

NYS ATS TEST SCENARIOS UPDATE #2

December 4, 2013

Condition	Form	Line	Changed from	Changed to
4803	IT-201	63	433	330
4803	IT-201	76	4750	4647
4803	IT-201	77, 78	4580	4477
4803	IT-213	7, 8	2624	2000
4803	IT-213	10, 12	1312	1000
4803	IT-213	13, 16	433	330

4806 Changed City from COVER PLAINS to DOVER PLAINS on IT-201

Condition	Form	Line	Changed from	Changed to
4806	IT-112.1	9	35	39
4806	IT-280	2 col. B	1321	2600
4806	IT-280	2 col. C	1480	3300
4806	IT-280	4c Col. B	2000	3321
4806	IT-280	4c Col. C	2000	3480

Condition	Form	Line	Changed from	Changed to
4807	IT-112-C	1	10500	105000
4807	IT-135	First line of the table of large purchases, column G	Blank	1080
4807	IT-135	1	blank	918
4807	IT-135	2	Blank	1998

Condition	Form	Line	Initial value	11/18 Update	Changed to
4808	IT-201	56	13	49	11
4808	IT-201	58	15	51	13
4808	IT-201	61, 62	737	773	735
4808	IT-201	80	287	323	285
4808	Y-203	4	1500	1333	1333 no change
4808	Y-203	5	9548	9715	9715 no change
4808	Y-203	6	13	49	11
4808	IT-272	6	150	150	blank

Condition	Form	Line	Changed from	Changed to
4810	IT-203	43	1579	1652
4810	IT-203	61	3938	3997
4810	IT-203	66	5264	5323
4810	IT-203	67, 68	5197	5256
4810	IT-203-ATT	10	1087	1137
4810	IT-203-ATT	11	196	205
4810	IT-203-ATT	13, 17	3938	3997

4810	IT-203-ATT	32	1579	1652
4810	IT-215	10	5599	5844
4810	IT-215	12	1680	1753
4810	IT-215	16, 18, 20, 22	1579	1652
4810	IT-215	26	1087	1137
4810	IT-215	27	196	205
4810	IT-217	15	16000	16300

4811 Form IT-203-B Schedule C Line 1 deleted checkbox marked as NO

Condition	Form	Line	Changed from	Changed to
4812	IT-182	Worksheet 3, col. (b) Net Loss	1000 (twice)	-1000 (twice)
4812	IT-182	Worksheet 3, col. (e) Loss	1000	-1000

4818 Added 414H-54 to W-2 (Employer Music Row)

Condition	Form	Line	Changed from	Changed to
4818	IT-249	21	0	40
4818	IT-249	22	709	669

Condition	Form	Line	Changed from	Changed to
4820	IT-2105.9	15	874	971
4820	IT-2105.9	21	19	382
4820	IT-2105.9	24	22	19

Condition	Form	Line	Changed from	Changed to
4832	IT-203	43	1579	1652
4832	IT-203	61	2438	2497
4832	IT-203	66	3764	3823
4832	IT-203	67, 68	3697	3756
4832	IT-203-ATT	10	1087	1137
4832	IT-203-ATT	11	196	205
4832	IT-203-ATT	13, 17	2438	2497
4832	IT-203-ATT	32	1579	1652
4832	IT-215	10	5599	5844
4832	IT-215	12	1680	1753
4832	IT-215	16, 18, 20, 22	1579	1652
4832	IT-215	26	1087	1137
4832	IT-215	27	196	205
4832	IT-216	6, 7	18500	18495

- 4839 W2 (Tavern) Employer State ID changed to 123456790
- 4842 Form IT-112-C line 46 is now blank.
- 4885 Changed line 9 from \$2500.00 to \$400,000.00 on IT-612
- 4888 Changed line 9 from \$5000.00 to \$500,000.00 on IT-612

Your social security number
400004803

62 Enter amount from line 61 **62** 170.00

Payments and refundable credits (see page 31)

63 Empire State child credit	63	330.00
64 NYS/NYC child and dependent care credit	64	1100.00
65 NYS earned income credit (EIC)	65	1522.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	66.00
68 College tuition credit	68	.00
69 NYC school tax credit (also complete F on page 1; see page 31)	69	63.00
70 NYC earned income credit	70	271.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	1295.00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments (add lines 63 through 75)	76	4647.00

Submit your wage and tax statements with your return (see page 33).

Your refund, amount you owe, and account information (see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) **77** 4477.00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check ... **78** 4477.00

79 Amount of line 77 that you want applied to your 2014 estimated tax (see instructions) **79** .00

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 an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **80** .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) **81** .00

82 Other penalties and interest (see page 35) **82** .00

See pages 33 and 34 for information about your three refund choices.

See page 35 for payment options.

See page 37 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

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. 35)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 011001742 83c Account number LOANXXXX400004803

84 Electronic funds withdrawal (see page 36) Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CLERK	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number () 555-6666
E-mail: CANASTA@ATS.COM	

201004130094



See instructions for where to mail your return.

Step 4 – Compute credit

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

6	Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51	6		.00
7	Enter your federal additional child tax credit from Form 1040A, line 39, or Form 1040, line 65.....	7	2000	.00
8	Add lines 6 and 7.....	8	2000	.00
9	Enter the number of children from line 4	9	02	
10	Divide line 8 by line 9	10	1000	.00
11	Enter the number of children from line 5	11	01	
12	Multiply line 10 by line 11.....	12	1000	.00
13	Multiply line 12 by 33% (.33)	13	330	.00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.
All others continue with line 14.

14	Enter the number of children from line 5	14	01	
15	Multiply line 14 by 100.....	15	100	.00
16	Empire State child credit (<i>enter the amount from line 13 or line 15, whichever is greater</i>)	16	330	.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns (see instructions)

17	Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank	17		.00
	Enter here and on Form IT-201, line 63.			
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank	18		.00
	Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.			





New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

For the full year January 1, 2013, through December 31, 2013, or fiscal year beginning ... **13**
and ending ...

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

Your first name and middle initial GEORGE L		Your last name (for a joint return, enter spouse's name on line below) CHARITY		Your date of birth (mm-dd-yyyy) 12-25-1960	Your social security number 400004806
Spouse's first name and middle initial MARY B		Spouse's last name CHARITY		Spouse's date of birth (mm-dd-yyyy) 10-31-1962	Spouse's social security number 400004856
Mailing address (see instructions, page 12) (number and street or rural route) 923 HOPE CT				Apartment number	New York State county of residence DUTCHESS
City, village, or post office DOVER PLAINS		State NY	ZIP code 12522	Country (if not United States)	
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route) Apartment number					School district code number 149
City, village, or post office		State NY	ZIP code	Decedent information	Taxpayer's date of death Spouse's 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 2013 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D Did you have a financial account located in a foreign country? (see page 13) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2013? (see page 13) Yes No

(2) Enter the number of days spent in NYC in 2013 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months you lived in NYC in 2013

(2) Number of months your spouse lived in NYC in 2013

G Enter your 2-character special condition code if applicable (see page 13) C7

If applicable, also enter your second 2-character special condition code E3

H Dependent exemption information (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
CAROLINE	CHARITY	DAUGHTER	400884848	04-01-1996
CHRISTOPHER	CHARITY	SON	400884849	05-01-1997
CANDACE	CHARITY	DAUGHTER	400884850	06-01-1998

If more than 9 dependents, mark an X in the box.



Figuring your resident credit against separate tax on lump-sum distributions paid to a province of Canada

5 Enter the name of the province of Canada where tax was paid: ONTARIO

6 Enter (in U.S. dollars) the amount of separate tax on lump-sum distributions paid to the Canadian province, including the tax on the capital gain part you elected to treat as ordinary income 6 35.00

The amount to be entered is the amount of separate tax on the ordinary income part of lump-sum distributions required to be paid after subtracting any credit against the separate tax (other than prepayments made through withholding or estimated tax).

If the ordinary income part of a lump-sum distribution is not subject to a separate tax by a Canadian province but is included as income under an income tax imposed by the province, determine the amount to be entered above using the following formula:

Amount from federal Form 4972, line 8 that is subject to tax by the above Canadian province \$.00 x Total tax payable to the above Canadian province (after any credits, exclusive of prepayments) \$.00 = Amount constituting a separate tax on the ordinary income part of lump-sum distributions imposed by the above province of Canada (enter on line 6)

7 Enter the amount from federal Form 1116, Part II, line 8, that pertains to the separate tax on lump-sum distributions paid to the above province 7 .00

8 Portion of the Canadian province's separate tax on lump-sum distributions not claimed as a credit for federal purposes (subtract line 7 from line 6) 8 35.00

9 The credit against New York State separate tax on lump-sum distributions may not exceed:

(a) Amount from Form IT-230, line 3 that is subject to tax by both New York State and the above Canadian province \$ 3700.00 x New York State amount from Form IT-230, line 24 \$ 40.00 = Credit allowable 9 39.00

(b) The credit allowed may not reduce the New York State separate tax on the ordinary income part of lump-sum distributions to an amount less than would be due if the ordinary income part of a lump-sum distribution, subject to tax by both New York State (Tax Law section 603) and by the Canadian province, were excluded from New York State separate tax on lump-sum distributions.

10 Resident credit claimed against New York State separate tax on lump-sum distributions: Enter the amount from line 8 or line 9, whichever is less 10 35.00

Individuals: Enter the line 10 amount on Form IT-201-ATT, line 27, or Form IT-203-ATT, line 26.

Fiduciaries: Subtract the line 10 amount from the separate tax on lump-sum distributions computed on Form IT-230, and include the net amount on Form IT-205, line 12.

If any portion of the Canadian provincial income tax that entitled you to a New York State credit is claimed as a foreign tax credit on your federal return in a succeeding tax year, the amount claimed here as a credit against New York State tax due must be added back to your New York State tax liability for that succeeding tax year.

Submit this form, a copy of federal Form 1116, and a copy of federal Form 4972 with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late filing penalties.





Nonobligated Spouse Allocation

Part 1 – Information about the joint return for which this claim is filed

Enter the following information exactly as it is shown on the tax return for which you are filing this claim. The spouse's name and social security number shown first on that tax return must also be shown first below.

First name, middle initial, and last name shown first on the return GEORGE L CHARITY	Social security number shown first 400004806	If nonobligated spouse, mark an X here <input type="checkbox"/>
First name, middle initial, and last name shown second on the return MARY B CHARITY	Social security number shown second 400004856	If nonobligated spouse, mark an X here <input checked="" type="checkbox"/>

Did you receive a *Notice of Claim Against Your Income Tax Refund*? Yes No
If Yes, please submit a copy with this form.

Part 2 – Allocation of items on the joint tax return between spouses

Allocated items	a – Allocated to nonobligated spouse	b – Allocated to other spouse	c – Amount shown on joint return												
Lines 1a, 1b, and 1c Income – Allocate separate income to the spouse who earned it. Allocate joint income, such as interest earned on a joint bank account, as you determine. Be sure to allocate all income shown on the joint return.															
1a Wages (from Forms IT-201 and IT-203, line 1)	6840 .00	23160 .00	30000 .00												
1b All other income – Identify the type and amount below (from Form IT-201, lines 2 through 16; Form IT-203, lines 2 through 16, Federal amount column).															
<table border="1"> <thead> <tr> <th>A – Type</th> <th>B – Amount</th> </tr> </thead> <tbody> <tr> <td>TAXABLE INTEREST INCOME</td> <td>4300.00</td> </tr> <tr> <td>ORDINARY DIVIDENDS</td> <td>6190.00</td> </tr> <tr> <td>CAPITAL GAINS (SCH D)</td> <td>72.00</td> </tr> <tr> <td>TAXABLE PENSION</td> <td>12640.00</td> </tr> <tr> <td>RENTAL REAL ESTATE (SCH E)</td> <td>13200.00</td> </tr> </tbody> </table>	A – Type	B – Amount	TAXABLE INTEREST INCOME	4300.00	ORDINARY DIVIDENDS	6190.00	CAPITAL GAINS (SCH D)	72.00	TAXABLE PENSION	12640.00	RENTAL REAL ESTATE (SCH E)	13200.00			
A – Type	B – Amount														
TAXABLE INTEREST INCOME	4300.00														
ORDINARY DIVIDENDS	6190.00														
CAPITAL GAINS (SCH D)	72.00														
TAXABLE PENSION	12640.00														
RENTAL REAL ESTATE (SCH E)	13200.00														
Total (add column B amounts) CONT'D. SEE ATT'D. SHEET00	52806 .00	52806 .00												
1c Total income (add lines 1a and 1b)	6840 .00	75966 .00	82806 .00												
2 Federal adjustments to income – Allocate separate adjustments, such as an IRA deduction, to the spouse to whom they belong (from Form IT-201, line 18; Form IT-203, line 18, Federal amount column)	700 .00	2600.00	3300.00												
3 Total New York State/New York City/Yonkers taxes and sales or use tax (Form IT-201, add lines 46, 58, and 59; Form IT-203, add lines 50, 55, and 56)			2747.00 .00												
4a Income tax withheld – Allocate New York State/New York City/Yonkers income tax withheld to each spouse as shown on federal Forms W-2	159 .00	1321 .00	1480 .00												
4b Estimated tax payments (including estimated tax paid by nonresidents on the sale or transfer of real property, estimated tax paid by nonresidents on the gain from the sale of shares of stock in a cooperative housing corporation, and estimated tax paid on your behalf by a partnership or corporation) and a amount paid with extension Form IT-370 – Allocate joint estimated tax payments (Form IT-201, line 75; Form IT-203, line 65)00	2000 .00	2000 .00												
4c Total prepayments (add lines 4a and 4b)	159 .00	3321.00	3480.00												

Note: The Tax Department will figure the amount of any refund due the nonobligated spouse.





New York State Resident Credit for Taxes Paid to a Province of Canada

Complete this form if you want to claim a resident credit or if you have an addback for taxes paid to a province of Canada.

Name(s) as shown on return ROBERT MICHAELS	Identifying number as shown on return 400004807
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Submit this form and a copy of federal Form 1116 with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties. If you are not required to file federal Form 1116, see instructions.

Part 1 – Income and adjustments <i>(see instructions)</i>	A		B	
	Amount reported on New York State return		Amount sourced to and taxed by the Canadian province	
Report all amounts in U.S. dollars.	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc.	1	105000.00	1	.00
2 Taxable interest income.....	2	500.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes.....	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss.....	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities.....	10	4000.00	10	4000.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	.00	11	.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of social security benefits.....	14	.00	14	.00
15 Other income.....	15	10000.00	15	.00
16 Add lines 1 through 15	16	119500.00	16	4000.00
17 Total federal adjustments to income.....	17	.00	17	.00
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i>	18	119500.00	18	4000.00
19 New York adjustments <i>(see instructions)</i>	19	.00	19	
20 New York adjusted gross income <i>(line 18 and add or subtract line 19; see instructions)</i>	20	119500.00	20	4000.00
21 Capital gain portion of lump-sum distributions <i>(see instr.)</i> ...	21	.00	21	.00
22 Add lines 20 and 21.....	22	119500.00	22	4000.00

(continued)





New York State Department of Taxation and Finance

Sales and Use Tax Report for Purchases of Items and Services Costing \$25,000 or More

IT-135

Submit this form with Form IT-201, IT-203, IT-205, ST-140, or ST-141. (See instructions on back.)

Name as shown on income tax return or sales and use tax return ROBERT MICHAELS	Social security or employer identification number 400004807
Spouse's name as shown on income tax return, if applicable	Spouse's social security number

Complete columns A through G for each item or service costing \$25,000 or more (excluding shipping and handling) on which you owe sales or use tax.

A Date item or service was delivered/brought into New York	B Description of item or service purchased	C Seller's name and address	D Delivery address and address of use (if different from delivery address)	E Purchase price	F Tax paid to another taxing jurisdiction, if any	G Tax due to NYS
03-03-2013	WINDOWS AND DOORS	INTRNL INSULATION BRANT AVE NW CONTON OH INTLINSULATION@NY.PR.COM	50 CHESTNUT ST ROCHESTER NY 14604 441 AMES ST ROCHESTER NY 14611	26000.00	1000.00	1080.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00

1 Enter the total sales or use tax due on purchases not listed above	1	918.00
2 Total sales or use tax (total the column G amounts; this must equal the sales or use tax reported on your return).....	2	1998.00



Name(s) as shown on page 1
FRANCIS N POWERS

Your social security number
400004808

Tax computation, credits, and other taxes (see page 25)

38	Taxable income (from line 37 on page 2)	38	6400.00
39	NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	39	257.00
40	NYS household credit (page 25, table 1, 2, or 3)	40	35.00
41	Resident credit (see page 26)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	35.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	222.00
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	222.00

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

47	NYC resident tax on line 38 amount (see page 26)	47	.00
48	NYC household credit (page 26, table 4, 5, or 6)	48	.00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00
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
55	Yonkers resident income tax surcharge (see page 28)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	11.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	2.00
58	Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58	13.00
59	Sales or use tax (see page 29; do not leave line 59 blank)	59	500.00

See instructions on pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.

Voluntary contributions (see page 30)

60a	Return a Gift to Wildlife	60a	.00
60b	Missing/Exploited Children Fund	60b	.00
60c	Breast Cancer Research Fund	60c	.00
60d	Alzheimer's Fund	60d	.00
60e	Olympic Fund (\$2 or \$4; see page 30)	60e	.00
60f	Prostate Cancer Research Fund	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
60	Total voluntary contributions (add lines 60a through 60j)	60	.00
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)	61	735.00



Your social security number
400004808

62 Enter amount from line 61 **62** 735.00

Payments and refundable credits (see page 31)

63 Empire State child credit	63	.00
64 NYS/ NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	150.00
69 NYC school tax credit (also complete F on page 1; see page 31)	69	.00
70 NYC earned income credit	70	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	200.00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	75.00
75 Total estimated tax payments and amount paid with Form IT-370	75	25.00
76 Total payments (add lines 63 through 75)	76	450.00

Submit your wage and tax statements with your return (see page 33).

Your refund, amount you owe, and account information (see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) **77** .00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check ... **78** .00

79 Amount of line 77 that you want applied to your 2014 estimated tax (see instructions) **79** .00

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 an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **80** 285.00

See pages 33 and 34 for information about your three refund choices.

See page 35 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) **81** .00

82 Other penalties and interest (see page 35) **82** .00

See page 37 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

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. 35)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 36) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation PRINTER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (518) 555-6666
E-mail: POWERS@ATS.COM	

201004130094



See instructions for where to mail your return.



Yonkers Nonresident Earnings Tax Return

For the full year January 1, 2013, through December 31, 2013, or fiscal year beginning [] and ending []

Name as shown on Form IT-201 or IT-203 FRANCIS N POWERS	Social security number 400004808
--	-------------------------------------

A Were you a Yonkers resident for any part of the taxable year? (mark an X in the appropriate box) Yes No (see instructions)
 (See the instructions for Form IT-201 or IT-203 for the definition of a resident.)
 If Yes: 1. Give period of Yonkers residence. From (mm-dd-yyyy) 09-01-2013 to (mm-dd-yyyy) 12-31-2013
 2. Are you reporting Yonkers resident income tax surcharge on your New York State return? Yes No (submit explanation)
 3. You must complete and submit Form IT-360.1 (see instructions).

B Did you or your spouse maintain an apartment or other living quarters in Yonkers during any part of the year? Yes No
 If Yes, give address below and enter the number of days spent in Yonkers during 2013: 104 days
 Address: 14 ABBEY PLACE YONKERS NY 10705

C Are you reporting income from self-employment (on line 2 below)? Yes No If Yes, complete the following:
 Business name _____ Business address _____
 Employer identification number _____ Principal business activity _____
 Form of business: Sole proprietorship Partnership Other (explain) _____

Calculation of nonresident earnings tax

1	Gross wages and other employee compensation (see instructions; if claiming an allocation, include amount from line 22)	1	11048.00
2	Net earnings from self-employment (see instructions; if claiming an allocation, include amount from line 32; if a loss, write loss on line 2)	2	.00
3	Add lines 1 and 2 (if line 2 is a loss, enter amount from line 1)	3	11048.00
4	Allowable exclusion (see instructions; use Exclusion table below)	4	1333.00
5	Taxable amount (subtract line 4 from line 3; if line 4 is more than line 3, enter 0)	5	9715.00
6	Total nonresident earnings tax (multiply line 5 by 0.5% (.005)). Enter the line 6 amount on Form IT-201, line 56, or Form IT-203, line 53.	6	11.00

Checklist

Before filing your return, be sure to:

- Complete items A, B, and C and lines 1 through 6.
- Complete Schedules A, B, and C on the back, if required.
- Enter your total nonresident earnings tax on Form IT-201 or IT-203.
- **Submit this form with your New York State return: Form IT-201 or IT-203.**

Exclusion table (for line 4)

Number of months of Yonkers nonresidence or short tax year	If line 3 (total wages and net earnings)* is:		
	over \$0 but not over \$10,000	over \$10,000 but not over \$20,000	over \$20,000 but not over \$30,000
12	\$3,000	\$2,000	\$1,000
11	2,750	1,833	917
10	2,500	1,667	833
9	2,250	1,500	750
8	2,000	1,333	667
7	1,750	1,167	583
6	1,500	1,000	500
5	1,250	833	417
4	1,000	667	333
3	750	500	250
2	500	333	167
1	250	167	83

* If the total of wages and net earnings (amount from line 3) exceeds \$30,000 for the year, there is no exclusion amount.



Part 2 – Complete Part 2 if your total qualified college tuition expenses on line 3 are less than \$5,000.

4 Credit limitation (\$200)..... **4** 200.00

5 Enter the lesser of line 3 or line 4. This is your **college tuition credit** **5** 150.00

- If you **did not itemize your deductions** on your federal return, enter the line 5 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 3 – Complete Part 3 if your total qualified college tuition expenses on line 3 are \$5,000 or more.

6 Enter the amount from **line 3**..... **6** .00

7 Multiply **line 6** by 4% (.04). This is your **college tuition credit** **7** .00

- If you **did not itemize your deductions** on your federal return, enter the line 7 amount on Form IT-201, line 68.
- If you **itemized your deductions** on your federal return, continue with Part 4.

Part 4 – College tuition itemized deduction election

If you itemized your deductions on your federal return, you may elect to claim the **college tuition itemized deduction** instead of the college tuition credit. To compute your college tuition itemized deduction, complete **Worksheet 1** in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete **Worksheet 2** in the instructions for this form.

8 Mark an **X** in this box **only** if you elect to claim the **college tuition itemized deduction** **8**

- If you marked an **X** in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on your itemized deduction schedule. **Do not** enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction **or** the credit, but not both.
- If you **did not** mark an **X** in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

Important: If you are claiming the college tuition credit or the college tuition itemized deduction, you **must submit** Form IT-272 with your return.



Name(s) as shown on page 1
ROBERT S PLANT

Enter your social security number
400004810

Tax computation, credits, and other taxes (see page 34)

37	New York taxable income (from line 36 on page 2)	37	2500.00
38	New York State tax on line 37 amount (see page 34 and Tax computation on pages 66, 67, and 68)	38	101.00
39	New York State household credit (page 34, table 1, 2, or 3)	39	105.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	.00
41	New York State child and dependent care credit (see page 35)	41	1279.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	.00
43	New York State earned income credit (see page 35)	43	1652.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 .00

45 Income percentage (see page 35) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places 45

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50	Total New York State taxes (add lines 48 and 49)	50	.00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (Form IT-360.1)	51	81.00
52	New York City minimum income tax (Form IT-220)	52	.00
52a	Add lines 51 and 52	52a	81.00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	81.00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55	Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55	.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56 Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.) 56 20.00

Voluntary contributions (see page 37)

57a	Return a Gift to Wildlife	57a	5.00
57b	Missing/Exploited Children Fund	57b	5.00
57c	Breast Cancer Research Fund	57c	5.00
57d	Alzheimer's Fund	57d	5.00
57e	Olympic Fund (\$2 or \$4)	57e	2.00
57f	Prostate Cancer Research Fund	57f	5.00
57g	9/11 Memorial	57g	5.00
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	5.00
57i	Teen Health Education	57i	5.00
57j	Veterans Remembrance	57j	5.00

57 Total voluntary contributions (add lines 57a through 57j) 57 47.00

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) 58 67.00



Enter your social security number
400004810

59 Enter amount from line 58 59 67.00

Payments and refundable credits (see page 38)

60 Part-year NYC school tax credit (also complete E on front; see page 38) ...	60	31.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	3997.00
62 Total New York State tax withheld	62	1295.00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	5323.00

Submit your wage and tax statements with your return (see page 38).

Your refund, amount you owe, and account information (see pages 39 through 42)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67 5256.00

68 Amount of line 67 to be refunded
Mark one refund choice: direct deposit (fill in line 73) - or - debit card - or - paper check ... 68 5256.00

69 Amount of line 67 that you want applied to your 2014 estimated tax (see instructions) 69 .00

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 70 .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40) 71 .00

72 Other penalties and interest (see page 40) 72 .00

See pages 39 and 40 for information about your three refund choices.

See page 40 for payment options.

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 41).

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. 41)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 41) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	
E-mail:		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation AIDE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (518) 555-6666
E-mail: CANASTA@ATS.COM	

See instructions for where to mail your return.





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on your Form IT-203 ROBERT S PLANT	Your social security number 400004810
--	--

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Part 1 – Other tax credits (submit all applicable forms)

Section A – New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Resident credit	1	.00
2 Accumulation distribution credit (submit computation).....	2	.00
3 Other nonrefundable, non-carryover credits		

Code	Amount	Code	Amount
3a	.00	3b	.00
Total other nonrefundable, non-carryover credits (add lines 3a and 3b).....			
		3	.00

Section B – New York State nonrefundable, carryover credits used

4 Long-term care insurance credit	4	.00
5 Investment credit	5	.00
6 Part-year solar energy system equipment credit	6	.00
7 Other nonrefundable, carryover credits		

Code	Amount	Code	Amount
7a	.00	7h	.00
7b	.00	7i	.00
7c	.00	7j	.00
7d	.00	7k	.00
7e	.00	7l	.00
7f	.00	7m	.00
7g	.00	7n	.00
Total other nonrefundable, carryover credits (add lines 7a through 7n)			
		7	.00

8 Total New York State nonrefundable credits used (add lines 1 through 7; enter here and on Form IT-203, line 47)	8	.00
--	---	-----

Section C – New York State, New York City, and Yonkers refundable credits

9 Part-year resident refundable New York State child and dependent care credit.....	9	880.00
9a Part-year resident refundable New York City child and dependent care credit	9a	275.00
10 Part-year resident refundable New York State earned income credit	10	1137.00
11 Part-year resident refundable New York City earned income credit	11	205.00
12 Other NY State refundable credits		

Code	Amount	Code	Amount
12a	217 1500.00	12g	.00
12b	.00	12h	.00
12c	.00	12i	.00
12d	.00	12j	.00
12e	.00	12k	.00
12f	.00	12l	.00
Total other refundable credits (add lines 12a through 12l)			
		12	1500.00
13 Add lines 9 through 12		13	3997.00
14 New York State claim of right credit		14	.00
15 New York City claim of right credit		15	.00
16 Yonkers claim of right credit		16	.00
17 Total New York State, New York City, and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61)		17	3997.00



Enter your social security number
400004810

Part 2 – Other New York State taxes (submit all applicable forms)

18 NY State tax on capital gain portion of lump-sum distributions (Form IT-230-I, worksheet C, line 7) **18** .00

19 Other New York State taxes

Code	Amount	Code	Amount
19a	.00	19g	.00
19b	.00	19h	.00
19c	.00	19i	.00
19d	.00	19j	.00
19e	.00	19k	.00
19f	.00	19l	.00
Total other New York State taxes (add lines 19a through 19l) 19 .00			

20 Add lines 18 and 19 **20** .00

21 Enter amount from Form IT-203, line 47 **21** .00

22 Enter amount from Form IT-203, line 46 **22** .00

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank) **23** .00

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank) **24** .00

25 New York State separate tax on lump-sum distributions (Form IT-230) **25** .00

26 Resident credit against separate tax on lump-sum distributions **26** .00

27 Subtract line 26 from line 25 **27** .00

28 New York State minimum income tax (Form IT-220) **28** .00

29 Add lines 24, 27, and 28 **29** .00

30 Excess child and dependent care credit **30** 1279.00

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31** .00

32 Excess New York State earned income credit **32** 1652.00

33 Net other New York State taxes (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on Form IT-203, line 49) **33** .00





New York State Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return: ROBERT S PLANT; Your social security number: 400004810

- 1 Did you claim the federal earned income credit? If No, stop; you do not qualify for these credits.
2 Is your investment income (see instructions) greater than \$3,300? If Yes, stop; you do not qualify for these credits.
3 Have you already filed your New York State income tax return? If Yes, you must file an amended NYS return.
4 Did you claim qualifying children on your federal Schedule EIC? If No, continue with line 5.

Table with 7 columns: First name and middle initial, Last name, Relationship, Number of months lived with you, Full-time student*, Person with disability*, Social security number, Date of birth (mm-dd-yyyy). Rows include ROBERT S PLANT JR, MOLLY S PLANT, and JILL S PLANT.

* Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your federal earned income credit (EIC) for you? If Yes, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).
6 Wages, salaries, tips, etc., from Worksheet A line 3, on page 2 of the instructions, Form IT-215-I.
7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here.
8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)
9 Enter your federal adjusted gross income
10 Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)
11 New York State earned income credit (NYS EIC) rate 30% (.30)
12 Tentative NYS EIC (multiply line 10 by line 11; see instructions)

Complete Worksheet B on the back page before continuing.

- 13 Enter the amount from Worksheet B, line 5, on the back of this form.
14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39)
15 Enter the smaller of line 13 or line 14
16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions)
17 If your New York State filing status is 3, Married filing separate return, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below.
Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)



Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18	Enter your New York State earned income credit (from line 16 or line 17)	18	1652.00
19	Enter the amount from Form IT-203, line 42	19	.00
- If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. - If line 19 is less than line 18, continue on line 20 below.			
20	Excess New York State earned income credit (subtract line 19 from line 18)	20	1652.00
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21	.00
- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. - If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.			
22	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22	1652.00
23	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	23	10805.00
24	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24	15695.00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25	0.6884
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26	1137.00

New York City earned income credit (full-year and part-year New York City residents)

27	From <i>Worksheet C, New York City earned income credit</i> , on page 3 of Form IT-215-1, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11. Part-year New York City residents must also complete line 28 below.	27	205.00		
28	Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A	16300.00	28B	11410.00

Worksheet B

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1	101.00
2	Resident credit (see instructions)	2	.00
3	Accumulation distribution credit (see instructions)	3	.00
4	Add lines 2 and 3	4	.00
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5	101.00





Claim for Farmers' School Tax Credit

IT-217

Submit this form with Form IT-201, IT-203, or IT-205.

Name(s) as shown on return ROBERT S PLANT	Identifying number as shown on return 400004810
--	--

Note: Before completing this form, complete Form IT-201 through line 33, Form IT-203 through line 32, or Form IT-205 through line B.

Part 1 – Eligibility (see instructions)

If you mark an **X** in a **No** box for item A, B, C, or D, **stop**; you do not qualify for this credit.

- A Did you have qualified agricultural property for tax year 2013? (see instr., Form IT-217-I) Yes No
- B Were eligible school district property taxes paid on that property during tax year 2013? (see instructions) Yes No
- C Complete Worksheet A on page 3 of the instructions. Is the amount shown on line 6 of Worksheet A less than \$300,000? Yes No

- D Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete Worksheet D on page 9 of the instructions. Is the percentage shown on line 28 of Worksheet C or line 28 of Worksheet D at least 0.6667 (66.67%)? (see instructions) Yes No
- E If you and one or more related persons (see instructions) each owned qualified agricultural property on March 1, 2013, mark an **X** here and see the instructions for Part 2, line 5
- F If all or part of your qualified agricultural property was converted to nonqualified use during tax year 2013, mark an **X** here (see instructions)

Part 2 – Computation of credit (see instructions)

1 Individuals: Enter the total acres of qualified agricultural property owned by you during tax year 2013 (see instructions)	1	1500
2 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column A	2	
3 Fiduciaries: Enter fiduciary's share of qualified agricultural property from Part 5, column C	3	
4 Add lines 1, 2, and 3	4	1500
5 Enter total base acreage amount (see instructions)	5	350
6 Subtract line 5 from line 4 (if zero or less, skip lines 7 and 8, enter 1.0000 (100%) on line 9, and continue on line 10) ...	6	1150
7 Multiply line 6 by 50% (.5)	7	575
8 Add lines 5 and 7	8	925
9 Divide line 8 by line 4 and round the result to the fourth decimal place	9	0.6167
10 Individuals: Enter the eligible school taxes you paid during 2013 (see instr.)	10	2432.00
11 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column B	11	.00
12 Fiduciaries: Enter fiduciary's share of eligible taxes from Part 5, column D	12	.00
13 Add lines 10, 11, and 12	13	2432.00
14 Multiply line 13 by line 9	14	1500.00
15 Enter amount from Worksheet A, line 6, on page 3 of the instructions (if line 15 amount is \$200,000 or less, skip lines 16, 17, and 18, and enter the line 14 amount on line 19; see instr.)	15	16300.00
16 Enter the excess of line 15 over \$200,000 (cannot exceed \$100,000)	16	.00
17 Divide line 16 by \$100,000, and round the result to the fourth decimal place (cannot exceed 1.0000 (100%))	17	
18 Multiply line 14 by line 17	18	.00
19 Farmers' school tax credit (subtract line 18 from line 14; see instructions)	19	1500.00



Enter your social security number
400004811

Schedule C – College tuition itemized deduction worksheet (See the instructions for Schedule C.)

1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? **1** Yes No

- If **Yes**, stop; you do not qualify for the college tuition itemized deduction.
- If **No**, continue. Complete lines A through H below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.

	1 – Student 1		2 – Student 2		3 – Student 3	
A Eligible student's name						
B Eligible student's social security number (SSN)						
C Is the student claimed as a dependent on your NYS return? (see instructions) .....	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes <input type="checkbox"/> No <input type="checkbox"/>
D EIN of college or university (see instr.)						
E Name of college or university (see instr.) ...						
F Were expenses for undergraduate tuition? (see instructions) .....	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes <input type="checkbox"/> No <input type="checkbox"/>
G Amount of qualified college tuition expenses (see instructions) .....		.00		.00		.00
H Enter the lesser of line G or 10,000 .....		.00		.00		.00

2 College tuition itemized deduction (add line H, columns 1, 2, and 3; include amounts from any additional sheets). Also enter this amount on your itemized deduction schedule.....

200

Schedule A – Allocation of wage and salary income to New York State

2a Total days (see instructions)		2a	
Nonworking days included in line 2a:			
2b Saturdays and Sundays (not worked)	2b		
2c Holidays (not worked)	2c		
2d Sick leave	2d		
2e Vacation	2e		
2f Other nonworking days	2f		
2g Total nonworking days (add lines 2b through 2f)		2g	
2h Total days worked in year at this job (subtract line 2g from line 2a)		2h	
2i Total days included in line 2h worked outside New York State	2i		
2j Enter number of days worked at home included in line 2i amount	2j		
2k Subtract line 2j from line 2i		2k	
2l Days worked in New York State (subtract line 2k from line 2h)		2l	
2m Enter number of days from line 2h above		2m	
2n Divide line 2l by line 2m; round the result to the fourth decimal place		2n	
2o Wages, salaries, tips, etc. (to be allocated)	2o		.00
2p New York State allocated wage and salary income (multiply line 2n by line 2o)	2p		.00

Include the line 2p amount on Form IT-203, line 1, in the New York State amount column.



Caution: File this form and its worksheets with your tax return. Keep a copy for your records.

Worksheet 1 – For Form IT-182, lines 1a, 1b, and 1c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income <i>(line 1a)</i>	(b) Net loss <i>(line 1b)</i>	(c) Unallowed loss <i>(line 1c)</i>	(d) Gain	(e) Loss
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Form IT-182, lines 1a, 1b, and 1c .....			.00	.00	.00		

Worksheet 2 – For Form IT-182, lines 2a and 2b (see instructions)

Name of activity/property description and address	(a) Current year deductions <i>(line 2a)</i>	(b) Prior years' unallowed deductions <i>(line 2b)</i>	(c) Overall loss
	.00	.00	.00
	.00	.00	.00
	.00	.00	.00
	.00	.00	.00
Totals. Enter on Form IT-182, lines 2a and 2b.....	.00	.00	

Worksheet 3 – For Form IT-182, lines 3a, 3b, and 3c (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income <i>(line 3a)</i>	(b) Net loss <i>(line 3b)</i>	(c) Unallowed loss <i>(line 3c)</i>	(d) Gain	(e) Loss
MACHINE RENTAL	7-27-1988	12-31-2011	500.00	.00	.00	500	.00
			.00	.00	.00	.00	.00
MACHINE RENTAL	7-27-2000	12-31-2013	.00	-1000 .00	.00	.00	-1000 .00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Form IT-182, lines 3a, 3b, and 3c			500.00	-1000 .00	.00		

Worksheet 4 – Use this worksheet if an amount is shown on Form IT-182, line 10 or 14 (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals.....		.00	1.00	.00	.00



22222		a Employee's social security number 400004818		OMB No. 1545-0008	
b Employer identification number (EIN) 631234561			1 Wages, tips, other compensation 17725		2 Federal income tax withheld
c Employer's name, address, and ZIP code MUSIC ROW 123 JAMES ST QUINTON AL 35130			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial ROBIN D		Last name RICHARD SR		Suff.	11 Nonqualified plans
f Employee's address and ZIP code 1234 THOMAS PL YONKERS NY 10701			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a
			14 Other 414H-54		12b
					12c
					12d
15 State NY	Employer's state ID number 631234561	16 State wages, tips, etc. 17725	17 State income tax 410	18 Local wages, tips, etc. 17725	19 Local income tax 62
					20 Locality name YK

Form **W-2** Wage and Tax Statement

2013

Department of the Treasury – Internal Revenue Service

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return

W-2 INDICATOR- S

Schedule E – Computation of credit available for the current year

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8	100 .00
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9	200 .00
Fiduciaries	10	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	10	.00
11 Total credit available for the current year (add lines 8, 9, and 10)			11	300 .00

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H.
Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.
Partnerships: Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12 Enter the amount from line 11	12	300 .00
13 Enter the carryover credit from last year's Form IT-249	13	100 .00
14 Total credit (add lines 12 and 13; complete Schedule H)	14	400 .00

Schedule G – New York State nonresidents and part-year residents computation of total credit

15 Enter the amount from line 11	15	.00
16 Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000)	16	
17 Nonresident and part-year resident credit (multiply line 15 by line 16)	17	.00
18 Enter the carryover credit from last year's Form IT-249	18	.00
19 Total credit (add lines 17 and 18; complete Schedule H)	19	.00

Schedule H – Computation of credit used and carried over

20 Tax due before credits (see instructions)	20	709 .00
21 Credits applied against the tax before this credit (see instructions)	21	40 .00
22 Net tax (subtract line 21 from line 20)	22	669 .00
23 Credit used for the current tax year (see instructions)	23	400 .00
24 Amount of credit available for carryover to next year. Full-year residents: Subtract line 23 from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19	24	.00





New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return DANIEL T THOMAS	Identification number (SSN or EIN) 400004820
---	---

Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2013 return before withholding and estimated tax payments (<i>caution: see instructions</i>)	1	1034.00
2 Empire State child credit (from Form IT-201, line 63)	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5	.00
6 Real property tax credit (from Form IT-201, line 67)	6	.00
7 College tuition credit (from Form IT-201, line 68)	7	.00
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	8	63.00
9 NY City earned income credit (from Form IT-201, line 70)	9	.00
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10	11	63.00
12 Current year tax (subtract line 11 from line 1)	12	971.00
13 Multiply line 12 by 90% (.90)	13	874.00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	.00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15	971.00
16 Enter your 2012 tax (<i>caution: see instructions</i>)	16	1112.00
17 Enter the smaller of line 13 or line 16	17	874.00

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 – Regular method*.

18 Enter the amount from line 14 above	18	.00
19 Enter the total amount of estimated tax payments you made (see instructions)	19	492.00
20 Add lines 18 and 19	20	492.00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21	382.00
22 Multiply line 21 by .04985 and enter the result	22	19.00
23 If the amount on line 21 was paid on or after April 15, 2014, enter 0. If the amount on line 21 was paid before April 15, 2014, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2014 × .00020 =	23	.00
24 Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.	24	19.00

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

Payment due dates	A	B	C	D	
	4/15/13	6/15/13	9/15/13	1/15/14	
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25	.00	.00	.00	.00
26 Estimated tax paid and tax withheld (see instructions)	26	.00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27		.00	.00	.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	.00	.00	.00	.00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29	.00	.00	.00	.00



Name(s) as shown on page 1
ROBERT S PLANT

Enter your social security number
400004832

Tax computation, credits, and other taxes (see page 34)

37	New York taxable income (from line 36 on page 2)	37	2500.00
38	New York State tax on line 37 amount (see page 34 and Tax computation on pages 66,67, and 68)	38	101.00
39	New York State household credit (page 34, table 1, 2, or 3)	39	105.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	.00
41	New York State child and dependent care credit (see page 35)	41	1279.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	.00
43	New York State earned income credit (see page 35)	43	1652.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 .00

45 Income percentage (see page 35) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places 45

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50	Total New York State taxes (add lines 48 and 49)	50	.00

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (Form IT-360.1)	51	81.00
52	New York City minimum income tax (Form IT-220)	52	.00
52a	Add lines 51 and 52	52a	81.00
52b	Part-year resident nonrefundable New York City child and dependent care credit	52b	81.00
52c	Subtract line 52b from 52a	52c	.00
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55	Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55	.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56 Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.) 56 20.00

Voluntary contributions (see page 37)

57a	Return a Gift to Wildlife	57a	5.00
57b	Missing/Exploited Children Fund	57b	5.00
57c	Breast Cancer Research Fund	57c	5.00
57d	Alzheimer's Fund	57d	5.00
57e	Olympic Fund (\$2 or \$4)	57e	2.00
57f	Prostate Cancer Research Fund	57f	5.00
57g	9/11 Memorial	57g	5.00
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	5.00
57i	Teen Health Education	57i	5.00
57j	Veterans Remembrance	57j	5.00

57 Total voluntary contributions (add lines 57a through 57j) 57 47.00

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) 58 67.00



Enter your social security number
400004832

59 Enter amount from line 58 59 67.00

Payments and refundable credits (see page 38)

60 Part-year NYC school tax credit (also complete E on front; see page 38) ...	60	31.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	2497.00
62 Total New York State tax withheld	62	1295.00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	3823.00

Submit your wage and tax statements with your return (see page 38).

Your refund, amount you owe, and account information (see pages 39 through 42)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	3756.00
68 Amount of line 67 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit (fill in line 73) - or - <input checked="" type="checkbox"/> debit card - or - <input type="checkbox"/> paper check ...	68	3756.00
69 Amount of line 67 that you want applied to your 2014 estimated tax (see instructions)	69	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	70	.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40)	71	.00
72 Other penalties and interest (see page 40)	72	.00

See pages 39 and 40 for information about your three refund choices.

See page 40 for payment options.

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 41).

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. 41)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 41) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	
E-mail:		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation AIDE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (518) 5556666
E-mail: PLANT@ATS.COM	

See instructions for where to mail your return.

203004130094





New York State Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on your Form IT-203 ROBERT S PLANT	Your social security number 400004832
--	--

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Part 1 – Other tax credits (submit all applicable forms)

Section A – New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Resident credit	1	.00
2 Accumulation distribution credit (submit computation).....	2	.00
3 Other nonrefundable, non-carryover credits		

Code	Amount	Code	Amount
3a	.00	3b	.00

Total other nonrefundable, non-carryover credits (add lines 3a and 3b).....	3	.00
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Section B – New York State nonrefundable, carryover credits used

4 Long-term care insurance credit	4	.00
5 Investment credit	5	.00
6 Part-year solar energy system equipment credit	6	.00
7 Other nonrefundable, carryover credits		

Code	Amount	Code	Amount
7a	.00	7h	.00
7b	.00	7i	.00
7c	.00	7j	.00
7d	.00	7k	.00
7e	.00	7l	.00
7f	.00	7m	.00
7g	.00	7n	.00

Total other nonrefundable, carryover credits (add lines 7a through 7n)	7	.00
--	---	-----

8 Total New York State nonrefundable credits used (add lines 1 through 7; enter here and on Form IT-203, line 47)	8	.00
--	---	-----

Section C – New York State, New York City, and Yonkers refundable credits

9 Part-year resident refundable New York State child and dependent care credit.....	9	880.00
9a Part-year resident refundable New York City child and dependent care credit	9a	275.00
10 Part-year resident refundable New York State earned income credit	10	1137.00
11 Part-year resident refundable New York City earned income credit	11	205.00
12 Other NY State refundable credits		

Code	Amount	Code	Amount
12a	.00	12g	.00
12b	.00	12h	.00
12c	.00	12i	.00
12d	.00	12j	.00
12e	.00	12k	.00
12f	.00	12l	.00

Total other refundable credits (add lines 12a through 12l)	12	.00
--	----	-----

13 Add lines 9 through 12	13	2497.00
14 New York State claim of right credit	14	.00
15 New York City claim of right credit	15	.00
16 Yonkers claim of right credit	16	.00
17 Total New York State, New York City, and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61)	17	2497.00



Enter your social security number
400004832

Part 2 – Other New York State taxes (submit all applicable forms)

18 NY State tax on capital gain portion of lump-sum distributions (Form IT-230-I, worksheet C, line 7) **18** .00

19 Other New York State taxes

Code	Amount	Code	Amount		
19a	.00	19g	.00		
19b	.00	19h	.00		
19c	.00	19i	.00		
19d	.00	19j	.00		
19e	.00	19k	.00		
19f	.00	19l	.00		
Total other New York State taxes (add lines 19a through 19l)				19	.00

20 Add lines 18 and 19 **20** .00

21 Enter amount from Form IT-203, line 47 **21** .00

22 Enter amount from Form IT-203, line 46 **22** .00

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank) **23** .00

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank) **24** .00

25 New York State separate tax on lump-sum distributions (Form IT-230) **25** .00

26 Resident credit against separate tax on lump-sum distributions **26** .00

27 Subtract line 26 from line 25 **27** .00

28 New York State minimum income tax (Form IT-220) **28** .00

29 Add lines 24, 27, and 28 **29** .00

30 Excess child and dependent care credit **30** 1279.00

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank) **31** .00

32 Excess New York State earned income credit **32** 1652.00

33 **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on Form IT-203, line 49) **33** .00





New York State Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return: ROBERT S PLANT; Your social security number: 400004832

- 1 Did you claim the federal earned income credit? If No, stop; you do not qualify for these credits.
2 Is your investment income (see instructions) greater than \$3,300? If Yes, stop; you do not qualify for these credits.
3 Have you already filed your New York State income tax return? If Yes, you must file an amended NYS return.
4 Did you claim qualifying children on your federal Schedule EIC? If No, continue with line 5.

Table with 7 columns: First name and middle initial, Last name, Relationship, Number of months lived with you, Full-time student*, Person with disability*, Social security number, Date of birth (mm-dd-yyyy). Rows include ROBERT S PLANT JR, MOLLY S PLANT, and JILL S PLANT.

* Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your federal earned income credit (EIC) for you? If Yes, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).
6 Wages, salaries, tips, etc., from Worksheet A line 3, on page 2 of the instructions, Form IT-215-I.
7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here.
8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)
9 Enter your federal adjusted gross income
10 Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a)
11 New York State earned income credit (NYS EIC) rate 30% (.30)
12 Tentative NYS EIC (multiply line 10 by line 11; see instructions)

Complete Worksheet B on the back page before continuing.

- 13 Enter the amount from Worksheet B, line 5, on the back of this form.
14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39)
15 Enter the smaller of line 13 or line 14
16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions)
17 If your New York State filing status is 3, Married filing separate return, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below.
Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38)



Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18	Enter your New York State earned income credit (from line 16 or line 17)	18	1652.00
19	Enter the amount from Form IT-203, line 42	19	.00
<ul style="list-style-type: none"> - If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. - If line 19 is less than line 18, continue on line 20 below. 			
20	Excess New York State earned income credit (subtract line 19 from line 18)	20	1652.00
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21	.00
<ul style="list-style-type: none"> - If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. - If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below. 			
22	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22	1652.00
23	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	23	10805.00
24	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24	15695.00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25	0.6884
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26	1137.00

New York City earned income credit (full-year and part-year New York City residents)

27	From <i>Worksheet C, New York City earned income credit</i> , on page 3 of Form IT-215-1, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11.	27	205.00		
Part-year New York City residents must also complete line 28 below.					
28	Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A	16300.00	28B	11410.00

Worksheet B

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1	101.00
2	Resident credit (see instructions)	2	.00
3	Accumulation distribution credit (see instructions)	3	.00
4	Add lines 2 and 3	4	.00
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5	101.00





Claim for Child and Dependent Care Credit

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return: ROBERT S PLANT; Your social security number: 400004832

- 1 Have you already filed your New York State income tax return? Yes [] No [X]
If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

Table with 4 columns: A - Care provider's first name, middle initial, and last name; B - Address; C - Identifying number (SSN or EIN); D - Amount paid (see instructions). Rows include CARING PLACE and KIDS INC.

- 3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.) []

Table with 6 columns: A - First name and middle initial; B - Last name; C - Qualified expenses paid; D - Person with disability (see instr.); E - Social security number; F - Date of birth (mm-dd-yyyy). Rows include ROBERT S, MOLLY S, and JILL S.

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any [] 3a 3420.00

- 4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes [X] No []

5 Enter the smallest of:

- line 3a above; or
- federal Form 2441, line 3; or
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

Table with 2 columns: Line number; Amount. Line 5: 3420.00; Line 6: 18495.00

6 Enter your earned income (see instructions)

7 If your filing status is Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions)

Table with 2 columns: Line number; Amount. Line 7: 18495.00

8 Enter the smallest of line 5, 6, or 7

Table with 2 columns: Line number; Amount. Line 8: 3420.00

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38

9 15695.00

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions

10 .34

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back)

11 1163.00



		a Employee's social security number 400004839		OMB No. 1545-0008	
b Employer identification number (EIN) 123456790			1 Wages, tips, other compensation 27900		2 Federal income tax withheld
c Employer's name, address, and ZIP code FOUR SEASONS TAVERN 42 PLAINVIEW ROAD HUNTER NY 12442			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial JOE FIRE		Last name	Suff.	11 Nonqualified plans	
f Employee's address and ZIP code 120 MAIN STREET CATSKILL NY 12414			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a
			14 Other		12b
					12c
				12d	
15 State NY	Employer's state ID number 123456790	16 State wages, tips, etc. 27900	17 State income tax 1000	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

Form **W-2** Wage and Tax Statement

2013

Department of the Treasury – Internal Revenue Service

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return

W2 INDICATOR-S

Report all amounts in U.S. dollars.

Part 2 – Computing your resident credit or addback for taxes paid to a province of Canada

If any portion of the Canadian provincial income tax that entitled you to a New York State credit is claimed as a foreign tax credit on your federal return in a succeeding tax year, the amount claimed must be added back to your New York State tax liability for that succeeding tax year.

23 Enter the two-letter abbreviation of the Canadian province where tax was paid (<i>see instr.</i>)	23	BC	
24 Enter the amount from federal Form 1116, line 9, pertaining to this year's income taxes imposed by the above Canadian province (<i>see instructions</i>)	24		1200.00
25 Enter the amount from federal Form 1116, line 12, pertaining to the reduction in foreign taxes paid to the above Canadian province	25		.00
26 Enter the amount from line 24 that was carried back and claimed as a credit for federal purposes	26		.00
27 Add lines 25 and 26	27		.00
28 Subtract line 27 from line 24	28		1200.00
29 Enter the amount from federal Form 1116, line 10, pertaining to carryover of taxes paid for prior years to the above Canadian province (<i>submit a copy of federal Form(s) 1116</i>)	29		.00
30 Add lines 28 and 29	30		1200.00
31 Enter the amount from federal Form 1116, line 22, pertaining to this year's foreign tax credit for taxes paid to the above Canadian province	31		1166.00
32 Subtract line 31 from line 30	32		34.00
33 New York State tax payable (<i>see instructions</i>)	33		3451.00
34 Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>)	34		0.0541
35 Multiply line 33 by line 34	35		187.00
36 Tentative credit (<i>enter the lesser of line 28, 32, or 35</i>)	36		34.00
37 Enter the amount from line 29	37		.00
38 Enter the amount from line 31	38		1166.00
39 Subtract line 38 from line 37 (<i>if line 38 is more than line 37, leave blank</i>)	39		.00
40 Add lines 36 and 39	40		34.00
41 Enter the prior-year(s) resident credit claimed on Form(s) IT-112-R or IT-112-C for taxes paid to Canadian province(s) (<i>see instructions</i>)	41		.00
42 If line 41 is more than line 40, subtract line 40 from line 41. This is your addback of resident credit (<i>see instructions; do not make any entries on lines 43 through 50</i>)	42		.00
43 If line 41 is less than (or equal to) line 40, subtract line 41 from line 40	43		34.00
44 Enter the amount from line 36 or line 43, whichever is less (<i>see instructions</i>)	44		34.00
45 Total line 44 amounts from additional Form(s) IT-112-C and line 28 amounts from Form(s) IT-112-R, if any (<i>see instructions</i>)	45		.00
46 Add lines 44 and 45	46		.00

Part 3 – Application of credit

47 Tax due before credits (<i>see instructions</i>)	47		.00
48 Other credits that you applied before this credit (<i>see instructions</i>)	48		.00
49 Subtract line 48 from line 47	49		.00
50 Enter the amount from line 46 or line 49, whichever is less (<i>see instructions</i>)	50		.00





Cond # 4885

Test Form

New York State Department of Taxation and Finance

Claim for Remediated Brownfield Credit for Real Property Taxes

IT-612

Tax Law - Sections 22 and 606(ee)

Calendar-year filers, mark an X in the box: [X]

Other filers enter tax period:

beginning [] and ending []

File a separate Form IT-612 for each Certificate of Completion (COC) with your personal income tax return, Form IT-201, IT-203, IT-204, or IT-205.

Table with 2 columns: Name(s) as shown on return (STEVEN PITMEF), Identifying number as shown on return (400-00-4885)

Schedule A - Brownfield site identifying information (see instructions, Form IT-612-I, for assistance)

- A Enter the date of execution of the Brownfield Cleanup Agreement (BCA) for the brownfield site for which you are claiming the credit (mm-dd-yyyy) A [06-12-2013]
B Enter the following information as listed on the COC issued by the Department of Environmental Conservation (DEC) for the qualified site. Submit a copy of the COC.

Table with 2 main columns: Site name (PUMPKIN PATCH DAY CARE), Site location (Municipality ALBANY, County ALBANY), DEC region (REGION 8), Division of Environmental Remediation (DER) site number (112649816), Date COC was issued (06-12-2012)

- C If applicable, enter the date the COC was transferred pursuant to the transfer or sale of the qualified site. Submit a copy of the sale or transfer documentation with this form C [07-14-2013]
D Is the qualified site for which the COC was issued by the DEC located entirely within an environmental zone (EN-Zone)? D Yes [X] No []
E Mark an X in the box if you received notification from the Department of State that the qualified site is located in a Brownfield Opportunity Area E [X]

Schedule B - Computation of average number of full-time employees employed by a developer and any lessees at the qualified site

Table with 6 columns: Current tax year, March 31, June 30, September 30, December 31, Total. Row 1: Number of full-time employees (40, 40, 40, 40, 160)

1 Average number of full-time employees (if less than 25, no credit is allowed; see instructions) [1] 40.00

Employment number factor table

Table with 2 columns: Average number of full-time employees shown on line 1, Factor. Rows: At least 25, but less than 50 (.25), At least 50, but less than 75 (.50), At least 75, but less than 100 (.75), At least 100 (1.00)

Schedule C - Individuals (including sole proprietors), partnerships, and fiduciaries

Table with 2 columns: Description, Amount. Rows 2-10: Employment number factor (0.25), Eligible real property taxes (4000.00), Enter .25 (1.00), Remediated brownfield credit for real property taxes (1000.00), Recapture of remediated brownfield credit for real property taxes (0.00), Net recapture of remediated brownfield credit for real property taxes (0.00), Remediated brownfield credit for real property taxes after recapture (1000.00), Credit limitation (400000.00), Remediated brownfield credit for real property taxes claimed (1000.00)

Individuals and partnerships: Enter the line 10 amount on line 15.

Fiduciaries: Include the line 10 amount on the Total line of Schedule F, column C.

172001130094





Cond # 4888

Test Form

New York State Department of Taxation and Finance

Claim for Remediated Brownfield Credit for Real Property Taxes

IT-612

Tax Law - Sections 22 and 606(ee)

Calendar-year filers, mark an X in the box: [X]

Other filers enter tax period:

beginning [] and ending []

File a separate Form IT-612 for each Certificate of Completion (COC) with your personal income tax return, Form IT-201, IT-203, IT-204, or IT-205.

Table with 2 columns: Name(s) as shown on return (PETER PITMEF), Identifying number as shown on return (400-00-4888)

Schedule A - Brownfield site identifying information (see instructions, Form IT-612-I, for assistance)

- A Enter the date of execution of the Brownfield Cleanup Agreement (BCA) for the brownfield site for which you are claiming the credit (mm-dd-yyyy) A [04-12-2013]
B Enter the following information as listed on the COC issued by the Department of Environmental Conservation (DEC) for the qualified site. Submit a copy of the COC.

Table with 2 main columns: Site name (PUMPKIN FIELDS INC.), Site location (Municipality ALBANY, County ALBANY); DEC region (REGION 8), Division of Environmental Remediation (DER) site number (112059844), Date COC was issued (04-16-2012)

- C If applicable, enter the date the COC was transferred pursuant to the transfer or sale of the qualified site. Submit a copy of the sale or transfer documentation with this form C [05-12-2013]
D Is the qualified site for which the COC was issued by the DEC located entirely within an environmental zone (EN-Zone)? D Yes [X] No []
E Mark an X in the box if you received notification from the Department of State that the qualified site is located in a Brownfield Opportunity Area E [X]

Schedule B - Computation of average number of full-time employees employed by a developer and any lessees at the qualified site

Table with 6 columns: Current tax year, March 31, June 30, September 30, December 31, Total. Row 1: Number of full-time employees (52, 48, 50, 50, 200)

1 Average number of full-time employees (if less than 25, no credit is allowed; see instructions) [1] 50.00

Employment number factor table

Table with 2 columns: Average number of full-time employees shown on line 1, Factor. Rows: At least 25, but less than 50 (.25); At least 50, but less than 75 (.50); At least 75, but less than 100 (.75); At least 100 (1.00)

Schedule C - Individuals (including sole proprietors), partnerships, and fiduciaries

Table with 2 columns: Description, Amount. Rows 2-10: Employment number factor (0.50), Eligible real property taxes (3000.00), Enter .25 (1.00), Remediated brownfield credit for real property taxes (1500.00), Recapture of remediated brownfield credit for real property taxes (0.00), Net recapture of remediated brownfield credit for real property taxes (0.00), Remediated brownfield credit for real property taxes after recapture (1500.00), Credit limitation (500000.00), Remediated brownfield credit for real property taxes claimed (1500.00)

Individuals and partnerships: Enter the line 10 amount on line 15.

Fiduciaries: Include the line 10 amount on the Total line of Schedule F, column C.

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