New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • City of New York • City of Yonkers



IT-200

For office use only Important: You must enter your social security number(s) in the boxes to the right. print or type Your first name and middle initial Your last name Your social security number Spouse's first name and middle initial Spouse's last name ▼ Spouse's social security number ō label, Mailing address (number and street or rural route) Apartment number NY State county of residence Attach State ZIP code School district name City, village, or post office Permanent home address (see page 14) (number and street or rural route) Apartment number School district code number City, village, or post office State ZIP code If taxpayer is deceased, enter first name and date of death. NY Single (A) Filing (B) Were you a city of New York resident status for all of 2002? (Part-year residents Married filing joint return mark an Yes must file Form IT-201; see instructions.) (enter spouse's social security number above) one box: 3 Married filing separate return (C) Can you be claimed as a dependent (enter spouse's social security number above) on another taxpayer's federal return? (4) Head of household (with qualifying person) (D) If you do not need forms mailed to you next (5) Qualifying widow(er) with dependent child year, mark an X in the box (see instructions, page 8) Dollars Cents Wages, salaries, tips, etc. 1. Reminder: Only full-year New York State residents who are not reporting income such as IRA distributions, pensions/ 2. Taxable interest income annuities, social security benefits, or capital gains may file this form. All others, see page 5 of the instructions. 3. 3 Ordinary dividends Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 12 below) 4. 5. Add lines 1 through 5 6. Individual retirement arrangement (IRA) deduction (see instructions, page 9) 7. 8 Public employee contributions (see instr., page 9) Identify: 9. 9 Identify: 10. 10 Flexible benefits program (IRC 125 amount) (see instr., page 9) 11 Add lines 8, 9, and 10 Taxable refunds, credits, or offsets of state and local income taxes from line 4 above 12. 12 Interest income on U.S. government bonds (see instructions, page 9) 13. 13 0 0 14 New York standard deduction (see instructions, page 9) 0 0 0 0 Exemptions for dependents only (not the same as total federal exemptions; see instructions, page 10) 15 16 Subtract line 16 from line 11. This is your taxable income (if \$65,000 or more, stop; you must file Form IT-201)

IT-2	00 (2002	2) (back)				ı			
18	Enter th	e amount from line 17 on the front pa	age. This is your taxable ir	ncome			18.		
40	Nierry	de Otata tana and Prae 40 annount () if	Chata Tay Table violet ages 44 through 40 of the instructions			اـ	40		
19	New Yo	New York State tax on line 18 amount (use the State Tax Table, violet pages 41 through 48 of the instructions) New York State household credit (from table I, II, or III; see instructions, page 10)					19.	_ •	
20	New Yo						20.		
		The state measure as a sear (mem table),	ii, or iii, ooo medacaane, page	, , , , , , , , , , , , , , , , , , , ,		_		_':	
21	Subtrac	t line 20 from line 19 (if line 20 is more than	line 19, leave blank). This is the	e total of your Ne	ew York State ta	xes▶	21.		
22	•	New York resident tax on line 18 amo							
	white p	pages 49 through 56 of the instructions)		. 22.					
00	O:b 4 !	Nove Voule because the first state of the control o	<i>(</i> 2	- 00					
23	City of i	New York household credit (see instruc	tions, page 11)	. 23.					
24	Subtrac	t line 23 from line 22 (if line 23 is more	than line 22. leave blank)	. 24.			• This is a scannable	le	
25		onkers resident income tax surcharg					form; please file th	nis	
	Works	heet, page 11 of the instructions)		. 25.			original return with the Tax Departme		
26	City of \	fonkers nonresident earnings tax (atta	ach Form Y-203)	. 26.		•			
27	Add lin	es 24 through 26. This is the total of	your city of Now York and	oity of Vankara t	0.000	_	27.		
27	Add IIII	es 24 tillough 20. This is the total of	your city of New York and C	oity of folikers t	axes		21.	•	
28	Volun	tary gifts/contributions (who	ele dollar amounts only)	(see instruction	ons, page 11))			
		a Gift to Wildlife ∎ w.		d Children Fund	d c				
	Bre	east Cancer Research Fund		Olympic Fund		· [
	Alzheim	ner's Fund且a.	Total of	of your line 28 g	gifts and contri	butions =	28.	. 0 0	
20	Add line	s 21, 27, and 28				[29.		
29	Auu III le	5 2 1, 27, driu 20			-		29.	•	
30	New Yo	rk State child and dependent care cre	edit (from Form IT-216; attach forr	n) 30.					
		·	,						
31	New Yo	rk State earned income credit (from Fo	orm IT-215; attach form)	31.					
32	Real pro	operty tax credit (from Form IT-214; attac	ch form)	. 32.					
33	College	tuition credit (from Form IT-272; attach fo	orm)	. 33.					
	· · · · · ·	, ,							
34	City of I	New York school tax credit (see instruc	tions, page 12)	. 34.			Staple your wage and tax		
	statements to the ottom								
35	lotal Ne	lew York State tax withheld (staple wage and tax statements; see instr., page 12) 35.					Step 7, page 15 of the instructions, for the proper		
36	Total city	y of New York tax withheld (staple wage ar	nd tax statements: see instr., page 1	36.			assembly of your return and		
		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				attachments.		
37	Total city	of Yonkers tax withheld (staple wage and	tax statements; see instr., page 13	37.					
00	A alal line	00 thannah 07				[38.		
38	Add line	es 30 through 37					36.	_'-	
39	If line 3	8 is more than line 29, subtract line	29 from line 38. This is the	e amount to be	refunded to v	ou	39.	•	
	If you c	hoose to have your refund sent direct	tly to your bank account, co				_		
		a Routing number		b Typ	e: • Che	ecking	Savings		
		c Account number •							
40		3 is less than line 29, subtract line 38 from money order payable to New York State		•		· -	40.		
	CHOOK		· •				_		
l r	hird – party signee	Do you want to allow another perso		· · · · · · · · · · · · · · · · · · ·		■ Yes L	(complete the following)	■ No L	
		Designee's name	Designee (e's phone numbe \	er		rsonal identification mber (PIN)		
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	Paid	Preparer's signature	▼ Preparer's SSN or PTIN		Sign	Your signature			
	parer's e only	Firm's name (or yours, if self-employed)	Employer identification	n number	your	Spouse's signature (if joint return)			
"	.c only				return				
Add	ress			rk X if f-employed	here	Date	Daytime phone number (optional)	
012	294	Mail to: STATE	PROCESSING CENTER, F	_	, ALBANY NY	12261-0001	IT	-200 2002	