

Department of Taxation and Finance

Resident Income Tax Return

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ...

New York State • New York City • Yonkers • MCTMT

IT-201

18

0	r help compl	leting yo	ur re	turn, see the ir	stru	ctions, Form IT-20)1-I				and e	nding			
	ur first name		MI			eturn, enter spouse's name			You	r date of birth (mmddyyyy)	Your	social secu	rity numb	er	
Sp	ouse's first name	9	MI	Spouse's last name					Spor	use's date of birth (mmddyyyy)	Spou	se's social	security i	number	
Ī										, , , , , , , , , , , , , , , , , , , ,			,		
Ma	ailing address (se	e instructio	ns, pag	ge 14) (number and s	treet or	PO box)				Apartment number	New	York State	county of	reside	nce
Cit	ty, village, or post	office			State	ZIP code	Со	untry <i>(if n</i>	ot Un	ited States)	Scho	ol district n	ame		
Ta	xpayer's perma	nent home	addre	ss (see instructions	, page	14) (number and street or	rura	I route)	Apar	tment number	1	ol district			
City, village, or post office S						ZIP code	D.	aadant	Тахр	ayer's date of death (mmddy)	code number yyy)				dyyyy
					NY			cedent ormation							
4	Filing status		Single					foreign	cou	ve a financial account I] _N	o [
	(mark an X in one			d filing joint returr pouse's social secu			D2			esidents and Yonkers u receive a property tax	•	•	lents or	າly: □	
	box):		//arrie	d filing separate r	eturn	/ (1) Dit				ge 15)			Yes	N	o L
				pouse's social secu		y number above)						00			
		4 F	Head o	of household (with	qualify	ving person)		(2) Er	2) Enter the amount00						
	⑤ Qualifying widow(er)					deferre				you required to report, any nonqualified red compensation, as required by IRC § 457A ur 2018 federal return? (see page 15)					
3	Did you itemize your deductions on your 2018 federal income tax return?							(1) Did you or your spouse maintain living quarters in NYC during 2018? (see page 15) Yes							。 [
)								(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day) F NYC residents and NYC part-year residents only (see page 15):							
							(1) Number of months you lived in NYC in 2018								
								(2) Nu	ımbe	er of months your spous	e live	d in NYC i	n 2018 .		
1	Dependent	informat	ion (see page 16)			G			2-character special coapplicable (see page 15					
	First nar		М		name	Relati	onsl	hip		Social security numb	er	Date	e of birth	1 (mmda	уууу)
fn	nore than 7 d	ependent	s, ma	ark an X in the b	oox.										
			,		= [
	2010011	83094				For office use of	nly								

Fe	deral income and adjustments (see page 16)		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		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]	
	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
	Unemployment compensation	14	.00
	Taxable amount of social security benefits (also enter on line 27)	15	.00
	Other income (see page 16) Identify:	16	.00
			199
	Add lines 1 through 11 and 13 through 16	17	.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00
21 22 23	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) New York's 529 college savings program distributions (see page 17) Other (Form IT-225, line 9) Add lines 19 through 23	20 21 22 23 24	.00 .00 .00 .00
$\overline{}$	ew York subtractions (see page 18)	1	
	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25		
	Pensions of NYS and local governments and the federal government (see page 18) 26 .00		
	Taxable amount of social security benefits (from line 15) 27 .00 Interest income on U.S. government bonds	-	
		-	
	Pension and annuity income exclusion (see page 19)	-	
31		-	
	Add lines 25 through 31	32	.00
	New York adjusted gross income (subtract line 32 from line 24)	33	.00
00	Tiew Tork adjusted gross moonie (saskade line 32 nom line 24)	00	.00
St	andard deduction or itemized deduction (see page 21)		
34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: Standard - or - Itemized	34	.00.
	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35 36	.00 00.00
07	The state of the s	27	



Nar	ne(s) as shown on page 1						Your soc	ial security number			IT-201 (2018)	Page 3 of 4	
_													
Ta	x computation, credits,	, and c	ther taxes										
38	Taxable income (from lin	ine 37 o	n page 2)					•••••		38		.00	
39	NYS tax on line 38 amo	unt (se	e page 22)							39		.00	
	NYS household credit (p								.00				
	Resident credit (see page								.00				
	Other NYS nonrefundab		•		,				.00	_	1		
43	Add lines 40, 41, and 42	2								43		.00	
44	Subtract line 43 from lin	ie 39 <i>(i</i>	f line 43 is more	than li	ne 39, le	eave bla	ank)			44		.00	
45	Net other NYS taxes (Fo	orm IT-2	201-ATT, line 30)							45		.00	
46	Total New York State to	axes (add lines 44 and	45)						46		.00	
$\overline{}$	w York City and Yonker							_					
	NYC taxable income (s							<u>ر</u>	.00]			
	NYC resident tax on lin								.00		See instructions of		
	NYC household credit (,					.00	1	pages 23 through		
	Subtract line 48 from lin										compute New York City and Yonkers taxes, credits, and		
	line 47a, leave blank)								.00		surcharges, and M		
	Part-year NYC resident								.00				
	Other NYC taxes (Form		,						.00				
	Add lines 49, 50, and 5								.00				
	NYC nonrefundable cre				0)	53			.00				
54	Subtract line 53 from lin					E4			00	1			
E40	line 52, leave blank) MCTMT net					54			.00	J			
54 a	earnings base 54	12			.00	J							
54h	MCTMT					1 -			.00]			
	Yonkers resident incom								.00				
	Yonkers nonresident ea								.00				
	Part-year Yonkers residen								.00				
58	Total New York City and	d Yonk	ers taxes / surc	harge	s and N	ИСТМ Т	「 (add line	s 54 and 54b throug	gh 57)	58		. 00	
59	Sales or use tax (see p	nage 27	' do not leave l	ine 59	blank)					59		.00	
$\overline{}$		-	age 28)										
$\overline{}$	Return a Gift to Wildlife			CO-	\	!!!		COO	00				
	Missing/Exploited Children	60a 60b	.00		Veterar		nes ary Fund	60o 60p	.00 .00				
	Breast Cancer Research	60c	.00	_	Lupus		ary Fullu	60q	.00				
	Alzheimer's Fund	60d	.00	_	Military		/ Fund	60r	.00				
	Olympic Fund (\$2 or \$4)	60e	.00		CUNY		,	60s	.00				
	Prostate Cancer	60f	.00										
60g	9/11 Memorial	60g	.00										
60h	Volunteer Firefighting	60h	.00										
60i	Teen Health Education	60i	.00										
-	Veterans Remembrance	60j	.00										
	Homeless Veterans	60k	.00										
	Mental Illness Anti-Stigma		.00										
	Women's Cancers Fund	60m	.00										
	Autism Fund	60n	.00	4b	wh 60-1					60		00	
	Total voluntary contrib									60		.00	
61	Total New York State, I		-						I				
	voluntary contribution	ons (a	dd lines 46, 58. S	9. and	d 60)					61		.00	



Page	e 4 of 4	IT-20	1 (2018)	[Your social s	security	number]				
62	Enter am	ount f	rom line 61]		62		.00
Pay	ments a	and re	fundable credits	(see pages 29	through 32	2)							
63	Empire	State o	child credit			63				.00]		
			d and dependent o							.00			
65	NYS ea	rned ir	ncome credit (EIC)			65	3			.00			
66	NYS no	ncusto	dial parent EIC			66	i			.00]		
			tax credit				,			.00			
68	College	tuition	credit			68	3			.00			
			credit (fixed amount							.00			
69a	NYC scl	nool ta	x credit (rate redu	ction amount)		_				.00			
			ncome credit			70				.00			
			d real property tax							.00			
71	Other re	fundal	ble credits (Form IT	-201-ATT, line 1	18)	71				.00	If a	pplicable,	complete Form(s) IT-2
72	Total Ne	w Yor	k State tax withhe	ld		72				.00	and	d/or IT-109	99-R and submit them
			k City tax withheld							.00		-	ırn (see page 13).
			tax withheld							.00			federal Form W-2
			tax payments and ar				+			.00	WIT	h your ret	urn.
			ts (add lines 63 thro								76		.00
_			ount you owe, and										
$\overline{}$			paid (see instruction			_					77		.00
			77 available for								78		.00
			8 that you want to de	•			,				78a		.00
			ter NYS 529 accor								78b		.00
					t deposit					per		l	-
		Mark	one refund choic	e: savin	gs accour	nt <i>(fill ir</i>	line 83) -	or -	ch	eck			ect deposit is the
79	Amount		77 that you want										st way to get your
	estima	ated ta	ax (see instructions)			79				.00	ren	und.	
80			we (if line 76 is less								Se	e page 34	for payment options
			rawal, mark an X ir		-			•		•			
	or mo	ney or	der you must com	plete Form IT	-201-V an	ıd mai	it with you	r ret	turn		80		.00
81			penalty (include this				T				Se	e nage 37	for the proper
			erpayment on line 7							.00			your return.
			s and interest (see							.00			
83			nation for direct de										
	If the fur	nds for	your payment (or i	refund) would	come from	ı (or g	o to) an acc	oun	t outside	the U.S.,	mar	k an X in t	his box (see pg. 35)
	83a Acc	ount ty	pe: Personal	checking - or	- P	ersona	savings -	or -	В	usiness ch	neckir	ng - or -	Business saving
	83b Rou	ıtina nu	ımher		7	83c /	ccount numl	her					
	100	iting no				000 7	tocount num	DCI					
84	Electron	ic fund	ds withdrawal (see	page 35)	Dat	e				Amour	nt		.00.
	Third-par		Print designee's nam	e			Des	signe	e's phone	number			Personal identification number (PIN)
	ignee? (see		E-mail:				()				- Hamber (Firty
Yes													
	Paid prep see instruc		ust complete ▼ F	Preparer's NYTPR		NYTPR excl. co			•	Тахра	yer(s) must s	ign here ▼
Prep	arer's signa	iture		Preparer's prin	ited name		'	Y	our signatu	ire			
Firm'	s name (or	yours, ii	f self-employed)		Preparer's F	PTIN or	SSN	Y	our occupa	ition			
Addr	ess				Employer identification number Spo				Spouse's signature and occupation (if joint return)				
						Date			ate			Daytime	phone number
F ₋ ma	ail·							╢	-mail:]()	

NEW YORK STATE

FORM IT-201 2018

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 Form with New York State, New York City, or Yonkers tax withheld;
- complete, print, and attach Form IT-196 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