For office use only			New York State Department of Taxation and Finance			1	
			Resident Income T	av Rotur	ո IT-2	101	
			New York State • City of New York				
				-			
			For the year Jan. 1 – Dec. 31, 1990, or fiscal		, 1990, ending ,19 .		
			Last name First name and middle initial (if joint re	turn, enter both names)	Your social security number	er	
			Mailing address (number and street or rural route)	Apartment number	Spouse's social security n	umber	
			City, village or post office State				
			률든 City, village or post office State	ZIP code	New York State county of	residence	
			s within New York				
			State if it is not the same as your mailing address above (see i	nstructions, page 20).			
			Permanent home address (number and street or rural route)	Apartment number	School district code number	er	
			City. village or post office State ZIP code	If taxpayer is deceased,	enter first name and date of	death.	
			NY				
			(B) Did vo	u itemize your dedu	ctions on your		
			U I Single	ederal income tax ret		No	
		status —					
		check (2 Married filing joint return (enter spouse's social security number above) (C) Can yo	ou be claimed as a d	enendent		
		one		other taxpayer's federa		No 📕	
		box: (3) Married ming separate return				
_	_			use a paid preparer			
of w	ch Copy age and	tax	4) Head of household (with qualifying person)	•	I next year, check box	🗖	
state	ments h	hera.	(E) Enter	the number of exemp			
		(D Qualifying widow(er) with dependent child your feedback	ederal return, line 6e	••••••••••		
Ent	•		and total adjustments exactly as they appear on your fede		working the second s		
	1	Wages, salaries,	tips, etc		· 1		
	2	Taxable interest i	ncome		. 2		
1 E	3	Dividend income			. 3		
ē	4	Taxable refunds	of state and local income taxes (also enter on line 24 below)		. 4		
gr	5	· · ·			_		
Adjustments			or (loss) (attach copy of federal Schedule C, Form 1040)				
X		Capital gain or (I		1			
and		Capital gain distr					
		Other gains or (le					
Ĕ		•					
Income	10						
	11			. 12			
Federa			partnerships, estates, trusts, etc. (attach copy of federal Schedule				
Ž			(loss) (attach copy of federal Schedule F, Form 1040)		1 1		
ι Σ	14	Unemployment c	ompensation (insurance)	• • • • • • • • • • • • • • • • • • • •	. 14		
<i>_</i>						-	
		•	instructions, page 10) Identify:		16		
	17		igh 16	· · · · · · · · · · · · · · · · · · ·			
	_ 18	•	tments to income (see instructions, page 11) Identify:		18		
or m	ch checl Ioney		•				
orde here	(19	Subtract line 18	from line 17. This is your federal adjusted gross income		. 19		
		New York Add	itions: (see instructions, page 11)				
Ê	20	Interest income o	n state and local bonds (but not those of New York State and local gove	ernments within the state) 20		
<u></u>	21	Public employee	414(h) retirement contributions (see instructions, page 11)		. 21		
Ĩ	22	Other (see instruc	tions, page 11) Identify:		22		
Gross Income		•	bugh 22		. 23		
2			tractions: (see instructions, page 12)				
2	24		of state and local income taxes (from line 4 above)				
i te			of social security benefits (from line 15 above)			a an	
Adjusted			on US government bonds				
R							
York							
Ş		-				يېلىدى كەرر	
e			ough 28		. 29		
Ř	30		from line 23. This is your New York adjusted gross income				
L		standard deduction of	n your federal return, skip lines 31 through 45 and enter the line 30 amount on	ine 46 on the back page.). 30		

IT-201 (1990) (back)

lf y		itemized your deductions or					45 and co	ntinu	ue on li	ne 46	3 .
	31	Medical and dental expenses (from I	federal Schedule A, line 4)			31			····		
	32	Taxes you paid (from federal Schedule	A, line 8)			32		4			
	33	Interest you paid (from federal Schedule A, line 13)									
	34	Gifts to charity (from federal Schedule A, line 17)							,		
	35	Casualty and theft losses (from federal Schedule A, line 18)				35					
	36	Moving expenses (from federal Sched	ule A, line 19)	A, line 19)							
	37	Job expenses and most other miscellaneous deductions (from federal Scher									
	38	Other miscellaneous deductions (fr						anna haiffe sid Tari an Canada			
	39	Total itemized deductions (from fede							17.4		
E	40	State, local and foreign income taxes included on line 32 (see instruction									
Computation	41	-									
		Subtract line 40 from line 39									
	43	Line 41 and add or subtract line 42									
	44		ne 30 is more than \$100,000, see nter ''0'' on line 44)								
Tax						44					
L	45										
	46	Subtract line 44 from line 43. This is your itemized deduction Enter the amount from line 30 on the front page (this is your New York adjusted						46			
		Check appropriate box and				from instruction					
		enter the larger of:				from line 45		47	1		
	48	Subtract line 47 from line 46			deduction			48			
		-			kohoot inetru		•••••••••	40			44
	49	Dependent exemptions (from line c		-					1		
		Subtract line 49 from line 48. Th	-					50			
	51	New York State tax on line 50 amo					ugn 36)	51			L
	52	NY State child and dependent care of		ualifying persons	cared for in	1 1			your comple		rn to:
	50	• amount of federal credit for child and de			x 20% (.20				S Income A. Harrima		
	53	New York State household credit (fro							bany, NY 12		
	54	Other New York State credits (from I									
[]	55	Add lines 52, 53, and 54						55			
<u>s</u>	56	Subtract line 55 from line 51 (if line						56			
Taxes/Gift/Totals	57							57			
2	58	-					· · · · · · · · · · · · · · · · · · ·	58			
Ū											
i x								See instructions for figuring city of New York taxes			
	61	Subtract line 60 from line 59 (If line 60 is more than line 59, enter "0")									
Pe		City of New York nonresident earnings tax (attach Form NYC-203)									
δ		Other city of New York taxes (from Form IT-201-ATT, line 19; attach form) 63						and			
redits/Other		City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18) 64						- city of Yonkers taxes.			xes.
g		City of Yonkers nonresident earnings tax (attach Form Y-203)									
	66	Part-year city of Yonkers resident income tax surcharge (attach Form IT-360.1) 66									
	67	Add lines 61 through 66. This is the total of your city of New York and city o						67			í
	68 If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, pages 9 and 1							68			00
	69 Add lines 58, 67 and 68. This is the total of your New York State, city of New York and city of Yonkers taxes, and Gift to Wildlife										
								69			
	70	Real property tax credit (from Form I	T-214, line 17; a	ttach form)		70			tach Copy		
ţ	71	Total New York State tax withheld (attach	wage and tax stat	ements to front) .	<u></u>	71			ur wage a atements		
Payments	72	Total city of New York tax withheld (attach wage and tax statements to front; see instructions) 72							this retur		
ayn	73	Total city of Yonkers tax withheld (attach wage and tax statements to front; see instructions) 73							structions		
<u> </u>	74	Estimated tax paid/Amount paid with Form IT-370						• Sig	yn your m	eturn b	elow.
_	75	6 Add lines 70 through 74. This is the total of your payments						75			
	76	If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both)						76			
¥0	77							77			
Q	78										
ŭ	79										
Refund/Owe		payable to NY State Income Tax; write your social security number and 1990 income tax on it)				-	79				
	80	Estimated tax penalty (see instruction	-			80					
	Paid		Date	Check if self-		Your signature				Date	
_				employed	Sign						
	epare	Firm's name (or yours, if sen-employed)	Preparer's socia	l security number	Your	Spouss's almost	a /il inint			Det-	
	se O	liiy	Spouse's signatur	e (ii joint return)			Date				
Add	tress		Employer identific	auon number	Return						
					1	·					Jahilianin manana a

|