



Resident Income Tax Return (long form)

IT-201

New York State • New York City • Yonkers

For the full year January 1, 2010, through December 31, 2010, or fiscal year beginning ... **1 0**
and ending ...

For help completing your return, see the combined instructions for Forms IT-150 and IT-201.

| | | | | | | |
|---|---|--|--|----------|-----------------------------------|------------------------------------|
| Print or type | Important: You must enter your social security number(s) in the boxes to the right. | | | | | |
| | Your first name and middle initial | | Your last name (for a joint return , enter spouse's name on line below) | | ▼ Your social security number | |
| | Spouse's first name and middle initial | | Spouse's last name | | ▼ Spouse's social security number | |
| | Mailing address (see instructions, page 61) (number and street or rural route) | | | | Apartment number | New York State county of residence |
| | City, village, or post office | | State | ZIP code | Country (if not United States) | |
| Permanent home address (see instructions, page 61) (number and street or rural route) | | | | | | |
| City, village, or post office | | | | State | ZIP code | Apartment number |
| School district name | | | | | | |
| School district code number | | | | | | |
| 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 2010 federal income tax return? Yes No

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

- (D)** Choose direct deposit to avoid paper check refund delays.
- (E)** (1) Did you or your spouse **maintain living quarters in NYC** during 2010 (see page 62)? Yes No
- (2) Enter the number of days spent in NYC in 2010 (any part of a day spent in NYC is considered a day)

- (F) NYC residents and NYC part-year residents only** (see page 62):
- (1) Number of months **you** lived in NYC in 2010
- (2) Number of months **your spouse** lived in NYC in 2010

(G) Enter your 2-character special condition code if applicable (see page 62)

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

Federal income and adjustments Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 63). Also see page 4 instructions for showing a loss.

| | Dollars | Cents |
|---|---------|-------|
| 1 Wages, salaries, tips, etc. | 1. | . |
| 2 Taxable interest income | 2. | . |
| 3 Ordinary dividends | 3. | . |
| 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | 4. | . |
| 5 Alimony received | 5. | . |
| 6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040) | 6. | . |
| 7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040) | 7. | . |
| 8 Other gains or losses (attach a copy of federal Form 4797) | 8. | . |
| 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/> | 9. | . |
| 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 10. | . |
| 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040) | 11. | . |
| 12 Farm income or loss (attach a copy of federal Schedule F, Form 1040) | 12. | . |
| 13 Unemployment compensation | 13. | . |
| 14 Taxable amount of social security benefits (also enter on line 27) | 14. | . |
| 15 Other income (see page 63) <u>Identify:</u> | 15. | . |
| 16 Add lines 1 through 15 | 16. | . |
| 17 Total federal adjustments to income (see page 63) <u>Identify:</u> | 17. | . |
| 18 Federal adjusted gross income (subtract line 17 from line 16) | 18. | . |

2011100094



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

▼ Enter your social security number

Dollars

Cents

19 Federal adjusted gross income (from line 18 on the front page) **19.**

New York additions (see page 63)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) **20.**
21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 64) **21.**
22 New York's 529 college savings program distributions (see page 64) **22.**
23 Other (see page 65) *Identify:* **23.**
24 Add lines **19** through **23** **24.**

New York subtractions (see page 68)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) **25.**
26 Pensions of NYS and local governments and the federal government (see page 68) **26.**
27 Taxable amount of social security benefits (from line 14) **27.**
28 Interest income on U.S. government bonds **28.**
29 Pension and annuity income exclusion (see page 68) **29.**
30 New York's 529 college savings program deduction/earnings **30.**
31 Other (see page 69) *Identify:* **31.**
32 Add lines 25 through 31 **32.**
33 New York adjusted gross income (subtract line 32 from line 24) **33.**

Standard deduction or itemized deduction (see page 73)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an **X** in the appropriate box: • Standard or • Itemized **34.**
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) **35.**
36 Dependent exemptions (not the same as total federal exemptions; see page 76) **36.**
37 Taxable income (subtract line 36 from line 35) **37.**

◀ OR ▶

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

| New York State itemized deduction worksheet | |
|---|--|
| a Medical and dental expenses (federal Sch. A, line 4) | a. <input type="text"/> <input type="text"/> |
| b Taxes you paid (federal Sch. A, line 9) | b. <input type="text"/> <input type="text"/> |
| b1 State, local, and foreign income taxes (or general sales tax, if applicable) included in line b above | b1. <input type="text"/> <input type="text"/> |
| c Interest you paid (federal Sch. A, line 15) | c. <input type="text"/> <input type="text"/> |
| d Gifts to charity (federal Sch. A, line 19) | d. <input type="text"/> <input type="text"/> |
| e Casualty and theft losses (federal Sch. A, line 20) | e. <input type="text"/> <input type="text"/> |
| f Job expenses/misc. deductions (federal Sch. A, line 27) | f. <input type="text"/> <input type="text"/> |
| g Other misc. deductions (federal Sch. A, line 28) | g. <input type="text"/> <input type="text"/> |
| h Enter amount from federal Schedule A, line 29 | h. <input type="text"/> <input type="text"/> |
| i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 73) | i. <input type="text"/> <input type="text"/> |
| j Subtract line i from line h | j. <input type="text"/> <input type="text"/> |
| k Addition adjustments (see page 74) | k. <input type="text"/> <input type="text"/> |
| l Add lines j and k | l. <input type="text"/> <input type="text"/> |
| m Itemized deduction adjustment (see page 75) | m. <input type="text"/> <input type="text"/> |
| n Subtract line m from line l | n. <input type="text"/> <input type="text"/> |
| o College tuition itemized deduction (see Form IT-272) | o. <input type="text"/> <input type="text"/> |
| p New York State itemized deduction (add lines n and o; enter on line 34 above) | p. <input type="text"/> <input type="text"/> |

2012100094



Name(s) as shown on page 1

▼ Enter your social security number

Tax computation, credits, and other taxes (see page 77)

Table with columns for line number, description, and amounts in Dollars and Cents. Rows include Taxable income, New York State tax, household credit, resident credit, and total New York State taxes.

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

Table with columns for line number, description, and amounts in Dollars and Cents. Rows include New York City resident tax, household credit, part-year tax, and total New York City and Yonkers taxes.

See instructions on pages 78, 79, and 80 to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 81. Do not leave line 59 blank.)

Voluntary contributions (whole dollar amounts only; see page 82)

Table with columns for contribution type (60a-60h) and amounts in Dollars and Cents.

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

61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)



▼ Enter your social security number

[Social Security Number Box]

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

Payments and refundable credits (see page 83)

Table with 3 columns: Line number, Description, and Amount. Rows include Empire State child credit, NYS/NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit, NYC earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments, and Total payments.

Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see page 85). Staple them (and any other applicable forms) to the top of this page 4. See Step 11 on page 89 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 85)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. [Dollars] [Cents]
78 Amount of line 77 to be refunded by (mark one):
[] direct deposit (fill in line 82) or [] paper check refund 78. [Dollars] [Cents]
79 Amount of line 77 that you want applied to your 2011 estimated tax (see instructions) 79. [Dollars] [Cents]

Amount you owe (see page 86)

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark this box [] and fill in line 82 80. [Dollars] [Cents]
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 86) 81. [Dollars] [Cents]

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 87). 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. 87) • []

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

Table for Third-party designee information with columns: Third-party designee?, Print designee's name, Designee's phone number, Personal identification number (PIN), and E-mail.

Form for Paid preparer information including Preparer's signature, Firm's name, Address, Date, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, and E-mail.

Form for Taxpayer(s) information including Your signature, Your occupation, Spouse's signature and occupation, Date, Daytime phone number, and E-mail.

See instructions for where to mail your return.

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

