

Department of Taxation and Finance

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

IT-201

2016		-			er 31, 2016, or fiscal year	beginning					
For help completing your return, see the instructions, Form IT-20 Your first name MI Your last name (for a joint return, enter spouse's name					Your date of birth (mmddyyyy)	Your social security number					
Spouse's first name MI Spouse's last name					Spouse's date of birth (mmddyyyy)	Spouse's social security number					
Spouse's last name					Spouse's date of birtif (mindayyyy)	Spouse's social security flumber					
Mailing address (see instructions,	street or PO box)		L	Apartment number	New York State county of residence						
City, village, or post office	State ZIP code	· C	Country (if not	United States)	School district name						
nty, villago, or poor office		Otato Zii oodo		ountry (ii not	- Critical Cialcoly	Consor diction name					
axpayer's permanent home add	dress (see instruction	s, page 13) (numbe	r and street or ru	ral route) A	partment number	School district					
City, village, or post office		State ZIP code	,]_		axpayer's date of death (mmddyy	code number					
	NY		ecedent oformation								
Filing ① Sing	gle		D		have a financial account in a foreign country? (see p	page 14) Yes No					
(mark an X in one box): Mar (enter the box)	rity number above)			Did you receive a property tax freeze or property tax relief credit? (see page 14)							
④ Hea	nd of household (wit	h qualifying person	_	tota	Yes, enter the tal amount						
	alifying widow(er) w	ith dependent ch	nild E	qua							
Did you itemize your ded your 2016 federal income	tax return?	Yes No	, 🔲	(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day)							
Can you be claimed as a dependent on another taxpayer's federal return? Yes No				NYC residents and NYC part-year residents only (see page 14):							
					mber of months you lived in NYC in 2016						
				(2) Number of months your spouse lived in NYC in 2016							
			G		ondition						
Dependent exemption	information (see	e page 15)									
		name	Relation	ship	Social security numb	per Date of birth (mmddyyyy					
more than 7 dependents,	mark an Y in the	hox				,					
·		JUN									
201001163094	П	For	office use only	/							

Fe	deral income and adjustments (see page 15)		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	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11		
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 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	.00
18		18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00
Ne	ww York additions (see page 16)		
20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	.00
	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	.00
Ne	ew York subtractions (see page 17)		
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25 .00		
	Pensions of NYS and local governments and the federal government (see page 17) 26 26		
	Taxable amount of social security benefits (from line 15) 27		
	Interest income on U.S. government bonds		
29			
30	New York's 529 college savings program deduction/earnings 30 .00		
31	Other (Form IT-225, line 18)		
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	.00
St	andard deduction or itemized deduction (see page 20)		
34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D)		
	Mark an X in the appropriate box: Standard - or - Itemized	34	.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	
37	Taxable income (subtract line 36 from line 35)	37	.00



Nar	ne(s) as shown on page 1		Your soc	cial secu	urity number		IT-201 (2016) Page 3 of 4
_							
Ta	x computation, credits, and other taxes						
38	3 Taxable income (from line 37 on page 2)					38	.00
39	NYS tax on line 38 amount (see page 21)					39	.00
	NYS household credit (page 21, table 1, 2, or 3)				.00		100
	Resident credit (see page 22)				.00		
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)				.00		
	Add lines 40, 41, and 42					43	.00
	0.11						
	Subtract line 43 from line 39 (if line 43 is more than line 39, lea		,			44	.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	•••••				45	.00
46	Total New York State taxes (add lines 44 and 45)					46	.00
Ne	w York City and Yonkers taxes, credits, and surcharges,	and	МСТМТ				
47	NYC resident tax on line 38 amount (see page 22)	47			.00		See instructions on
	NYC household credit (page 22, table 4, 5, or 6)				.00		pages 22 through 25 to compute New York City and
49	Subtract line 48 from line 47 (if line 48 is more than					_	Yonkers taxes, credits, and
	line 47, leave blank)	49			.00		surcharges, and MCTMT.
50	Part-year NYC resident tax (Form IT-360.1)	50			.00		
51	Other NYC taxes (Form IT-201-ATT, line 34)	51			.00		
52	Add lines 49, 50, and 51	52			.00		
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53			.00		
54	Subtract line 53 from line 52 (if line 53 is more than					,	
	line 52, leave blank)	54			.00	J	
54a	MCTMT net						
	earnings base 54a .00					1	
	MCTMT	54b			.00		
	Yonkers resident income tax surcharge (see page 25)	55			.00	-	
	Yonkers nonresident earnings tax (Form Y-203)	56			.00	-	
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)				.00		1
58	Total New York City and Yonkers taxes / surcharges and M	CIMI	l (add line	es 54 a	nd 54b through 57)	58	.00
59	Sales or use tax (see page 26; do not leave line 59 blank) .					59	.00
Vo	luntary contributions (see page 27)						
	60a Return a Gift to Wildlife			60a	.00		
	60b Missing/Exploited Children Fund						
	60c Breast Cancer Research Fund						
	60d Alzheimer's Fund			60d	.00		
	60e Olympic Fund (\$2 or \$4; see page 27)			60e	.00		
	60f Prostate and Testicular Cancer Research and Educ			60f	.00		
	60g 9/11 Memorial			60g	.00		
	60h Volunteer Firefighting & EMS Recruitment Fund			60h	.00		
	60i Teen Health Education			60i	.00		
	60j Veterans Remembrance			60j	.00		
	60k Homeless Veterans			60k	.00		
	60I Mental Illness Anti-Stigma Fund			601	.00		
	60m Women's Cancers Education and Prevention Fund			60m	. 00		
	60n Autism Fund			60n	.00	_	1
60	Total voluntary contributions (add lines 60a through 60n)					60	.00
61	Total New York State, New York City, Yonkers, and sale						
	voluntary contributions (add lines 46, 58, 59, and 60)					61	.00



Pag	ge 4 of 4 IT- 201 (2016)	Your social sec	curity n	umber						
62	Enter amount from line 61						62			.00
Pa	syments and refundable credits (see page 28,)								
63	Empire State child credit		63			.00				
	Family tax relief credit					.00				
	NYS/NYC child and dependent care credit		-			.00				
	NYS earned income credit (EIC)		65							
			66			.00				
	NYS noncustodial parent EIC		67			.00				
	Real property tax credit					.00				
	College tuition credit		68			.00				
	NYC school tax credit (also complete F on page 1					.00				
	NYC earned income credit		70			.00				
	NYC enhanced real property tax credit		70a			.00				
71	Other refundable credits (Form IT-201-ATT, line	18)	71			. 00	If ap	plicable,	complete For	m(s) IT-2
72	Total New York State tax withheld		72			.00			9-R and sub	
	Total New York City tax withheld		73			.00		-	rn <i>(see page</i>	
	Total Yonkers tax withheld		74			.00			federal Forn	1 W-2
	Total estimated tax payments and amount paid wi					.00	with	n your ret	urn.	
_	Total payments (add lines 63 through 75)						76			.00
(Yc	our refund, amount you owe, and account in	formation	(see p	ages 31 thro	ugh 33)					
77	Amount overpaid (if line 76 is more than line 62	, subtract line	62 fro	m line 76)			77			.00
78	Amount of line 77 to be refunded direct					ı				
. •	unect	t (fill in line 83)	- or -	check			78			.00
79	Amount of line 77 that you want applied to you	ır							ct deposit is	
	2017 estimated tax (see instructions)		79			.00			st way to get	your
							refu		_	
80	Amount you owe (if line 76 is less than line 62, s	7					See	page 32	for payment	options.
	funds withdrawal, mark an X in the box	_		3 and 84. If		·				
	or money order you must complete Form IT		mail it	with your re	eturn		80			.00
81	Estimated tax penalty (include this amount in line						Soo	nago 35	for the prop	or
	reduce the overpayment on line 77; see page 31)					.00	∃ assembly of your return.			
	Other penalties and interest (see page 32)					.00		,	,	
83	Account information for direct deposit or electron			, ,	• ,					
	If the funds for your payment (or refund) would	come from (c	or go t	o) an accou	nt outside tl	he U.S., r	nark	an X in thi	s box (see po	g. 32) <u> </u>
	83a Account type: Personal checking - or	r - Per	sonal	savings - o	r Bı	usiness ch	eckin	g - or -	Busine	ss savings
		٦								
	83b Routing number	8	3c Ac	count numbe	r					
0.4	Floatronia fundo withdrowal (ass mans 22)	Dete				A	. \Box			00
04	Electronic funds withdrawal (see page 33)	Date				Amoun	ι			.00
	Third-party Print designee's name			Desig	nee's phone	number			Personal ide	ntification
de	signee? (see instr.)			()				number	
Ye										
	Paid preparer must complete ▼ Preparer's NYTP	RIN N	YTPRIN			_				
_	(see instructions)		cl. code		▼	Taxpa	yer(s) must si	ign here ▼	
Pre	parer's signature Preparer's pri	nted name			Your signatu	re				
Firn	n's name (or yours, if self-employed)	IN or S	SN	Your occupa	tion					
Address Employer ider			ntificatio	on number	Spouse's signature and occupation (if joint return)					
			ate		Date		Daytime p	hone number		
E-m	nail:			E-mail:						
_										

See instructions for where to mail your return.



NEW YORK STATE

FORM IT-201 2016

FILING INSTRUCTIONS

After you print your return, make sure to:

- complete, print, and attach Form IT-2 if you received a W-2 Form;
- complete, print, and attach Form IT-1099-R if you received 1099-R statements that show New York State, New York City, or Yonkers withholding tax;
- complete, print, and attach Form IT-201-D if you itemize your deductions;
- complete, print, and attach all necessary credit forms;
- sign the return; and
- mail your return to the appropriate PO Box below.

If you are enclosing a check or money order, you must include Form IT-201-V with your return and mail it to:

STATE PROCESSING CENTER PO BOX 15555 ALBANY NY 12212-5555

If not enclosing a check or money order, mail your return to:

STATE PROCESSING CENTER PO BOX 61000 ALBANY NY 12261-0001