

Department of Taxation and Finance

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

IT-201

2016	0 📂		For the full year Ja	nuary 1, 2016, th	rough Decen	nber 31, 2016, or fiscal year	r beginning	. 16					
For he	elp completing vo	our re	eturn, see the instru	ctions. Form II	-201-I.	;	and ending						
	or help completing your return, see the instructions, Form IT-201-I. our first name MI Your last name (for a joint return, enter spouse's name on line					Your date of birth (mmddyyyy)	Your social sec	urity number					
Spouse's first name MI Spouse's last name						Spouse's date of birth (mmddyyyy)	Spouse's socia	I security number					
Mailing	address (see instruction	ons, pa	 age 13) (number and street or	PO box)		Apartment number	New York State	county of residence					
City, vill	lage, or post office		State	ZIP code	Country (if	not United States)	School district	name					
Тахрау	/er's permanent home	addre	ess (see instructions, page	13) (number and stre	et or rural route)	Apartment number							
							School district code number						
City, vill	lage, or post office		State NY	ZIP code	Decedent	Taxpayer's date of death (mmddyy	yyy) Spouse's o	date of death (mmddyyyy)					
			IN T		information								
A Fil	9 9	Single	е			ou have a financial account ed in a foreign country? (see p	page 14)	Yes No					
	atus ark an	Marrie	ed filing joint return		D2 York	ers residents and Yonkers	nart-voar rosi	dents only:					
X i	in one		spouse's social security numb	er above)		rid you receive a property tax		dents only.					
bo	. (3)1 1		ed filing separate return spouse's social security numb	ner ahove)		roperty tax relief credit? see page 14)							
			of household (with qualify			Yes, enter the							
	Φ	i icau	of flousefloid (with quality	ing person)		otal amount							
	(5)	Qualif	fying widow(er) with dep	endent child		id you or your spouse mainta uarters in NYC during 2016?							
	Did you itemize your deductions on your 2016 federal income tax return?					(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day)							
	an you be claimed a			No	F NYC residents and NYC part-year residents only (see page 14):								
on another taxpayer's federal return? Yes L. No L.						lumber of months you lived i	n NYC in 2016	;					
					(2) N	(2) Number of months your spouse lived in NYC in 2016							
					G Enter								
					code	(s) II applicable (see page 14)	9						
H De	pendent exempti	ion ir	nformation (see page	15)									
	First name		/II Last name		elationship	Social security numb	per Dat	te of birth (mmddyyyy)					
		+											
		+											
		+											
If more	e than 7 dependen	ıts, m	nark an X in the box.										
	201001160094			Fau - #:									
	201001160094			For office us	e only								

Fe	deral income and adjustments (see page 15)		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 X in the box	9	.00					
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	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]						
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 15) Identify:	16	.00					
17	Add lines 1 through 11 and 13 through 16	17	.00					
18		18	.00					
	Federal adjusted gross income (subtract line 18 from line 17)	19	.00					
10	Tederal adjusted gross income (subtract line to from line 11)	10						
21 22 23	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) New York's 529 college savings program distributions (see page 16) Other (Form IT-225, line 9) Add lines 19 through 23	20 21 22 23 24	00. 00. 00. 00.					
New York subtractions (see page 17)								
	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25 .00							
	Pensions of NYS and local governments and the federal government (see page 17) 26 27 28							
	Taxable amount of social security benefits (from line 15)	-						
	Interest income on U.S. government bonds							
29	Pension and annuity income exclusion (see page 18) 29 .00 New York's 529 college savings program deduction/earnings 30 .00							
30 31	Other (Form IT-225, line 18)	-						
	Add lines 25 through 31	32	.00					
	•							
33	New York adjusted gross income (subtract line 32 from line 24)	33	.00					
St	andard deduction or itemized deduction (see page 20)							
34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: Standard - or - Itemized	34	.00					
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00					
	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000.00					
37	Tavable income (cultract line 26 from line 25)	37	00					



Nar	ne(s) as shown on page 1		Your soc	ial secu	urity number		IT-201 (2016) 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 (see page 21)					39	.00
40	NYS household credit (page 21, table 1, 2, or 3)	40			.00		
	Resident credit (see page 22)				.00		
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42			.00		
43	Add lines 40, 41, and 42					43	.00
11	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ave hl:	ank)			44	.00
	Net other NYS taxes (Form IT-201-ATT, line 30)		,			45	.00
	· · · · · · · · · · · · · · · · · · ·						100
46	Total New York State taxes (add lines 44 and 45)					46	.00
Ne	w York City and Yonkers taxes, credits, and surcharges,	and	мстмт	.)			
47	NYC resident tax on line 38 amount (see page 22)	47			.00		See instructions on
	NYC household credit (page 22, table 4, 5, or 6)	48			.00	1	pages 22 through 25 to compute New York City and
	Subtract line 48 from line 47 (if line 48 is more than					•	Yonkers taxes, credits, and
	line 47, leave blank)	49			.00		surcharges, and MCTMT.
50	Part-year NYC resident tax (Form IT-360.1)	50			.00]	•
	Other NYC taxes (Form IT-201-ATT, line 34)]	
52	Add lines 49, 50, and 51	52			.00	1	
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 54a .00					1	
	MCTMT				.00		
	Yonkers resident income tax surcharge (see page 25)						
	Yonkers nonresident earnings tax (Form Y-203)					-	
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)				.00		
58	Total New York City and Yonkers taxes / surcharges and M	CIMI	(add line	es 54 ai	nd 54b through 57)	58	.00
59	Sales or use tax (see page 26; do not leave line 59 blank) .					59	.00
$\overline{}$						00	100
Vo	luntary contributions (see page 27)					,	
	60a Return a Gift to Wildlife			60a	.00		
	60b Missing/Exploited Children Fund				.00	-	
	60c Breast Cancer Research Fund				. 00	-	
	60d Alzheimer's Fund				.00	-	
	60e Olympic Fund (\$2 or \$4; see page 27)				.00	-	
	60f Prostate and Testicular Cancer Research and Educ			60f	.00	-	
	60g 9/11 Memorial			60g	.00	-	
	60h Volunteer Firefighting & EMS Recruitment Fund				.00	-	
	60i Teen Health Education			60i	.00	-	
	60j Veterans Remembrance				.00	-	
	60k Homeless Veterans				.00	-	
	60I Mental Illness Anti-Stigma Fund				.00	1	
	60m Women's Cancers Education and Prevention Fund 60n Autism Fund				.00	-	
60	Total voluntary contributions (add lines 60a through 60n)			$\overline{}$.00	60	.00
						_00	.00
61	Total New York State, New York City, Yonkers, and sale						
	voluntary contributions (add lines 46, 58, 59, and 60)					61	.00



Pag	ge 4 of 4 IT-201 (2016)	Your social sec	curity n	umber						
62	Enter amount from line 61						62			.00
Pa	syments and refundable credits (see page 28)								
63	Empire State child credit		63			.00				
	Family tax relief credit									
	NYS/NYC child and dependent care credit		-			.00				
	NYS earned income credit (EIC)		65							
			66			.00				
	NYS noncustodial parent EIC		67			.00				
	Real property tax credit					.00				
	College tuition credit		68			.00				
	NYC school tax credit (also complete F on page 1					.00				
	NYC earned income credit		70			.00				
	NYC enhanced real property tax credit		70a			.00				
71	Other refundable credits (Form IT-201-ATT, line	18)	71			.00			complete Fo	
72	Total New York State tax withheld		72			.00			9-R and sub	
73	Total New York City tax withheld		73			.00		12).		
	Total Yonkers tax withheld		74			.00			federal For	n W-2
	Total estimated tax payments and amount paid w					.00	with	n your ret	urn.	
							76			00
_	Total payments (add lines 63 through 75) our refund, amount you owe, and account in						70			. 00
$\overline{}$	Amount overpaid (if line 76 is more than line 62						77			.00
	• •	i, Subtract IIIIe	02 110	III IIIIe 70)			"			.00
78	Amount of line 77 to be refunded Mark one refund choice: direct	t (fill in line 83)	- or -	paper check			78			.00
79	Amount of line 77 that you want applied to you	ır					Ref	und? Dire	ct deposit is	the
	2017 estimated tax (see instructions)		79			.00	easi refu		st way to get	your
80	Amount you owe (if line 76 is less than line 62, s	ubtract line 76	from	line 62). To p	oay by elect	tronic	See	page 32	for paymen	t options.
	funds withdrawal, mark an X in the box	and fill in I	ines 8	3 and 84. If	you pay by	/ check				
	or money order you must complete Form I7	Γ-201-V and	mail it	with your re	eturn		80			.00
81	Estimated tax penalty (include this amount in line	e 80 or					_			
	reduce the overpayment on line 77; see page 31)		81			.00			for the prop your return	
82	Other penalties and interest (see page 32)	82			.00	ass	ellibly of	your return	•	
83	Account information for direct deposit or election	ronic funds w	vithdra	awal (see pa	ge 32).					
	If the funds for your payment (or refund) would	come from (c	or go t	o) an accou	nt outside th	ne U.S., r	nark a	an X in thi	s box (see p	g. 32) 🔃
									П ₋ .	
	83a Account type: Personal checking - o	r Per	sonal	savings - oı	r Bı	ısiness ch	eckin	g - or -	Busine	ess savings
	83b Routing number	8	3c Ac	count numbe	r					
84	Electronic funds withdrawal (see page 33)	Date				Amoun	t			.00
	Third-party Print designee's name			Docid	nee's phone	numbor			Personal ide	ntification
de	Third-party Print designee's name signee? (see instr.)			/)	Humber			number	
Ye				(,					
V	Paid preparer must complete ▼ Preparer's NYTP	RIN N	YTPRIN	1 1	_	Towns	101/0	\ must si	an bara	
	(see instructions)	ex	cl. code		Vous eignotus		yer(s) must si	gn here	
	parer's signature Preparer's pr				Your signatur					
Firn	n's name (or yours, if self-employed)	IN or S	SN	Your occupat	tion	_				
Address Employer idea D				on number	Spouse's signature and occupation (if joint return)					
					Date			Daytime phone number		
E-m	nail:			E-mail:			1\ /			

See instructions for where to mail your return.

