

**Test 4801** – Changes made to IT-201 and IT-209

1. IT-201
  - A. Filing status changed to Single (1)
  - B. Remove all dependants from IT-201
  - C. Line 34 ( standard Deduction) = 7500
  - D. Line 36 (Dependant exemptions) = blank
  - E. Lines 37 & 38 (Taxable income) = 1500
  - F. Line 39 ( NYS tax on line 38 amount) = 60
2. IT-209
  - A. Lines 38,38a,38e,39 and 41 should all = 60
  - B. Line 42 = 54

**Test 4806** – Changes made to forms IT-201, IT-213, IT-112.1, and IT-280

1. IT-201
  - A. Line 63 (Empire State Child Credit) =300
  - B. Line 77 (amount overpaid) = 892
  - C. Line 78 (amount of line 77 to be refunded) = 742
2. IT-112.1
  - A. Line 7 = blank
  - B. Line 8 = 35
  - C. Line 9 (a) = $3700/3800 \times 40 = 35$
3. IT-213
  - A. Lines 1 & 3 = Yes
  - B. Line 2 = No
  - C. Lines 4 & 5 = 3
  - D. Skip Lines 6-12
  - E. Line 13 = 0
  - F. Line 14 = 3
  - G. Lines 15 & 16 = 300
4. IT-280
  - A. Line 2 Column b = 2600
  - B. Line 2 Column c = 3300
  - C. Line 4c Column b = 3321
  - D. Line 4c Column c = 3480

**TEST 4808** – Changes made to IT-360.1 only

1. Line 18 Column C = 5000

**TEST 4814** – Changes made to IT-203 and IT-2105.9

1. IT-203
  - A. Line E ( NYC part year residents only) = 3 ( remove leading 0)
  - B. Line 70 ( Amount you owe) = 1372
  - C. Line 71 (Estimated Tax Penalty) = 26
2. IT-2105.9
  - A. Line 22 ( rate changed to .04976) =26
  - B. Line 24 (Penalty) = 26

**TEST 4815** – Changes made to IT-215 only

1. Line 4 in the chart with the list of dependants the relationship status changed, we can no longer accept CHILD as an appropriate answer.
  - A. Samuel M Canasta JR = SON
  - B. Mary M Canasta = DAUGHTER
  - C. Sally M Canasta = DAUGHTER

**TEST 4818** – Changes to W2 only

1. Box 17 = 410

**TEST 4820** – Changes made to Forms IT-201 and IT-2105.9

1. IT-201
  - A. Line 80 ( Amount you owe) = 526
  - B. Line 81 (Estimated Tax Penalty) = 19
2. IT-2105.9
  - A. Line 22 ( rate changed to .04976) =19
  - B. Line 24 (Penalty) = 19

**TEST 4822** – Changes made to Form IT-201-ATT only

1. Line 21 = 2380
2. Line 22 = 2380

**TEST 4824** – Changes made to forms IT-203 and IT-2105.9

1. IT-203
  - A. Line 80 ( Amount you owe) = 526
  - B. Line 81 (Estimated Tax Penalty) = 19
2. IT-2105.9
  - A. Line 22 ( rate changed to .04976) =19

B. Line 24 (Penalty) = 19

**TEST 4825** – Changes made to IT-214 only

1. Line 7 Column c = 01-01-1942

TEST 4831 - Changes made to the IT-201 and IT-2105.9

1. IT-201

C. Line 80 ( Amount you owe) = 1036

D. Line 81 (Estimated Tax Penalty) = 41

2. IT-2105.9

C. Line 22 ( rate changed to .04976) =41

D. Line 24 (Penalty) = 41

**TEST 4832** – Changes made to form IT-215 only

1. Line 4 in the chart with the list of dependants the relationship status changed, we can no longer accept CHILD as an appropriate answer.

D. Robert S Plant JR = SON

E. Molly S Plant = DAUGHTER

F. Jill S Plant = DAUGHTER

**TEST 4834** – Changes made to Form IT-203 Only

1. Dependant has the wrong SSN

A. Melinda B Charity – 400884857

**TEST 4839** – Changes made to Form IT-201 only

1. Taxpayer phone number needs to be added =518-555-6666

**TEST 4842** – Changes made to form IT-201 only

1. Dependants Date of Birth need to be changed

A. James Smith = 11-01-2011

B. Jessica Smith = 08-01-2009

2. School District name is missing = South Colonie

3. Taxpayer phone number needs to be added = 518-555-6666

**TEST 4843** – Changes made to forms IT-201, IT-201-ATT, IT-634 and IT-636

1. IT-201

- A. Line 71 (other Refundable credits) = 91000
  - B. Line 76 (Total Payments) = 91000
  - C. Line 77 (amount overpaid) = 36155
  - D. Line 78 (amount to be refunded)=16155
2. IT-201-ATT
- A. Line 12 C Amount = 79000
  - B. Line 12, 13, 14 & 18 =91000
3. IT-634
- A. Remove amounts from line 6 and 11; these should now be left blank.
4. IT-636
- A. Schedule B, Part 2, Column A = 40 Ale Lane Elmira NY
  - B. Schedule B, Part 2, Column B = 100000
  - C. Schedule B, Part 2, Line 6 = 700000
  - D. Schedule B, Part 2, Line 7 = 200000
  - E. Schedule B, Part 2, Line 8 = 200000
  - F. Schedule B, Part 2, Line 9 = 9000
  - G. Schedule B, Part 2, Line 10 = 79000
  - H. Schedule F, Line 15 = 79000
  - I. Schedule F, Line 18 = 79000



# Resident Income Tax Return

New York State • New York City • Yonkers

# IT-201

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

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

Your first name and middle initial <b>LAURA</b>		Your last name (for a joint return, enter spouse's name on line below) <b>PEARSON</b>		Your date of birth (mm-dd-yyyy) <b>04-15-1980</b>	Your social security number <b>400004801</b>
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number
Mailing address (see instructions, page 12) (number and street or rural route) <b>115 S 94 ST</b>				Apartment number	New York State county of residence <b>NEW YORK</b>
City, village, or post office <b>NEW YORK</b>		State <b>NY</b>	ZIP code <b>10029</b>	Country (if not United States)	School district name <b>MANHATTAN</b>
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number ..... <b>369</b>
City, village, or post office		State <b>NY</b>	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

### A Filing status

(mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter spouse's social security number above)
- ③  Married filing separate return (enter spouse's social security number above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

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

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



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

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

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

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

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

(2) Number of months your spouse lived in NYC in 2012 .....

**G** Enter your 2-character special condition code if applicable (see page 13) .....

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

### H Dependent exemption information (see page 14)

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

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



Your social security number  
400004801

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	8000	.00
2	Taxable interest income .....	2		.00
3	Ordinary dividends .....	3		.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4		.00
5	Alimony received .....	5	1000	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6		.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7		.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8		.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9		.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10		.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11		.00
12	Rental real estate included in line 11 .....	12		.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13		.00
14	Unemployment compensation .....	14		.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15		.00
16	Other income (see page 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	<b>Federal adjusted gross income</b> (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	<b>New York's</b> 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	9000	.00

**Standard deduction or itemized deduction** (see page 24)

34	Enter your <b>standard deduction</b> (table on page 24) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	7500	.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35		.00
36	Dependent exemptions (not the same as total federal exemptions; see page 24) .....	36	000.00	
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	1500	.00



Name(s) as shown on page 1  
LAURA PEARSON

Your social security number  
400004801

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

<b>38</b> Taxable income (from line 37 on page 2)	<b>38</b>	1500	.00
<b>39</b> NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	<b>39</b>	60	.00
<b>40</b> NYS household credit (page 25, table 1, 2, or 3)	<b>40</b>	105	.00
<b>41</b> Resident credit (see page 26)	<b>41</b>		.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>		.00
<b>43</b> Add lines 40, 41, and 42	<b>43</b>	105	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	<b>44</b>		.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30)	<b>45</b>		.00
<b>46</b> Total New York State taxes (add lines 44 and 45)	<b>46</b>		.00

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

<b>47</b> NYC resident tax on line 38 amount (see page 26)	<b>47</b>		.00
<b>48</b> NYC household credit (page 26, table 4, 5, or 6)	<b>48</b>	120	.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	<b>49</b>		.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1)	<b>50</b>		.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>		.00
<b>52</b> Add lines 49, 50, and 51	<b>52</b>		.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>		.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>		.00
<b>55</b> Yonkers resident income tax surcharge (see page 28)	<b>55</b>		.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>		.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>57</b>		.00
<b>58</b> Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	<b>58</b>		.00
<b>59</b> Sales or use tax (see page 29; do not leave line 59 blank)	<b>59</b>	9	.00

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

**Voluntary contributions** (see page 30)

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



Your social security number  
400004801

62 Enter amount from line 61 ..... **62** ..... 9 .00

**Payments and refundable credits** (see page 31)

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	948 .00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (also complete F on page 1; see page 31)	69	63 .00
70	NYC earned income credit	70	19 .00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	600 .00
73	Total New York City tax withheld	73	400 .00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	2030 .00

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

**Your refund, amount you owe, and account information** (see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** ..... 2021 .00

78 Amount of line 77 to be refunded  
Mark one refund choice:  direct deposit (fill in line 83) - or -  debit card - or -  paper check ... **78** ..... 2021 .00

79 Amount of line 77 that you want applied to your 2013 estimated tax (see instructions) ..... **79** ..... .00

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

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62).  
To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84 .. **80** ..... .00

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

See page 37 for the proper assembly of your return.

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

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number 011001881 83c Account number LOANXXXX400004801

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

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

▼ Paid preparer must complete (see instr.) ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
Address	Employer identification number
E-mail:	Mark an X if self-employed <input type="checkbox"/>

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

201004120099



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

Submit this form with Form IT-201.

Table with 2 columns: Name(s) as shown on return (LAURA PEARSON) and Your social security number (400004801)

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

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

Part 1 – Eligibility

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

- 1 Were you a full-year resident of New York State? [1] Yes [X] No [ ]
If No, stop; you do not qualify for this credit.
2 Were you age 18 or older as of December 31? [2] Yes [X] No [ ]
If No, stop; you do not qualify for this credit.
3 Were you the parent of a child who did not reside with you and was under the age of 18 on December 31? [3] Yes [X] No [ ]
If No, stop; you do not qualify for this credit.
If Yes, list up to three children who did not reside with you in the spaces below (see instructions).

Table with 5 columns: First name and middle initial, Last name, Relationship, Social security number, Date of birth (mm-dd-yyyy). Rows for JEFF, JASON, and JESSY PEARSON.

- 4 Did you have a child support order payable through a support collection unit for at least one-half of the tax year? [4] Yes [X] No [ ]
If No, stop; you do not qualify for this credit.
5 For the tax year, have you paid an amount in child support equal to or more than the amount due for every order requiring you to make child support payments? [5] Yes [X] No [ ]
If No, stop; you do not qualify for this credit.
6 Is your federal AGI from Form IT-201, line 19, less than \$36,920? [6] Yes [X] No [ ]
If No, stop; you do not qualify for this credit.
7 Do you (and your spouse if filing a joint return) have a social security number that allows you to work or is valid for federal earned income tax purposes? (see instructions) [7] Yes [X] No [ ]
If No, stop; you do not qualify for this credit, the NYS EIC, or the NYC EIC.
8 Is your federal filing status Married filing separately? [8] Yes [ ] No [X]
If Yes, stop; you do not qualify for this credit, the NYS EIC, or the NYC EIC.
9 Are you filing federal Form 2555 or Form 2555-EZ (relating to foreign earned income)? [9] Yes [ ] No [X]
If Yes, stop; you do not qualify for this credit, the NYS EIC, or the NYC EIC.
10 Is your investment income greater than \$3,200? (see instructions) [10] Yes [ ] No [X]
If Yes, stop; you do not qualify for this credit, the NYS EIC, or the NYC EIC.



**Part 2 – Claiming the credit**

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

**Part 3 – Earned income**

- Whole dollars only
- 13** Wages, salaries, tips, etc. from **Worksheet A**, line 5, on page 2 of the instructions ..... **13** 8000 .00
- 14** If you were paid any amount for work while an inmate in a penal institution, **or** if you received a taxable scholarship or fellowship grant, or an amount as a pension or annuity from a nonqualified deferred compensation plan or nongovernmental section 457 plan, **and** you included that amount on your Form IT-201, line 1, enter the amount here (*see instructions*) ..... **14** .00
- 15** Business income or loss from **Worksheet B**, line 4, on page 2 of the instructions ..... **15** .00   
 Employer identification number (*see instr.*)    
 The amount on line 15 is a (*mark an X in one box*): .....  profit -or-  loss
- 16** Total earned income (*If line 15 is a profit, subtract line 14 from line 13, and then add line 15. If line 15 is a loss, subtract line 14 from line 13, and then subtract line 15.*) ..... **16** 8000 .00   
 If line 16 is zero or less, **stop**; you do not qualify for this credit.
- 17** Enter your federal AGI from Form IT-201, line 19 ..... **17** 9000 .00

**Part 4 – Credit computation**

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

- 18** Find the line 16 amount (*Total earned income*) in the noncustodial EIC tables (beginning on page 4 of the instructions), and enter the credit amount from **column a** ..... **18** 2729 .00
- 19** Are the amounts on lines 16 and 17 the same? ..... **19** Yes  No    
 If **Yes**, skip lines 20 and 21, and enter the line 18 amount on line 22.   
 If **No**, continue on line 20.
- 20** Is the amount on line 17 less than \$16,700? ..... **20** Yes  No    
 If **Yes**, skip line 21, and enter the line 18 amount on line 22.   
 If **No**, continue on line 21.
- 21** Find the line 17 amount in the noncustodial EIC tables (beginning on page 4 of the instructions), and enter the credit amount from **column a** ..... **21** .00
- 22** Enter the amount from line 18 or line 21, whichever is less ..... **22** 2729 .00
- 23** Noncustodial EIC rate 20% (.20) ..... **23** .20
- 24** Noncustodial EIC (*multiply line 22 by line 23*) ..... **24** 546 .00

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

- 25** Find the line 16 amount (*Total earned income*) in the noncustodial EIC tables (beginning on page 4 of the instructions). (*If your NYS filing status is ②, Married filing joint return, enter the credit amount from column c. All other filing statuses, enter the credit amount from column b.*) ..... **25** 456 .00
- 26** Are the amounts on lines 16 and 17 the same? ..... **26** Yes  No    
 If **Yes**, skip lines 27 and 28, and enter the line 25 amount on line 29.   
 If **No**, continue on line 27.



400004801

**Part 4 – Credit computation (continued)**

- 27** Is the amount on line 17 less than \$7,600 (\$12,700 if your filing status is ②, *Married filing joint return*)? ..... **27** Yes  No   
 If **Yes**, skip line 28, and enter the line 25 amount on line 29.  
 If **No**, continue on line 28.
- 28** Find the line 17 amount in the noncustodial EIC tables (beginning on page 4 of the instructions).  
 (If your NYS filing status is ②, Married filing joint return, enter the credit amount from **column c**.  
 All other filing statuses, enter the credit amount from **column b**.) ..... **28** 379 .00
- 29** Enter the amount from line 25 or line 28, whichever is less ..... **29** 379 .00
- 30** Noncustodial EIC factor (2.5) ..... **30** 2.50
- 31** Noncustodial EIC calculation (multiply line 29 by line 30) ..... **31** 948 .00
- 32** Noncustodial EIC (enter the greater of line 24 or line 31; see instructions) ..... **32** 948 .00

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

- 33** Did you claim the federal EIC? ..... **33** Yes  No   
 If **No**, stop; you do not qualify for the NYS EIC (see the line 32 instructions)  
 If **Yes**, continue on line 34.
- 34** Did you claim qualifying children on your federal Schedule EIC? ..... **34** Yes  No   
 If **No**, continue on line 35.  
 If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.  
**Note:** The children listed below must not be the same children as those you listed at line 3 on page 1.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mm-dd-yyyy)
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

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

- 35** Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a) ..... **35** 379 .00
- 36** NYS EIC rate 30% (.30) ..... **36** .30
- 37** Tentative NYS EIC (multiply line 35 by line 36) ..... **37** 114 .00
- 38** Complete lines 38a through 38e, and enter the line 38e amount on line 38 ..... **38** 60 .00
- |  |                   |
|--|-------------------|
| <b>38a</b> Amount from Form IT-201, line 39  | <b>38a</b> 60 .00 |
| <b>38b</b> Resident credit (see instructions)  | <b>38b</b> .00    |
| <b>38c</b> Accumulation distribution credit (see instructions)   | <b>38c</b> .00    |
| <b>38d</b> Add lines 38b and 38c   | <b>38d</b> .00    |
| <b>38e</b> Subtract line 38d from line 38a (if line 38d is more than line 38a, enter 0; also enter this amount on line 38 above) | <b>38e</b> 60 .00 |



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

<b>39</b> Enter the amount from line 38 on page 3 .....	<b>39</b>	60	.00
<b>40</b> New York State household credit (from Form IT-201, line 40) .....	<b>40</b>	105	.00
<b>41</b> Enter the amount from line 39 or line 40, whichever is less .....	<b>41</b>	60	.00
<b>42</b> Allowable NYS EIC <i>(subtract line 41 from line 37)</i> .....	<b>42</b>	54	.00
<b>43</b> Noncustodial EIC <i>(enter the amount from line 32)</i> .....	<b>43</b>	948	.00

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

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

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

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

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

<b>44</b> Were you a resident of New York City?.....	<b>44</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If <b>No, stop;</b> you do not qualify for the NYC EIC.					
<b>45</b> New York City EIC: Enter amount from <b>Worksheet C</b> 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.....	<b>45</b>	19	.00		
<b>46</b> Part-year New York City AGI: Enter the amount from <b>Worksheet C</b> , line 7 .....	<b>46</b>		.00		
<b>47</b> Part-year New York City AGI: Enter the amount from <b>Worksheet C</b> , line 6 .....	<b>47</b>		.00		





# Resident Income Tax Return

New York State • New York City • Yonkers

# IT-201

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

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

Your first name and middle initial <b>GEORGE L</b>		Your last name (for a joint return, enter spouse's name on line below) <b>CHARITY</b>		Your date of birth (mm-dd-yyyy) <b>12-25-1960</b>	Your social security number <b>400004806</b>
Spouse's first name and middle initial <b>MARY B</b>		Spouse's last name <b>CHARITY</b>		Spouse's date of birth (mm-dd-yyyy) <b>10-31-1962</b>	Spouse's social security number <b>400004856</b>
Mailing address (see instructions, page 12) (number and street or rural route) <b>923 HOPE CT</b>				Apartment number	New York State county of residence <b>DUTCHESS</b>
City, village, or post office <b>DOVER PLAINS</b>		State <b>NY</b>	ZIP code <b>12522</b>	Country (if not United States)	School district name <b>DOVERS UNION FREE</b>
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number <span style="border: 1px solid black; padding: 2px;">149</span>
City, village, or post office		State <b>NY</b>	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

### A Filing status

(mark an X in one box):

- ①  Single
- ②  Married filing joint return  
(enter spouse's social security number above)
- ③  Married filing separate return  
(enter spouse's social security number above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

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

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



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

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

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

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

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

(2) Number of months your spouse lived in NYC in 2012

**G** Enter your 2-character special condition code if applicable (see page 13) C7

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

### H Dependent exemption information (see page 14)

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

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



Your social security number  
400004806

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	30000	.00
2	Taxable interest income .....	2	4300	.00
3	Ordinary dividends .....	3	6190	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4		.00
5	Alimony received .....	5		.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6		.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	72	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8		.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9		.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	12640	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	13200	.00
12	Rental real estate included in line 11 .....	12		.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	16404	.00
14	Unemployment compensation .....	14		.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15		.00
16	Other income (see page 14) Identify:	16		.00
17	Add lines 1 through 11 and 13 through 16 .....	17	82806	.00
18	Total federal adjustments to income (see page 14) Identify: IRA 1741 SUB PAY 400 1/2 SE TAX 1159	18	3300	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	79506	.00

**New York additions** (see page 14)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21		.00
22	<b>New York's</b> 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	79506	.00

**Standard deduction or itemized deduction** (see page 24)

34	Enter your <b>standard deduction</b> (table on page 24) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	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	<b>Taxable income</b> (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**

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

<b>38</b> Taxable income (from line 37 on page 2)	<b>38</b>	61506	.00
<b>39</b> NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	<b>39</b>	3333	.00
<b>40</b> NYS household credit (page 25, table 1, 2, or 3)	<b>40</b>		.00
<b>41</b> Resident credit (see page 26)	<b>41</b>		.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>	2212	.00
<b>43</b> Add lines 40, 41, and 42	<b>43</b>	2212	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	<b>44</b>	1121	.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30)	<b>45</b>	1618	.00
<b>46</b> Total New York State taxes (add lines 44 and 45)	<b>46</b>	2739	.00

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

<b>47</b> NYC resident tax on line 38 amount (see page 26)	<b>47</b>		.00
<b>48</b> NYC household credit (page 26, table 4, 5, or 6)	<b>48</b>		.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	<b>49</b>		.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1)	<b>50</b>		.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>		.00
<b>52</b> Add lines 49, 50, and 51	<b>52</b>		.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>		.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>		.00
<b>55</b> Yonkers resident income tax surcharge (see page 28)	<b>55</b>		.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>		.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>57</b>		.00
<b>58</b> Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	<b>58</b>		.00
<b>59</b> Sales or use tax (see page 29; do not leave line 59 blank)	<b>59</b>	49	.00

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

**Voluntary contributions** (see page 30)

<b>60a</b> Return a Gift to Wildlife	<b>60a</b>		.00
<b>60b</b> Missing/Exploited Children Fund	<b>60b</b>		.00
<b>60c</b> Breast Cancer Research Fund	<b>60c</b>		.00
<b>60d</b> Alzheimer's Fund	<b>60d</b>		.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 30)	<b>60e</b>		.00
<b>60f</b> Prostate Cancer Research Fund	<b>60f</b>		.00
<b>60g</b> 9/11 Memorial	<b>60g</b>		.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund	<b>60h</b>		.00
<b>60</b> Total voluntary contributions (add lines 60a through 60h)	<b>60</b>		.00
<b>61</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	<b>61</b>	2788	.00



Your social security number  
400004806

62 Enter amount from line 61 ..... **62** 2788 .00

**Payments and refundable credits** (see page 31)

63 Empire State child credit .....	<b>63</b>	300	.00
64 NYS/NYC child and dependent care credit .....	<b>64</b>		.00
65 NYS earned income credit (EIC) .....	<b>65</b>		.00
66 NYS noncustodial parent EIC .....	<b>66</b>		.00
67 Real property tax credit .....	<b>67</b>		.00
68 College tuition credit .....	<b>68</b>		.00
69 NYC school tax credit (also complete F on page 1; see page 31) .....	<b>69</b>		.00
70 NYC earned income credit .....	<b>70</b>		.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	<b>71</b>		.00
72 Total <b>New York State</b> tax withheld .....	<b>72</b>	1121	.00
73 Total <b>New York City</b> tax withheld .....	<b>73</b>	359	.00
74 Total <b>Yonkers</b> tax withheld .....	<b>74</b>		.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	<b>75</b>	2000	.00
76 <b>Total payments</b> (add lines 63 through 75) .....	<b>76</b>	3480	.00

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

**Your refund, amount you owe, and account information** (see pages 33 through 36)

77 **Amount overpaid** (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** 892 .00

78 Amount of line 77 to be refunded  
 Mark one refund choice:  direct deposit (fill in line 83) - or -  debit card - or -  paper check ... **78** 742 .00

79 Amount of line 77 that you want applied to your  
 2013 estimated tax (see instructions) ..... **79** 150 .00

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

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62).  
 To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84 .. **80** .00

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

See page 37 for the proper assembly of your return.

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

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number 011001881 83c Account number LOANXXXX400004806

84 Electronic funds withdrawal (see page 36) ..... Date \_\_\_\_\_ Amount \_\_\_\_\_ .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name JOE PALMER	Designee's phone number (518) 5557777	Personal identification number (PIN) 55555
	E-mail: PALMER@ATS.COM		

▼ Paid preparer must complete (see instr.) ▼		Date
Preparer's signature	Preparer's NYTPRN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

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

201004120099



See instructions for where to mail your return.



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

Name(s) as shown on return <b>GEORGE L CHARITY</b>	Identifying number as shown on return <b>400004806</b>
---	---

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

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

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

- 1** Enter the name of the state, local government (including state in which located), or District of Columbia to which tax on the ordinary income part of lump-sum distributions was payable: NJ
- 2** Enter the amount of tax imposed on the ordinary income part of lump-sum distributions by the above jurisdiction, including the tax on the capital gain part that you elected to treat as ordinary income ..... **2** \_\_\_\_\_ .00

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

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

Amount from federal Form 4972, line 8 that is subject to tax by the above jurisdiction \$ _____ .00 Total income subject to tax by the above jurisdiction \$ _____ .00	x	Total tax payable to the above jurisdiction (after any credits, exclusive of prepayments) \$ _____ .00	=	Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above jurisdiction (enter on line 2)
---	---	--	---	--

- 3** The credit against New York State separate tax on lump-sum distributions may not exceed:
- (a) Amount from Form IT-230, line 3 that is subject to tax by both New York State and the other taxing jurisdiction \$ 100 .00  
 Amount from Form IT-230, line 3 \$ 3800 .00 x New York State amount from Form IT-230, line 24 \$ 40 .00 = Credit allowable **3** 1 .00
- (b) The credit allowed may not reduce the New York State separate tax on the ordinary income part of lump-sum distributions to an amount less than would be due if the ordinary income part of a lump-sum distribution, subject to tax by both New York State (Tax Law section 603) and by the above jurisdiction, were excluded from New York State separate tax on lump-sum distributions.

- 4** Resident credit claimed against New York State separate tax on lump-sum distributions:  
 Enter amount from line 2 or line 3, whichever is less ..... **4** \_\_\_\_\_ .00

**Individuals:** Enter the line 4 amount on Form IT-201-ATT, line 27, or Form IT-203-ATT, line 26.  
**Fiduciaries:** Subtract the line 4 amount from the separate tax on lump-sum distributions computed on Form IT-230, and include the net amount on Form IT-205, line 12.

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



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

- 5 Enter the name of the province of Canada where tax was paid: ONTARIO
- 6 Enter (in U.S. dollars) the amount of separate tax on lump-sum distributions paid to the Canadian province, including the tax on the capital gain part you elected to treat as ordinary income ..... **6** 35 .00

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

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

Amount from federal Form 4972, line 8 that is subject to tax by the above Canadian province	\$	.00	x	Total tax payable to the above Canadian province (after any credits, exclusive of prepayments)	\$	.00	=	Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above province of Canada (enter on line 6)
Total income subject to tax by the above Canadian province	\$	.00			\$	.00		

- 7 Enter the amount from federal Form 1116, Part II, line 8, that pertains to the separate tax on lump-sum distributions paid to the above province ..... **7** .00
- 8 Portion of the Canadian province's separate tax on lump-sum distributions **not** claimed as a credit for federal purposes (subtract line 7 from line 6) ..... **8** 35 .00
- 9 The credit against New York State separate tax on lump-sum distributions may not exceed:

(a)

Amount from Form IT-230, line 3 that is subject to tax by both New York State and the above Canadian province	\$	3700	.00	x	New York State amount from Form IT-230, line 24	\$	40	.00	=	Credit allowable
Amount from Form IT-230, line 3	\$	3800	.00			\$	40	.00		39

(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.





# 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 <b>GEORGE L CHARITY</b>	Social security number shown first <b>400004806</b>	If nonobligated spouse, mark an <b>X</b> here <input type="checkbox"/>
First name, middle initial, and last name shown second on the return <b>MARY B CHARITY</b>	Social security number shown second <b>400004856</b>	If nonobligated spouse, mark an <b>X</b> here <input checked="" type="checkbox"/>

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

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

Allocated items	a – Allocated to nonobligated spouse	b – Allocated to other spouse	c – Amount shown on joint return												
<b>Lines 1a, 1b, and 1c</b> Income – Allocate separate income to the spouse who earned it. Allocate joint income, such as interest earned on a joint bank account, as you determine. Be sure to allocate all income shown on the joint return.															
<b>1a</b> Wages (from Forms IT-201 and IT-203, line 1) .....	6840 .00	23160 .00	30000 .00												
<b>1b</b> All other income – Identify the type and amount below (from Form IT-201, lines 2 through 16; Form IT-203, lines 2 through 16, Federal amount column).															
<table border="1"> <thead> <tr> <th>A – Type</th> <th>B – Amount</th> </tr> </thead> <tbody> <tr> <td>TAXABLE INTEREST INCOME</td> <td>4300 .00</td> </tr> <tr> <td>ORDINARY DIVIDENDS</td> <td>6190 .00</td> </tr> <tr> <td>CAPITAL GAINS (SCH D)</td> <td>72 .00</td> </tr> <tr> <td>TAXABLE PENSION</td> <td>12640 .00</td> </tr> <tr> <td>RENTAL REAL ESTATE (SCH E)</td> <td>13200 .00</td> </tr> </tbody> </table>	A – Type	B – Amount	TAXABLE INTEREST INCOME	4300 .00	ORDINARY DIVIDENDS	6190 .00	CAPITAL GAINS (SCH D)	72 .00	TAXABLE PENSION	12640 .00	RENTAL REAL ESTATE (SCH E)	13200 .00			
A – Type	B – Amount														
TAXABLE INTEREST INCOME	4300 .00														
ORDINARY DIVIDENDS	6190 .00														
CAPITAL GAINS (SCH D)	72 .00														
TAXABLE PENSION	12640 .00														
RENTAL REAL ESTATE (SCH E)	13200 .00														
Total (add column B amounts) SEE CONTINUATION SHEET	.00	52806 .00	52806 .00												
<b>1c</b> Total income (add lines 1a and 1b) .....	6840 .00	75966 .00	82806 .00												
<b>2</b> Federal adjustments to income – Allocate separate adjustments, such as an IRA deduction, to the spouse to whom they belong (from Form IT-201, line 18; Form IT-203, line 18, Federal amount column) ....	700 .00	2600 .00	3300 .00												
<b>3</b> Total New York State/New York City/Yonkers taxes and sales or use tax (Form IT-201, add lines 46, 58, and 59; Form IT-203, add lines 50, 55, and 56) .....			2788 .00												
<b>4a</b> Income tax withheld – Allocate New York State/New York City/Yonkers income tax withheld to each spouse as shown on federal Forms W-2 .....	159 .00	1321 .00	1480 .00												
<b>4b</b> Estimated tax payments (including estimated tax paid by nonresidents on the sale or transfer of real property, estimated tax paid by nonresidents on the gain from the sale of shares of stock in a cooperative housing corporation, and estimated tax paid on your behalf by a partnership or corporation) and amount paid with extension Form IT-370 – Allocate joint estimated tax payments (Form IT-201, line 75; Form IT-203, line 65) .....	.00	2000 .00	2000 .00												
<b>4c</b> Total prepayments (add lines 4a and 4b) .....	159 .00	3321 .00	3480 .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.

<b>▼ Paid preparer must complete (see instr.) ▼</b>		Date
Preparer's signature		Preparer's NYTPRIN
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN
Address		Employer identification number
E-mail:		Mark an <b>X</b> if self-employed <input type="checkbox"/>

<b>▼ Taxpayer sign here ▼</b>	
Nonobligated spouse's signature	
Date	
Daytime phone number (518) 555-6666	
Nonobligated spouse's e-mail address CHARITY@ATS.COM	
<b>Keep a copy of this form for your records.</b>	

**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)*.





# Claim for Empire State Child Credit

# IT-213

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

### Step 1 – Enter identifying information

Your name as shown on return <b>GEORGE L CHARITY</b>	Your social security number <b>400004806</b>
Spouse's name <b>MARY B CHARITY</b>	Spouse's social security number <b>400004856</b>

### Step 2 – Determine eligibility

- Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2012?  Yes  No   
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- Did you claim the federal child tax credit or additional child tax credit for 2012? .....  Yes  No
- Is your federal adjusted gross income (*see instructions*)
  - \$110,000 or less and your filing status is ② married filing joint return;
  - \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**
  - \$55,000 or less and your filing status is ③ married filing separate return? .....  Yes  No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit (*see instructions*) .....
- Enter the number of children from line 4 that were at least four years of age on December 31, 2012 .....    
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)
CAROLINE	CHARITY	400884848	04-01-1996
CHRISTOPHER	CHARITY	400884849	05-01-1997
CANDACE	CHARITY	400884850	06-01-1998

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



**Step 4 – Compute credit**

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

Whole dollars only

6	Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51 .....	6		.00
7	Enter your federal additional child tax credit from Form 1040A, line 39, or Form 1040, line 65.....	7		.00
8	Add lines 6 and 7.....	8		.00
9	Enter the number of children from line 4 .....	9	<input type="text"/>	
10	Divide line 8 by line 9 .....	10		.00
11	Enter the number of children from line 5 .....	11	<input type="text"/>	
12	Multiply line 10 by line 11.....	12		.00
13	Multiply line 12 by 33% (.33) .....	13	0	.00

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

14	Enter the number of children from line 5 .....	14	<input type="text" value="3"/>	
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	300	.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; <b>do not leave line 17 blank</b> .....	17		.00
	Enter here and on Form IT-201, line 63.			
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; <b>do not leave line 18 blank</b> .....	18		.00
	Enter the line 18 amount and code <b>213</b> on Form IT-203-ATT, line 12.			





# Change of City Resident Status

# IT-360.1

New York City • Yonkers

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

Name(s) as shown on return FRANCIS N POWERS	Social security number 400004808
--	-------------------------------------

**Change of resident status** – If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

- Mark an **X** in only **one** box (A)  **New York City change of residence** – Complete Parts 1, 2, 3, and 4.
- (B)  **Yonkers change of residence** – Complete Parts 1 and 5.
- (C)  **New York City and Yonkers change of residence** – Complete the entire form.

Part 1 – New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc .....	1 22300 .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 .....	15 .00	.00	.00
Identify:			
16 Total (add lines 1 through 15) .....	16 29980 .00	.00	5000 .00
17 Total federal adjustments to income .....	17 .00	.00	.00
Identify:			
18 Federal adjusted gross income (subtract line 17 from line 16)	18 29980 .00	.00	5000 .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



<b>Part 2 – Itemized deductions for New York City</b> (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		<b>Column A</b> Itemized deductions (see instructions)	<b>Column B</b> Amount of Column A for New York City resident period
21	Medical and dental expenses .....	21	.00
22	Taxes you paid .....	22	.00
23	Interest you paid .....	23	.00
24	Gifts to charity .....	24	.00
25	Casualty and theft losses .....	25	.00
26	Job expenses and most other miscellaneous deductions .....	26	.00
27	Other miscellaneous deductions .....	27	.00
28	This line is intentionally left blank .....	28	.00
29	This line is intentionally left blank .....	29	.00
30	Total itemized deductions (add lines 21 through 27) .....	30	.00
31	State, local, and foreign <b>income</b> taxes (or general sales tax, if applicable) and other subtraction adjustments .....	31	.00
32	Subtract line 31 from line 30 .....	32	.00
33	Addition adjustments and college tuition itemized deduction (see instructions) .....	33	.00
34	Add lines 32 and 33 .....	34	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35) .....	35	.00
36	<b>Itemized deduction</b> (subtract line 35 from line 34, enter here and on line 44) .....	36	.00

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

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

From: month  day  To: month  day

38	Enter the county where you resided while a <b>nonresident</b> of New York City .....		
39	Enter the number of full months in the New York City resident period .....	39	
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2) .....	40	.00
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35 .....	41	
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46) .....	42	.00

**Part 4 – Part-year New York City resident tax** (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B) .....	43	.00
44	Resident period standard deduction (see instructions, page 2) <b>or</b> resident period itemized deduction (from line 36) .....	44	.00
45	Subtract line 44 from line 43 .....	45	.00
46	Dependent exemption amount (from line 42) .....	46	.00
47	<b>New York City taxable income</b> (subtract line 46 from line 45) .....	47	.00
48	New York City tax on line 47 amount (see instructions, page 5) .....	48	.00
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6) .....	49	.00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0) .....	50	.00
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230) .....	51	.00
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230) .....	52	.00
53	Add lines 50, 51, and 52 .....	53	.00
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8) .....	54	.00
55	<b>Part-year New York City resident tax</b> (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0) .....	55	.00



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

		Full-year NYS resident	Part-year NYS resident
<b>56</b> Total New York State taxes (Form IT-201, line 46) .....	<b>56</b>	237 .00	
<b>57</b> Empire State child credit (Form IT-201, line 63) .....	<b>57</b>	.00	
<b>58</b> NYS child and dependent care credit (Form IT-216, line 14) .....	<b>58</b>	.00	
<b>59</b> Earned income credit (Form IT-201, line 65) .....	<b>59</b>	.00	
<b>60</b> Noncustodial parent New York State earned income credit (Form IT-201, line 66) .....	<b>60</b>	.00	
<b>61</b> Real property tax credit (Form IT-201, line 67) .....	<b>61</b>	.00	
<b>62</b> College tuition credit (Form IT-201, line 68) .....	<b>62</b>	150 .00	
<b>63</b> Amount from Form IT-201-ATT, line 13 .....	<b>63</b>	.00	
<b>64</b> Add lines 57 through 63 .....	<b>64</b>	150 .00	
<b>65</b> Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57) .....	<b>65</b>	87 .00	
<b>66</b> Base tax (Form IT-203, line 44) .....	<b>66</b>		.00
<b>67</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>67</b>		.00
<b>68</b> Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ....	<b>68</b>		.00
<b>69</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>69</b>		.00
<b>70</b> Add lines 68 and 69 .....	<b>70</b>		.00
<b>71</b> Total of amounts from Form IT-203-ATT, lines 9, 10, and 12 .....	<b>71</b>		.00
<b>72</b> Subtract line 71 from line 70 (if line 71 is more than line 70, enter 0) ....	<b>72</b>		.00
<b>73</b> Income percentage (see worksheet on page 8 of the instructions) .....	<b>73</b>	0.2016	
<b>74</b> Multiply line 65 by line 73. This is the net state tax for full-year state residents .....	<b>74</b>	18 .00	
<b>75</b> Multiply line 72 by line 73. This is the net state tax for part-year state residents .....	<b>75</b>		.00
<b>76</b> Yonkers resident tax rate .....	<b>76</b>	.15	

**77 Part-year Yonkers resident income tax surcharge**

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) 77 3 .00

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

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





New York State Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

# IT-203

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

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

Your first name and middle initial <b>DANIEL T</b>		Your last name (for a joint return, enter spouse's name on line below) <b>THOMAS</b>		Your date of birth (mm-dd-yyyy) <b>07-31-1972</b>	Your social security number <b>400004814</b>
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number <b>400004864</b>
Mailing address (see instructions, page 13) (number and street or rural route) <b>145 WARD ST</b>				Apartment number	New York State county of residence <b>KINGS</b>
City, village, or post office <b>FAITH</b>		State <b>NC</b>	ZIP code <b>28146</b>	Country (if not United States)	School district name <b>BROOKLYN</b>
Permanent home address (see instr., pg. 13) (no. and street or rural route) <b>356 DOVER ST</b>			Apartment no.	City, village, or post office <b>BROOKLYN</b>	School district code number <b>071</b>
State <b>NY</b>	ZIP code <b>11217</b>	Country (if not United States)		Decedent information	Taxpayer's date of death Spouse's date of death

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

- ①  Single
- ②  Married filing joint return  
(enter both spouses' social security numbers above)
- ③  Married filing separate return  
(enter both spouses' social security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

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

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

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

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

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

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

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

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

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

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

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

1) Lived in NYS .....

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

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

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

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes  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

203001120099



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

Enter your social security number  
400004814

**Federal income and adjustments** (see page 17)

		Federal amount Whole dollars only	New York State amount Whole dollars only
1	Wages, salaries, tips, etc. ....	50000 .00	30068 .00
2	Taxable interest income .....	.00	.00
3	Ordinary dividends .....	.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	.00	.00
5	Alimony received .....	.00	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) .....	3019 .00	3019 .00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	.00	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	-2040 .00	-2040 .00
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	.00	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	.00	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	18613 .00	15143 .00
12	Rental real estate included in line 11 (federal amount) <b>12</b> .....	.00	
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	.00	.00
14	Unemployment compensation .....	.00	.00
15	Taxable amount of social security benefits (also enter on line 26) .....	.00	.00
16	Other income (see page 22) Identify: <b>GAMBLING 2043</b> .....	2043 .00	2043 .00
17	Add lines <b>1 through 11</b> and <b>13 through 16</b> .....	71635 .00	48233 .00
18	Total federal adjustments to income (see page 22) Identify: <b>1/2 SE TAX 214</b> .....	214 .00	214 .00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	71421 .00	48019 .00

**New York additions** (see page 24)

20	Interest income on state and local bonds (but not those of New York State or its localities) .....	.00	.00
21	Public employee 414(h) retirement contributions .....	.00	.00
22	Other (see page 24) Identify: .....	.00	.00
23	Add lines <b>19 through 22</b> .....	71421 .00	48019 .00

**New York subtractions** (see page 27)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	.00	.00
25	Pensions of NYS and local governments and the federal government (see page 27) .....	.00	.00
26	Taxable amount of social security benefits (from line 15) ...	.00	.00
27	Interest income on U.S. government bonds .....	.00	.00
28	Pension and annuity income exclusion .....	.00	.00
29	Other (see page 29) Identify: .....	.00	.00
30	Add lines 24 through 29 .....	.00	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23) .....	71421 .00	48019 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 71421 .00

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

33 Enter your **standard deduction** (table on page 33) or your **itemized deduction** (from Form IT-203-D).  
Mark an **X** in the appropriate box: ...  Standard – or –  Itemized

33		2030 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	69391 .00
35	Dependent exemptions (not the same as total federal exemptions; see page 33) .....	3 000.00
36	<b>New York taxable income</b> (subtract line 35 from line 34) .....	66391 .00



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

Enter your social security number  
**400004814**

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

<b>37</b> New York taxable income (from line 36 on page 2).....	<b>37</b>	66391	.00
<b>38</b> New York State tax on line 37 amount (see page 34 and Tax computation on pages 66,67, and 68) ....	<b>38</b>	3965	.00
<b>39</b> New York State household credit (page 34, table 1, 2, or 3).....	<b>39</b>		.00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	<b>40</b>	3965	.00
<b>41</b> New York State child and dependent care credit (see page 35) .....	<b>41</b>		.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	<b>42</b>	3965	.00
<b>43</b> New York State earned income credit (see page 35) .....	<b>43</b>		.00

**44** Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) ..... **44** 3965 .00

**45** Income percentage (see page 35)  New York State amount from line 31  48019 .00 ÷ Federal amount from line 31  71421 .00 = **45**  .6723 Round result to 4 decimal places

<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	<b>46</b>	2666	.00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>47</b>		.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	<b>48</b>	2666	.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>49</b>		.00
<b>50</b> Total New York State taxes (add lines 48 and 49) .....	<b>50</b>	2666	.00

**New York City and Yonkers taxes and credits**

<b>51</b> Part-year New York City resident tax (Form IT-360.1) .....	<b>51</b>	928	.00
<b>52</b> New York City minimum income tax (Form IT-220) .....	<b>52</b>		.00
<b>52a</b> Add lines 51 and 52 .....	<b>52a</b>	928	.00
<b>52b</b> Part-year resident nonrefundable New York City child and dependent care credit .....	<b>52b</b>		.00
<b>52c</b> Subtract line 52b from 52a .....	<b>52c</b>	928	.00
<b>53</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>53</b>		.00
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>54</b>		.00
<b>55</b> Total New York City and Yonkers taxes (add lines 52c, 53, and 54) .....	<b>55</b>	928	.00

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

**56** Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.) ..... **56** 35 .00

**Voluntary contributions** (see page 37)

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

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

**58** Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) ..... **58** 3629 .00



Enter your social security number  
400004814

59 Enter amount from line 58 ..... 59 3629 .00

**Payments and refundable credits** (see page 38)

60	Part-year NYC school tax credit (also complete E on front; see page 38) ...	60	16	.00
61	Other refundable credits (Form IT-203-ATT, line 17) .....	61		.00
62	Total <b>New York State</b> tax withheld .....	62	1061	.00
63	Total <b>New York City</b> tax withheld .....	63	837	.00
64	Total <b>Yonkers</b> tax withheld .....	64		.00
65	Total estimated tax payments/amount paid with Form IT-370 ..	65	386	.00
66	<b>Total payments and refundable credits</b> (add lines 60 through 65) .....	66	2300	.00

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

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

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

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

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

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

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59).  
To pay by electronic funds withdrawal, mark this box  and fill in lines 73 and 74 ..... 70 1372 .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40) ..... 71 26 .00

See page 43 for the proper assembly of your return.

72 Other penalties and interest (see page 40) ..... 72 17 .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)

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

73b Routing number  73c Account number

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

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

<b>▼ Paid preparer must complete (see instr.) ▼</b>		Date
Preparer's signature	Preparer's NYTPRIN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation RENTAL AGENT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (518) 555-6666
E-mail: THOMAS@ATS.COM	

See instructions for where to mail your return.

203004120099





# Underpayment of Estimated Income Tax By Individuals and Fiduciaries

# IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return <b>DANIEL T THOMAS</b>	Identification number (SSN or EIN) <b>400004814</b>
--	--

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

1 Total tax from your 2012 return before withholding and estimated tax payments ( <i>caution: see instructions</i> ) .....	<b>1</b>	<b>3629</b>	<b>.00</b>
2 Empire State child credit (from Form IT-201, line 63) .....	<b>2</b>		<b>.00</b>
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64) .....	<b>3</b>		<b>.00</b>
4 NY State earned income credit (EIC) (from Form IT-201, line 65) .....	<b>4</b>		<b>.00</b>
5 NY State noncustodial parent EIC (from Form IT-201, line 66) .....	<b>5</b>		<b>.00</b>
6 Real property tax credit (from Form IT-201, line 67) .....	<b>6</b>		<b>.00</b>
7 College tuition credit (from Form IT-201, line 68) .....	<b>7</b>		<b>.00</b>
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60) .....	<b>8</b>	<b>16</b>	<b>.00</b>
9 NY City earned income credit (from Form IT-201, line 70) .....	<b>9</b>		<b>.00</b>
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33) .....	<b>10</b>		<b>.00</b>
11 Add lines 2 through 10 .....	<b>11</b>	<b>16</b>	<b>.00</b>
12 Current year tax (subtract line 11 from line 1) .....	<b>12</b>	<b>3613</b>	<b>.00</b>
13 Multiply line 12 by 90% (.90) .....	<b>13</b>	<b>3252</b>	<b>.00</b>
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36) .....	<b>14</b>	<b>1898</b>	<b>.00</b>
15 Subtract line 14 from line 12. If the result is less than \$300, <b>do not</b> complete the rest of this form (see instructions) .....	<b>15</b>	<b>1680</b>	<b>.00</b>
16 Enter your 2011 tax ( <i>caution: see instructions</i> ) .....	<b>16</b>	<b>2800</b>	<b>.00</b>
17 Enter the <b>smaller</b> of line 13 or line 16 .....	<b>17</b>	<b>2800</b>	<b>.00</b>

**Part 2 – Short method for computing the penalty** – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 – Regular method**.

18 Enter the amount from line 14 above .....	<b>18</b>	<b>1898</b>	<b>.00</b>
19 Enter the total amount of estimated tax payments you made (see instructions) .....	<b>19</b>	<b>386</b>	<b>.00</b>
20 Add lines 18 and 19 .....	<b>20</b>	<b>2284</b>	<b>.00</b>
21 <b>Total underpayment for year.</b> Subtract line 20 from line 17 (if zero or less, you do not owe the penalty) .....	<b>21</b>	<b>516</b>	<b>.00</b>
22 Multiply line 21 by .04976 and enter the result .....	<b>22</b>	<b>26</b>	<b>.00</b>
23 If the amount on line 21 was paid <b>on or after</b> April 15, 2013, enter <b>0</b> . If the amount on line 21 was paid <b>before</b> April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 = .....	<b>23</b>		<b>.00</b>
24 <b>Penalty.</b> Subtract line 23 from line 22 .....	<b>24</b>	<b>26</b>	<b>.00</b>

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

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

059001120099







# Claim for Earned Income Credit

New York State • New York City

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

Name(s) as shown on return <b>JOE Z CANASTA</b>	Your social security number <b>400004815</b>
--	---

- 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
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return.....  3 Yes  No
- 4 Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5.  
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. ....  4 Yes  No   
If you claimed more than three, see instructions.

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mm-dd-yyyy)
SAMUEL M	CANASTA JR	SON	12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	400884805	06-01-1989
MARY M	CANASTA	DAUGHTER	12	<input type="checkbox"/>	<input type="checkbox"/>	400884804	02-01-2009
SALLY M	CABASTA	DAUGHTER	12	<input type="checkbox"/>	<input type="checkbox"/>	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   
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)...
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) .....  9 **17695 .00**
- 10 **Amount of federal EIC claimed** (from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a) .....  10 **5178 .00**
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) .....  11 **.30**
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) .....  12 **1553 .00**

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

- 13 Enter the amount from **Worksheet B**, line 5, on the back of this form.....  13 **99 .00**
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) .....  14 **135 .00**
- 15 Enter the smaller of line 13 or line 14 .....  15 **99 .00**
- 16 **Allowable New York State earned income credit** (subtract line 15 from line 12; see instructions) .....  16 **1454 .00**
- 17 If your New York State filing status is ③, **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. ....  17 **.00**  
**Federal adjusted gross income** (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) .....  **.00**



**Part-year New York State resident earned income credit**

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

18	Enter your New York State earned income credit (from line 16 or line 17) .....	18		.00
19	Enter the amount from Form IT-203, line 42 .....	19		.00
	- If line 19 is equal to or more than line 18, <b>stop. You do not have excess New York State earned income credit.</b>			
	- If line 19 is less than line 18, <b>continue on line 20 below.</b>			
20	<b>Excess New York State earned income credit</b> (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, <b>stop. Do not continue with this computation.</b> 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. <b>This is your remaining excess New York State earned income credit.</b> .....	22		.00
23	Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet .....	23		.00
24	Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet .....	24		.00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000). .....	25		
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. <b>This is the refundable portion of your part-year New York State resident earned income credit.</b> .....	26		.00

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

27	From <b>Worksheet C, New York City earned income credit</b> , on page 3 of Form IT-215-1, <i>Instructions for Form IT-215</i> . Enter here and on <b>Form IT-201, line 70</b> , or <b>Form IT-203-ATT, line 11</b> . .....	27	259	.00
	Part-year New York City residents must also complete line 28 below.			
28	<b>Part-year New York City adjusted gross income</b> Enter the amounts from Worksheet C, lines 6 and 7 .....	28A		.00
		28B		.00

**Worksheet B**

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) .....	1	99	.00
2	Resident credit (see instructions) .....	2		.00
3	Accumulation distribution credit (see instructions) .....	3		.00
4	Add lines 2 and 3 .....	4		.00
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form. ....	5	99	.00



22222		a Employee's social security number 400004818		OMB No. 1545-0008			
b Employer identification number (EIN) 631234561			1 Wages, tips, other compensation 17725		2 Federal income tax withheld		
c Employer's name, address, and ZIP code MUSIC MUSIC ROW 123 JAMES ST QUINTON AL 35130			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name ROBIN D RICHARD SR 1234 THOMAS PL YONKERS NY 10701			11 Nonqualified plans		12a C o o d e		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e		
			14 Other		12c C o o d e		
					12d C o o d e		
f Employee's address and ZIP code							
15 State NY	Employer's state ID number	16 State wages, tips, etc. 17725	17 State income tax 410	18 Local wages, tips, etc. 17725	19 Local income tax 62	20 Locality name YONKERS	

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

2012

Department of the Treasury—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

**IT-201**

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

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

Your first name and middle initial <b>DANIEL T</b>		Your last name (for a joint return, enter spouse's name on line below) <b>THOMAS</b>		Your date of birth (mm-dd-yyyy) <b>03-15-1982</b>	Your social security number <b>400004820</b>
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number <b>400004870</b>
Mailing address (see instructions, page 12) (number and street or rural route) <b>356 DOVER STREET</b>				Apartment number	New York State county of residence <b>KINGS</b>
City, village, or post office <b>BROOKLYN</b>		State <b>NY</b>	ZIP code <b>11217</b>	Country (if not United States)	School district name <b>BROOKLYN</b>
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number ..... <b>071</b>
City, village, or post office		State <b>NY</b>	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

**A Filing status**

(mark an **X** in one box):

- ①  Single
- ②  Married filing joint return  
(enter spouse's social security number above)
- ③  Married filing separate return  
(enter spouse's social security number above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

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

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



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

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

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

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

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

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

**G** Enter your **2-character special condition code if applicable** (see page 13) .....

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

**H Dependent exemption information** (see page 14)

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

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

201001120099



Your social security number  
400004820

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	3019 .00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	-2040 .00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	20960 .00
12	Rental real estate included in line 11	12	960 .00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 14) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	21939 .00
18	Total federal adjustments to income (see page 14) Identify: 1/2 SE TAX 214	18	214 .00
19	<b>Federal adjusted gross income</b> (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	<b>New York's</b> 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24)	33	21725 .00

**Standard deduction or itemized deduction** (see page 24)

34	Enter your <b>standard deduction</b> (table on page 24) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	1780 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	19945 .00
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	19945 .00



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

Your social security number  
**400004820**

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

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	19945	.00
<b>39</b> NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59) .....	<b>39</b>	970	.00
<b>40</b> NYS household credit (page 25, table 1, 2, or 3) .....	<b>40</b>		.00
<b>41</b> Resident credit (see page 26) .....	<b>41</b>	70	.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	<b>42</b>		.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	70	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	900	.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>		.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	900	.00

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

<b>47</b> NYC resident tax on line 38 amount (see page 26) .....	<b>47</b>	630	.00
<b>48</b> NYC household credit (page 26, table 4, 5, or 6) .....	<b>48</b>		.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49</b>	630	.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>		.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>		.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	630	.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	488	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	142	.00
<b>55</b> Yonkers resident income tax surcharge (see page 28) .....	<b>55</b>		.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>		.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>		.00
<b>58</b> Total New York City and Yonkers taxes / surcharges (add lines 54 through 57) .....	<b>58</b>	142	.00
<b>59</b> Sales or use tax (see page 29; do not leave line 59 blank) .....	<b>59</b>	20	.00

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

**Voluntary contributions** (see page 30)

<b>60a</b> Return a Gift to Wildlife .....	<b>60a</b>		.00
<b>60b</b> Missing/Exploited Children Fund .....	<b>60b</b>		.00
<b>60c</b> Breast Cancer Research Fund .....	<b>60c</b>		.00
<b>60d</b> Alzheimer's Fund .....	<b>60d</b>		.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 30) .....	<b>60e</b>		.00
<b>60f</b> Prostate Cancer Research Fund .....	<b>60f</b>		.00
<b>60g</b> 9/11 Memorial .....	<b>60g</b>		.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>60h</b>		.00
<b>60</b> Total voluntary contributions (add lines 60a through 60h) .....	<b>60</b>		.00
<b>61</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	1062	.00



Your social security number  
400004820

62 Enter amount from line 61 ..... **62** 1062 .00

**Payments and refundable credits** (see page 31)

63 Empire State child credit .....	<b>63</b>	.00
64 NYS/ NYC child and dependent care credit .....	<b>64</b>	.00
65 NYS earned income credit (EIC) .....	<b>65</b>	.00
66 NYS noncustodial parent EIC .....	<b>66</b>	.00
67 Real property tax credit .....	<b>67</b>	.00
68 College tuition credit .....	<b>68</b>	.00
69 NYC school tax credit (also complete F on page 1; see page 31) .....	<b>69</b>	63 .00
70 NYC earned income credit .....	<b>70</b>	.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	<b>71</b>	.00
72 Total <b>New York State</b> tax withheld .....	<b>72</b>	.00
73 Total <b>New York City</b> tax withheld .....	<b>73</b>	.00
74 Total <b>Yonkers</b> tax withheld .....	<b>74</b>	.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	<b>75</b>	492 .00
76 <b>Total payments</b> (add lines 63 through 75) .....	<b>76</b>	555 .00

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

**Your refund, amount you owe, and account information** (see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** .00

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

79 Amount of line 77 that you want applied to your 2013 estimated tax (see instructions) ..... **79** .00

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

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62).  
To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84 .. **80** 526 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) ..... **81** 19 .00

See page 37 for the proper assembly of your return.

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

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number  83c Account number

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

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

▼ Paid preparer must complete (see instr.) ▼		Date
Preparer's signature	Preparer's NYTPRN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

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

201004120099



See instructions for where to mail your return.



# Underpayment of Estimated Income Tax By Individuals and Fiduciaries

# IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return <b>DANIEL T THOMAS</b>	Identification number (SSN or EIN) <b>400004820</b>
--	--

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

1 Total tax from your 2012 return before withholding and estimated tax payments ( <b>caution: see instructions</b> ) .....	<b>1</b>	<b>1042</b>	<b>.00</b>
2 Empire State child credit (from Form IT-201, line 63) .....	<b>2</b>		<b>.00</b>
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64) .....	<b>3</b>		<b>.00</b>
4 NY State earned income credit (EIC) (from Form IT-201, line 65) .....	<b>4</b>		<b>.00</b>
5 NY State noncustodial parent EIC (from Form IT-201, line 66) .....	<b>5</b>		<b>.00</b>
6 Real property tax credit (from Form IT-201, line 67) .....	<b>6</b>		<b>.00</b>
7 College tuition credit (from Form IT-201, line 68) .....	<b>7</b>		<b>.00</b>
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60) .....	<b>8</b>	<b>63</b>	<b>.00</b>
9 NY City earned income credit (from Form IT-201, line 70) .....	<b>9</b>		<b>.00</b>
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33) .....	<b>10</b>		<b>.00</b>
11 Add lines 2 through 10 .....	<b>11</b>	<b>63</b>	<b>.00</b>
12 Current year tax (subtract line 11 from line 1) .....	<b>12</b>	<b>979</b>	<b>.00</b>
13 Multiply line 12 by 90% (.90) .....	<b>13</b>	<b>881</b>	<b>.00</b>
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36) .....	<b>14</b>		<b>.00</b>
15 Subtract line 14 from line 12. If the result is less than \$300, <b>do not</b> complete the rest of this form (see instructions) .....	<b>15</b>		<b>979 .00</b>
16 Enter your 2011 tax ( <b>caution: see instructions</b> ) .....	<b>16</b>		<b>927 .00</b>
17 Enter the <b>smaller</b> of line 13 or line 16 .....	<b>17</b>		<b>881 .00</b>

**Part 2 – Short method for computing the penalty** – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 – Regular method**.

18 Enter the amount from line 14 above .....	<b>18</b>		<b>.00</b>
19 Enter the total amount of estimated tax payments you made (see instructions) .....	<b>19</b>	<b>492</b>	<b>.00</b>
20 Add lines 18 and 19 .....	<b>20</b>	<b>492</b>	<b>.00</b>
21 <b>Total underpayment for year.</b> Subtract line 20 from line 17 (if zero or less, you do not owe the penalty) .....	<b>21</b>	<b>389</b>	<b>.00</b>
22 Multiply line 21 by .04976 and enter the result .....	<b>22</b>	<b>19</b>	<b>.00</b>
23 If the amount on line 21 was paid <b>on or after</b> April 15, 2013, enter <b>0</b> . If the amount on line 21 was paid <b>before</b> April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 = .....	<b>23</b>		<b>.00</b>
24 <b>Penalty.</b> Subtract line 23 from line 22 .....	<b>24</b>		<b>19 .00</b>

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

Payment due dates	A	B	C	D	
	4/15/12	6/15/12	9/15/12	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.)	<b>25</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>
26 Estimated tax paid and tax withheld (see instructions) .....	<b>26</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>
<b>Complete lines 27 through 29, one column at a time, starting in column A.</b>					
27 Overpayment or underpayment from prior period .....	<b>27</b>		<b>.00</b>	<b>.00</b>	<b>.00</b>
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.)	<b>28</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions) .....	<b>29</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>

059001120099







New York State Department of Taxation and Finance  
**Other Tax Credits and Taxes**  
 Attachment to Form IT-203

**IT-203-ATT**

Name(s) as shown on your Form IT-203 <b>MARY B AND GEORGE L CHARITY</b>	Your social security number <b>400004822</b>
--	---

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

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

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

Whole dollars only

1 Resident credit .....	<b>1</b>	.00
2 Accumulation distribution credit (submit computation).....	<b>2</b>	.00
3 Other nonrefundable, non-carryover credits		
<b>3a</b> Code Amount		.00
<b>3b</b> Code Amount		.00
Total other nonrefundable, non-carryover credits (add lines 3a and 3b).....	<b>3</b>	.00

**Section B – New York State nonrefundable, carryover credits used**

4 Long-term care insurance credit .....	<b>4</b>	.00
5 Investment credit .....	<b>5</b>	2380 .00
6 Part-year solar energy system equipment credit .....	<b>6</b>	.00
7 Other nonrefundable, carryover credits		
<b>7a</b> Code Amount		.00
<b>7b</b> Code Amount		.00
<b>7c</b> Code Amount		.00
<b>7d</b> Code Amount		.00
<b>7e</b> Code Amount		.00
<b>7f</b> Code Amount		.00
<b>7g</b> Code Amount		.00
<b>7h</b> Code Amount		.00
<b>7i</b> Code Amount		.00
<b>7j</b> Code Amount		.00
<b>7k</b> Code Amount		.00
<b>7l</b> Code Amount		.00
<b>7m</b> Code Amount		.00
<b>7n</b> Code Amount		.00
Total other nonrefundable, carryover credits (add lines 7a through 7n) .....	<b>7</b>	.00
<b>8 Total New York State nonrefundable credits used</b> (add lines 1 through 7; enter here and on Form IT-203, line 47) .....	<b>8</b>	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.....	<b>9</b>	.00
9a Part-year resident refundable New York City child and dependent care credit .....	<b>9a</b>	.00
10 Part-year resident refundable New York State earned income credit .....	<b>10</b>	.00
11 Part-year resident refundable New York City earned income credit .....	<b>11</b>	.00
12 Other NY State refundable credits		
<b>12a</b> Code Amount		.00
<b>12b</b> Code Amount		.00
<b>12c</b> Code Amount		.00
<b>12d</b> Code Amount		.00
<b>12e</b> Code Amount		.00
<b>12f</b> Code Amount		.00
<b>12g</b> Code Amount		.00
<b>12h</b> Code Amount		.00
<b>12i</b> Code Amount		.00
<b>12j</b> Code Amount		.00
<b>12k</b> Code Amount		.00
<b>12l</b> Code Amount		.00
Total other refundable credits (add lines 12a through 12l) .....	<b>12</b>	.00
13 Add lines 9 through 12 .....	<b>13</b>	.00
14 New York State claim of right credit .....	<b>14</b>	.00
15 New York City claim of right credit .....	<b>15</b>	.00
16 Yonkers claim of right credit .....	<b>16</b>	.00
17 Total New York State, New York City, and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61) .....	<b>17</b>	.00

243001120099



Enter your social security number  
400004822

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

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

**19** Other New York State taxes

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

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

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

**21** Enter amount from Form IT-203, line 47 **21** 2380 .00

**22** Enter amount from Form IT-203, line 46 **22** 2380 .00

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

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

**25** New York State separate tax on lump-sum distributions (Form IT-230) **25** 40 .00

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

**27** Subtract line 26 from line 25 **27** 40 .00

**28** New York State minimum income tax (Form IT-220) **28** 810 .00

**29** Add lines 24, 27, and 28 **29** 850 .00

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

**31** Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31** 850 .00

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

**33** Net other New York State taxes (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on Form IT-203, line 49) **33** 850 .00





New York State Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

# IT-203

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

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

Your first name and middle initial <b>DANIEL T</b>		Your last name (for a joint return, enter spouse's name on line below) <b>THOMAS</b>		Your date of birth (mm-dd-yyyy) <b>07-31-1972</b>	Your social security number <b>400004824</b>
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number <b>400004874</b>
Mailing address (see instructions, page 13) (number and street or rural route) <b>145 WARD STREET</b>				Apartment number	New York State county of residence <b>KINGS</b>
City, village, or post office <b>FAITH</b>		State <b>NC</b>	ZIP code <b>28146</b>	Country (if not United States)	School district name <b>BROOKLYN</b>
Permanent home address (see instr., pg. 13) (no. and street or rural route) <b>356 DOVER STREET</b>				Apartment no.	City, village, or post office <b>BROOKLYN</b>
State <b>NY</b>		ZIP code <b>11217</b>		Country (if not United States)	School district code number <b>071</b>
Decedent information		Taxpayer's date of death		Spouse's date of death	

- A Filing status** (mark an **X** in one box):
- ①  Single
  - ②  Married filing joint return (enter both spouses' social security numbers above)
  - ③  Married filing separate return (enter both spouses' social security numbers above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er) with dependent child

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

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

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

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

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

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

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

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

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

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

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

1) Lived in NYS .....

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

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

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

Did you or your spouse maintain living quarters in NYS in 2012? ..... Yes  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



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

Enter your social security number  
400004824

**Federal income and adjustments** (see page 17)

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

1	Wages, salaries, tips, etc. ....	1	50000 .00	1	30068 .00
2	Taxable interest income .....	2	.00	2	.00
3	Ordinary dividends .....	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5	Alimony received .....	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) .....	6	3019 .00	6	3019 .00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	-2040 .00	8	-2040 .00
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	20820 .00	11	17350 .00
12	Rental real estate included in line 11 (federal amount) <b>12</b> .....		.00		
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13	.00	13	.00
14	Unemployment compensation .....	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income (see page 22) Identify: .....	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	71799 .00	17	48397 .00
18	Total federal adjustments to income (see page 22) Identify: 1/2 SE TAX 214 .....	18	214 .00	18	214 .00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	71585 .00	19	48183 .00

**New York additions** (see page 24)

20	Interest income on state and local bonds (but not those of New York State or its localities) .....	20	.00	20	.00
21	Public employee 414(h) retirement contributions .....	21	.00	21	.00
22	Other (see page 24) Identify: .....	22	.00	22	.00
23	Add lines 19 through 22 .....	23	71585 .00	23	48183 .00

**New York subtractions** (see page 27)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 27) .....	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15) ...	26	.00	26	.00
27	Interest income on U.S. government bonds .....	27	.00	27	.00
28	Pension and annuity income exclusion .....	28	.00	28	.00
29	Other (see page 29) Identify: .....	29	.00	29	.00
30	Add lines 24 through 29 .....	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23) .....	31	71585 .00	31	48183 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 71585 .00

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

33	Enter your <b>standard deduction</b> (table on page 33) or your <b>itemized deduction</b> (from Form IT-203-D). Mark an <b>X</b> in the appropriate box: ... <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	33	2030 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	34	69555 .00
35	Dependent exemptions (not the same as total federal exemptions; see page 33) .....	35	3 000.00
36	<b>New York taxable income</b> (subtract line 35 from line 34) .....	36	66555 .00



Name(s) as shown on page 1

DANIEL T THOMAS

Enter your social security number

400004824

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

<b>37</b> New York taxable income (from line 36 on page 2).....	<b>37</b>	66555	.00
<b>38</b> New York State tax on line 37 amount (see page 34 and Tax computation on pages 66,67, and 68) ....	<b>38</b>	3976	.00
<b>39</b> New York State household credit (page 34, table 1, 2, or 3).....	<b>39</b>		.00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	<b>40</b>	3976	.00
<b>41</b> New York State child and dependent care credit (see page 35) .....	<b>41</b>		.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	<b>42</b>	3976	.00
<b>43</b> New York State earned income credit (see page 35) .....	<b>43</b>		.00

<b>44</b> Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) .....	<b>44</b>	3976	.00
--	-----------	------	-----

**45** Income percentage (see page 35)   $\frac{\text{New York State amount from line 31}}{\text{Federal amount from line 31}}$  =  Round result to 4 decimal places

$\frac{48183 .00}{71585 .00}$  =  **45** .6731

<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	<b>46</b>	2676	.00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>47</b>		.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	<b>48</b>	2676	.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>49</b>		.00
<b>50</b> Total New York State taxes (add lines 48 and 49) .....	<b>50</b>	2676	.00

**New York City and Yonkers taxes and credits**

<b>51</b> Part-year New York City resident tax (Form IT-360.1) .....	<b>51</b>	934	.00
<b>52</b> New York City minimum income tax (Form IT-220) .....	<b>52</b>		.00
<b>52a</b> Add lines 51 and 52 .....	<b>52a</b>	934	.00
<b>52b</b> Part-year resident nonrefundable New York City child and dependent care credit .....	<b>52b</b>		.00
<b>52c</b> Subtract line 52b from 52a .....	<b>52c</b>	934	.00
<b>53</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>53</b>		.00
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>54</b>		.00
<b>55</b> Total New York City and Yonkers taxes (add lines 52c, 53, and 54) .....	<b>55</b>	934	.00

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

<b>56</b> Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.) .....	<b>56</b>	0	.00
---	-----------	---	-----

**Voluntary contributions** (see page 37)

<b>57a</b> Return a Gift to Wildlife .....	<b>57a</b>	15	.00
<b>57b</b> Missing/Exploited Children Fund .....	<b>57b</b>		.00
<b>57c</b> Breast Cancer Research Fund .....	<b>57c</b>		.00
<b>57d</b> Alzheimer's Fund .....	<b>57d</b>		.00
<b>57e</b> Olympic Fund (\$2 or \$4; see page 37) .....	<b>57e</b>		.00
<b>57f</b> Prostate Cancer Research Fund .....	<b>57f</b>		.00
<b>57g</b> 9/11 Memorial .....	<b>57g</b>		.00
<b>57h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>57h</b>		.00

<b>57</b> Total voluntary contributions (add lines 57a through 57h) .....	<b>57</b>	15	.00
---	-----------	----	-----

<b>58</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) .....	<b>58</b>	3625	.00
--	-----------	------	-----



Enter your social security number 400004824
--

59 Enter amount from line 58 ..... **59** 3625 .00

**Payments and refundable credits** (see page 38)

60 Part-year NYC school tax credit (also complete E on front; see page 38) ...	<b>60</b>	16	.00
61 Other refundable credits (Form IT-203-ATT, line 17) .....	<b>61</b>		.00
62 Total <b>New York State</b> tax withheld .....	<b>62</b>	900	.00
63 Total <b>New York City</b> tax withheld .....	<b>63</b>	800	.00
64 Total <b>Yonkers</b> tax withheld .....	<b>64</b>		.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	<b>65</b>	484	.00
66 Total payments and refundable credits (add lines 60 through 65) .....	<b>66</b>	2200	.00

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

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

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

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

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

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

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59).  
 To pay by electronic funds withdrawal, mark this box  and fill in lines 73 and 74 ..... **70** 1474 .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40) ..... **71** 31 .00

See page 43 for the proper assembly of your return.

72 Other penalties and interest (see page 40) ..... **72** 18 .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)

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

73b Routing number  73c Account number

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

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

<b>▼ Paid preparer must complete (see instr.) ▼</b>		Date
Preparer's signature	Preparer's NYTPRIN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation LABORER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (518) 555-6666
E-mail: THOMAS@ATS.COM	

See instructions for where to mail your return.





# Underpayment of Estimated Income Tax By Individuals and Fiduciaries

# IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return <b>DANIEL T THOMAS</b>	Identification number (SSN or EIN) <b>400004824</b>
--	--

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

1 Total tax from your 2012 return before withholding and estimated tax payments ( <b>caution: see instructions</b> ) .....	<b>1</b>	<b>3625</b>	<b>.00</b>
2 Empire State child credit (from Form IT-201, line 63) .....	<b>2</b>		<b>.00</b>
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64) .....	<b>3</b>		<b>.00</b>
4 NY State earned income credit (EIC) (from Form IT-201, line 65) .....	<b>4</b>		<b>.00</b>
5 NY State noncustodial parent EIC (from Form IT-201, line 66) .....	<b>5</b>		<b>.00</b>
6 Real property tax credit (from Form IT-201, line 67) .....	<b>6</b>		<b>.00</b>
7 College tuition credit (from Form IT-201, line 68) .....	<b>7</b>		<b>.00</b>
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60) .....	<b>8</b>	<b>16</b>	<b>.00</b>
9 NY City earned income credit (from Form IT-201, line 70) .....	<b>9</b>		<b>.00</b>
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33) .....	<b>10</b>		<b>.00</b>
11 Add lines 2 through 10 .....	<b>11</b>	<b>16</b>	<b>.00</b>
12 Current year tax (subtract line 11 from line 1) .....	<b>12</b>	<b>3609</b>	<b>.00</b>
13 Multiply line 12 by 90% (.90) .....	<b>13</b>	<b>3248</b>	<b>.00</b>
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36) .....	<b>14</b>	<b>1700</b>	<b>.00</b>
15 Subtract line 14 from line 12. If the result is less than \$300, <b>do not</b> complete the rest of this form (see instructions) .....	<b>15</b>	<b>1909</b>	<b>.00</b>
16 Enter your 2011 tax ( <b>caution: see instructions</b> ) .....	<b>16</b>	<b>2800</b>	<b>.00</b>
17 Enter the <b>smaller</b> of line 13 or line 16 .....	<b>17</b>	<b>2800</b>	<b>.00</b>

**Part 2 – Short method for computing the penalty** – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 – Regular method**.

18 Enter the amount from line 14 above .....	<b>18</b>	<b>1700</b>	<b>.00</b>
19 Enter the total amount of estimated tax payments you made (see instructions) .....	<b>19</b>	<b>484</b>	<b>.00</b>
20 Add lines 18 and 19 .....	<b>20</b>	<b>2184</b>	<b>.00</b>
21 <b>Total underpayment for year.</b> Subtract line 20 from line 17 (if zero or less, you do not owe the penalty) .....	<b>21</b>	<b>616</b>	<b>.00</b>
22 Multiply line 21 by .04976 and enter the result .....	<b>22</b>	<b>31</b>	<b>.00</b>
23 If the amount on line 21 was paid <b>on or after</b> April 15, 2013, enter <b>0</b> . If the amount on line 21 was paid <b>before</b> April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 = .....	<b>23</b>		<b>.00</b>
24 <b>Penalty.</b> Subtract line 23 from line 22 .....	<b>24</b>	<b>31</b>	<b>.00</b>

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

Payment due dates	A	B	C	D
	4/15/12	6/15/12	9/15/12	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.)	<b>25</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>
26 Estimated tax paid and tax withheld (see instructions) .....	<b>26</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>
<b>Complete lines 27 through 29, one column at a time, starting in column A.</b>				
27 Overpayment or underpayment from prior period .....	<b>27</b>		<b>.00</b>	<b>.00</b>
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.)	<b>28</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions) .....	<b>29</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>

059001120099



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

Payment due dates	A	B	C	D
	4/15/12	6/15/12	9/15/12	1/15/13
<b>30</b> Amount of underpayment (from line 29) .....	<b>30</b> .00	.00	.00	.00
<b>First installment (April 15 - June 15, 2012)</b>				
<b>31</b> April 15 - June 15 = (61 ÷ 366) × 7.5% = .01249 - or - April 15 - _____ = ( [ ] ÷ 366 ) × 7.5% = [ ]	<b>31</b>			
<b>32</b> Multiply line 30, column A by line 31 .....	<b>32</b> .00			
<b>Second installment (June 15 - September 15, 2012)</b>				
<b>33</b> June 15 - September 15 = (92 ÷ 366) × 7.5% = .01884 - or - June 15 - _____ = ( [ ] ÷ 366 ) × 7.5% = [ ]	<b>33</b>			
<b>34</b> Multiply line 30, column B by line 33 .....	<b>34</b> .00			
<b>Third installment (September 15, 2012 - January 15, 2013)</b>				
<b>35</b> September 15 - December 31 = (107 ÷ 366) × 7.5% = .02192 January 1 - January 15 = (15 ÷ 365) × 7.5% = <u>.00307</u> .02499 <b>Total</b>				
- or - September 15 - _____ = ( [ ] ÷ 366 ) × 7.5% = [ ] January 1 - _____ = ( [ ] ÷ 365 ) × 7.5% = [ ] <b>Total</b>				
<b>36</b> Multiply line 30, column C by line 35 .....	<b>36</b> .00			
<b>Fourth installment (January 15 - April 15, 2013)</b>				
<b>37</b> January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848 - or - January 15 - _____ = ( [ ] ÷ 365 ) × 7.5% = [ ]	<b>37</b>			
<b>38</b> Multiply line 30, column D by line 37 .....	<b>38</b> .00			
<b>39 Penalty.</b> Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42 .....	<b>39</b>			.00





# Claim for Real Property Tax Credit For Homeowners and Renters

### Step 1 – Enter identifying information

Your first name and middle initial JOE Z		Your last name (for a joint claim, enter spouse's name on line below) CANASTA		Your date of birth (mm-dd-yyyy) 01-01-1942	Your social security number 400004825
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number
Current mailing address (number and street or rural route) % AMANADA JONES 215 LAIDBACKWAY				Apartment number	New York State county of residence SUFFOLK
City, village, or post office NEW YORK		State NY	ZIP code 10012	Country (if not United States)	
Street address of New York residence that qualifies you for this credit, if different from above 215 LAIDBACK WAY					
City, village, or post office ROCKY POINT		State NY	ZIP code 11778	You must enter date(s) of birth and social security number(s) above.	

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

- Were you a New York State resident for all of 2012?  1 Yes  No
- Did you occupy the same residence for at least six months during 2012?  2 Yes  No   
If you marked an X in the **No** box on line 1 or 2, **stop**; you do not qualify for this credit.
- Did you own real property with a current market value of more than \$85,000 during 2012?  3 Yes  No
- Can you be claimed as a dependent on another taxpayer's 2012 federal return?  4 Yes  No
- Did you reside in public housing, or other residence completely exempted from real property taxes in 2012? (see instr.)  5 Yes  No   
If you marked an X in the **Yes** box on line 3, 4, or 5, **stop**; you do not qualify for this credit.
- Did you live in a nursing home during 2012? (If you mark an X in the Yes box, see instructions.)  6 Yes  No
- Complete below for the qualifying household member 65 or older (see instructions).

A – First name	Last name	B – Social security number	C – Date of birth (mm-dd-yyyy)
JOE Z	CANASTA	400004825	01-01-1942

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

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

### Step 3 – Determine household gross income

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2012.

9 Federal adjusted gross income If any household members do not have to file a federal return, see instructions	9	17695 .00
10 New York State additions to federal adjusted gross income	10	290 .00
11 Social security payments not included on line 9	11	.00
12 Supplemental security income (SSI) payments	12	.00
13 Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12	13	.00
14 Cash public assistance and relief	14	.00
15 Other income	15	.00
16 Household gross income (add lines 9 through 15) If line 16 is more than \$18,000, <b>stop</b> ; you do not qualify for this credit.	16	17985 .00
17 Enter rate from Table 1 (see instructions)	17	0.065
18 Multiply line 16 by line 17	18	1169 .00



**Step 4 – Compute real property tax**

<b>Renters only</b>	<b>19</b>	Enter the <b>total</b> amount of rent you and all members of your household paid during the year 2012. <i>(Do not include any subsidized part of your rental charge.)</i> .....	<b>19</b>	5 200	.00	
	<b>20</b>	<b>Adjusted rent – If line 19 includes charges for:</b> <b>Enter on line 20</b>				
		heat, gas, electricity, furnishings, and board.....	50% (.5) of line 19			
		heat, gas, electricity, and furnishings.....	75% (.75) of line 19			
		heat, gas, and electricity .....	80% (.8) of line 19			
heat <b>or</b> heat and gas .....	85% (.85) of line 19					
none of the above .....	100% of line 19.....	<b>20</b>	5 200	.00		
<b>Homeowners only</b>	<b>21</b>	Average monthly adjusted rent <i>(divide line 20 by the number of months you paid rent)</i> .....	<b>21</b>	4 33	.00	
	If line 21 is more than \$450, <b>stop</b> ; you do not qualify for this credit.					
	<b>22</b>	Multiply line 20 by 25% (.25); enter here and on line 28 .....	<b>22</b>	1 300	.00	
<b>Homeowners only</b>	<b>23</b>	Real property taxes paid during the year 2012 <i>(see instructions)</i> .....	<b>23</b>		.00	
	<b>24</b>	Special assessments .....	<b>24</b>		.00	
	<b>25</b>	Add lines 23 and 24 .....	<b>25</b>		.00	
	<b>26</b>	Exemption for homeowners 65 and over <i>(optional - see instructions)</i> .....	<b>26</b>		.00	
	<b>27</b>	Add lines 25 and 26; enter here and on line 28 .....	<b>27</b>		.00	

**Step 5 – Compute credit amount**

<b>28 Renters:</b> Enter amount from line 22. <b>Homeowners:</b> Enter amount from line 27 <i>(see instructions)</i> .....	<b>28</b>	1 300	.00
If line 28 is zero or less, <b>stop</b> ; no credit is allowed.			
<b>29</b> Enter amount from line 18 .....	<b>29</b>	1 169	.00
If line 29 is equal to or more than line 28, <b>stop</b> ; you do not qualify for this credit.			
<b>30</b> Subtract line 29 from line 28.....	<b>30</b>	1 31	.00
<b>31</b> Multiply line 30 by 50% (.5) <i>(However, if you entered an amount on line 26, multiply line 30 by 25% (.25).)</i> .....	<b>31</b>	6 6	.00
<b>32</b> Credit limit <i>(see instructions; enter amount from chart)</i> .....	<b>32</b>	8 6	.00
<b>33</b> Enter the amount from line 32 or 31, whichever is less. This is the credit for your household. <i>(If more than one member of your household is filing Form IT-214, see instructions.)</i> .....	<b>33</b>	6 6	.00

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

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

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

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

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

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

<b>▼ Paid preparer must complete</b> <i>(see instr.)</i> ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name <i>(or yours, if self-employed)</i>	Preparer's PTIN or SSN
Address	Employer identification number
E-mail:	Mark an <b>X</b> if self-employed <input type="checkbox"/>

<b>▼ Taxpayer(s) must sign here</b> ▼	
Your signature	
Your occupation	
Spouse's signature and occupation <i>(if joint claim)</i>	
Date	Daytime phone number ( )
E-mail:	

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

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

214002120099





# Resident Income Tax Return

New York State • New York City • Yonkers

# IT-201

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

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

Your first name and middle initial <b>DANIEL T</b>		Your last name (for a joint return, enter spouse's name on line below) <b>THOMAS</b>		Your date of birth (mm-dd-yyyy) <b>03-15-1982</b>	Your social security number <b>400004831</b>
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number <b>400004881</b>
Mailing address (see instructions, page 12) (number and street or rural route) <b>356 DOVER STREET</b>				Apartment number	New York State county of residence <b>KINGS</b>
City, village, or post office <b>BROOKLYN</b>		State <b>NY</b>	ZIP code <b>11217</b>	Country (if not United States)	School district name <b>BROOKLYN</b>
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number ..... <b>071</b>
City, village, or post office		State <b>NY</b>	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

### A Filing status

(mark an X in one box):

- ①  Single
- ②  Married filing joint return  
(enter spouse's social security number above)
- ③  Married filing separate return  
(enter spouse's social security number above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

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

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



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

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

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

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

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

(2) Number of months your spouse lived in NYC in 2012 .....

**G** Enter your 2-character special condition code if applicable (see page 13) .....

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

### H Dependent exemption information (see page 14)

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

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



Your social security number  
400004831

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	.00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	3019 .00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	-2040 .00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	20960 .00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 14) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	21939 .00
18	Total federal adjustments to income (see page 14) Identify: 1 / 2 SE TAX 214	18	214 .00
19	<b>Federal adjusted gross income</b> (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	<b>New York's</b> 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	21725 .00

**Standard deduction or itemized deduction** (see page 24)

34	Enter your <b>standard deduction</b> (table on page 24) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	1780 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	19945 .00
36	Dependent exemptions (not the same as total federal exemptions; see page 24) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	19945 .00



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

Your social security number  
**400004831**

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

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	19945	.00
<b>39</b> NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59) .....	<b>39</b>	970	.00
<b>40</b> NYS household credit (page 25, table 1, 2, or 3) .....	<b>40</b>		.00
<b>41</b> Resident credit (see page 26) .....	<b>41</b>	70	.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	<b>42</b>		.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	70	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	900	.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>		.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	900	.00

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

<b>47</b> NYC resident tax on line 38 amount (see page 26) .....	<b>47</b>	630	.00
<b>48</b> NYC household credit (page 26, table 4, 5, or 6) .....	<b>48</b>		.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49</b>	630	.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>		.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>		.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	630	.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>		.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	630	.00
<b>55</b> Yonkers resident income tax surcharge (see page 28) .....	<b>55</b>		.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>		.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>		.00
<b>58</b> Total New York City and Yonkers taxes / surcharges (add lines 54 through 57) .....	<b>58</b>	630	.00
<b>59</b> Sales or use tax (see page 29; do not leave line 59 blank) .....	<b>59</b>	20	.00

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

**Voluntary contributions** (see page 30)

<b>60a</b> Return a Gift to Wildlife .....	<b>60a</b>		.00
<b>60b</b> Missing/Exploited Children Fund .....	<b>60b</b>		.00
<b>60c</b> Breast Cancer Research Fund .....	<b>60c</b>		.00
<b>60d</b> Alzheimer's Fund .....	<b>60d</b>		.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 30) .....	<b>60e</b>		.00
<b>60f</b> Prostate Cancer Research Fund .....	<b>60f</b>		.00
<b>60g</b> 9/11 Memorial .....	<b>60g</b>		.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>60h</b>		.00
<b>60</b> Total voluntary contributions (add lines 60a through 60h) .....	<b>60</b>		.00
<b>61</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	1550	.00



Your social security number  
400004831

62 Enter amount from line 61 ..... **62** 1550 .00

**Payments and refundable credits** (see page 31)

63 Empire State child credit .....	<b>63</b>	.00
64 NYS/ NYC child and dependent care credit .....	<b>64</b>	.00
65 NYS earned income credit (EIC) .....	<b>65</b>	.00
66 NYS noncustodial parent EIC .....	<b>66</b>	.00
67 Real property tax credit .....	<b>67</b>	.00
68 College tuition credit .....	<b>68</b>	.00
69 NYC school tax credit (also complete F on page 1; see page 31) .....	<b>69</b>	63 .00
70 NYC earned income credit .....	<b>70</b>	.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	<b>71</b>	.00
72 Total <b>New York State</b> tax withheld .....	<b>72</b>	.00
73 Total <b>New York City</b> tax withheld .....	<b>73</b>	.00
74 Total <b>Yonkers</b> tax withheld .....	<b>74</b>	.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	<b>75</b>	492 .00
76 <b>Total payments</b> (add lines 63 through 75) .....	<b>76</b>	555 .00

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

**Your refund, amount you owe, and account information** (see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** .00

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

79 Amount of line 77 that you want applied to your 2013 estimated tax (see instructions) ..... **79** .00

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

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62).  
To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84 .. **80** 1036 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) ..... **81** 41 .00

See page 37 for the proper assembly of your return.

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

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number  83c Account number

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

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

▼ Paid preparer must complete (see instr.) ▼		Date
Preparer's signature	Preparer's NYTPRIN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

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

201004120099



See instructions for where to mail your return.



# Underpayment of Estimated Income Tax By Individuals and Fiduciaries

# IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return <b>DANIEL T THOMAS</b>	Identification number (SSN or EIN) <b>400004831</b>
--	--

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

1 Total tax from your 2012 return before withholding and estimated tax payments ( <b>caution: see instructions</b> )	<b>1</b>	<b>1530</b>	<b>.00</b>
2 Empire State child credit (from Form IT-201, line 63)	<b>2</b>		<b>.00</b>
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	<b>3</b>		<b>.00</b>
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	<b>4</b>		<b>.00</b>
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	<b>5</b>		<b>.00</b>
6 Real property tax credit (from Form IT-201, line 67)	<b>6</b>		<b>.00</b>
7 College tuition credit (from Form IT-201, line 68)	<b>7</b>		<b>.00</b>
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	<b>8</b>	<b>63</b>	<b>.00</b>
9 NY City earned income credit (from Form IT-201, line 70)	<b>9</b>		<b>.00</b>
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	<b>10</b>		<b>.00</b>
11 Add lines 2 through 10	<b>11</b>	<b>63</b>	<b>.00</b>
12 Current year tax (subtract line 11 from line 1)	<b>12</b>	<b>1467</b>	<b>.00</b>
13 Multiply line 12 by 90% (.90)	<b>13</b>	<b>1320</b>	<b>.00</b>
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	<b>14</b>		<b>.00</b>
15 Subtract line 14 from line 12. If the result is less than \$300, <b>do not</b> complete the rest of this form (see instructions)	<b>15</b>	<b>1467</b>	<b>.00</b>
16 Enter your 2011 tax ( <b>caution: see instructions</b> )	<b>16</b>	<b>1414</b>	<b>.00</b>
17 Enter the <b>smaller</b> of line 13 or line 16	<b>17</b>	<b>1320</b>	<b>.00</b>

**Part 2 – Short method for computing the penalty** – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 – Regular method**.

18 Enter the amount from line 14 above	<b>18</b>		<b>.00</b>
19 Enter the total amount of estimated tax payments you made (see instructions)	<b>19</b>	<b>492</b>	<b>.00</b>
20 Add lines 18 and 19	<b>20</b>	<b>492</b>	<b>.00</b>
21 <b>Total underpayment for year.</b> Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	<b>21</b>	<b>828</b>	<b>.00</b>
22 Multiply line 21 by .04976 and enter the result	<b>22</b>	<b>41</b>	<b>.00</b>
23 If the amount on line 21 was paid <b>on or after</b> April 15, 2013, enter <b>0</b> . If the amount on line 21 was paid <b>before</b> April 15, 2013, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2013 × .00020 =	<b>23</b>		<b>.00</b>
24 <b>Penalty.</b> Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.	<b>24</b>	<b>41</b>	<b>.00</b>

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

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

059001120099







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

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

Name(s) as shown on return: ROBERT S PLANT
Your social security number: 400004832

- 1 Did you claim the federal earned income credit? If No, stop; you do not qualify for these credits.
2 Is your investment income (see instructions) greater than \$3,200? If Yes, stop; you do not qualify for these credits.
3 Have you already filed your New York State income tax return? If Yes, you must file an amended NYS return.
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.

Table with 8 columns: 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). Rows include ROBERT S PLANT JR (SON), MOLLY S PLANT (DAUGHTER), and JILL S PLANT (DAUGHTER).

\* 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).
6 Wages, salaries, tips, etc., from Worksheet A line 3, on page 2 of the instructions, Form IT-215-I.
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.
8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)
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)
10 Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)
11 New York State earned income credit (NYS EIC) rate 30% (.30)
12 Tentative NYS EIC (multiply line 10 by line 11; see instructions)

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



**Part-year New York State resident earned income credit**

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

<b>18</b>	Enter your New York State earned income credit (from line 16 or line 17) .....	<b>18</b>	1575	.00
<b>19</b>	Enter the amount from Form IT-203, line 42 .....	<b>19</b>		.00
	- If line 19 is equal to or more than line 18, <b>stop. You do not have excess New York State earned income credit.</b>			
	- If line 19 is less than line 18, <b>continue on line 20 below.</b>			
<b>20</b>	<b>Excess New York State earned income credit</b> (subtract line 19 from line 18) .....	<b>20</b>	1575	.00
<b>21</b>	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.) .....	<b>21</b>		.00
	- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, <b>stop. Do not continue with this computation.</b> 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.			
<b>22</b>	Subtract line 21 from line 20. <b>This is your remaining excess New York State earned income credit.</b> .....	<b>22</b>	1575	.00
<b>23</b>	Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet .....	<b>23</b>	10805	.00
<b>24</b>	Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet .....	<b>24</b>	15695	.00
<b>25</b>	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000). .....	<b>25</b>	0.6884	
<b>26</b>	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. <b>This is the refundable portion of your part-year New York State resident earned income credit.</b> .....	<b>26</b>	1084	.00

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

<b>27</b>	From <b>Worksheet C, New York City earned income credit</b> , on page 3 of Form IT-215-1, <i>Instructions for Form IT-215</i> . Enter here and on <b>Form IT-201, line 70</b> , or <b>Form IT-203-ATT, line 11</b> . .....	<b>27</b>	196	.00
	Part-year New York City residents must also complete line 28 below.			
<b>28</b>	<b>Part-year New York City adjusted gross income</b> Enter the amounts from Worksheet C, lines 6 and 7 .....	<b>28A</b>	16300	.00
		<b>28B</b>	11410	.00

**Worksheet B**

<b>1</b>	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) .....	<b>1</b>	112	.00
<b>2</b>	Resident credit (see instructions) .....	<b>2</b>		.00
<b>3</b>	Accumulation distribution credit (see instructions) .....	<b>3</b>		.00
<b>4</b>	Add lines 2 and 3 .....	<b>4</b>		.00
<b>5</b>	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. ....	<b>5</b>	112	.00





# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

# IT-203

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

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

Your first name and middle initial <b>MARY B</b>		Your last name (for a joint return, enter spouse's name on line below) <b>CHARITY</b>		Your date of birth (mm-dd-yyyy) <b>10-05-1984</b>	Your social security number <b>400004834</b>
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number <b>400004884</b>
Mailing address (see instructions, page 13) (number and street or rural route) <b>923 HOPE CT</b>				Apartment number	New York State county of residence <b>ALBANY</b>
City, village, or post office <b>FAITH</b>		State <b>NC</b>	ZIP code <b>28041</b>	Country (if not United States)	School district name <b>ALBANY</b>
Permanent home address (see instr., pg. 13) (no. and street or rural route) <b>145 NEW SCOTLAND AVE</b>			Apartment no.	City, village, or post office <b>ALBANY</b>	School district code number <b>005</b>
State <b>NY</b>	ZIP code <b>12206</b>	Country (if not United States)		Decedent information	Taxpayer's date of death Spouse's date of death

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

- ①  Single
- ②  Married filing joint return (enter both spouses' social security numbers above)
- ③  Married filing separate return (enter both spouses' social security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

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

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

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

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

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

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

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

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

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

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

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

1) Lived in NYS .....

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

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

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

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

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

### I Dependent exemption information (see page 15)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
MELINDA B	CHARITY	DAUGHTER	400884857	04-12-2000
MELISSA B	CHARITY	DAUGHTER	400884858	09-01-2002
MICHAEL B	CHARITY	SON	400884859	11-01-2004



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

Enter your social security number  
400004834

**Federal income and adjustments** (see page 17)

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

1	Wages, salaries, tips, etc. ....	1	38840 .00	1	38840 .00
2	Taxable interest income .....	2	4300 .00	2	.00
3	Ordinary dividends .....	3	6190 .00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5	Alimony received .....	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) .....	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	72 .00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	23200 .00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12</b> .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13	16404 .00	13	16404 .00
14	Unemployment compensation .....	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income (see page 22) Identify: .....	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	89006 .00	17	55244 .00
18	Total federal adjustments to income (see page 22) Identify: IRA 1741 SUB PAY 400 1/2 SE TAX 1159 .....	18	3300 .00	18	3256 .00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	85706 .00	19	51988 .00

**New York additions** (see page 24)

20	Interest income on state and local bonds (but not those of New York State or its localities) .....	20	.00	20	.00
21	Public employee 414(h) retirement contributions .....	21	.00	21	.00
22	Other (see page 24) Identify: .....	22	.00	22	.00
23	Add lines 19 through 22 .....	23	85706 .00	23	51988 .00

**New York subtractions** (see page 27)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 27) .....	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15) ...	26	.00	26	.00
27	Interest income on U.S. government bonds .....	27	.00	27	.00
28	Pension and annuity income exclusion .....	28	.00	28	.00
29	Other (see page 29) Identify: .....	29	.00	29	.00
30	Add lines 24 through 29 .....	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23) .....	31	85706 .00	31	51988 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 85706 .00

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

33 Enter your **standard deduction** (table on page 33) or your **itemized deduction** (from Form IT-203-D).  
Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

33		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	<b>New York taxable income</b> (subtract line 35 from line 34) .....	36	67706 .00



Name(s) as shown on page 1  
**MARY B CHARITY**

Enter your social security number  
**400004834**

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

<b>37</b> New York taxable income (from line 36 on page 2).....	<b>37</b>	67706	.00
<b>38</b> New York State tax on line 37 amount (see page 34 and Tax computation on pages 66,67, and 68) ....	<b>38</b>	3733	.00
<b>39</b> New York State household credit (page 34, table 1, 2, or 3).....	<b>39</b>		.00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	<b>40</b>	3733	.00
<b>41</b> New York State child and dependent care credit (see page 35) .....	<b>41</b>		.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	<b>42</b>	3733	.00
<b>43</b> New York State earned income credit (see page 35) .....	<b>43</b>		.00

**44** Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) ..... **44** 3733 .00

**45** Income percentage (see page 35)  New York State amount from line 31  51988 .00 ÷ Federal amount from line 31  85706 .00 = **45**  0.6066 Round result to 4 decimal places

<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	<b>46</b>	2264	.00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>47</b>		.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	<b>48</b>	2264	.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>49</b>	40	.00
<b>50</b> Total New York State taxes (add lines 48 and 49) .....	<b>50</b>	2304	.00

**New York City and Yonkers taxes and credits**

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

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

**56** Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.) ..... **56** 0 .00

**Voluntary contributions** (see page 37)

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

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

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



Enter your social security number  
400004834

59 Enter amount from line 58 ..... **59** 2304 .00

**Payments and refundable credits** (see page 38)

60 Part-year NYC school tax credit (also complete E on front; see page 38) ...	<b>60</b>		.00
61 Other refundable credits (Form IT-203-ATT, line 17) .....	<b>61</b>		.00
62 Total <b>New York State</b> tax withheld .....	<b>62</b>	1196	.00
63 Total <b>New York City</b> tax withheld .....	<b>63</b>	399	.00
64 Total <b>Yonkers</b> tax withheld .....	<b>64</b>		.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	<b>65</b>	2000	.00
<b>66 Total payments and refundable credits</b> (add lines 60 through 65) .....	<b>66</b>	3595	.00

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

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

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) ..... **67** 1291 .00

68 Amount of line 67 to be refunded  
 Mark one refund choice:  direct deposit (fill in line 73) - or -  debit card - or -  paper check ... **68** 1291 .00

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

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

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59).  
 To pay by electronic funds withdrawal, mark this box  and fill in lines 73 and 74 ..... **70** .00

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

See page 43 for the proper assembly of your return.

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)

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

73b Routing number  73c Account number

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

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name <b>JOE PALMER</b>	Designee's phone number <b>(518) 5557777</b>	Personal identification number (PIN) <b>55555</b>
	E-mail: <b>PALMER@ATS.COM</b>		

<b>▼ Paid preparer must complete (see instr.) ▼</b>		Date
Preparer's signature	Preparer's NYTPRIN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation <b>REALTOR</b>	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number <b>(518) 555-6666</b>
E-mail: <b>CHARITY@ATS.COM</b>	

See instructions for where to mail your return.

203004120099





# Resident Income Tax Return

New York State • New York City • Yonkers

# IT-201

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

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

Your first name and middle initial <b>JOE</b>		Your last name (for a joint return, enter spouse's name on line below) <b>FIRE</b>		Your date of birth (mm-dd-yyyy) <b>05-14-1976</b>	Your social security number <b>400004839</b>
Spouse's first name and middle initial <b>JACK</b>		Spouse's last name <b>FOX</b>		Spouse's date of birth (mm-dd-yyyy) <b>08-29-1980</b>	Spouse's social security number <b>400004829</b>
Mailing address (see instructions, page 12) (number and street or rural route) <b>P0 BOX 527</b>				Apartment number	New York State county of residence <b>GREENE</b>
City, village, or post office <b>CATSKILL</b>		State <b>NY</b>	ZIP code <b>12414</b>	Country (if not United States)	School district name <b>CATSKILL</b>
Permanent home address (see instructions, page 12) (number and street or rural route) <b>120 MAIN ST</b>				Apartment number	School district code number ..... <input type="text" value="093"/>
City, village, or post office <b>CATSKILL</b>		State <b>NY</b>	ZIP code <b>12414</b>	Decedent information	Taxpayer's date of death Spouse's date of death

### A Filing status

(mark an X in one box):

- ①  Single
- ②  Married filing joint return  
*(enter spouse's social security number above)*
- ③  Married filing separate return  
*(enter spouse's social security number above)*
- ④  Head of household *(with qualifying person)*
- ⑤  Qualifying widow(er) with dependent child

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

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

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

**E** (1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) .. Yes  No   
(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day) .....

**F NYC residents and NYC part-year residents only** (see page 13):  
(1) Number of months you lived in NYC in 2012 .....   
(2) Number of months your spouse lived in NYC in 2012 .....

**G** Enter your 2-character special condition code if applicable (see page 13) .....   
If applicable, also enter your second 2-character special condition code .....

### H Dependent exemption information (see page 14)

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



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

Your social security number  
400004839

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	46900	.00
2	Taxable interest income .....	2		.00
3	Ordinary dividends .....	3		.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4		.00
5	Alimony received .....	5		.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6		.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7		.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8		.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9		.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10		.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		.00
12	Rental real estate included in line 11	12		.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13		.00
14	Unemployment compensation .....	14	1100	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15		.00
16	Other income (see page 14) Identify:	16		.00
17	Add lines 1 through 11 and 13 through 16 .....	17	48000	.00
18	Total federal adjustments to income (see page 14) Identify:	18		.00
19	<b>Federal adjusted gross income</b> (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	<b>New York's</b> 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	48000	.00

**Standard deduction or itemized deduction** (see page 24)

34	Enter your <b>standard deduction</b> (table on page 24) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	15000	.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	33000	.00
36	Dependent exemptions (not the same as total federal exemptions; see page 24) .....	36	000.00	
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	33000	.00



Name(s) as shown on page 1  
**JOE FIRE AND JACK FOX**

Your social security number  
**400004839**

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

<b>38</b> Taxable income (from line 37 on page 2)	<b>38</b>	33000	.00
<b>39</b> NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	<b>39</b>	1533	.00
<b>40</b> NYS household credit (page 25, table 1, 2, or 3)	<b>40</b>		.00
<b>41</b> Resident credit (see page 26)	<b>41</b>		.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>		.00
<b>43</b> Add lines 40, 41, and 42	<b>43</b>		.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	<b>44</b>	1533	.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30)	<b>45</b>		.00
<b>46</b> Total New York State taxes (add lines 44 and 45)	<b>46</b>	1533	.00

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

<b>47</b> NYC resident tax on line 38 amount (see page 26)	<b>47</b>		.00
<b>48</b> NYC household credit (page 26, table 4, 5, or 6)	<b>48</b>		.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	<b>49</b>		.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1)	<b>50</b>		.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>		.00
<b>52</b> Add lines 49, 50, and 51	<b>52</b>		.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>		.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>		.00
<b>55</b> Yonkers resident income tax surcharge (see page 28)	<b>55</b>		.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>		.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>57</b>		.00
<b>58</b> Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	<b>58</b>		.00
<b>59</b> Sales or use tax (see page 29; do not leave line 59 blank)	<b>59</b>	45	.00

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

**Voluntary contributions** (see page 30)

<b>60a</b> Return a Gift to Wildlife	<b>60a</b>		.00
<b>60b</b> Missing/Exploited Children Fund	<b>60b</b>		.00
<b>60c</b> Breast Cancer Research Fund	<b>60c</b>		.00
<b>60d</b> Alzheimer's Fund	<b>60d</b>		.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 30)	<b>60e</b>		.00
<b>60f</b> Prostate Cancer Research Fund	<b>60f</b>		.00
<b>60g</b> 9/11 Memorial	<b>60g</b>		.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund	<b>60h</b>		.00
<b>60</b> Total voluntary contributions (add lines 60a through 60h)	<b>60</b>		.00
<b>61</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	<b>61</b>	1578	.00



Your social security number  
400004839

62 Enter amount from line 61 ..... **62** 1578 .00

**Payments and refundable credits** (see page 31)

63 Empire State child credit	63	.00
64 NYS/ NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (also complete F on page 1; see page 31)	69	.00
70 NYC earned income credit	70	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	400 .00
72 Total New York State tax withheld	72	2000 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments (add lines 63 through 75)	76	2400 .00

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

**Your refund, amount you owe, and account information** (see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** 822 .00

78 Amount of line 77 to be refunded  
Mark one refund choice:  direct deposit (fill in line 83) - or -  debit card - or -  paper check ... **78** 822 .00

79 Amount of line 77 that you want applied to your 2013 estimated tax (see instructions) ..... **79** .00

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

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62).  
To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84 .. **80** .00

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

See page 37 for the proper assembly of your return.

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

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number  83c Account number

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

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

▼ Paid preparer must complete (see instr.) ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
Address	Employer identification number
E-mail:	Mark an X if self-employed <input type="checkbox"/>

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

201004120099



See instructions for where to mail your return.



# Resident Income Tax Return

New York State • New York City • Yonkers

# IT-201

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

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

Your first name and middle initial <b>JOSEPH</b>		Your last name (for a joint return, enter spouse's name on line below) <b>SMITH</b>		Your date of birth (mm-dd-yyyy) <b>07-04-1976</b>	Your social security number <b>400004842</b>
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number
Mailing address (see instructions, page 12) (number and street or rural route) <b>8 GARFIELD AVE</b>				Apartment number	New York State county of residence <b>ALBANY</b>
City, village, or post office <b>ALBANY</b>		State <b>NY</b>	ZIP code <b>12205</b>	Country (if not United States)	School district name <b>SOUTH COLONIE</b>
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number ..... <b>595</b>
City, village, or post office		State <b>NY</b>	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

### A Filing status

(mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter spouse's social security number above)
- ③  Married filing separate return (enter spouse's social security number above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

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

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



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

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

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

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

(1) Number of months you lived in NYC in 2012 .....

(2) Number of months your spouse lived in NYC in 2012 .....

**G** Enter your 2-character special condition code if applicable (see page 13) .....

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

### H Dependent exemption information (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
JAMES	SMITH	SON	400884855	11-01-2011
JESSICA	SMITH	DAUGHTER	400884856	08-01-2009

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



Your social security number  
400004842

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-3000 .00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	76893 .00
12	Rental real estate included in line 11	12	2650 .00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 14) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	73893 .00
18	Total federal adjustments to income (see page 14) Identify:	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17)	19	73893 .00

**New York additions** (see page 14)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	.00
22	<b>New York's</b> 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24)	33	73893 .00

**Standard deduction or itemized deduction** (see page 24)

34	Enter your <b>standard deduction</b> (table on page 24) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	10500 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	63393 .00
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	2 000.00
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	61393 .00



Name(s) as shown on page 1  
**JOSEPH SMITH**

Your social security number  
**400004842**

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

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	61393	.00
<b>39</b> NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59) .....	<b>39</b>	3485	.00
<b>40</b> NYS household credit (page 25, table 1, 2, or 3) .....	<b>40</b>		.00
<b>41</b> Resident credit (see page 26) .....	<b>41</b>	891	.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) .....	<b>42</b>		.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	891	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	2594	.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>		.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	2594	.00

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

<b>47</b> NYC resident tax on line 38 amount (see page 26) .....	<b>47</b>		.00
<b>48</b> NYC household credit (page 26, table 4, 5, or 6) .....	<b>48</b>		.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49</b>		.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>		.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>		.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>		.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>		.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>		.00
<b>55</b> Yonkers resident income tax surcharge (see page 28) .....	<b>55</b>		.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>		.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>		.00
<b>58</b> Total New York City and Yonkers taxes / surcharges (add lines 54 through 57) .....	<b>58</b>		.00
<b>59</b> Sales or use tax (see page 29; do not leave line 59 blank) .....	<b>59</b>	35	.00

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

**Voluntary contributions** (see page 30)

<b>60a</b> Return a Gift to Wildlife .....	<b>60a</b>		.00
<b>60b</b> Missing/Exploited Children Fund .....	<b>60b</b>		.00
<b>60c</b> Breast Cancer Research Fund .....	<b>60c</b>		.00
<b>60d</b> Alzheimer's Fund .....	<b>60d</b>		.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 30) .....	<b>60e</b>		.00
<b>60f</b> Prostate Cancer Research Fund .....	<b>60f</b>		.00
<b>60g</b> 9/11 Memorial .....	<b>60g</b>		.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>60h</b>	50	.00
<b>60</b> Total voluntary contributions (add lines 60a through 60h) .....	<b>60</b>	50	.00
<b>61</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	2679	.00



Your social security number  
400004842

62 Enter amount from line 61 ..... **62** 2679 .00

**Payments and refundable credits** (see page 31)

63 Empire State child credit .....	<b>63</b>	.00
64 NYS/ NYC child and dependent care credit .....	<b>64</b>	.00
65 NYS earned income credit (EIC) .....	<b>65</b>	.00
66 NYS noncustodial parent EIC .....	<b>66</b>	.00
67 Real property tax credit .....	<b>67</b>	.00
68 College tuition credit .....	<b>68</b>	.00
69 NYC school tax credit (also complete F on page 1; see page 31) .....	<b>69</b>	.00
70 NYC earned income credit .....	<b>70</b>	.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	<b>71</b>	.00
72 Total <b>New York State</b> tax withheld .....	<b>72</b>	.00
73 Total <b>New York City</b> tax withheld .....	<b>73</b>	.00
74 Total <b>Yonkers</b> tax withheld .....	<b>74</b>	.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	<b>75</b>	5000 .00
76 <b>Total payments</b> (add lines 63 through 75) .....	<b>76</b>	5000 .00

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

**Your refund, amount you owe, and account information** (see pages 33 through 36)

77 **Amount overpaid** (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** 2321 .00

78 Amount of line 77 to be **refunded**  
 Mark one refund choice:  **direct deposit** (fill in line 83) - or -  **debit card** - or -  **paper check** ... **78** 821 .00

79 Amount of line 77 that you want applied to your **2013** estimated tax (see instructions) ..... **79** 1500 .00

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

80 Amount you **owe** (if line 76 is less than line 62, subtract line 76 from line 62).  
 To pay by electronic funds withdrawal, mark an **X** in the box  and fill in lines 83 and 84 .. **80** .00

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

See page 37 for the proper assembly of your return.

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

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number  83c Account number

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

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

<b>▼ Paid preparer must complete (see instr.) ▼</b>	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
Address	Employer identification number
E-mail:	Mark an <b>X</b> if self-employed <input type="checkbox"/>

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation <b>WELDER</b>	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number <b>(518) 555-6666</b>
E-mail: <b>SMITH@ATS.COM</b>	

201004120099



See instructions for where to mail your return.



# Resident Income Tax Return

New York State • New York City • Yonkers

# IT-201

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

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

Your first name and middle initial <b>FREDERICK</b>		Your last name (for a joint return, enter spouse's name on line below) <b>MILLER</b>		Your date of birth (mm-dd-yyyy) <b>11-24-1945</b>	Your social security number <b>400004843</b>
Spouse's first name and middle initial <b>LISETTE</b>		Spouse's last name <b>MILLER</b>		Spouse's date of birth (mm-dd-yyyy) <b>03-31-1955</b>	Spouse's social security number <b>400004883</b>
Mailing address (see instructions, page 12) (number and street or rural route) <b>636 TAP DR</b>				Apartment number	New York State county of residence <b>CHEMUNG</b>
City, village, or post office <b>ELMIRA</b>		State <b>NY</b>	ZIP code <b>14901</b>	Country (if not United States)	School district name <b>ELMIRA</b>
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number ..... <b>182</b>
City, village, or post office		State <b>NY</b>	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

### A Filing status

(mark an X in one box):

- ①  Single
- ②  Married filing joint return  
(enter spouse's social security number above)
- ③  Married filing separate return  
(enter spouse's social security number above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

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

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



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

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

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

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

(1) Number of months you lived in NYC in 2012 .....

(2) Number of months your spouse lived in NYC in 2012 .....

**G** Enter your 2-character special condition code if applicable (see page 13) .....

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

### H Dependent exemption information (see page 14)

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

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



Your social security number  
400004843

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1		.00
2	Taxable interest income .....	2	1500	.00
3	Ordinary dividends .....	3	10000	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4		.00
5	Alimony received .....	5		.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	800500	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7		.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8		.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9		.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10		.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		.00
12	Rental real estate included in line 11 .....	12		.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13		.00
14	Unemployment compensation .....	14		.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15		.00
16	Other income (see page 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	<b>Federal adjusted gross income</b> (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	<b>New York's</b> 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	812000	.00

**Standard deduction or itemized deduction** (see page 24)

34	Enter your <b>standard deduction</b> (table on page 24) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	15000	.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	797000	.00
36	Dependent exemptions (not the same as total federal exemptions; see page 24) .....	36	000.00	
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	797000	.00



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

Your social security number  
**400004843**

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

<b>38</b> Taxable income (from line 37 on page 2)	<b>38</b>	797000	.00
<b>39</b> NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	<b>39</b>	54595	.00
<b>40</b> NYS household credit (page 25, table 1, 2, or 3)	<b>40</b>		.00
<b>41</b> Resident credit (see page 26)	<b>41</b>		.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>		.00
<b>43</b> Add lines 40, 41, and 42	<b>43</b>		.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	<b>44</b>	54595	.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30)	<b>45</b>		.00
<b>46</b> Total New York State taxes (add lines 44 and 45)	<b>46</b>	54595	.00

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

<b>47</b> NYC resident tax on line 38 amount (see page 26)	<b>47</b>		.00
<b>48</b> NYC household credit (page 26, table 4, 5, or 6)	<b>48</b>		.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	<b>49</b>		.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1)	<b>50</b>		.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>		.00
<b>52</b> Add lines 49, 50, and 51	<b>52</b>		.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>		.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>		.00
<b>55</b> Yonkers resident income tax surcharge (see page 28)	<b>55</b>		.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>		.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>57</b>		.00
<b>58</b> Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	<b>58</b>		.00
<b>59</b> Sales or use tax (see page 29; do not leave line 59 blank)	<b>59</b>	250	.00

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

**Voluntary contributions** (see page 30)

<b>60a</b> Return a Gift to Wildlife	<b>60a</b>		.00
<b>60b</b> Missing/Exploited Children Fund	<b>60b</b>		.00
<b>60c</b> Breast Cancer Research Fund	<b>60c</b>		.00
<b>60d</b> Alzheimer's Fund	<b>60d</b>		.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 30)	<b>60e</b>		.00
<b>60f</b> Prostate Cancer Research Fund	<b>60f</b>		.00
<b>60g</b> 9/11 Memorial	<b>60g</b>		.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund	<b>60h</b>		.00
<b>60</b> Total voluntary contributions (add lines 60a through 60h)	<b>60</b>		.00
<b>61</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	<b>61</b>	54845	.00



Your social security number  
400004843

62 Enter amount from line 61 ..... **62** 54845 .00

**Payments and refundable credits** (see page 31)

63 Empire State child credit .....	<b>63</b>		.00
64 NYS/NYC child and dependent care credit .....	<b>64</b>		.00
65 NYS earned income credit (EIC) .....	<b>65</b>		.00
66 NYS noncustodial parent EIC .....	<b>66</b>		.00
67 Real property tax credit .....	<b>67</b>		.00
68 College tuition credit .....	<b>68</b>		.00
69 NYC school tax credit (also complete F on page 1; see page 31) .....	<b>69</b>		.00
70 NYC earned income credit .....	<b>70</b>		.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	<b>71</b>	91000	.00
72 Total <b>New York State</b> tax withheld .....	<b>72</b>		.00
73 Total <b>New York City</b> tax withheld .....	<b>73</b>		.00
74 Total <b>Yonkers</b> tax withheld .....	<b>74</b>		.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	<b>75</b>		.00
76 <b>Total payments</b> (add lines 63 through 75) .....	<b>76</b>	91000	.00

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

**Your refund, amount you owe, and account information** (see pages 33 through 36)

77 **Amount overpaid** (if line 76 is more than line 62, subtract line 62 from line 76) ..... **77** 36155 .00

78 Amount of line 77 to be **refunded**  
 Mark one refund choice:  **direct deposit** (fill in line 83) - or -  **debit card** - or -  **paper check** ... **78** 16155 .00

79 Amount of line 77 that you want applied to your **2013** estimated tax (see instructions) ..... **79** 20000 .00

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

80 Amount you **owe** (if line 76 is less than line 62, subtract line 76 from line 62).  
 To pay by electronic funds withdrawal, mark an **X** in the box  and fill in lines 83 and 84 .. **80** .00

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

See page 37 for the proper assembly of your return.

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

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number  83c Account number

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

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

<b>▼ Paid preparer must complete</b> (see instr.) ▼	Date
Preparer's signature	Preparer's NYTPRN
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
Address	Employer identification number
E-mail:	Mark an <b>X</b> if self-employed <input type="checkbox"/>

<b>▼ Taxpayer(s) must sign here</b> ▼	
Your signature	
Your occupation <b>BREWER</b>	
Spouse's signature and occupation (if joint return) <b>HOUSEWIFE</b>	
Date	Daytime phone number <b>(518) 555-6666</b>
E-mail: <b>MILLER@ATS.COM</b>	

201004120099



See instructions for where to mail your return.



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

**IT-201-ATT**

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

Name(s) as shown on your Form IT-201 <b>FREDERICK AND LISETTE MILLER</b>	Your social security number <b>400004843</b>
---	---

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) .....	<b>1</b>	.00
2 Other nonrefundable, non-carryover credits		
Code Amount Code Amount		
2a <input type="text"/> .00 2b <input type="text"/> .00		
Total other nonrefundable, non-carryover credits (add lines 2a and 2b) .....	<b>2</b>	.00

**Section B – New York State nonrefundable, carryover credits used**

3 Long-term care insurance credit .....	<b>3</b>	.00
4 Investment credit .....	<b>4</b>	.00
5 Solar energy system equipment credit .....	<b>5</b>	.00
6 Other nonrefundable, carryover credits		
Code Amount Code Amount		
6a <input type="text"/> .00 6h <input type="text"/> .00		
6b <input type="text"/> .00 6i <input type="text"/> .00		
6c <input type="text"/> .00 6j <input type="text"/> .00		
6d <input type="text"/> .00 6k <input type="text"/> .00		
6e <input type="text"/> .00 6l <input type="text"/> .00		
6f <input type="text"/> .00 6m <input type="text"/> .00		
6g <input type="text"/> .00 6n <input type="text"/> .00		
Total other nonrefundable, carryover credits (add lines 6a through 6n) .....	<b>6</b>	.00
7 Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42) .....	<b>7</b>	.00

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

8 New York City resident UBT credit .....	<b>8</b>	.00
9 New York City accumulation distribution credit (submit computation) .....	<b>9</b>	.00
9a Part-year resident nonrefundable NYC child and dependent care credit .....	<b>9a</b>	.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) .....	<b>10</b>	.00

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

11 Farmers' school tax credit .....	<b>11</b>	.00
12 Other refundable credits		
Code Amount Code Amount		
12a <b>634</b> 9000 .00 12g <input type="text"/> .00		
12b <b>635</b> 3000 .00 12h <input type="text"/> .00		
12c <b>636</b> 79000 .00 12i <input type="text"/> .00		
12d <input type="text"/> .00 12j <input type="text"/> .00		
12e <input type="text"/> .00 12k <input type="text"/> .00		
12f <input type="text"/> .00 12l <input type="text"/> .00		
Total other refundable credits (add lines 12a through 12l) .....	<b>12</b>	91000 .00
13 Add lines 11 and 12 .....	<b>13</b>	91000 .00

(continued on back)

241001120099



Enter your social security number 400004843
--

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

14 Enter amount from line 13 on the front page .....	14	91000	.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	91000	.00

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

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

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

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

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

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

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





# Empire State Jobs Retention Program Credit

Tax Law - Sections 36 and 606(tt)

# IT-634

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(s) of tax credit issued by Empire State Development (ESD).

Name(s) as shown on return FREDERICK AND LISETTE MILLER	Identifying number as shown on return 400004843
--	--

A Year of eligibility (enter a number from 1 to 10; see instructions)..... A

### Schedule A – Credit computation (see instructions)

Individual (including sole proprietor), partnership, fiduciary	1	Enter your Empire State jobs retention program credit .....	1	9000	.00
Partner	2	Enter your share of the Empire State jobs retention program credit from your partnership(s) .....	2		.00
S corporation shareholder	3	Enter your share of the Empire State jobs retention program credit from your S corporation(s) .....	3		.00
Beneficiary	4	Enter your share of the Empire State jobs retention program credit from the estate(s) or trust(s) .....	4		.00
	5	Total Empire State jobs retention program credit (add lines 1 through 4; see instructions) .....	5	9000	.00

### Schedule B – Partnership, S corporation, estate, and trust information (see instructions)

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

Name	Type	Employer ID number

### Schedule C – Beneficiary's and fiduciary's share of credit and recapture of credit

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of credit	D Share of recapture of credit
Total		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00



**Schedule D – Summary of recapture of credit** (see instructions)

6 Individual's and partnership's recapture of credit .....	<b>6</b>	.00
7 Beneficiary's share of recapture of credit .....	<b>7</b>	.00
8 Partner's share of recapture of credit .....	<b>8</b>	.00
9 S corporation shareholder's share of recapture of credit .....	<b>9</b>	.00
10 Fiduciaries: enter your share of amount from Schedule C, <i>Fiduciary</i> line, column D .....	<b>10</b>	.00
11 Total (see instructions) .....	<b>11</b>	.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.





New York State Department of Taxation and Finance  
**Beer Production Credit**  
 Tax Law - Section 37, Article 22, Section 606(uu)

**IT-636**

All filers must enter tax period:

beginning  ending

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

Name(s) as shown on return FREDERICK AND LISETTE MILLER	Identifying number as shown on return 400004843
--	--

**Schedule A – Eligibility**

- A** Are you registered as a distributor under Tax Law Article 18 (Taxes on Alcoholic Beverages)? ..... Yes  No
- B** For the tax year, did you produce 60 million gallons of beer or less in New York State? ..... Yes  No
- If you answered *No* to question A or B, **stop**. You do not qualify for this credit for this tax year.

**Schedule B – Individual (including sole proprietor), partnership, and fiduciary (see instructions)**

**Part 1 – Credit for the first 500,000 gallons produced in New York State (submit additional sheets if necessary)**

A		B	
Beer production facility's physical address		Total gallons of beer produced in NYS on or after April 1, 2012	
40 ALE LANE ELMIRA NY		100000	
12 LAGER RD ELMIRA NY		600000	
1 Total of column B amounts from additional Form(s) IT-636, if any	1		
2 Add column B amounts (include any amount from line 1) .....	2	700000	
3 Enter the lesser of line 2 or 500,000 .....	3	500000	
4 Total credit for first 500,000 gallons produced in New York State (multiply line 3 by .14; see instr.) ...	4	70000	.00

**Part 2 – Credit for gallons produced in New York State in excess of 500,000 (submit additional sheets if necessary)**

A		B	
Beer production facility's physical address		Total gallons of beer produced in NYS on or after April 1, 2012	
12 LAGER RD ELMIRA NY		600000	
40 ALE LANE ELMIRA NY		100000	
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	700000	
7 Subtract 500,000 from line 6 .....	7	200000	
8 Enter the lesser of line 7 or 15,000,000 (see instructions) .....	8	200000	
9 Total credit for gallons produced in New York State in excess of 500,000 (multiply line 8 by .045)	9	9000	.00
10 Add lines 4 and 9 .....	10	79000	.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.

636001120099



**Schedule C – Partnership, S corporation, estate, and trust information** (see instructions)

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

Name of entity	Type	Employer identification number

**Schedule D – Partner’s, shareholder’s, or beneficiary’s share of credit** (see instructions)

<b>Partner</b>	<b>11</b>	Enter your share of credit from your partnership .....	<b>11</b>	.00
<b>S corporation shareholder</b>	<b>12</b>	Enter your share of credit from your S corporation .....	<b>12</b>	.00
<b>Beneficiary</b>	<b>13</b>	Enter your share of credit from the estate or trust .....	<b>13</b>	.00
	<b>14</b>	<b>Total</b> (add lines 11, 12, and 13) .....	<b>14</b>	.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)

<b>A</b> Beneficiary’s name (same as on Form IT-205, Schedule C)	<b>B</b> Identifying number	<b>C</b> Share of credit
<b>Total</b> (fiduciaries, enter the amount from line 10 plus the amount from line 14)		.00
		.00
		.00
<b>Fiduciary</b>		.00

**Schedule F – Computation of credit** (see instructions)

<b>Individuals and partnerships</b>	<b>15</b>	Enter the amount from line 10 .....	<b>15</b>	79000	.00
<b>Partners, S corporation shareholders, beneficiaries</b>	<b>16</b>	Enter the amount from line 14 .....	<b>16</b>		.00
<b>Fiduciaries</b>	<b>17</b>	Enter the amount from Schedule E, column C, <i>Fiduciary</i> line..	<b>17</b>		.00
	<b>18</b>	<b>Total credit</b> (add lines 15, 16 and 17) .....	<b>18</b>	79000	.00

