



Resident Income Tax Return

IT-201

New York State • City of New York • City of Yonkers

For the year Jan. 1 — Dec. 31, 1990, or fiscal tax year beginning , 1990, ending , 19

For office use only

Attach label, or print or type	Last name		First name and middle initial (if joint return, enter both names)		Your social security number		
	Mailing address (number and street or rural route)				Apartment number		
	City, village or post office		State		ZIP code		
In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 20).					School district name		
Permanent home address (number and street or rural route)				Apartment number		School district code number	
City, village or post office		State		ZIP code		If taxpayer is deceased, enter first name and date of death.	
		NY					

- (A) Filing status —
- 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 1990 federal income tax return? Yes No
- (C) Can you be claimed as a dependent on another taxpayer's federal return? . . . Yes No
- (D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box . . .
- (E) Enter the number of exemptions claimed from your federal return, line 6e

Attach Copy 2 of wage and tax statements here.

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 10).

Federal Income and Adjustments	1	Wages, salaries, tips, etc.	1			
	2	Taxable interest income	2			
	3	Dividend income	3			
	4	Taxable refunds of state and local income taxes (also enter on line 24 below)	4			
	5	Alimony received	5			
	6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6			
	7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7			
	8	Capital gain distributions not reported on line 7	8			
	9	Other gains or (losses) (attach copy of federal Form 4797)	9			
	10	Taxable amount of IRA distributions	10			
	11	Taxable amount of pensions and annuities	11			
	12	Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040)	12			
	13	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	13			
	14	Unemployment compensation (insurance)	14			
	15	Taxable amount of social security benefits (also enter on line 25 below)	15			
	16	Other income (see instructions, page 10) Identify:	16			
	17	Add lines 1 through 16	17			
	18	Total federal adjustments to income (see instructions, page 11) Identify:	18			
New York Adjusted Gross Income	19	Subtract line 18 from line 17. This is your federal adjusted gross income	19			
	New York Additions: (see instructions, page 11)					
	20	Interest income on state and local bonds (but not those of New York State and local governments within the state)	20			
	21	Public employee 414(h) retirement contributions (see instructions, page 11)	21			
	22	Other (see instructions, page 11) Identify:	22			
	23	Add lines 19 through 22	23			
	New York Subtractions: (see instructions, page 12)					
	24	Taxable refunds of state and local income taxes (from line 4 above)	24			
	25	Taxable amount of social security benefits (from line 15 above)	25			
	26	Interest income on US government bonds	26			
27	Pension and annuity income exclusion	27				
28	Other (see instructions, page 12) Identify:	28				
29	Add lines 24 through 28	29				
30	Subtract line 29 from line 23. This is your New York adjusted gross income (If you claimed the standard deduction on your federal return, skip lines 31 through 45 and enter the line 30 amount on line 46 on the back page.)	30				

If you itemized your deductions on federal Form 1040, fill in lines 31 through 45 and continue on line 46.

Tax Computation	31	Medical and dental expenses (from federal Schedule A, line 4)	31				
	32	Taxes you paid (from federal Schedule A, line 8)	32				
	33	Interest you paid (from federal Schedule A, line 13)	33				
	34	Gifts to charity (from federal Schedule A, line 17)	34				
	35	Casualty and theft losses (from federal Schedule A, line 18)	35				
	36	Moving expenses (from federal Schedule A, line 19)	36				
	37	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 25)	37				
	38	Other miscellaneous deductions (from federal Schedule A, line 26)	38				
	39	Total itemized deductions (from federal Schedule A, line 27)	39				
	40	State, local and foreign income taxes included on line 32 (see instructions)	40				
41	Subtract line 40 from line 39	41					
42	Other adjustments (see instructions, page 14)	42					
43	Line 41 and add or subtract line 42	43					
44	Itemized deduction adjustment (if line 30 is more than \$100,000, see instructions, page 14; all others enter "0" on line 44)	44					
45	Subtract line 44 from line 43. This is your itemized deduction	45					
46	Enter the amount from line 30 on the front page (this is your New York adjusted gross income)	46					
47	Check appropriate box and enter the larger of: <input type="checkbox"/> your standard deduction from instructions, page 15, OR <input type="checkbox"/> your itemized deduction from line 45	47					
48	Subtract line 47 from line 46	48					
49	Dependent exemptions (from line c of Dependent Exemption Worksheet, instructions page 15)	49		000	00		
50	Subtract line 49 from line 48. This is your taxable income	50					
51	New York State tax on line 50 amount (use New York State Tax Table on yellow pages 29 through 36)	51					
Credits/Other Taxes/Gift/Totals	52	NY State child and dependent care credit • number of qualifying persons <input type="checkbox"/> cared for in 1990 • amount of federal credit for child and dependent care <input type="checkbox"/> x 20% (.20) =	52			Mail your completed return to: NYS Income Tax W. A. Harriman Campus Albany, NY 12227-0125	
	53	New York State household credit (from Table I, II or III, instructions page 16)	53				
	54	Other New York State credits (from Form IT-201-ATT, line 7; attach form)	54				
	55	Add lines 52, 53, and 54	55				
	56	Subtract line 55 from line 51 (if line 55 is more than line 51, enter "0")	56				
	57	Other New York State taxes (from Form IT-201-ATT, line 15; attach form)	57				
	58	Add lines 56 and 57. This is the total of your New York State taxes	58				
	59	City of New York resident tax (use City of NY Tax Table on white pages 37 — 44)	59				
	60	City of NY household credit (from Table IV, V or VI, page 17)	60				
	61	Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0")	61				
62	City of New York nonresident earnings tax (attach Form NYC-203)	62			See instructions for figuring city of New York taxes and city of Yonkers taxes.		
63	Other city of New York taxes (from Form IT-201-ATT, line 19; attach form)	63					
64	City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18)	64					
65	City of Yonkers nonresident earnings tax (attach Form Y-203)	65					
66	Part-year city of Yonkers resident income tax surcharge (attach Form IT-360.1)	66					
67	Add lines 61 through 66. This is the total of your city of New York and city of Yonkers taxes	67					
68	If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, pages 9 and 18)	68			00		
69	Add lines 58, 67 and 68. This is the total of your New York State, city of New York and city of Yonkers taxes, and Gift to Wildlife	69					
Payments	70	Real property tax credit (from Form IT-214, line 17; attach form)	70			• Attach Copy 2 of your wage and tax statements to the front of this return; see instructions. • Sign your return below.	
	71	Total New York State tax withheld (attach wage and tax statements to front)	71				
	72	Total city of New York tax withheld (attach wage and tax statements to front; see instructions)	72				
	73	Total city of Yonkers tax withheld (attach wage and tax statements to front; see instructions)	73				
	74	Estimated tax paid/Amount paid with Form IT-370	74				
75	Add lines 70 through 74. This is the total of your payments	75					
Refund/Owe	76	If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both)	76				
	77	Amount of line 76 to be refunded to you	77				
	78	Amount of line 76 to be applied to your 1991 estimated tax	78				
	79	If line 75 is less than line 69, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1990 income tax on it)	79				
80	Estimated tax penalty (see instructions, page 19)	80					

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Sign Your Return	Your signature	Date
	Firm's name (or yours, if self-employed)	Preparer's social security number			Spouse's signature (if joint return)	Date
Address		Employer identification number				