New York State Department of Taxation and Finance

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



| For office use only | | | | Important! You must enter your social security number(s) in the boxes to the right. | | | | | | | | 1 | | y | | _ ~ | , | | | |
|------------------------|---|--|---------------|---|---|--------------------|----------------------------|-------------------|----------------------------|---|----------|----------|-------|--|-----------------------------------|---|----------------|------------|--------|-------------|
| | | | or type | | | ame and middle | e initial | | Your last name | | | <i>.</i> | | | | Your social | security numl | ber | | |
| | | | print or | Snou | ao'a firat na | mo and n | aiddle initial | Spaugo's | last name | | | | | | + | Cnouse's s | acial accurity | numbo | | |
| | or pri | | | Spouse's first name and middle initial Spouse's last | | | | | s last flaffle | zot Hallic | | | | | ▼ Spouse's social security number | | | | | |
| | | | | Mailin | g address | (number an | d street or rura | al route) | | | | Apar | tment | number | NY • | State coun | ty of residen | ce | | |
| | | | Attach label, | City, v | illage or po | st office | | | State | | | ZIP cod | de | | Scl | nool district | name | | | |
| | | | | | anent home address (see page 14) (number and stre village or post office State NY | | | | | street or rural route) Apartment number | | | | r | School district code number | | | | | |
| | | | | | | | | | | ZIP code | | | If t | If taxpayer is deceased, enter first name and da | | | | ate of d | leath. | |
| | (A) | Filing | 1 | | Single | | | | (E | 3) | Did you | u item | ize y | our de | ductio | ns on | | | | |
| | status — | | | | your 2000 federal income ta | | | | | | | | | | |] | No | | | |
| | - 1 | mark a | | | | | nt return social securi | ty number a | above) | 3) | - | | | | | l y: <i>(see pa</i> i. 1, 20011 | | ۱ ٦ | No | |
| Staple mone here | e check or y order | one be | | | | | parate retui | | | | . , | - | | | | an. 1, 2001? | | ji | No | |
| | | | _ | | | | social securi | - | . (1 | D) | Can yo | | | | | | | - . | _ | _ |
| | | | <u>4</u> |) | Head of | househo | old (with qua | llifying pers | | Ξ) | | | | | | turn? to you ne | | J | No | , \square |
| | | | <u></u> | | Qualifyir | ng widow | (er) with de | ependent | • | -, | • | | | | | • | ə 8) | [| ı [| |
| | | | | | | | | | | | | | | | | | Dollars | | C | ents |
| 1 | Wages, sa | alarias tir | ns etc | | | | | | | | | | | | 1 | | | | | |
| • | wages, s | aiarics, ii | 33, 010. | | Rei | | | | ork State re | | | | Ţ | | | | | =' | · | = |
| 2 | Taxable in | nterest inc | come | | | | | | A distributions, or capita | | | | | | 2 | | | , | | |
| 3 | Ordinany | dividonde | | | this | form. Al | | e page 5 | of the instr | | | 0 | _ | | 3 | | | | | |
| 3 | Ordinary | uividerids | | | | | | | ••••• | | | | | | | | | =' | · | _ |
| 4 | Taxable re | efunds, cr | edits, c | or offse | ets of state | e and loo | al income | taxes <i>(als</i> | o enter on lin | e 12 | 2 below) | | | | 4 | | | | | |
| 5 | Unemploy | ment cor | mpensa | ation | | | | | | | | | | | 5 | | | | , | |
| 6 | Add lines | 1 through | า 5 | | | | | | | | | | | | 6 | | | | | |
| 7 | 7 Individual retirement arran | | | | gement (IRA) deduction (see instructions, page 9) | | | | | | | 7 | | | | , | | | | |
| 8 | Subtract line 7 from line 6. This is your federal adjusted gross income (see instructions, page 9) | | | | | | | | | | | | | | | | | | | |
| 9 | Public em | Public employee contributions (see instr., page 9) Identify: | | | | | | | | | | | | | | | | | | |
| 10 | Flexible b | enefits pr | ogram | (IRC 1 | 25 amou | nt) <i>(see ii</i> | nstr., page 9, | Ident | rify: | | | | | | 10 | | | | | |
| 11 | Add lines | 8, 9, and | 10 | | | | | | | | | | | | ▶ 11 | | | <u> </u> | | |
| 12 | Taxable ref | unds, credi | ts, or off | sets of s | state and lo | ocal incom | e taxes from | line 4 abov | /e ■12 | | | | | • | | | | | | |
| 13 | | | | | | | structions, pa | | | | _ | | | | Ī | | | | | \neg |
| 14 | | | | | | | 9) | | | | | | | | | | | | | J |
| 15 | | | | | | | emptions; see insti | | | | | 0 0 | 0 | 0 (| | | 200 | 0 | | |
| 16 | • | | | | | | | | on line 17 and | l ski | | | | | _ | | | | | |
| 17 | | | | | | | | | more. stop : | | | | | | 17 | - | | | | |

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| IT-2 | 00 (2000) (back) | Dollars | Ce | ents |
|--------|--|--|-----|------|
| 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 of the instructions) | 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 of the instructions) | | | |
| 23 | City of New York household credit (see instructions, page 11) | | | |
| 24 | Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) | ● This is a scannable | | |
| 25 | City of Yonkers resident income tax surcharge (from Yonkers | form; please file this original return with | | |
| | Worksheet, page 11 of the instructions) | the Tax Department. | | |
| 26 | City of Yonkers nonresident earnings tax (attach Form Y-203) | | | |
| 27 | Add lines 24 through 26. This is the total of your city of New York and city of Yonkers taxes | 27 | • | |
| 28 | If you want to Return a Gift to Wildlife, enter amount - \$5, \$10, \$20, other (see instructions, page 11) | 28 | . 0 | 0 |
| 29 | If you want to contribute to the Lake Placid Olympic Fund, enter \$2 (\$4 if your spouse also wants to | | | _ |
| | | 29 | . 0 | 0 |
| 30 | If you want to give a Gift for Breast Cancer Research and Education, enter amount - | | n | 0 |
| 31 | | 30 | ٠ | |
| ٠. | | 31 | . 0 | 0 |
| 32 | If you want to contribute to the Alzheimer's Disease Assistance Fund, enter amount - \$5, \$10, \$20, other (see instructions, page 12) | 32 | . 0 | 0 |
| | | | | |
| 33 | Add lines 21, 27, 28, 29, 30, 31, and 32 | 33 | • | |
| 34 | New York State child and dependent care credit (from Form IT-216, line 14; attach form) 34 | | _ | |
| 35 | New York State earned income credit (from Form IT-215; attach form) | | | |
| 36 | Real property tax credit (from Form IT-214, line 17; attach form) | | | |
| 37 | City of New York school tax credit (see instructions, page 12) | | | |
| 38 | Total New York State tax withheld (staple wage and tax statements; see instr., page 12) 38 | Staple your wage and tax statements to the | | |
| | | bottom front of this return. See Step 7, page 14 of the | | = |
| 39 | Total city of New York tax withheld (staple wage and tax statements; see instr., page 12) | instructions, for the proper assembly of your return and | | |
| 40 | Total city of Yonkers tax withheld (staple wage and tax statements; see instr., page 12) | attachments. | | |
| 41 | Add lines 34 through 40 | 41 | • | |
| 42 | If line 41 is more than line 33, subtract line 33 from line 41. This is the amount to be refunded to you | 42 | | |
| | If you choose to have your refund sent directly to your bank account, complete a, b, and c below | | • | |
| | a Routing number b Type: • Checking c Account number • | Savings | | |
| 43 | If line 41 is less than line 33, subtract line 41 from line 33. This is the amount you owe (do not send cash; make your | | | |
| | | 43 | • | |
| | Paid Preparer's signature Date Mark "X" if self-employed Sign Your signature | | | |
| | Preparer's See only Firm's name (or yours, if self-employed) Preparer's SSN or PTIN Spouse's signature (if joint is prepared) | eturn) | | |
| Addr | return Data Daytima | phone number (optional) | | |
| , wall | Employer recruitment of the second of the se | ` | | |