New York State Department of Taxation and Finance

Resident Income Tax Return

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

1996

IT-201

For office use only

For the year January 1, 1996, through December 31, 1996, or fiscal tax year beginning ,1996

ending ,19

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

▼ Spouse's social security number

City, village or post office | State | ZIP code

New York State county of residence

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 25)*.

School district name

Permanent home address *(number and street or rural route)* | Apartment number

School district code number

City, village or post office | State **NY** | ZIP code

If taxpayer is deceased, enter **first name** and **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 1996 **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 do not need forms mailed to you next year, mark an "X" in the box *(see instructions)* ☐

(E) Enter the number of exemptions claimed from your **federal** return, line **6d**

Federal Income and Adjustments

For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 14). Also, see instructions on page 14 for showing a loss.

		Dollars	Cents
1	Wages, salaries, tips, etc.	1.	
2	Taxable interest income	2.	
3	Dividend income	3.	
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 23 below)*	4.	
5	Alimony received	5.	
6	Business income or loss *(attach copy of federal Schedule C or C-EZ, Form 1040)*	6.	
7	Capital gain or loss *(if required, attach copy of federal Schedule D, Form 1040)*	7.	
8	Other gains or losses *(attach copy of federal Form 4797)*	8.	
9	Taxable amount of IRA distributions	9.	
10	Taxable amount of pensions and annuities	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 copy of federal Schedule F, Form 1040)*	12.	
13	Unemployment compensation	13.	
14	Taxable amount of social security benefits *(also enter on line 25 below)*	14.	
15	Other income *(see page 14)* *Identify:*	15.	
16	Add lines **1** through **15**	16.	
17	Total federal adjustments to income *(see page 14)* *Identify:*	17.	
18	**Subtract line 17 from line 16. This is your federal adjusted gross income**	18.	

New York Additions *(see page 15)*

19	Interest income on state and local bonds and obligations (but not those of NY State or its local governments)	19.	
20	Public employee 414(h) retirement contributions from your wage and tax statements *(see page 15)*	20.	
21	Other *(see page 15)* *Identify:*	21.	
22	Add lines **18** through **21**	22.	

New York Subtractions *(see page 17)*

23	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4 above)*	23.	
24	Pensions of NYS and local governments and the federal government *(see page 17)*	24.	
25	Taxable amount of social security benefits *(from line 14 above)*	25.	
26	Interest income on U.S. government bonds	26.	
27	Pension and annuity income exclusion	27.	
28	Other *(see page 17)* *Identify:*	28.	
29	Add lines **23** through **28**	29.	
30	**Subtract line 29 from line 22. This is your New York adjusted gross income** *(enter the line 30 amount on line 31 on the back page)*	30.	

Clip your check or money order to the front of this return.

Tax Computation *(see page 20)*

Dollars | Cents

31 Enter the amount from **line 30** on the front page *(this is your New York adjusted gross income)* . . . . . **31.**

32 Enter the **larger** of your **standard deduction** *(from page 20)* **or** your **itemized deduction** *(from* **Form IT-201-ATT, Part I, line 14;** *attach form).* Mark an **"X"** in the appropriate box: ☐ **Standard** ☐ **Itemized** **32.**

33 Subtract line 32 from line 31. . . . . **33.**

34 Exemptions **for dependents only** (not the same as total federal exemptions; *see page 20)* . . . . . **34.** 0 0 0 . 0 0

35 **Subtract line 34 from line 33. This is your taxable income** . . . . . **35.**

36 New York State tax on line 35 amount *(If line 31 above is $100,000 or less, use the* **NY State Tax Table** *on red pages 45 through 52. If line 31 is more than $100,000, you must complete* **Tax Computation Worksheet 1** *or* **2** *on page 20 to figure your tax.)* . . . . . **36.**

New York State Credits and Other Taxes *(see page 21)*

37 New York State household credit *(from Table I, II or III, page 21)* . **37.**

38 Other New York State credits *(from Form IT-201-ATT, line 21, attach form)* . **38.**

39 **Add lines 37 and 38** . . . . . ▶ **39.**

40 Subtract line 39 from line 36 *(if line 39 is more than line 36, leave blank)* . . . . . **40.**

41 Other New York State taxes *(from Form IT-201-ATT, line 34; attach form)* . . . . . **41.**

42 **Add lines 40 and 41.** This is the total of your New York State taxes. . . . . **42.**

City of New York and City of Yonkers Taxes and Credits

43 City of NY resident tax *(use the* **City of NY Tax Table** *on white pages 53-60)* **43.**

44 City of New York household credit *(from Table IV, V or VI, page 22)* . . **44.**
(CNYADC ☐☐☐☐☐☐☐ *)*

45 Subtract line 44 from line 43 *(if line 44 is more than line 43, leave blank)* . . . **45.**

46 City of New York **nonresident** earnings tax *(attach Form NYC-203)* . . . **46.**

47 Other city of New York taxes *(from Form IT-201-ATT, line 39; attach form)* . **47.**

48 City of Yonkers resident income tax surcharge *(see page 23)* . . . **48.**

49 City of Yonkers nonresident earnings tax *(attach Form Y-203)* . . . **49.**

50 Part-year city of Yonkers resident income tax surcharge *(attach Form IT-360.1)* . **50.**

51 **Add lines 45 through 50.** This is the total of your city of New York and city of Yonkers taxes . . . . . **51.**

See instructions on pages 21 through 23 for figuring city of New York and city of Yonkers taxes, credits and tax surcharges.

Voluntary Gifts/Contributions *(see page 23)*

52 Return a Gift to Wildlife ☐ . 00 Lake Placid Olympic Fund ☐ . 00
Breast Cancer Research and Education Fund ☐ . 00 **Total gifts/contributions** . . **52.** . 0 0

53 **Add lines 42, 51 and 52.** This is your total New York State, New York City and Yonkers taxes, and gifts/contributions . . . . . **53.**

Payments *(see page 23)*

54 NY State child and dependent care credit *(from Form IT-216; attach form)* . . **54.**

55 NY State earned income credit *(from Form IT-215; attach form)* . **55.**

56 Real property tax credit *(from Form IT-214, line 17; attach form)* . . . **56.**

57 Total **NY State** tax withheld *(staple wage and tax statements)* . . . . . **57.**

58 Total **city of NY** tax withheld *(staple wage and tax statements)* . . . **58.**

59 Total **city of Yonkers** tax withheld *(staple wage and tax statements)* . . . . . **59.**

60 Total of estimated tax payments, and amount paid with extension Form IT-370 . . . . . **60.**

61 **Add lines 54 through 60**. This is the total of your payments . . . . . **61.**

Staple your wage and tax statements at the top of the back of this return. See Step 7, page 26, for the proper assembly of your return and attachments.

Refund or Amount You Owe *(see page 24)*

If line 61 is **more than** line 53, figure **your refund**:

62 Subtract line 53 from line 61. This is the amount you **overpaid** . . . . . **62.**

63 Amount of line 62 that you want **refunded to you** . . . . . **Refund** **63.**

64 Estimated tax only: Amount of line 62 that you want applied to your 1997 estimated tax. Do not include any amount that you claimed as a refund on line 63. . . . . **64.**

If line 61 is **less than** line 53, figure the **amount you owe**:

65 Subtract line 61 from line 53. This is the **amount you owe**. *(Make check or money order payable to* **NY State Income Tax;** *write your social security number and* **1996 Income Tax** *on it.)* . . **Owe** **65.**

66 Estimated tax penalty. Include this amount in line 65 or reduce the overpayment on line 62 *(see page 25)* . . . . . **66.**

Mail your completed return to:
STATE PROCESSING CENTER
PO BOX 61000
ALBANY NY 12261-0001

Sign your return below.

Paid Preparer's Use Only	Preparer's signature	Date	Mark "X" if self-employed ☐	**Sign Your Return Here**	Your signature
	Firm's name *(or yours, if self-employed)*	Preparer's social security number			Spouse's signature *(if joint return)*
	Address	Employer identification number			Date / Daytime phone number (optional) ( )