



Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

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

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

You must enter your date(s) of birth and social security number(s) below.						
Your first name and middle initial	Your last name (for a joint return , enter spouse's name on line below)		Your date of birth (MMDDYYYY)		▼ Your social security number	
Spouse's first name and middle initial	Spouse's last name		Spouse's date of birth (MMDDYYYY)		▼ Spouse's social security number	
Mailing address (see instructions, page 13) (number and street or rural route)				Apartment number	New York State county of residence	
City, village, or post office		State	ZIP code	Country (if not United States)		School district name
Permanent home address (see instructions, page 13) (number and street or rural route)				Apartment number	School district code number	
City, village, or post office		State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
		NY				

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

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

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

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

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

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

Federal income and adjustments

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

	Dollars	Cents
1 Wages, salaries, tips, etc.	1.	
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 15) Identify: <input type="text"/>	15.	
16 Add lines 1 through 15	16.	
17 Total federal adjustments to income (see page 15) Identify: <input type="text"/>	17.	
18 Federal adjusted gross income (subtract line 17 from line 16)	18.	

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 15)

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

New York subtractions (see page 20)

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

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an **X** in the appropriate box: • Standard or • Itemized **34.**

35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) **35.**

36 Dependent exemptions (not the same as total federal exemptions; see page 28) **36.**

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"/>
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. 26)	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 26)	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 27)	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"/>

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Name(s) as shown on page 1

▼ Enter your social security number

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

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

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

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

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

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

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

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

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

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 35)

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.

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

Your refund/amount overpaid (see page 37)

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

See page 71 for information about your three refund choices.

Amount you owe (see page 38)

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark this box [] and fill in line 82 80. [Dollars] [Cents]
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38) 81. [Dollars] [Cents]

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 39) []

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

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

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

▼ Taxpayer(s) must sign here ▼ Your signature [] Your occupation [] Spouse's signature and occupation (if joint return) [] Date [] Daytime phone number [] 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.

