



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, 2018, through December 31, 2018, or fiscal year beginning ... 18

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 (mmdyyyy)	Your social security number	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyyy)	Spouse's social security number	
Mailing address (see instructions, page 14) (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 14) (number and street or rural route)					Apartment number	School district code number	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmdyyyy)	Spouse's date of death (mmdyyyy)	
			<b>NY</b>	Decedent information			

- 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)

**B Did you itemize** your deductions on your 2018 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 15) Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see page 15) Yes  No

(2) Enter the amount ...  .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) Yes  No

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 15):

(1) Number of months **you** lived in NYC in 2018 .....

(2) Number of months **your spouse** lived in NYC in 2018 .....

**G** Enter your **2-character special condition code(s) if applicable** (see page 15) .....

**H Dependent information** (see page 16)

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

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 16)

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 <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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 ..... <input type="text" value="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 16) Identify: <input type="text"/>	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	.00
18	Total federal adjustments to income (see page 16) Identify: <input type="text"/>	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	.00

**New York additions** (see page 17)

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 17)	21	.00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	.00

**New York subtractions** (see page 18)

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 18)	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 19) .....	29	.00
30	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	.00

**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	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 21) .....	36	<b>000.00</b>
37	<b>Taxable income</b> (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 taxable income (47), NYC resident tax on line 47 amount (47a), NYC household credit (48), Subtract line 48 from line 47a (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 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 28)

Table with 3 columns: Line number, Description, and Amount. Rows include Return a Gift to Wildlife (60a), Missing/Exploited Children (60b), Breast Cancer Research (60c), Alzheimer's Fund (60d), Olympic Fund (60e), Prostate Cancer (60f), 9/11 Memorial (60g), Volunteer Firefighting (60h), Teen Health Education (60i), Veterans Remembrance (60j), Homeless Veterans (60k), Mental Illness Anti-Stigma (60l), Women's Cancers Fund (60m), Autism Fund (60n), Veterans' Homes (60o), Love Your Library Fund (60p), Lupus Fund (60q), Military Family Fund (60r), CUNY Fund (60s), 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 pages 29 through 32)

Table with 3 columns: Line number, Description, Amount. Includes lines 63-75 for various credits and taxes.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) ..... 76 .00

Your refund, amount you owe, and account information (see pages 33 through 35)

Table with 3 columns: Line number, Description, Amount. Includes lines 77-78b for refund and amount overpaid.

Mark one refund choice: [ ] direct deposit to checking or savings account (fill in line 83) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 34 for payment options.

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) ..... 79 .00

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 37 for the proper assembly of your return.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) ..... 81 .00

82 Other penalties and interest (see page 34) ..... 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35). 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. 35) [ ]

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 35) ..... 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 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, 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:

201004180094

See instructions for where to mail your return.

