New York State Department of Taxation and Finance

Resident Income Tax Return

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

1997

IT-200

For office use only

Attach label, or print or type

This is a scannable form; please file this original return with the Tax Department.

Last name | First name and middle initial *(if joint return, enter both names)* | ▼ Your social security number

Mailing address *(number and street or rural route)* | Apartment number | ▼ Spouse's social security number

City, village or post office | State | ZIP code | NY State county of residence

In the space below, print or type your permanent home address within New York State if it is **not** the same as your mailing address above *(see instructions, page 14)*. | School district name

Permanent home address *(number and street or rural route)* | Apartment number | School district code number . . . . . .

City, village or post office | State **NY** | ZIP code | If taxpayer is deceased, enter **first name** and **date of death**.

(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) with dependent child

Staple check or money order here

(B) Did you itemize your deductions on your 1997 **federal** income tax return? . . . Yes ☐ No ☐

(C) Can you be claimed as a dependent on another taxpayer's federal return? . . . Yes ☐ No ☐

(D) If you do not need forms mailed to you next year, mark an "X" in the box *(see instructions)* . . . . . ☐

			Dollars	Cents
1	Wages, salaries, tips, etc.	1		
2	Taxable interest income	2		
3	Dividend income	3		
4	Taxable refunds, credits or offsets of state and local income taxes *(also enter on line 12 below)*	4		
5	Unemployment compensation	5		
6	Add lines 1 through 5	6		
7	Individual retirement arrangement (IRA) deduction *(see instructions, page 9)*	7		
8	Subtract line 7 from line 6. This is your **federal adjusted gross income**	8		
9	Public employee contributions *(see instr., page 9)* *Identify:*	9		
10	Flexible benefits program (IRC 125 amount) *(see instr., page 9)* *Identify:*	10		
11	Add lines 8, 9 and 10 ▶	11		
12	Taxable refunds, credits or offsets of state and local income taxes from line 4 above	12		
13	Interest income on U.S. government bonds *(see instructions, page 9)*	13		
14	New York standard deduction *(see instructions, page 9)*	14		
15	Exemptions **for dependents only** *(not the same as total federal exemptions; see instructions, page 10)*	15	0	00
16	Add lines 12 through 15 *(if line 16 is more than or equal to line 11, see instructions for line 17, page 10)* ▶	16		
17	Subtract line 16 from line 11. This is your **taxable income** *(if $65,000 or more, **stop**; you must file Form IT-201)*	17		

Staple your check or money order to the front left of this return in the area indicated.

		Dollars	Cents
18	Enter the amount from line 17 on the front page. This is your **taxable income**	18	
19	New York State tax on line 18 amount. *(Use the* State Tax Table*, violet pages 37 through 44)*	19	
20	New York State household credit *(from table I, II, or III; see instructions, page 10)*	20	
21	Subtract line 20 from line 19 *(if line 20 is more than line 19, leave blank).* This is the total of your New York State taxes ▶	21	
22	City of New York resident tax on line 18 amount. *(Use* City Tax Table, *white pages 45 through 52)*	22	
23	City of New York household credit *(see instructions, page 11)*	23	
24	Subtract line 23 from line 22 *(if line 23 is more than line 22, leave blank)*	24	
25	City of New York nonresident earnings tax *(attach Form NYC-203)*	25	
26	City of Yonkers resident income tax surcharge *(from* Yonkers Worksheet, *page 11)*	26	
27	City of Yonkers nonresident earnings tax *(attach Form Y-203)*	27	
28	Add lines 24 through 27. This is the total of your city of New York and city of Yonkers taxes ▶	28	
29	If you want to Return a Gift to Wildlife, enter amount - $5, $10, $20, other *(see instructions, page 12)*	29	0 0
30	If you want to contribute to the Lake Placid Olympic Fund, enter $2 *($4 if your spouse **also** wants to contribute **and** you are filing jointly. See instructions, page 12)*	30	0 0
31	If you want to give a Gift for Breast Cancer Research and Education, enter amount - $5, $10, $20, other *(see instructions, page 12)*	31	0 0
32	If you want to contribute to the Missing and Exploited Children Clearinghouse Fund, enter amount - $5, $10, $20, other *(see instructions, page 12)*	32	0 0
33	Add lines 21, 28, 29, 30, 31, and 32	33	
34	New York State child and dependent care credit *(from Form IT-216; attach form)*	34	
35	New York State earned income credit *(from Form IT-215; attach form)*	35	
36	Real property tax credit *(from Form IT-214, line 17; attach form)*	36	
37	Total New York State tax withheld *(**staple wage and tax statements**; see instr., page 12)*	37	
38	Total city of New York tax withheld *(**staple wage and tax statements**; see instr., page 12)*	38	
39	Total city of Yonkers tax withheld *(**staple wage and tax statements**; see instr., page 12)*	39	
40	Add lines 34 through 39	40	
41	**If line 40 is more than line 33,** subtract line 33 from line 40. This is the amount to be **refunded to you**	41	
42	**If line 40 is less than line 33,** subtract line 40 from line 33. This is the **amount you owe** *(do not send cash; make your check or money order payable to* **New York State Income Tax**; *write your social security number* and **1997 income tax** on it)	42	

- Staple your wage and tax statements at the top of the back of this return. See Step 7, page 14, for the proper assembly of your return and attachments.

If you choose to have your refund sent directly to your bank account, complete a, b, and c below *(see instructions, page 13).*

a Routing number ☐☐☐☐☐☐☐☐☐ **b** Type: ☐ Checking ☐ Savings

c Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Paid Preparer's Use Only				**Sign Your Return Here**	
Preparer's signature	Date	Mark "X" if self-employed ☐		Your signature	
Firm's name *(or yours, if self-employed)*	Preparer's social security number			Spouse's signature *(if joint return)*	
Address	Employer identification number			Date	Daytime phone number (optional) ( )

Mail to: **STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001**