



New York State Department of Taxation and Finance

Personal Income Tax MeF Acceptance Testing System for Tax Year 2015

TEST ID: 1008

Forms Included: IT-201, IT-209, IT-213, and W-2

Test Notes: Not eligible for Family Tax Relief Credit

Return specific information:

- Prime taxpayer: Holly H Hunter born on 04-15-1980
- Filing Head of Household with 3 dependents (2 children + 1 parent)
- Taxpayer chooses standard deduction
- Also has 3 non-custodial children
- Full-year New York City resident.
- Claims no sales and use tax owed.

Address any questions via e-mail to NYSPLITMEF@tax.ny.gov

Personal Income Tax MeF publications and forms: 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

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

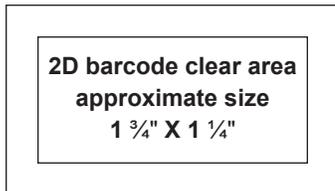
and ending ...

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)
			NY				

- 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 X in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X 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	Federal adjusted gross income (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	New York's 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	New York's 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	New York adjusted gross income (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 standard deduction (table on page 18) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	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	Taxable income (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).



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 New York State tax withheld	72	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

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.

201004150099





Claim for Noncustodial Parent New York State Earned Income Credit

New York State Earned Income Credit • New York City Earned Income Credit

Submit this form with Form IT-201.

Name(s) as shown on return Your social security number

The noncustodial parent New York State earned income credit (noncustodial EIC) may be claimed instead of the New York State earned income credit (NYS EIC).

Schedule A – Noncustodial parent New York State earned income credit (noncustodial EIC)

Part 1 – Eligibility

If you answer No to any question on lines 1 through 6, you do not qualify for the noncustodial EIC.

- 1 Were you a full-year resident of New York State?
2 Were you age 18 or older as of December 31?
3 Were you the parent of a child who did not reside with you and was under the age of 18 on December 31?

Table with 6 columns: First name, MI, Last name, Relationship, Social security number, Date of birth (mmddyyyy)

- 4 Did you have a child support order payable through a support collection unit for at least one-half of the tax year?
5 For the tax year, have you paid an amount in child support equal to or more than the amount due for every order requiring you to make child support payments?
6 Is your federal AGI from Form IT-201, line 19, less than \$39,131?
7 Do you (and your spouse if filing a joint return) have a social security number that allows you to work or is valid for federal earned income tax purposes?
8 Is your federal filing status Married filing separately?
9 Are you filing federal Form 2555 or Form 2555-EZ (relating to foreign earned income)?
10 Is your investment income greater than \$3,400?



Part 2 – Claiming the credit

- 11** Have you already filed your New York State income tax return?..... **11** Yes No
 If **Yes**, you must file an amended return to claim this credit, the NYS EIC, or NYC EIC.
- 12** Do you want the Tax Department to compute your noncustodial EIC and NYS EIC and give you the greater of the two? **12** Yes No
 If **Yes**, complete lines 13 through 17 (also complete lines 33 and 34 if you claimed the federal EIC, and lines 46 and 47 if you are a New York City part-year resident).
 If **No**, complete lines 13 through 32 (also complete lines 33 through 43 if you claimed the federal EIC, and lines 44 through 47 if you are a New York City resident or part-year resident).

Part 3 – Earned income

- | | | Whole dollars only | |
|---|-----------|--------------------|----|
| 13 Wages, salaries, tips, etc. from Worksheet A , line 5, on page 2 of the instructions | 13 | | 00 |
| 14 Earned income adjustments (see instructions)..... | 14 | | 00 |
| 15 Business income or loss from Worksheet B , line 4, on page 2 of the instructions | 15 | | 00 |
- Employer identification number (see instr.)
- The amount on line 15 is a (mark an X in one box): profit -or- loss
- 16** Total earned income (If line 15 is a profit, subtract line 14 from line 13, and then add line 15. If line 15 is a loss, subtract line 14 from line 13, and then subtract line 15.) **16** 00
 If line 16 is zero or less, **stop**; you do not qualify for this credit.
- 17** Enter your federal AGI from Form IT-201, line 19 **17** 00

Part 4 – Credit computation

Credit computed at 20% of federal EIC with one qualifying child

- 18** Find the line 16 amount (Total earned income) in the noncustodial EIC tables (beginning on page 4 of the instructions), and enter the amount from **column a** **18** 00
- 19** Are the amounts on lines 16 and 17 the same? **19** Yes No
 If **Yes**, skip lines 20 and 21, and enter the line 18 amount on line 22.
 If **No**, continue on line 20.
- 20** Is the amount on line 17 less than \$18,110? **20** Yes No
 If **Yes**, skip line 21, and enter the line 18 amount on line 22.
 If **No**, continue on line 21.
- | | | | |
|---|-----------|--|-----|
| 21 Find the line 17 amount in the noncustodial EIC tables (beginning on page 4 of the instructions), and enter the amount from column a | 21 | | 00 |
| 22 Enter the amount from line 18 or line 21, whichever is less | 22 | | 00 |
| 23 Noncustodial EIC rate 20% (.20) | 23 | | .20 |
- 24** Noncustodial EIC (multiply line 22 by line 23) **24** 00

Credit computed at 2.5 times the federal EIC without a qualifying child

- 25** Find the line 16 amount (Total earned income) in the noncustodial EIC tables (beginning on page 4 of the instructions). (If your NYS filing status is Ⓜ, Married filing joint return, enter the amount from **column c**. All other filing statuses, enter the amount from **column b**.) **25** 00
- 26** Are the amounts on lines 16 and 17 the same? **26** Yes No
 If **Yes**, skip lines 27 and 28, and enter the line 25 amount on line 29.
 If **No**, continue on line 27.



Part 4 – Credit computation (continued)

27 Is the amount on line 17 less than \$8,240 (\$13,750 if your filing status is ②, *Married filing joint return*)?..... **27** Yes No
 If **Yes**, skip line 28, and enter the line 25 amount on line 29.
 If **No**, continue on line 28.

28 Find the line 17 amount in the noncustodial EIC tables (beginning on page 4 of the instructions).
 (If your NYS filing status is ②, *Married filing joint return*, enter the amount from **column c**.
 All other filing statuses, enter the amount from **column b**.)..... **28** 00

29 Enter the amount from line 25 or line 28, whichever is less **29** 00

30 Noncustodial EIC factor (2.5) **30** **2.50**

31 Noncustodial EIC calculation (*multiply line 29 by line 30*) **31** 00

32 Noncustodial EIC (*enter the greater of line 24 or line 31; see instructions*)..... **32** 00

Schedule B – New York State earned income credit (NYS EIC)

33 Did you claim the federal EIC? **33** Yes No
 If **No**, **stop**; you do not qualify for the NYS EIC (*see the line 32 instructions*)
 If **Yes**, continue on line 34.

34 Did you claim qualifying children on your **federal** Schedule EIC? **34** Yes No
 If **No**, continue on line 35.
 If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.
Note: The children listed below must **not** be the same children as those you listed at line 3 on page 1.

First name	MI	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mmddyyyy)
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

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

35 Amount of federal EIC claimed (*from federal Form 1040EZ, line 8a; Form 1040A, line 42a; or Form 1040, line 66a*) **35** 00

36 NYS EIC rate 30% (.30) **36** **.30**

37 Tentative NYS EIC (*multiply line 35 by line 36*) **37** 00

38 Complete lines 38a through 38e, and enter the line 38e amount on line 38 **38** 00

38a Amount from Form IT-201, line 39	38a	<input type="text"/>	00
38b Resident credit (<i>see instructions</i>)	38b	<input type="text"/>	00
38c Accumulation distribution credit (<i>see instructions</i>)	38c	<input type="text"/>	00
38d Add lines 38b and 38c	38d	<input type="text"/>	00
38e Subtract line 38d from line 38a (<i>if line 38d is more than line 38a, enter 0; also enter this amount on line 38 above</i>)	38e	<input type="text"/>	00



Schedule B – New York State earned income credit *(continued)*

- 39 Enter the amount from line 38 on page 3 39 00
- 40 New York State household credit (from Form IT-201, line 40) 40 00
- 41 Enter the amount from line 39 or line 40, whichever is less 41 00
- 42 Allowable NYS EIC *(subtract line 41 from line 37)* 42 00
- 43 Noncustodial EIC *(enter the amount from line 32)* 43 00

You can only claim the NYS EIC from line 42 or the noncustodial EIC from line 43. **You cannot claim both.**

If line 42 is greater than line 43, enter the line 42 amount on Form IT-201, line 65.

If line 43 is greater than line 42, enter the line 43 amount on Form IT-201, line 66.

Schedule C – New York City earned income credit (NYC EIC) for NYC full-year and part-year residents

Caution: You **must** be a full-year or part-year New York City resident **and** qualify for a federal EIC to claim the NYC EIC.

- 44 Were you a resident of New York City?..... 44 Yes No
If **No, stop**; you do not qualify for the NYC EIC.
- 45 New York City EIC: Enter amount from **Worksheet C** on page 3 in the instructions here and on Form IT-201, line 70. Part-year New York City residents must also complete lines 46 and 47 below..... 45 00
- 46 Part-year New York City AGI: Enter the amount from **Worksheet C**, line 7..... 46 00
- 47 Part-year New York City AGI: Enter the amount from **Worksheet C**, line 6..... 47 00





Claim for Empire State Child Credit

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

Step 1 – Enter identifying information

Your name as shown on return	Your social security number
Spouse's name	Spouse's social security number

Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2015? 1 Yes No
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit or additional child tax credit for 2015? 2 Yes No
- 3 Is your federal adjusted gross income (*see instructions*)
 - \$110,000 or less and your filing status is ② married filing joint return;
 - \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**
 - \$55,000 or less and your filing status is ③ married filing separate return? 3 Yes No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit (*see instructions*) 4
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2015.. 5
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

Step 3 – Enter child information

List below the name, social security number, and date of birth for each child included on line 4.

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

Use Form IT-213-ATT if you have additional children to report (*see instructions*).



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 35, or Form 1040, line 52 6 00
- 7 Enter your federal additional child tax credit from Form 1040A, line 43, or Form 1040, line 67..... 7 00
- 8 Add lines 6 and 7..... 8 00
- 9 Enter the number of children from line 4 9
- 10 Divide line 8 by line 9 10 00
- 11 Enter the number of children from line 5 11
- 12 Multiply line 10 by line 11..... 12 00
- 13 Multiply line 12 by 33% (.33) 13 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
- 15 Multiply line 14 by 100..... 15 00
- 16 Empire State child credit (*enter the amount from line 13 or line 15, whichever is greater*) 16 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.

