



New York State Department of Taxation and Finance

Personal Income Tax MeF Acceptance Testing System for Tax Year 2015

TEST ID: 1032

Forms Included: IT-201, IT-221, IT-225, and W-2G

Return specific information:

- Prime taxpayer: Alice Frankel born on 10-15-1956
- Filing Single; no dependents
- Taxpayer received \$18,000 disability pay
- Taxpayer chooses standard deduction

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

2015

Form W-2G

Certain Gambling Winnings

For Privacy Act and Paperwork Reduction Act Notice, see the **2015 General Instructions for Certain Information Returns.**

File with Form 1096

Copy A
For Internal Revenue Service Center

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code		1 Gross winnings	2 Date won
		\$	
		3 Type of wager	4 Federal income tax withheld
PAYER'S federal identification number		PAYER'S telephone number	
		5 Transaction	6 Race
WINNER'S name		7 Winnings from identical wagers	8 Cashier
		\$	
Street address (including apt. no.)		9 Winner's taxpayer identification no.	10 Window
		11 First I.D.	12 Second I.D.
City or town, province or state, country, and ZIP or foreign postal code		13 State/Payer's state identification no.	14 State winnings
		\$	\$
Signature ▶		15 State income tax withheld	16 Local winnings
		\$	\$
Date ▶		17 Local income tax withheld	18 Name of locality
		\$	

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.



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.

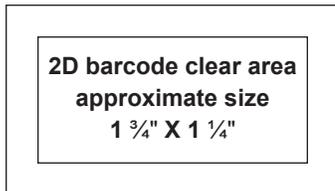
and ending ... 15

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).

201003150099



Your social security number

62 Enter amount from line 61 62 00

Payments and refundable credits (see page 25)

Table with 3 columns: Line number, Description, and Amount. Rows include Empire State child credit, Family tax relief credit, NYS/NYC child and dependent care credit, etc.

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 [] No [] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

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

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.

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Name(s) as shown on return
Identifying number as shown on return

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201 [] IT-203 [] IT-204 [] IT-205 []

Schedule A - New York State additions (enter whole dollars only)

Part 1 - Individuals, partnerships, and estates or trusts

1 New York State additions

Table with 4 columns: Line number (1a-1g), Number, A - Total amount, B - NYS allocated amount

Summary lines 2, 3, 4 with totals and amounts

Part 2 - Partners, shareholders, and beneficiaries



Form IT-201 filers: do not enter EA-103 or EA-113
Form IT-203 filers: do not enter EA-113
Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

Table with 4 columns: Line number (5a-5g), Number, A - Total amount, B - NYS allocated amount

Summary lines 6, 7, 8, 9 with totals and amounts

(continued)



Schedule B – New York State subtractions *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

10 New York State subtractions

	Number	A - Total amount		B - NYS allocated amount	
10a	S -		00		00
10b	S -		00		00
10c	S -		00		00
10d	S -		00		00
10e	S -		00		00
10f	S -		00		00
10g	S -		00		00

11	Total (add column A, lines 10a through 10g)	11		00
12	Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any	12		00
13	Add lines 11 and 12	13		00

Part 2 – Partners, shareholders, and beneficiaries



Form IT-201 filers: do not enter ES-103, ES-104, ES-106, ES-107, ES-125, or ES-217
 Form IT-203 filers: do not enter ES-106, ES-107, ES-125, or ES-217
 Form IT-205 filers: do not enter ES-125

14 New York State subtractions

	Number	A - Total amount		B - NYS allocated amount	
14a	ES -		00		00
14b	ES -		00		00
14c	ES -		00		00
14d	ES -		00		00
14e	ES -		00		00
14f	ES -		00		00
14g	ES -		00		00

15	Total (add column A, lines 14a through 14g)	15		00
16	Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any	16		00
17	Add lines 15 and 16	17		00
18	Total subtractions (add lines 13 and 17; see instructions)	18		00





Department of Taxation and Finance
Disability Income Exclusion
New York State • New York City • Yonkers

IT-221

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

Name(s) as shown on your return Social security number

For limits on exclusion, see instructions, Form IT-221-I.

Date you retired (if after December 31, 1976). Also enter this date in the space provided on the Physician's statement on back. Employer's name (also give payer's name, if other than employer)
Yourself Date of retirement
Your Spouse Date of retirement

Mark an X in the box if you did not live with your spouse during any part of the tax year. []

Which column(s) to fill in - Use Column A to enter your disability income amounts. If you are married and your spouse also received disability income, enter your spouse's amounts in Column B. If you checked filing status 3, Married filing separate return, see instructions.

Table with 2 columns: Column A (yourself), Column B (your spouse). Rows 1-6 for disability pay calculations.

Limit on exclusion (see instructions)

Table with 2 columns: Column A (yourself), Column B (your spouse). Rows 7-11 for limit on exclusion calculations.

Transfer the total of columns A and B to Form IT-225, line 10, Total amount column and enter subtraction modification S-124 in the Number column.

Statement of permanent and total disability

If you filed a Physician's statement for this disability for tax year 1984, or you filed a Physician's statement for tax years after 1984 and your physician marked an X in box B on the Physician's statement, and due to your continued disabled condition you were unable to engage in any substantial gainful activity in this tax year, mark an X in this box []

If you marked the box above, you do not have to file another Physician's statement for this tax year. If you did not mark the box above, have your physician complete the Physician's statement on the back of this form, and submit both front and back pages with your return.

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Physician's statement

I certify that:

Name of patient

was permanently and totally disabled on January 1, 1976; **or** January 1, 1977; **or** was permanently and totally disabled on the date he or she retired

Date retired if after December 31, 1976 (*mm-dd-yyyy*)

Mark an **X** in box A or B below and sign. Mark **only one** box.

<p>A <input type="checkbox"/> The disability has lasted or can be expected to last continuously for at least a year</p>	Physician's signature	Date
--	-----------------------	------

<p>B <input type="checkbox"/> There is no reasonable probability that the disabled condition will ever improve</p>	Physician's signature	Date
---	-----------------------	------

Physician's name (<i>please print or type</i>)	Physician's address
--	---------------------

Instructions for Physician's statement

Taxpayer

Enter in the space provided the date you retired if after December 31, 1976.

If required, your physician must complete the above statement. Be sure to file both front and back pages of this form with your tax return.

If both spouses take the exclusion, a *Physician's statement* must be completed for each spouse.

If you retired on disability before January 1, 1977, the *Physician's statement* must show that you were permanently and totally disabled on January 1, 1976, or January 1, 1977.

If you retired on disability after 1976, the *Physician's statement* must show that you were permanently and totally disabled when you retired.

Physician

A person is permanently and totally disabled when he or she cannot engage in any substantial gainful activity because of a physical or mental condition, and a physician determines that the disability:

- has lasted or can be expected to last continuously for at least a year; **or**
- can be expected to lead to death.

Complete the statement area above, sign the form, and return it to the taxpayer to submit with his or her return.

