

Department of Taxation and Finance

Resident Income Tax Return New York State • New York City • Yonkers • MCTMT

IT-201

our first name		V 1 1 (6 11 1 1	Form IT-201-I		The second second	and ending				
	MI	Your last name (for a joint return, ente	er spouse's name on li	ne below)	Your date of birth (mmddyyyy)	Your Social Security number				
oouse's first name	MI	Spouse's last name			Spouse's date of birth (mmddyyyy)	Spouse's Social Security number				
alling address (ass instrusti		make a seed of reach on DO Day)			Anartmant number	Now York State county of vacidance				
ailing address <i>(see instructio</i>	ons) (nu	mber and street or PO Box)			Apartment number	New York State county of residence				
ity, village, or post office		State ZIP coo	de Co	untry		School district name				
ry, vinago, or poor omoo		Otato En occ	.0	uriti y		Control diodnot harno				
axpayer's permanent home	addre	ess (see instructions) (number and st	reet or rural route)		Apartment number					
						School district code number				
ity, village, or post office		State ZIP coo	de		Taxpayer's date of death (mmda					
		NY		cedent ormation						
			D1	Did vo	u have a financial account	located				
status (mark an X in one Single Single Married filing joint return (enter spouse's Social Security number above)			D 1		reign country?					
			D2	(1) Di	d you or your spouse mair	ntain living				
			ove)		uarters in Yonkers for any	part of 2023? Yes No				
box): Married filing separate return					Yes:					
3	(enter s	spouse's Social Security number abo	ove)	(2) N	umber of months you lived	I in Yonkers in 2023				
(4)	Head	of household (with qualifying perso	on)	(2) Ni	imher of menths valir and	use lived in Venkers in 2022				
©		z	,			use lived in Yonkers in 2023				
(5)	Qualify	ying surviving spouse			No:	in Vankana while				
B				(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 Yes No E (1) Did you or your spouse maintain living quarters in NYC (this includes the Bronx, Brooklyn, Manhattan,						
Did you itemize your your 2023 federal inco			lo 🔲 💄							
•			E							
Can you be claimed as a dependent on another taxpayer's federal return? Yes No				Queens, and Staten Island) during 2023? Yes No						
				(2) Er	nter the number of days sp	ent in NYC in 2023				
				(a	ny part of a day spent in NYC	is considered a day)				
			F	F NYC residents and NYC part-year residents only: (1) Number of months you lived in NYC in 2023						
				(1) N	imber of months you lived	1 in NYC in 2023				
				(2) Ni	imber of months vour sno	use lived in NVC in 2023				
					Number of months your spouse lived in NYC in 2023					
Dependent information			G		your 2-character special s) if applicable					
First name	М	II Last name	name Relationship		Social Security nur					
Tilothamo	101	Last name	TCIGUOTISI	пр	Occiai Occurity Hui	Date of birtir (minday)				
			1							
more than 7 dependen	ats, ma	ark an X in the box.								
more than 7 dependen 201001233094	ats, ma		r office use only							

Fe	deral income and adjustments			Whole dollars only
1	Wages, salaries, tips, etc.		1	.00
2	Tayahla interest income		2	00
2	2 Taxable interest income			.00
1	3 Ordinary dividends			.00
5	Alimony received	, ,	5	.00
6	Business income or loss (submit a copy of federal Schedule C,		6	.00
7	Capital gain or loss (if required, submit a copy of federal Sched		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 benef		9	.00
10		<u> </u>	10	.00
11			_	.00
•••	Trontal real estate, regulates, partitioning, o corporations, trasts, etc.	(Submit copy of reactal Schedule E, 1 offit 1040)		.00
12	Rental real estate included in line 11	.00		
13	Farm income or loss (submit a copy of federal Schedule F, Fori	m 1040)	13	.00
14	Unemployment compensation	14	.00	
15	Taxable amount of Social Security benefits (also enter on lin	ne 27)	15	.00
16	Other income Identify:		16	.00
17	Add lines 1 through 11 and 13 through 16		17	00
	Total federal adjustments to income Identify:		18	.00
10	Total lederal adjustments to income [Identity.		10	.00
19	Federal adjusted gross income (subtract line 18 from line 17)		19	.00
21 22 23	Interest income on state and local bonds and obligations (but Public employee 414(h) retirement contributions from your with New York's 529 college savings program distributions Other (Form IT-225, line 9)	vage and tax statements	20 21 22 23 24	00. 00. 00. 00.
_	w York subtractions			
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	26 .00		
27	Taxable amount of Social Security benefits (from line 15)	.00		
28	Interest income on U.S. government bonds	.00		
29	Pension and annuity income exclusion	.00		
30	New York's 529 college savings program deduction/earnings	.00		
31	Other (Form IT-225, line 18)	.00		
32	Add lines 25 through 31		32	.00
33	New York adjusted gross income (subtract line 32 from line	24)	33	.00
Sta	andard deduction or itemized deduction			
34	Enter your standard deduction or your itemized deduction Mark an X in the appropriate box:	on (from Form IT-196) tandard - or - Itemized	34	.00.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, lea	ave blank)	35	.00
	Dependent exemptions (enter the number of dependents listed		36	000.00
37	7 Taxable income (subtract line 36 from line 35)		37	.00



Nar	ne(s) as shown on page 1		Your Social Security number		IT-201 (2023) Page 3 of 4
_					
Ta	x computation, credits, and other taxes				
38	Taxable income (from line 37 on page 2)			38	.00
39	NYS tax on line 38 amount			39	.00
40	NYS household credit	40	.00.)	
41	Resident credit	41	.00.)	
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00		
43	Add lines 40, 41, and 42			43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ave hl:	ank)	44	.00
	5 Net other NYS taxes (Form IT-201-ATT, line 30)				
	·				
46	Total New York State taxes (add lines 44 and 45)			46	.00
Ne	w York City and Yonkers taxes, credits, and surcharges	, and	MCTMT		
47	NYC taxable income	47	.00		
	NYC resident tax on line 47 amount		.00	┪	See instructions to
	NYC household credit		.00	1	compute New York City and
	Subtract line 48 from line 47a (if line 48 is more than			_	Yonkers taxes, credits, and surcharges.
	line 47a, leave blank)	49	.00		Surcharges.
50	Part-year NYC resident tax (Form IT-360.1)		.00)	
	Other NYC taxes (Form IT-201-ATT, line 34)		.00)	
52	Add lines 49, 50, and 51	52	.00)	
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00)	
54	Subtract line 53 from line 52 (if line 53 is more than			_	
	line 52, leave blank)	54	.00)	
54a	MCTMT net earnings	,			
	base for Zone 1 54a .00				
54b	MCTMT net earnings	1			
	base for Zone 2 54b .00			7	
	MCTMT for Zone 1		.00	1	
	MCTMT for Zone 2	_	.00	┥	See instructions to compute
	Total MCTMT (add lines 54c and 54d)		.00	1	the MCTMT for each zone.
	Yorkers resident income tax surcharge		.00	-	
	Yonkers nonresident earnings tax (Form Y-203)	56	.00	-	
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)		.00	_	00
58	Total New York City and Yonkers taxes / surcharges and M	IC I WI	(add lines 54 and 54e through 57)	58	.00
59	Sales or use tax (do not leave blank)			59	.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)			60	.00
61	Total New York State, New York City, Yonkers, and sal	es or	use taxes, MCTMT, and	61	00

Pag	je 4 of 4 11-201 (2023)	Your Social Security num	nber	_		
62	Enter amount from line 61				62	.00
$\overline{}$	yments and refundable credits			L	- 1	
$\overline{}$	<u>-</u>	63		00		
	Empire State child credit NYS/NYC child and dependent care credit			.00		
	NYS earned income credit (EIC)					
	NYS noncustodial parent EIC			.00		
	·			.00		
	Real property tax credit College tuition credit			.00		
	•			.00		
	NYC school tax credit (fixed amount) (also complete			.00		
	NYC school tax credit (rate reduction amount)			.00		
	NYC earned income credit			.00		
	This line intentionally left blank				If applicable	complete Form/s) IT 2
	Other refundable credits (Form IT-201-ATT, line	· · · · · · · · · · · · · · · · · · ·		.00		complete Form(s) IT-2 99-R and submit them
	Total New York State tax withheld			.00	with your retu	
	Total New York City tax withheld			.00	Do not send	federal Form W-2
	Total Yonkers tax withheld			. 00	with your ret	urn.
75	Total estimated tax payments and amount paid with	Form IT-370 75		. 00		
76	Total payments (add lines 63 through 75)				76	.00
	., , , , , , , , , , , , , , , , , , ,			L		
Yo	ur refund, amount you owe, and account inf	ormation)		Γ		
77	Amount overpaid (if line 76 is more than line 62	 2, subtract line 62 from	n line 76)		77	.00
78	Amount of line 77 available for refund (subtra TIP: Use this amount to check your refund s		")		78	.00
78a	Amount of line 78 that you want to deposit into a NYS		195. line 4) (also s	submit Form IT-195)	78a	.00
	•	·	, ,	ĺ		
/ 8D	Total refund after NYS 529 account deposit (s	ine 78a from III	ne 78)	[78b	.00
79	Mark one refund choice: direct saving Amount of line 77 that you want applied to you	et deposit to checkings account (fill in line our 2024	ng or e 83) - or	paper check		ect deposit is the st way to get your
	estimated tax (see instructions)	79		.00		ons for payment
80	Amount you owe (if line 76 is less than line 62, s	ubtract line 76 from lin	ne 62). To pay	by electronic	options.	one for payment
	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 v	with your retur	n	80	.00
81	Estimated tax penalty (include this amount in line	e 80 or				
	reduce the overpayment on line 77)			.00		ons for the proper
82	Other penalties and interest	82		.00	assembly of	your return.
83	Account information for direct deposit or electric					
	If the funds for your payment (or refund) would	a come irom (or go i	io) an accoun	i ouiside the U.S	s., mark an X	in this dox
	83a Account type: Personal checking - or	- Personal sav	vings - or -	Business ch	ecking - or -	Business savings
	83b Routing number	83c Acco	ount number			
84	Electronic funds withdrawal	Date		Amount	t	.00
	Third-party Print designee's name		Designee's	s phone number		Personal identification number (PIN)
de	signee? (see instr.)		()			. Hamber (Firt)
Ye	s No Email:					
V	Paid preparer must complete ▼ Preparer's NYTPF (see instructions)	RIN NYTPRIN excl. code		▼ Taxpay	/er(s) must s	ign here ▼
			You	r signature		
	parer's signature Preparer's prir	ned name	1 1	i signature		
Pre	parer's signature Preparer's prin n's name (or yours, if self-employed)	Preparer's PTIN or SSN	You	r occupation		
Pre					occupation (if join	f return)
Pre	n's name (or yours, if self-employed)	Preparer's PTIN or SSN		r occupation use's signature and		t return) phone number
Pre	n's name (or yours, if self-employed)	Preparer's PTIN or SSN Employer identification r	number Spo	r occupation use's signature and		