New York State Department of Taxation and Finance

Resident Income Tax Return (short form) New York State • New York City • Yonkers



IT-150

	Important: You must enter your social security number(s) in the boxes to the right.					-		
						Your social security number		
		actium (ioi a joint ioia in) c	mer opeace em		′′			
ype	Spouse's first name and middle initial Spous	use's social security number						
Print or type		,						
nt o	Mailing address (see instructions, page 12) (no	ork State county of resider						
Pri	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Apartment number Nev		,				
	City, village, or post office St	tate ZIP code	Country (if not	United States)	School	district name		
			•	,				
Per	manent home address (see instructions, page 12	2) (number and street or rural rout	te)	Apartment nu	ımher			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (,		School	district number		
City	, village, or post office	State	ZIP code		Taxpayer's	s date of death Spouse's	date of death	
,	, 13., 1 11.	NY		Dece	edent mation •			
						1-1		
(Δ) Filing ① Single		(0)					
(,-	status –		(C)	Were you a New York City r				
	Married filing	joint return s social security number abov	· · · · ·)? (Part-year reside IT-201; see page 13		No	
	X in	s social security number abov		must me i omi i	11-201, see page 13	<i></i>)163 —	110	
	. a liviarried filing	separate return ssocial security number abov	(D)	-	claimed as a dep			
	(enter spouse s	s social security fluitiber abov	<i>ve)</i>		expayer's federal		No	
Staple cl	neck 4 Head of hous	sehold (with qualifying perso	on)	(see page 10).	•••••		110	
or mone	v order		(C)	-				
	⑤ Qualifying wid	dow(er) with dependent o	child (E)			al condition code	•	
	_					second 2-character		
	(B) Choose direct deposit to avoid paper	r check refund delays.						
	elp completing your return, see the combin		o IT 150 and I	•				
OI IIC	sp completing your return, see the combin	led instructions for Forms	5 11-130 and 1	11-201.		Dollars	Cents	
1	Wages, salaries, tips, etc							
2	Taxable interest income							
3	Ordinary dividends							
	Capital gain distributions							
	Taxable amount of IRA distributions. I		-			5.	-	
	Taxable amount of pensions and annu		=		· · · · · · · · · · · · · · · · · · ·	6.	!	
	Unemployment compensation						 -	
	Taxable amount of social security ben	•					—•—	
	Add lines 1 through 8						 -	
	Total federal adjustments to income (see					11.		
		I adjusted gross income (subtract line 10 from line 9)						
	Public employee 414(h) retirement cor							
	Other (see page 15) Identify:				(300 page 10)	14.	 -	
	Add lines 11 through 14					15.	-	
	Pensions of NYS and local governments a					10.	•	
	Taxable amount of social security ben	•		17.				
	Pension and annuity income exclusion		_	18.	•			
	011	(9/		19.		1		
	Add lines 16 through 19					20.	\neg .	
21	New York adjusted gross income (s	subtract line 20 from line	15)			21.		
	New York standard deduction (see page				0 0 . 0 0	<u> </u>		
	Dependent exemptions (not the same as t		_		000.00			
	Add lines 22 and 23	•					0.00	
	Taxable income (subtract line 24 from li					25.	\neg .	



II-15	50 (2010) (back)					Dollars	Cents	
26	Taxable income (from line 25 on the front page)				26.			
27	New York State tax on line 26 amount (see page 20 and Tax compa	27.						
28	New York State (NYS) household credit (from table 1, 2, or 3 on page	28.						
29	Subtract line 28 from line 27 (if line 28 is more than line 27, leave black	nk)			29.		1.	
30	New York City (NYC) resident tax (see page 21)		30.					
31	NYC household credit (from table 4, 5, or 6 on pages 21 and 22)		31.					
32	Subtract line 31 from line 30 (if line 31 is more than line 30, leave bla	nk)			32.			
33	Yonkers resident income tax surcharge (from Yonkers worksheet or	n page	22)		33.			
34	Yonkers nonresident earnings tax (attach Form Y-203)				34.].	
35	Sales or use tax (See the instructions on page 23. Do not leave line	35.].				
36	Voluntary contributions (whole dollars only; see page 24)	Voluntary contributions (whole dollars only; see page 24)						
	Fund a 36a Fund b 36b F	und c	36c.	•				
	Fund d 36d Fund e 36e F	und f	36f.					
	Fund g 36g Fund h 36h	•	Total	(add lines 36a through 36h)	36.		. 0 0	
37	Add line 29 and lines 32 through 36				37.].	
	Empire State child credit (attach Form IT-213)		38.	•				
	NYS/NYC child and dependent care credit (attach Form IT-216)		39.	•	Forme	IT-2, IT-1099-R		
	NYS earned income credit (attach Form IT-215 or Form IT-209)		40.	•	and/or	IT-1099-UI mu	st be	
41	NYS noncustodial parent earned income credit (attach Form IT-20	,	41.	•		ted and attacl turn <i>(see page</i>		
42	Real property tax credit (attach Form IT-214)		42.	•	-		•	
	College tuition credit (attach Form IT-272)		43.	•		them (and any ble forms) to t		
	NYC school tax credit		44.	•	of this	page.	•	
	NYC earned income credit (attach Form IT-215 or Form IT-209)		45.	•		Step 11 instru		
46	Total New York State tax withheld		46.	•		e 30 for the property		
	Total New York City tax withheld		47.	•	attachr			
	Total Yonkers tax withheld			•	-			
	Total estimated tax payments / Amount paid with Form IT-370 Add lines 38 through 49			•	50.			
	Amount overpaid (if line 50 is more than line 37, subtract line 37 from				51.			
	Amount of line 51 to be refunded by (mark one): direct deposit (fill		,		-			
	Amount of line 51 to be returned by (mark one). Amount of line 51 that you want applied to your	i ii i iii ie s	J0) U I	paper check retuild	JZ.		J•L	
00	2011 estimated tax (see instructions)		53]			
54	Amount you owe (if line 50 is less than line 37, subtract line 50 from			•	1			
•	To pay by electronic funds withdrawal, mark this box and			56	54.		1.	
55	Estimated tax penalty (include this amount in line 54						J*L	
	or reduce the overpayment on line 51; see page 27)		55.	•]			
56	Account information for direct deposit or electronic funds with	drawa	ıl (see	e page 28).	-			
	If the funds for your payment (or refund) would come from (or go to) an ac	cour	nt outside the U.S., mark a	n X in thi	s box (see pg. 2	28) 🕳 🔲	
56 a	Routing number • Ele	ectron	ic fui	nds withdrawal effective of	date			
						•	1	
56b	Account number •			56c Account type	• Ch	necking •	Savings	
	Third-party Print designee's name		Des	ignee's phone number		Personal ident		
des	signee? (see instr.)		()		number (F	-IIV)	
Yes	B No E-mail:							
•	Paid preparer must complete (see instructions) ▼ Date:	▼ Taxpayer(s	▼ Taxpayer(s) must sign here ▼					
	eparer's signature ▶ Preparer's NYTPRIN	V		Your signature				
Fir	m's name (or yours, if self-employed) ▼ Preparer's PTIN or S	SSN	-	Your occupation				
		•						
Ad	dress Employer identification	ation number Spouse's signature and occu			pation (if joint return)			
	Mark an X		╣.	Date	▼ Daytim	e phone number		
	self-emplo self:	yed L	-	E-mail:				
E-I	ulali.			L-111dii.				

See instructions for where to mail your return.

