nd Yonkers taxes, s, and surcharges.	.00
51 52 52a 52b 52c 53 54 55 56	New York City minimum income tax (Form IT-220) Add lines 51 and 52 Part-year resident nonrefundable New York City child and dependent care credit Subtract line 52b from 52a Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1) Total New York City and Yonkers taxes (add lines 52c, 5 Sales or use tax (See the instructions on page 36. Do not leave luntary contributions (see page 37) 57a Return a Gift to Wildlife 57b Missing/Exploited Children Fund 57c Breast Cancer Research Fund	52 52a 52b 52c 53 3, and 5 ve line 5	56 blank.)	.00 .00 .00 .00 .00 .00 .00 .00 .00	and 36 City ar credits	to compute New Y nd Yonkers taxes, s, and surcharges.	.00

57g 9/11 Memorial57h Volunteer Firefighting & EMS Recruitment Fund	57g 57h	.00 .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			

57f

.00

57f Prostate Cancer Research Fund



Page 4 of 4 IT-203 (2012)

400004812

Enter your social security number

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 from	t; see page 38) 60			.00			
61 Other refundable credits (Form IT-203-ATT, line	17) 61			.00			
62 Total New York State tax withheld			1196	.00		our wage and t ts with your re	
63 Total New York City tax withheld			399	.00	(see pag		um
64 Total Yonkers tax withheld				.00	() 0	,	
65 Total estimated tax payments/amount paid with			2000	.00	<u></u>		
66 Total payments and refundable credits (ad	a lines 60 through 65)			······ [_	66	3595	.00
Your refund, amount you owe, and account i	nformation	00 <i>//</i>	((0)				
		ges 39 thro	. ,	Г	67	0701	00
67 Amount overpaid (if line 66 is more than line 5 68 Amount of line 67 to be refunded		1e 66)		······ L	67	2731	.00
	: sit (fill in line 73) - or - 🔀	debit Ccardc	or - D chec	er ⊨k	68	2484	.00
		_			I		
69 Amount of line 67 that you want applied			0.45			es 39 and 40 for	
to your 2013 estimated tax (see instructions)			247	.00	refund c	ion about your t hoices.	three
70 Amount you owe (if line 66 is less than line 59,	subtract line 66 from line s	59).					
To pay by electronic funds withdrawal, mar	_	,	and 74		70		.00
71 Estimated tax penalty (include this amount on lin							
or reduce the overpayment on line 67; see page	40) 71			.00		e 43 for the prop y of your return	
72 Other penalties and interest (see page 40)				.00	assembl	y or your return	
73 Account information for direct deposit or elect	ronic funds withdrawal	l (see page	41).				
If the funds for your payment (or refund) would	l come from (or go to) a	an account	outside the L	J.S., m	ark an X in tl	nis box (see pg. 47	1)
73a Account type: Personal checking -	or - Personal savir	ngs - or -	Busines	s check	king - or -	Business savi	ings
73b Routing number	73c Accoun	t number					
74 Electronic fundo withdrowol (and name (1)	Data			mount			.00
74 Electronic funds withdrawal (see page 41)			A	mount			.00
Third-partyPrint designee's namedesignee? (see instr.)JOEDALMER		0	ee's phone num			Personal identific number (PIN	
Yes X No E-mail: PALMER@ATS.	COM	(310	,	1		55555	
▼ Paid preparer must complete (see instr.) ▼	Date		▼ Ti	axnav	or(s) must s	ign here 🔻	
Preparer's signature	Preparer's NYTPRIN	Y	our signature	anpay			
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	¬	our occupation			᠕ᡣᢑᢂ᠋᠋᠇	
Address	Employer identification nu	mber S	Spouse's signatur		RENTAL	-	
	Mark an X if		Date			phone number	
	self-employed		E-mail: CHA	ייידס	<u> (518)</u> Y@ATS.C	<u>555-6666</u>	
E-mail:				7477	J.GIAWI		

See instructions for where to mail your return.



400-00-4812

IT-203 SPECIAL INSTRUCTIONS

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

2012 New York State Department of Taxation and Finance Other Tax Credits and Taxes Attachment to Form IT-203	ľ	T-203-A1	Т
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 For	rm 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			.00
2 Accumulation distribution credit (submit computation)	2		.00
3 Other nonrefundable, non-carryover credits			
Code Amount Code Amount			
3a .00 3b00			
Total other nonrefundable, non-carryover credits (add lines 3a and 3b)	3		.00
Castion D. New York State neurofundable accuracy and its word			
Section B – New York State nonrefundable, carryover credits used			00
4 Long-term care insurance credit5 Investment credit		2200	.00
6 Part-year solar energy system equipment credit	_	2380	.00 .00
7 Other nonrefundable, carryover credits	0		.00
Code Amount Code Amount			
7a .00 7h .00 .00	00		
7b .00 7i .00			
7c			
7d .00 7k .00			
7e .00 7I .00			
7f .00 7m .00	00		
7g .00 7n .00	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			.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	00		
12b .00 12h .00	00		
12c .00 12i .00	00		
	00		
12e .00 12k .00	00		
12f00 _ 12l0	-		
Total other refundable credits (add lines 12a through 12l)			.00
13 Add lines 9 through 12			.00
14 New York State claim of right credit			.00
 15 New York City claim of right credit	15 16		.00
	1 7 6		.00

.00



400004812

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

		x on capital gain portion of lump-s York State taxes	um dis	tributions <i>(F</i>	orm IT-230-I, worksheet C, line 7) 18	3	.00
19	Code	Amount		Code	Amount			
19a		.00	19g		.(00		
19b		.00	19h		_(00		
190	;	.00	19i		_(00		
19d		.00	19j		.(00		
19e		.00	19k		.(00		
19		.00	191		.(00		
	Total other	New York State taxes (add lines 19a	a throug	nh 19I)		. 19	9	.00
		8 and 19					D	.00
21		Int from Form IT-203 , line 47			.(_		
22	Enter amou	Int from Form IT-203, line 46		22	.(00		
22	Subtract lin	o 22 from line 21 /if line 20 is more t	han line	Od lagua bl		23	b	00
		e 22 from line 21 <i>(if line 22 is more t</i> e 23 from line 20 <i>(if line 23 is more t</i>						.00 .00
		State separate tax on lump-sum dis			ank)	24	•	.00
20		230)			40.0	00		
26		edit against separate tax on lump-		20				
20		ons		26	35 .0	00		
27		e 26 from line 25				-	7 5	.00
		State minimum income tax (Form IT-						.00
		4, 27, and 28						.00
30	Excess chil	d and dependent care credit				30)	.00
31	Subtract lin	e 30 from line 29 (if line 30 is more th	han line	e 29, leave bla	ank)	31	815	.00
32	Excess Nev	w York State earned income credit				32		.00
33	Net other I	New York State taxes (subtract line	32 from	n line 31; if lin	ne 32 is more than line 31, leave			
	blank; othe	erwise, enter the result here and on Fo	rm IT-2	03. line 49).		33	8 815	.00





New York State Department of Taxation and Finance

Nonresident or Part-Year Resident Spouse's Certification



To be filed with Form IT-203 by married taxpayers filing a joint return when only one spouse has New York source income (see Form IT-203 instructions for additional information).

Name of spouse with New York source income	Social security number
MARY B CHARITY	400004812
Name of spouse with no New York source income	Social security number
GEORGE L CHARITY	400004872

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.





Please file this original scannable attachment with the Tax Department.



3

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

Name(s) as shown on return

MARY B CHARITY

Identifying number as shown on return 400004812

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

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

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

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

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

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

Amount from federal Form 4972, line 8 that is subject to tax by the above jurisdiction Total income subject to tax by the above jurisdiction	\$\$.00 .00	х	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 (<i>enter on</i> line 2)
The credit against New Yo	ork State separate	tax or	า ไเ	ump-sum distrib	utic	ons 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	New York State	\$.00	_	Credit allowable	3	.00
	Amount from Form IT-230, line 3	\$.00	Form IT-230, line 24					

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

 4 Resident credit claimed against New York State separate tax on lump-sum distributions:

 Enter amount from line 2 or line 3, whichever is less

 4

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

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

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.



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

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	\$	<u>.00</u> x	Total tax payable to the above Canadia province (after any	an		.00 =	Amount constitutir separate tax on th income part of lun	e ordinary np-sum		
	Total income subject to tax by the above Canadian province	\$.00	credits, exclusive of prepayments)				distributions imposed above province of <i>(enter on line 6)</i>			
7	Enter the amount from fe distributions paid to the			-		-		-	7		.00
8	Portion of the Canadian p federal purposes (subtra								8	35	.00
9	The credit against New Y	ork State separate	tax on I	ump-sum distrit	butions r	nay not exce	eed:				
	(a) Amount from Form IT-230, line 3 that is subject to tax b both New York State and th above Canadian province Amount from Form IT-230, line 3	\$ 3800	.00 ×	New York State amount from Form IT-230, line 24	\$	40	.00 =	Credit allowable	9	40	.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
Passive Activity Loss Limitations

IT-182

500.00

For Nonresidents and Part-Year Residents

Submit with your Form IT-203 or IT-205.

1	e as shown on return ARY B CHARITY		Identifying number a		n return	
See	the instructions on page 4, before completing this form.					
	t I – Passive activity loss					
	tal real estate activities with active participation					
	Activities with net income from Worksheet 1, column (a)	1a	.0	0		
	Activities with net loss from Worksheet 1, column (b)	1b	.0	0		
	Prior years unallowed losses from Worksheet 1, column (c) (see instructions)		.0	0		
	Add lines 1a, 1b, and 1c			. 1d		.00
Con	mercial revitalization deductions from rental real estate activities					
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	.0	0		
	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		.0	0		
	Add lines 2a and 2b			. 2c		.00
	other passive activities					
	Activities with net income from Worksheet 3, column (a)	3a	500 .0	0		
	Activities with net loss from Worksheet 3, column (b)		-1000 .0	0		
	Prior years unallowed losses from Worksheet 3, column (c) (see instructions)		.0			
	Add lines 3a, 3b, and 3c			_	-500	.00
4	Add lines 1d, 2c, and 3d. Note: If this line is zero or more, stop here and including any prior year unallowed losses entered on line 1c, 2b, or 3c. Re forms and schedules normally used.	port	the losses on the	turn; all . 4	losses are allow	ed, .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 l • Line 3d is a loss (and lines 1d and 2c are zero or m tion: If married filing separately, filing status ③, and you lived with your spous art III. Instead, go to line 15.	ore),	skip Parts II and III a			
Par	t II – Special allowance for rental real estate activities with active	part	icipation			
	Note: Enter all numbers in Part II as positive amounts (greater than zero). S					
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	.0	1 1		
7	Enter federal modified adjusted gross income, but not less than zero (see instrs.)	7	.0			
	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	.0	0		
9	Multiply line 8 by 50% (.5). Do not enter more than 25,000. (If married filing separated	ly, filin	g status ③, see instr.)	. 9		.00
10	Enter the smaller of line 5 or line 9			. 10		.00
lf lin	e 2c is a loss, go to Part III. Otherwise, go to line 15.					
Par	t III – Special allowance for commercial revitalization deductions	fron	n rental real estate	e activi	ties	
	Note: Enter all numbers in Part III as positive amounts (greater than zero). S	See ir	structions.	_		
11	Enter 25,000 reduced by the amount, if any, on line 10. (If married filing separa	tely, f	iling status ③, see instr.) 11		.00
12				12		.00
13	Enter the loss from line 4			14		100
14				13		.00
	Enter the loss from line 4	3				
Par	Enter the loss from line 4 Subtract line 10 from line 12	3		13		.00
	Enter the loss from line 4 Subtract line 10 from line 12 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13			13 14	500	.00
15	Enter the loss from line 4 Subtract line 10 from line 12 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 t IV – Total losses allowed			13 14	500	.00 .00



Caution: File this form and its worksheets with your tax return. Keep a copy for your records.

			Current year		Prior years	Overall gain or loss		
			(a)	(b)	(c)	(d)	(e)	
Name of activity/property description and address	Date of acquisition	Date of sale	Net income (line 1a)	Net loss (line 1b)	Unallowed loss (line 1c)	Gain	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-18	2, lines 1a, 1b,	and 1c	.00	.00	.00			

Worksheet 2 - For Form IT-182, lines 2a and 2b (see instructions)

	(a)	(b)	(c)
Name of activity/property description and address	Current year deductions (line 2a)	Prior years' unallowed deductions (line 2b)	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)

			Current year		Prior years	Overall gain or loss			;	
			(a)		(b)	(c)	(d)		(e)	
Name of activity/property description and address	Date of acquisition	Date of sale	Net inco (line 3a		Net loss (line 3b)	Unallowed loss (line 3c)	Gain		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



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	500.0
		.00		.0
		.00		.0
		.00		.0
Totals		1000 .00	1.00	500.0

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



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.



Investment Credit

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 ye	ou started your b	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	– Computa	tio	of credit (see Form IT-212-I, Instructions for Form IT-21	2)			
	dividual or	1	Credit from line 25, column F			2750	.00
ŤI	duciary		Credit from line 25, column G				.00
Be	neficiary	3 4	Share of investment tax credit from the estate or tru Share of research and development credit from the				.00 .00
	Partner		Partnership name:				
F	arther		Employer identification number				
		5	Partner's share of credit shown on Form IT-204-IP, I	ne 49	5		.00
		6	Partner's share of credit shown on Form IT-204-IP, I	ne 50	6		.00
S co sha	orporation areholder		S corporation name:				
		7	Shareholder's share of investment credit from the S cor		7		.00
		8	Shareholder's share of research and development credit from		8		.00
		9	Total (add lines 1 through 8)		9	2750	.00
10 F	-iduciaries: E	inte	r credit allocated to beneficiaries		10		.00
11 Subtract line 10 from line 9			11	2750	.00		
12 /	2 Available carryover credit from last year's Form IT-212			50	.00		
13	13 Investment credit (add lines 11 and 12)		13	2800	.00		
14 1	14 Total addback of credit from line 21 (fiduciaries: see instructions)			14		.00	
15a T	5a Total investment credit (see instructions)				15a	2800	.00
15b N	Net investme	nt c	credit recapture (see instructions)				.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



Part 3 – Investments in qualified property (see instructions)

	annea property	(300 113110	10110/13)					
 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 treatme and pollution control property (column E × 4% (.04))	nt,	G – Investment credit for research and development property (column E × 7% (.07))
22 EQUIPMENT	BUSINESS	05022012	7	34375	.00	1375 .0	00	.00
					.00	_(00	.00
					.00		00	.00
					.00	.(00	.00
23 Enter amount from Form	n IT-212-ATT, lin	e 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)						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)

	Description of property (list each asset and nit a schedule if needed)	B – Date acquired	C – Date property ceased to qualify	D – Life (months)	E – Unused life (months)	F – Percentage $(E \div D)$	G – Total investment cre allowed (see instruction)		 H – Addback of credit on early dispositions (F × G)
26							.00		.00
								.00	.00
							.00		.00
								.00	.00
27	Enter amount from	Form IT-21	2-ATT, line 1	2				27	.00
28	Total (add lines 26 a	nd 27, columi	n H, and enter	total here)			28	.00
29	Interest rate							29	
30	Multiply line 28 by	line 29						30	.00
31	Total addback of cr	edit on early	y dispositions	s (add am	ounts on li	nes 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
	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



400-00-4812

UNUSED CREDIT FROM TAX YEAR 1999- \$25

UNUSED CREDIT FROM TAX YEAR 2002- \$25



Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

Name(s) as shown on return Identifying number as shown on return 400004812 MARY B CHARITY 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. NoX 2 Is the barn listed in the National Register of Historic Places? (see instructions) 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)). 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 (If you mark No, stop; you cannot claim this credit.) ΙX 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)). 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	52	50.00
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 X	No
10	Did you use the straight-line method of depreciation over a recovery period specified in either section or section 168(g) of the Internal Revenue Code (IRC), whichever is applicable to you? (<i>If you mark</i> No, stop ; you cannot claim this credit.)			No

Part 2 – Investments in qualified rehabilitation expenditures

Date rehabilitation work was begun (mm-dd-yy)	010 Da	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 <i>(years)</i>	D Amount of expenditures		E Rehabilitation credit (column D × 25%)		
			5000	.00	1050	.00	
ROOF PAINT	02/15/2012	•	5000	.00	1250 125	.00	
11 Add column E amounts (enter here and or	02/15/2012 Form IT-212, line			.00 11	1375	.00 .00	

(continued on back)

IT-212-ATT



IT-212-ATT (2012) (back)

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 (e	2 Add column H amounts (enter here and on Form IT-212, line 27)								

Schedule B – Employment incentive credit

Part 1 – Fligibility for employment incentive credit

Α	В	С	D	E	F	G	H*
Year	Mar. 31	June 30	Sept. 30	Dec. 31	Total (B + C + D + E)	Average (see instr.)	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

art 2 – computation of employment incentive credit								
	A	В		С				
	Tax year in which investment tax credit was allowed	Amount of investment credit base upon which original investment tax credit was allowed (exclude research and development (R& property at optional rate)	D)	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 ra	te		.00	.00				
18 Information for second succeeding tax ye use line 16, column H, to determine ra	-		.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%	
102% but less than 103%	
103%	2 ¹ / ₂ % (.025) of investment credit base





New York State Department of Taxation and Finance

Minimum Income Tax

New York State • New York City

.00 .00 .00

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.

Х

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
--	--------------------------	-----------------------------

1	Interest from specified private activity bonds exempt		Whole dollars only		Whole dollars only
	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
Ne	w 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
	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	
19	Subtract line 18 from line 17 (if line 18 is more than line 17, leave blank)	19	13500
20	Available net operating loss carryover (see instructions)	20	
21	Minimum taxable income (subtract line 20 from line 19; see instructions)	21	13500
22	New York State minimum income tax due (enter 6% (06) of line 21 here and on Form IT-201-ATT		

~~	New Tork State minimum income tax use (enter 6% (.00) of the 21 here and on Point 1-201-A11,		
	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





Separate Tax on Lump-Sum Distributions

IT-230

New York State • New York City

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.

	E (0.50	
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 col	umn	
(New York City and part-year New York City residents		
use both columns; multiply line 1 by 1.72% (.0172)	New York State	New York City
and enter in New York City column) 2	.00	2 .00
Line 2 – New York State column	Line 2 – New York City columr	1
Form IT-201 filers: Enter the line 2, New York State column	Full-year New York City reside	
amount on Form IT-230-I, Worksheet A, line 1.	City column amount on Form IT-	230-I, Worksheet B, line 1.
Form IT-203 filers: Enter the line 2, New York State column	Part-year New York City reside	ents: Enter the line 2, New York
amount on Form IT-230-I, Worksheet C, line 1.	City column amount on Form IT-	230-I, Worksheet D, line 1.
Full-year resident estates or trusts: Enter the line 2, New York	Form IT-205 filers: Enter the lin	e 2, New York City column amount
State column amount on Form IT-205, line 7.	on Form IT-205, line 16.	•

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.

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.

rt 3 – Use this part if you were a resident or part-ye	ear r	esident and completed Par	t III	on federal Form 4972.	
Amount from federal Form 4972, Part III, line 8 (see instructions))		3	3800	.00
Death benefit exclusion (see instructions)	4		.00		
	5	3800	.00		
Current actuarial value of annuity from federal Form 4972, Par	6		.00		
Add lines 5 and 6 (adjusted total taxable amount). If this amount is					
skip lines 8 through 11, and enter this amount on line 12				3800	.00
Multiply line 7 by 50% (.50) but do not enter more than 10,000	8	1900 .00			
Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank	9	.00			
Multiply line 9 by 20% (.20)	10	.00			
Subtract line 10 from line 8 (minimum distribution allowance)			11	1900	.00
Subtract line 11 from line 7			12	1900	.00
Federal estate tax attributable to lump-sum distribution	13		.00		
Subtract line 13 from line 12			14	1900	.00
	Amount from federal Form 4972, Part III, line 8 (see instructions, Death benefit exclusion (see instructions) Subtract line 4 from line 3 (total taxable amount) Current actuarial value of annuity from federal Form 4972, Par Add lines 5 and 6 (adjusted total taxable amount). If this amount is skip lines 8 through 11, and enter this amount on line 12 Multiply line 7 by 50% (.50) but do not enter more than 10,000 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank Multiply line 9 by 20% (.20) Subtract line 10 from line 8 (minimum distribution allowance) Federal estate tax attributable to lump-sum distribution	Amount from federal Form 4972, Part III, line 8 (see instructions) Death benefit exclusion (see instructions) Subtract line 4 from line 3 (total taxable amount) Current actuarial value of annuity from federal Form 4972, Part III, I Add lines 5 and 6 (adjusted total taxable amount). If this amount is \$70 skip lines 8 through 11, and enter this amount on line 12 Multiply line 7 by 50% (.50) but do not enter more than 10,000 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank Multiply line 9 by 20% (.20) Subtract line 10 from line 8 (minimum distribution allowance) Subtract line 11 from line 7 Federal estate tax attributable to lump-sum distribution	Amount from federal Form 4972, Part III, line 8 (see instructions) Death benefit exclusion (see instructions) Subtract line 4 from line 3 (total taxable amount) Current actuarial value of annuity from federal Form 4972, Part III, line 11 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 Multiply line 7 by 50% (.50) but do not enter more than 10,000 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank	Amount from federal Form 4972, Part III, line 8 (see instructions) 3 Death benefit exclusion (see instructions) 4 Subtract line 4 from line 3 (total taxable amount) 5 Current actuarial value of annuity from federal Form 4972, Part III, line 11 6 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 Multiply line 7 by 50% (.50) but do not enter more than 10,000 8 1900 .00 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank 9 .00 Multiply line 9 by 20% (.20) 10 .00 Subtract line 10 from line 8 (minimum distribution allowance) 11 Subtract line 11 from line 7 12 Federal estate tax attributable to lump-sum distribution 13	Death benefit exclusion (see instructions) 4 Subtract line 4 from line 3 (total taxable amount) 5 Current actuarial value of annuity from federal Form 4972, Part III, line 11 6 Add lines 5 and 6 (adjusted total taxable amount). If this amount is \$70,000 or more, 7 skip lines 8 through 11, and enter this amount on line 12 7 Multiply line 7 by 50% (.50) but do not enter more than 10,000 8 1900 Subtract \$20,000 from line 7. If line 7 is \$20,000 or less, leave blank 9 .00 Multiply line 9 by 20% (.20) 10 .00 Subtract line 10 from line 8 (minimum distribution allowance) 11 1900 Subtract line 11 from line 7 12 1900 Federal estate tax attributable to lump-sum distribution 13

(continued on back)



Part 3	(continued)
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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.

15	Divide line 6 by line 7 and round the result to the fourth		New York State		New York City
	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 (<i>use the</i> 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)		.00	22	.00
	Multiply line 22 by ten	23	.00	23	.00
24	Subtract line 23 from line 20. This is your tax on		10		
	lump-sum distribution using the 10-year option	24	40.00	24	.00
• Ir F	e 24 – New York State column ndividuals: Enter the line 24, New York State column amount form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. fiduciaries: Include the line 24, New York State column amou		City column amount on For	eside ı m IT-2	
	n Form IT-205, line 12.		Part-year New York City re City column amount on For		nts: Enter the line 24, New York 360.1, line 51.
	fultiple recipients: See the front page of the instructions; if pplicable, complete the worksheet below.		Estates or trusts: Enter th amount on Form IT-205, lin		24, New York City column
	Multiple recipients of	lump-	sum distribution worksheet —]

а	Enter the amount from line 24 (New York City and part-year		New York State			New York City
	New York City residents: use both columns)	а	.00		а	.00
	Enter your percentage of the total distribution[Multiply line a by line b. Enter the result here and as follows: Individuals: Enter the line c, <i>New York State</i> column amount on Form IT-201-ATT, line 26, or Form IT-203-ATT, line 25.				b	
	Fiduciaries: Include the line c, <i>New York State</i> column amount on Form IT-205, line 12	С	.00		С	.00
F	ull-year New York City residents: Enter the line c, New York	c Cit	y column amount on Form IT-201-A	٩T	T, li	ne 32, or Form IT-205, line 20.
Ρ	art-year New York City residents: Enter the line c, New York	k Cii	y column amount on Form IT-360.1	1,	line	e 51, or Form IT-205, line 20.



22222	a Employee's social security number 400004812	OMB No. 154	5-0008						
b Employer identification number (632257358	EIN)		1 Wages, tips, other compensation 2 Federal income tax withheld 32000 2						
c Employer's name, address, and WORK	ZIP code		3 So	cial security wages	4 Social security	tax withheld			
WORKING HARD II	NDUSTRIES		5 Me	edicare wages and tips	6 Medicare tax w	rithheld			
280 LABOR CT FAITH NC 28041	-0923		7 So	cial security tips	8 Allocated tips				
d Control number			9		10 Dependent car	e benefits			
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a				
MARY B CHARITY			13 Stat	utory Retirement Third-party bloyee plan sick pay	e				
923 HOPE CT			ent		C o d e				
FAITH NC 28041	-0923		14 Oth	ner	12c				
f Employee's address and ZIP cod	le				e				
15 State Employer's state ID num	16 State wages, tips, etc. 32000	17 State incon 1000	he tax	18 Local wages, tips, etc. 32000	19 Local income tax 300	20 Locality name NYC			
Form W-2 Wage an Statemen	d Tax – nt C	2015]	Department	of the Treasury-Internation	al Revenue Service			

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

W2 INDICATOR -S

22222		e's social security number 04812	OMB No. 154	5-0008						
b Employer identification number (563046244		1 Wages, tips, other compensation2 Federal income tax withheld6840								
c Employer's name, address, and GOLD	ZIP code			3 So	ocial security wages	4 Social	security ta	x withheld		
GOLD BLAZER REA	L ESTA	TE		5 M	edicare wages and tips	6 Medica	are tax with	held		
459 DWELLING AV	Έ			7 So	ocial security tips	8 Allocat	ted tips			
FAITH NC 28041										
d Control number				9		10 Depen	ident care b	penefits		
e Employee's first name and initial	Last nam	e	Suff.	11 N	onqualified plans	12a				
MARY B CHARITY				13 Sta err	atutory Retirement Third-party ployee plan sick pay	120				
923 HOPE CT						C o d e				
FAITH NC 28041-	0923			14 Ot	her	12c				
						12d				
f Employee's address and ZIP cod	le					e				
15 State Employer's state ID num	nber	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inco	me tax	20 Locality name		
NY		6840	175		6840	99		NYC		
W-2 Wage and Tax 2012 Department of the Treasury-Internal Revenue Service										

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

W2 INDICATOR -S

		CT	ED				_	
PAYER'S name, street address,	city, state, and ZIP code	1	Gross distribut	tion	OM	IB No. 1545-0119		Distributions From
CANADIAN RETIR	EMENT SYSTEM		2000				P	ensions, Annuities, Retirement or
359 QUEBEC BLV	D	\$	3800	- 1		2012		Profit-Sharing
KANATA ONTARIO		2a	Taxable amou	nt				Plans, IRAs, Insurance
CANADA	1121(111)	\$	3800		E	orm 1099-R		Contracts, etc.
		2b	Taxable amou	nt		Total		Copy 1
			not determined	d 🗌		distributio	ηX	For
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (ir in box 2a)	cluded	4	Federal income withheld	tax	State, City, or Local
995244433	400004812	\$			\$			Tax Department
RECIPIENT'S name MARY B CHARITY	Z	5	Employee contri /Designated Ro contributions o insurance prem	oth r	6	Net unrealized appreciation in employer's sec		
	_	\$			\$			
Street address (including apt. no).)	7	Distribution code(s)	IRA/ SEP/	8	Other		
923 HOPE CT		4	4A	SIMPLE	\$		%	
City, state, and ZIP code FAITH NC 28041	-0923	9a	Your percentage distribution	of total	9b \$	Total employee con	tributions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib	. 12 \$			· ·	State/Payer's st NY	tate no.	14 State distribution \$ 3800
\$		\$			†			\$
Account number (see instructions)		15 \$	Local tax withher 420	eld	16	Name of localit CANADA	y	17 Local distribution \$ 3800
		\$						\$
Form 1099-R	www.irs.gov/	form	1099r		D	epartment of the T	reasury -	Internal Revenue Service



New York State Department of Taxation and Finance Nonresident and Part-Year Resident IT-203

No

12

Income Tax Return New York State • New York City • Yonkers

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning

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 join	int return,	enter spouse's name	on line below)	Your	r date of birth (mm-de	d-уууу)	Your so	ocial sec	urity num	ber	
FRANCIS N	POWERS	S			0	6-25-196	51	4	1000	0481	3	
Spouse's first name and middle initial	Spouse's last name				Spou	use's date of birth (mr	m-dd-yyyy)	Spouse	e's socia	al security	number	
Mailing address (see instructions, page	ge 13) (number and street	t or rural	route)			Apartment number	er	New Yo	ork State	e county o	f residence	e
14 ABBEY PL								WE	STCI	IESTE	R	
City, village, or post office	Sta	ate ZIP	code	Country (if no	ot Un	ited States)		School	district	name		
YONKERS	N	JY	10705					YO	NKEI	RS		
Permanent home address (see instr., pg. 13) (no. and street or rural route) Apartment no. City, village, or post office School di code nui							715)				
State ZIP code C	ountry (if not United State	es)				Decedent	Taxpayer	's date c	of death	Spouse's	date of de	eath
						information						

Α	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
В		mize your deductions on ederal income tax return?
С	Can you be	claimed as a dependent axpayer's federal return?Yes
D	Did you hav located in a	e a financial account foreign country? (see pg. 14)
Е		ity part-year residents only (see page 14)
	(1) Number	r of months you lived in NY City in 2012
	· · ·	of months your spouse lived

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 (<i>mm-dd-yyyy</i>))-2012
On the last day of the tax year <i>(mark an X in one box)</i> : 1) Lived in NYS	x
 Lived outside NYS; received income from NYS sources during nonresident period 	
 Lived outside NYS; received no income from NYS sources during nonresident period 	

н	New York State nonresidents (see page 15)
	Did you or your spouse maintain
	living quarters in NYS in 2012?Yes
	(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)



Pag	ge 2 of 4 IT-203 (2012)	Enter your social security number					
		400004813					
Fe	ederal income and adjustr			Federal amount		New York State amount	t
_				Whole dollars only		Whole dollars only	
	•		1	22300.00	1	11500	.00
			2	.00	2		.00
	•		3	.00	3		.00
4	Taxable refunds, credits, or						00
~		on line 24)	4	5180.00	4		.00
	-		5	.00	5		.00
		copy of federal Sch. C or C-EZ, Form 1040)		.00	6		.00
		Ibmit a copy of federal Sch. D, Form 1040)	7	.00	7		.00
	•	nit a copy of federal Form 4797)	8	.00	8		.00
	Taxable amount of IRA distribution		9	.00	9		.00
	Taxable amount of pensions/annui		10	.00	10		.00
11	•	s, partnerships, S corporations,	44	22	44		
4.0		of federal Schedule E, Form 1040)	11	.00	11		.00
12	Rental real estate included in line 11 (federal amount)	2 .00]				
40				00	40		
		a copy of federal Sch. F, Form 1040)		.00	13	0500	.00
		ion curity benefits <i>(also enter on line 26)</i>	14 15	2500.00	14	2500	.00
	Other income (see page 22)			.00	15		.00
		d 13 through 16	16 17	.00	16	14000	.00
	Total federal adjustments to		17	29980 .00	17	14000	.00
10	Identify:	o income (see page 22)	18	00	10		00
40	-	and a subtract line 10 from line 17	18	.00	18 19	14000	00. 00.
_		come (subtract line 18 from line $1X$)	19	29980.00	19	14000	.00
NE	w York additions (see p	page 24)					
20	Interest income on state an	nd local bonds (but not those					
		alities)	20	.00	20		.00
		tirement contributions	21	.00	21		.00
	Other (see page 24) Identify:		22	.00	22		.00
23	Add lines 19 through 22		23	29980 -00	23	14000	.00
Ne	w York subtractions (se	ee page 27)					
24	Taxable refunds, credits, o						
		line 4)	24	5180.00	24		.00
25	Pensions of NYS and local	-					
		page 27)	25	.00	25		.00
		ecurity benefits (from line 15)	26	.00	26		.00
		vernment bonds	27	.00	27		.00
		ne exclusion	28	.00	28		.00
	Other (see page 29) Identify:		29	.00	29		.00
	0		30	5180.00	30		.00
31	New York adjusted gross i	ncome (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
$ \frown $	andard deduction or item		-				
53	Enter your standard dedu	στιοη (table on page 33) or your i	temi	zed 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 35 Dependent exemptions (not the same as total federal exemptions; see page 33) 000.00 36 New York taxable income (subtract line 35 from line 34) 36 21800 .00



Name(s) as shown on page 1	Enter your social security number	IT-203 (2012)	Page 3 of 4
FRANCIS N POWERS	400004813		

4

(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	New York State amount from I	ine 31	Federal amount from line	31		Round result to 4 d	ecimal places
(see page 35)	14000	.00 ÷	24800	.00 =	45	0.5645	l

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		See instructions on page	es 35
52	New York City minimum income tax (Form IT-220)	52		.00		and 36 to compute New	
52a	Add lines 51 and 52	52a		.00		City and Yonkers taxes,	
52b	Part-year resident nonrefundable New York City					credits, and surcharges.	
	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, 5	3, and	54)		55	78	.00
56	Sales or use tax (See the instructions on page 36. Do not leave	ve line	56 blank.)		56	0	.00

Voluntary contributions (see page 37)

\subseteq									
	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	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				



Page 4 of 4 IT-203 (2012)

400004813

Enter your social security number

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) 61 Other refundable credits (<i>Form IT-203-ATT, line 17</i>) 62 Total New York State tax withheld 63 Total New York City tax withheld 	61 .00 62 805 .00 63 .00 .00			Submit your wage and tax statements with your retu			
 64 Total Yonkers tax withheld			350 100	.00 .00	66	1255 •	.00
Your refund, amount you owe, and account information	(see page	es 39 thr	ouah 42)				
 67 Amount overpaid (if line 66 is more than line 59, subtract line 56 68 Amount of line 67 to be refunded direct Mark one refund choice: deposit (fill in line 73) 	59 from line	66) debit	par	er ,	67 68		.00 .00
69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions)	69		500	.00	inforr	ages 39 and 40 for nation about your thro d choices.	'ee
 70 Amount you owe (if line 66 is less than line 59, subtract line 66 is To pay by electronic funds withdrawal, mark this box 71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40) 72 Other penalties and interest (see page 40) 	and fill ir	,	3 and 74	.00 .00		age 43 for the proper nbly of your return.	.00
		i accoun is - or -	t outside the		nark an X sking - or		s
74 Electronic funds withdrawal (see page 41)	Date			Amoun	t	.00	<u>)</u>
Third-party designee? (see instr.) Print designee's name Yes No X E-mail:		Desigr (nee's phone nur)	nber		Personal identification	on
Yes No ▲ E-mail: ▼ Paid preparer must complete (see instr.) ▼ Date Preparer's signature Preparer's Firm's name (or yours, if self-employed) Preparer's PTI			▼ T Your signature Your occupation			st sign here ▼	
Address E-mail:		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.





New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

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) X Yonkers change of residence – Complete Parts 1 and 5.

(C) New York City and Yonkers change of residence – Complete the entire form.

Pa	rt 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
	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
	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
	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



Page 2 of 3 IT-360.1 (2012)

Ра	rt 2 – Itemized deductions for New York City (see instr., page 3 If you are claiming the standard deduction, do not complete Part	 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
	Taxes you paid	22		.00	.00
23	Interest you paid	23		.00	.00
	Gifts to charity			.00	.00
	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 appl	icable	e)		
	and other subtraction adjustments			31	.00
	Subtract line 31 from line 30			32	.00
	Addition adjustments and college tuition itemized deduction (see ins			33	.00
	Add lines 32 and 33			34	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,				
	see instructions, page 5; all others enter 0 on line 35)			-	.00
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44	4)		36	.00
Pa	rt 3 – Dependent exemptions (see instructions, page 5)				
	Enter the period you were a New York City resident during 2012				
31	Enter the period you were a new fork City resident during 2012				
	From: month day	To	month		dav
		10.			
38	Enter the county where you resided while a nonresident of New Yo	ork C	ity		
	Enter the number of full months in the New York City resident period		-	39	
	Enter the prorated value of one dependent exemption (use Proration			40	.00
	Enter the number of dependent exemptions you claimed on Form I				
	or Form IT-203, line 35			41	
42	Multiply the amount on line 40 by the number of dependent exempt	tions	claimed		
	on line 41 (enter here and on line 46)			42	.00
	rt 4 – Part-year New York City resident tax (see instructions,		-		
	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
	Subtract line 44 from line 43			45	.00
	Dependent exemption amount (from line 42)			46	.00
	New York City taxable income (subtract line 46 from line 45)			47	.00
	New York City tax on line 47 amount (see instructions, page 5)			48	.00
49	Total New York City household credit and accumulation distribution	crea	t (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
	Part-year New York City separate tax on lump-sum distributions (fro			51	
	Part-year New York City resident tax on capital gain portion of lump			51	.00
52	(from Form IT-230)			52	.00
53	Add lines 50, 51, and 52			53	.00
	Credit for part-year New York City unincorporated business tax paid			54	.00
	Part-year New York City resident tax (subtract line 54 from line 53 ar				.00
	line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)			55	.00



		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			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		

Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

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.





New York State Department of Taxation and Finance

Yonkers Nonresident Earnings Tax Return

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 (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-yyy) <u>09-19-2012</u> to (mm-dd-yy) 2. Are you reporting Yonkers resident income tax surcharge on your New York State return?	yy) <u>12-31-2012</u>							
 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: <u>104</u> days Address: <u>14 ABBEY PL YONKERS NY 10705</u> 								
C Are you reporting income from self-employment (on line 2 below)?	If Yes, complete the following:							
Employer identification number Principal business activity Form of business: Sole proprietorship D Partnership D Other D (<i>explain</i>)								
Calculation of nonresident earnings tax								
 Gross wages and other employee compensation (see instructions; if claiming an allocation, include amount from line 22)	1 8036 .00 2 .00 3 8036 .00 4 2250 .00 5 5786 .00							
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)

Y-203

Number of	If line 3 (total wages and net earnings)* is:									
months of Yonkers nonresidence or	over \$0 but not over \$10,000	over \$10,000 but not over \$20,000	over \$20,000 but not over \$30,000							
short tax year	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.

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 inst	ructi	ons)			7	261
			Saturdays and Sundays (not worked)		74		
	Nonworking		Holidays (not worked)		10	1	
	days included		Sick leave	10	8	1	
	in line 7:		Vacation	11	12	1	
		12	Other nonworking days	12	2		
13	Total nonworking o		(add lines 8 through 12)			13	106
			ear at this job (subtract line 13 from line 7)			14	155
15	Total days included	d in	ine 14 worked outside of Yonkers	15	85		
16	Enter number of da						
17	Subtract line 16 fro	om li	ne 15			17	83
18	Days worked in Yo	nke	S (subtract line 17 from line 14)			18	72
19	Enter number of da	ays	rom line 14 above			19	155
20	Divide line 18 by line	ne 1	9; round the result to the fourth decimal place			0	0.4645
21	Gross wages and	othe	r employee compensation to be allocated		21		17300 .00
22	Yonkers allocated	d wa	ge and salary income (multiply line 20 by line 21).				
	Include this amo	ount	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 1ColumnTotals – in and out of YonkersYonkers am		_		Column 3 Percent Column 2
۲ ge	23	Real property owned	23	.00			.00	is of Column 1
nta	24	Real property rented from others	24	.00			.00	
Property percentage	25	Tangible personal property owned	25	.00			.00	
Ре	26	Property percentage (add lines 23,						
		24, and 25; see instructions)	26	.00	.00		%	
27	Payr	oll percentage (see instructions)	27	.00	.00		.00	%
28 (Gros	s income percentage (see instructions)	28	.00			.00	%
29	otal	of percentages (add lines 26, 27, and 28,	Colu	mn 3)			29	%
30 I	Busi	ness allocation percentage (divide tota	al per	centages on line 29 by three, or b	y actual number of			
	percentages if less than three)						%	
31	31 Net earnings from self-employment to be allocated (see instructions)							.00
32 /	32 Allocated net earnings from self-employment (multiply line 31 by line 30; enter here and include on line 2) 32							.00



22222	a Employee's social security number 400004813	5-0008				
b Employer identification number (361425364	EIN)			ges, tips, other compensation 2300	2 Federal inc	come tax withheld
c Employer's name, address, and a BOND	ZIP code		3 So	cial security wages	4 Social sec	urity tax withheld
BOND MAGIC CO			5 Me	dicare wages and tips	6 Medicare t	ax withheld
ONE PLUS ONE D	R		7 So	cial security tips	8 Allocated t	ips
NAPOLEON MI 49	621-8888					
d Control number			9	9 10 Dependent care benefits		
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a	
FRANCIS N POWE	RS				d e	
14 ABBEY PL			13 Stat emp	utory Retirement Third-party oloyee plan sick pay	(12b	
YONKERS NY 107	05		14 Other 12c			
					• 12d c	
					o d e	
f Employee's address and ZIP cod	e					
15 State Employer's state ID num	ber 16 State wages, tips, etc. 11500	17 State incon 755	ne tax	18 Local wages, tips, etc. 5000	19 Local income t	ax 20 Locality name YONKERS
MI	10800	700				
Form W-2 Wage and Statemen Copy 1 – For State, City, or Loo	nt C	2015] -	Department	of the Treasury-In	ternal Revenue Service

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 NEW YORK STATE DEPARTMENT OF LABOR-UNEMPLOYMENT INSURANCE ALBANY, NY 12240-0001 PAYER'S Fed. Id. No. 27-0293117 Phone 518 485-7071					OMB No. 1545-0120 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 t	ax withheld
400004813	\$2500.00						
RECIPIENT'S name, street address, city, st	ate and ZiP code		5. ATA	A Payments	6.		
FRANCIS N POWE	RS		7.	{	 }.		9.
14 ABBEY PLACE YONKERS NY 107			10 a. State	10 b. Stat Identificat	e ion No).	ome tax withheld
This is important tax information and	ls being furnished to the Internal	Revenue Service	NY If you a	27-02931		\$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 o other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



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New York State Department of Taxation and Finance Nonresident and Part-Year Resident IT-203

Income Tax Return New York State • New York City • Yonkers For the year January 1, 2012, through December 31, 2012, or fiscal year beginning

and ending

No

12

For help completing your return,	soo the instructions	Form IT-203-I
For help completing your return,	see the instructions,	F0/11111-203-1.

					,					
Yo	ur first name a	nd middle initial	Your last name (for	a joint re	e turn , enter spouse's name	e on line below)	You	r date of birth (mm-dd-yyyy)	Your s	ocial security number
		IEL T			MAS		0	7-31-1972		400004814
Sp	ouse's first nar	ne and middle initial	Spouse's last name	•			Spo	use's date of birth (mm-dd-yyyy)	Spous	e's social security number
										400004864
Ma	iling address (see instructions, pag	ge 13) (number and s	street or	rural route)			Apartment number	New Y	ork State county of residence
	145	WARD ST								KINGS
Cit	y, village, or po	st office		State	ZIP code	Country (if r	not Ur	ited States)	Schoo	I district name
	FAI	TH		NC	28146					BROOKLYN
	356 DOV				Apartment no.	City, v		or post office		School district code number 071
Sta	ite ZIP c	ode Co	ountry (if not United	States)				Decedent Taxpayer	's date o	of death Spouse's date of death
Ν	Y	11217						information		
Α	Filing status	① Single					Enter your 2-character special condition code			
	(mark an		umbers above)	lf		blicable, also enter you	r seco	nd 2-character		
	X in one box): 3 X Married (enter bot		filing separate return th spouses' social security numbers above)		s	speci	al condition code		L	
		~ —				G N	lew	York State part-year r	esiden	ts (see page 15)
			household (with			E	Enter or ou	the date you moved in tof NYS (mm-dd-yyyy)	to 	
		5 Qualifyi	ng widow(er) with	n depe	ndent child			e last day of the tax ye		
В	Did you iter	nize your deducti	ons on	Б			1) Lived in NYS			
	your 2012 fe	ederal income tax	return?	Yes L		2	2) Li	ved outside NYS: recei	ved inc	ome from

Х

03

No

No

Χ

2)	Lived outside NYS; received income from	
	Lived outside NYS; received income from NYS sources during nonresident period	Х
0)	Live deside NIXOs as a live days in some from	

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

н	New York State nonresidents (see page 15)
	Did you or your spouse maintain
	living guarters in NYS in 2012?

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

I Dependent exemption information (see page 15)

on another taxpayer's federal return? Yes

Did you have a financial account located in a foreign country? (see pg. 14)

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

(2) Number of months your spouse lived

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

in NY City in 2012

Can you be claimed as a dependent

Did you have a financial account

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



Page 2 of 4	IT-203	(2012)
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Enter your social security number 400004814

E	ederal income and adjustments (see page 17)		Federal amount		New York State amount	t
	ederal income and adjustments (see page 17)		Whole dollars only		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
	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	<u> </u>	.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
	Unemployment compensation	14	.00	14		.00
	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
	Add lines 1 through 11 and 13 through 16	17	71635.00	17	48233	.00
	Total federal adjustments to income (see page 22)		, 2000 - 1		102.3.3	
	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
				· · · ·		
N	ew 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
	Vark auhtractions (and name 27)					
	ew 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
	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
S	tandard deduction or itemized deduction (see page 33	3)				
C	(000 page 00	/				

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 – X 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)		3 000.00
36 New York taxable income (subtract line 35 from line 34)	36	66391 .00



Na	ame(s) as shown on page 1	Enter your social security number	IT-203 (2012)	Page 3 of 4
	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	New York State amount from line 31		Federal amount from line 3	1		Round result to 4 d	ecimal places
(see page 35)	48019 .00	÷ [71421	.00 =	45	.6723	

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]	See instructions on pages 35	j.					
52	New York City minimum income tax (Form IT-220)	52	.00		and 36 to compute New York						
52a	Add lines 51 and 52	52a	928.00		City and Yonkers taxes,						
52b	Part-year resident nonrefundable New York City	credits, and surcharges.									
	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, 5	3, and	54)	55	928 .00						
						_					
56 \$	Sales or use tax (See the instructions on page 36. Do not leave	56	35.00								

Voluntary contributions (see page 37)

5	a Return a Gift to Wildlife	57a	.00				
5	'b Missing/Exploited Children Fund	57b	.00				
5	c Breast Cancer Research Fund	57c	.00				
5	d Alzheimer's Fund	57d	.00				
5	e Olympic Fund (\$2 or \$4; see page 37)	57e	.00				
5	'f Prostate Cancer Research Fund	57f	.00				
5	g 9/11 Memorial	.00					
5	'h Volunteer Firefighting & EMS Recruitment Fund	57h	.00				
							_
57 T	otal voluntary contributions (add lines 57a through 57h)			57		.0	0
58 T	otal New York State, New York City, and Yonkers taxes, sales or u	se tax	,				_
	and voluntary contributions (add lines 50, 55, 56, and 57)			58	3629	.0	0



Enter your social security number Page 4 of 4 IT-203 (2012) 400004814 59 59 Enter amount from line 58 3629 .00 **Payments and refundable credits** (see page 38) 60 60 Part-year NYC school tax credit (also complete E on front; see page 38) ... 16 .00 61 Other refundable credits (Form IT-203-ATT, line 17) 61 .00 Submit your wage and tax 1061 62 Total New York State tax withheld 62 .00 statements with your return 63 Total New York City tax withheld 63 837 .00 (see page 38). Total Yonkers tax withheld 64 .00 64 386 Total estimated tax payments/amount paid with Form IT-37000 65 65 66 Total payments and refundable credits (add lines 60 through 65) 2300 .00 66 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 direct debit paper deposit (fill in line 73) - or -Mark one refund choice: 68 .00 card - or check ... 69 Amount of line 67 that you want applied See pages 39 and 40 for information about your three to your 2013 estimated tax (see instructions) 69 .00 refund choices. 70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). 1363 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, See page 43 for the proper 17 71 .00 or reduce the overpayment on line 67; see page 40) assembly of your return. 17 72 Other penalties and interest (see page 40)..... 72 .00 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) Personal checking - or -Personal savings - or -73a Account type: Business checking Business savings - or -73b Routing number 73c Account number .00 74 Electronic funds withdrawal (see page 41) Date Amount Print designee's name Designee's phone number Personal identification Third-party number (PIN) designee? (see instr.) No X E-mail: Yes Date Taxpayer(s) must sign here ▼ Paid preparer must complete (see instr.) ▼ ▼ ▼ Pre

Preparer's signature	Preparer's NY IPRIN	Tour signa	ature	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	Your occu	pation RENTA	L AGENT
Address	Employer identification number	Spouse's	signature and occupa	tion <i>(if joint return)</i>
	Mark an X if self-employed	Date		Daytime phone number (518) 555-6666
E-mail:	· · · ·	E-mail:	THOMAS@A	TS.COM

See instructions for where to mail your return.





New York State Department of Taxation and Finance Nonresident and Part-Year Resident **Itemized Deduction Schedule**

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Na	me(s) as shown on your Form IT-203	You	r 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





Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

Na	me(s) and occupation(s) as shown on Form IT-203	Your socia	al sec	curity num	ber	
	DANIEL T TH	<u>)00</u>	04814	<u>1</u>			
Co	mplete all parts tha	ו IT-2	203.				
Sc	hedule A – Alloca	tion of wage and salary income to New York State					
Cor	mplete a separate S						
	additional Schedule amounts from line p				, total		
• Y • Y	′ou had more than o ′ou had a job for onl	e for income based on the volume of business transacted. See the Schedule ne job; / part of the year; or each had a job that requires allocation.	e A instruc	tions	s if:		
1a	Total days (see inst	ructions)				1a	184
	N	1b Saturdays and Sundays (not worked)		1b	48		
	Nonworking	1c Holidays (not worked)		1c	5		
	days included in line 1a:	1d Sick leave		1d	3		
	In line 1a:	1e Vacation	H	-	5		
		1f Other nonworking days		1f	5		
1g	Total nonworking d	ays (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	I in line 1h worked outside New York State		1i	100	1	
1j	Enter number of da	ays worked at home included in line 1i amount		1j	2		
1k	Subtract line 1j from	n line 1i				1k	98
11	Days worked in Ne	w York State (subtract line 1k from line 1h)				11	20
1m	Enter number of da	ays from line 1h above				1m	118
1n	Divide line 1I by lin	e 1m; round the result to the fourth decimal place			. 1n	0.	.1695
10	Wages, salaries, ti	10		2	2400	0.00	
1р	New York State all	ocated wage and salary income (multiply line 1n by line 1o)	1p			406	58 .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	С	D – ZIP code	Е
		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.



IT-203-B	(2012)	(back)
----------	--------	--------

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?

No X Yes

1

• 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 – Stu	ident 1	2 – 3	Student 2	3 – Student 3				
Α	Eligible student's name	DANIEL T	THOMAS	CHARLES	T THOMAS	ANN T	THOMAS			
в	Eligible student's social security number (SSN)	40088482	24	400884	838	4008	84839			
с	Is the student claimed as a dependent on your NYS return? (see instructions)	Yes	No X	Yes X	No	Yes X	No 🗌			
D	EIN of college or university (see instr.)	1234567	89	12345	6777	1234	56666			
Е	Name of college or university (see instr.)	SUNY		MIJ		SCHENEC	TADY CCC			
F	Were expenses for undergraduate tuition? (see instructions)	Yes X	No 🗌	Yes X	No 🗌	Yes x	No 🗌			
G	Amount of qualified college tuition expenses (see instructions)		125 .00)	100 .00		75.00			
н	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). 2 Also enter this amount on your itemized deduction schedule.....

Scl	hedule A – Alloc	atio	n	0	0	0	of	Wa	ıge	e ar	nd	sa	lar	ry i	inc	con	ne t	to N	lew	Yor	k Sta	te									
2a	Total days (see ins	tructio	ons	ns)	ıs)	s)	s).																		 				[2a	
	2b Saturdays and Sundays (not worked)																														
	Nonworking	2c Holidays (not worked)																													
	days included	2d Sick leave																													
	in line 2a:	2e Vacation																													
	2f Other nonworking days											2 f																			
2g														2g																	
	Total days worked in year at this job (subtract line 2g from line 2a)													2h																	
	Total days include																														
2j	Enter number of c	lays v	wo	or	or	orł	ork	ed	at h	nom	e i	ncl	ude	ed i	in l	line	2i a	amol	unt						 		2j				
2k	Subtract line 2j fro	om lin	ne	2	2 9	2	2i																		 					2k	
	Days worked in N																													21	
2m	Enter number of d	lays f	fro	on	on	m	m	line	e 2ł	n ab	ov	е.													 				[2m	
2n	Divide line 2I by line	ne 2n	m;	; r	; r	rc	ro	unc	l th	e re	su	lt to	o th	ne f	four	rth	deci	imal	pla	ice					 			2 n			
20	Wages, salaries, t	tips, e	etc	c.	C.).). (t	o k	e a	alloo	cate	ed)	1												 20						.00
-	New York State al							-								•				-	,				 2p						.00
Incl	lude the line 2p an	noun	nt c	10	or	on	on	Fo	rm	IT-2	203	. lir	ne	1. i	in f	the	Nev	w Yo	ork .	State	amo	unt co	olum	n.							



400-00-4814

IT-203-B CONTINUED

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

IT-360.1

New York City • Yonkers

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

(B)

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.

Yonkers change of residence – Complete Parts 1 and 5.

(C) New York City and Yonkers change of residence – Complete the entire form.

Pa	rt 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



Page 2 of 3 IT-360.1 (2012)

Ра	rt 2 – Itemized deductions for New York City (see instr., page 3 If you are claiming the standard deduction, do not complete Part			Column A mized deductions (see instructions)		Amou	Column B nt of Column A f c City resident p	for eriod
21	Medical and dental expenses	21			.00			.00
22	Taxes you paid	22		3184	.00		2500	.00
	Interest you paid	23		1075	.00		996	.00
	Gifts to charity	24		580	.00		481	.00
	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)	.00		3977	.00			
31	State, local, and foreign income taxes (or general sales tax, if appl	icable	e)					
	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 ins	structio	ons)		. 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	4)			. 36		1852	.00
Pa	rt 3 – Dependent exemptions (see instructions, page 5)							
	Enter the period you were a New York City resident during 2012							
				0.0			2.0	
	From: month 04 day 01	To:	month	06		day	30	
28	Enter the county where you resided while a nonresident of New Yo	ork C	ity	ALBANY				
	Enter the number of full months in the New York City resident perio		-		. 39	03		
	Enter the prorated value of one dependent exemption (use Proration				40	0.5	250	.00
	Enter the number of dependent exemptions you claimed on Form I						200	.00
	or Form IT-203, line 35				. 41	03		
42	Multiply the amount on line 40 by the number of dependent exempt					03		
	on line 41 (enter here and on line 46)				. 42		750	.00
	rt 4 – Part-year New York City resident tax (see instructions,							
	New York adjusted gross income (from line 20, Column B)	•••••			. 43		30951	.00
44	Resident period standard deduction (see instructions, page 2) or						1050	
	resident period itemized deduction (from line 36)						1852	.00
	Subtract line 44 from line 43						29099	.00
	Dependent exemption amount (from line 42)						750	.00
	New York City taxable income (subtract line 46 from line 45)						28349	.00
	New York City tax on line 47 amount (see instructions, page 5)						928	.00
49	Total New York City household credit and accumulation distribution	creu	it (see ins	tructions, page 6)	49			.00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)				50	_	928	.00
	Part-year New York City separate tax on lump-sum distributions (fro						520	.00
	Part-year New York City resident tax on capital gain portion of lump							.00
52	(from Form IT-230)				. 52			.00
53	Add lines 50, 51, and 52						928	.00
	Credit for part-year New York City unincorporated business tax paid						720	.00
	Part-year New York City resident tax (subtract line 54 from line 53 ar							100
	line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)				55		928	.00



		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			.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)			
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			.00
76 Yonkers resident tax rate		.15	

Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

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 .000 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.



2012

New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Nor				.,					Identificat	ion nu	mbor (SSA	lor EINI)	
	ne(s) as shown on return DANIEL T THOMAS										mber (SSN 1814	I OF EIN)	
	t 1 – All filers must complete this	nar	t (500	instructions For	m IT_210	15 Q_I fr	nr accio	tance	400	00-	1014		
	Total tax from your 2012 return before wi	<u> </u>						,		1	1	3629	.00
	P. Empire State child credit (from Form IT-201, line 63)											3029	.00
	NYS/NYC child and dependent care cred		,			F	3		.00	-			
	NY State earned income credit (EIC) (from	,		, ,		F	4		.00	-			
	NY State noncustodial parent EIC (from F					[5		.00	-			
	Real property tax credit (from Form IT-201,					F	6		.00	-			
	College tuition credit (from Form IT-201, line		-			t t	7		.00	-			
	NY City school tax credit (from Form IT-201,					t t	8	16		-			
	NY City earned income credit (from Form)					t t	9	10	.00	-			
	Other refundable credits (from Form IT-201,					E E	-		.00	-			
11	Add lines 2 through 10					· · ·	-			11	1	16	.00
	Current year tax (subtract line 11 from line 1)											3613	.00
	Multiply line 12 by 90% (.90)					г		3252				3013	.00
	Income taxes withheld (from Form IT-201, I					-		5257	2 .00	/	1		
14	Form IT-205, lines 34, 35, and 36)									14		1898	.00
15	Subtract line 14 from line 12. If the result is											1680	.00
	Enter your 2011 tax (<i>caution:</i> see instructio											2800	.00
	Enter the smaller of line 13 or line 16											2800	.00
-	t 2 – Short method for computi									1	1	2000	100
with of e	holding tax and/or paid four equal estim stimated tax. Otherwise, you must comp	nated plete	tax ins Part 3	tallments (on th – Regular meth	e due da od.	tes), or	if you	nade no pa	ayments				
	Enter the amount from line 14 above					- F	18	1898		-			
	Enter the total amount of estimated tax p	-	-			-		386	-		1	0004	00
	Add lines 18 and 19									20		2284	.00
21	Total underpayment for year. Subtract											516	.00
	Multiply line 21 by .03289 and enter the r									22		17	.00
23	If the amount on line 21 was paid on or a		•					as paid be	fore				
	April 15, 2013, make the following com Amount on line 21 × number of day	•								23			.00
24	Penalty. Subtract line 23 from line 22									23		17	.00
24	Enter here and on Form IT-201, line 81								. 24			± /	.00
Par	t 3 – Regular method – Schedule							lule B is on	the back))			
	Payment due dates		A	4/15/12		6/15/1		C	9/15/12		D	1/15/13	
25	Required installments. Enter 1/4 of line 17								0.10.12				
	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				, 					100			100
	(see instructions)	26		.0			_(00		.00			.00
	a time, starting in column A.												100
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		_0()			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



IT-2105.9 (2012) (back)

Part 3 – Regular method – Schedule B – G	com	puting the pen	alty						
Payment due dates		A 4/15/12		В	6/15/12	С	9/15/12		1/15/13
30 Amount of underpayment (from line 29)	30		.00		.0	0		00	.00
First installment (April 15 - June 15, 2012)									
31 April 15 - June 15 =									
(61 ÷ 366) × 7.5% = .01249									
- or -									
April 15 =									
(31								
32 Multiply line 30, column A by line 31	32		.00						
Second installment (June 15 - September 15, 201	2)								
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		.0	0			
Third installment (September 15, 2012 - January	15, 20)13)							
35 September 15 - December 31 = $(107 \div 36)$	6) ×	7.5% = .02192							
January 1 - January 15 = $(15 \div 36)$	5) ×	7.5% = . <u>00307</u> .02499		Total					
- or -									
September 15 - = (÷	366)	× 7.5% = .							
	-	× 7.5% = .							
	000)			Total	3	5			
36 Multiply line 30, column C by line 35								00	
Fourth installment (January 15 - April 15, 2013)									
37 January 15 - April 15 = (90 ÷ 365) × 7.5%	= .0	1848							
- or -									
January 15 = (÷ 368) × 7	.5% = .							
								57	
 38 Multiply line 30, column D by line 37 39 Penalty. Add lines 32, 34, 36, and 38. Enter h 								8	.00
Form IT-203, line 71; or Form IT-205, line 4							39		.00



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

55555	a Employee's social security number 400004814	OMB No. 154	5-0008					
b Employer identification number (632257358	EIN)	1Wages, tips, other compensation2Federal income tax withheld50000						
c Employer's name, address, and WORK	ZIP code	3 Social security wages 4 Social security tax withh						
WORKING HARD I	NDUSTRIES		5 Medicare wages and tips 6 Medicare tax withheld					
2800 LABOR ST FAITH NC 28041			7 Soc	cial security tips	8 Allocated tips			
d Control number			9 10 Dependent care benefits					
e Employee's first name and initial DANIEL T THOMA		Suff.	11 Nonqualified plans 12a					
356 DOVER ST	01.7		13 Stati emp	utory Retirement Third-party loyee plan sick pay	(12b C d d			
BROOKLYN NY 11	217		14 Oth	er	12c C C d e			
					12d C d e			
f Employee's address and ZIP coc				1				
15 State Employer's state ID num NY I	16 State wages, tips, etc. 26000	17 State incom 100		18 Local wages, tips, etc. 13000	19 Local income tax 800	20 Locality name NYC		
NC	24000	90	0					
Form W-2 Wage an Stateme		2015]	Department	of the Treasury-Interna	Revenue Service		

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

W2 INDICATOR -S

SCHENECTADY NY 123057 Winnings from identical wagers8 Cashier631478236518456789012345WINNER'S name, address (including apt. no.), and ZIP code9 Winner's taxpayer identification no. 40000481410 Window 6789This i beingDANIEL T THOMAS11 First I.D. 49780123612 Second I.D. 61Reve 61BROOKLYN NY 1121713 State/Payer's state identification no. NY14 State income tax withheld 61Report this	Winnings information is g furnished to the Internal enue Service. Copy B income on your
SCHENECTADY NY 12305 7 Winnings from identical wagers 8 Cashier 631478236 5184567890 12345 WINNER'S name, address (including apt. no.), and ZIP code 9 Winner's taxpayer identification no. 400004814 10 Window 6789 This i being DANIEL T THOMAS 11 First I.D. 497801236 12 Second I.D. Payre	Winnings information is g furnished to the Interna
SCHENECTADY NY 12305 7 Winnings from identical wagers 8 Cashier 631478236 5184567890 12345 WINNER'S name, address (including apt. no.), and ZIP code 9 Winner's taxpayer identification no. 10 Window 6789 being	Winnings information is g furnished to
SCHENECTADY NY 12305 7 Winnings from identical wagers 1234 5	
RACE I	
50 SMITH ST 5 Transaction 6 Race	Certain Gambling
3 Type of wager 4 Date won	∠⊂ ♥ ∎ ▲ orm W-2G
number, and telephone number 2043	B No. 1545-0238 20 12

Department of the Treasury - Internal Revenue Service

NYC INCOME TAX WITHHELD - 37 YONKERS INCOME TAX WITHHELD -

W2G INDICATOR -S



Resident Income Tax Return New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your re-	turn, see the ii	nstruc	ctions, Form IT-2	01-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		ber	
JOE Z	CANASTA	CANASTA				01-01-1942		400004815		
Spouse's first name and middle initial	Spouse's last name				Spo	use's date of birth (mn	n-dd-yyyy)	Spouse's socia	al security	number
Mailing address (see instructions, page	ge 12) (number and s	treet or	rural route)		Apartment number		er	New York State county of residence		
% AMANDA JONES	327 W 57	ST						SUFFOI	LK	
City, village, or post office		State	ZIP code	Country (if no	not United States)			School district	name	
NEW YORK		NY	10012					ROCKY	POINT	٦ •
Permanent home address (see instr	ructions, page 12) (r	umber a	and street or rural route)	A	\part	ment number		School district		
215 LAIDBACK WAY	7							code number .		540
City, village, or post office			State	ZIP code		Decedent	Taxpayer	's date of death	Spouse's	date of death
ROCKY POINT			NY	11778		information				

Α	Filing status	1	Single	NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No X			
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)			(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes X No			
	box):	3	Married filing separate return (enter spouse's social security number above)		(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)				
		4 X	Head of household (with qualifying person)		F	NYC residents and NYC part-year residents only (see page 13):			
		5	Qualifying widow(er) with dependent child			 (1) Number of months you lived in NYC in 2012 12 (2) Number of months your spouse 			
В			deductions on me tax return? Yes No	C	G	lived in NYC in 2012 Enter your 2-character special condition code			
С			as a dependent federal return? Yes No	X		if applicable (see page 13)			

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



Your social security number 400004815

Federal income and adjustments (see page 14)

ге	derai income and adjustments (see page 14)	Whole dollars only			
1	Wages, salaries, tips, etc.	1	20500 .00		
	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 <i>X</i> 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)				400	.00
14	Unemployment compensation					.00
	5 Taxable amount of social security benefits (also enter on line 27)					.00
16	6 Other income (see page 14) Identify:					.00
17	7 Add lines 1 through 11 and 13 through 16				20495	.00
18	3 Total federal adjustments to income (see page 14) Identify: ALIMONY 2800				2800	.00
19	9 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	3 New York adjusted gross income (subtract line 32 from line 24)				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: X 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
	Taxable income (subtract line 36 from line 35)	37	2485 .00



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					= = = = = = = = = = = = = = = = = = = =	.00
40 NYS household credit (page 25, table 1, 2, or 3)			135 .0	-		
41 Resident credit <i>(see page 26)</i>			.(_		
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)			.(_		
43 Add lines 40, 41, and 42	· · · · · · · · · · · · · · · · · · ·			-	135	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, lea						.00
45 Net other NYS taxes (<i>Form IT-201-ATT</i> , <i>line 30</i>)	,					.00
46 Total New York State taxes (add lines 44 and 45)						.00
				+ •		100
New York City and Yonkers taxes, credits, and tax surcharg	ges					
47 NYC resident tax on line 38 amount (see page 26)	47		72.0	0		
48 NYC household credit (page 26, table 4, 5, or 6)	48		90.0	0		
49 Subtract line 48 from line 47 (if line 48 is more than				_		
line 47, leave blank)	49		.(0		
50 Part-year NYC resident tax (Form IT-360.1)	50		.(0	See instructions on	
51 Other NYC taxes (Form IT-201-ATT, line 34)	51		.(0	pages 26, 27, and 28 to	ام مر
52 Add lines 49, 50, and 51	52		.(0	compute New York City a Yonkers taxes, credits, a	
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		.(0	tax surcharges.	iiu
54 Subtract line 53 from line 52 (if line 53 is more than	L					
line 52, leave blank)	54		.(0		
55 Yonkers resident income tax surcharge (see page 28)	55		.(
56 Yonkers nonresident earnings tax (Form Y-203)	56		.(
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		.(_		
58 Total New York City and Yonkers taxes / surcharges (ad		through 57)		_		.00
				50	0.0	
59 Sales or use tax (see page 29; do not leave line 59 blank)				. 59	20	.00
Voluntary contributions (see page 30)						
60a Return a Gift to Wildlife		60a	5.0	0		
60b Missing/Exploited Children Fund			5.0	_		
60c Breast Cancer Research Fund			5.0	_		
60d Alzheimer's Fund			5.0	_		
60e Olympic Fund (\$2 or \$4; see page 30)			2.0	-		
60f Prostate Cancer Research Fund			5.0	_		
60g 9/11 Memorial			5.0	_		
60h Volunteer Firefighting & EMS Recruitment Fund			5.0	_		
60 Total voluntary contributions (add lines 60a through 60h)				. 60	27	.00
61 Total New York State, New York City, and Yonkers taxe					37	100
contributions (add lines 46, 58, 59, and 60)			-			00
Contributions (aud 11/155 40, 30, 39, and 00)				. 01	57	.00



IT-201 (2012) Page 3 of 4

JOE Z CANASTA

Name(s) a	as sł	nown on page 1	
JOE	7.	CANASTA	

Your social security number 400004815

Page 4 of 4	IT-201	(201	2)
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Your social security number 400004815

		100	00-	010				
62	Enter amount from line 61						62	57.00
Pa	yments and refundable credits (see page 31))						
63	Empire State child credit		63			.00		
	NYS/NYC child and dependent care credit		64		1463	.00		
	NYS earned income credit (EIC)		65		1454	.00		
	NYS noncustodial parent EIC		66		11,11	.00		
	Real property tax credit		67		66	.00		
	College tuition credit		68			.00		
69	NYC school tax credit (also complete F on page 1;	see page 31)			63	.00		
	NYC earned income credit		70		259	.00		
	Other refundable credits (Form IT-201-ATT, line 18		71		1500	.00		
	Total New York State tax withheld		72		1295	.00		Submit your wage and tax
73	Total New York City tax withheld		73			.00		statements with your return
74	Total Yonkers tax withheld		74			.00		(see page 33).
75	Total estimated tax payments and amount paid with	Form IT-370	75			.00		
	Total payments (add lines 63 through 75)						76	6100 .00
Yo	ur refund, amount you owe, and account info	rmation	(see i	pages 33 th	nrouah 36)			
-	Amount overpaid (if line 76 is more than line 62,)					77	6043 .00
	American films 77 to be unformals at	Subtract line	02 110			•••••	11	6043.00
10	Mark one refund choice: X deposit (fill in line 82)	or	debit	- or - Chec		78	6043 .00
		iiii iii iiiie 03)	- 01 -			/n	10	6043 .00
79	Amount of line 77 that you want applied to your							See pages 33 and 34 for
	2013 estimated tax (see instructions)		79			.00		information about your three
								refund choices.
80	Amount you owe (if line 76 is less than line 62, sul	btract line 76	from	line 62).				
	To pay by electronic funds withdrawal, mark a		_		in lines 83 and 8	34	80	.00
			_	_				
81	Estimated tax penalty (include this amount in line &	80 or						See page 37 for the proper
	reduce the overpayment on line 77; see page 34)		81			.00		assembly of your return.
82	Other penalties and interest (see page 35)		82			.00		
83	Account information for direct deposit or electro	nic funds w	/ithdra	awal (see pa	age 35).			
	If the funds for your payment (or refund) would c	ome from (d	or ao	to) an acco	ount outside the	บร	mar	k an X in this box (see pg. 35)
			5. 35			,		
	83a Account type: Personal checking - or -	X Pers	onal s	avings - o	r - Busines	s che	cking	g - or - Business savings
	83b Routing number 011001881	830	Acc	ount number	LOANXXX	<u>x40</u>	00	04815
84	Electronic funds withdrawal (see page 36)		Date			moun	t	.00
••			Duto		, ,	anoun		100
	Third-party Print designee's name			Des	ignee's phone num	iber		Personal identification
de	signee? (see instr.)			()			number (PIN)
Ye	s No X E-mail:							
▼	Paid preparer must complete (see instr.)	Date			• T	ахра	yer(s) must sign here ▼
Pre	parer's signature	Preparer's	NYTP	RIN	Your signature		-	
Firn	n's name (or yours, if self-employed)	Preparer's PTI	IN or S	SN	Your occupation			
		E a da da da da						K DRIVER
Add	ress	Employer ident	tificatio	n number	Spouse's signatu	re and	occu	pation (if joint return)
	L		ark an		Date			Daytime phone number (518) 555-6666
E-m	ail:	se	lf-emp	loyeu —	E-mail: CANZ	\ C TT 7	\@7	TS.COM
						<u>10 T L</u>	1@F	110.0011



See instructions for where to mail your return.



Other Tax Credits and Taxes

IT-201-ATT

Attac	nment to F	orm	11-201				
See the instructions for completing	Form IT-201-AT	T in th	ie instructi	ons for Form IT-201.			
Name(s) as shown on your Form IT-207	1					Your social s	security number
JOE Z CANASTA						400	004815
Complete all parts that apply to y	ou; see instruc	tions	. Submit	this form with your For	m IT-201	Ι.	
Part 1 – Other New York St	tate, New Yo	rk C	ity, and	Yonkers tax credits	s		
Section A – New York State no	onrefundable,	non	carryove	er credits used		١	Whole dollars only
1 Accumulation distribution cred			-			1	.00
2 Other nonrefundable, non-carr		,			ľ	I	
Code Amount	;		Code	Amount			
2a	.00	2b			.00		
Total other nonrefundable, non	-carryover cred	its (ad	d lines 2a a	and 2b)		2	.00
Section B – New York State no	onrefundable,	carr	yover cr	edits used			
3 Long-term care insurance cred			-			3	.00
4 Investment credit						4	.00
5 Solar energy system equipmer	nt credit					5	.00
6 Other nonrefundable, carryove	r credits						
Code Amount			Code	Amount			
<u>6a</u>	.00	6h			.00		
6b	.00	6i			.00		
<u>6c</u>	.00	6j			.00		
6d	.00	6k			.00		
6e	.00	6l 6m			.00		
6g	.00	6n			.00 .00		
Total other nonrefundable, car		-	s 6a throug	th 6n)		6	.00
7 Total New York State nonrefu	•					•	
(add lines 1 through 6; enter he	re and on Form I	Г-201,	line 42)			7	.00
Conting C New York City per							
Section C – New York City nor			-		1		
8 New York City resident UBT cr						8	.00
9 New York City accumulation di						9	.00
9a Part-year resident nonrefundal10 Total other New York City no						9a	.00
(add lines 8, 9, and 9a; enter he						10	.00
Section D – New York State, N	ew York City,	and	Yonkers	refundable credits			
11 Farmers' school tax credit						11	1500 .00
12 Other refundable credits							
Code Amount		40 m	Code	Amount			
12a	.00	12g			.00		
12b 12c	.00	12h 12i			.00		
12d	.00	12j			.00		
120	.00 .00	12k	\vdash		.00 .00		
126	.00	121			.00		
Total other refundable credits (21)	L		12	.00
13 Add lines 11 and 12		-				13	1500 .00

(continued on back)



Enter your social security number

						400004815	
Part	1, Section D – New York State, New York	City, and Yon	kers	refundable credits (continued)			
		-			14	1 E 0 0	00
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
	Yonkers claim of right credit				17		.00
18	Total New York State, New York City, and			1			
	(add lines 14 through 17; enter here and on F	orm IT-201, line	71)		18	1500	.00
_							
Ра	rt 2 – Other New York State taxes	(submit all	appli	cable forms)			
lf yo	u are subject to other New York State taxes,	complete Pa	rt 2.				
19	New York State tax on capital gain portion of	of lump-sum di	stribu	tions (Form IT-230)	19		.00
	Other New York State taxes	·			1		
	Code Amount	Co	de	Amount			
20a	.00	20g		.00			
20b	.00	20h		.00			
20c	.00	20i		.00			
20d 20e	.00	20j 20k		.00 .00			
20e	.00	201		.00			
201	Total other New York State taxes (add lines 2				20		.00
	, , , , , , , , , , , , , , , , , , ,	U V			<u> </u>		
21	Add lines 19 and 20				21		.00
	See instructions for line 22			.00			
	Enter amount from Form IT-201 , line 39 Subtract line 23 from line 22 (<i>if line 23 is mor</i>			.00	24		.00
	Subtract line 24 from line 21 (if line 24 is mor				25		.00
		ooo, .					
26	New York State separate tax on lump-sum	distributions					
	(Form IT-230)		26	.00			
	B						
27	Resident credit against separate tax on lum distributions		27	.00			
28	Subtract line 27 from line 26		<u> </u>		28		.00
20				[20		100
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 F	Form IT-201, line	e 45)		30		.00
Ра	rt 3 – Other New York City taxes	(submit all a	pplica	able forms)			
	New York City minimum income tax (Form I				31		.00
	New York City resident separate tax on lum				32		.00
	New York City tax on capital gain portion of	lump-sum dis	tributio	ons (Form IT-230)	33		.00
34	Total other New York City taxes			I	24		00
	(add lines 31, 32, and 33; enter here and on F	orm 11-201, line	ə 51)		34		.00





New York State Department of Taxation and Finance **Claim for Real Property Tax Credit** For Homeowners and Renters

IT-214

Step 1 – Enter identifying information

Your first name and middle initial Your last name (for a joint claim, enter spouse's name on line belo					on line below)					<i>.</i>	
	JOE Z	CANAST	4			0	1-01-1942	40	0004	815	
Spo	ouse's first name and middle initial	Spouse's last name				Spo	ouse's date of birth (mm-dd-yyyy)	Spouse's	social se	ecurity num	nber
Cur	rent mailing address (number and s	treet or rural route)					Apartment number	New York	State co	ounty of res	sidence
	% AMANDA JONES	327 W 57	ST					SUF	FOLK		
City	, village, or post office		State	ZIP code	Country (if no	ot Ur	nited States)	You mus	t enter	date(s) of	
	NEW YORK		NY	10012				and soci above.	al secu	rity numb	er(s)
Stre	eet address of New York residence	that qualifies you	for this cred	it, if different from a	bove			00000.			
	215 LAIDBACK WA	Y									
City	, village, or post office		Stat	e	ZIP code						
	ROCKY POINT		N	Y	11778						
Ste	p 2 – Determine eligibility	(For lines 1 thro	ough 6, ma	rk an X in the ap	propriate bo	х.)					
1	Were you a New York Stat	e resident for a	ll of 2012	?				1	Yes	X	No
	Did you occupy the same								Yes	X	No 🗌
	If you marked an X in the			-					-		
3	Did you own real property							3	Yes		No X
4	Can you be claimed as a c	lependent on a	nother ta:	xpayer's 2012 f	ederal retu	ırn?)	4	Yes		No X
	Did you reside in public housir	-							Yes		No X
	If you marked an X in the	-	-	•		-	•	,	-		
6	Did you live in a nursing he				-	-		6	Yes		No X
		-							-		
	Complete below for the qu First name			st name	(see instruc	tion	B – Social security	number		C – Date	of birth
^ -	Thot hame		Lu	st name				number			dd-yyyy)
J	OE Z	CAI	NASTA				4000048	15		01-03	1-1942
0	Complete below for all hou	isobold mombe	vre not ind	cluded on line 7	(aubmit ad	ditio	nal abaata if naadad; aa	o instruc	tional		
	First name			st name	(Subinit aut		B – Social security		10115).	C – Date	of birth
			200				2 000101 00000111				dd-yyyy)
	SAMUEL M	CAN	ASTA (JR			400884805	06-		06-01	L-1989
	JANE M	CAN	ASTA				400884803			05-01	L-1999
	JOHN M	CAN	ASTA				400884801			04-01	L-2000
Ste	p 3 – Determine househo										
	Enter the total of all amo	ounts, even if not	taxable, th	nat you, your spou	use (if marrie	ed),	and all other household	members	s receiv	ed during	2012.
9	Federal adjusted gross in								1		
	If any household memb									1769	
	New York State additions									2	90.00
	Social security payments										.00
	Supplemental security inc	· · · ·									.00
	Pensions and annuities (in	•		,			•				.00
	Cash public assistance ar										.00
	Other income										.00
16	Household gross income							16		179	85.00
	If line 16 is more than \$							r	-		
17	Enter rate from Table 1 (se	ee instructions)						17		65	
											- 0
18	Multiply line 16 by line 17							18		110	.00



IT-214 (2012) (back)

Step 4 – Comp	oute	real property tax								
Renters only	19	Enter the total amount of rent during the year 2012. (<i>Do no</i>					. 19	5200	.00	
	20	Adjusted rent – If line 19 incl heat, gas, electricity, furnishi heat, gas, electricity, and furn heat, gas, and electricity heat or heat and gas	ngs, and nishings	board	50% 75% 80%	(.75) of line 19 (.8) of line 19				
		none of the above					. 20	5200	.00	
	21	Average monthly adjusted rent If line 21 is more than \$450,					. 21	433	.00	
	22	Multiply line 20 by 25% (.25); e					. 22	1300	.00	
	23	Real property taxes paid during	g the yea	r 2012 (see inst	ructio	ns)	. 23		.00	
		Special assessments							.00	
Homeowners		Add lines 23 and 24			.00					
only		Exemption for homeowners 65							.00	
	27	Add lines 25 and 26; enter her	e and on	line 28			. 27		.00	
Step 5 – Comp	oute	credit amount								
		amount from line 22. Homeow ro or less, stop ; no credit is allo		er amount from	ı line	27 (see instructions)	. 28	1300	.00	
		om line 18					. 29	1169	.00	
		ual to or more than line 28, sto							100	
		from line 28					. 30	131	.00	
31 Multiply line	e 30 I	by 50% (.5) (However, if you enter	red an amo	ount on line 26, n	nultipl	y line 30 by 25% (.25).)	. 31	66	.00	
		instructions; enter amount from cha						86	.00	
33 Enter the a	mour	nt from line 32 or 31, whichever	is less. T	his is the credi	it for y	your household.				
(If more th	an or	ne member of your household is fili	ng Form IT	-214, see instruc	tions.)	. 33	66	.00	
Enter t • If you are	he lir not	g this claim with your New Yo ne 33 amount on Form IT-201, I filing this claim with a New Y efund choice: direct depos	ine 67. ork State	income tax r	e <u>tur</u> n	(see instructions):	aper c	heck		
		ount information (see instruction ee instructions): Complete the follow	,		it					
34a Routing □	511 (50		-	-	eposit			Busine		
number	<i>(</i>		Account type:	Personal checking	- or -		isiness ecking	- or - saving		
		our refund would go to an account an X in this box <i>(see instructions)</i>			ount nber					
Third-party designee? (see in	nstr.)	Print designee's name			Desig	gnee's phone number)		Personal identifica number (PIN)		
Yes 🗌 No 🛛		E-mail:			,	,				
▼ Paid prep	arer	must complete (see instr.) ▼	Date			▼ Taxpayer(s) r	nust s	ign here ▼		
Preparer's signatu	re		Prepar	er's NYTPRIN		Your signature				
Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation										
Address			Employer id	dentification number	r	Spouse's signature and occupation				
E-mail:				Mark an X if self-employed		Date ()))	phone number		
						L 11011.				

- 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.

IT-214 CONTINUED

Line 8

SALLY	M CANASTA	400884802	03-01-2004
MARY	M CANASTA	400884804	02-01-2009



No X

.00

Yes

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

Na	me(s) as shown on			Your social s					ecurity number		
L	JOE Z CANA	STA							400004	1 815	
1 2	5					•		hese credits qualify for these cred		Yes X Yes	No 🗌 No X
3 Have you already filed your New York State income tax return? If Yes, you must file an amended NYS return							m 3	Yes	No X		
4	 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. If you claimed more than three, see instructions. 									Yes X	No 🗌
	First name and middle initial	Last name	Relationship	Number of months lived with you	Full-tir studer		Person with disability *	Social secu	rity number		e of birth <i>n-dd-yyyy)</i>
	SAMUEL M	CANASTA JR	SON	12			X	4008848	05	06-0	1-1989

 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

	Whole dollars onl	у
		_

penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nonqovernmental section 457 plan, enter that amount here (see instructions)

	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 14 15	New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39)	13 14	99 135	.00 .00	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, compl	EIC on					
	line 16 above can be divided between spouses in any manner you wish. Enter o	n 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			



Par	t-year New York State resident earned income credit			
	es 18 through 26 apply only to part-year New York State esidents 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 creation If line 19 is less than line 18, continue on line 20 below. 	dit.		
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	1		
24	Enter the amount from line 18, Column A, of the Part-year resident	_		
	income allocation worksheet in your Form IT-203 instruction booklet	1		
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
Nev	w 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.	27	259	.00
	Part-year New York City residents must also complete line 28 below.	· · ·		
28	Part-year New York City adjusted gross income			
	Enter the amounts from Worksheet C, lines 6 and 7 28A .00	28B		.00
Wo	rksheet 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	1		
3	Accumulation distribution credit (see instructions)	1		
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





New York State Department of Taxation and Finance Claim for Child and Dependent Care Credit New York State • New York City

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

Name(s) as shown on return	Your social security number
JOE Z CANASTA	400004815

IT-216

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)
	16 STRAIGHT ST		
CARING PLACE	ROCKY POINT NY 11778	64-1234568	1420 <u>.</u> 00
	22 TOT TERRACE		
KIDS INC	ROCKY POINT NY 11778	64-1234569	1000 <u>.</u> 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	03-01-200
JOHN M	CANASTA	400 .00		400884801	04-01-200
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 X

5	Enter the smallest of: – line 3a above; or – federal Form 2441, line 3; or		Whole dollars only	
	 - 3,000 if one qualifying person, or 6,000 if two or more qualifying persons 	5	3420	.00
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			
10	Enter the decimal amount that applies to the amount on line 9 from the <i>Table for line 10</i> 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



	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) 17	985.00				
	Use the New York State child and dependent care					
	credit limitation table in the instructions to determine the decimal to be entered on this li	ne	13	1.100		
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and c	lependent				
	care credit (see instructions)		14		1242	.00
Pa	art-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 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 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 I 					
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care					.00
		oreant				100
19	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i>					
	in the instructions for Form IT-203 19	.00				
20	Enter the amount from line 19, Column A, of the					
20	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	e			_	
	refundable portion of your New York State part-year resident child and dependent o	are credit.	22			.00
Ne	ew 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 gri is \$30,000 or less (see <i>Note</i> under <i>New York City credit</i> on page 1 of the instructions) and you listed a 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 year	rs old	23		810	.00
	T-201 filers:				0.01	
	Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 1,		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
П	Γ-203 filers:					
27	Nonrefundable portion of your part-year New York City resident New York City child and d care credit (<i>from Worksheet 1, line 8</i>); 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 depe		00			
	care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a	l	28			.00
	Part-year New York City resident filers only:		20			00
	Enter the amount from Worksheet 1, line 10 Enter the amount from Worksheet 1, line 11		29 30			.00 .00
JU			30			.001



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

Х

400-88-4805

06-01-1989



Claim for Farmers' School Tax Credit

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

	ou mark an X in <i>a No</i> box for item A, B, C, or D, stop ; ou do not qualify for this credit.		D	Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete
Α	Did you have qualified agricultural property for tax year 2012? (see instr., Form IT-217-I)Yes	No 🗌		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
	Were eligible school district property taxes paid on that property during tax year 2012? <i>(see instructions)</i>	No 🗌	E	(66.67%)? (see instructions)
С	Complete Worksheet A on page 3 of the instructions. Is the amount shown on			property on March 1, 2012, mark an X here and see the instructions for Part 2, line 5
	line 6 of Worksheet A less than \$300,000?	No 🗌	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				1	
	and trusts: Enter the amount from Part 4, line 7, column A					
3	Fiduciaries: Enter fiduciary's share of qualified agricultural property fro					
4	Add lines 1, 2, and 3				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%) of	on line	9, and continue on line 10)	6	1150	
7	Multiply line 6 by 50% (.5)				575	
8	Add lines 5 and 7				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 .0)		
11	Partners, S corporation shareholders, and beneficiaries of estates			_		
	and trusts: Enter the amount from Part 4, line 7, column B		.0)		
12	Fiduciaries: Enter fiduciary's share of eligible taxes from Part 5, column D		.0)		
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) \dots		17985 .0)		
		<u> </u>	.0	-	[
17	Divide line 16 by \$100,000, and round the result to the fourth decimal place			17		
18	Multiply line 14 by line 17			18		.00
19	Farmers' school tax credit (subtract line 18 from line 14; see instructions)			19	1500 -	.00



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

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

Name of entity	Туре	Employer ID number	Location of property

		shareholder's, or beneficiary's share of 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	3	Enter your share of acres of qualified agricultural property from your S corporation (see instructions)		
shareholder	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		
Denencialy	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 201 and 2011 credit to be recaptured (column C × column D) 	0
			.00	Ε		.00



22222	a Employee's social security number 400004815	OMB No. 154	5-0008				
b Employer identification number (641234567	EIN)			ges, tips, other compensation 0500	2 Federal income tax withheld		
c Employer's name, address, and NYSD	ZIP code		3 Soc	cial security wages	4 Social security tax withheld		
NYSDOT			5 Me	dicare wages and tips	6 Medicare tax withheld		
11 RIVER RD			7 So	cial security tips	8 Allocated tips		
NEW YORK NY 10	019						
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a		
JOE Z CANASTA			13 Stat	utory Retirement Third-party	3 12b		
215 LAIDBACK W	AY		emp	loyee plan sick pay			
ROCKY POINT NY	11778		14 Oth	er	12c		
				414H-255			
				IRC125-35	12d		
f Employee's address and ZIP cod	le				e		
15 State Employer's state ID num	3 1 1	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
NY	20500	1295					
Form W-2 Wage and Tax 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 <u>NOT</u> 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

~	
2012	
	2

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

12

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

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 nan	ne on line below)	You	r date of birth (mm-dd-yyyy)	Your social security number	
ROBIN D		RICHARD SR		C	1-25-1968	400004818	
Spouse's first name and middle initial	Spouse's last name			Spo	use's date of birth (mm-dd-yyy	/) 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 RICHA	ARD 1234	THOMAS PL				WESTCHESTER	
City, village, or post office		State ZIP code	Country (if no	ot Un	ited States)	School district name	
YONKERS		NY 10701				YONKERS	
Permanent home address (see instr	ructions, page 12) (r	number and street or rural route,) 4	Apart	ment number	School district	
356 SKYLINE	DR					code number 715	
City, village, or post office		State	ZIP code		Decedent Taxpay	er's date of death Spouse's date of death	
YONKERS		NY	10701			-15-2012	

Α	Filing status	Single Did you have a financial account located in a foreign country? (see page 13) Yes N	° X
	(mark an X in one box):	Married filing joint return (<i>enter spouse's social security number above</i>) E (1) Did you or your spouse maintain living quarters in NYC during 2012? (<i>see page 13</i>) Yes N	° X
		Married filing separate return (2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)	
		Head of household (with qualifying person) F NYC residents and NYC part-year residents only (see page 13):	
		Qualifying widow(er) with dependent child (1) Number of months you lived in NYC in 2012 (2) Number of months your spouse	
В	Did you item your 2012 fed	ur deductions on come tax return?	
С	Can you be o	d as a dependent 's federal return?	
	on another ta	's federal return?	

H Dependent exemption information (see page 14)

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



Your social security number
400004818

Federal income and adjustments (see page 14)

_			Whole dollars only
1	Wages, salaries, tips, etc.	1	21500 .00
	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	n 104	0)	13		.00
14	Unemployment compensation			14	500	.00
	Taxable amount of social security benefits (also enter on line			15		.00
16	Other income (see page 14) Identify: 1099-MISC	1	.300	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	7)		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	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: X 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				
	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	000.00				
	Taxable income (subtract line 36 from line 35)	37	15814 .00				



Та	x computation, credits, and other taxes) (see page 25)								
_	Taxable income (from line 37 on page 2)						38	15814	.00
	NYS tax on line 38 amount (see page 25 and Tax computation						39	726	
	NYS household credit (page 25, table 1, 2, or 3)		<u>.</u>	, , - , - , - , - , - , - , - , -	40	.00		120	
	Resident credit (see page 26)					.00			
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<u> </u>			400	.00			
	Add lines 40, 41, and 42						43	440	.00
	Subtract line 43 from line 39 (if line 43 is more than line 39, lea						44	286	
	Net other NYS taxes (Form IT-201-ATT, line 30)						45	200	.00
	Total New York State taxes (add lines 44 and 45)						46	286	
Ne	ew York City and Yonkers taxes, credits, and tax surcharg	es							
47	NYC resident tax on line 38 amount (see page 26)	47				.00]		
	NYC household credit (page 26, table 4, 5, or 6)	48				.00			
	Subtract line 48 from line 47 (<i>if line 48 is more than</i>						ļ		
	line 47, leave blank)	49				.00			
50	Part-year NYC resident tax (Form IT-360.1)	50				.00		See instructions on	
	Other NYC taxes (Form IT-201-ATT, line 34)	51				.00		pages 26, 27, and 28 to	
	Add lines 49, 50, and 51	52				.00		compute New York City a Yonkers taxes, credits, a	
	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53				.00		tax surcharges.	inu
	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 (ad	ld lines	s 54 throug	gh 57)			58	13	.00
59	Sales or use tax (see page 29; do not leave line 59 blank)						59	554	.00
_	luntary contributions (see page 30)								
_	60a Return a Gift to Wildlife		6	60a		.00			
	60b Missing/Exploited Children Fund			50u 50b		.00			
	60c Breast Cancer Research Fund			50c		.00			
	60d Alzheimer's Fund			500 60d		.00			
	60e Olympic Fund (\$2 or \$4; see page 30)			50e		.00			
	60f Prostate Cancer Research Fund			60f		.00			
	60g 9/11 Memorial					.00			
	60h Volunteer Firefighting & EMS Recruitment Fund					.00			
60	Total voluntary contributions (add lines 60a through 60h)						60	1	.00
	Total New York State, New York City, and Yonkers taxes							-	.00
•••	contributions (add lines 46, 58, 59, and 60)	-					61	853	.00

Your social security number 400004818

IT-201 (2012) Page 3 of 4



Name(s) as shown on page 1

ROBIN D RICHARD SR

Pag	ge 4 of 4 IT-201 (2012)	Your social sec					
62	Enter amount from line 61		004818			62	853 .00
Pa	ayments 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	1	
67	Real property tax credit		67		.00	1	
68	College tuition credit		68	20	00.00	-	
69	NYC school tax credit (also comp	plete F on page 1: see page 31)	69		.00	1	
	NYC earned income credit		70		.00		
	Other refundable credits (Form I		71		.00	-	
	Total New York State tax withhe	,	72	52		-	Ibmit your wage and tax
	Total New York City tax withhel		73	J2	00 <u>. C 2</u>	-4.	atements with your return
	Total Yonkers tax withheld		74		97.00	10	ee page 33).
			75	2		-	
	Total estimated tax payments an				.00		
76	Total payments (add lines 63 thr	ough 75)				76	822 .00
Yo	our refund, amount you owe, ar	nd account information	ísee pages 3	3 through 36)			
77	Amount overpaid (if line 76 is m	ore than line 62, subtract line	62 from line 7	6)		77	.00
78	Amount of line 77 to be refunde	d direct	de	ebit	paper		
	Mark one refund choice	e: deposit (fill in line 83)	- or - 🗌 Ca	ard - or -	check	78	.00
	Amount of line 77 that you want 2013 estimated tax (see instruct Amount you owe (if line 76 is less	ctions)			.00	inf	e pages 33 and 34 for formation about your three fund choices.
00	To pay by electronic funds wit			fill in lines 83 a	nd 84	80	31 .00
81	Estimated tax penalty (include th	is amount in line 80 or					e page 37 for the proper
0.	reduce the overpayment on line 7		81		.00] as	sembly of your return.
82	Other penalties and interest (see		82		.00	1	
83	Account information for direct de	eposit or electronic funds w	ithdrawal (se	e page 35).			
	If the funds for your payment (or	refund) would come from (o	or go to) an a	ccount outside	the U.S.,	mark a	n X in this box (see pg. 35)
	83a Account type: X Persona	I checking - or -	onal savings	- or - Bus	iness che	cking	- or - Business savings
	83b Routing number 01100	1742 830	Account num	nber LOAN	XXXX4	0000	4818
84	Electronic funds withdrawal (see	oage 36)	Date $04-0$	2-2013	Amour	nt	31.00
	Third-party Print designee's na	me		Designee's phone	number		Personal identification number (PIN)
	esignee? (see instr.)			()			
		(acc instr.) - Date			Tayna	vor(s)	must sign here ▼
	Paid preparer must complete parer's signature	(see Instr.) Preparer's	NYTPRIN	Your signatu	-	961(8)	
	n's name (or yours, if self-employed)	Preparer's PTI		Your occupa			
					EXI	ECUT	
Add	dress		ification number		mature and		on <i>(if joint return)</i>
			ark an X if If-employed	Date			Daytime phone number
E-m	nail:			E-mail: R	ICHAR		S.COM

201004120099

See instructions for where to mail your return.



Other Tax Credits and Taxes Attachment to Form IT-201

IT-201-ATT

	A A A		•••••						
See	the instruct	ions for completing Form IT-201-A	TT in t	ne instruction	ns for Form IT-201.				
Nan	ne(s) as show	vn on your Form IT-201					Your s	ocial security number	
F	ROBIN D	RICHARD SR						400004818	
		arts that apply to you; see instru	ictions	s. Submit th	is form with your Form	n IT-201			
		her New York State, New Y			-	`			
		· · · · · ·				J			
		ew York State nonrefundable		-		1		Whole dollars only	
		ion distribution credit (submit compu	itation)				1		.00
2		efundable, non-carryover credits							
-	Code	Amount		Code	Amount				
2a		.00	2b			.00	-		
	lotal other	nonrefundable, non-carryover cre	dits (ad	ld lines 2a and	d 2b)		2		.00
Sec	tion B – N	lew York State nonrefundable	e, carı	vover cred	lits used				
		care insurance credit		-			3	400	.00
	•	t credit					4		.00
5	Solar ener	gy system equipment credit					5		.00
6		efundable, carryover credits				I	-		
	Code	Amount		Code	Amount				
6a		.00	6h			.00			
6b		.00	6 i			.00			
6c		.00	6j			.00			
6d		.00	6k			.00			
6e		.00	61			.00			
6f		.00	6m			.00			
6g		.00	6n			.00			
	Total other	nonrefundable, carryover credits	add lin	es 6a through	6n)		6		.00
7	Total New	York State nonrefundable credi	ts use	d		1			
	(add lines	s 1 through 6; enter here and on Form	IT-201,	line 42)			7	400	.00
Sec	tion C – N	lew York City nonrefundable,	non-	carryover (redits used				
				-			0		00
		City resident UBT credit					8		.00
		City accumulation distribution cred resident nonrefundable NYC child					9 9a		.00 .00
	-	r New York City nonrefundable (-			5a		.00
10		8 8, 9, and 9a; enter here and on Form					10		.00
	(auu iiries		11-201	, inte 55)			10		.00
Sec	tion D – N	lew York State, New York City	, and	Yonkers re	efundable credits				
11	Farmers' s	chool tax credit					11		.00
12	Other refu	ndable 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	12 I			.00			
		refundable credits (add lines 12a th	-				12		.00
13	Add lines '	11 and 12					13		.00

(continued on back)



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-sur	n distrib	outions (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	201			00	
	Total other New	VYork State taxes (add lines 20	a through	201)		20	.00
21	Add lines 19 an	nd 20				21	.00
22	See instructions	s for line 22		22	2	00	
23	Enter amount fr	rom Form IT-201, line 39		23	3	00	
24	Subtract line 23	from line 22 (if line 23 is more	than line 2	2, leave	blank)	24	.00
25	Subtract line 24	from line 21 (if line 24 is more	than line 2	1, leave	blank)	25	.00
							_
26	New York State	separate tax on lump-sum di	stribution	s			
	(Form IT-230) .			26	6	00	
27	Resident credit	against separate tax on lump	-sum				
		· · ·		27	7	00	
28	Subtract line 27	r from line 26				28	.00
							4
29	New York State	minimum income tax (Form I	- 220)			29	.00
		York State taxes	,				
			rm IT-201.	line 45)		30	.00
				,			4
Pa	art 3 – Other	New York City taxes	submit a	ll appli	cable forms)		
_)(- 1- 15	/	_	
31	New York City r	minimum income tax (Form IT-	220)			31	.00
	•				s (Form IT-230)		.00
					tions (Form IT-230)		.00
		w York City taxes			. ,		
		•	rm IT-201,	line 51)		34	.00





Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

Name(s) as shown on return

ROBIN D RICHARD SR

Identifying number as shown on return 400004818

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	Туре	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		
Beneficiarv	6	Enter your share of the credit from the fiduciary's Form IT-249, Schedule D,					
Бененскагу		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

beneficially 5 and nationally 5 share of ore	an	
Α	B	С
Beneficiary's name (same as on	Identifying number	Share of qualified long-term
Form IT-205, Schedule C)		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)



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
	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

	Enter the amount from line 11 Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 <i>(if the income</i>	15	.00
17	percentage is more than 100% (1.0000), enter 1.0000) Nonresident and part-year resident credit (<i>multiply line 15 by line 16</i>)		.00
	Enter the carryover credit from last year's Form IT-249 Total credit (add lines 17 and 18; complete Schedule H)	18 19	.00 .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
		24	.00





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

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 securi	ity number	
	ROBIN D RICHARD SR	4	0000481	8
	Spouse's name (first name first)	Spouse's social s	ecurity 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.			
	Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year?	1	Yes	No X
	 If Yes, stop; you do not qualify for the college tuition credit or the college tuition itemized dedu If No, continue with question 2. 	ction.		
2	 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year? If Yes, continue with Part 1 below. 	2	Yes X	No 🗌
	• If No. stop: you do not qualify for the college tuition credit. However, you may qualify for the			

 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 – Stu	dent 1	2 – Stu	udent 2	3 – St	udent 3
Α	Eligible student's name	ROBIN D RI	CHARD SR				
в	Eligible student's social security number (SSN)	40000	4818				
с	Is the student claimed as a dependent on your NYS return? (see instructions)	Yes	No X	Yes	No 🗌	Yes	No 🗌
D	EIN of college or university (see instr.)	63123	4567				
Е	Name of college or university (see instr.)	SCHENECT	ADY CCC				
F	Were expenses for undergraduate tuition? (see instructions)	Yes X	No	Yes	No 🗌	Yes	No 🗌
G	Amount of qualified college tuition expenses (see instructions)		2000.00		.00		.00
н	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



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	20	00.00
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			3
 If you marked an X in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions f form), on your itemized deduction schedule. Do not enter the college tuition credit from line 5 or 7 a 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 a college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68. 	he		

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



22222		e's social security number	OMB No. 154	5-00	08							
b Employer identification number 631234561	(EIN)			1	Wages, tips, other compensation 17725	2 Fec	leral income	tax withheld				
c Employer's name, address, and MUSIC	ZIP code			3	Social security wages	4 Soc	cial security to	ax withheld				
MUSIC ROW				5	Medicare wages and tips	6 Me	dicare tax wit	hheld				
123 JAMES S	Т			7	Social security tips	8 Allo	cated tips					
QUINTON AL	35130											
d Control number				9		10 De	pendent care	benefits				
e Employee's first name and initia	Last nam	e	Suff.	11	Nonqualified plans	12a						
ROBIN D RIC	HARD SI	R				C o d e						
1234 THOMAS	PL			13	Statutory Retirement Third-party employee plan sick pay	12b	I					
YONKERS NY	10701			14	Other	12c						
						o d e						
						12d	1					
f Employee's address and ZIP cod	le					e						
15 State Employer's state ID nun	nber	16 State wages, tips, etc.	17 State incon	ne tax	x 18 Local wages, tips, etc.	19 Local in	ncome tax	20 Locality name				
NY		17725	460		17725	6	2	YONKERS				
Form W-2 Wage an Stateme	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

	e's social security number 004818	OMB No. 154	5-0008								
b Employer identification number (EIN) 631234520		1 Wages, tips, other compensation 2 Federal income tax withhe 1775 2									
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security	ax withheld					
	PLOYEE RELATI		5 Me	dicare wages and tips	6 Medicare tax w	thheld					
AGENCY BLDG 2 EME ALBANY NY 12223	PIRE STATE PL	AZA	7 Soc	cial security tips	8 Allocated tips						
d Control number			9		10 Dependent care	e benefits					
e Employee's first name and initial Last name ROBIN D RICHARD S	ne SR	Suff.		nqualified plans	12a C d e						
1234 THOMAS PL			13 Statu emp	utory Retirement Third-party loyee plan sick pay	′ 12b						
YONKERS NY 10701			14 Oth	er	• 12c C d • 12d						
f Employee's address and ZIP code					C o d e						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name					
NY	1775	35		1775	35	YONKERS					
Wage and Tax Form W-2 Statement											

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

W2 INDICATOR -S

		ECTED		
PAYER'S name, street address, city, s	state, ZIP code, and telephone no.	1 Rents	OMB No. 1545-0115	
BCC CORP		\$ 2 Royalties	2012	Miscellaneous Income
123 MAIN AVE		\$	Form 1099-MISC	
OAK TOWN VA 22	000	3 Other income	4 Federal income tax withheld	
		\$ 1300	\$	Copy 1
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	For State Tax Department
621234567	400004818	\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
ROBIN D RICHAR	D SR	\$	\$	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	
1234 THOMAS PL	1	(recipient) for resale ►	\$	
City, state, and ZIP code YONKERS NY 107	01	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	17 State/Payer's state no.	18 State income
	•	\$ 30	NY/270293117	\$ 1300
\$	\$	\$		\$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

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 withhelding, 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.

ALBANY, NY 122	TE F LABOR-UNEMPLOYMENT (40-0001				State Recip Certa Gove Payn	No. 1545-0120 ment for bients of ain ernment nents 1099-G (12/11)
RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.		4.	Federal income tax withheid
400004818	\$500.00					
RECIPIENT'S name, street address, city, st	ate and ZIP code		5. ATA	A Payments	s 6.	
ROBIN D RICHAR	D SR	·	7.		B.	9.
356 SKYLINE DR			10 a.	10 b. Stat		11. State income tax withheld
YONKERS NY 107	01	•	State	dentifical		
			NY	27-02931	17	\$50
This is important tax information and	is being furnished to the internal	Revenue Service	. If you a	re required	to file	a return, a neoligence penalty or

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 o other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Resident Income Tax Return New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your rea	turn, see the ir	nstruc	tions, Form IT-2	01-I.			
Your first name and middle initial	Your last name (for a joint return, enter spouse's name on line below)				You	r date of birth (mm-dd-yyyy)	Your social security number
DANIEL T	THO	MAS			0	3-15-1982	400004820
Spouse's first name and middle initial	Spouse's last name				Spo	use's date of birth (mm-dd-yyyy)	Spouse's social security number
							400004870
Mailing address (see instructions, pag	e 12) (number and s	treet or i	rural route)			Apartment number	New York State county of residence
356 DOVER STREE	Т						KINGS
City, village, or post office		State	ZIP code	Country (if no	ot Un	nited States)	School district name
BROOKYLN		NY	11217				BROOKLYN
Permanent home address (see instructions, page 12) (number and street or rural route) Apartment number						tment number	School district code number
City, village, or post office State ZIP code						Decedent Taxpaye	r's date of death Spouse's date of death
NY						information	

Α	Filing status	1	Single	NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No X
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)	I	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes X No
	box):	3 X	Married filing separate return (enter spouse's social security number above)			(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
		4	Head of household (with qualifying person)	I	F	NYC residents and NYC part-year residents only (see page 13): (1) Number of months you lived in NYC in 2012
в		5	Qualifying widow(er) with dependent child deductions on	7		(2) Number of months your spouse lived in NYC in 2012
~	-		me tax return? Yes No		G	Enter your 2-character special condition code if applicable (see page 13)
C	Can you be c on another tax	xpayer's	as a dependent federal return? Yes No	X		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)



Your social security number 400004820

Federal income and adjustments (see page 14)

rederal income and adjustments (see page 14)			Whole dollars only			
1	Wages, salaries, tips, etc	1	.00			
	Taxable interest income	2	.00			
3	Ordinary dividends	3	.00			
	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	n 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	7)				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				.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	4 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 - X 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			
	Taxable income (subtract line 36 from line 35)	37	19945 .00			



Tax computation, credits, and other	er taxes) (see page 25)						
38 Taxable income (from line 37 on p	age 2)				. 38	19945	.00
39 NYS tax on line 38 amount (see p						970	.00
40 NYS household credit (page 25, ta				.C	-	270	
41 Resident credit (see page 26)				70.0	0		
42 Other NYS nonrefundable credit				.0	0		
43 Add lines 40, 41, and 42					. 43	70	.00
44 Subtract line 43 from line 39 (if lin	e 43 is more than line 39, lea	ve 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 surcharg	les					
47 NYC resident tax on line 38 amou	unt (see page 26)	47		630 .0	0		
48 NYC household credit (page 26, ta		48		.0			
49 Subtract line 48 from line 47 (if lin		· · · ·					
line 47, leave blank)		49		630.0	0		
50 Part-year NYC resident tax (Form	IT-360.1)	50		.0	0	See instructions on	
51 Other NYC taxes (Form IT-201-AT	r, line 34)					pages 26, 27, and 28 to compute New York City and	
52 Add lines 49, 50, and 51		52		630.0	0	Yonkers taxes, credits, a	
53 NYC nonrefundable credits (Form	IT-201-ATT, line 10)	53		488 .0	0	tax surcharges.	
54 Subtract line 53 from line 52 (if lin	e 53 is more than				_		
line 52, leave blank)		54		142 .0	0		
55 Yonkers resident income tax surc	harge (see page 28)	55		.0	0		
56 Yonkers nonresident earnings tax		56		.0	0		
57 Part-year Yonkers resident income t		·		.0	-		
58 Total New York City and Yonke	rs taxes / surcharges (ad	ld lines 54 t	hrough 57)		. 58	142	.00
59 Sales or use tax (see page 29; do	not leave line 59 blank)				. 59	20	.00
Voluntary contributions (see pag							
60a Return a Gift to Wildlife			60a	.0	0		
60b Missing/Exploited Childrer	Fund		60b	.0	0		
60c Breast Cancer Research F	und		60c	.0	0		
60d Alzheimer's Fund			60d	.C	0		
60e Olympic Fund (\$2 or \$4; see	e page 30)		60e	.0	0		
60f Prostate Cancer Research				.0	0		
60g 9/11 Memorial			60g	.0	0		
60b Voluntoor Eirofighting 8 EN	IS Recruitment Fund		60h	.0	0	T	
60 Total voluntary contributions (a					. 60		.00
							.00

Your social security number 400004820

IT-201 (2012) Page 3 of 4



Name(s) as shown on page 1

DANIEL T THOMAS

Pag	je 4 of 4	IT-201	(2012)	Your social se	,						
62	Enter ar	mount fr	om line 61			820			62		1062 .00
									02		1062 .00
	-		undable credits (see pa						1		
			nild credit					.00	-		
			and dependent care cred					.00	-		
			come credit (EIC)		65			.00	-		
			lial parent EIC					.00	-		
			ax credit					.00	-		
			credit				<u> </u>	.00	-		
			credit (<i>also complete F on µ</i> come credit		69 70		63	.00	-		
			le credits (Form IT-201-ATT,					.00			
			State tax withheld					.00. .00		Submity	our wage and tax
			City tax withheld					.00	-		its with your return
			ax withheld					.00		(see page	
			tax payments and amount p				400	.00			
			s (add lines 63 through 75).		·		492	.00	76		555 .00
		-							10		
Yc	our refun	d, amo	unt you owe, and accou	nt information	(see J	pages 33 th	rough 36)				
77	Amoun	t overp	aid (if line 76 is more than l	ine 62, subtract line	e 62 fro	om line 76)			77		.00
			77 to be vefunded	rect		debit				·	
	N	/lark on		posit (fill in line 83)	- or -				78		.00
79	Amount	of line	77 that you want applied t	o your					,	See page	es 33 and 34 for
	2013	estimate	ed tax (see instructions)		79			.00			on about your three
										refund ch	IOICES.
80		-	ie (if line 76 is less than line								
	To pag	y by ele	ctronic funds withdrawal,	mark an X in the I	box L	and fill i	in lines 83 and 8	34	80		520.00
										See nade	a 37 for the proper
81		-	enalty (include this amount						1		of your return.
~ ~			rpayment on line 77; see pag	,			13	.00	-		
82	Other pe	enalties	and interest (see page 35)	•••••	82			.00]		
	A	. :	ation for divert demonstration	- f			25)				
83	Account	t informa	ation for direct deposit or	electronic funds v	vitnara	awal (see pa	age 35).				
	lf the fur	nds for v	our payment (or refund) w	ould come from (or do	to) an acco	unt outside the	us	mar	·k an X in t'	his hox (see ng. 35)
	ii tiic iui	103 101 y	four payment (or returna) w		or go	to) an acco		0.0.,	mai		
	83a Acco	ount type	e: Personal checking		e lenos	avings - o		e cho	ckind	g - or -	Business savings
	03a ACC	ount type			sonal a	avings - O			CKIII	, - 01 - L	
	83b Rout	tina num	ber	83	c Acc	ount number					
					• / 100						
84	Electron	nic funds	withdrawal (see page 36)		Date		A	moun	nt 🗌		.00
	Third-pa	rtv X	Print designee's name			Desi	gnee's phone num	ber			Personal identification
de	signee? (se					()				number (PIN)
Ye	s 🗌 N	• X	E-mail:			·					
	Daid pr	oparar	must complete (see instr	Date			. .	ayna	vor/	s) must s	ign here ▼
	parer's sign	-	must complete (see instr.	Preparer's		RIN		алра	yei(s) must s	
					5 IN [IP		Your signature				
Firn	n's name (o	or yours, if	self-employed)	Preparer's PT	IN or S	SN	Your occupation	VEI		םר םו	
Add	lress			Employer iden	itificatio	n number	Spouse's signatu	-		-	t return)
					lark an .	Vif —	Data			Doutime	
					elf-empl		Date				ohone number 555-6666
E-m	nail:						E-mail: THO	MAS	S@A	TS.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

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

Na	me(s) as shown on your Form IT-201	You	r social security number	
	DANIEL T THOMAS		400004820	
	г		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





New York State Department of Taxation and Finance

Other Tax Credits and Taxes Attachment to Form IT-201

IT-201-ATT

	and the second second		•••••						
See	the instructi	ions for completing Form IT-201-A	TT in th	ne instruct	ions for Form IT-201.				
Nan	ne(s) as show	n on your Form IT-201					Your social see	curity number	
	DANI	EL T THOMAS					4000	04820	
Com		arts that apply to you; see instru	uctions	. Submit	this form with your Forr	n IT-201			
-		ner New York State, New Y							
		· · · · · ·							
		ew York State nonrefundable		-		ſ	W	hole dollars only	
		ion distribution credit (submit compu	utation)				1		.00
2		efundable, non-carryover credits							
	Code	Amount		Code	Amount				
2a		.00	2b			.00	-		
	Total other	nonrefundable, non-carryover cre	dits (ad	ld lines 2a a	and 2b)		2		.00
Sec	tion B – N	ew York State nonrefundable	e. carr	vover cr	edits used				
		care insurance credit		-		[3		.00
	-	t credit				1	4		.00
		gy system equipment credit					5		.00
		efundable, carryover credits				[•		
•	Code	Amount		Code	Amount				
6a		.00	6h			.00			
6b		.00	61			.00			
60		.00	6j			.00			
6d		.00	6k			.00			
6e		.00	61			.00			
6f		.00	6m			.00			
6g		.00	6n			.00			
-	Total other	nonrefundable, carryover credits	(add line	es 6a throug	gh 6n)		6		.00
7		York State nonrefundable credi			,				
	(add lines	1 through 6; enter here and on Form	IT-201,	line 42)			7		.00
••••									
		ew York City nonrefundable,		-		ſ			
		City resident UBT credit				ł	8	488	.00
		City accumulation distribution cred	•		,		9		.00
	-	esident nonrefundable NYC child		-	are credit		9a		.00
10		r New York City nonrefundable				I			
	(add lines	8, 9, and 9a; enter here and on Form	IT-201,	line 53)			10	488	.00
Sec	tion D – N	ew York State, New York City	, and	Yonkers	refundable credits				
11	Farmers' s	chool tax credit				[11		.00
		ndable credits					••		:00
12	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	121			.00			
	Total other	refundable credits (add lines 12a th		21)			12		.00
13		1 and 12	-	,			13		.00

(continued on back)



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-sur	n distrib	outions (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	201			00	
	Total other New	VYork State taxes (add lines 20	a through	201)		20	.00
21	Add lines 19 an	nd 20				21	.00
22	See instructions	s for line 22		22	2	00	
23	Enter amount fr	rom Form IT-201, line 39		23	3	00	
24	Subtract line 23	from line 22 (if line 23 is more	than line 2	2, leave	blank)	24	.00
25	Subtract line 24	from line 21 (if line 24 is more	than line 2	1, leave	blank)	25	.00
							_
26	New York State	separate tax on lump-sum di	stribution	s			
	(Form IT-230) .			26	6	00	
27	Resident credit	against separate tax on lump	-sum				
		· · ·		27	7	00	
28	Subtract line 27	r from line 26				28	.00
							4
29	New York State	minimum income tax (Form I	- 220)			29	.00
		York State taxes	,				
			rm IT-201.	line 45)		30	.00
				,			4
Pa	art 3 – Other	New York City taxes	submit a	ll appli	cable forms)		
_)(- 1- 15	/	_	
31	New York City r	minimum income tax (Form IT-	220)			31	.00
	•				s (Form IT-230)		.00
					tions (Form IT-230)		.00
		w York City taxes			. ,		
		•	rm IT-201,	line 51)		34	.00





New York State Resident Credit

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.

Pa	rt 1 – Income and adjustments (see instructions)		A Amount reported on New York State return	A	B mount sourced to and taxe by other taxing authority	d
			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	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
	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)



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)		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

3131970.0032Other credits that you applied before this credit (see instructions)32.0033Subtract line 32 from line 31.0033970.0034Enter the amount from line 30 or line 33, whichever is less (see instructions)3470.00					
33 Subtract line 32 from line 31	31	Tax due before credits (see instructions)	31	970	.00
	32	Other credits that you applied before this credit (see instructions)	32		.00
34 Enter the amount from line 30 or line 33, whichever is less (see instructions)	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
				77
38	Mark an X in the box if the taxes paid to the other jurisdiction were paid on a group return			Х

Enter the group's EIN 233456789





New York State Department of Taxation and Finance Credit for New York City Unincorporated Business Tax

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

Subinit Form 11-219 with your return, Form 11-201, Form 11-203, or Form 11-205.	1
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 year end (from Form NYC-204)	nership 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	—
3 Add lines 1 and 2	
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)	
Part 2 – Individual	
6 Resident individual: Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8 (see in	nstr.)
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	s)
· · · · · · · · · · · · · · · · · · ·	,
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)	
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	
	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	
14 Amount from Form IT-201-ATT, line 33	
15 Add lines 12, 13, and 14	
16 Enter the lesser of line 11 or 15, and transfer the amount to Form IT-201-ATT, line 8	



	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 <i>(see instructions)</i>	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 bus Estates and trusts: Include this amount (below) in Schedule A, <i>Totals</i> line, column D.	siness.		
	All others: Transfer this amount to line 6 on the front page		5	.00

— Worksheet B —

1	Base percentage 100%			1	1.000
	Enter your taxable income from the front page, line 9				
	Base amount				
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



2012

New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Nor				.,				Id	ontificatio		abor (SSN	or EINI)	
INar	ne(s) as shown on return							106			nber <i>(SSN</i> 04820	,	
Par	DANIEL T THOMAS t 1 – All filers must complete this	nar	t (see i	instructions For	m IT_2105 Q_I	for as	sistance		-10	000	04020)	
	Total tax from your 2012 return before with	-					,			1		1042	.00
	Empire State child credit (from Form IT-201		-		-			,	.00	•		TOHZ	.00
	NYS/NYC child and dependent care cred	·	,						.00				
	NY State earned income credit (EIC) (from			. ,					.00				
	NY State noncustodial parent EIC (from F								.00				
	Real property tax credit (from Form IT-201,					-			.00				
	College tuition credit (from Form IT-201, line								.00				
	NY City school tax credit (from Form IT-201,							63	.00				
	NY City earned income credit (from Form I							05	.00				
	Other refundable credits (from Form IT-201, J					-			.00				
	Add lines 2 through 10				,					11		62	00
11 12	Current year tax (subtract line 11 from line 1)									12		<u>63</u> 979	.00 .00
								381		12		979	.00
	Multiply line 12 by 90% (.90) Income taxes withheld (from Form IT-201, li					· · · · · ·		50T	.00				
14	Form IT-205, lines 34, 35, and 36)									14			.00
45	Subtract line 14 from line 12. If the result is									14		979	.00
	Enter your 2011 tax (<i>caution:</i> see instructio							,	1	16		927	.00
	Enter the smaller of line 13 or line 16									17		881	.00
-	t 2 – Short method for computi									17		001	.00
of e	holding tax and/or paid four equal estim stimated tax. Otherwise, you must comp Enter the amount from line 14 above	olete	Part 3 -	– Regular metho	od.		u made r	io paym	ents				
	Enter the total amount of estimated tax p							492	.00				
	Add lines 18 and 19	•	•	-						20		492	.00
	Total underpayment for year. Subtract								ł	21		389	.00
	Multiply line 21 by .03289 and enter the r								1	22		13	.00
	If the amount on line 21 was paid on or a								ł				
	April 15, 2013, make the following com Amount on line 21 × number of day	•								23			.00
24	Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81							2	4			13	.00
Par	t 3 – Regular method – Schedule	A –	Comp	uting your ur	nderpaymen	t (Sch	edule B i	s on the	back)				
	Payment due dates		Α	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
	nplete lines 27 through 29, one column 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
	-/									-			



IT-2105.9 (2012) (back)

Part 3 – Regular method – Schedule B –	Com	puting the pen	alty							
Payment due dates		A 4/15/12		В	6/15/12	C	9/15/12	2	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 =										
(31									
32 Multiply line 30, column A by line 31	32		.00							
Second installment (June 15 - September 15, 201	2)									
33 June 15 - September 15 = (92 ÷ 366) × 7	.5% =	01884								
- or -										
June 15 = (🔄 ÷ 366)	× 7.59	% = .								
			33							
34 Multiply line 30, column B by line 33					.(00				
Third installment (September 15, 2012 - January	15, 20	013)								
35 September 15 - December 31 = $(107 \div 36)$	66) ×	7.5% = .02192								
January 1 - January 15 = $(15 \div 3)$	65) ×	7.5% = .00307 .02499		Total						
- or -										
September 15 - = (÷	366)	× 7.5% = .								
		× 7.5% = .								
, <u> </u>	,			Total	3	5				
36 Multiply line 30, column C by line 35								.00		
Fourth installment (January 15 - April 15, 2013)										
37 January 15 - April 15 = (90 ÷ 365) × 7.5%	0. = .0	1848								
- or -										
January 15 = (÷ 36	5) × 7	.5% = .								
20 Multiple line 20 column D having 27								37		
 38 Multiply line 30, column D by line 37 39 Penalty. Add lines 32, 34, 36, and 38. Enter h 								38		.00
Form IT-203, line 71; or Form IT-205, line 4							39			.00



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 IT-203

12

No

Income Tax Return New York State • New York City • Yonkers

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning

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 re	ur last name (for a joint return , enter spouse's name on line below)					Your social security number			ber
MARY B	CHAI	CHARITY			06-16-1965		400004822			22
Spouse's first name and middle initial	Spouse's last name			Spou	use's date of birth (n	nm-dd-yyyy)	Spouse	e's socia	l security i	number
								400	0048	72
Mailing address (see instructions, page	ge 13) (number and street or i	rural route)			Apartment numb	ber	New Yo	ork State	e county of	residence
923 HOPE CT								ALE	BANY	
City, village, or post office	State	ZIP code	Country (if no	ot Uni	ited States)		School	district	name	
FAITH	NC	28041-092	3					ALE	BANY	
Permanent home address (see instr.,	pg. 13) (no. and street or rural ro	ute) Apartment no.	City, vil	lage,	or post office			Schoo	l district	
145 NEW SCO	LAND AVE			A	LBANY				number	005
State ZIP code C	ountry (if not United States)				Decedent	Taxpayer	's date c	of death	Spouse's	date of death
NY 12206					information					

Α	Filing	① Single
	status (mark an X in one	② X Married filing joint return (enter both spouses' social security numbers above)
	box):	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
В		nize your deductions on the sederal income tax return?
С		claimed as a dependent axpayer's federal return?Yes No
D		e a financial account foreign country? (see pg. 14)
Е	New York C	ity part-year residents only (see page 14)
	(1) Number	of months you lived in NY City in 2012
	• •	of months your spouse lived

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

GN	lew York	State	part-year	residents	(see page	15)
----	----------	-------	-----------	-----------	-----------	-----

Enter the date you moved into or out of NYS (<i>mm-dd-yyyy</i>)	06-30-2012
On the last day of the tax year (mark an X in on 1) Lived in NYS	,
 Lived outside NYS; received income from NYS sources during nonresident period 	
 Lived outside NYS; received no income from NYS sources during nonresident period 	

н	New York State nonresidents (see page 15)	
	Did you or your spouse maintain	ſ
	living quarters in NYS in 2012?Yes	

(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
MICHAEL B	Giniti	DOM	100001000	



Pa	ge 2 of 4 IT-203 (2012)	Enter your social security number					
	-	400004822					
F	ederal income and adjustr			Federal amount		New York State amount	t
Ċ		(see page 17)		Whole dollars only		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, su	Ibmit a copy of federal Sch. D, Form 1040)	7	72 .00	7		.00
		nit a copy of federal Form 4797)	8	.00	8		.00
9	Taxable amount of IRA distribution		9	.00	9		.00
10	Taxable amount of pensions/annui	ties. Beneficiaries: mark \boldsymbol{X} in box	10	.00	10		.00
		s, partnerships, S corporations,					
		of federal Schedule E, Form 1040)	11	23200.00	11		.00
12	Rental real estate included						
	in line 11 (federal amount) 1	2 .00]				
13	Farm income or loss (submit	a copy of federal Sch. F, Form 1040)	13	16404 .00	13	16404	.00
		ion	14	.00	14		.00
		urity benefits (also enter on line 26)	15	.00	15		.00
16	Other income (see page 22)	entify: GAMBLING 2043	16	2043.00	16	2043	.00
	· · · · · ·	d 13 through 16	17	91049.00	17	57287	.00
	Total federal adjustments to						
		AY 400 1/2 SE TAX 1159	18	3300.00	18	3256	.00
19		come (subtract line 18 from line 17)	19	87749.00	19	54031	.00
						01001	
	ew York additions (see p	page 24)					
20	Interest income on state an	nd local bonds (but not those					
		alities)	20	.00	20		.00
21	Public employee 414(h) ret	irement contributions	21	.00	21		.00
	Other (see page 24) Identify:		22	.00	22		.00
			23	87749.00	23	54031	.00
				<u> </u>			
Ne	ew York subtractions (se	ee page 27)					
24	Taxable refunds, credits, or	r offsets of state and					
		line 4)	24	.00	24		.00
25	Pensions of NYS and local				· · · ·		
		page 27)	25	.00	25		.00
26	C	ecurity benefits (from line 15)	26	.00	26		.00
		vernment bonds	27	.00	27		.00
		ne exclusion	28	.00	28		.00
	Other (see page 29) Identify:		29	.00	29		.00
			30	.00	30		.00
		ncome (subtract line 30 from line 23)	31	87749.00	31	54031	.00
						<u>51051</u>	100
32	Enter the amount from line	31, Federal amount column			32	87749	.00
	tandard daduction on item	ized deduction	21				
ු	tandard deduction or item	ized deduction (see page 33	7)				

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 – 🗌 Itemiz	d 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



Name(s) as shown on page 1	Enter your social security r	umber	IT-203 (2012) Page	3 of 4			
GEORGE L AND MARY B CHARITY	GEORGE L AND MARY B CHARITY 400004822						
Tax computation, credits, and other taxes (see page 34)							
		2	C0740	00			
37 New York taxable income (from line 36 on page 2)							
38 New York State tax on line 37 amount (see page 34 and Tax computer 29 New York State beyophild gradit (see 24 table 4.2 or 2)				.00			
39 New York State household credit (page 34, table 1, 2, or 3)40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave bla				.00 .00			
41 New York State child and dependent care credit (see page 35)	,		0000	.00			
42 Subtract line 41 from line 40 (<i>if line 41 is more than line 40, leave bla</i>							
43 New York State earned income credit (see page 35)	,			.00			
				100			
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, le	eave blank)		3865	.00			
	,						
	ederal amount from line	e 31	Round result to 4 decimal pl	laces			
percentage (see page 35) $54031 \dots 00 \div$	87749	.00 = 45	0.6157				
46 Allocated New York State tax (multiply line 44 by the decimal on line	45)		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 bla	ank)	48		.00			
49 Net other New York State taxes (Form IT-203-ATT, line 33)				.00			
50 Total New York State taxes (add lines 48 and 49)			850	.00			
New York City and Yonkers taxes and credits							
51 Part-year New York City resident tax (Form IT-360.1) 51		.00	See instructions on page				
52 New York City minimum income tax (Form IT-220)		.00	and 36 to compute New City and Yonkers taxes,				
52a Add lines 51 and 52		.00	credits, and surcharges.				
52b Part-year resident nonrefundable New York City		20	erealte, and earenaigee				
child and dependent care credit 52b 52c Subtract line 52b from 52a		.00					
		.00					
 53 Yonkers nonresident earnings tax (Form Y-203)		.00					
(Form IT-360.1)		.00					
55 Total New York City and Yonkers taxes (add lines 52c, 53, and				.00			
55 Total New Tork Oily and Torkers taxes (add lines 520, 55, and	, , , , , , , , , , , , , , , , , , , 			.00			
56 Sales or use tax (See the instructions on page 36. Do not leave line	56 blank)		49	.00			
				100			
Voluntary contributions (see page 37)							
57a Return a Gift to Wildlife	57a	.00					
57b Missing/Exploited Children Fund		.00					
57c Breast Cancer Research Fund		.00					
57d Alzheimer's Fund	57d	.00					
57e Olympic Fund (\$2 or \$4; see page 37)	57e	.00					
57f Prostate Cancer Research Fund		.00					
57g 9/11 Memorial		.00					
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00					
57 Total voluntary contributions (add lines 57a through 57h)							
			,	.00			
 58 Total New York State, New York City, and Yonkers taxes, sal and voluntary contributions (add lines 50, 55, 56, and 57) 	es or use tax,						



Page 4 of 4 IT-203 (2012)

400004822

Enter your social security number

59 Enter amount from line 58		[59	899.00
Deverente and refundable availte (see news 20	,			
Payments and refundable credits (see page 38)		00		
 60 Part-year NYC school tax credit (also complete E on front; see 61 Other refundable credits (Form IT-203-ATT, line 17) 		.00		
62 Total New York State tax withheld		.00 1257 .00	Submit yo	our wage and tax
63 Total New York City tax withheld			statement	s with your return
64 Total Yonkers tax withheld		436 .00	(see page	38).
65 Total estimated tax payments/amount paid with For	-			
66 Total payments and refundable credits (add line			66	3693 .00
	c ,	L		
Your refund, amount you owe, and account info	rmation (see pages	39 through 42)		
67 Amount overpaid (if line 66 is more than line 59, su	ubtract line 59 from line 66)[67	2794 .00
68 Amount of line 67 to be refunded direct	de	bit paper	<u></u>	0704
Mark one refund choice: deposit (#	ill in line 73) - or - 🔀 Ca	rd - or ċhèck	68	2794 .00
69 Amount of line 67 that you want applied				s 39 and 40 for
to your 2013 estimated tax (see instructions)		.00	informatio	on about your three
70 Amount you owe (if line 66 is less than line 59, subt	root ling 66 from ling 50)		retuita chi	Dices.
		22 and 74	70	00
To pay by electronic funds withdrawal, mark thi			70	.00
71 Estimated tax penalty (include this amount on line 70		00	See page	43 for the proper
or reduce the overpayment on line 67; see page 40) 72 Other penalties and interest (see page 40)		.00		of your return.
	12	.00		
73 Account information for direct deposit or electron	ic funds withdrawal (see	e page 41).		
If the funds for your payment (or refund) would co	me from (or go to) an ac	count outside the U.S., h	nark an X in thi	S DOX (see pg. 41)
73a Account type: Personal checking - or -	Personal savings	- or - Business chec	cking - or -	Business savings
73b Routing number	73c Account nur	nber		
74 Electronic funds withdrawal (see page 41)	Date	Amount	t	.00
		74110411		
Third-party Print designee's name designee? (see instr.) JOE PALMER		Designee's phone number		Personal identification number (PIN)
Yes X No E-mail: PALMER@ATS.COM	 	(518) 555-7777		55555
	Date	- T auman		
▼ Paid preparer must complete (see instr.) ▼ Preparer's signature	Preparer's NYTPRIN	Your signature	yer(s) must sig	gn nere ▼
	Preparer's PTIN or SSN	Your occupation		
	Employer identification number	Spouse's signature and o	occupation (if joint	return)
Address				none number
	Mark an X if self-employed	Date		555-6666
E-mail:		E-mail: CHARIT	TY@ATS.CC	M

See instructions for where to mail your return.



2012	New York State Depar Other Tax	-			6		IT-203-AT	Т
	Attachment to F	orm	IT-203					
Name(s) as shown on	your Form IT-203					Y	our social security number	
MARY B ANI	D GEORGE L CHARIT	Ϋ́					400004822	
Complete all parts	that apply to you; see instru	ictions	(Form IT-	-203-I). Submit this	form with y	ourl	Form IT-203.	
Part 1 – Other ta	ax credits (submit all applie	cable fo	orms)					
Section A – New Yo	ork State nonrefundable, no	n-carry	over crec	lits used			Whole dollars only	
						1		.00
	istribution credit (submit comput	tation)				2		.00
	dable, non-carryover credits		Quada	6				
Code	Amount .00	3b	Code	Amount		1		
3a Jotal other nonr	efundable, non-carryover crec		l lines 3a ar	nd 3b)	.00	3		.00
			intee ea ai					
Section B – New Yo	ork State nonrefundable, ca	rryover	credits u	ised				
4 Long-term care	insurance credit	-				4		.00
	lit					5	2380	.00
•	energy system equipment cree	dit				6		.00
	dable, carryover credits							
Code	Amount		Code	Amour	-	1		
7a	.00	7h			.00	-		
7b	.00	7i 7j			.00			
70 7d	.00	7j 7k			.00	-		
70	.00	71			.00 .00			
7f	.00	7m			.00			
7g	.00	7n			.00			
	efundable, carryover credits (a		7a through	h 7n)		7		.00
	State nonrefundable credit		-					
(add lines 1 thr	ough 7; enter here and on Form I	T-203, li	ine 47)			8	2380	.00
	ork State, New York City, and Y							
,	ent refundable New York State					9		.00
•	ent refundable New York City o		-			9a		.00
•	ent refundable New York State ent refundable New York City e					10 11		.00 .00
12 Other NY State		ameui						.00
Code	Amount		Code	Amount				
12a	.00	12g			.00]		
12b	.00	12h			.00	1		
12c	.00	12i			.00	1		
12d	.00	12j			.00]		
12e	.00	12k			.00			
12f	.00	121			.00	,		
	ndable credits (add lines 12a thr					12		.00
	ugh 12					13		.00
	e claim of right credit					14		.00
-	claim of right credit					15		.00
	of right credit					16		.00
	State, New York City, and Y					17		.00
	rough 16; enter here and on Forn	11-203	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.00



400004822

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

		x on capital gain portion of lump-s	18		.00			
19	Code	York State taxes Amount		Code	Amount			
19a		.00	19g		.00			
19b		.00	19h		.00			
190		.00	19i		.00			
19d		.00	19j		.00			
19e		.00	19k		.00			
19f		.00	191		.00			
	Total other I	New York State taxes (add lines 19a	a throug	h 19I)		19		.00
						-		
20	Add lines 18	8 and 19		·····		20		.00
21	Enter amou	nt from Form IT-203, line 47		2	.00			
22	Enter amou	nt from Form IT-203, line 46			.00			
		e 22 from line 21 <i>(if line 22 is more t</i>		,	/	23		.00
		e 23 from line 20 <i>(if line 23 is more t</i>			blank)	24		.00
25		tate separate tax on lump-sum dis						
		30)		2	5 40.00			
26		edit against separate tax on lump-						
~-		ons				07	4.0	
27		e 26 from line 25				27	40	.00
		tate minimum income tax (Form IT-				28	810	.00
		4, 27, and 28				29	850	.00
		d and dependent care credit				30	0.5.0	.00
31		e 30 from line 29 <i>(if line 30 is more t</i> v York State earned income credit				31 32	850	.00
						32		.00
33		lew York State taxes (subtract line				33	850	.00
	ριατικ, ότης	erwise, enter the result here and on Fo	11111-2	<i>us, illie</i> 49	/	33	050	.00





New York State Department of Taxation and Finance

Nonresident or Part-Year Resident Spouse's Certification



To be filed with Form IT-203 by married taxpayers filing a joint return when only one spouse has New York source income (see Form IT-203 instructions for additional information).

Name of spouse with New York source income	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

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.





Please file this original scannable attachment with the Tax Department.



Investment Credit

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

Name(s) as shown on return		n	Type of business	Identifying nu	mber as shown on return	1	
	MARY	В	AND GEORGE L CHARITY	RESTORATION	40	0004822	
Date	e vou started vour l	ousir	ess in New York State Location of the qualifier	d property (if more than one, submit a schedule)]
	1/01/200			F, ALBANY COUNTY			
Par	t 1 – Computa	tio	of credit (see Form IT-212-I, Instructions	for Form IT-212)			
I	ndividual	1	Credit from line 25, column F		1	2750	.00
	or fiduciary	2	Credit from line 25, column G		2		.00
E	Beneficiary	3 4	Share of investment tax credit from the Share of research and development cr	e estate or trust	3 4		.00 .00
	Partner	5	Partnership name: Employer identification number Partner's share of credit shown on For	m IT-204-IP, line 49	5		.00
S	corporation hareholder	7	Partner's share of credit shown on For S corporation name: Employer identification number Shareholder's share of investment credit Shareholder's share of research and develop		7		.00
		9	Total (add lines 1 through 8)		9	2750	.00
10 11			r credit allocated to beneficiaries from line 9	ł	10 11	2750	.00 .00
12	Available car	yo	ver credit from last year's Form IT-212 .		12		.00
13			t (add lines 11 and 12)	le la	13	2750	.00
14			credit from line 21 (fiduciaries: see instruct	-	14		.00
			, ,			2750	.00
15b	Net investme	nt c	redit recapture (see instructions)		15b		.00

Part 2 – Summary o	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 sh	are 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 s	areholder'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	6 through 20)	21	.00					



Part 3 – Investments in qualified property (see instructions)

i art 5 – investinents in qui	inneu property	(300 11300	10110113)				
 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 For	n IT-212-ATT, lin	e 11			23	.00	
24 Enter amount from For	n IT-212-ATT, lin	24	.00				
25 Total investment credit	add amounts in co	olumns F a	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)

	Description of property (list each asset and hit a schedule if needed)	B – Date acquired	C – Date property ceased to qualify	D – Life (months)	E – Unused life (months)	F – Percentage $(E \div D)$	G – Total investment cre allowed <i>(see instruction</i>)		 H – Addback of credit on early dispositions (F × G)
26								.00	.00
								.00	.00
								.00	.00
								.00	.00
27	Enter amount from	Form IT-21	2-ATT, line 1	2				27	.00
28	Total (add lines 26 al	nd 27, columi	n H, and enter	total here)			28	.00
29	Interest rate							29	
30	Multiply line 28 by	line 29						30	.00
31	Total addback of cr	edit on early	/ dispositions	s (add am	ounts on li	nes 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

art o = Benenetary 3 and hadelary 3 share of investment creat and dadback of creat on carry 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
	Tax due before credits	32b	2380	.00
	Credits that you applied before this credit	33		.00
	Net tax (subtract line 33 from line 32b)	34	2380	.00
	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





New York State Department of Taxation and Finance

Minimum Income Tax

New York State • New York City

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.

Х |

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

Form IT-201, resident – complete only Column B below.

Form IT-203, nonresident and part-year resident – complete Columns A and B below.

Form IT-205, estate or trust (resident or nonresident) and part-year resident trust - complete Columns A and B below.

Enter tax preference items from federal Form 6251 or from federal Form 1041, Schedule I (attach copy, if filed), even if you do not have to file federal Form 6251 or Form 1041.	Column A Total amount	Column B New York amount
--	--------------------------	-----------------------------

1	Interest from specified private activity bonds exempt		Whole dollars only			Whole dollars only
	from federal tax	1	.0)	1	.00
2	Depletion	2	.0)	2	.00
	Depreciation (pre-1987)		.0)	3	.00
4	Intangible drilling costs	4	32000 .0)	4	16000 .00
5	Qualified small business stock (excluded under section 1202)	5	.0)	5	.00
6	Total federal tax preference items (add lines 1 through 5)	6	32000 .0)	6	16000 .00
7	New York addition for restoration of net operating loss					
	deduction (see instructions)	7	.0)	7	.00
8	Total (add lines 6 and 7)	8	32000 .0)	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
	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 instru	uctior	s)	18	.00
19	Subtract line 18 from line 17 (if line 18 is more than line 17, lea	ave b	lank)	19	13500 -00
20	Available net operating loss carryover (see instructions)			20	.00
	Minimum taxable income (subtract line 20 from line 19; see ins			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





Separate Tax on Lump-Sum Distributions

New York State • New York City

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 colu	ımn				
(New York City and part-year New York City residents use both columns; multiply line 1 by 1.72% (.0172)	New York State	New York City			
and enter in New York City column)	.00	2 .00			
Line 2 – New York State column	Line 2 – New York City colu	ımn			
Form IT-201 filers: Enter the line 2, New York State column amount on Form IT-230-I, Worksheet A, line 1.		idents: Enter the line 2, New York IT-230-I, Worksheet B, line 1.			
Form IT-203 filers: Enter the line 2, New York State column amount on Form IT-230-I, Worksheet C, line 1.	5	idents: Enter the line 2, New York IT-230-I, Worksheet D, line 1.			
Full-year resident estates or trusts: Enter the line 2, New York State column amount on Form IT-205, line 7.	Form IT-205 filers: Enter the line 2, New York City column amount on Form IT-205, line 16.				

State column amount on Form IT-205, line 7. Nonresident estates or trusts or part-year resident

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.

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.

Pai	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	С					
4	Death benefit exclusion (see instructions)			4	.00	С			
5	Subtract line 4 from line 3 (total taxable amount)			5	3800 .00	C			
6	6 Current actuarial value of annuity from federal Form 4972, Part III, line 11				.00	C			
7	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				3800.00	C			
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	C			
12	Subtract line 11 from line 7			12	1900 .00	C			
13	Federal estate tax attributable to lump-sum distribution			13	.00	C			
14	Subtract line 13 from line 12			14	1900 .00	C			

(continued on back)



Part 3	(continued)
--------	-------------

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

15	Divide line 6 by line 7 and round the result to the fourth		New York State		New York City
	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)		.00	22	.00
	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
• II F • F o	e 24 – New York State column ndividuals: Enter the line 24, New York State column amount form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. Fiduciaries: Include the line 24, New York State column amount in Form IT-205, line 12. Multiple recipients: See the front page of the instructions; if applicable, complete the worksheet below.		City column amount on For	esiden m IT-2 esider m IT-3 e line :	nts: Enter the line 24, <i>New York</i> 60.1, line 51.
	Multiple recipients of	f lump-	sum distribution worksheet —]

а	Enter the amount from line 24 (New York City and part-year		New York State			New York City
	New York City residents: use both columns)	а	.00		а	.00
	Enter your percentage of the total distribution				b	
	Fiduciaries: Include the line c, <i>New York State</i> column amount on Form IT-205, line 12.	С	.00	[с	.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.						
Ρ	art-year New York City residents: Enter the line c, New Yor	k Cit	y column amount on Form IT-360.1	1,	line	51, or Form IT-205, line 20.



22222	a Employee's social security number 400004822	OMB No. 154	5-0008				
b Employer identification number (EIN)	-	1 Wa	ages, tips, other compensation	2 Federal incom	e tax withheld	
632257358				32000			
c Employer's name, address, and	ZIP code		3 So	ocial security wages	4 Social security	tax withheld	
WORK							
WORKING HAP	RD INDUSTRIES		5 Me	edicare wages and tips	6 Medicare tax	withheid	
2800 LABOR	ST		7 So	ocial security tips	8 Allocated tips		
FAITH NC 28	3041-0280						
d Control number			9		10 Dependent ca	re benefits	
				464			
e Employee's first name and initial	Last name	Suff.	11 No	onqualified plans	12a ⊮ L 3	50	
MARY B CHAR	ITY		13 Sta	tutory Retirement Third-party	e	50	
923 HOPE CI	1			ployee plan sick pay			
FAITH NC 28	041-9023		14 Oth	ner	12c		
					o d e		
					12d		
					o d e		
f Employee's address and ZIP coc		-1		Т			
15 State Employer's state ID num		17 State incon		18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NY	32000	1000		32000	300	NYC	
Form W-2 Wage an Stateme	d Tax	י רחי)	Department	of the Treasury-Interr	al Revenue Service	

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

W2 INDICATOR -S

22222	a Employee's social security number 400004822	OMB No. 154	5-0008			
b Employer identification number (563046224	EIN)	·	1 Wag	ges, tips, other compensation 6840	2 Federal income	tax withheld
c Employer's name, address, and GOLD	ZIP code		3 Soc	cial security wages	4 Social security	tax withheld
GOLD BLAZER	REAL ESTATE		5 Me	dicare wages and tips	6 Medicare tax w	ithheld
459 DWELLIN			7 Soc	cial security tips	8 Allocated tips	
FAITH NC 28 d Control number	0041		9		10 Dependent car	e benefits
MARY B CHAR	e Employee's first name and initial Last name Su MARY B CHARITY				12a C C C C C C C C C C C C C C C C C C C	
923 HOPE CT FAITH NC 28			14 Oth	loyée plan sick pay	Control Control 12c Control 0 Control 12d Control	
f Employee's address and ZIP coc	le					
15 State Employer's state ID num	16 State wages, tips, etc. 6840	17 State incom 175		18 Local wages, tips, etc. 6840	19 Local income tax 99	20 Locality name NYC
W-2 Wage an Stateme	d Tax – nt C)	l Department	I of the Treasury-Interna	I Revenue Service

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

W2 INDICATOR -S

PAYER'S name, address, ZIP code, federal identification	ORRECTED (if checked) 1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
OTB	2043		2012
OTB	3 Type of wager DAILY DOUBLE	4 Date won 05/20/2012	Form W-2G
50 SMITH ST	5 Transaction	6 Race	Certain
SCHENECTADY NY 12305	7 Winnings from identical wagers	8 Cashier	Gambling Winnings
691478326 5183445200			<u> </u>
VINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no.	10 Window	This information is
MARY B CHARITY	400004822	6789	being furnished to
923 HOPE CT	11 First I.D. 497801236	12 Second I.D.	the Internal Revenue Service.
FAITH NC 28041-0923	${\color{black} 13}$ State/Payer's state identification no. NY	14 State income tax withheld 61	Copy B Report this income on your
Inder penalties of perjury, I declare that, to the best of my knowledge and be correctly identify me as the recipient of this payment and any payments from ide Signature ►	ntical wagers, and that no other person is e		federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.

W-2G INDICATOR -S

NYC INCOME TAX WITHHELD -37 YONKERS INCOME TAX WITHHELD -

		СТІ	ED		_		_	
PAYER'S name, street address,	city, state, and ZIP code	1	Gross distributio	on	ON	IB No. 1545-0119		Distributions From
CANA								ensions, Annuities, Retirement or
CANADIAN RETIR	EMENT SYSTEM	\$	3800 Taxable amount			2012		Profit-Sharing
359 QUEBEC BLV		Za	Taxable amount					Plans, IRAs, Insurance
~		\$	3800		F	orm 1099-R		Contracts, etc.
KANATA ONTARIC	K2K1X3	2b	Taxable amount			Total		Copy 1
CANADA			not determined			distributio	n 🗌	For
PAYER'S federal identification	RECIPIENT'S identification	3	Capital gain (incl in box 2a)	luded	4	Federal income withheld	tax	State, City,
number	number		in box 2a)			withheid		or Local
995244433	400004822							Tax Department
	400004822	\$	_		\$	Nu la la coma d'actual		
RECIPIENT'S name		5	Employee contrib /Designated Roth contributions or		6	Net unrealized appreciation in		
MARY B CHARITY			insurance premiu	ıms		employer's sec	unties	
		\$			\$			
Street address (including apt. no	.)	7	Distribution	IRA/ SEP/	8	Other		
				SIMPLE				
923 HOPE CT		_			\$	-	%	
City, state, and ZIP code		9a	Your percentage of	of total	9b	Total employee con	tributions	
FAITH NC 28041				0 %	· ·			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 \$	State tax withheld 21	b		State/Payer's st NY	tate no.	14 State distribution \$ 3800
\$		\$						\$
Account number (see instructions)	1	15	Local tax withheld	d	16	Name of localit	y	17 Local distribution
		\$	420			CANADA		\$ 3800
		\$						\$

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

1099R INDICATOR -S



New York State Department of Taxation and Finance Nonresident and Part-Year Resident

IT-203

Income Tax Return New York State • New York City • Yonkers For the year January 1, 2012, through December 31, 2012, or fiscal year beginning

and ending

12

For help completing	your return,	see the i	instructions,	Form IT-203-I.

Your first name and middle initial	Your last name (for a jo	oint ret	turn , enter spouse's name	on line below)	Your date of birth (mm-dd-yyyy)			Your social security number			er
DANIEL T	Т	HON	MAS		0	7-31-197	2	400004824			24
Spouse's first name and middle initial	Spouse's last name				Spou	use's date of birth (mm-	-dd-yyyy)	Spouse's s	ocial	I security r	number
								4	00	0048	74
Mailing address (see instructions, page	ge 13) (number and stre	et or n	ural route)			Apartment number	r	New York S	tate	county of	residence
145 WARD STR	REET							K	IN	IGS	
City, village, or post office	S	tate	ZIP code	Country (if no	ot Un	ited States)		School dist	rict r	name	
FAITH	1	NC	28146					B	RO	OKLYI	Ν
Permanent home address (see instr.,	pg. 13) (no. and street or r	ural rou	<i>ite)</i> Apartment no.	City, vil	lage,	or post office		Sc	hoo	district	
356 DOVER STREE	T			BR	00	KLYN				number	071
State ZIP code C	ountry (if not United Sta	ates)				Decedent –	axpayer'	s date of dea	ath	Spouse's	date of death
NY 11217						information					
						•					

Α	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 a	above)								
		④ Head of household (with qualifying pers	on)								
		5 Qualifying widow(er) with dependent	child								
В		mize your deductions on X	No 🗌								
С		claimed as a dependent axpayer's federal return?	No X								
D	Did you hav located in a	e a financial account foreign country? <i>(see pg. 14)</i> Yes	No 🗌								
Е	New York C	New York City part-year residents only (see page 14)									
	(1) Number	of months you lived in NY City in 2012	03								
	· · /	r of months your spouse lived ity 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

0		.					
G	New York	State	part-vear	residents	(see	page	15)

	ter the date you moved into out of NYS (<i>mm-dd-yyyy</i>)	06-30-2012
	the last day of the tax year <i>(mark an X in c</i> Lived in NYS	ne box):
2)	Lived outside NYS; received income from NYS sources during nonresident period .	
3)	Lived outside NYS; received no income f NYS sources during nonresident period .	

Г

H New York State nonresidents (see page 15) Did you or your spouse maintain living quarters in NYS in 20122

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



Pa	ge 2 of 4 IT-203 (2012)	Enter your social security number					
		400004824					
F	ederal income and adjust			Federal amount		New York State amount	
_				Whole dollars only		Whole dollars only	
			1	50000	1	30068	.00
2			2		2		.00
3	•		3	.00	3		.00
4	Taxable refunds, credits, o						
_		on line 24)	4	.00	4		.00
	-		5	.00	5	2010	.00
		a copy of federal Sch. C or C-EZ, Form 1040)		3019.00	6	3019	.00
		ubmit a copy of federal Sch. D, Form 1040)		.00	7	0040	.00
	•	mit a copy of federal Form 4797)	8	-2040.00	8	-2040	.00
	Taxable amount of IRA distributio		9	.00	9		.00
	Taxable amount of pensions/annu		10	.00	10		.00
11	•	s, partnerships, S corporations,	44	20020 00		17250	0.0
40		of federal Schedule E, Form 1040)	11	20820.00	11	17350	.00
12	Rental real estate included in line 11 (federal amount)	.00]				
40			J	00	42		00
		a copy of federal Sch. F, Form 1040)	13 14		13		.00
		tion curity benefits (also enter on line 26)	14		14		.00
	Other income (see page 22) $\sqrt{2}$		16		15		.00
		id 13 through 16	17		16 17	40207	.00
	Total federal adjustments t		17	71799.00	17	48397	.00
10	1.1		18	214.00	18	214	00
10		COME (subtract line 18 from line 17)	19		10	48183	.00. .00
19			19	/1383.00	19	40103	.00
N	ew York additions) (see)	bage 24)					
20	Interest income on state a	nd local bonds (but not those					
		calities)	20	.00	20		.00
21		tirement contributions	21	.00	21		.00
	Other (see page 24) Identify:		22		22		.00
			23		23	48183	.00
				71303 100		40105	100
Ne	ew York subtractions (s	see page 27)					
24	Taxable refunds, credits, c	or offsets of state and					
		line 4)	24	.00	24		.00
25	Pensions of NYS and loca			J			
		e page 27)	25	.00	25		.00
26		security benefits (from line 15)	26	.00	26		.00
		overnment bonds		.00	27		.00
		ne 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
		income (subtract line 30 from line 23)	31	71585.00	31	48183	.00
32	Enter the amount from line	e 31, Federal amount column		►	32	71585	.00
S	tandard deduction or item	nized deduction (see page 33	3)				
-							
33	Enter your standard dedu	iction (table on page 33) or your	itemi	ized deduction (from Form IT-203-	D).		

 Mark an X in the appropriate box: ...
 Standard
 - or
 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
 3000.00

 36
 665555
 .00



Name(s) as shown on page 1	Enter your social security number	IT-203 (2012)	Page 3 of 4
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	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
percentage (see page 35)	48183 .00 ÷	71585 .00 =	45 .6731

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		See instructions on page	es 35
52	New York City minimum income tax (Form IT-220)	52	.00		and 36 to compute New	
52a	Add lines 51 and 52	52a	934 .00		City and Yonkers taxes,	
52b	Part-year resident nonrefundable New York City				credits, and surcharges.	
	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, 5	3, and	54)	55	934	.00
56 \$	Sales or use tax (See the instructions on page 36. Do not leave	ve 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 us	se tax	,				
and voluntary contributions (add lines 50, 55, 56, and 57)			58	3625	.00	



Enter your social security number Page 4 of 4 IT-203 (2012) 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 .00 16 61 Other refundable credits (Form IT-203-ATT, line 17) 61 .00 Submit your wage and tax 62 Total New York State tax withheld 62 .00 900 statements with your return 63 Total New York City tax withheld 63 800 .00 (see page 38). Total **Yonkers** tax withheld 64 .00 64 Total estimated tax payments/amount paid with Form IT-37000 65 65 484 66 Total payments and refundable credits (add lines 60 through 65) 2200 .00 66 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 direct debit paper deposit (fill in line 73) - or -Mark one refund choice: 68 .00 card - or check ... 69 Amount of line 67 that you want applied See pages 39 and 40 for information about your three to your 2013 estimated tax (see instructions) 69 .00 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, See page 43 for the proper 20 71 .00 or reduce the overpayment on line 67; see page 40) assembly of your return. 72 72 Other penalties and interest (see page 40)..... .00 18 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) Personal savings - or -73a Account type: Personal checking - or -Business checking Business savings - or -73b Routing number 73c Account number .00 74 Electronic funds withdrawal (see page 41) Date Amount Print designee's name Designee's phone number Personal identification Third-party number (PIN) designee? (see instr.) E-mail: No X Yes Date ▼ Paid preparer must complete (see instr.) ▼ Taxpayer(s) must sign here ▼

Preparer's signature	Preparer's NYTPRIN	Your signature
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	Your occupation LABORER
Address	Employer identification number	Spouse's signature and occupation (if joint return)
	Mark an X if self-employed	Date Daytime phone number (518) 555-6666
E-mail:		E-mail: THOMAS@ATS, COM

See instructions for where to mail your return.





New York State Department of Taxation and Finance Nonresident and Part-Year Resident **Itemized Deduction Schedule**

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Na	me(s) as shown on your Form IT-203	You	ir 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





Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

Na	me(s) and occupation	s) as shown on Form IT-203	Your soci	al sec	urity numl	ber	
	DANIEL T TH	OMAS	4	400004824			
Со	mplete all parts tha	at apply to you; see instructions (Form IT-203-I). Submit this form with yo	our Forn	n IT-2	03.		
Sc	hedule A – Alloca	ation of wage and salary income to New York State					
		chedule A for each job for which your wage and salary income is subject to al					
		A section is provided on the back of this form. If you are required to complete o on all schedules and include this total on Form IT-203, line 1, in the New You					, total
Do	not use this schedu	le for income based on the volume of business transacted. See the Schedule	A instruc	ctions	if:		
• Y	′ou had more than o ′ou had a job for onl ′ou and your spouse	ne job; y part of the year; or e each had a job that requires allocation.					
1a	Total days (see inst	ructions)				1a	184
	N	1b Saturdays and Sundays (not worked)		1b	48		
	Nonworking	1c Holidays (not worked)		1c	5		
	days included	1d Sick leave		1d	3		
	in line 1a:	1e Vacation		1e	5		
		1f Other nonworking days		1f	5		
-	•	ays (add lines 1b through 1f)				1g	66
		in year at this job (subtract line 1g from line 1a)				1h	118
		d in line 1h worked outside New York State			100		
		ays worked at home included in line 1i amount			2		
	•	m line 1i			1	1k	98
	•	w York State (subtract line 1k from line 1h)				11	20
1m	Enter number of da	ays from line 1h above				1m	118
1n	Divide line 1I by lin	e 1m; round the result to the fourth decimal place			1n	0.	1695
10	Wages, salaries, ti	ps, etc. (to be allocated)[10		2	400	00.00
1р	New York State all	ocated wage and salary income <i>(multiply line 1n by line 1o)</i>	1p			406	58 .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	С	D – ZIP code	Е
		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.



IT-203-B (2012) (back

Enter your social security number 400004824

Schedule C – College tuition itemized deduction workshee	t (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?

Yes No X

1

• 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		
Α	Eligible student's name	DANIEL T	THOMAS	CHARLES	T THOMAS	ANN T'	THOMAS	
в	Eligible student's social security number (SSN)	400004824		400884838		400884839		
с	Is the student claimed as a dependent on your NYS return? (see instructions)	Yes	No X	Yes X	No	Yes X	No 🗌	
D	EIN of college or university (see instr.)	123456789		123456777		123456666		
Е	Name of college or university (see instr.)	SUNY		MIT		SCHENECTADY CCC		
F	Were expenses for undergraduate tuition? (see instructions)	Yes X	No 🗌	Yes X	No 🗌	Yes X	No 🗌	
G	Amount of qualified college tuition expenses (see instructions)		125 .00		100.00		75.00	
н	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

Scl	hedule A – Alloc	ation of wage and salary income to New York State					
2a	Total days (see instructions)						
	Nonworking days included in line 2a:	2b Saturdays and Sundays (not worked)					
		2c Holidays (not worked) 2d Sick leave 2e Vacation				1	
						1	
						1	
		2f Other nonworking days		2f		1	
2g	Total nonworking days (add lines 2b through 2f)					2g	
2h		otal days worked in year at this job (subtract line 2g from line 2a)					
2 i	Total days include	Total days included in line 2h worked outside New York State Enter number of days worked at home included in line 2i amount					
2j	Enter number of d						
	Subtract line 2j from line 2i					2k	
21	Days worked in New York State (subtract line 2k from line 2h)					21	
		ays from line 2h above					
2n	Divide line 2I by lin	ne 2m; round the result to the fourth decimal place			2n		
20	Wages, salaries, t	ips, etc. (to be allocated)					.00
2р	New York State al	located wage and salary income (multiply line 2n by line 2o)	2p				.00
Incl	lude the line 2p an	nount on Form IT-203, line 1, in the New York State amount column	n.				



400-00-4824

IT-203-B CONTINUED

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

IT-360.1

New York City • Yonkers

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

(B)

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.

Yonkers change of residence – Complete Parts 1 and 5.

(C) New York City and Yonkers change of residence – Complete the entire form.

Pa	rt 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



Page 2 of 3 IT-360.1 (2012)

lf yo	nized deductions for New ou are claiming the standard dec				Column A mized deductions (see instructions)		Column B Amount of Column A f New York City resident p	for erio
21 Medical a	and dental expenses					.00		
2 Taxes you	u paid		22		3184	.00	2500	
3 Interest y	ou paid		23		1075	.00	996	
4 Gifts to ch	harity				580	.00	481	
5 Casualty	and theft losses					.00		
6 Job exper	nses and most other miscellar	neous deductions				.00		
7 Other mis	scellaneous deductions		27			.00		
8 This line i	is intentionally left blank					.00		
	is intentionally left blank		.00					
	nized deductions (add lines 21 th			4839	.00	3977		
	al, and foreign income taxes the subtraction adjustments			-		31	2500	
	line 31 from line 30		32	1477				
	adjustments and college tuitior					33	375	
	32 and 33					34	1852	
	deduction adjustment (if line 20						1001	
	ructions, page 5; all others enter 0	35						
6 Itemized	deduction (subtract line 35 from		36	1852				
	pendent exemptions (see period you were a New York (
	0.4	01			06		day 30	
From: mo	onth c	day 01	To	month	00		day 50	
8 Enter the	county where you resided wh	ile a nonresident of	f New York (City	ALBANY			
	number of full months in the N			-		39	03	
	prorated value of one depend	•	•			40	250	
	number of dependent exempt							
	n IT-203, line 35	•				41	03	
	he amount on line 40 by the nu							
	41 (enter here and on line 46)					42	750	
art 4 – Pa	rt-year New York City resi	ident tax (see instr	ructions, pag	ie 5)				
3 New York	adjusted gross income (from l	ine 20, Column B)				43	31115	
4 Resident	period standard deduction (se	e instructions, page 2)	~ ~					
residen	nt period itemized deduction (fr		or				1852	
5 Subtract I		rom line 36)				44	7000	
B Depender	line 44 from line 43					-	29263	
7 New Yorl	line 44 from line 43 nt exemption amount (from line					45		
11011		9 42)				45 46	29263	
	nt exemption amount (from line	e 42) ct line 46 from line 45)				45 46	29263 750	
B New York	nt exemption amount (from line k City taxable income (subtra	e 42) ct line 46 from line 45) ee instructions, page 5,)			45 46 47	29263 750 28513	
3 New York9 Total New	nt exemption amount <i>(from line</i> k City taxable income <i>(subtrac</i> c City tax on line 47 amount <i>(se</i> v York City household credit ar	e 42) ct line 46 from line 45) ee instructions, page 5, nd accumulation dist) tribution crea	dit (see ins	structions, page 6)	45 46 47 48	29263 750 28513	
8 New York9 Total New0 Subtract I	nt exemption amount <i>(from line</i> k City taxable income <i>(subtrac</i> c City tax on line 47 amount <i>(se</i>	e 42) ct line 46 from line 45) ee instructions, page 5, nd accumulation dist larger than line 48, en) tribution crea ter 0)	Jit (see ins	structions, page 6)	45 46 47 48 49 50	29263 750 28513 934	
 8 New York 9 Total New 0 Subtract I 1 Part-year 2 Part-year 	nt exemption amount (from line k City taxable income (subtract c City tax on line 47 amount (see v York City household credit and line 49 from line 48 (<i>if line 49 is</i> New York City separate tax on New York City resident tax on	e 42) ct line 46 from line 45) ee instructions, page 5, nd accumulation dist larger than line 48, en n lump-sum distribut o capital gain portion) tribution crea <i>ter 0)</i> tions <i>(from F</i> i of lump-sur	dit (see ins form IT-230 n distribu	structions, page 6))) tions	45 46 47 48 49 50 51	29263 750 28513 934	
 8 New York 9 Total New 0 Subtract I 1 Part-year 2 Part-year (from Form 	nt exemption amount (from line k City taxable income (subtract c City tax on line 47 amount (see v York City household credit ar line 49 from line 48 (<i>if line 49 is</i> New York City separate tax of New York City resident tax on <i>form IT-230</i>)	e 42) ct line 46 from line 45) ee instructions, page 5, nd accumulation dist larger than line 48, en n lump-sum distribut n capital gain portion) tribution crea ter 0) tions (from Fi of lump-sur	dit (see ins form IT-230 n distribu	structions, page 6))) tions	45 46 47 48 49 50 51 52	29263 750 28513 934 934	
 8 New York 9 Total New 0 Subtract I 1 Part-year 2 Part-year (from Fc 3 Add lines 	nt exemption amount (from line k City taxable income (subtract c City tax on line 47 amount (see v York City household credit ar line 49 from line 48 (<i>if line 49 is</i> New York City separate tax of New York City resident tax on <i>orm IT-230</i>) 50, 51, and 52	e 42) ct line 46 from line 45) ee instructions, page 5, nd accumulation dist larger than line 48, en n lump-sum distribut n capital gain portion) tribution crea ter 0) tions (from Fr of lump-sur	dit (see ins orm IT-230 n distribu	structions, page 6))) tions	45 46 47 48 49 50 51 51 52 53	29263 750 28513 934	
 3 New York 5 Total New 5 Subtract I 1 Part-year 2 Part-year (from Fc 3 Add lines 4 Credit for 	nt exemption amount (from line k City taxable income (subtract c City tax on line 47 amount (see v York City household credit ar line 49 from line 48 (<i>if line 49 is</i> New York City separate tax of New York City resident tax on <i>form IT-230</i>)	e 42) ct line 46 from line 45) se instructions, page 5, nd accumulation dist larger than line 48, en n lump-sum distribut n capital gain portion) tribution creation ter 0) tions (from Fi of lump-sur tax paid (se	dit <i>(see ins</i> form <i>IT-230</i> n distribu e instructio	structions, page 6))) tions ons, page 8)	45 46 47 48 49 50 51 51 52 53	29263 750 28513 934 934	



		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			.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)			
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			.00
76 Yonkers resident tax rate		.15	

Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

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 .000 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.



2012

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

Nar	Name(s) as shown on return Identifica										EIN)	
	DANIEL T THOMAS							40	000	04824		
Par	t 1 – All filers must complete this	par	t (see instructions, Form	n IT-2105.9-I, <i>f</i>	for as	sistance)					
1	Total tax from your 2012 return before with	hhol	ding and estimated tax pa	yments (cautior	n: see	instruction	ns)		1	3	625	.00
2	Empire State child credit (from Form IT-201	, line	63)		2			.00				
3	NYS/NYC child and dependent care cred	it (fro	m Form IT-201, line 64)		3			.00				
4	NY State earned income credit (EIC) (from	n Fori	m IT-201, line 65)		4			.00				
5	NY State noncustodial parent EIC (from F		5			.00						
6	Real property tax credit (from Form IT-201,		6			.00						
7	College tuition credit (from Form IT-201, line		7			.00						
8	NY City school tax credit (from Form IT-201,		8		16	.00						
9	NY City earned income credit (from Form I		9			.00						
10	Other refundable credits (from Form IT-201,	line 71	; Form IT-203, line 61; or Fori	n 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	3	609	.00
13	Multiply line 12 by 90% (.90)				13	3	248	.00				
	Income taxes withheld (from Form IT-201, li											
	Form IT-205, lines 34, 35, and 36)								14	1	700	.00
15	Subtract line 14 from line 12. If the result is	less t	han \$300, do not complete	e the rest of this	form (see instru	ctions)		15	1	909	.00
16	Enter your 2011 tax (caution: see instructio	ns).							16	2	800	.00
17	Enter the smaller of line 13 or line 16								17	2	2800	.00
Pa	t 2 – Short method for computi	ng t	he penalty – Comple	te lines 18 thro	bugh	24 if you	paid					
	holding tax and/or paid four equal estim				r if yo	u made	no paym	ents				
of e	stimated tax. Otherwise, you must comp	olete	Part 3 – Regular metho	d.								
18	Enter the amount from line 14 above				18	1	700	.00				
19	Enter the total amount of estimated tax p	ayme	ents you made (see instruct	ions)	19		484	.00				
	Add lines 18 and 19								20	2	2184	.00
21	Total underpayment for year. Subtract	ine 2	0 from line 17 <i>(if zero or le</i> s	ss, you do not ow	e the p	enalty)			21		616	.00
22	Multiply line 21 by .03289 and enter the r	esult							22		20	.00
23	If the amount on line 21 was paid on or a	fter /	April 15, 2013, enter 0 . If	the amount on I	line 2	l was pa	id before					
	April 15, 2013, make the following com	•										
	Amount on line 21 × number of day								23			.00
24	Penalty. Subtract line 23 from line 22							4			20	.00
-	Enter here and on Form IT-201, line 81											
Par	t 3 – Regular method – Schedule	A –				edule B						
	Payment due dates		A 4/15/12	B 6/15/	12		C 9/1	5/12		D 1	/15/13	
25	Required installments. Enter 1/4 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
	nplete lines 27 through 29, one column 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



IT-2105.9 (2012) (back)

Part 3 – Regular method – Schedule B –	Com	puting the pen	alty							
Payment due dates		A 4/15/12		В	6/15/12	C	9/15/12	2	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 =										
(31									
32 Multiply line 30, column A by line 31	32		.00							
Second installment (June 15 - September 15, 201	2)									
33 June 15 - September 15 = (92 ÷ 366) × 7	.5% =	01884								
- or -										
June 15 = (🔄 ÷ 366)	× 7.59	% = .								
			33							
34 Multiply line 30, column B by line 33					.(00				
Third installment (September 15, 2012 - January	15, 20	013)								
35 September 15 - December 31 = $(107 \div 36)$	66) ×	7.5% = .02192								
January 1 - January 15 = $(15 \div 3)$	65) ×	7.5% = .00307 .02499		Total						
- or -										
September 15 - = (÷	366)	× 7.5% = .								
		× 7.5% = .								
, <u> </u>	,			Total	3	5				
36 Multiply line 30, column C by line 35								.00		
Fourth installment (January 15 - April 15, 2013)										
37 January 15 - April 15 = (90 ÷ 365) × 7.5%	0. = .0	1848								
- or -										
January 15 = (÷ 36	5) × 7	.5% = .								
20 Multiple line 20 column D having 27								37		
 38 Multiply line 30, column D by line 37 39 Penalty. Add lines 32, 34, 36, and 38. Enter h 								38		.00
Form IT-203, line 71; or Form IT-205, line 4							39			.00



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. 154	5-0008					
b Employer identification number 632257358	r (EIN)	·	1 Wa	ges, tips, other compensation 50000	2 Fed	eral income t	ax withheld	
c Employer's name, address, an WORK	d ZIP code		3 So	cial security wages	4 Soc	ial security ta	ax withheld	
WORKING HAD	RD INDUSTRIES		5 Medicare wages and tips 6 Medicare tax withheld				hheld	
2800 LABOR	STREET		7 50	cial security tips	8 4110	cated tips		
FAITH NC 2	3041		1 30	cial security ups	0 Allo	caled lips		
d Control number			9 10 Dependent care benefits				benefits	
e Employee's first name and init		Suff.	11 No	nqualified plans	12a			
DANIEL T TH	IOMAS		10 Stat	utory Retirement Third-party	o d e			
356 DOVER S	STREET		13 Statutory Retirement Third-party 12b					
BROOKYLN NY	r 11217					ື 12c		
					12d			
					o d e			
f Employee's address and ZIP co								
15 State Employer's state ID nu	Index Index <thindex< th=""> Index <thi< td=""><td>17 State incom 900</td><td>ne tax</td><td>18 Local wages, tips, etc. 13000</td><td>19 Local in 8</td><td>icome tax 0 0</td><td>20 Locality name</td></thi<></thindex<>	17 State incom 900	ne tax	18 Local wages, tips, etc. 13000	19 Local in 8	icome tax 0 0	20 Locality name	
NC	24000	1000						
Form W-2 Wage a Statem Copy 1-For State, City, or L	ent C	2012)	Department o	of the Treas	ury—Internal	Revenue Service	

W2 INDICATOR -S



New York State Department of Taxation and Finance

Resident Income Tax Return New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your re	turn, see the instru	uctions, Form IT-2	201-I.						
Your first name and middle initial	Your last name (for a joint	t return , enter spouse's nan	ne on line below)	Your	date of birth (mm-dd-yyyy)	Your social sec	curity number		
JOE Z	CANASTA			01	1-01-1942	40000	4825		
Spouse's first name and middle initial	Spouse's last name			Spou	use's date of birth (mm-dd-yy)	y) Spouse's social	I security number		
Mailing address (see instructions, page	ge 12) (number and street			Apartment number	New York State county of residence				
% AMANDA JONES 3	27 W 57 ST					SUFFOLK			
City, village, or post office	Stat	e ZIP code	Country (if no	ot Uni	ited States)	School district	name		
NEW YORK	N	Y 10012				ROCKY	POINT		
Permanent home address (see insti	ructions, page 12) (numbe	er and street or rural route)	A	Apartı	ment number	School district			
215 LAIDBACK WA	Y					code number .	540		
City, village, or post office		State ZIP code		Decedent Taxpaye		er's date of death	Spouse's date of death		
ROCKY POINT		NY 1	1778		information				

Α	Filing status	1	Single	NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)	I	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes X No
	box):	3 Married filing separate return (enter spouse's social security number above)				(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
		(4) X	Head of household (with qualifying person)	F		NYC residents and NYC part-year residents only (see page 13): (1) Number of months you lived in NYC in 2012
в	Did item	5	Qualifying widow(er) with dependent child	_		(2) Number of months your spouse lived in NYC in 2012
D	your 2012 fed	itemize your deductions on 2 federal income tax return? Yes No X				Enter your 2-character special condition code
С	Can you be claimed as a dependent on another taxpayer's federal return?					if applicable (see page 13)

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



Your social security number 400004825

(Federal income and adjustments) (see page 14)

ге	derai 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 <i>X</i> 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	.0)		
13	Farm income or loss (submit a copy of federal Schedule F, Form	n 1040,))	. 13	400	.00
14	Unemployment compensation	14		.00		
15	Taxable amount of social security benefits (also enter on line	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: ALI	MON	IY 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	0
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	255 .00	0
22	New York's 529 college savings program distributions (see page 15)	22	.00	0
23	Other (see page 16) Identify: A-3 35	23	35 .00	0
24	Add lines 19 through 23	24	17985 -00	0

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)				
30	New York's 529 college savings program deduction/earnings				
31	Other (see page 20) Identify:				
32	Add lines 25 through 31	32	.00		
33	New York adjusted gross income (subtract line 32 from line	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: X 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
	Taxable income (subtract line 36 from line 35)	37	2485 .00



Та	ex computation, credits, and other taxes (see page 25)								
38	Taxable income (from line 37 on page 2)	38	2485	.00					
	NYS tax on line 38 amount (see page 25 and Tax computation						39		.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, lea	ve bla	nk)				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
N	ew York City and Yonkers taxes, credits, and tax surcharg	les							
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						1		
	line 47, leave blank)	49				.00			
50	Part-year NYC resident tax (Form IT-360.1)	50				.00		See instructions on	
51	Other NYC taxes (Form IT-201-ATT, line 34)	51				.00		pages 26, 27, and 28 to compute New York City a	and
52	Add lines 49, 50, and 51	52				.00		Yonkers taxes, credits, a	
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53				.00		tax surcharges.	
54	Subtract line 53 from line 52 (if line 53 is more than						1		
	line 52, leave blank)	54				.00			
	Yonkers resident income tax surcharge (see page 28)	55				.00			
	Yonkers nonresident earnings tax (Form Y-203)	56				.00			
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)					.00			
58	Total New York City and Yonkers taxes / surcharges (ad	ld lines	s 54 throu	ıgh 57	")		58		.00
59	Sales or use tax (see page 29; do not leave line 59 blank)						59	20	.00
Vo	oluntary contributions (see page 30)								
	60a Return a Gift to Wildlife		Г	60a	5	.00			
	60b Missing/Exploited Children Fund			60b	5	.00	1		
	60c Breast Cancer Research Fund								
	60d Alzheimer's Fund			60d	5	.00			
	60e Olympic Fund (\$2 or \$4; see page 30)		Г	60e	2	.00			
	60f Prostate Cancer Research Fund		F	60f	5	.00]		
	60g 9/11 Memorial			60g	5	.00]		
	60h Volunteer Firefighting & EMS Recruitment Fund								
60 Total voluntary contributions (add lines 60a through 60h)								37	.00
61	Total New York State, New York City, and Yonkers taxes	s, sale	es or us	e tax	, and volun	tary			
	contributions (add lines 46 50 50 and 60)					-	64		

Your social security number

400004825

IT-201 (2012) Page 3 of 4

57.00



Name(s) as shown on page 1

JOE Z CANASTA

Page 4 of 4	IT-201	(2012)
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Your social security number 40004825

		4000	104	825				
62	Enter amount from line 61						62	57.00
Pa	yments and refundable credits (see page 31)							
63	Empire State child credit	Г	63			.00		
	NYS/NYC child and dependent care credit		64		1463	.00		
	NYS earned income credit (EIC)		65		1454	.00		
	NYS noncustodial parent EIC		66		<u>+ + + + + + + + + + + + + + + + + </u>	.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	e 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	Subr	nit your wage and tax
73	Total New York City tax withheld		73			.00		ments with your return
74	Total Yonkers tax withheld	[74			.00	(see	page 33).
75	Total estimated tax payments and amount paid with Fo	orm IT-370	75			.00		
76	Total payments (add lines 63 through 75)						76	4600 .00
Yo	ur refund, amount you owe, and account inform	nation (s	ee p	ages 33 th	rough 36)			
77	Amount overpaid (if line 76 is more than line 62, su	btract line 6	2 fror	m line 76)		[77	4543 .00
	Amount of line 77 to be refunded direct		2 // 0/			-		1919 100
	Mark one refund choice: X deposit (fill	in line 83) -	or -	debit card	- or -	er :k[78	4543 .00
	<u> </u>	,				L		
79	Amount of line 77 that you want applied to your						See	pages 33 and 34 for
	2013 estimated tax (see instructions)		79			.00		mation about your three
							refur	nd choices.
80	Amount you owe (if line 76 is less than line 62, subtra	act line 76 fi	rom li	ine 62).		r		
	To pay by electronic funds withdrawal, mark an	X in the bo	x L	and fill	in lines 83 and 8	34 [80	.00
							500.	page 37 for the proper
81	Estimated tax penalty (include this amount in line 80 d							mbly of your return.
~~	reduce the overpayment on line 77; see page 34)					.00		<i>y y</i>
82	Other penalties and interest (see page 35)		82			.00		
83	Account information for direct deposit or electronic	c funds wit	hdra	wal (see n	ade 35)			
			india	(000 p)	.go oo).			
	If the funds for your payment (or refund) would con	ne from (or	go t	o) an acco	unt outside the	U.S.,	mark an)	K in this box <i>(see pg. 35)</i>
	83a Account type: X Personal checking - or -							
	83a Account type: X Personal checking - or -	Persoi	nai sa	avings - o	r - Busines	s cheo	cking - o ı	r - Business savings
	83b Routing number 011001881	83c	Acco	ount number	LOANXXX	x40	00048	25
				[]		[
84	Electronic funds withdrawal (see page 36)	D	ate		Α	moun	t	.00
<u> </u>				Deel		har		Demonal identification
dh	Third-party Print designee's name signee? (see instr.)			Des	ignee's phone num	bei		Personal identification number (PIN)
Ye				()			
		te			_			
	Paid preparer must complete (see instr.) •					axpa	yer(s) mu	ıst sign here ▼
Pre	parer's signature	Preparer's N	IY IPF	KIN	Your signature			
Firn	Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation							
Add	ress Em	ployer identifi	cation	number	Spouse's signatu	-		(if joint return)
			k an X		Date		Day	time phone number 18)555-6666
F ~-	ail	self-	emplo	byed 🖵	E mail: C 7 7 7			
E-m	all.				E-mail: CANA	1211	A@ATS.	COM



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

	Ir first name and middle initial		-	enter spouse's name	on line below)	Υοι	ur date of birth (mm-dd-yyyy)	Your socia	l securi	ty number	
-	OE Z	CANA	STA				01-01-1942	400004825			
Spo	buse's first name and middle initial	Spouse's last name				Spo	use's date of birth (mm-dd-yyyy)	Spouse's s	ocial s	ecurity numbe	er
	rent mailing address <i>(number and s</i> AMANADA JONES	In a difference of rural route) Image: Apartment number Image: NADA JONES 215 LAIDBACKWAY Apartment number					Apartment number	New York State county of residence SUFFOLK			
-	ν, village, or post office EW YORK		State NY	ZIP code 10012	Country (if no	not United States) You must enter date(s and social security nu above.					
	eet address of New York residence 215 LAIDBACK W		or this cred	lit, if different from a	bove						
	City, village, or post officeStateZIP codeROCKY POINTNY11778										
Ste	p 2 – Determine eligibility	(For lines 1 thro	ugh 6, ma	ark an X in the ap	propriate bo	х.)					
1	Were you a New York Stat	e resident for a	ll of 2012	??				1	Yes	s X N	o 🗌
2	Did you occupy the same r	residence for at	least six	months during	2012?			2	Yes	s X N	o 🗌
	If you marked an X in the	e No box on line	e 1 or 2,	stop; you do no	ot qualify fo	or th	nis credit.				
	Did you own real property						•		Yes	s 📃 N	0 <u>X</u>
	Can you be claimed as a d								Yes		0 <u>X</u>
5	Did you reside in public housir					•		nstr.) 5	Yes	s 🔄 N	0 <u>X</u>
	If you marked an X in the					-				_	
6	Did you live in a nursing ho	ome during 201	2? (If you	mark an X in the	Yes box, se	e in	structions.)	6	Yes	s 🔄 N	0 <u>X</u>
7	Complete below for the qu	alifying househ	old mem	ber 65 or older	(see instruct	tion	s).				
					B – Social security						
							(mm-dd-	-уууу)			
J(JOE Z CANASTA 400004				40000482	01-01-1942			-1942		
8	Complete below for all hou	usehold membe	rs not ind	cluded on line 7	(submit add	ditio	nal sheets if needed: se	e instructi	ons)	1	
	First name			st name	(00000000000000000000000000000000000000		B – Social security			C – Date of	birth
							-			(mm-dd-	-уууу)
	SAMUEL M	CAN	ASTA	JR		_	400884	805		06-01-	1989
		233									
	JANE M	CAN	ASTA			_	400884	803		05-01-	1999
		())) () () () () () () () () () () ()					10000	0.01		04-01-	2000
	JOHN M	CAN	ASTA				400884	801		04-01-	2000
Ste	p 3 – Determine househo									va al alvunina ar OG	24.0
	Enter the total of all amo		laxable, li	lat you, your spot	use (il marite	eu),	and all other household	members	receiv	rea auring zu	J1Z.
9	Federal adjusted gross in			C. I I I		e				1	
4.0	If any household memb									17695	
	10 New York State additions to federal adjusted gross income							290			
	Social security payments not included on line 9									.00	
 12 Supplemental security income (SSI) payments									.00		
									.00		
 14 Cash public assistance and relief 15 Other income 									.00		
	15 Other income							1 7 0 0 5	.00		
01	16 Household gross income (add lines 9 through 15) If line 16 is more than \$18,000, stop; you do not qualify for this credit.						16		17985	.00	
17								17	0	065	
17	Enter rate from Table 1 (se	ze mstructions)						11			
18	Multiply line 16 by line 17							18		1169	.00



IT-214 (2012) (back)

Step 4 – Comp	oute	real property tax							
Renters only	19	Enter the total amount of rent y during the year 2012. (Do not					19	5200	.00
	20	Adjusted rent – If line 19 incl heat, gas, electricity, furnishin heat, gas, electricity, and furn heat, gas, and electricity heat or heat and gas	ngs, and nishings	board	50% 75% 80%	(.75) of line 19 (.8) of line 19			
		none of the above					20	5200	.00
	21	Average monthly adjusted rent If line 21 is more than \$450,					21	433	.00
	22	Multiply line 20 by 25% (.25); e	nter here	and on line 2	8		22	1300	.00
		Real property taxes paid during Special assessments							.00 .00
Homeowners		Add lines 23 and 24							.00
only		Exemption for homeowners 65							.00
•,		Add lines 25 and 26; enter here							.00
Step 5 – Comp	oute	credit amount					_		
		amount from line 22. Homeowr ro or less, stop ; no credit is allo		er amount fron	n line	27 (see instructions)	28	1300	.00
		om line 18					29	1169	.00
		ual to or more than line 28, sto							
		from line 28						131	.00
		by 50% (.5) (However, if you enter						66	.00
	•	instructions; enter amount from cha	,				32	86	.00
		nt from line 32 or 31, whichever the member of your household is film					33	66	.00
 If you are Enter the second sec	filin he lir not	g this claim with your New Yo e 33 amount on Form IT-201, li filing this claim with a New Yo fund choice: direct depos	ork State ine 67. ork State	income tax re income tax r	eturn return	(see instructions):	aper c		
Step 6 – Enter	acc	ount information (see instruction	ns)						
34 Direct depos	sit (se	ee instructions): Complete the follow	ving to hav	ve your refund d	eposit	ed directly to your bank accoun	t.		
34a Routing number			Account type:	Personal checking	- or -		siness ecking	- or - Busines	
		our refund would go to an account an X in this box <i>(see instructions)</i>	🗌		count mber				
Third-party designee? (see in	nstr.)	Print designee's name			Desig (gnee's phone number)		Personal identifica number (PIN)	
Yes No E-mail:									
▼ Paid prep	arer	must complete (see instr.) ▼	Date			▼ Taxpayer(s) n	nust s	ign here 🔻	
Preparer's signatu	re		Prepar	er's NYTPRIN		Your signature			
Firm's name <i>(or yo</i>	urs, if	self-employed)	Preparer's	PTIN or SSN		Your occupation			
Address			Employer id	dentification numbe	er	Spouse's signature and occupatio	n <i>(if join</i>	t claim)	
				Mark an X if self-employed		Date D	aytime)	phone number	
E-mail:						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.

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

S

Name(s) as shown on return Your social security number JOE Z CANASTA Vour social security number 1 Did you claim the federal same of income credit? If No, stop; you do not qualify for these credits. 1 2 is your investment income (see instructions) greater than \$3:200? If Yes, stop; you do not qualify for these credits. 1 3 Have you already filed your New York State income tax return? If Yes, your must file an amended NYS return. 3 Yes No 4 Did you claim qualifying children on your federal Schedule EIC / No 4 Yes No Xes 1 five, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4 Yes No If you claimed more than three, see instructions. If you claimed more than three, see instructions. Person Person SAMUEL M CANASTA DAUGHTER 12 400884805 06-01-1989. 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 (tox da or 4b). 5 Is the RS figuring your federal same admount as a paint-year New York State and, applicable, your New York State and, applicable, you are a part-year New York State and, applicable, your New York State and, applicable, your are an art-year New York State and, applicable, your Are York City resident). <t< th=""><th>Sub</th><th>mit this form wi</th><th>ith Form IT-201 o</th><th>or IT-203.</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Sub	mit this form wi	ith Form IT-201 o	or IT-203.								
1 Did you claim the federal earned income credit? If No, stop; you do not qualify for these credits. 1 Yes 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 Xes 3 Heve you already filed your New York State income tax return? If Yes, you must file an amended NYS return. 3 Yes No Xes 6 Did you claim dualifying onliferon your federal Schedule EIC? If Yes, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4 Yes No Xes First name and more than three, see instructions. If you claimed more than three, see instructions. No Dete of birth. (mode) SAMUEL M CANASTA DAUGHTER 12 Image: Advances of the state the state of the sta	Nan	ne(s) as shown on	return						Yours	social sec	curity number	
2 Is your investment income (see instructions) greater than \$3,200? If Yes, stop: you do not qualify for these credits. 2 Yes No 3 Have you already filed your New York State income tax return? If Yes, you must file an amended NYS return. 3 Yes No Xes 4 Did you claim qualifying of hedreal Schedule EIC? If No. continue with line 5. Yes No Xes No Xes 5 If you claimed more than three, see instructions. Image and the same children you claimed on federal Schedule EIC. 4 Yes No Context 5 Addition of your federal Schedule City Social security number Date of birth (mm.ddr.yyyy) SAMUEL M CANASTA JR SON 12 400884804 02=01=2009. MARY M CANASTA DAUGHTER 12 400884802 03=01=2004 * * Mark an X in base boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b). 5 Is the IRS for you 2 if Yes, complete lines 6 through 9 (also lines 21, 23, and 24 iyou are a part-year New York State resident, and line 28 or the back of this claim form. 5 Yes No Xes 6 Wages, salaries, tips, etc., from WorkState residents must also complete line 28 or the back of this claim form. 5 Yes No<		JOE	Z CANASTA	Į						40000	04825	
If Yes, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4 Yes No If you claimed more than three, see instructions. Images of the set of the same of the same children you claimed on federal Schedule EIC. A Yes No First name and mide initial Last name Relationship Mumber of hum you students' Person disability Social security number Date of birth (mm.ed/yyyy) SAMUEL M CANASTA JR SON 12 Images of the same box on your federal schedule EIC (box 4 or 4b). Social security number 0a-01-2009. SALLY M CANASTA DAUGHTER 12 Images on your federal schedule EIC (box 4 or 4b). Stel IRS figuring your federal security our set on your federal schedule EIC (box 4 or 4b). Stel IRS figuring your federal send 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 City residents must complete the New York City reared income credit Worksheet C on page 3 of Form IT-215-I. Stel INS figure of the same box on your read part-year New York City residents must complete the New York City residents must complete the New York City residents must an onny allifed deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions). Yes No (momedian figure of the same box on to the same box on the same figure of the same of the same	2 3	ls your investment Have you already	income (see instructi filed your New York	ons) greater than \$ < State income tax	3,200? If Y return? If	′es, stop; ′Yes , you	you do no must file	ot c an	qualify for these credits amended NYS return	2	Yes	No X
Pist Name and middle initial Last name Relationship Provide With you Statistic Middle M	4	If Yes , in the sp	baces below, list up	to three of the san		-				4	Yes X	No 🗌
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 4 aor 4b). 5 is the IRS figuing 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 resident, and line 28 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-215-1. Part-year New York City residents must also complete line 28 on the back of this claim form. 5 Yes No X 6 Wages, salaries, tips, etc., from Worksheet A line 3, on page 2 of the instructions, Form IT-215-1. 6 20500 .00 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as a linmate 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) 1 17695 .00 10 Amount of federal EIC claimed			Last name	Relationship	months lived	Full-time student*	with		Social security nur	nber		
SALLY M CANASTA DAUGHTER 12 400884802 0.3-01-2004 * 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 resident). The Tax Department will compute your New York State and, if applicable, your New York City resident for you. If No, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York City residents must complete line 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete line 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must also complete line 50 through 17 (and lines 18 through 20 are a part-year New York State are resident). New York City residents must also complete line 50 through 17 (and lines 18 through 20 are a part-year New York City area part-year New York City residents must also complete line 50 the back of this claim form. 5 Yes No X 6 Vages, salaries, tips, etc., from Worksheet A line 3, on page 2 of the Instructions, Form IT-215.1. 6 20500 .00 7 16 20500 .00 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 7 .00 8 9 1		SAMUEL M	CANASTA JR	SON	12		X		400884805		06-01	-1989
 * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b). 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 resident). The Tax Department will compute your New York State and, if applicable, your are a part-year New York State resident). New York City residents must complete the New York City area part-year New York State resident). New York City residents must also complete line 28 on the back of this claim form 5 Yes No X Whole dollars only Wages, salaries, tips, etc., from Worksheet A line 3, on page 2 of the instructions, Form IT-215-1		MARY M	CANASTA	DAUGHTER	12				400884804		02-01	-2009
 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		SALLY M	CANASTA	DAUGHTER	12]	400884802		03-01	-2004
 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 residents. The Tax Department will compute your New York State and, if applicable, your New York City residents. The Tax Department will compute your New York State arresident). 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. 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). 8 Business income or loss (from your federal Form 1040 line instructions. Earned income Credit Worksheet B, lines te, 2c, and 3) 8 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form 17-203, line 19, Federal amount column)		* Mark an X in	these boxes only if yo	ou checked Yes in the	e same box	on your fe	deral Sche	edul	e EIC (box 4a or 4b).			
 6 Wages, salaries, tips, etc., from Worksheet A line 3, on page 2 of the instructions, Form IT-215-1. 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). 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 9 Enter your federal adjusted gross income (from 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) 11 0 5178.00 12 1553.00 12 1553.00 13 Enter the amount from Worksheet B, line 5, on the back of this form. 13 Enter the amount from Worksheet B, line 5, on the back of this form. 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 15 Enter the smaller of line 13 or line 14 16 1454.00 17 fyour New York State filing status is (%), 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 joon 		The Tax Departn credit for you. If resident). New Y	nent will compute you No , complete lines 6 íork City residents mu	r New York State a through 17 (and line ist complete the Ne	nd, if applic es 18 throu w York Cit	cable, your igh 26 if yo ty earned i	New York ou are a pa <i>income c</i>	k C art- art-	ity earned income year New York State lit Worksheet C on	5		
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) 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 9 Enter your federal adjusted gross income (from Form IT-203, line 19, referal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a) 9 17.695 .00 10 S1.78 .00 11 .30 .01 51.78 .00 11 New York State earned income credit (NYS EIC) rate 30% (.30) .11 .30 .11 .30 12 1553 .00 .00 14 .01 <td< th=""><th>6</th><td>Wages salaries</td><td>tips etc. from Wor</td><td>ksheet A line 3 or</td><td>nage 2 o</td><td>of the instr</td><td>uctions F</td><td>For</td><td>m IT-215-I</td><td>6</td><td></td><td><u>, </u></td></td<>	6	Wages salaries	tips etc. from Wor	ksheet A line 3 or	nage 2 o	of the instr	uctions F	For	m IT-215-I	6		<u>, </u>
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 9 Entery your federal adjusted gross income (from Form IT-203, line 19, Federal amount column) 9 17695 .00 10 Amount of federal EIC claimed (from federal Form 1040EZ, line 8e; Form 1040A, line 38e; or Form 1040, line 64a) 10 51.78 .00 11 .30 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 11 .30 13 99 .00 14 135 .00 15 99 .00 16 1454 .00 17 .00 .00 18 Enter the amount from Worksheet B, line 5, on the back of this form. 13 99 .00 14 135 .00 .00 .00 .00 .00 19 Inter the amount from Worksheet B, line 5, on the back of this form. .01 .02 .00 14 135 .00 .00 .00 .00 <th>7</th> <th>If you received a</th> <th>taxable scholarship</th> <th>or fellowship gran</th> <th>t, or if you</th> <th>were pai</th> <th>d any am</th> <th>iou</th> <th>nt as an inmate in a</th> <th></th> <th></th> <th>100</th>	7	If you received a	taxable scholarship	or fellowship gran	t, or if you	were pai	d any am	iou	nt as an inmate in a			100
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 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 .30 12 1553 .00 13 P9 .00 14 135 .00 15 99 .00 16 1454 .00 17 .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)	8		-									
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	Ŭ								onionioor 2, mice i e, 20, and e,	🗸		5 100
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 13 Enter the amount from Worksheet B, line 5, on the back of this form	9			· · ·								
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 13 Enter the amount from Worksheet B, line 5, on the back of this form												
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											517	
Complete Worksheet B on the back page before continuing. 13 Enter the amount from Worksheet B, line 5, on the back of this form 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 15 Enter the smaller of line 13 or line 14 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) 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.				,	` '						155	
13 Enter the amount from Worksheet B, line 5, on the back of this form										12	100	.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 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	Con	nplete Workshe	et B on the back	page before co	ontinuing	g .						
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 16 1454 .00 18 Interview of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17 .00	13	Enter the amount	from Worksheet B,	line 5, on the bac	k of this fo	orm	1	3	99.00			
 16 Allowable New York State earned income credit (<i>subtract line 15 from line 12; see instructions</i>)	14	New York State h	ousehold credit (fror	n Form IT-201, line 4	0, or Form	IT-203, line	39) 1	4	135.00			
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	15											
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	16									16	145	54 .00
of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below	17											
										47		00
EPOPERI ADVISIENT DEDSS IDCOME (Trom tederal Form 1040F7 / Ine 4)			-	-			aujusteo	u gr	USS INCOME DEIOW	17		.00
Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)			-					[-00			



Par	t-year New York State resident earned income credit			
	es 18 through 26 apply only to part-year New York State esidents 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 cre If line 19 is less than line 18, continue on line 20 below. 	dit.		
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	1		
	income allocation worksheet in your Form IT-203 instruction booklet	J		
24		1		
	income allocation worksheet in your Form IT-203 instruction booklet	J		
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
Nev	v 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.	27	259	.00
	Part-year New York City residents must also complete line 28 below.			
28	Part-year New York City adjusted gross income			
	Enter the amounts from Worksheet C, lines 6 and 7 28A .00	28B		.00
Wo	rksheet 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)			
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





New York State Department of Taxation and Finance **Claim for Child and Dependent Care Credit** New York State • New York City

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

Name(s) as shown on return	Your social security number
JOE Z CANASTA	400004825

IT-216

_{No} [X] 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)
	16 STRAIGHT ST		
CARING PLACE	ROCKY POINT NY 11778	64-1234568	1420 <u>.</u> 00
	22 TOT TERRACE		
KIDS INC	ROCKY POINT NY 11778	64-1234569	1000 <u>.</u> 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)?	Χ	No	L
-----	--	---	----	---

5	Enter the smallest of: - line 3a above; or - federal Form 2441, line 3; or		Whole dollars only	
	 - 3,000 if one qualifying person, or 6,000 if two or more qualifying persons 	5	3420	.00
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			
10	Enter the decimal amount that applies to the amount on line 9 from the <i>Table for line 10</i> 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



	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) 17	985.00				
	Use the New York State child and dependent care					
	credit limitation table in the instructions to determine the decimal to be entered on this li	ne	13	1.100		
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and c	lependent				
	care credit (see instructions)		14		1242	.00
Pa	art-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 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 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 I 					
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care					.00
						100
19	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i>					
	in the instructions for Form IT-203 19	.00				
20	Enter the amount from line 19, Column A, of the					
20	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	e			_	
	refundable portion of your New York State part-year resident child and dependent o	are credit.	22			.00
Ne	ew 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 gri is \$30,000 or less (see <i>Note</i> under <i>New York City credit</i> on page 1 of the instructions) and you listed a 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 year	rs old	23		810	.00
	T-201 filers:				0.01	
	Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 1,		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
П	Γ-203 filers:					
27	Nonrefundable portion of your part-year New York City resident New York City child and d care credit (<i>from Worksheet 1, line 8</i>); 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 depe		00			
	care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a	l	28			.00
	Part-year New York City resident filers only:		20			00
	Enter the amount from Worksheet 1, line 10 Enter the amount from Worksheet 1, line 11		29 30			.00 .00
JU			30			.001



400-00-4825

IT-216 Conitnued

Line 2

BIGG BLOCKS 123 MAIN ST ROCKY POINT NY 11778 EIN 64-1234570 Amount paid : \$1000

Line 3

SAMUEL M CANASIA JK $\phi/10$ A 400004003 00-01-1909	SAMUEL M CANASTA JR	\$710	Х	400884805	06-01-1989
--	---------------------	-------	---	-----------	------------

22222	a Employee's social security num 400004825	omer OMB No. 1	545-0008			
b Employer identification number (641234567	EIN)			ges, tips, other compensation 0500	2 Federal income	tax withheld
c Employer's name, address, and NYSD	ZIP code		3 So	cial security wages	4 Social security t	ax withheld
NYSDOT			5 Me	edicare wages and tips	6 Medicare tax with	thheld
11 RIVER RD			7 50	cial security tips	8 Allocated tips	
NEW YORK NY	10019		1 30	cial security tips	6 Anocated tips	
d Control number			9		10 Dependent care	benefits
e Employee's first name and initial		Su	ff. 11 No	onqualified plans	12a	
JOE Z CANAS	ΓA		13 Stat	tutory Retirement Third-party	o d e	
215 LAID BAG	CKWAY		13 Statemp	bloyee plan sick pay	12b	
ROCKYPOINT I	NY 11778		14 Oth	l L L	12c	
				414H-255	C o d e	
					12d	
				IRC125-35	d e	
f Employee's address and ZIP cod						-
15 State Employer's state ID num			ome tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	20500	1295				
W_9 Wage an		רחכ	5	Department o	of the Treasury-Internal	I Revenue Service
Form VV ⁻ L Statemen	nt					

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

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your re-	turn, see the in	struc	tions, Form IT-20	01-I.						
Your first name and middle initial	Your last name (for a	joint re	turn , enter spouse's name	e on line below)	You	r date of birth (mm-d	d-yyyy)	Your social security number		er
DANIEL T THOMAS				0	3-15-198	2	40000	4831		
Spouse's first name and middle initial Spouse's last name					Spouse's date of birth (mm-dd-yyyy) S			Spouse's socia	l security r	number
								40000	4881	
Mailing address (see instructions, page 12) (number and street or rural route)					Apartment number New York State coun		county of	residence		
356 DOVER STREET								KINGS		
City, village, or post office State ZIP code			ZIP code	Country (if no	ountry (if not United States) School			School district	name	
BROOKLYN			11217					BROOKLYN		
Permanent home address (see instructions, page 12) (number and street or rural route)				ŀ	Apart	tment number		School district code number	[071
City, village, or post office			State	ZIP code		Decedent	Taxpayer	's date of death	Spouse's	date of death
			NY			information				

Α	Filing status	1	Single	NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No X
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)		Е	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes X No
	box):	3 X Married filing separate return (enter spouse's social security number above)			(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)	
		4	Head of household (with qualifying person)		F	NYC residents and NYC part-year residents only (see page 13): (1) Number of months you lived in NYC in 2012
в		5	Qualifying widow(er) with dependent child	7		(2) Number of months your spouse lived in NYC in 2012
С			me tax return?Yes 🖾 No 🖵	_	G	Enter your 2-character special condition code if applicable (see page 13)
on another ta	taxpayer's federal return?	X		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)



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
	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	0	
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]	
25		25	.00	1	
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 - X Itemized	34	1780 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	19945 .00
	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	000.00
	Taxable income (subtract line 36 from line 35)	37	19945 .00



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				39	970	.00
40 NYS household credit (page 25, table 1, 2, or 3)		. ,	.00		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
41 Resident credit (see page 26)			70.00			
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)			.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, lea	ave 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 surcharg	jes					
47 NYC resident tax on line 38 amount (see page 26)	47		630.00			
48 NYC household credit (<i>page 26, table 4, 5, or 6</i>)	48		.00.	1		
49 Subtract line 48 from line 47 (<i>if line 48 is more than</i>				_		
line 47, leave blank)	49		630 .00			
50 Part-year NYC resident tax (Form IT-360.1)	50		.00		See instructions on	
51 Other NYC taxes (Form IT-201-ATT, line 34)	51		.00		pages 26, 27, and 28 to compute New York City a	nd
52 Add lines 49, 50, and 51	52		630.00		Yonkers taxes, credits, a	
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		.00		tax surcharges.	
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)			.00			
58 Total New York City and Yonkers taxes / surcharges (ad	ld lines 54 thi	ough 57)		58	630	.00
59 Sales or use tax (see page 29; do not leave line 59 blank)				59	20	.00
Voluntary contributions (see page 30)				1		
60a Return a Gift to Wildlife			.00	-		
60b Missing/Exploited Children Fund 60c Breast Cancer Research Fund			.00	-		
			.00	-		
60d Alzheimer's Fund			.00	-		
60e Olympic Fund (\$2 or \$4; see page 30)60f Prostate Cancer Research Fund			00. 00.	-		
60g 9/11 Memorial			.00	-		
60h Volunteer Firefighting & EMS Recruitment Fund			.00	-		
60 Total voluntary contributions (add lines 60a through 60h)			-	60		.00
61 Total New York State, New York City, and Yonkers taxes				00		.00
contributions (add lines 46, 58, 59, and 60)	-	-	•	61	1550	.00
					1 1350	.00

Your social security number

400004831

IT-201 (2012) Page 3 of 4



Name(s) as shown on page 1

DANIEL T THOMAS

Pag	ge 4 of 4 IT-201 (2012)	Your social sec	curity n	umber]					
		40	000	4831							
62	Enter amount from line 61							62		1550	.00
	ayments and refundable credits (see page 3	(1)									
								1			
	Empire State child credit						.00				
	NYS/NYC child and dependent care credit						.00				
	NYS earned income credit (EIC)		65				.00				
	NYS noncustodial parent EIC						.00				
	Real property tax credit						.00				
	College tuition credit		68				.00				
	NYC school tax credit (also complete F on page 1					63	.00				
	NYC earned income credit		70				.00				
71							.00				
	Total New York State tax withheld		72				.00			our wage and t	
	Total New York City tax withheld						.00		(see page	its with your re	turn
	Total Yonkers tax withheld						.00		(see paye	5 33).	
	Total estimated tax payments and amount paid wi					492	.00		1		
76	Total payments (add lines 63 through 75)		•••••		•••••			76		555	.00
Y	our refund, amount you owe, and account in	formation	(see i	bades 33 fl	hroual	h 36)					
									1		
	Amount overpaid (if line 76 is more than line 62	2, subtract line	62 fro	m line 76) .				77			.00
78	Amount of line 77 to be refunded direct			debit	t	pap	er		1		
	Mark one refund choice: deposit	t (fill in line 83)	- or -	card	- or -	che	ck	78			.00
									_		
79	Amount of line 77 that you want applied to you							1	See page	es 33 and 34 for	r 41
	2013 estimated tax (see instructions)		79				.00		refund ch	on about your	three
										101065.	
80	Amount you owe (if line 76 is less than line 62, s		_						1		
	To pay by electronic funds withdrawal, mark	an X in the b	Dox L	and fill	in line	s 83 and	84	80		1022	.00
									Soo nago	37 for the pro	nor
81	Estimated tax penalty (include this amount in line									of your return	
	reduce the overpayment on line 77; see page 34)					27	.00			,, ,	
82	Other penalties and interest (see page 35)		82				.00]			
83	Account information for direct deposit or electr	ronic funds w	/ithdra	awal (see p	age 35	5).					
		, ,									· 「
	If the funds for your payment (or refund) would	come from (or go	to) an acco	ount o	utside the	U.S.,	mar	k an X in ti	his box (see pg. 3	35)
						-			Г	—	
	83a Account type: Personal checking - or	r - 🔄 Pers	onal s	avings - o	r -	Busine	ss che	cking	- or -	Business sav	ings
		7									
	83b Routing number	830	Acc	ount numbe	r						
84	Electronic funds withdrawal (see page 36)		Date				Amoun	t			.00
_											
	Third-party Print designee's name			Des	signee's	phone nun	nber			Personal identific number (PIN	
ae	signee? (see instr.)			()						,
Ye	es No X E-mail:									<u> </u>	
	Paid preparer must complete (see instr.)	Date				▼ 1	Гахра	yer(s) must si	ign here 🔻	
	parer's signature	Preparer's	NYTP	RIN	Your	signature	-			-	
Firr	n's name (or yours, if self-employed)	Preparer's PTI	IN or St	SN	Vour	occupation					
						occupation	REN	TAI	L AGEN	Γ Γ	
Add	lress	Employer ident	tification	n number	Spor	use's signati	ure and	occu	pation <i>(if joint</i>	t return)	
		M:	ark an J	xif 🗖	Date	2			Davtime r		
			lf-empl						(518)	ohone number 555-6666)
F-m	nail:				E-m	ail: THO	MAS	@A7	S.COM		



See instructions for where to mail your return.



New York State Department of Taxation and Finance Resident Itemized Deduction Schedule

IT-201-D

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

Na	me(s) as shown on your Form IT-201	You	r 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





2012

New York State Resident Credit

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.

Pa	art 1 – Income and adjustments (see instructions)		A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority		
	Wages, salaries, tips, etc		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	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)



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)		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

		T	
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		Х

Enter the group's EIN 233422566



2012

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

Nor			ork only Tonkers					ontificati		mbor (CCN) a		
INar	ne(s) as shown on return						100			mber (SSN o	r EIN)	
Der	DANIEL T THOMAS		+ (and instructions For	m IT 0105		oioto		4(000	04831		
	t 1 – All filers must complete this Total tax from your 2012 return before wit										1 - 2 0	00
						mstruc	:0001S)		1		1530	.00
	Empire State child credit (from Form IT-201		*					.00				
	NYS/NYC child and dependent care cred	•						.00				
	NY State earned income credit (EIC) (from							.00				
-	NY State noncustodial parent EIC (from F		-					.00				
6	Real property tax credit (from Form IT-201,							.00				
7	College tuition credit (from Form IT-201, line	,					62	.00				
-	8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)						63	.00				
9	NY City earned income credit (from Form I							.00				
10	Other refundable credits (from Form IT-201, I				<i>,</i>			.00			62	
11	Add lines 2 through 10								11		63	.00
12	Current year tax (subtract line 11 from line 1,								12		1467	.00
	Multiply line 12 by 90% (.90)						1320	.00				
14	Income taxes withheld (from Form IT-201, li											
	Form IT-205, lines 34, 35, and 36)								14		1 4 6 17	.00
	Subtract line 14 from line 12. If the result is		•						15		1467	.00
	Enter your 2011 tax (caution: see instructio								16		$\frac{1414}{1200}$.00
	Enter the smaller of line 13 or line 16 t 2 – Short method for computi								17		1320	.00
of e	vithholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments f estimated tax. Otherwise, you must complete Part 3 – Regular method. 18 .00							.00				
19	Enter the total amount of estimated tax p	•	•				492	.00				
20	Add lines 18 and 19								20		492	.00
	Total underpayment for year. Subtract								21		828	.00
	Multiply line 21 by .03289 and enter the r								22		27	.00
23	If the amount on line 21 was paid on or a					1 was	paid before					
	April 15, 2013, make the following com	•										00
~ ~	Amount on line 21 × number of day								23		07	.00
24	Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81						2	4			27	.00
Par	t 3 – Regular method – Schedule					adula	R is on the	hack)				
1 01	Payment due dates	~-	A 4/15/12	1	6/15/12	cuule		15/12		D	1/15/13	
25	Required installments. Enter ¼ of line 17				0/10/12		0 3/	10/12			1/10/10	
25												
	in each column. (If you used the annualized	25	.00			00			00			00
26	income installment method, see instructions.)	25	.00			.00			.00			.00
20	Estimated tax paid and tax withheld	26	.00			00			00			00
Con	(see instructions) plete lines 27 through 29, one column	20				.00			.00			.00
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



IT-2105.9 (2012) (back)

Part 3 – Regular method – Schedule B –	Com	puting the pen	alty							
Payment due dates		A 4/15/12		В	6/15/12	C	9/15/12	2	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 =										
(31									
32 Multiply line 30, column A by line 31	32		.00							
Second installment (June 15 - September 15, 201	2)									
33 June 15 - September 15 = (92 ÷ 366) × 7	.5% =	01884								
- or -										
June 15 = (🔄 ÷ 366)	× 7.59	% = .								
			33							
34 Multiply line 30, column B by line 33					.(00				
Third installment (September 15, 2012 - January	15, 20	013)								
35 September 15 - December 31 = $(107 \div 36)$	66) ×	7.5% = .02192								
January 1 - January 15 = $(15 \div 3)$	65) ×	7.5% = .00307 .02499		Total						
- or -										
September 15 - = (÷	366)	× 7.5% = .								
		× 7.5% = .								
, <u> </u>	,			Total	3	5				
36 Multiply line 30, column C by line 35								.00		
Fourth installment (January 15 - April 15, 2013)										
37 January 15 - April 15 = (90 ÷ 365) × 7.5%	0. = .0	1848								
- or -										
January 15 = (÷ 36	5) × 7	.5% = .								
20 Multiple line 20 column D having 27								37		
 38 Multiply line 30, column D by line 37 39 Penalty. Add lines 32, 34, 36, and 38. Enter h 								38		.00
Form IT-203, line 71; or Form IT-205, line 4							39			.00



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 IT-203

Income Tax Return New York State • New York City • Yonkers

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning

and ending

12

For help com	pleting your re	eturn, see the	instructions.	Form	T-203-I
I OF HEIP COIN	picting your re	Fluin, See line	man uctiona,		1-203-1

Yo	our first name and middle initial	Your last name (for a joint re	turn , enter spouse's name	on line below)		r date of birth (mm-d		Your s	ocial sec	curity numb	er	
	ROBERT S	PLANT			0	7-15-196	52			00483		
Sp	oouse's first name and middle initial	Spouse's last name			Spo	use's date of birth (mr	m-dd-yyyy)	Spous	e's socia	al security n	umber	
Ma	ailing address (see instructions, pag		,		_	Apartment numb	er	New Y		e county of		nce
	% AMANDA JON	1								V YORI	C .	
Ci	ty, village, or post office	State	ZIP code	Country (if n	not Ur	nited States)			l district			
	ROCKY POINT	NY	11778					M		ATTAN		
Pe	rmanent home address (see instr.,		ute) Apartment no.			, or post office			Schoo	ol district	260	
	<u>115 SOUTH 93</u>			NE	W	YORK		code number 369				
Sta		ountry (if not United States)				Decedent	Taxpayer	's date d	of death	Spouse's	date of	death
	NY 10029					information						
	X in one box): ③ Married (enter box) ④ X Head of ⑤ Qualifyi	filing joint return th spouses' social security nu filing separate return th spouses' social security nu f household (with qualifyir ng widow(er) with depen	mbers above) ng person)	ii H S G N E O O C	f app f app peci lew Enter or ou Dn th	your 2-charact blicable (see pag blicable, also er al condition cod York State part the date you m t of NYS (<i>mm-d</i> the last day of the	ge 14) hter your le t- year re loved int <i>d-yyyy)</i> e tax yea	esiden o	nd 2-ch ts (see) k an X in	page 15) . $04-0$ one box):	1-2	
В	Did you itemize your deducti your 2012 federal income tax		No X		 Lived in NYS Lived outside NYS: received income from 							
С	Can you be claimed as a dep on another taxpayer's federal		No X	0		YS sources duri ved outside NY	0		•			. []
D	Did you have a financial acco located in a foreign country? (unt		3	,	YS sources duri	,					. []
Е	New York City part-year resi	idente only (and name 1)	1)			York State non		•	page 1	5)		
-						ou or your spou					1	
	(1) Number of months you live			I	-	quarters in NYS es, complete Form				Yes 🖵	J NO	
	(2) Number of months your s in NY City in 2012	-			(<i>IT</i> Y	es, complete Forn	n 11-203-E	⊃)				

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



Pag	ge 2 of 4 IT-203 (2012)	Enter your social security number					
		400004832					
F	ederal income and adjustr	nents (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	.00	2	12000	.00
3			3	.00	3		.00
4	Taxable refunds, credits, or						
		on line 24)	4	.00	4		.00
5		· · · · · · · · · · · · · · · · · · ·	5	.00	5		.00
	-	copy of federal Sch. C or C-EZ, Form 1040)	6	-405.00	6		.00
7	Capital gain or loss (if required, su	bmit a copy of federal Sch. D, Form 1040)	7	.00	7		.00
		nit a copy of federal Form 4797)	8	.00	8		.00
9	Taxable amount of IRA distribution	ns. Beneficiaries: mark X in box	9	.00	9		.00
10	Taxable amount of pensions/annuit	ties. 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)	2 .00					
13	Farm income or loss (submit	a copy of federal Sch. F, Form 1040)	13	400.00	13	400	.00
		ion	14	.00	14		.00
		urity benefits (also enter on line 26)	15	.00	15		.00
16	Other income (see page 22)	entify:	16	.00	16		.00
		d 13 through 16	17	18495 .00	17	12733	.00
	Total federal adjustments to			I	·		
	Identify: ALIMONY		18	2800.00	18	1928	.00
19	Federal adjusted gross inc	come (subtract line 18 from line 17)	19	15695.00	19	10805	.00
Ne	ew York additions (see p	age 24)					
20	Interest income on state an	d local bonds (but not those					
		alities)	20	.00	20		.00
21		irement contributions	21	555.00	21	555	.00
	Other (see page 24) Identify:	A-3 50	22	50.00	22	50	.00
			23	16300 .00	23	11410	.00
		ee page 27)					
24	Taxable refunds, credits, or			[]			
• -		line 4)	24	.00	24		.00
25	Pensions of NYS and local	•					
~~	-	page 27)	25	.00	25		.00
		ecurity benefits (from line 15)	26	.00	26		.00
		vernment bonds	27	.00	27		.00
		e exclusion	28	.00	28		.00
	Other (see page 29) Identify:		29	.00	29		.00
	Ũ	noome (auktreat line 20 from line 20)	30	.00	30	11/10	.00
51	New fork adjusted gross in	ncome (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
-	tandard deduction or item		-	zed deduction (from Form IT-203-	·D).		

Mark an X in the appropriate box: ... X Standard - or -Itemized3310500 .0034 Subtract line 33 from line 32 (*if line 33 is more than line 32, leave blank*)345800 .0035 Dependent exemptions (*not the same as total federal exemptions; see page 33*)353000.0036 New York taxable income (subtract line 35 from line 34)362800 .00



Name(s) as shown on page 1	Enter your social security number	IT-203 (2012)	Page 3 of 4
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		New York State amount from line 31	Federal amount from line 31			Round result to 4 decimal pla	ces
	(see page 35)	11410 .00 ÷	16300.00	= [45	.7000	
	(000 page 00)						
46	Allocated New York Sta	ate 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		See instructions on pages 35
52	New York City minimum income tax (Form IT-220)	52	.00		and 36 to compute New York
52a	Add lines 51 and 52	52a	85.00		City and Yonkers taxes,
52b	Part-year resident nonrefundable New York City				credits, and surcharges.
	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, 5	3, and	54)	55	.00
56	Sales or use tax (See the instructions on page 36. Do not leave	ve line	56 blank.)	56	20.00

Voluntary contributions (see page 37)

57a	5	.00							
57b	5	.00							
57c	5	.00							
57d	5	.00							
57e	2	.00							
57f	5	.00							
57g	5	.00							
57h	5	.00							
57 Total voluntary contributions (add lines 57a through 57h)									
58 Total New York State, New York City, and Yonkers taxes, sales or use tax,									
and voluntary contributions (add lines 50, 55, 56, and 57)									
	57b 57c 57d 57e 57f 57g 57h	57b 5 57c 5 57d 5 57e 2 57f 5 57g 5 57h 5 set tax, 5	57b 5 .00 57c 5 .00 57d 5 .00 57d 5 .00 57e 2 .00 57f 5 .00 57g 5 .00 57h 5 .00 see tax, 5 .00	57b 5 .00 57c 5 .00 57d 5 .00 57d 5 .00 57e 2 .00 57f 5 .00 57g 5 .00 57h 5 .00 57h 5 .00 se tax, 57	57b 5 .00 57c 5 .00 57d 5 .00 57e 2 .00 57f 5 .00 57g 5 .00 57h 5 .00 57h 5 .00 se tax, 57	57b 5 .00 57c 5 .00 57d 5 .00 57e 2 .00 57f 5 .00 57g 5 .00 57h 5 .00 57h 5 .00 se tax, 57 37			



Enter your social security number Page 4 of 4 IT-203 (2012) 400004832 57 59 Enter amount from line 58 59 .00 **Payments and refundable credits** (see page 38) 31 60 Part-year NYC school tax credit (also complete E on front; see page 38) ... 60 .00 2427 61 Other refundable credits (Form IT-203-ATT, line 17) 61 .00 Submit your wage and tax 62 Total New York State tax withheld 62 1295 .00 statements with your return 63 Total New York City tax withheld 63 .00 (see page 38). Total **Yonkers** tax withheld 64 .00 64 Total estimated tax payments/amount paid with Form IT-370... .00 65 65 66 Total payments and refundable credits (add lines 60 through 65) 66 .00 3753 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) 3668 67 .00 68 Amount of line 67 to be refunded direct debit paper Mark one refund choice: deposit (fill in line 73) - or - x card - or -68 .00 check ... 3668 69 Amount of line 67 that you want applied See pages 39 and 40 for information about your three to your 2013 estimated tax (see instructions) 69 .00 refund choices. 70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). 70 To pay by electronic funds withdrawal, mark this box _____ and fill in lines 73 and 7400 71 Estimated tax penalty (include this amount on line 70, See page 43 for the proper 71 .00 or reduce the overpayment on line 67; see page 40) assembly of your return. 72 72 Other penalties and interest (see page 40)..... .00 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) Personal savings - or -Business checking 73a Account type: Personal checking - or -Business savings - or -

74 Electronic funds withdrawal (see page 41) Date Amount

Third-party designee? (see instr.)	(gnee's phone number)	Personal identification number (PIN)		
Yes 🗌 No 🔀	E-mail:							
▼ Paid preparer must complete (see instr.) ▼					▼ Taxpayer(s) must sign here ▼			
Preparer's signature		Pre	parer's NYTPRIN		Your signature			
Firm's name (or yours, if self-employed)			Preparer's PTIN or SSN		Your occupation AIDE			
Address	Employer identification				Spouse's signature and occupation (if joint return)			
		L	Mark an X if self-employed		Date Daytime p (518)	bhone number 555–6666		
E-mail:					E-mail: PLANT@ATS.COM			

73c Account number

See instructions for where to mail your return.

.00



73b Routing number

5	2012 New York State Department of Taxation and Finance Other Tax Credits and Taxes				IT-203-ATT					
_		Attachment to	Form	IT-203						
Na	me(s) as sh	own on your Form IT-203	`	Your social security number						
	ROF	ERT S PLANT					400004832			
Со		parts that apply to you; see inst	ruction	s (Form I	-203-I). Submit this form wit	th vour				
					,	,				
Pa	rt 1 – Ot	her tax credits (submit all app	licable f	orms)						
Sec	tion A – N	lew York State nonrefundable, n	on-carr	yover cre	dits used		Whole dollars only			
		credit					.00			
		tion distribution credit (submit comp	utation).			2	.00			
3		refundable, non-carryover credits		Quida	A					
20	Code	Amount	26	Code	Amount	00				
3a		00 r nonrefundable, non-carryover cre	3b	d lines 20 d		.00 3	.00			
		r nonreidhdable, non-carryover cre		u iiries sa a	and 50)	J	.00			
Sec	tion B – I	lew York State nonrefundable, c	arrvove	r credits	used					
		n care insurance credit				4	.00			
	0	nt credit					.00			
6	Part-year	solar energy system equipment cr	edit			6	.00			
		refundable, carryover credits								
	Code	Amount		Code	Amount					
7a	ι	.00	7h			.00				
7b		.00	7i			.00				
70		.00	7j			.00				
70		.00	7k		_	.00				
76		.00	71			.00				
71		.00	7m			.00				
7g		.00	7n	7.4		.00 7				
8		r nonrefundable, carryover credits v York State nonrefundable cred			in (n)	1	.00			
0		s 1 through 7; enter here and on Form				8	.00			
	(add iirit		111-203,	iiiie 47)			100			
Sec	ction C – N	lew York State, New York City, and	Yonker	s refunda	ble credits					
		resident refundable New York Stat				9	876.00			
		resident refundable New York City				9a	272.00			
10	Part-year	resident refundable New York Stat	e earne	d income	credit	10	1084 .00			
11	Part-year	resident refundable New York City	earned	income c	redit	11	195.00			
12	Other NY	State refundable credits								
	Code	Amount		Code	Amount					
12a		.00	12g		-	.00				
12b		.00	12h			.00				
120		.00	12i			.00				
120		.00	12j		-	.00				
126		.00	12k			.00				
12		00	121	20		<u>.00</u>	00			
13		r refundable credits (add lines 12a t 9 through 12					.00 2427 .00			
		State claim of right credit				13	.00			
		City claim of right credit				15	.00			
		claim of right credit				16	.00			
		V York State, New York City, and								
		s 13 through 16; enter here and on Fo				17	2427 .00			



400004832

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

		ix on capital gain portion of lump-s York State taxes	um dis	tributions (For	m IT-230-I, worksheet C, line 7)	18	.00
19	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	191		.00		
	Total other	New York State taxes (add lines 19a	a throug	nh 19I)		19	.00
20	Add lines 1	8 and 19				20	.00
21	Enter amou	unt from Form IT-203, line 47		21	.00		
22	Enter amou	Int from Form IT-203, line 46		22	.00		
		e 22 from line 21 (if line 22 is more t			/	23	.00
24	Subtract lin	e 23 from line 20 (if line 23 is more t	han line	e 20, leave blank	r)	24	.00
25		State separate tax on lump-sum dis					
	(Form IT-2	230)			.00		
26		edit against separate tax on lump-		· · · · · ·			
		ons			.00		
		e 26 from line 25				27	.00
28		State minimum income tax (Form IT-				28	.00
29		4, 27, and 28				29	.00
30	Excess chi	d and dependent care credit				30	1272 .00
		e 30 from line 29 (if line 30 is more t			· · · · · · · · · · · · · · · · · · ·	31	.00
		w York State earned income credit			l	32	1575 -00
33		New York State taxes (subtract line			1		
	blank; oth	erwise, enter the result here and on Fo	rm IT-2	03, line 49)		33	.00





No X

.00

.00

-5

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

Name(s) as shown on return ROBERT S PLANT								Your social secure 4000048		
1 2	Did you claim the ls your investment		Yes X Yes	No 🕅 No X						
3	3 Have you already filed your New York State income tax return? If Yes , you must file an amended NYS return									No X
4	If Yes, in the sp	alifying children on y paces below, list up t more than three, see	o three of the sam		,		ine 5. eral Schedule EIC	4	Yes X	No 🗌
	First name and middle initial Last name Relationship Number of months lived with you Full-time student* Person with disability* Social security number									of birth Id-yyyy)
	ROBERT S	S PLANT JR CHILD 12 40088				4008848	09	06-01	-2009	

MOLLY	S	PLANT	CHILD	12			400884810	08-01-1996
JILL	S	PLANT	CHILD	12		Χ	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
		Whole dollars	only

	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 14 15	New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39)	13 14	112 105	.00 .00	15	105	.00
16						1575	.00
17	If your New York State filing status is (3), Married filing separate return, comp	lete li	ne 17. The NYS I	EIC on		10/5	
	line 16 above can be divided between spouses in any manner you wish. Enter o	n line	17 the amount				
	of NYS EIC from line 16 you are claiming, and also enter your joint federal adjus	ted g	ross income belov	w	17		.00
	Federal adjusted gross income (from federal Form 1040EZ, line 4;						
	Form 1040A, line 22; or Form 1040, line 38)			.00			



Par	t-year New York State resident earned income credit			
	es 18 through 26 apply only to part-year New York State esidents 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 cred If line 19 is less than line 18, continue on line 20 below. 	dit.		
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	1		
~ .	income allocation worksheet in your Form IT-203 instruction booklet	J		
24		1		
	income allocation worksheet in your Form IT-203 instruction booklet	J		
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.		0.0001	
	This is the refundable portion of your part-year New York State resident earned income credit.	26	1084	.00
		LI		
Nev	v 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.	27	196	.00
	Part-year New York City residents must also complete line 28 below.			
28	Part-year New York City adjusted gross income			
	Enter the amounts from Worksheet C, lines 6 and 7 28A 16300 .00	28B	11410	.00
Wo	rksheet 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)			
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





New York State Department of Taxation and Finance Claim for Child and Dependent Care Credit New York State • New York City

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?	No X

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)
	16 STRAIGHT PLACE		
CARING PLACE	NEW YORK NY 10029	641234568	2420 .00
	22 TOT TERRACE		
KIDS INC	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	X	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.

5	Enter the smallest of:			
	 line 3a above; or federal Form 2441, line 3; or 		Whole dollars only	
	 - 3,000 if one qualifying person, or 6,000 if two or more qualifying persons 	5	3420	.00
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 <i>Table for line 10</i> 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



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	40	1 100	
11	<i>credit limitation table</i> in the instructions to determine the decimal to be entered on this line Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent	13	1.100	
14	care credit (see instructions)	14	1279	.00
Da	art-year New York State residents		1279	100
			_	
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.)	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	1272	.00
	Enter the amount from line 19, Column D, of the			
	Part-year resident income allocation worksheet in the instructions for Form IT-203			
20	Enter the amount from line 19, Column A, of the			
	Part-year resident income allocation worksheet in the instructions for Form IT-203			
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
Ne	w 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 <i>Note</i> under <i>New York City credit</i> 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
т	-201 filers:			
	Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13)	24		.00
	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			
Р	care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9aart-year New York City resident filers only:	28	272	.00
	Enter the amount from Worksheet 1, line 10	29	10805	.00
	Enter the amount from Worksheet 1, line 11	30	15695	.00





New York State Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

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

(B)

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.

Yonkers change of residence – Complete Parts 1 and 5.

(C) New York City and Yonkers change of residence – Complete the entire form.

Pa	t 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



Page 2 of 3 IT-360.1 (2012)

Pa	rt 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 mized deductions (see instructions)		Column B Amount of Column A fo New York City resident pe	or eriod		
21	Medical and dental expenses	21			.00		.00		
22	Taxes you paid	22			.00		.00		
23	Interest you paid	23			.00	0			
24	Gifts to charity	24			.00)0			
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		
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 appli	icable	e)						
	and other subtraction adjustments				31		.00		
32	32 Subtract line 31 from line 30				32		.00		
33	Addition adjustments and college tuition itemized deduction (see inst	tructio	ons)		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						.00		
	rt 2 Dependent exemptions (see instructions, next 5)								
	rt 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			
				SUFFOLK					
	Enter the county where you resided while a nonresident of New Yo		-						
	Enter the number of full months in the New York City resident period				39	06			
	Enter the prorated value of one dependent exemption (use Proration				40	500	.00		
41	Enter the number of dependent exemptions you claimed on Form IT					r			
	or Form IT-203, line 35				41	3			
42	Multiply the amount on line 40 by the number of dependent exemption					1500			
	on line 41 (enter here and on line 46)				42	1300	.00		
Ра	rt 4 – Part-year New York City resident tax (see instructions,	page	ə <i>5)</i>						
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		
	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	cred	it (see ins	structions, page 6)	49	50	.00		
50	Subtract line 40 from line 48 (if line 40 is larger than line 48 onter 0)				50	85	.00		
 50 Subtract line 49 from line 48 (<i>if line 49 is larger than line 48, enter 0</i>) 51 Part-year New York City separate tax on lump-sum distributions (<i>from Form 1T-230</i>) 						05	.00		
	Part-year New York City resident tax on capital gain portion of lump	51		.00					
JZ	(from Form IT-230)				52		.00		
53	Add lines 50, 51, and 52				53	85	.00		
	Credit for part-year New York City unincorporated business tax paid					00	.00		
	Part-year New York City resident tax (subtract line 54 from line 53 and						.00		
	line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)				55	85	.00		



		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			.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)			
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			.00
76 Yonkers resident tax rate		.15	

Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 8)

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 .000 Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.



22222	a Employee's social security number	OMP No. 154	5 0000				
	400004832	OMB No. 154					
b Employer identification number (EIN) 641234567				ages, tips, other compensation	2 Fede	eral income t	ax withheld
c Employer's name, address, and ZIP code IBM				cial security wages	4 Soci	al security ta	x withheld
IBM			5 Me	edicare wages and tips	6 Med	icare tax wit	hheld
11 RIVER RO	AD		7 50	cial security tips	8 41100	cated tips	
NEW YORK NY	10019				U Alloc		
d Control number			9		10 Dep	endent care	benefits
e Employee's first name and initial Last name Suf ROBERT S PLANT			11 No	onqualified plans	12a ^C		
215 LAIDBAC	K WAY		13 Sta em	tutory Retirement Third-party ployee plan sick pay	12b	1	
ROCKY POINT	NY 11778		14 Oth		12c		
				414H-555			
					12d		
				IRC125-50	o d e		
f Employee's address and ZIP cod							
15 State Employer's state ID num	16 State wages, tips, etc.	17 State incon 1295	ne tax	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name
l							
ME	6167	400					
W-2 Wage and Tax Statement 2012 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 IT-203

12

No

Income Tax Return New York State • New York City • Yonkers

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning

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)				r date of birth (mm-dd-yyyy)	Your social security number			
MARY B	CHA	CHARITY				400004834			
Spouse's first name and middle initial	Spouse's last name			Spou	use's date of birth (mm-dd-yyy)) Spous	e's social	security	number
							400	0048	84
Mailing address (see instructions, pa	ge 13) (number and street o	or rural route)			Apartment number	New Y	ork State	county of	fresidence
923 HOPE CT						ALBANY			
City, village, or post office	State		Country (if n	ot Uni	ited States)	Schoo	l district n	ame	
FAITH	NC	28041					ALB	ANY	
Permanent home address (see instr.	, pg. 13) (no. and street or rural	route) Apartment no	o. City, vil	llage,	or post office		School district		
145 NEW SCO	TLAND AVE		AL	BAN	NY			number	005
State ZIP code C	Country (if not United States)			Decedent Taxpaye	r's date o	of death	Spouse's	date of death
NY 12206					information				

Α	Filing	① Single					
	status (mark an X in one	② X Married filing joint return (enter both spouses' social security numbers above)					
	box):	(anter both spouses' social security numbers above)					
		④ Head of household (with qualifying person)					
		5 Qualifying widow(er) with dependent child					
В	Did you itemize your deductions on your 2012 federal income tax return?						
С		claimed as a dependent axpayer's federal return?Yes No					
D	Did you have a financial account located in a foreign country? (see pg. 14)						
Е	New York City part-year residents only (see page 14)						
	(1) Number	of months you lived in NY City in 2012					
	()	of months your spouse lived					

F Enter your 2-character special condition code if applicable (see page 14) E 3 If applicable, also enter your second 2-character special condition code C7

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

E	Enter the date you moved into or out of NYS (<i>mm-dd-yyyy</i>)	30-2012
(On the last day of the tax year <i>(mark an X in one box)</i> : 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

(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



Page 2 of 4	IT-203	(2012)
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Enter your social security number 400004834

_			Federal amount		New York State amount	t
Fe	ederal income and adjustments) (see page 17)		Whole dollars only		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
0	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10		.00
1	Rental real estate, royalties, partnerships, S corporations,					
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	23200.00	11		.00
2	Rental real estate included					
	in line 11 (federal amount) 12 .00					
3	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	16404 .00	13	16404	.00
	Unemployment compensation	14	.00	14		.00
	Taxable amount of social security benefits (also enter on line 26)	15	.00	15		.00
6	Other income (see page 22) Identify:	16	.00	16		.00
	Add lines 1 through 11 and 13 through 16	17	89006.00	17	55244	.00
	Total federal adjustments to income (see page 22)			LL		
	Identify: IRA 1741 SUB PAY 400 1/2 SE TAX 1159	18	3300.00	18	3256	.00
9	Federal adjusted gross income (subtract line 18 from line 17)	19	85706.00	19	51988	.00
Ne	ew York additions (see page 24)					
0	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
	Other (see page 24) Identify:	22	.00	22		.00
	Add lines 19 through 22	23	85706.00	23	51988	.00
Ne	w York subtractions (see page 27)					
4	Taxable refunds, credits, or offsets of state and					
	local income taxes (from line 4)	24	.00	24		.00
5	Pensions of NYS and local governments and the					
	federal government (see page 27)	25	.00	25		.00
6	Taxable amount of social security benefits (from line 15)	26	.00	26		.00
7	Interest income on U.S. government bonds	27	.00	27		.00
	Pension and annuity income exclusion	28	.00	28		.00
9	Other (see page 29) Identify:	29	.00	29		.00
	Add lines 24 through 29	30	.00	30		.00
	New York adjusted gross income (subtract line 30 from line 23)	31	85706.00	31	51988	.00
2	Enter the amount from line 31, <i>Federal amount</i> column			32	85706	.00
-	Enter the amount non-line of, i cachar amount column				05700	.00
SI	andard deduction or itemized deduction (see page 33	3)				

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	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



Name(s) as shown on page 1	Enter your social security number	IT-203 (2012)	Page 3 of 4
MA	RY 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	New York State amount from	line 31	Federal amount from line	31	Round result to 4 of	Jecimal places
(see page 35)	51988	.00 ÷	85706	.00 =	45 0.6066]

46 Allocated New York State tax (<i>multiply line 44 by the decimal on line 45</i>)	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		See instructions on pages 35
52	New York City minimum income tax (Form IT-220)	52	.00		and 36 to compute New York
52a	Add lines 51 and 52	52a	.00		City and Yonkers taxes,
52b	Part-year resident nonrefundable New York City				credits, and surcharges.
	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, 5	3, and	54)	55	.00
56	Sales or use tax (See the instructions on page 36. Do not leave	ve line	56 blank.)	56	000

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)								
58 Total New York State, New York City, and Yonkers taxes, sales or us	se tax	,						
and voluntary contributions (add lines 50, 55, 56, and 57)			58		2304	.00		



 Page 4 of 4
 IT-203 (2012)
 Enter your social security number

 400004834

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 68 68 Amount of line 67 to be refunded Mark one refund choice: deposit (iii lin line 73) or - Card or - check 68 1291 60 69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions) 69 .000 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	59 Enter amount from line 58			. 59	2304 .00
61 Other refundable credits (Form 17:30:477, line 17) 61	Payments and refundable credits (see page 38)				
62 Total New York State tax withheld 62 1196 origotic submit your wage and tax statements with your return (see page 38). 63 Total New York State tax withheld 63 329 origotic 329 origotic statements with your return (see page 38). 64 Total Yonkars tax withheld 66 2000 origotic 66 3595 (origotic 65 Total Powners tax withheld 66 3595 (origotic 66 3595 (origotic 66 Total Powners tax withheld 66 3595 (origotic 66 3595 (origotic 67 Amount of line 67 to be refunded direct direct debit 67 1291 (origotic 69 Amount of line 67 to be refunded direct deposit (fill in line 73) or (Critic Card) or (Critic Car	60 Part-year NYC school tax credit (also complete E on front; see page 38).			-	
Out new York City iza: withheld Out 1190 Image: Statements with your return (see page 38). 64 0.00 66 3595			1 1 1	Submit	t your wage and tax
c3 lotal Now York City tax withineig b3 399				statem	
66 Total estimated tax payments/amount paid with Form IT-370 66 200000 66 67 Total payments and refundable credits (add lines 60 through 65) 66 3595 66 68 Total payments and refundable credits (add lines 60 through 65) 67 1291 67 69 Amount of line 67 to be refunded direct debit main 660 67 1291 69 Amount of line 67 to be refunded direct debit 69 68 See pages 39 and 40 for information bouty over the refund choices. 69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions) 69 See pages 39 and 40 for information bouty over the refund choices.	-			(see pa	
66 Total payments and refundable credits (add lines 60 through 65) 66 3595 / (Your refund, amount you owe, and account information) (see pages 39 through 42) 67 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67 1291 / 68 Amount of line 67 to be refunded direct debit -or - Check 68 1291 / 69 Amount of line 67 that you want applied geostif (iii in line 73) - or - Image: Check 68 3.00 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 in and fill in lines 73 and 74 70 71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 70, see page 40) T1 72 Other penatities and interest (see page 40) T2 73 Account information for direct deposit or electronic funds withdrawal (see page 41). T1 the funds of 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) 74 Ele					
Your refund, amount you owe, and account information (see pages 39 through 42) 67 67 1291.4 68 Amount of line 67 to be refunded direct wark one refund choice: 69 69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions) 69 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 71 Estimated tax penalty (include this amount on line 70, or refund the overpayment on line 67; see page 40) 71 50 72 Other penalties and interest (see page 40) 72					2505
67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67 1291 68 Amount of line 67 to be refunded Mark one refund choice: deposit (fill in line 73) -or - Card -or - check 68 1291 (debit Mark one refund choice: deposit (fill in line 73) -or - Card -or - check 68 1291 (debit Mark one refund choice: debit deposit (fill in line 73) -or - Card -or - check 68 1291 (debit Mark one refund choice: debit to your 2013 estimated tax (see instructions) Geg Geg Geg Geg for mark on 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 i and fill in lines 73 and 74 70 70 70 70 70 70 70 70 70 70 70 70	66 Iotal payments and refundable credits (add lines 60 thro	ough 65)		. 66	3595.00
68 Amount of line 67 to be refunded Mark one refund choice: digeost (fill in line 73) - or - ∑ card - or - check 68 1291.4 69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions)	Your refund, amount you owe, and account information) (see pages 3	9 through 42)		
Mark one refund choice: deposit (fill in line 73) - or - Card - or - check 68 1.291 - 4 69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions)	67 Amount overpaid (if line 66 is more than line 59, subtract lin	ne 59 from line 66)		. 67	1291 .00
Mark one refund choice: deposit (fill in line 73) - or - ∑ cried - or - ☐ check 68 1291_x 69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions) 69	68 Amount of line 67 to be refunded direct	det	nit naper		
to your 2013 estimated tax (see instructions) 69 .00 information about your thre 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	Mark one refund choice: deposit (fill in line 7.	3) - or - 🔀 car	d - or - 🔲 check	68	1291 .00
to your 2013 estimated tax (see instructions) 69 .00 information about your thre 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				· · · ·	
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	69 Amount of line 67 that you want applied			See pa	ges 39 and 40 for
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	to your 2013 estimated tax (see instructions)	69	.0	0 informa	ation about your three
To pay by electronic funds withdrawal, mark this box □ and fill in lines 73 and 74				refund	choices.
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 74 Electronic funds withdrawal (see page 41) 73c Account number	70 Amount you owe (if line 66 is less than line 59, subtract line 6	66 from line 59).			
or reduce the overpayment on line 67; see page 40) 71 .00 See page 43 for the proper assembly of your return. 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	To pay by electronic funds withdrawal, mark this box	and fill in line	es 73 and 74	. 70	.00
or reduce the overpayment on line 67; see page 40) 71 .00 See page 43 for the proper assembly of your return. 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	71 Estimated tax penalty (include this amount on line 70,				
72 Other penalties and interest (see page 40) 72 .00 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 73c Account number .00 74 Electronic funds withdrawal (see page 41) .00 Amount .00 74 Electronic funds withdrawal (see page 41) .00 Date Personal identification number 75 Yes IN no Print designee's name Designee's phone number .00 75 Paid preparer must complete (see instr.) ▼ Date Your signature Your signature Firm's name (or yours, if self-employed) Preparer's NYTPRIN Your cocupation REALTOR Address Employer identification number Daytime phone number Spose's signature and occupation (if join return) Date Daytime phone number Daytime phone number Daytime phone number Spose's signature and occupation (if join return)		71	.0		
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				assemi	bly of your return.
74 Electronic funds withdrawal (see page 41) Date Amount .00 Third-party designee's name JOE PALMER Designee's phone number (518) 5557777 Personal identification number (PIN) 55555 Yes X No E-mail: PALMER@ATS.COM S5557777 Personal identification number (PIN) 55555 ✓ Paid preparer must complete (see instr.) ✓ Date ✓ Your signature Preparer's signature Preparer's NYTPRIN Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation REALTOR Address Employer identification number Mark an X if self-employed Date Date	If the funds for your payment (or refund) would come from	(or go to) an acc	count outside the U.S.		
Third-party designee's name Designee's phone number Personal identification number (PIN) Yes ☑ No □ Print designee's name JOE PALMER Personal identification number (PIN) Yes ☑ No □ PALMER@ATS.COM 5557777 55555 ✓ Paid preparer must complete (see instr.) ▼ Date Your signature Your signature Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Preparer's PTIN or SSN Your occupation Your occupation Address Employer identification number Mark an X if self-employed Date Your occupation	73b Routing number	73c Account numb	ber		
designee? (see instr.) JOE PALMER (518) 5557777 number (PIN) 55555 Yes X No E-mail: PALMER@ATS.COM 55555 Preparer's signature Preparer's signature Preparer's PTIN or SSN Employer identification number Mark an X if self-employed Mark an X if self-employed Mark an X if self-employed Date Your occupation (if joint return) Date Date Date Date Your occupation (if joint return) Date Spouse's signature and occupation (if joint return) Date Date Date Date Spouse's 555 – 66666 	74 Electronic funds withdrawal (see page 41)	Date	Amou	int	.00
designee? (see instr.) JOE PALMER (518) 5557777 number (PIN) Yes X No E-mail: PALMER@ATS.COM 55555 V Paid preparer must complete (see instr.) Date Your signature Your signature Preparer's signature Preparer's NYTPRIN Your occupation Your occupation Address Employer identification number Your occupation REALTOR Spouse's signature and occupation (if joint return) Date Date Date Mark an X if self-employed Mark an X if self-employed Date Date Date	Third-party Print designee's name	D	esignee's phone number		Personal identification
Yes X No E-mail: PALMER@ATS.COM 5555 ▼ Paid preparer must complete (see instr.) ▼ Date Your signature Preparer's signature Preparer's NYTPRIN Your signature Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation Address Employer identification number Spouse's signature and occupation (if joint return) Mark an X if self-employed Date Date		(518) 5557777		
▼ Paid preparer must complete (see instr.) ▼ Date ▼ Taxpayer(s) must sign here ▼ Preparer's signature Preparer's NYTPRIN Your signature Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation Address Employer identification number Spouse's signature and occupation (if joint return) Mark an X if self-employed Date Date		l			55555
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 Date Date Daytime phone number (518) 555-66666			▼ Taxp	ayer(s) must	t sign here ▼
Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation Address Employer identification number Spouse's signature and occupation (if joint return) Mark an X if self-employed Date Daytime phone number 0 Date Date Date		er's NYTPRIN			•
Address Employer identification number REALTOR Mark an X if self-employed Date Daytime phone number (518) 555-66666					
Address Employer identification number Spouse's signature and occupation (if joint return) Mark an X if self-employed Date Daytime phone number	Firm's name (or yours, if self-employed) Preparer's I	PTIN or SSN	Your occupation		
self-employed (518) 555-6666	Address Employer id	lentification number			oint return)
			Date		
E-mail: E-mail: CHARITY@ATS.COM	E-mail:		E-mail: CHAR	TY@ATS.	СОМ

See instructions for where to mail your return.



New York State Department of Taxation and Finance

Nonresident or Part-Year Resident Spouse's Certification



To be filed with Form IT-203 by married taxpayers filing a joint return when only one spouse has New York source income (see Form IT-203 instructions for additional information).

Name of spouse with New York source income	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

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.





Please file this original scannable attachment with the Tax Department.

2012 Attachment to	Credits	and Taxes	IT-	203-ATT
Name(s) as shown on your Form IT-203			Your socia	I security number
MARY B CHARITY			4000	04834
Complete all parts that apply to you; see instr	uctions (Form I	T-203-I). Submit this form with	your Form IT-	203.
Part 1 – Other tax credits (submit all appl	icable forms)			
Section A - New York State neurofundable, no		adita ugad	1	Whole dellars only
Section A – New York State nonrefundable, no 1 Resident credit				Nhole dollars only .00
2 Accumulation distribution credit (submit compu				.00
3 Other nonrefundable, non-carryover credits				.00
Code Amount	Code	Amount		
3a .00	3b		00	
Total other nonrefundable, non-carryover cre				.00
	-			
Section B - New York State nonrefundable, ca				
4 Long-term care insurance credit				.00
5 Investment credit				.00
6 Part-year solar energy system equipment cre	edit		6	.00
7 Other nonrefundable, carryover credits				
Code Amount	Code	Amount		
7a00	7h		00	
7b00	7i		00	
7c00	7j		00	
7d00	7k		00	
7e .00	71		00	
.00	7m		00	
.00	7n		00	
Total other nonrefundable, carryover credits		ıgh 7n)	7	.00
8 Total New York State nonrefundable credit				
(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				00
9 Part-year resident refundable New York State	-			.00
9a Part-year resident refundable New York City				.00
10 Part-year resident refundable New York State			10	.00
11 Part-year resident refundable New York City12 Other NY State refundable credits	earned income of		11	.00
Code Amount	Code	Amount		
12a .00	12g		00	
12b .00	129 12h			
	121			
120 .00	12j			
	12k		00	
126 .00	121		00	
Total other refundable credits (add lines 12a th				.00
13 Add lines 9 through 12				.00
14 New York State claim of right credit				.00
15 New York City claim of right credit				.00
16 Yonkers claim of right credit				.00
17 Total New York State, New York City, and			L	
(add lines 13 through 16; enter here and on For			17	.00



400004834

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

		x on capital gain portion of lump-s York State taxes	um dis	tributions <i>(F</i> e	orm IT-230-I, worksheet C, line 7)	18	.00
19	Code	Amount		Code	Amount		
19a		.00	19g		.00		
19b		.00	19h		.00		
190		.00	19i		.00		
190		.00	19j		.00		
19 e		.00	19k		.00		
19		.00	191		.00		
	Total other	New York State taxes (add lines 19a	a throug	h 19I)		19	.00
20		8 and 19				20	.00
21		Int from Form IT-203, line 47			.00		
22	Enter amou	Int from Form IT-203, line 46		22	.00		
		e 22 from line 21 (if line 22 is more t				23	.00
24	Subtract lin	e 23 from line 20 (if line 23 is more t	han line	20, leave bla		23 24	.00 .00
24	Subtract lin New York S	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis	<i>han line</i> stributic	20, leave bla ons	nk)	-	
24 25	Subtract lin New York S (Form IT-2	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230)	<i>han line</i> stributic	20, leave bla ons		-	
24 25	Subtract lin New York S <i>(Form IT-2</i> Resident cr	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) edit against separate tax on lump-	<i>han line</i> stributic sum	20, leave bla ons 25	40.00	-	
24 25 26	Subtract lin New York S <i>(Form IT-2</i> Resident cr distribution	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) redit against separate tax on lump- ons	han line stributic sum	20, leave bla ons 	40.00	24	.00
24 25 26 27	Subtract lin New York S <i>(Form IT-2</i> Resident cr distribution Subtract lin	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) redit against separate tax on lump- ons e 26 from line 25	han line stributic sum	20, leave bla ons 	40.00	24 27	.00
24 25 26 27 28	Subtract lin New York S <i>(Form IT-2</i> Resident cr distribution Subtract lin New York S	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) redit against separate tax on lump- ons e 26 from line 25 State minimum income tax <i>(Form IT</i> -	han line stributic sum -220)	20, leave bla ons 		24 27 28	.00 40.00 .00
24 25 26 27 28 29	Subtract lin New York S <i>(Form IT-2</i> Resident cr distribution Subtract lin New York S Add lines 2	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) redit against separate tax on lump- ons e 26 from line 25 State minimum income tax <i>(Form IT</i> - 4, 27, and 28	han line stributic sum -220)	20, leave bla ons 	10.00	24 27 28 29	.00 40.00 .00 40.00
24 25 26 27 28 29 30	Subtract lin New York S <i>(Form 17-2</i> Resident cr distribution Subtract lin New York S Add lines 2 Excess chill	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) redit against separate tax on lump- ons e 26 from line 25 State minimum income tax <i>(Form IT</i> - 4, 27, and 28 d and dependent care credit	han line stributic sum -220)	20, leave bla ons 	40.00	24 27 28 29 30	.00 40.00 .00 40.00 .00
24 25 26 27 28 29 30 31	Subtract lin New York S <i>(Form IT-2</i> Resident cr distribution Subtract lin New York S Add lines 2 Excess chill Subtract lin	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) redit against separate tax on lump- ons e 26 from line 25 State minimum income tax <i>(Form IT</i> 4, 27, and 28 d and dependent care credit e 30 from line 29 <i>(if line 30 is more t</i>	han line stributic sum -220) han line	20, leave bla ons 	40.00 	24 27 28 29 30 31	.00 40 .00 40 .00 .00 40 .00 40 .00
24 25 26 27 28 29 30 31 32	Subtract lin New York S (Form IT-2 Resident cr distribution Subtract lin New York S Add lines 2 Excess chill Subtract lin Excess New	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) redit against separate tax on lump- ons e 26 from line 25 State minimum income tax <i>(Form IT</i> 4, 27, and 28 d and dependent care credit e 30 from line 29 <i>(if line 30 is more t</i> <i>w</i> York State earned income credit	han line stributic sum -220) han line	20, leave bla ons 	40.00 .00	24 27 28 29 30	.00 40.00 .00 40.00 .00
24 25 26 27 28 29 30 31 32	Subtract lin New York S (Form IT-2 Resident cr distribution Subtract lin New York S Add lines 2 Excess chill Subtract lin Excess New Net other N	e 23 from line 20 <i>(if line 23 is more t</i> State separate tax on lump-sum dis 230) redit against separate tax on lump- ons e 26 from line 25 State minimum income tax <i>(Form IT</i> 4, 27, and 28 d and dependent care credit e 30 from line 29 <i>(if line 30 is more t</i>	han line stributic sum -220) han line 32 fron	20, leave bla ons 25 26 29, leave bla n line 31; if lin	4 0 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 27 28 29 30 31	.00 40 .00 40 .00 .00 40 .00 40 .00





Separate Tax on Lump-Sum Distributions

New York State • New York City

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 colu	umn		
(New York City and part-year New York City residents use both columns; multiply line 1 by 1.72% (.0172)	New York State		New York City
and enter in New York City column)	.00	2	.00
Line 2 – New York State column	Line 2 – New York City colu	umn	
Form IT-201 filers: Enter the line 2, New York State column amount on Form IT-230-I, Worksheet A, line 1.	Full-year New York City res City column amount on Form		
Form IT-203 filers: Enter the line 2, New York State column amount on Form IT-230-I, Worksheet C, line 1.	Part-year New York City res City column amount on Form		
Full-year resident estates or trusts: Enter the line 2, New York State column amount on Form IT-205, line 7.	Form IT-205 filers: Enter the on Form IT-205, line 16.	e line 2, <i>Ne</i>	w York City column amount

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.

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.

Pai	t 3 – Use this part if you were a resident or part-ye	ar r	esident and completed Par	rt 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, Par	t III, I	ine 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)



Part 3	(continued)
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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.

15	Divide line 6 by line 7 and round the result to the fourth		New York State		New York City
	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)		.00	22	.00
	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
• II F • F 0	e 24 – New York State column ndividuals: Enter the line 24, New York State column amount form IT-201-ATT, line 26, or Form IT-203-ATT, line 25. "iduciaries: Include the line 24, New York State column amou n Form IT-205, line 12. fultiple recipients: See the front page of the instructions; if pplicable, complete the worksheet below.		City column amount on For	esider m IT-2 eside m IT-3 e line	nts: Enter the line 24, <i>New York</i> 360.1, line 51.
	Multiple recipients of	lump-	sum distribution worksheet —]

a Enter the amount from line 24 (New York City and part-year		New York State		New York City
New York City residents: use both columns)	а	.00	а	.00
 b Enter your percentage of the total distribution 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. 	:	.00	b	.00
Full-year New York City residents: Enter the line c, New York	k Cit	y column amount on Form IT-201-A	λTΤ,	line 32, or Form IT-205, line 20.
Part-year New York City residents: Enter the line c, New Yo	rk Cit	ty column amount on Form IT-360.	, lin	e 51, or Form IT-205, line 20.



22222	a Employee's social security number 400004834	OMB No. 154	5-0008				
b Employer identification number (622257358	EIN)		1 Wag	ges, tips, other compensation 32000	2 Federal	income ta	ax withheld
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social s	ecurity ta	x withheld
WORK							
WORKING HAR	D INDUSTRIES		5 Me	dicare wages and tips	6 Medica	re tax witł	nheld
280 LABOR C	Т		7 Soc	cial security tips	8 Allocate	ed tips	
FAITH NC 28	041-0280						
d Control number			9		10 Depend	lent care l	benefits
e Employee's first name and initial	Last name	Suff.	11 No	ngualified plans	12a		
		oun.			^c L	350)
MARY B CHAR	ITY		13 State	utory Retirement Third-party loyee plan sick pay	• 12b		
923 HOPE CT					C o d e		
FAITH NC 28	041-0923		14 Oth	er	12c		
					o d e		
					12d		
f Employee's address and ZIP coc					d e		
15 State Employer's state ID num		17 State incon	ne tax	18 Local wages, tips, etc.	19 Local incom	ne tax	20 Locality name
NY	32000	1000		32000	300		NYC
k							
WL2 Wage an	d Tax	2012]	Department of	of the Treasury-	-Internal	Revenue Service
Form VV ⁻ L Stateme	-		-				
Copy 1-For State, City, or Lo	cal Tax Department						

W2 INDICATOR-S

55555	a Employee's social security number 400004834	OMB No. 154	5-0008			
b Employer identification number 563046224	EIN)		1 Waq 684	ges, tips, other compensation	2 Federal income	e tax withheld
c Employer's name, address, and GOLD	ZIP code		3 Soc	cial security wages	4 Social security	tax withheld
GOLD BLAZER	REAL ESTATE		5 Me	dicare wages and tips	6 Medicare tax v	vithheld
459 DWELLIN	IG AVE		7 500	cial security tips	8 Allocated tips	
FAITH NC 28	041		1 300	that security tips	6 Allocated tips	
d Control number			9		10 Dependent car	e benefits
		0 "				
e Employee's first name and initial		Suff.	11 Noi	nqualified plans	12a	
MARY B CHAR	ITY		13 Statu	utory Retirement Third-party	e	
923 HOPE CT				loyee plan sick pay		
FAITH NC 28	041-0923		14 Oth	er	12c	
					o d e	
					12d	
					o d e	
f Employee's address and ZIP cod			l .			
15 State Employer's state ID num	hber 16 State wages, tips, etc. 6840	17 State incon	пе tax 75	18 Local wages, tips, etc. 6840	19 Local income tax 99	20 Locality name
			75	0040		
WI_9 Wage an		החי)	Department o	of the Treasury-Intern	al Revenue Service
Form VV ⁻ L Stateme	nt 🛛	╴╷╷╻	-			

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

W2 INDICATOR -S

		СТ	ED			_		
PAYER'S name, street address,	city, state, and ZIP code	1	Gross distribution	(OMB No. 1545-0119			tributions From
CANA						P	ens	ions, Annuities, Retirement or
CANADIAN RETIR	EMENT SYSTEM	\$	3800		2012			Profit-Sharing
359 QUEBEC BLV	D	2a	Taxable amount					Plans, IRAs, Insurance
KANATA ONTARIO		\$	3800		Form 1099-R	-		Contracts, etc.
		2b			Total			Copy 1
			not determined		distributio	n X		For
PAYER'S federal identification	RECIPIENT'S identification	3	Capital gain (include	ed	4 Federal income withheld	tax	1	State, City,
number	number		in box 2a)		withheid		_	or Local
995244433	100001001							ax Department
	400004834	\$		9				
RECIPIENT'S name		5	Employee contributio	ons	 Net unrealized appreciation in 	,		
MARY B CHARITY			contributions or		employer's sec			
			insurance premiums		x			
Street address (including apt. no		\$	Distribution IR4	<u>ع</u> ر	8 Other			
)	1	code(s)	P/	o Other			
923 HOPE CT			4A		5	%		
City, state, and ZIP code		9a	Your percentage of tot	_	b Total employee con	tributions		
FAITH NC 28041			distribution 100	%	5			
10 Amount allocable to IRR	11 1st year of desig. Roth contrib.	12		1	3 State/Payer's s		1	State distribution
within 5 years		\$	21		NY/99524	4433	\$	3800
\$		\$					\$	
Account number (see instructions)		15	Local tax withheld	1	6 Name of localit	ty		Local distribution
		\$	420		CANADA		\$	3800
		\$					\$	

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

1099R INDICATOR-S



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);

IT-370

- 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

Paid preparer? Mark an X in the box and complete	ete the	back	
Your social security number (SSN)	Spouse's SSN (only if filing a joint return)		
400004837			
Your first name and middle initial	Your	last name	
SARAH	PH	ILIP	S
Spouse's first name and middle initial	Spou	se's last na	ame
Mailing address (number and street or rural route)			Apartment number
427 OAK ST			
City, village, or post office (see instructions)		State	ZIP code
CATSKILL		NY	12414
E-mail: PHILIPS@ATS.COM			

]	Enter your 2-character special of if applicable (see instructions,		•	E4]
	Mark an X in the box for each tax	that you are subject	et to:		
	New York State tax New	York City tax	Yonkers ta:	x	
		Dollars		Cents	
	1 Sales and use tax			. 00	
	2 Total payment			. 00	



3207750044

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



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.

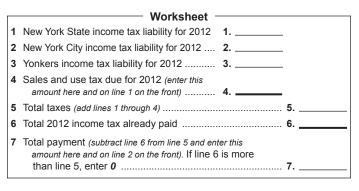
Line 1 – Enter the amount of your New York State income tax liability for 2012 that you expect to enter on Form IT-201, line 46, or Form IT-203, line 50.

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).



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.

Necu	help?	
www	 Visit our Web site at <i>www.tax</i> get information and manage you check for new online services an 	r taxes online
	Telephone assistance	
	Automated income tax refund status:	(518) 457-5149
Persona	I Income Tax Information Center:	(518) 457-5181
To order	forms and publications:	(518) 457-5431
	phone (TTY) Hotline (for persons with g 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

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

								ina onanig	•	
For help completing your re	turn, see the ir	nstruc	tions, Form IT-2	01-I.						
Your first name and middle initial	Your last name (for a	i joint re	eturn , enter spouse's name	e on line below)	Your date of birth (mm-dd-yyyy)			Your social see	curity num	ber
JOE	HAL	SE			04-01-1954			400004838		
Spouse's first name and middle initial	Spouse's last name				Spo	use's date of birth (mr	m-dd-yyyy)	Spouse's socia	al security	number
SANDRA	HAL	HALSE					51	400004898		
Mailing address (see instructions, page	ge 12) (number and s	treet or i	rural route)		Apartment number			New York State county of residence		
37 MAIN ST								FR <i>I</i>	ANKLI	IN
City, village, or post office		State	ZIP code	Country (if n	not United States)			School district name		
BURKE		NY	12917					MAI	LONE	
					tment number		School district code number		365	
City, village, or post office			State	ZIP code		Decedent	Taxpayer	's date of death	Spouse'	s date of death
			NY			information				

A	Filing status	1	Single	NEW D	Did you have a financial account located in a foreign country? <i>(see page 13)</i> Yes No X
	(mark an X in one	2 X	Married filing joint return (enter spouse's social security number above)	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No X
	box):	3	Married filing separate return (enter spouse's social security number above)		(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
	④ Head of household (with qualifying person)		F	NYC residents and NYC part-year residents only (see page 13):	
		⑤ Qualifying widow(er) with dependent child			 (1) Number of months you lived in NYC in 2012 (2) Number of months your spouse lived in NYC in 2012
В	Did you itemize your deductions on your 2012 federal income tax return?		G	Enter your 2-character special condition code	
С			as a dependent federal return? Yes No	ζ	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



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	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 WINN	INC	GS 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	7)		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	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: X 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
	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	8 000.00
	Taxable income (subtract line 36 from line 35)	37	37000 .00



Та	x computation, credits, and other taxes (see page 25)						
38	Taxable income (from line 37 on page 2)				38	37000	.00
	NYS tax on line 38 amount (see page 25 and Tax computation of	39	1769	.00			
		40	- , ,	.00		±/02	
		41		.00	1		
		42		.00	1		
	Add lines 40, 41, and 42				43		.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leav	/e bla	ank)		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
Ne	ew York City and Yonkers taxes, credits, and tax surcharge	es					
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	1		
	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]	See instructions on	
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		.00]	pages 26, 27, and 28 to compute New York City a	nd
52	Add lines 49, 50, and 51	52		.00]	Yonkers taxes, credits, a	
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		.00		tax surcharges.	
54	Subtract line 53 from line 52 (if line 53 is more than				-		
	, ,	54		.00			
55	Yonkers resident income tax surcharge (see page 28)	55		.00			
	5 1 1 1 1 1 1 1 1 1 1	56		.00			
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	-		.00		<u></u>	
58	Total New York City and Yonkers taxes / surcharges (add	d line	s 54 through 57)		58		.00
59	Sales or use tax (see page 29; do not leave line 59 blank)				59	0	.00
Vo	oluntary contributions (see page 30)				1		
	60a Return a Gift to Wildlife			.00			
	60b Missing/Exploited Children Fund			.00	-		
	60c Breast Cancer Research Fund			.00			
	60d Alzheimer's Fund			.00	-		
	60e Olympic Fund (\$2 or \$4; see page 30)			.00			
	60f Prostate Cancer Research Fund			.00	-		
	60g 9/11 Memorial			.00			
	60h Volunteer Firefighting & EMS Recruitment Fund		· · · · · ·	.00		<u></u>	
	Total voluntary contributions (add lines 60a through 60h)				60		.00
61	Total New York State, New York City, and Yonkers taxes			-	04		
	contributions (add lines 46, 58, 59, and 60)				61	1769	.00

Your social security number

400004838

IT-201 (2012) Page 3 of 4



Name(s) as shown on page 1

JOE AND SANDRA HALSE

Paç	ge 4 of 4 IT-201 (2012)	Your social securi	ty number				
62	2 Enter amount from line 61		04838		62		1769 .00
Pa	ayments and refundable credits (see	page 31)					
64 65 66 67 68	 Empire State child credit NYS/NYC child and dependent care credit (NYS earned income credit (EIC) NYS noncustodial parent EIC Real property tax credit College tuition credit NYC school tax credit (<i>also complete F olicity</i>) 	edit 6	3 4 55 66 77 88 99	2640 .00 .00 .00 .00 .00 .00))))		
70 71 72 73 74 75	 NYC earned income credit Other refundable credits (<i>Form IT-201-AT</i>) Total New York State tax withheld Total New York City tax withheld Total Yonkers tax withheld Total estimated tax payments and amount 	77, line 18)	70 71 72 73 74 75	.00 .00 1100 .00 .00 .00)))))		
76	5 Total payments (add lines 63 through 75,)			76		3740 .00
77	 Y our refund, amount you owe, and according to the second s)	from line 76) debi	t paper	77		<u> 1971</u> .00 1971 .00
	 Amount of line 77 that you want applied 2013 estimated tax (see instructions). Amount you owe (if line 76 is less than line) 		7 9 Dom line 62).	.00)		33 and 34 for n about your three bices.
	To pay by electronic funds withdrawa	l, mark an X in the box	and fill	in lines 83 and 84	80		.00
82	 Estimated tax penalty (include this amoun reduce the overpayment on line 77; see p Other penalties and interest (see page 3 Account information for direct deposit of the second s	age 34) 8 5) 8	2	.00 .00)		37 for the proper of your return.
	If the funds for your payment (or refund)	would come from (or	go to) an acc	ount outside the U.S.	, mar	k an X in th	is box <i>(see pg. 35)</i>
	83a Account type: Personal checkin	ng - or - Person	al savings - c	or - Business che	ecking	- or -	Business savings
	83b Routing number	83c /	Account numbe	r			
84	Electronic funds withdrawal (see page 36)) Da	ate	Amou	nt		.00
	Third-party Print designee's name lesignee? (see instr.) 'es No X E-mail:		De: (signee's phone number)			Personal identification number (PIN)
	Paid preparer must complete (see ins	str.) V Date		▼ Taxpa	ayer(s) must sig	an here ▼
	eparer's signature	Preparer's N	/TPRIN	Your signature			
Firr	rm's name (or yours, if self-employed)	Preparer's PTIN o	or SSN	Your occupation			
Ado	ldress		an X if	A Spouse's signature and Date			none number
E-n	mail:	self-e	mployed	E-mail: HALSE@	ATS		555-6666
_							



See instructions for where to mail your return.



Claim for Empire State Child Credit

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 If you marked an X in the No box, stop; you do not qualify for this credit.	No 🗌
2	Did you claim the federal child tax credit or additional child tax credit for 2012?	No 🗌
3	 Is your federal adjusted gross income (see instructions) \$110,000 or less and your filing status is @ 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?	No 🗌
4	Enter the number of children who qualify for the federal child tax credit or additional child tax credit (<i>see instructions</i>)	
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).



IT-213 (2012) (back)

Step 4 – Compute credit				
If you answered <i>No</i> to question 2, skip lines 6 through 12, and enter <i>0</i> on line 13; continue with line 14.		Whole d	ollars 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 <i>No</i> 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	18			.00
Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.				



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

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

IT-213-ATT

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



22222	a Employee's social security number 400004838	OMB No. 154	5-0008		
b Employer identification number (146018523	EIN)		1 Wag	ges, tips, other compensation 55000	2 Federal income tax withheld
c Employer's name, address, and HOME	ZIP code		3 Soc	cial security wages	4 Social security tax withheld
HOMES 4 U			5 Me	dicare wages and tips	6 Medicare tax withheld
39 THOMAS AV	VE		7.0-		O Allo a start time
BURKE NY 129	917		7 500	cial security tips	8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial JOE HALSE	Last name	Suff.	11 No	nqualified plans	
37 MAIN STRI	EET		13 Statu emp	utory Retirement Third-party loyee plan sick pay	
BURKE NY 129	917		14 Oth		ੂੰ 12c
			14 Oth	er	12C C d e
					12d
f Employee's address and ZIP cod	le				d e
15 State Employer's state ID num		17 State incon	l ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name
NY	55000	1000			
Form W-2 Wage an Statemen	d Tax – nt C	2012]	Department of	of the Treasury-Internal Revenue Service

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

W2 INDICATOR-S

PAYER'S name, address, ZIP code, federal identification number, and telephone number	ORRECTED (if checked) 1 Gross winnings 5000	2 Federal income tax withheld	OMB No. 1545-0238
OTB OTB	3 Type of wager DAILY DOUBLE	4 Date won 05/20/2012	20 12 Form W-2G
50 SMITH ST	5 Transaction	6 Race RACE 1	Certain
BURKE NY 12917 691478326 7182186957	7 Winnings from identical wagers	8 Cashier 12345	Gambling Winnings
WINNER'S name, address (including apt. no.), and ZIP code JOE HALSE	$\begin{array}{c} \textbf{9} \ \text{Winner's taxpayer identification no.} \\ 400004838 \end{array}$	10 Window 6789	This information is being furnished to
37 MAIN STREET	11 First I.D. 497801236	12 Second I.D.	the Internal Revenue Service.
BURKE NY 12917	13 State/Payer's state identification no.	14 State income tax withheld 100	Copy B Report this income on your
Jnder penalties of perjury, I declare that, to the best of my knowledge and bel correctly identify me as the recipient of this payment and any payments from iden Signature ►	ntical wagers, and that no other person is e		federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.

NYC INCOME TAX WITHHELD-YONKERS INCOME TAX WITHHELD-

W2 INDICATOR-S



New York State Department of Taxation and Finance

Resident Income Tax Return New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

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For help completing your re	turn, see the in	struc	tions, Form IT-2	201-I.						
Your first name and middle initial	Your last name (for a	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		FIR	E		05-14-1976		400004839			
Spouse's first name and middle initial	Spouse's last name				Spo	use's date of birth (mr	m-dd-yyyy)	Spouse's socia	I security	number
JACK		FOX			0	8-29-198	30	400004829		
Mailing address (see instructions, page	ge 12) (number and st	reet or I	rural route)			Apartment number	er	New York State county of residence		
P0 BOX 527								GREENE		
City, village, or post office		State	ZIP code	Country (if n	ot Un	ited States)		School district name		
CATSKILL		NY	12414					CATSKILL		
Permanent home address (see insti	r uctions, page 12) (n	umber a	and street or rural route,		Apart	ment number		School district		
120 MAIN ST								code number		093
City, village, or post office			State	ZIP code		Decedent	Taxpayer	's date of death	Spouse's	date of death
CATSKILL			NY	12414		information				

Α	Filing status	1	Single	NEW	D Did you have a financial account located in a foreign country? (see page 13) Yes No X
	(mark an X in one	2 X	Married filing joint return (enter spouse's social security number above)	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No X
	box):	3	Married filing separate return (enter spouse's social security number above)		(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
		4	Head of household (with qualifying person)	F	 NYC residents and NYC part-year residents only (see page 13): (1) Number of months you lived in NYC in 2012
Б	Did	5	Qualifying widow(er) with dependent child	_	(2) Number of months your spouse lived in NYC in 2012
В			me tax return? Yes No		Enter your 2-character special condition code
С	Can you be c on another tax	laimed a xpayer's	as a dependent federal return? Yes No	X	if applicable (see page 13) IMIS If applicable, also enter your second 2-character special condition code Imis

H Dependent exemption information (see page 14)

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



Federal income and adjustments (see page 14)

Fe	(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	
	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
	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: X 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
	Taxable income (subtract line 36 from line 35)	37	33000 .00



Name(s) as	shown o	n page 1			
JOE	FIRE	AND	JACK	FOX	

Та	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 pa	ages 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, lea	ve bla	ank)	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	J	
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		See instructions on
51	Other NYC taxes (Form IT-201-ATT, line 34)	51			.00		pages 26, 27, and 28 to compute New York City and
52	Add lines 49, 50, and 51	52			.00		Yonkers taxes, credits, and
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53			.00		tax surcharges.
54	Subtract line 53 from line 52 (if line 53 is more than						0
	line 52, leave blank)	54			.00]	
55	Yonkers resident income tax surcharge (see page 28)	55			.00	1	
56	Yonkers nonresident earnings tax (Form Y-203)	56			.00	1	
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57			.00	1	
	Total New York City and Yonkers taxes / surcharges (ad		s 54 through	57)	58	.00
							•
59	Sales or use tax (see page 29; do not leave line 59 blank)					59	45.00
							· · · · · · · · · · · · · · · · · · ·
$\overline{\mathbf{u}}$							
VO	oluntary contributions (see page 30)						
	60a Return a Gift to Wildlife			а	.00]	
	60b Missing/Exploited Children Fund		60	b	.00	1	
	60c Breast Cancer Research Fund			С	.00	1	
	60d Alzheimer's Fund			d	.00	1	
	60e Olympic Fund (\$2 or \$4; see page 30)			е	.00	1	
	60f Prostate Cancer Research Fund)f	.00	1	
	60g 9/11 Memorial			g	.00	1	
	60h Volunteer Firefighting & EMS Recruitment Fund			-	.00	1	
60	Total voluntary contributions (add lines 60a through 60h)			-		60	00

Total voluntary contributions (add lines 60a through 60h)	60	.00
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
	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary



Pag	je 4 of 4	IT-201	1 (2012)	Your social se							
62	Enter ar	nount fr	rom line 61		0004			[62		1578 .00
			fundable credits (see page 3					[02		1978 100
	-		hild credit		63			.00			
			and dependent care credit					.00			
			come credit (EIC)		65			.00			
			dial parent EIC					.00			
			ax credit					.00			
			credit					.00			
			c credit (also complete F on page					.00			
			come credit		70			.00			
71	Other re	fundab	le credits (Form IT-201-ATT, line	18)	71		400	.00			
			State tax withheld				2000	.00		Submit y	our wage and tax
73	Total Ne	w York	City tax withheld		73			.00			ts with your return
74	Total Yo	nkers t	tax withheld		74			.00		(see page	e 33).
75	Total est	timated	tax payments and amount paid w	vith Form IT-370	75			.00			
			s (add lines 63 through 75)						76		2400 .00
Yo	ur refun	d. amo	ount you owe, and account ir	oformation	(see r	bades 33 ti	hrouah 36)				
			-					ſ	77		0.0.0 00
			paid (if line 76 is more than line 6 77 to be refunded		e 62 110	m line 76).		L	11		822 .00
10			ullect	it (fill in line 83)	0.5	debit	∶ pape -or- □ cheo		78		822.00
	IV			it (<i>IIII III III</i> 1111 000)	- 01 -			n [10		822 .00
79	Amount	of line	77 that you want applied to yo	ur						See nage	s 33 and 34 for
15			ed tax (see instructions)		79			.00		informati	on about your three
	2010	countat						100		refund ch	
80	Amount	vou ov	ve (if line 76 is less than line 62,	subtract line 7	6 from I	line 62).					
		-	ectronic funds withdrawal, mark				in lines 83 and 8	34 [80		.00
						_		L			
81	Estimate	ed tax p	penalty (include this amount in lin	e 80 or							37 for the proper
		-	erpayment on line 77; see page 34		81			.00		assembly	/ of your return.
82	Other pe	enalties	and interest (see page 35)		82			.00			
83	Account	inform	ation for direct deposit or elect	tronic funds v	withdra	awal (see p	age 35).				
	16 the e . 6		·····	<i></i>	(X : 4	
	If the fur	nas tor y	your payment (or refund) would	a come from ((or go	to) an acco	bunt outside the	0.5.,	mar	k an X in ti	nis dox (see pg. 35)
	83a Acco	ount type	e: Personal checking - c		eonal e	avings - o	r - Busines	s choi	ckino	or -	Business savings
	000 /1000	Sunt type			Sonar S	avingo o		0 01100	Janie		Duoineoo ouvingo
	83b Rout	ting num	iber	83	c Acco	ount numbe	r				
						[
84	Electron	ic funds	s withdrawal (see page 36)		Date		Α	moun	t		.00
—		. 1	Drint designes's same				ianoolo share	har			Doroonal identification
	Third-pa signee? (se		Print designee's name			Des	ignee's phone num	ber			Personal identification number (PIN)
	•	, í	E-mail:			()				
Ye	s 🛄 No	0 X							_		
▼	Paid pr	eparer	must complete (see instr.) ▼	Date			▼ Ta	axpa	yer(s) must si	ign here 🔻
Pre	parer's sign	ature		Preparer	s NYTPI	RIN	Your signature				
Firn	n's name (o	r yours, if	f self-employed)	Preparer's PT	TIN or SS	SN	Your occupation		CHI	212	
Add	ress			Employer ider	ntification	number	Spouse's signatur				t return)
								Janu	555U		ĆASHIER
					lark an J elf-emple		Date			Daytime p	bhone number
E-m	ail:			1-			E-mail: FIRE	@AT	s.	COM	



See instructions for where to mail your return.



Other Tax Credits and Taxes Attachment to Form IT-201

IT-201-ATT

See	the instruct	ions for completing Form IT-201-A	.TT in tł	ne instruct	tions for Form	IT-201.		
		vn on your Form IT-201					You	r social security number
		E AND JACK FOX						400004839
		arts that apply to you; see instru	uctions	. Submit	this form wit	h your Form IT-20 ²	I.	
Pa	rt 1 – Ot	her New York State, New Y	′ork C	ity, and	Yonkers ta	ax credits		
Sec	tion A – N	lew York State nonrefundable	ə, non	-carryov	er credits u	sed		Whole dollars only
1	Accumulat	tion distribution credit (submit compl	utation)				1	.00
2	Other non	refundable, non-carryover credits						
	Code	Amount		Code		Amount		
2a		.00	2b			.00		
	Total other	nonrefundable, non-carryover cre	edits (ad	ld lines 2a	and 2b)		2	.00
Sac	tion R - N	lew York State nonrefundable	o carr	NOVOR OF	odite usod			
				-				
	-	care insurance credit					3	.00
		t credit					4	.00
		gy system equipment credit					5	.00
6	Code	refundable, carryover credits		Code		A		
60	Code	Amount	Ch	Code] [Amount		
6a 6b		.00	6h 6i			.00		
60 60		.00	6j			<u> </u>		
6d		.00	6k			.00		
6e		.00	61			.00		
6f		.00	6m			.00		
6g		.00	6n			.00		
-9	Total other	nonrefundable, carryover credits		es 6a throu	ah 6n)		6	.00
7		York State nonrefundable credi			gii ony			100
		s 1 through 6; enter here and on Form					7	.00
	(,					
Sec	tion C – N	lew York City nonrefundable,	non-e	carryove	er credits us	ed		
8	New York	City resident UBT credit					8	.00
		City accumulation distribution cred					9	.00
9a	Part-year i	resident nonrefundable NYC child	and de	pendent o	are credit		9a	.00
10	Total othe	r New York City nonrefundable	credits	used				
	(add lines	s 8, 9, and 9a; enter here and on Form	n IT-201,	line 53) .			10	.00
See		low Vork State New Vork City	, and	Vankara	rofundabla	oradita		
Sec		lew York State, New York City	y, anu	TOTIKETS	reiuliuable	credits		
		chool tax credit					11	.00
12		ndable credits						
	Code	Amount	40	Code	1	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	12I	20		.00	10	400 00
12		refundable credits (add lines 12a th	-	,			12 13	400.00
13		11 and 12					13	400.00
	(continued	on back)						



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 .0)0
15	New York State claim of right credit	15	.0	00
16	New York City claim of right credit	16	.0	00
17	Yonkers claim of right credit	17	.0	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	400.0	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 Sta	ate tax on capital gain portion of	lump-su	m distributio	ons (Form IT-230)	19	.00
20	Other New Yo	ork State taxes					
	Code	Amount		Code	Amount	1	
20a		.00	20g		.00		
20b		.00	20h		.00		
20c		.00	20i		.00		
20d		.00	20j		.00		
20e		.00	20k		.00		
20f		.00	201		.00		
	Total other Ne	ew York State taxes (add lines 2	a through	201)		20	.00
21	Add lines 19	and 20				21	.00
				· · · · ·		1	
22	See instruction	ons for line 22		22	.00		
23	Enter amount	t from Form IT-201 , line 39		23	.00		
24	Subtract line	23 from line 22 (if line 23 is more	than line	22, leave blai	nk)	24	.00
25	Subtract line	24 from line 21 (if line 24 is more	than line 2	21, leave blai	nk)	25	.00
26	New York Sta	ate separate tax on lump-sum d	istributior	ıs			
	(Form IT-230	0)		26	.00		
27	Resident crea	dit against separate tax on lump	o-sum				
	distribution	S		27	.00		
28	Subtract line	27 from line 26				28	.00
29	New York Sta	ate minimum income tax (Form I	T-220)			29	.00
30	Net other Ne	w York State taxes					
	(add lines 2	5, 28, and 29; enter here and on Fo	rm IT-201	, line 45)		30	.00
	-						
Pa	rt 3 – Othe	r New York City taxes	(submit a	all applicat	ole forms)		
31	New York City	y minimum income tax (Form IT-	220)			31	.00
32	New York City	y resident separate tax on lump	-sum dis	tributions (F	Form IT-230)	32	.00
33	New York Cit	y tax on capital gain portion of I	ump-sum	distribution	IS (Form IT-230)	33	.00
34	Total other N	lew York City taxes	-		-		
		1, 32, and 33; enter here and on Fo	rm IT-201	, line 51)		34	.00





Claim for Volunteer Firefighters' and Ambulance Workers' Credit IT-245

Tax Law–Section 606(e-1)

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 1 Were you (and your spouse if filing a joint return) a New York State reading you marked an X in the No box, stop; you do not qualify for this content. 	sident for all of this tax year? 1 Yes X No
2 Were you an active volunteer firefighter or ambulance worker for all of who did not receive a real property tax exemption for these service If your filing status is ②, <i>Married filing joint return</i> , continue with line	s (see instructions)? 2 Yes X No

For any other filing status:

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)?
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
	CATSKILL FIRE	240 GREEN ROAD
JOE FIRE	DEPARTMENT	CATSKILL NY 12414
	CATSKILL FIRE	240 GREEN ROAD
JACK FOX	DEPARTMENT	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.			



If you marked an **X** in the *No* box, **stop**; you do not qualify for this credit.

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 @, *Married filing joint return*, and your spouse received a real property tax exemption under the RPTL that relates to his/her volunteer service, mark an **X** in the *No* box.

Step 3 – Enter qualifying information

If you are an active volunteer for both a fire company/department and an ambulance company, enter the qualifying information for either the fire company/department or the ambulance company. Do not enter the information for both.



22222	a Employee's social security number 400004839	OMB No. 154	5-0008					
b Employer identification number (123456790	EIN)		1 Wag	ges, tips, other compensation 27900	2 Federal income	tax withheld		
c Employer's name, address, and FOUR	ZIP code		3 Soc	cial security wages	4 Social security t	ax withheld		
FOUR SEASONS	S TAVERN		5 Me	dicare wages and tips	6 Medicare tax wi	thheld		
42 PAINVIEW HUNTER NY 12			7 Soc	cial security tips	8 Allocated tips			
d Control number			9		10 Dependent care	benefits		
e Employee's first name and initial JOE FIRE	Last name	Suff.	_	nqualified plans	12a C d e			
120 MAIN ST			13 Statutory Retirement Third-party plan sick pay					
CATSKILL NY	12414		14 Other		12c			
					12d C d e			
f Employee's address and ZIP cod						1		
15 State Employer's state ID num NY	16 State wages, tips, etc.	17 State incon 1000	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
W-2 Wage and Tax 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 nur 400004829	Mber OMB No.	1545-0008						
b Employer identification number (234567810	EIN)	·		1 Wages, tips, other compensation 2 Federal income tax withhe 19000 2					
c Employer's name, address, and HUNT	ZIP code		3 So	cial security wages	4 Social security ta	x withheld			
HUNTER SKI S	SHOP		5 Me	5 Medicare wages and tips 6 Medicare tax withheld					
118 HUNTER I HUNTER NY 12			7 So	cial security tips	8 Allocated tips				
d Control number			9		10 Dependent care	benefits			
e Employee's first name and initial JACK FOX	Last name	S		11 Nonqualified plans 12a					
120 MAIN ST			13 Stat emp	tutory Retirement Third-party oloyee plan sick pay	12b C d				
CATSKILL NY 12414				ier <u> </u>	12c				
f Employee's address and ZIP cod	e				e e				
15 State Employer's state ID num	ber 16 State wages, tips,	etc. 17 State in	come tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
NY	19000	800)						
	W-2 Wage and Tax 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, st	OMB No. 1545-0120						
NEW YORK STA DEPARTMENT O Albany, ny 122 Payer's Fed. Io	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 with	heid
400004839	\$500.00						
RECIPIENT'S name, street address, city, st	ate and ZIP code		5. ATA	A Paymen	ts 6.		
JOE FIRE							
120 MAIN STREE	Ͳ		7.		8.	9.	
CATSKILL, NY 12414			10 a. State	10 a. 10 b. State State Identificati			
CATORIDI, NI I	NY 27-02931						
This is important tax information and	is being furnished to the Internal	Revenue Service	. If you a	re require	d to file	e a return, a negligence pe	enalty or

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 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, st	OMB No. 1545-0120							
NEW YORK STA DEPARTMENT O ALBANY, NY 122 PAYER'S Fed. Ik	Statement for Recipients of Certain Government Payments Form 1099-G (12/11)							
RECIPIENT'S identification number	1. Unemployment compensation	2. Adjustments	3.		4	. Fec	deral income t	ax withheid
400004829	\$600.00							
RECIPIENT'S name, street address, city, st	ate and ZIP code		5. ATA	A Paymen	ts 6.			
JACK FOX								
120 MAIN STREE	Ψ		7.		8.	ī		9.
CATSKILL, NY 12414			10 a. State	10 b. Sta	tification No.		11. State income tax withheld \$150	
CRISCIE, NI I	NY	27-0293						
This is important tax information and	is being furnished to the Internal	Revenue Service	. If you a	re require	d to file	e a re	eturn, a neglig	ence penalty or

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 other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Resident Income Tax Return New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your ret	urn, see the instruc	tions, Form IT-20)1-I.						
Your first name and middle initial	Your last name (for a joint re	Your last name (for a joint return , enter spouse's name on line below)				Your date of birth (mm-dd-yyyy)			ber
JAMIE	HICKS				-18-196	400004841			
Spouse's first name and middle initial	Spouse's last name			Spouse's	s date of birth (mn	n-dd-yyyy)	Spouse's socia	I security i	number
MELISSA	HIC	KS		11-	-25-198	6	400004863		
Mailing address (see instructions, pag	e 12) (number and street or i	rural route)		Apa	artment numbe	er	New York State	county of	residence
115 S 94 ST				NEW YOR:			K		
City, village, or post office	State	ZIP code	Country (if not United States)			School district I	name		
NEW YORK	NY	10029					MAN	HATT	AN
Permanent home address (see instructions, page 12) (number and street or rural route)			A	Apartmer	nt number		School district code number		369
City, village, or post office		State ZIP code			-	Taxpayer	's date of death	Spouse's	date of death
				Decedent information					

Α	Filing status	1	Single	NEW C	Did you have a financial account located in a foreign country? (see page 13) Yes No X
	(mark an X in one	2 X	Married filing joint return (enter spouse's social security number above)	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes X No
	box):	3	Married filing separate return (enter spouse's social security number above)		(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
		4	Head of household (with qualifying person)	F	NYC residents and NYC part-year residents only (see page 13): (1) Number of months you lived in NYC in 2012
в		5	Qualifying widow(er) with dependent child deductions on me tax return?		(2) Number of months your spouse lived in NYC in 2012
С	Can you be c	laimed		K	if applicable, (see page 13) If applicable, also enter your second 2-character special condition code

H Dependent exemption information (see page 14)

	(111)			
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
	1			



Federal income and adjustments (see page 14)

Fe	(see page 14)		Whole dollars only	
1	Wages, salaries, tips, etc.	1	2692 .0	00
	Taxable interest income	2	43702 .0	00
	Ordinary dividends	3	63618 .0	00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	6708 -0	00
5	Alimony received	5	.c	00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.c	00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	5519959 .0	00
8	Other gains or losses (submit a copy of federal Form 4797)	8	53.0	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 .0	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
	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	6708.0	C	
26	Pensions of NYS and local governments and the federal government (see page 19)	26	.0	C	
27	Taxable amount of social security benefits (from line 15)	27	.0	C	
28	Interest income on U.S. government bonds	28	310 .0	C	
29	Pension and annuity income exclusion (see page 19)	29	.0	C	
30	New York's 529 college savings program deduction/earnings	30	.0	C	
31	Other (see page 20) Identify:	31	.0	C	
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 - X Itemized	34	16263 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	6342345 .00
	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	2 000.00
	Taxable income (subtract line 36 from line 35)	37	6340345 .00



Name(s) as shown on page 1 דאמדד אוס מדידככא.

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	9 NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)				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, lea	ive bl	lank)	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	NYCı	resident tax on line 38 amount <i>(see page 26)</i>	47			244400	.00]		
48	NYCI	household credit (page 26, table 4, 5, or 6)	48				.00	1		
		act line 48 from line 47 (if line 48 is more than						,		
	line	47, leave blank)	49			244400	.00]		
50	Part-y	vear NYC resident tax (Form IT-360.1)	50				.00	1	See instructions on	
	-	NYC taxes (Form IT-201-ATT, line 34)					.00	1	pages 26, 27, and 28 to	a va al
52	Add li	nes 49, 50, and 51	52			244400	.00	1	compute New York City a Yonkers taxes, credits, a	
53	NYC	nonrefundable credits (Form IT-201-ATT, line 10)	53				.00	1	tax surcharges.	ina
		act line 53 from line 52 (if line 53 is more than								
		52, leave blank)	54			244400	.00]		
55		ers resident income tax surcharge (see page 28)					.00	1		
		ers nonresident earnings tax (Form Y-203)					.00	1		
		ear Yonkers resident income tax surcharge (Form IT-360.1)					.00	1		
	-	New York City and Yonkers taxes / surcharges (ad		s 54 throu	ugh 57	")		58	244400	.00
					-					
59	Sales	or use tax (see page 29; do not leave line 59 blank)						59	0	.00
$\overline{\mathbf{u}}$	1 . 4									
	bluntar	y contributions (see page 30)								
	60a	Return a Gift to Wildlife			60a		.00]		
	60b	Missing/Exploited Children Fund			60b		.00	1		
	60c	Breast Cancer Research Fund			60c		.00	1		
	60d	Alzheimer's Fund			60d		.00	1		
	60e	Olympic Fund (\$2 or \$4; see page 30)			60e		.00	1		
	60f	Prostate Cancer Research Fund		F	60f		.00	1		
	60g	9/11 Memorial			60g		.00	1		
	60h	Volunteer Firefighting & EMS Recruitment Fund		H	60h		.00	1		

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



Pag	je 4 of 4	IT-201	1 (2012)	Your social sec		umber				
62	Entor a	mount fr	rom line 61	400004					60	0.0.2.6.1.0 00
									62	803618 .00
	-		fundable credits (see page 3						1	
			hild credit I and dependent care credit					.00		
			come credit (EIC)		65			.00 .00		
			dial parent EIC					.00		
			ax credit					.00		
			credit					.00		
	-		c credit (also complete F on page a					.00		
			come credit		70			.00		
71	Other re	efundab	le credits (Form IT-201-ATT, line	18)	71			.00		
72	Total No	ew York	State tax withheld		72		97	.00		Submit your wage and tax
73	Total No	ew York	City tax withheld		73			.00		statements with your return
			tax withheld					.00		(see page 33).
75	Total es	stimated	tax payments and amount paid w	ith Form IT-370	75		813500	.00		1
76	Total p	ayment	s (add lines 63 through 75)						76	813597 -00
Yo	ur refur	nd, amo	unt you owe, and account in	formation	(see p	ages 33 tl	hrough 36)			
			aid (if line 76 is more than line 62						77	9979 .00
			77 to be welled	2, SUDITACI IIITE	02 1101				11	9979.00
10			ie refund choice: X deposi	t (fill in line 83)	- or -	debit		er	78	9979 .00
					- 01 -			on	10	9979 .00
79	Amount	t of line	77 that you want applied to you	ır						See pages 33 and 34 for
			ed tax (see instructions)		79			.00	1	information about your three
									,	refund choices.
80	Amount	t you ov	ve (if line 76 is less than line 62, s	ubtract line 76	from I	ine 62).				
	То ра	ay by ele	ectronic funds withdrawal, mark	an X in the b	ox 🗌	and fill	in lines 83 and 8	84	80	.00
										Cas page 27 for the proper
81		-	penalty (include this amount in line						1	See page 37 for the proper assembly of your return.
			erpayment on line 77; see page 34)					.00		
82	Other p	enalties	and interest (see page 35)		82			.00]	
83	Δοσομη	t inform	ation for direct deposit or elect	ronic funds w	vithdra	wal (see n	200 35)			
00	Accoun				innara		age 55).			
	If the fu	nds for y	your payment (or refund) would	come from (o	or go t	o) an acco	ount outside the	U.S.,	mar	k an X in this box <i>(see pg. 35)</i>
	83a Acc	count type	e: X Personal checking - o	r - Pers	onal sa	avings - o	r - Busines	ss che	cking	g - or - Business savings
	83b Rou	uting num	_{ber} 011001742	830	: Acco	ount number	LOANXXX	X40	00	04841
		0								
84	Electror	nic funds	s withdrawal (see page 36)		Date		/	Amoun	It	.00
	Third-pa		Print designee's name			Des	ignee's phone num	nber		Personal identification number (PIN)
	signee? (s		E meile			()			
Ye	s 🔄 N	lo X	E-mail:							
▼	Paid p	reparer	must complete (see instr.) ▼	Date			v T	Тахра	yer(s) must sign here ▼
Pre	parer's sigi	nature		Preparer's	NYTPF	RIN	Your signature			
Firm	n's name (d	or yours, if	f self-employed)	Preparer's PTI	N or SS	SN .	Your occupation			
Add	ress			Employer ident	ification	number	Spouse's signatu			NAGER pation (if joint return)
								2 3.10		OFFICE MANAGER
					ark an X If-emplo		Date			Daytime phone number (518)555-6666
E-m	ail:				1	-	E-mail: HICK	(S@A	ATS	
<u> </u>										



See instructions for where to mail your return.



201005120099

New York State Department of Taxation and Finance **Resident Itemized Deduction Schedule**

IT-201-D

69021.00

16263_00

16263.00

.00

13

14

15

Name(s) as shown on your Form IT-201	Your social se	ecurity number				
JAMIE AND MELISSA HICKS	400004	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)		31426 <u>.</u> 00				
4 Gifts to charity (federal Schedule A, line 19)	4	32526 <u>.</u> 00				
5 Casualty and theft losses (federal Schedule A, line 20)	5	.00				
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)		.00				
7 Other miscellaneous deductions (federal Schedule A, line 28)		.00				
8 Enter amount from federal Schedule A, line 29		143937.00				
9 State, local, and foreign income taxes (<i>or general sales tax, if applicable</i>) and other subtraction adjustments (<i>see instructions</i>)		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)

14 Subtract line 13 from line 12

15 College tuition itemized deduction (see Form IT-272)

22222		e's social security number	OMB No. 154	5-00	08				
b Employer identification number (591234567	EIN)			1	Wages, tips	s, other compensation $\frac{32}{2}$	2 F	ederal income	tax withheld
c Employer's name, address, and ARTI	ZIP code			3	Social sec	urity wages	4 S	Social security t	ax withheld
ART INC				5	Medicare	wages and tips	6 N	ledicare tax wi	thheld
350 MAIN ST	_	2		7	Social sec	urity tips	8 A	Allocated tips	
NEW YORK N	Y 1001.	3		9			10 [Dependent care	henefits
				J				sependent dare	benents
e Employee's first name and initial	Last nam	e	Suff.	11	Nonqualif	ed plans	12a		
MELISSA HIC	CKS						C o d e		
115 S 94 ST	Г			13	Statutory employee	Retirement Third-party plan sick pay		1	
NEW YORK NY	Y 10029	9		14	Other		• 12c		
							o d e		
							12d	I	
f Employee's address and ZIP cod	le						e		
15 State Employer's state ID num	nber	16 State wages, tips, etc.	17 State incom	ne ta	x 18 La	ocal wages, tips, etc.	19 Loca	al income tax	20 Locality name
NY		2692	9	7					
Form W-2 Wage an Statemen	d Tax nt	_ C	2012]		Department	of the Tre	asury—Interna	l Revenue Service

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

W2 INDICATOR-S



Resident Income Tax Return New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your ret	turn, see the instru	uctions, Form IT-2	01-I.			Ū.		
Your first name and middle initial	Your last name (for a <i>joint return</i> , enter spouse's name on line below)			Your date of birth (mm	-dd-yyyy)	Your social security number		
JOSEPH	SM	SMITH			76	400004842		
Spouse's first name and middle initial	initial Spouse's last name			Spouse's date of birth (mm-dd-yyyy)	Spouse's social	security number	
Mailing address (see instructions, pag	e 12) (number and street	or rural route)		Apartment num	nber	New York State county of residence		
8 GARFIELD A	VE				ALB	ANY		
City, village, or post office	Stat	e ZIP code	ot United States)		School district name			
ALBANY	NY	12205						
Permanent home address (see instr	uctions, page 12) (numbe	er and street or rural route)	A	Apartment number		School district code number		
City, village, or post office		State	ZIP code	Decedent	Taxpayer	's date of death	Spouse's date of death	
NY				information				

Α	Filing status	1	Single	NEW D	Did you have a financial account located in a foreign country? (see page 13) Yes No X
	(mark an X in one	2	Married filing joint return (enter spouse's social security number above)	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No X
	box):	3	Married filing separate return (enter spouse's social security number above)		(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
		(4) X	Head of household (with qualifying person)	F	NYC residents and NYC part-year residents only (see page 13):
_		5	Qualifying widow(er) with dependent child		 (1) Number of months you lived in NYC in 2012 (2) Number of months your spouse lived in NYC in 2012
В	Did you item your 2012 fed	ize your eral inco	deductions on ome tax return? Yes No	G	Enter your 2-character special condition code
С	Can you be c on another tax	laimed kpayer's	as a dependent federal return? Yes No	<u> </u>	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)
TAMEO	OMTELL	SON	400004055	11 01 0004
JAMES	SMITH	501	400884855	11-01-2004
JESSICA	SMITH	DAUGHTER	400884856	08-01-2006



Federal income and adjustments (see page 14)

ге	(see page 14)		Whole dollars only
1	Wages, salaries, tips, etc.	1	.00
	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
	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 <i>X</i> 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	13		.00	
14	Unemployment compensation		14		.00
15	Taxable amount of social security benefits (also enter on line	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	7)	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				
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	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: X 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				
	Taxable income (subtract line 36 from line 35)	37	61393 .00				



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JOSEPH SMITH		40000	4842		
Tax computation, credits, and other taxes) (see page 25)					
8 Taxable income (from line 37 on page 2)				38	61393 .00
9 NYS tax on line 38 amount (see page 25 and Tax computation on	i pages 57,	, 58, and 5	9)	39	3485 .00
0 NYS household credit (page 25, table 1, 2, or 3)	.0		.00)	
1 Resident credit (see page 26) 4			891 .00)	
2 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)			.00	_	1
3 Add lines 40, 41, and 42					
4 Subtract line 43 from line 39 (if line 43 is more than line 39, leave					2001
5 Net other NYS taxes (Form IT-201-ATT, line 30)					
6 Total New York State taxes (add lines 44 and 45)				46	2594 .00
New York City and Yonkers taxes, credits, and tax surcharges	•				
7 NYC resident tax on line 38 amount (see page 26)			.00)	
8 NYC household credit (page 26, table 4, 5, or 6)			.00	-	
9 Subtract line 48 from line 47 <i>(if line 48 is more than</i>	-			_	
line 47, leave blank) 4	.9		.00)	
0 Part-year NYC resident tax (Form IT-360.1) 5			.00	-	See instructions on
1 Other NYC taxes (Form IT-201-ATT, line 34)	1		.00	<u>ן</u>	pages 26, 27, and 28 to
2 Add lines 49, 50, and 51 5	2		.00	5	compute New York City and Yonkers taxes, credits, and
3 NYC nonrefundable credits (Form IT-201-ATT, line 10) 5	3		.00	ז	tax surcharges.
4 Subtract line 53 from line 52 (if line 53 is more than				-	
line 52, leave blank)	4		.00	J	
5 Yonkers resident income tax surcharge (see page 28) 5	5		.00	ז	
6 Yonkers nonresident earnings tax (Form Y-203) 5	6		.00	ົ	
7 Part-year Yonkers resident income tax surcharge (Form IT-360.1) 5	7		.00	ົ	
8 Total New York City and Yonkers taxes / surcharges (add /		rough 57) .		58	.00
9 Sales or use tax (see page 29; do not leave line 59 blank)				59	35.00
Voluntary contributions (see page 30)					
60a Return a Gift to Wildlife		. 60a	.00)	
60b Missing/Exploited Children Fund			.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			.00)	
60g 9/11 Memorial			.00)	
60h Volunteer Firefighting & EMS Recruitment Fund		. 60h	50.00)	
0 Total voluntary contributions (add lines 60a through 60h)				60	50.00
1 Total New York State, New York City, and Yonkers taxes, s		use tax, a	ind voluntary		
contributions (add lines 46, 58, 59, and 60)				61	2679 -00

IT-201 (2012) Page 3 of 4



Name(s) as shown on page 1

Page 4 of 4	IT-201 (2012)
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	4	0	0	0	0	4	8	42	
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62	Enter amount from line 61						62	2679 .00
Pa	yments and refundable credits (see page 31)						
63	Empire State child credit		63			.00)	
	NYS/NYC child and dependent care credit		64			.00)	
65	NYS earned income credit (EIC)		65			.00)	
	NYS noncustodial parent EIC		66			.00)	
	Real property tax credit		67			.00	-	
	College tuition credit		68			.00	-	
	NYC school tax credit (also complete F on page 1;		69			.00	-	
	NYC earned income credit		70			.00	-	
	Other refundable credits (Form IT-201-ATT, line 18		71			.00	-	
	Total New York State tax withheld	,	72			.00	-	Submit your wage and tax
	Total New York City tax withheld		73			.00	-	statements with your return
	Total Yonkers tax withheld		74			.00	-	(see page 33).
	Total estimated tax payments and amount paid with					5000 .00	-	
	Total payments (add lines 63 through 75)						76	5000 .00
							10	.00
Y	our refund, amount you owe, and account info	ormation	(see p	ages 33 th	nrough	36)		
	Amount overpaid (if line 76 is more than line 62,	subtract line	62 fro	m line 76)			77	2321 .00
78	Amount of line 77 to be refunded direct			debit		paper		1
	Mark one refund choice: deposit	(fill in line 83)	- or -	X card	- or -	check	78	821 .00
79	Amount of line 77 that you want applied to your					1 = 0 0	-	See pages 33 and 34 for
	2013 estimated tax (see instructions)		79			1500 <u>.</u> 00)	information about your three refund choices.
								retund choices.
80	Amount you owe (if line 76 is less than line 62, su							
	To pay by electronic funds withdrawal, mark a	n X in the b	ox 🗌	and fill	in lines	83 and 84	80	.00
								One wante 07 familie wante
81	Estimated tax penalty (include this amount in line &	80 or					_	See page 37 for the proper assembly of your return.
	reduce the overpayment on line 77; see page 34)		81			.00)	assembly of your return.
82	Other penalties and interest (see page 35)		82			.00)	
~~				.1. (o =)			
83	Account information for direct deposit or electro	nic tunas v	lithdra	iwal (see pa	age 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 -	- Pers	onal s	avings - o i	r -	Business che	eckin	g - or - Business savings
	[]							
	83b Routing number	830	Acco	ount number				
						7	Г	
84	Electronic funds withdrawal (see page 36)		Date			Amou	nt _	.00
_	Third-party Print designee's name			Dea	ianoo'o i	phone number		Personal identification
d	Third-party Print designee's name signee? (see instr.)			Des	ignees i	phone number		number (PIN)
				()			
L Ye					_		_	
	Paid preparer must complete (see instr.) ▼	Date				▼ Тахра	ayer	(s) must sign here ▼
Pre	parer's signature	Preparer's	NYTPI	RIN	Your s	signature		
Firr	n's name (or yours, if self-employed)	Preparer's PT	IN or SS	6N	Your o	occupation W	т.т.я	DER
Ado	ress	Employer iden	tification	number	Spous			upation (if joint return)
					1			/
	E	R. 4	ark on V	/if	Data			Doutimo phono pumbor
	-		ark an) If-emplo		Date	E SMITH@2		Daytime phone number



See instructions for where to mail your return.



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

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

Name(s) as shown on return	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	A	B mount sourced to and taxed by the Canadian province
			Whole dollars only	L	Whole dollars only
1 Wage	es, salaries, tips, etc	1	.00	1	.00
-	ole interest income	2	.00	2	_0(
3 Ordin	ary dividends	3	.00	3	_0(
	ble refunds, credits, or offsets of state and local				
inc	ome taxes	4	.00	4	.00
5 Alimo	ony received	5	.00	5	.0(
	ness income or loss	6	.00	6	.0(
7 Capit	al gain or loss	7	-3000.00	7	.0(
8 Other	gains or losses	8	.00	8	.0(
9 Taxal	ole amount of IRA distributions	9	.00	9	.0(
10 Taxat	ole amount of pensions and annuities	10	.00	10	.0(
11 Renta	al real estate, royalties, partnerships,				
Sc	corporations, trusts, etc	11	76893.00	11	4000 .00
12 Farm	income or loss	12	.00	12	.00
13 Unen	nployment compensation	13	.00	13	.00
14 Taxab	ble amount of social security benefits	14	.00	14	.00
15 Other	r income	15	.00	15	.00
16 Add I	ines 1 through 15	16	73893.00	16	4000 .00
17 Total	federal adjustments to income	17	.00	17	.00
18 Fede	ral adjusted gross income				
(su	btract 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				
sub	tract line 19; see instructions)	20	73893.00	20	4000 .00
21 Capit	al gain portion of lump-sum distributions (see instr.)	21	.00	21	.00
22 Add I	ines 20 and 21	22	73893.00	22	4000 .00

(continued)

IT-112-C



Report all amounts in U.S. dollars.

	rt 2 – Computing your resident credit or addback by portion of the Canadian provincial income tax that entitled you					av credit on vour fede	aral
	rn in a succeeding tax year, the amount claimed must be adde						101
			-		-		
	Enter the two-letter abbreviation of the Canadian province				·		
24	Enter the amount from federal Form 1116, line 9, pertaining	•	•			1000	00
05	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	05					
	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			.00			
	Add lines 25 and 26				27		.00
	Subtract line 27 from line 24				28	1200	.00
29	Enter the amount from federal Form 1116, line 10, pertain	-	•				
	prior years to the above Canadian province (submit a co				29	1.0.0.0	.00
	Add lines 28 and 29				30	1200	.00
31	Enter the amount from federal Form 1116, line 22, pertain	-				1100	
	for taxes paid to the above Canadian province				31	1166	.00
	Subtract line 31 from line 30					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 instru	tions)	34	.0541	
	,,, _,		·····	,			
35	Multiply line 33 by line 34				35	189	.00
	Tentative credit (enter the lesser of line 28, 32, or 35)				36	34	.00
	Enter the amount from line 29			.00			
	Enter the amount from line 31		11	66.00			
	Subtract line 38 from line 37 (if line 38 is more than line 37, le				39		.00
	Add lines 36 and 39		,		40	34	.00
41	Enter the prior-year(s) resident credit claimed on Form(s)) IT-1	12-R or IT-112-C for tax	es paid			
	to Canadian province(s) (see instructions)				41		.00
42	If line 41 is more than line 40, subtract line 40 from line 4	1. Th	is 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 fr	rom l	ine 40		43	34	.00
	Enter the amount from line 36 or line 43, whichever is les				44	34	.00
45	Total line 44 amounts from additional Form(s) IT-112-C ar	nd lin	e 28 amounts				
	from Form(s) IT-112-R, if any (see instructions)				45		.00
46	Add lines 44 and 45				46		.00
Pa	rt 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



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
	e: For lines 52 through 55, provinces other than Quebec uld use the <i>Canada</i> column.		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





New York State Resident Credit

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.

Pa	t 1 – Income and adjustments (see instructions)		A Amount reported on New York State return	A	B mount sourced to and taxe by other taxing authority	d
		1	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)



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	СТ	
	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





New York State Resident Credit

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.

Pa	rt 1 – Income and adjustments (see instructions)		A Amount reported on New York State return	A	B mount sourced to and taxe by other taxing authority	ed
			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	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)



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)		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





New York State Resident Credit

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	A	B mount sourced to and taxe by other taxing authority	ed
			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
	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)



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	AT	
	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 .0	00
25	New York State tax payable (see instructions)	25	3485 -0	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 .0	00
28	Enter amount from line 24 or line 27, whichever is less (see instructions)	28	217 -0	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	.0	00
30	Add lines 28 and 29	30	.0	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
			ſ	
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





Resident Income Tax Return New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

IT-201

12

For help completing your re-	turn, see the ir	nstruc	tions, Form IT-20	01-I.						
Your first name and middle initial	Your last name (for a	i joint re	turn , enter spouse's name	e on line below)	Your date of birth (mm-dd-yyyy)			Your social security number		
FREDERICK	MILLE	MILLER					11-24-1945			3
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	MILLI	ER				03-31-19	55	400004883		
Mailing address (see instructions, page	ge 12) (number and s	treet or i	rural route)			Apartment numb	er	New York Stat	e county o	of residence
636 TAP DR								CHEMUN	ſG	
City, village, or post office		State	ZIP code	Country (if n	ot United States)			School district name		
ELMIRA		NY	14901	01				ELMIRA	•	
Permanent home address (see instr	ructions, page 12) (n	umber a	and street or rural route)	I	Apartment number			School district		
								code number		182
City, village, or post office			State	ZIP code		Decedent	Taxpayer	's date of death	Spouse'	s date of death
			NY			information				

Α	Filing status	1	Single	NEW	D	Did you have a financial account located in a foreign country? (see page 13) Yes No X
	(mark an X in one	2 X	Married filing joint return (enter spouse's social security number above)	I	E	(1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No X
	box):					(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)
		4	Head of household (with qualifying person)	I	F	NYC residents and NYC part-year residents only (see page 13):
		5	Qualifying widow(er) with dependent child			 (1) Number of months you lived in NYC in 2012 (2) Number of months your spouse
В	Did you itemize your deductions on your 2012 federal income tax return?		C (G	Enter your 2-character special condition code	
С	Can you be of on another tax	l aimed a kpayer's	as a dependent federal return? Yes No	K		if applicable (see page 13)

H Dependent exemption information (see page 14)

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



Federal income and adjustments (see page 14)

IE	derai income and adjustments (see page 14)	Whole dollars only			
1	Wages, salaries, tips, etc.	1		.00	
	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	.00			
13	Farm income or loss (submit a copy of federal Schedule F, Form	13		.00	
14	Unemployment compensation	14		.00	
	Taxable amount of social security benefits (also enter on line 2		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	33	812000 .00		

Standard deduction or itemized deduction (see page 24)

34	4 Enter your standard deduction (table on page 24) or your itemized deduction (from Form IT-201-D)						
	Mark an X in the appropriate box: X 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)		000.00				
	Taxable income (subtract line 36 from line 35)	37	797000 .00				



Name(s) as shown of	on page	1	
FREDERICK	AND	LISETTE	MILLER

Та	x 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	n on pa	ges 57, 58, and 59)	39		.00
40	NYS household credit (page 25, table 1, 2, or 3)	40	.00			
41	Resident credit (see page 26)	41	.00]		
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00			
43	Add lines 40, 41, and 42			43		.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ave bla	ank)	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
48 49 50 51 52 53 54 55 56 57	NYC resident tax on line 38 amount (see page 26) NYC household credit (page 26) table 4, 5, or 6) Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) Part-year NYC resident tax (Form IT-360.1) Other NYC taxes (Form IT-201-ATT, line 34) Add lines 49, 50, and 51 NYC nonrefundable credits (Form IT-201-ATT, line 10) Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) Yonkers resident income tax surcharge (see page 28) Yonkers nonresident earnings tax (Form Y-203) Part-year Yonkers resident income tax surcharge (Form IT-360.1)	48 49 50 51 52 53 53 54 55 56 57	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		See instructions on pages 26, 27, and 28 to compute New York City a Yonkers taxes, credits, an tax surcharges.	nd
58	Total New York City and Yonkers taxes / surcharges (ad	dd line	s 54 through 57)	58		.00
59	Sales or use tax (see page 29; do not leave line 59 blank)			59	250	.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	51 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary								
	con	tributions (add lines 46, 58, 59, and 60)	61	54845	.00				



Page 4 of 4	IT-201	(201	2)
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62	Enter amount from line 61					62	54845 .00
Pa	yments and refundable credits (see page 31)						
63	Empire State child credit	63			.00]	
	NYS/NYC child and dependent care credit				.00	1	
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		
	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)			86500	.00		
	Total New York State tax withheld	72			.00		Submit your wage and tax
73	Total New York City tax withheld				.00		statements with your return
	Total Yonkers tax withheld				.00		(see page 33).
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
Yo	our refund, amount you owe, and account information	(see	pages 33 tł	nrough 36)			
77	Amount overpaid (if line 76 is more than line 62, subtract line	62 fro	om line 76) .			77	31655 .00
	Amount of line 77 to be refunded direct		debit		per		· · · · · · · · · · · · ·
	Mark one refund choice: deposit (fill in line 83)	- or -			eck	78	11655 .00
79	Amount of line 77 that you want applied to your						See pages 33 and 34 for
	2013 estimated tax (see instructions)	79		20000	.00		information about your three
							refund choices.
80	Amount you owe (if line 76 is less than line 62, subtract line 76	_					1
	To pay by electronic funds withdrawal, mark an X in the b	box [and fill	in lines 83 and	84	80	.00
04	Fotometed toy people (include this encount in line 00 en						See page 37 for the proper
81	Estimated tax penalty (include this amount in line 80 or	04			00		assembly of your return.
07	reduce the overpayment on line 77; see page 34) Other penalties and interest (see page 35)				.00	-	
02	Other penalties and interest (see page 55)	02			.00]	
83	Account information for direct deposit or electronic funds w	vithdr	awal (see p	age 35).			
	If the funds for your payment (or refund) would come from (or go	to) an acco	ount outside the	e U.S.,	mar	k an \boldsymbol{X} in this box (see pg. 35)
	83a Account type: Personal checking - or - Pers	onal	savinas - o	r - Busine	ess che	ckinc	g - or - Business savings
			ouringo o			orang	
	83b Routing number 836	c Acc	count number				
~ ~							
84	Electronic funds withdrawal (see page 36)	Date			Amoun		.00
	Third-party Print designee's name		Des	ignee's phone nu	mber		Personal identification
de	signee? (see instr.)		()			number (PIN)
Ye	s No X E-mail:		· · ·				
▼	Paid preparer must complete (see instr.)			▼	Тахра	yer(s) must sign here ▼
	parer's signature Preparer's	NYTF	PRIN	Your signature			
Firn	n's name (or yours, if self-employed) Preparer's PT	IN or S	SN	Your occupation BRE			
Ada	ress Employer iden	tificatio	n number			0001	pation (if joint return)
			number	Spouse's signa		JUCCU	HOUSEWIFE
		ark an		Date			Daytime phone number (518) 555-6666
E-m		elf-emp		E-mail: MIL	ד דים ה	ים עפ	
1					பப் கடு	× n t	



See instructions for where to mail your return.



Other Tax Credits and Taxes Attachment to Form IT-201

IT-201-ATT

Name(s) as shown on your form IT-201 Your acail security number 400004843 PREDERICK_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 (add lines 2a and 2b) 2 .00 2 .00 .00 2 .00 3 Long-term care insurance credit 3 .00 4 .00 6 .00 6 6 .00 6 .00 6 6 .00 6 .00 6 6 .000 6 .00 6 .00 6 .00 6 .00 6 .00 6 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00	See	the instructi	ons for completing Form IT-201-A	ATT in th	ne instruc	tions for Form IT-201.				
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 1 Accumulation distribution credit (submit computation) 1 .000 2 Code Amount 00 2 .000 2 Code Amount .000 2 .000 2 Code Amount .000 2 .000 2 Code Amount .000 2 .000 3 Long-term care insurance credit .000 4 .000 4 .000 6 .000 .000 .000 .000 5 Other nonrefundable, carryover credits (add lines 2 and 2b) .000 <	Nam	ne(s) as show	n on your Form IT-201					Your s	social security number	
Part 1 - Other New York State, New York City, and Yonkers tax credits Section A - New York State nonrefundable, non-carryover credits used Image: constraint of distribution credit (submit computation) 1 .00 2 Other nonrefundable, non-carryover credits Code Amount 2 .00 2a]	FREDERI	CK AND LISETTE MIL	LER				40	0004843	
Section A – New York State nonrefundable, non-carryover credits used wnole dollars only 1 Accumulation distribution credit (submit computation) 1 .00 2 Other nonrefundable, non-carryover credits Code Amount .00 2a	Com	nplete all pa	arts that apply to you; see instr	uctions	. Submit	this form with your Form	T-20 1	l.		
1 Accumulation distribution credit (submit computation) 1	Pa	rt 1 – Oth	ner New York State, New	ork C	ity, and	Yonkers tax credits				
2 Other nonrefundable, non-carryover credits Code Amount 2a	Sec	tion A – N	ew York State nonrefundabl	e, non	-carryov	er credits used			Whole dollars only	
2 Other nonrefundable, non-carryover credits Code Amount 2a	1	Accumulati	on distribution credit (submit comp	utation)				1		.00
Code Amount Code Amount 2a				,			L			
Total other nonrefundable, non-carryover credits (add lines 2a and 2b) 2					Code	Amount				
Total other nonrefundable, non-carryover credits (add lines 2a and 2b) 2	2a		.00	2b			.00			
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 5 .00 6a 0.00 6b 0.00 6b 0.00 6d 0.00 6b 0.00 6c 0.00 6d 0.00 0.00 6c 0.00 6c 0.00 7 Total other nonrefundable, caryover credits used 7 .00 0 7 Total New York State nonefundable credits used 7 .00 0 8 New York City accumulation distribution credit (submit computation) 9 .00 9a <td< td=""><td></td><td>Total other</td><td>nonrefundable, non-carryover cre</td><td>edits (ad</td><td>ld lines 2a</td><td>and 2b)</td><td></td><td>2</td><td></td><td>.00</td></td<>		Total other	nonrefundable, non-carryover cre	edits (ad	ld lines 2a	and 2b)		2		.00
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 5 .00 6a 0.00 6b 0.00 6b 0.00 6d 0.00 6b 0.00 6c 0.00 6d 0.00 0.00 6c 0.00 00 Total other nonrefundable, caryover credits used 7 0.00 00 7 0.00 6c 0.00 9a 0.00 9 0.00 9a 0.00 9a 0.00 9 0.00 9a 0.00	S	tion R _ N	ow York State peprofundabl	o carr	vovor o	radite usad				
4 Investment credit 4 .00 5 Solar energy system equipment credit 5 .00 6 Other nonrefundable, carryover credits 6 .00 6a 000 6h .00 6h .00 6a 0.00 6h .00 6h .00 6a 0.00 6h .00 6h .00 6a 0.00 6h .00 .00 7 Total New York State nonrefundable, credits used .00 .00 7 Total New York City nonrefundable, non-carryover credits used .00 .00 8 New York City accumulation distribution credit (submit computation) .9 .00 9a .00 .00 .00 .00 .00 10					-		I	•		
5 Solar energy system equipment credit 5 .00 6 Other nonrefundable, carryover credits Code Amount 6 6 0.00 61 .00 60 .00 60 0.00 61 .00 60 .00 62 0.00 61 .00 .00 61 .00 64 0.00 61 .00 .00 61 .00 65 0.00 61 .00 .00 .00 .00 66 0.00 61 .00 .00 .00 .00 67 0.00 61 .00 .00 .00 .00 .00 7 Total other nonrefundable, carryover credits (add lines 5 at hrough 6: .00 .00 .00 7 Total New York City nonrefundable, non-carryover credits used .00 .00 .00 9 .00 .00 .00 .00 .00 .00 9 .00 .00 .00 .00 .00 .00 .00 9 .00 .00 </td <td></td>										
6 Other nonrefundable, carryover credits Code Amount Code Amount 6a 00 6h 00 00 6b 000 6h 000 6h 000 6c 0.00 6h 0.00 6h 0.00 6e 0.00 6h 0.00 6h 0.00 6g 0.00 6h 0.00 6h 0.00 7 0.00 6m 0.00 6h 0.00 7 Total other nonrefundable, carryover credits used (add lines 1 through 6; enter here and on Form IT-201, line 42) 7 0.00 8 New York City resident UBT credit 8 0.00 9 9 0.00 9 Pattyear resident nonrefundable NYC child and dependent care credit 9a 0.00 9a 0.00 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 0.00 10 10 0.00 121 0.00 121 0.00 121 0.00 10 Code Amount Code <th< td=""><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	4									
Code Amount Code Amount 6a .00 6h .00 6h .00 6a .00 6h .00 6h .00 6a .00 6h .00 6h .00 6d .00 6k .00 6k .00 6d .00 6k .00 6k .00 6d .00 6m .00 6m .00 6d .00 6m .00 .00 .00 7 Total other nonrefundable, carryover credits used .00 .00 .00 7 Total New York State nonrefundable, non-carryover credits used .00 .00 .00 8 New York City resident UBT credit .00 .00 .00 .00 9 .00 .00 .00 .00 .00 .00 .00 9a .00 .00 .00 .00 .00 .00 .00 .00 .00 .	5						·····	5		.00
6a .00 6h .00 6h .00	6		•							
6b .00 6i .00 6c .00 6i .00 6d .00 6i .00 6d .00 6i .00 6d .00 6i .00 6e .00 6i .00 6g .00 6i .00 7 Total other nonrefundable, carryover credits (add lines 6a through 6n) .00 7 Total New York State nonrefundable credits used .00 8 New York City nonrefundable, non-carryover credits used .00 9 New York City accumulation distribution credit (submit computation) .00 9 Part-year resident nonrefundable NYC child and dependent care credit .00 9 Part-year resident nonrefundable credits used .00 (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53) .00 10 Total other New York State, New York City, and Yonkers refundable credits 11 Farmers' school tax credit .11 12 .00 .00 12b 636 .74500		Code	Amount		Code	Amount				
6c						· ·				
6d .00 6i .00 6e .00 6i .00 6f .00 6i .00 7 .00 6i .00 7 Total other nonrefundable, carryover credits (add lines 6a through 6n) .00 6 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 .00 9 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 .00 .00 .00 .00 9a Part-year resident nonrefundable credits used (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53) .10 .00 11 Code Amount .00 .00 .00 12 Other refundable credits						· ·				
6e						-				
6f 6g .00 6n .00 Total other nonrefundable, carryover credits (add lines 6 a through 6n) .00 .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 7 .00 9 New York City resident UBT credit 8 .00 9 New York City accumulation distribution credit (submit computation) 9 .00 9 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 .00 12 Other refundable credits Code Amount .00 12 Other refundable credits 12h .00 .00 12b 6.3.6 7.4.5.0.0.00 12i .00 12c 0.00 12i .00 .00 12a 0.00 12i .00 .00 12b 6.3.6						-				
fig .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 .00 9 New York City resident UBT credit 8 .00 9 New York City accumulation distribution credit (submit computation) 9 .00 9a add lines 8, 9 9 .00 10 Total other New York City nonrefundable credits used 10 .00 (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 .00 Section D – New York State, New York City, and Yonkers refundable credits 11 .00 11 Farmers' school tax credit 12 .00 12a 634 9000 .00 .00 12b .00 .00 .00 .00 12a 636 .74500 .00 .00 .00 12b						-				
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 .00 9 New York City resident UBT credit 8 .00 9 New York City accumulation distribution credit (submit computation) 9 .00 9a .00 9a .00 9a .00 9a .00 9a .00 9a .00 9a .00 .00 .00 10 .00 .00 .00 9a .00 .00 .00 9a .00 .00 .00 9a .00 .00 .00 10 .00 .00 .00 11 .00 .00 .00 12 .00 .00 .00 12 .00 .00 .00 12 .00 .00 .00 12 .00 .00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>· ·</td> <td></td> <td></td> <td></td> <td></td>						· ·				
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 9a .00 9a .00 9a .00 9a .00 9a .00 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 .00 11 Farmers' school tax credit 11 .00 12 634 9000 .00 12g .00 12a 634 9000 .00 12g .00 12b 635 3000 .00 12g .00 12a .00 .00 12g .00 12b .00 .00	6g							- 1		
(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 .00 9 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 .00 12 Other refundable credits 11 .00 12 Other refundable credits 12a .00 12b 634 9000 .00 12c 636 74500 .00 12a .00 .00 .00 12b .000 .00 .00 12a .000 .00 .00 12b .000 .00 .00 12c 636 .00 .00 .00 12d .000 .00 .00 .00 12b	_		-			gh 6n)	·····	6		.00
Section C – New York City nonrefundable, non-carryover credits used 8 New York City resident UBT credit 8 9 New York City accumulation distribution credit (submit computation) 9 9a Part-year resident nonrefundable NYC child and dependent care credit 9a 10 Total other New York City nonrefundable credits used 9a (add lines 8, 9, and 9a; enter here and on Form IT-201, line 53) 10 Section D – New York State, New York City, and Yonkers refundable credits 11 Farmers' school tax credit 11 12 Other refundable credits Code Amount 12a 634 12b 634 12c 636 12d 0.00 12	7						[-		
8 New York City resident UBT credit 8 .00 9 New York City accumulation distribution credit (<i>submit computation</i>) 9 .00 9a Part-year resident nonrefundable NYC child and dependent care credit 9a .00 9a Part-year resident nonrefundable NYC child and dependent care credit 9a .00 10 Total other New York City nonrefundable credits used 10 .00 (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 .00 12 Other refundable credits .11 .00 12 G34 9 0 0 0 .00 .00 .00 12a G34 9 0 0 0 .00 .00 .00 12a G34 9 0 0 0 .00 .00 .00 12a G34 .00 0 .00 .00 .00 12a G34 .00 0 .00 .00 .00 12a .00 .00 .00 .00 12b .00 .00 .00 .00 </th <th></th> <th>(add lines</th> <th>1 through 6; enter here and on Form</th> <th>111-201,</th> <th>line 42)</th> <th></th> <th> </th> <th>1</th> <th></th> <th>.00</th>		(add lines	1 through 6; enter here and on Form	111-201,	line 42)			1		.00
8 New York City resident UBT credit 8 .00 9 New York City accumulation distribution credit (<i>submit computation</i>) 9 .00 9a Part-year resident nonrefundable NYC child and dependent care credit 9a .00 9a Part-year resident nonrefundable NYC child and dependent care credit 9a .00 10 Total other New York City nonrefundable credits used 10 .00 (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 .00 12 Other refundable credits .11 .00 12 G34 9 0 0 0 .00 .00 .00 12a G34 9 0 0 0 .00 .00 .00 12a G34 9 0 0 0 .00 .00 .00 12a G34 .00 0 .00 .00 .00 12a G34 .00 0 .00 .00 .00 12a .00 .00 .00 .00 12b .00 .00 .00 .00 </th <th>Sec</th> <th>tion C – N</th> <th>ew York City nonrefundable</th> <th>, non-o</th> <th>carryove</th> <th>er credits used</th> <th></th> <th></th> <th></th> <th></th>	Sec	tion C – N	ew York City nonrefundable	, non-o	carryove	er credits used				
9 New York City accumulation distribution credit (<i>submit computation</i>) 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 11 .00 12a 634 9000 .00 12g .00 12a 634 9000 .00 .00 .00 12b 636 74500 .00 .00 .00 12a .036 .00 .00 .00 .00 12a .036 .04 .00 .00 .00 .00 12a .036 .04 .00 .00 .00 .00 .00 12c .036 .04 .00 .00 .00 .00 .00 .00 12a .000 .00 .00 .00			•		-		[0		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 11 .00 12a 634 9000 .00 12g .00 12b 635 3000 .00 .00 .00 12a 636 74500 .00 .00 .00 12a .036 .00 .00 .00 .00 12a .036 .00 .00 .00 .00 12a 636 .74500 .00 .00 .00 .00 12a .000 .000 .00 .00 .00 .00 .00 12a .000 .000 .00 .00 .00 .00 .00 .00 12a .000 .00 .00 .00 .00			-				1			
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 11 .00 12a 634 9000 .00 12b 635 3000 .00 12c 636 74500 .00 12i .00 .00 .00 12i .00 .00 .00 12b 636 .00 .00 12b 636 .00 .00 12c 636 .00 .00 12d .00 .00 .00 12i .00 .00 .00 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>1</td> <td>-</td> <td></td> <td></td>			-				1	-		
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 11 .00 12a 634 9000 .00 12g .00 12a 634 9000 .00 12g .00 12b 635 3000 .00 .00 .00 12a 636 74500 .00 .00 .00 12a .00 .00 .00 .00 .00 12b .000 .00 .00							····· [5a		.00
Section D – New York State, New York City, and Yonkers refundable credits 11 Farmers' school tax credit 11 .00 12 Other refundable credits 11 .00 12 Other refundable credits 11 .00 12a 634 9000 .00 12g .00 12b 635 3000 .00 12h .00 12c 636 74500 .00 .00 .00 12b .00 .00 .00 .00 .00 12d .000 .00 .00 .00 .00 12d .000 .00 .00 .00 .00 12e .000 .00 .00 .00 .00 12b .000 .00 .00 .00 .00 12e .000 .00 .00 .00 .00 Total other refundable credits (add lines 12a through 12l) .00 .00 .00	10		-				[10		00
11 Farmers' school tax credit 11 .00 12 Other refundable credits Code Amount 11 .00 12a 634 9000 .00 12g .00 12b 635 3000 .00 12h .00 12c 636 74500 .00 12i .00 12d .00 12j .00 .00 .00 12e .00 .00 12k .00 .00 12f .00 .00 12k .00 .00 Total other refundable credits (add lines 12a through 12l) .00 .00 .00		(auu iiries	o, 9, and 9a, enter nere and on For	111-201,	line 55).		•••••	10		.00
Code Amount Code Amount 12a 634 9000 .00 12g 12b 635 3000 .00 12l 12c 636 74500 .00 .00 12d .00 .00 12i .00 12e .00 .00 12i .00 12e .00 .00 .00 .00 12f .00 .00 .00 .00 Total other refundable credits (add lines 12a through 12l) .00 .00 .00	Sec	tion D – N	ew York State, New York Cit	y, and	Yonkers	refundable credits				
Code Amount Code Amount 12a 634 9000 .00 12g 12b 635 3000 .00 12l 12c 636 74500 .00 .00 12d .00 .00 12i .00 12e .00 .00 12i .00 12e .00 .00 .00 .00 12f .00 .00 .00 .00 Total other refundable credits (add lines 12a through 12l) .00 .00 .00	11	Farmers' s	chool tax credit				[11		00
Code Amount Code Amount 12a 634 9000 .00 12g .00 12b 635 3000 .00 12g .00 12c 636 74500 .00 12i .00 12e .00 .00 12i .00 .00 12f .00 .00 12i .00 .00 Total other refundable credits (add lines 12a through 12i) .00 .00 .00 .00							[100
12a 634 9000 .00 12g .00 12b 635 3000 .00 12h .00 12c 636 74500 .00 12i .00 12d .00 .00 12i .00 .00 12e .00 .00 12i .00 .00 12e .00 .00 12k .00 .00 12f .00 .00 12k .00 .00 Total other refundable credits (add lines 12a through 12l) .00 12 86500 .00					Code	Amount				
12b 635 3000 .00 .00 12c 636 74500 .00 .00 12d .00 .00 .00 .00 12e .00 .00 .00 .00 12e .00 .00 .00 .00 12f .00 .00 .00 .00 Total other refundable credits (add lines 12a through 12l) .00 .00 .00	12a			12a			00			
12c 636 74500 .00 12i .00 12d .00 .00 12j .00 .00 12e .00 .00 12i .00 .00 12e .00 .00 12i .00 .00 12e .00 .00 12k .00 .00 12f .00 .00 .00 .00 .00 Total other refundable credits (add lines 12a through 12l) 12 86500 .00				-						
12d .00 .00 12j .00 12e .00 .00 12k .00 12f .00 .00 .00 .00 12f .00 .00 .00 .00 12f .00 .00 .00 .00 Total other refundable credits (add lines 12a through 12l) .00 .00										
12e .00 12k .00 12f .00 .00 .00 Total other refundable credits (add lines 12a through 12l) .00 .00		0.50								
12f .00 12l .00 Total other refundable credits (add lines 12a through 12l) .00 12 86500 .00				-						
Total other refundable credits (add lines 12a through 12l) 12 86500 .00										
		Total other			20	I L		12	86500	-00
13 Add lines 11 and 12 13 86500 .00	13							13		
(continued on back)	-						[-		

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IT-201-ATT (2012) (back)		Enter your social security number			
			400004843		
Part	t 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	
	New York City claim of right credit	16		.00	
	Yonkers claim of right credit	17		.00	
	Total New York State, New York City, and Yonkers other refundable credits	L			
	(add lines 14 through 17; enter here and on Form IT-201, line 71)	18	86500 .	.00	
Pa	art 2 – Other New York State taxes (submit all applicable forms)				
lf yo	ou are subject to other New York State taxes, complete Part 2.				
	New York State tax on capital gain portion of lump-sum distributions (<i>Form IT-230</i>) Other New York State taxes	19		.00	
	Code Amount Code Amount				
20a	.00 20g .00				
20b	.00 20h .00				
20c	.00 20i .00				
20d	.00 20j .00				
20e					
20f					
	Total other New York State taxes (add lines 20a through 20l)	20	·	.00	
21	Add lines 19 and 20	21	,	.00	
		1			
	See instructions for line 22 22 .00				
	Enter amount from Form IT-201, line 39				
	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)]			
27	Resident credit against separate tax on lump-sum				
	distributions				
28	Subtract line 27 from line 26	28		.00	
29	New York State minimum income tax (Form IT-220)	29		.00	
	Net other New York State taxes				
	(add lines 25, 28, and 29; enter here and on Form IT-201, line 45)	30		.00	
Pa	art 3 – Other New York City taxes (submit all applicable forms)				
31	New York City minimum income tax (Form IT-220)	31		.00	
	New York City resident separate tax on lump-sum distributions (Form IT-230)	32		.00	
	New York City tax on capital gain portion of lump-sum distributions (Form IT-230)	33		.00	
	Total other New York City taxes				
	(add lines 31, 32, and 33; enter here and on Form IT-201, line 51)	34		.00	





Empire State Jobs Retention Program Credit

Tax Law - Sections 36 and 606(tt)

9000

.00

		Calendar-	year filer	s, mark an X in the box: X
		Other filers enter tax p		nd ending
Submit this form with Form IT-201, I You must also submit a copy of the		Ū Ū <u> </u>		
Name(s) as shown on return			Identifyir	ng number as shown on return
FREDERICK AND LI	SE'	TTE MILLER	4	00004843
Schedule A – Credit compu		1 to 10; see instructions) on (see instructions)		······ A
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		

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.

(add lines 1 through 4; see instructions)

5

Name	Туре	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



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.



THIS IS THE EMPIRE STATE JOBS RETENTION PROGRAM CREDIT CERTIFICATE IT-634

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE



New York Youth Works Tax Credit

Tax Law - Article 22, Section 606(tt)



Χ

Calendar-year filers, mark an X in the box:	
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
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Schedule B – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

2	Enter your share of the credit from your partnership(s)	2	.00
3	Enter your share of the credit from your S corporations(s)	3	.00
4	Enter your share of the credit from the estate(s) or trust(s)	4	.00
			1
5	Total credit allowed (add lines 1 through 4; see instructions)	5	3000 .00
-	3	 3 Enter your share of the credit from your S corporations(s) 4 Enter your share of the credit from the estate(s) or trust(s) 	 3 Enter your share of the credit from your S corporations(s) 4 Enter your share of the credit from the estate(s) or trust(s)

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	Туре	Employer ID number



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	Мау	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	Мау	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



THIS IS THE NEW YORK WORKS TAX CREDIT CERTIFICATE IT-635

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE



Beer Production Credit

Tax Law - Section 37, Article 22, Section 606(uu)

IT-636

9 		All filers must	ust 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			Iden	tifying number	as shown	on return			
FREDERICK AND LISETTE MILLER				4000048		on return			
				100001	<u></u>				
Schedule A – Eligibility									
A Are you registered as a distributor under Tax Law Article 18 (Tax	es o	n Alcoholic Beverages)'	?	Ye	es X	No			
B For the tax year, did you produce 60 million gallons of beer or less If you answered <i>No</i> to question A or B, stop . You do not qualify f				Ye	es X	No			
Schedule B – Individual (including sole proprietor), partn									
Part 1 – Credit for the first 500,000 gallons produced in New You	rk St		ets if nece	essary)					
A Beer production facility's physical address		B Total gallons of be produced in NYS o or after April 1, 201	on						
40 ALE LANE ELMIRA NY		100000							
12 LAGER RD ELMIRA NY		60000							
1 Total of column B amounts from additional Form(s) IT-636, if any	1	000000							
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	(mult	tiply line 3 by . 14; see instr.,) 4		7000	00.00			
Part 2 – Credit for gallons produced in New York State in excess	s of		al sheets i	f necessary)					
A Beer production facility's physical address		B Total gallons of be produced in NYS o or after April 1, 201	on						
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			5) 9		450	00.00			
10 Add lines 4 and 9			10		745(.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.



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	Туре	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)

Α	В	С
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	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





New York State Department of Taxation and Finance **Claim for Real Property Tax Credit** For Homeowners and Renters

IT-214

Step 1 – Enter identifying information

Υοι	Ir first name and middle initial	Your last name (for a	a joint claim,	enter spouse's name	on line below)	Υοι	ur date of birth (mm-dd-yyyy)	Your	social securi	ty numbe	r				
	DONALD B	LOD	GE			0	4-01-1976	40	00048	44					
Spo	ouse's first name and middle initial	Spouse's last name			use's date of birth (mm-dd-yyyy)	Spou	se's social s	ecurity nu	Imber						
	ETHEL K	LODO	ΞE			0	7-01-1978	40	00048	87					
Current mailing address (number and street or rural route) Apartment number										New York State county of residence					
	123 HOMESTEAD A		ALBA	NY											
City	v, village, or post office		State	ZIP code	Country (if no	ot Un	ited States)		must enter						
COHOES NY 12047										irity nun	iber(s)			
Stre	eet address of New York residence	that qualifies you f	for this cred	it, if different from a	bove										
City	v, village, or post office														
			<u>N</u>	-											
	p 2 – Determine eligibility		-									_			
	Were you a New York Stat								1 Yes		No				
2	Did you occupy the same r							[2 Yes	X	No				
-	If you marked an X in the							Г							
	Did you own real property						0		3 Yes		No	X			
	Can you be claimed as a d	•							4 Yes		No	X			
5	Did you reside in public housin	•				•	•	istr.) [5 Yes		No	Χ			
~	If you marked an X in the							Г			N	77			
6	Did you live in a nursing ho	ome during 201	2? (If you	mark an X in the	Yes box, se	e in	structions.)	[6 Yes		No	Χ			
7	Complete below for the qu	alifying househ	old mem	ber 65 or older	(see instruct	tion	s).								
Α-	First name		Las	st name			B – Social security	ber	C – Dat	e of bir n-dd-yy					
										(1111	n-uu-yy	yy)			
1	FRANCIS	T OD/	7 10				400884860			06-2	2 1	016			
		LOD								00-2	2-1	940			
	Complete below for all hou	usehold membe			(submit add	ditio									
A –	First name		Last name				B – Social security	ber	C – Dat	e of bir n-dd-yy					
	DONALD	LOD	2 r				400004844			04-0	1-1	976			
							100001011								
	ETHEL	LODO	GE		400004887				07-1	5-1	978				
						100001007					<u> </u>	2.0			
(GARY	LOD	GE				400884841	00884841 03-01-199							
Ste	p 3 – Determine househo	ld gross incor	ne												
				nat you, your spou	use (if marrie	ed),	and all other household	mem	bers receiv	ed durin	ig 201	2.			
9	Federal adjusted gross inc	come						-							
	If any household memb		e to file a	federal return,	see instruc	tior	ıs		9	135	00	.00			
10	New York State additions	to federal adjus	sted gross	s income					10			.00			
11 Social security payments not included on line 9									11			.00			
12 Supplemental security income (SSI) payments								E E	12	25	00	.00			
	Pensions and annuities (in	-		-			-		13			.00			
	Cash public assistance ar							F	14			.00			
15 Other income								F	15			.00			
16 Household gross income (add lines 9 through 15)											000	.00			
	If line 16 is more than \$							F	1						
17	Enter rate from Table 1 (se	ee instructions)						····· [17 .	065					
								г							
18	Multiply line 16 by line 17								18	10)40	.00			



IT-214 (2012) (back)

Step 4 – Comp	oute	real property tax							
Renters only	19	Enter the total amount of rent during the year 2012. (Do not					19	5100	.00
	20	Adjusted rent – If line 19 incl heat, gas, electricity, furnishi heat, gas, electricity, and furn heat, gas, and electricity heat or heat and gas	ngs, and nishings	board	50% 75% 80%	(.75) of line 19 (.8) of line 19			
		none of the above					20	5100	.00
	21	Average monthly adjusted rent If line 21 is more than \$450,					21	425	.00
	22	Multiply line 20 by 25% (.25); e	enter here	and on line 28	3		22	1275	.00
		Real property taxes paid during Special assessments							.00 .00
Homeowners		Add lines 23 and 24					25		.00
only		Exemption for homeowners 65							.00
		Add lines 25 and 26; enter here	e and on	line 28			27		.00
Step 5 – Comp	oute	credit amount							
		amount from line 22. Homeowr ro or less, stop ; no credit is allo		er amount from	ı line	27 (see instructions)	28	1275	.00
		om line 18					29	1040	.00
		ual to or more than line 28, sto from line 28					30	225	00
		by 50% (.5) (However, if you enter						<u>235</u> 118	.00 .00
		instructions; enter amount from cha						120	.00
		nt from line 32 or 31, whichever				•			
		e member of your household is filir					33	118	.00
		g this claim with your New Yo ie 33 amount on Form IT-201, I		income tax re	turn				
		filing this claim with a New Ye		income tax re	eturn	(see instructions):			
•		fund choice: X direct depos					aper c	heck	
Step 6 – Enter	acc	ount information (see instruction	ns)						
34 Direct depos	sit (s	ee instructions): Complete the follow	ving to hav	ve your refund de	eposit	ed directly to your bank accoun	t.		
34a Routing number		1001742	Account type:	X Personal checking	- or -		siness ecking	- or - Busine saving	
		our refund would go to an account an \boldsymbol{X} in this box (see instructions)	🗌	34c Acc nun	ount nber	LOANXXXX400004	844		
Third-party		Print designee's name				gnee's phone number		Personal identifica number (PIN)	
designee? (see in Yes X No	nstr.)	JOE PALMER E-mail: DAI.MER@ATS CC			(51	.8) 5557777		55555	<i>′</i>
Yes X No		E-mail: PALMER@ATS.CC			_				
		must complete (see instr.) ▼	Date			▼ Taxpayer(s) r	nust s	ign here ▼	
Preparer's signatu				er's NYTPRIN		Your signature			
Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation CLERK									
Address	_		Employer ic	dentification number		Spouse's signature and occupation	n <i>(if join</i>	^{t claim)} TEACHER	
				Mark an X if self-employed		Date [[aytime (518)	phone number 555-6666	
E-mail:						E-mail: LODGE@ATS (

- 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.



Claim for New York City School Tax Credit

Your first name and middle initial	Your	date of birth (mm-d	d-уууу)	Your social security number						
ARLO G	KING	r			02	2-10-196	0	400004846		
Spouse's first name and middle initial	Spouse's last name				Spou	use's date of birth (mi	m-dd-yyyy)	Spouse's social	I security number	
BARNEY F	KING				1	1-12-197	78	400004	886	
Mailing address (number and street or i	rural route)					Apartment numb	er		r your date(s) of	
21012 ARTHUR BL	VD							above.	al security number(s)	
City, village, or post office	S	State	ZIP code	Country (if no	ot Un	ited States)		NYS county of residence while living in NY City		
REGO PARK]	NY	11374					QUEENS		
Address of New York City residence the	nat qualifies you for t	this cr	edit, if different from abo	ove						
City		Decedent	Taxpayer	's date of death	Spouse's date of death					
NY						information			08-01-2012	

NYC-210

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.

	•••	f claim – K in one box	a Sin	gle omplete lines 1, 2	?, and 5)	с	Married but fili (complete lines			N				
		tructions)		rried filing a co complete lines 1 th		d	Qualifying wide child (complete			ent				
1	 1 Can you be claimed as a dependent on another taxpayer's 2012 federal return?													
	New York Cir If you marked Can your spou s If you marked	ty (see Note above d an X in box b ab se be claimed as d an X in the Yes	; also see insti ove, continue a dependent box at both li	<i>ructions</i>) e with line 3. All on another tax	l other filers co payer's 2012	ontinue with federal retu	n line 5. Irn?	2 3	<u>10</u> n ⁄es	nonths No X				
4	 credit. All other filers continue with line 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)													
5		nd choice (see ins	,	-		,			pap	oer check				
6 6a	Routing	see instructions): Co	•	Account	Personal checking - or		ional ngs - or -		- or -	Business savings				
		our refund would go an X in this box <i>(se</i>			6c Account number		XXXX40000	4846						
	Third-party signee? (see instr.) s 🔀 No 🗔	Print designee's nam JOE PALME E-mail: PALME	R	OM		ignee's phone 18) 555'			numb	dentification er (PIN) 5555				
▼	Paid preparer	must complete ((see instr.) ▼	Date			Taxpayer(s) must s	ign here	•				
Pre	parer's signature			Preparer's N	YTPRIN	Your signature								
Firn	n's name <i>(or yours, if</i>	self-employed)		or SSN	Your occupation ACCOUNTANT									
Add	ress			Employer identific	ation number	Spouse's si	gnature and occupa		t claim)	RMAN				
					an X if	Date		Daytime (518)	phone numbe	r				
E-m	ail:		-	E-mail: K	ING@ATS.			<u>,,,,,</u>						

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.

