



# New York State Department of Taxation and Finance

Personal Income Tax MeF Acceptance Testing System for Tax Year 2015

---

## TEST ID: 1001

**Forms Included:** IT-201 with itemized deduction schedule (IT-201-D) and W-2

**Test Notes:** New for 2015 – The entire business income reported on line 6 is earned within the Metropolitan Commuter Transportation District (MCTD) and is subject to Metropolitan Commuter Transportation Mobility Tax (MCTMT).

### Return specific information:

- Prime taxpayer: ALICE A AVERY born on 04-18-1962
- Spouse: ALBERT A AVERY born on 11-25-1986
- Married filing jointly; 2 dependents noted on form
- Taxpayer and spouse are both full year NYC residents.
- Taxpayer paid \$720,000 in estimated taxes. \$120,000 was paid during the calendar year 2015. A payment of \$600,000 was made in January 2016 to avoid penalties.
- Itemized Deduction Schedule:
  - line 2 amount (taxes paid) includes \$120,225 income taxes (= estimated taxes + withholdings from W-2) and \$21,332 real estate taxes;
  - line 3 amount = \$31,426 home mortgage interest paid
  - line 4 amount = \$32,526 gifts to charity
- Business income = \$54,143. NEW line 54a MCTMT net earnings base= \$50,001
- Taxpayer will pay tax owed by ACH debit on 4/15/2016 for the whole amount due.
- Assume that Yonkers withholding on W-2 was withheld in error by the employer

---

Address any questions via e-mail to [NYSPLITMEF@tax.ny.gov](mailto:NYSPLITMEF@tax.ny.gov)

Personal Income Tax MeF publications and forms: [http://www.tax.ny.gov/pit/efile/pit\\_mef\\_publications\\_2014.htm](http://www.tax.ny.gov/pit/efile/pit_mef_publications_2014.htm)

Current Schema and State Spreadsheet available at: [http://www.tax.ny.gov/bus/efile/swd\\_income.htm](http://www.tax.ny.gov/bus/efile/swd_income.htm)

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

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

2015

Department of the Treasury—Internal Revenue Service

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



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ... 15

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

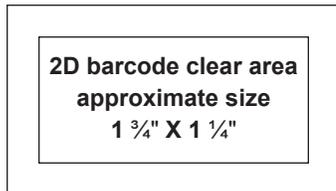
and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your social security number	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number	
Mailing address (see instructions, page 12) (number and street or PO box)					Apartment number	New York State county of residence	
City, village, or post office			State	ZIP code	Country (if not United States)	School district name	
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)					Apartment number	School district code number	
City, village, or post office			State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
			<b>NY</b>				

- 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 2015 federal income tax return? Yes  No

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



**D1** Did you have a financial account located in a foreign country? (see page 13) Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze credit? (see page 13) Yes  No
- (2) If Yes, enter the amount:  00

**E** (1) Did you or your spouse maintain living quarters in NYC during 2015? (see page 13) .. Yes  No

(2) Enter the number of days spent in NYC in 2015 (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 2015 .....
- (2) Number of months your spouse lived in NYC in 2015 .....

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

**H Dependent exemption information (see page 14)**

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box.



For office use only

Your social security number

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1		00
2	Taxable interest income .....	2		00
3	Ordinary dividends .....	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4		00
5	Alimony received .....	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7		00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11 .....	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13		00
14	Unemployment compensation .....	14		00
15	Taxable amount of social security benefits (also enter on line 27) .....	15		00
16	Other income (see page 14) Identify: .....	16		00
17	Add lines 1 through 11 and 13 through 16 .....	17		00
18	Total federal adjustments to income (see page 14) Identify: .....	18		00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19		00

**New York additions** (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21		00
22	<b>New York's</b> 529 college savings program distributions (see page 15) .....	22		00
23	Other (Form IT-225, line 9) .....	23		00
24	Add lines 19 through 23 .....	24		00

**New York subtractions** (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 16)	26		00
27	Taxable amount of social security benefits (from line 15) .....	27		00
28	Interest income on U.S. government bonds .....	28		00
29	Pension and annuity income exclusion (see page 16) .....	29		00
30	<b>New York's</b> 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18).....	31		00
32	Add lines 25 through 31 .....	32		00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33		00

2D barcode clear area  
approximate size  
1 3/4" X 1 1/4"

**Standard deduction or itemized deduction** (see page 18)

34	Enter your <b>standard deduction</b> (table on page 18) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34		00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35		00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 18) .....	36		000 00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37		00



Name(s) as shown on page 1

Your social security number

Tax computation, credits, and other taxes

Table with 3 columns: Line number, Description, and Amount. Rows include Taxable income (38), NYS tax on line 38 amount (39), NYS household credit (40), Resident credit (41), Other NYS nonrefundable credits (42), Add lines 40, 41, and 42 (43), Subtract line 43 from line 39 (44), Net other NYS taxes (45), and Total New York State taxes (46).

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

Table with 3 columns: Line number, Description, and Amount. Rows include NYC resident tax on line 38 amount (47), NYC household credit (48), Subtract line 48 from line 47 (49), Part-year NYC resident tax (50), Other NYC taxes (51), Add lines 49, 50, and 51 (52), NYC nonrefundable credits (53), Subtract line 53 from line 52 (54), MCTMT net earnings base (54a), MCTMT (54b), Yonkers resident income tax surcharge (55), Yonkers nonresident earnings tax (56), Part-year Yonkers resident income tax surcharge (57), Total New York City and Yonkers, taxes / surcharges and MCTMT (58), and Sales or use tax (59).

See instructions on pages 20, 21, and 22 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

2D barcode clear area approximate size 1 3/4" X 1 1/4"

Voluntary contributions (see page 24)

Table with 3 columns: Line number, Description, and Amount. Rows include 60a Return a Gift to Wildlife, 60b Missing/Exploited Children Fund, 60c Breast Cancer Research Fund, 60d Alzheimer's Fund, 60e Olympic Fund (\$2 or \$4; see page 24), 60f Prostate and Testicular Cancer Research and Education Fund, 60g 9/11 Memorial, 60h Volunteer Firefighting & EMS Recruitment Fund, 60i Teen Health Education, 60j Veterans Remembrance, 60k Homeless Veterans, Total voluntary contributions (60), and Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (61).

201003150099



Your social security number

62 Enter amount from line 61 ..... **62** ..... 00

**Payments and refundable credits** (see page 25)

63	Empire State child credit	63	00
63a	Family tax relief credit	63a	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	00
69	NYC school tax credit (also complete F on page 1; see page 25)	69	00
70	NYC earned income credit	70	00
70a	NYC enhanced real property tax credit	70a	00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	00
72	Total <b>New York State</b> tax withheld	72	00
73	Total <b>New York City</b> tax withheld	73	00
74	Total <b>Yonkers</b> tax withheld	74	00
75	Total estimated tax payments and amount paid with Form IT-370	75	00

2D barcode clear area  
approximate size  
1 3/4" X 1 1/4"

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page XX).

76 Total payments (add lines 63 through 75) ..... **76** ..... 00

**Your refund, amount you owe, and account information** (see pages 27 through 30)

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 2016 estimated tax (see instructions) ..... **79** ..... 00  
See pages 27 and 28 for information about your three refund choices.

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  
See page 29 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 28) ..... **81** ..... 00  
See page 31 for the proper assembly of your return.

82 Other penalties and interest (see page 29) ..... **82** ..... 00

83 Account information for direct deposit or electronic funds withdrawal (see page 29).  
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. 29)

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 30) ..... Date  Amount  00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
E-mail:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( )
E-mail:	

See instructions for where to mail your return.





# Resident Itemized Deduction Schedule

# IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number

Whole dollars only

1 Medical and dental expenses <i>(federal Schedule A, line 4)</i> .....	<b>1</b>	00
2 Taxes you paid <i>(federal Schedule A, line 9)</i> .....	<b>2</b>	00
3 Interest you paid <i>(federal Schedule A, line 15)</i> .....	<b>3</b>	00
4 Gifts to charity <i>(federal Schedule A, line 19)</i> .....	<b>4</b>	00
5 Casualty and theft losses <i>(federal Schedule A, line 20)</i> .....	<b>5</b>	00
6 Job expenses/miscellaneous deductions <i>(federal Schedule A, line 27)</i> .....	<b>6</b>	00
7 Other miscellaneous deductions <i>(federal Schedule A, line 28)</i> .....	<b>7</b>	00
<b>8 Enter amount from federal Schedule A, line 29</b> .....	<b>8</b>	00
9 State, local, and foreign <b>income</b> taxes <i>(or general sales tax, if applicable)</i> and other subtraction adjustments <i>(see instructions)</i> .....	<b>9</b>	00
<b>10 Subtract line 9 from line 8</b> .....	<b>10</b>	00
<b>11 Addition adjustments</b> <i>(see instructions)</i> .....	<b>11</b>	00
<b>12 Add lines 10 and 11</b> .....	<b>12</b>	00
<b>13 Itemized deduction adjustment</b> <i>(see instructions)</i> .....	<b>13</b>	00
<b>14 Subtract line 13 from line 12</b> .....	<b>14</b>	00
<b>15 College tuition itemized deduction</b> <i>(see Form IT-272)</i> .....	<b>15</b>	00
<b>16 New York State itemized deduction</b> <i>(add lines 14 and 15; enter on Form IT-201, line 34)</i> .....	<b>16</b>	00

