## New York State Department of Taxation and Finance

 For the year January 1,2000 , through December 31,2000 , or fiscal tax year beginning and ending


| City, village or post office | State | ZIP code |
| :--- | :--- | :--- |



Single

## (A) Filing

status mark an "X" in one box:


Married filing
joint return* Married filing separate return *

* For filing status 2 or 3, enter both spouses' social security numbers above, unless filing Form IT-203-C (see instructions).

Head of household (with qualifying person)
(5) Qualifying widow(er) with dependent child

Enter federal amounts in the left-hand column and New York State amounts in the right-hand column. See instructions, page 13. Part-year residents - complete page 14 worksheet first.
1 Wages, salaries, tips, etc.
2 Taxable interest income
3 Ordinary dividends
4 Taxable refunds, credits, or offsets of stāte and local income taxes (also enter on line 23 ) ...
5 Alimony received
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040) .............
8 Other gains or losses (attach copy of federal Form 4797) ..........................
9 Taxable amount of IRA distributions ...
10 Taxable amount of pensions and annuities
11 Rental real estate, royalties, partnerships, $S$ corporations, trusts, etc. (attach copy of federal Screedul E, Form 1040)
12 Farm income or loss (attach copy of federal Schedule F, Form 1040) ............
13 Unemployment compensation
14 Taxable amount of social security benefits (also enter on line 25) ............
15 Other income (see page 18) Identify:
16 Add lines 1 through 15
17 Total federal adjustments to income (see page 18) Identify:
18 Subtract line 17 from line 16. This is your federal adjusted gross income

| (2) Was your spouse 65 or |  |  |
| :---: | :---: | :---: |
|  | Federal amount Dollars | Cents |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| 11. |  |  |
| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |
| 16. |  |  |
| 17. |  |  |
| 18. |  | . |

(B) Did you itemize your deductions on your 2000 federal income tax return?
(C) Can you be claimed as a dependent on another taxpayer's federal return? $\square$ Yes $\square \triangle \mathrm{No} \square$
?......... $\square$ Yes $\square$ No $\square$
(D) If you do not need forms mailed to you next year, mark an " X " in the box (see page 13)
(E) Part-year city of New York residents only: (see page 13)

| (1) Were you 65 or older on $1 / 1 / 2001$ ? ............Yes <br> (2) Was your spouse 65 or older on $1 / 1 / 2001$ ? .. <br> $\square$ Yes $\square$ |
| :--- |

Federal amount
Cents
New York State amount

| 1. |  |
| ---: | :--- |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |
| 11. |  |
| 12. |  |
| 13. |  |
| 14. |  |
| 15. |  |
| 16. |  |
| 17. |  |
| 18. |  |

## New York additions (see instructions, pages 19-22)



New York subtractions (see instructions, pages 22-26)
23 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)
24 Pensions of New York State and local governments and the federal government ....
25 Taxable amount of social security benefits (from line 14 above) ...............
26 Interest income on U.S. government bonds.
27 Pension and annuity income exclusion (see page 22) ............................
28 Other (see page 23) Identify:
29 Add lines 23 through 28

| 19. |  | $\bullet$ |
| :--- | :--- | :--- | :--- |
| 20. |  | $\bullet$ |
| 21. |  |  |
| 22. |  |  |


| 19. |  | $\bullet$ |
| :--- | :--- | :--- | :--- |
| 20. |  | $\bullet$ |
| 21. |  |  |
| 22. |  |  |

30 Subtract line 29 from line 22. This is your New York adjusted gross income. Enter here and next to line 43, Income percentage. (If zero or less, see instructions, page 26. .


| 23. |  | $\bullet$ |
| :--- | :--- | :--- |
| 24. |  |  |
| 25. |  |  |
| 26. |  |  |
| 27. |  |  |
| 28. |  |  |
| 29. |  |  |

## 31 Enter the amount from line 30, Federal amount column on the front page (your New York adjusted gross income)



32 Enter the larger of your standard deduction (from page 26) or your itemized deduction (from Form IT-203-ATT, Sch. C, line 14; attach form). Mark an "X" in the appropriate box: $\quad \square$ Standard $\quad \stackrel{\bullet}{\bullet}$ Itemized 33 Subtract line $\mathbf{3 2}$ from line $\mathbf{3 1}$ (if line 32 is more than line 31 , enter "0") $\qquad$
$\square$34 Exemptions for dependents only (not the same as total federal exemptions; see page 26)
$\qquad$35 Subtract line 34 from line 33. This is your taxable income
36 New York State tax on line $\mathbf{3 5}$ amount (if line $\mathbf{3 1}$ is $\$ 100,000$ or less,
$\qquad$
$\qquad$35. 31 is more than $\$ 100000$ you must complete Tax computation worksheet 1 or 2 on page 26 of the instructions to figure your tax.). 37 New York State household credit (from table I, II or III, page 27 of instructions)38 Subtract line 37 from line 36 (if line 37 is more than line 36, enter " 0 ")

| 36. |  |
| :---: | :---: |
| 37. |  |
| 38. |  |
| 39. |  |
| 40. |  |
| 41. |  |
| 42. |  |

39 New York State child and dependent care credit (from line 14 of Form IT-216; attach form; see page 27) .................40 Subtract line 39 from line 38 (if line 39 is more than line 38 , enter " 0 ")41 New York State earned income credit (from Form IT-215; attach form; see page 27)..........
43 Income percentage New York State amount from line 30
44 Multiply line 42 by the decimal on line 43. This is your allocated New York State tax
45 New York State nonrefundable credits (from Form IT-203-B, line 43) ..... "0") .....
47 Net other New York State taxes (from Form IT-203-B, line 23) ..... 23)
ate taxes
52 Add lines 49 through 51; this is the total of your New York City and Yonkers taxes taxes ....
Missing/Exploited Children FundAlzheimer's Fund a a Total gifts $=$53 Voluntary gifts/contributions (whole dollar amounts only; see page 28) Olympic Fund $\boldsymbol{\square}_{0} \quad$.
Return a Gift to Wildlife

$\square$ Alzheimer's Fund a
54 Add lines 48,52, and 53. This is the total of your state and city taxes and gifts.55 Part-year city of New York school tax credit (also complete item E on front) .... 55
56 Other refundable credits (from Form IT-203-B, line 59)57 Total New York State tax withheld (see page 29)29)55
Carry result to 4 decimal places.



See instructions on page 28 for figuring city of New York and city of Yonkers taxes and surcharges.
52.
. 1Total city of New York tax withheld (see page 29)57
5.59 Total city of Yonkers tax withheld (see page 29)5859.60.
61 Add lines 55 through 60. This is the total of your payments ...62 Amount, if any, previously refunded on Form NYC-203-R (see page 29)62.
63 Subtract line 62 from line 61; this is the net of your payments (if line 54 is more than line 63, skip to line 67)-苟
64 Amount overpaid - if line 63 is more than line 54, subtract line 54 from line 63 (also see lines 65 and 66)65 Amount of line 64 that you want refunded to youb Type:a Routing number $\bullet$c Account number$\bullet \square$Refund66 Estimated tax: Amount of line 64 that you want applied toyour 2001 estimated tax (subtract line 65 from line 64)66.
Checking • $\square$ Savings0
Checking Savings

67 Amount you owe - If line 63 is less than line 54, subtract line 63 from line 54 (do not send cash: make check
68 Penalty for underpayment of tax (will reduce line 64 or increase line 67 - see page 31)


| 63. |  | $\cdot$ |
| :--- | :--- | :--- |
| 64. | $\cdot$ |  |
| 65. | $\cdot$ |  |

Staple your wage and tax statements at the bottom of the front of this return. See Step 7 on page 32 for further instructions on assembling your return.

You can choose to have your refund sent directly to your bank account. See the instructions and fill in lines 65a, $65 b$, and $65 c$.

## See Instructions. Part-year residents must complete item F.

 Nonresidents must complete item G.(F) Part-year residents: If you were a New York State resident for only part of the year, enter the date and check the box ( 1,2 , or 3 ) which describes your situation on the last day of the tax year:
(1) moved into New York State
(2) moved out of New York State and received income from New York State sources during your nonresident period
(3) moved out of New York State and received no income from New York State sources during your nonresident period

Sign your return below.
(G) Nonresidents: Did you or your spouse maintain living quarters in New York State in 2000? (If Yes, complete Schedule B of Form IT-203-ATT; attach form)

| Paid preparer's use only | Preparer's signature | Date | Mark an " $X$ " if self-employed | This is a scannable form; please file this original return. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Firm's name (or yours, if self-employed) |  | Preparer's SSN or PTIN | Sign <br> your <br> return here | Your signature |  |
|  |  |  |  |  |  | Spouse's signature (if joint return) |  |
| Address |  |  | Employer identification number |  | Date | Daytime phone number (optional) ( ) |

032094

