IT-201

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

	•	-	ar January 1, 2010,	-		31, 2010, or fis	-		1 0		
For h	nelp completing your return, see the co						1	and ending			
	Important: You must ente	▼ Voi	ır social security number								
	Your first name and middle initial	Your last n	name (for a joint return ,	enter spouse's	name on III	ne below)	1 100	ii ooolal ocounty hambel			
be	Enguesia first name and middle initial	Chausa'a l	last name				▼ Sn/	ouse's social security numbe	ur.		
Print or type	spouse's first name and middle initial	Spouse's first name and middle initial Spouse's last name									
ıt o	Mailing address (see instructions, page 6	Now V	ork State county of resid	longo							
Pri	walling address (see instructions, page of	INEW I	- New Tork State County of residence								
	City, village, or post office	State	ZIP code	Country (if n	ot United S	tates)	Schoo	l district name			
	City, village, or post office	State	ZIF Code	Country (# 11	ot Officed S	iales)	•	district riarrie			
P	ermanent home address (see instructions, p	nage 61) (/	number and street or rura	l route)	Δnart	ment number	•				
• •	manoni nomo dadioso (see mendenene, p	ouge on, (iambor and street of rare	rrouto)	ripari			l district			
Ci	ty, village, or post office		State	ZIP cod	le .			e number 's date of death Spouse			
0.	y, mage, or poor omes		NY	000		Decedent information •	Taxpayer's date of death Spouse's date of				
			141	(5)		1	-				
	(A) Filing ① Single			(D)	Choose	direct deposit	to avoid	paper check refund of	lelays.		
	status –			(E)		ou or your spou			\neg ,, \vdash		
	mark an 2 Married filir				-		Ü	O (see page 62)? Yes L	No L		
	X in	e's social se	ecurity number above)				f days spent in NYC in 2010 nt in NYC is considered a day)				
	one box: 3 Married filir			(E)			•				
	(enter spouse	s SUCIAI SE	ecurity number above)	(F)		sidents and N\ ts only (see pag					
	④ Head of ho	usehold	(with qualifying person)	1		• , ,	you lived in NYC in 2010				
	_				. ,	_					
	⑤ Qualifying	widow(er) with dependent chi	ld		per of months y oin NYC in 2010			•		
	(P) Did ita mina			- (G)	Enter vo	ur 2-charactei	r enecia	I condition code			
	(B) Did you itemize your deductions your 2010 federal income tax ret		. Yes No	(\(\o)	•				•		
	(C) Can you be claimed as a depen			_	If applic	able, also ente	er vour s	econd 2-character			
	on another taxpayer's federal ret		. Yes No No						•		
_		<u> </u>									
Fe								es 1 through 18 bel federal return (see			
			e page 4 instructio				ori your	iederal return (See	page 65).		
					•			Dollars	Cents		
1	Wages, salaries, tips, etc						<u>1.</u>				
2	Taxable interest income										
	Ordinary dividends								· -		
		Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)									
	Alimony received								·		
	Business income or loss (attach a d								—		
	Capital gain or loss (if required, atta								—		
	Other gains or losses (attach a copy	_		—— ! ——							
	Taxable amount of IRA distribution	9.		─ •							
	Taxable amount of pensions and an	10.		— • —							
	Rental real estate, royalties, partnerships			—							
	Farm income or loss (attach a copy										
	Unemployment compensation										
	Other income (see page 63) Identify:	Scribilla	, also chiel on line 2	.,,			14. 15.				
	Add lines 1 through 15	16.		—							
	Total federal adjustments to income (17.				
	Federal adjusted gross income)			18.		—		
	. Januar dajabiba grobb mobilio	Jaznaci						l	•		

Pag	je 2 of 4	IT-201 (2010)	▼	Enter	your social security num	nber	_						
											Dollars		Cents
19	Federal	adjusted gross	income (f	rom	line 18 on the front pa	age)			1	19.			
$\overline{}$					•	0 ,							
Ne	w York a	dditions (see p	page 63)										
20	Interest in	ncome on state an	ne on state and local bonds and obligations (but not those of NY State or its local governments										
							d tax statements (see			21.		,	,
				ogra	m distributions (see	e page	64)		2	22.			
		e page 65) Identify								23.			
24	Add lines	s 19 through 23							2	24.		,	
Ne	w York s	subtractions (S	ee page 68	3)									
					ncome taxes (from line 4)	25.							
		_			ll government (see page 68)	26.							
			-		(from line 14)	27.		-					
			-		nds	28.		-}-					
					(see page 68)	29.							
			avings progr	am o	deduction/earnings	30.							
		e page 69) Identify:				31.							
		•							-	32.		——·	·
33	New You	rk adjusted gro	ss income	(SUL	otract line 32 from line	e 24)				33.			•
36	Depende	ent exemptions ((not the sam	e as	total federal exemption	ons; see	ak) e page 76)			35. 36. 37.	0	0 0	0 0
	N.	a Vaul. Ctat.	•	or	>	Jane V	ant Chata itamaina	ما ما م					
		ew York State ard deduction		$\neg \sqcap$		vew Y	ork State itemize	a ae	eaucti	on v	worksneet —		
	Stariac	ii a acaaction	tabic		a Medical and dent	tal expe	enses (federal Sch. A, line	4)	a.				
					b Taxes you paid (f	ederal S	ch. A, line 9)		b.				
	ng status	Standard page) (enter on l	d deduction	1 1	b1 State, local, and	foreign	income taxes (or gene	eral					
(1101	n the hone p	(enter on t	1110 04 00000	41	sales tax, if app	plicable) included in line b abo	ve	b1.			_ ∙ _	
							Sch. A, line 15)					⊣∙ -	
1	Single an		Φ 0 000		•		ch. A, line 19)						
	marked it	em C Yes	\$ 3,000	'	•		S (federal Sch. A, line 20)					$\dashv \cdot \vdash$	
1	Single an	d vou			•		ductions (federal Sch. A,		´			$\dashv \cdot \vdash$	
·		em C <i>No</i>	7,500		•		(federal Sch. A, line 28)					\dashv \vdash	
	,,556				h Enter amount from federal Schedule A, line 29 I i State, local, and foreign income taxes (or general sales tax,							•	
2	Married filing joint return 15,000)		-	one taxes (or general sale obtraction adjustments (se						
							1					\dashv ' \vdash	
(3)		iling separate	7 500				e page 74)						
	ı c ıuıII		1,500		•	•						- : -	
4	Head of household				•		stment (see page 75)						
		lifying person)	10,500)		•	I					\exists \vdash	
					o College tuition ite	emized	deduction (see Form IT-2	272)	o.				
(5)		g widow(er) with nt child	15 000	$ \cdot $	p New York State	itemize	ed deduction		_				
	acpeniaei	it offilia	13,000	11	(add lines n and	o: enter	on line 34 above)		р.				



Nai	ne(s) as shown on page 1		▼ Enter your social security	number	IT-201 (2010) Page 3 of 4
(T -	and the second s				
Па	x computation, credits, and other taxes (see page 77)				Dollars Cents
38	Taxable income (from line 37 on page 2)				38.
39	New York State tax on line 38 amount (see page 77 and Tax	comp	utation on pages 50 and 51,)	39.
40	New York State household credit				-
	(from table 1, 2, or 3 on page 77)	40.			
41	Resident credit (attach Form IT-112-R or IT-112-C,				-
	or both; see page 78)	41.			
42	Other New York State nonrefundable credits				-
	(from Form IT-201-ATT, line 7; attach form)	42.			
43	Add lines 40, 41, and 42				43.
44	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ve bla	ank)		44.
45	Net other New York State taxes (from Form IT-201-ATT, line 3	0; atta	ach form)		45.
46	Total New York State taxes (add lines 44 and 45)				46.
_		_			
Ne	w York City and Yonkers taxes, credits, and tax surcharg	es]			
47	New York City resident tax on line 38 amount (see page 78)	47.			
	New York City household credit (from table 4, 5, or 6 on page 78)				
	Subtract line 48 from line 47 (if line 48 is more than				1
	line 47, leave blank)	49.			
50	Part-year New York City resident tax (attach Form IT-360.1)	50.			
	Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	\vdash	•		See instructions on
	Add lines 49, 50, and 51	52.	•		pages 78, 79, and 80 to
	NY City nonrefundable credits (from Form IT-201-ATT,	0 2.	•		compute New York City and
00	line 10; attach form)	53.			Yonkers taxes, credits, and tax surcharges.
54	Subtract line 53 from line 52 (if line 53 is more than	00.	•		tax surcharges.
04	line 52, leave blank)	54.			
55	Yonkers resident income tax surcharge (see page 80)		•		
	Yonkers nonresident earnings tax (attach Form Y-203)	56.	•		
		57.	•		
	Total New York City and Yonkers taxes / surcharges (add lin	-	t through 57)		58.
-	Total New York Oily and Total States / Surcharges (add in	103 04	tunough or)		•
50	Sales or use tax (See the instructions on page 81. Do not leave	o line	50 blank)		59.
33	Sales of use tax (See the instructions on page 81. Do not leave	e iiiie	: 59 Dialik.)		J9.
_					
Vo	luntary contributions (whole dollar amounts only; see pa	ge 82	2)		
	60a Return a Gift to Wildlife	60a.		0 0	
	<u> </u>	60b.	•	0 0	
	<u> </u>	60c.	•	0 0	
	<u> </u>	60d.	•	0 0	
		60e.	•		
		60 f.	•	0 0	1
		60g.		0 0	1
			•	0 0	-
	60h Volunteer Firefighting & EMS Recruitment Fund	60h.		0 0	J
60	Total valuations contributions (catalysis 00: the catalysis				60
	Total Now York State New York City and Yorkers toye				60.
01	Total New York State, New York City, and Yonkers taxe contributions (add lines 46, 58, 59, and 60)	s, sa	ies or use tax, and volu	ıııary	61.
	COMMOUNTAINS LAGO TIMES 40, 58, 59, AND BUT				191.1



Pag	e 4 of 4 IT-2	01 (2010)	▼ Enter your soo	cial security num	nber										
62	Total New Yo	ork State, New Yo	rk City and Y	onkers taxe	 s sales or	IISE 1	ax and vo	lunta	rv	D	ollars	Cents			
02		ons (from line 61 on			-		-			D(oliai S	• Cents			
Pa	vments and r	efundable credit	(see nage 8	3)											
	-			•	00			- I							
		child credit (attach ld and dependent			63. 64.			╢							
		ncome credit (EIC	•		65.			╢			r-1099-R, aı				
		odial parent EIC (a			66.			╢	l l		ust be com	•			
		tax credit (attach			67.					e page 85)	to your ret	urn			
		n credit (attach For			68.						and any otl	her			
69	NYC school t	ax credit (also com	olete (F) on page	1; see pag <u>e</u> 83)	69.].[_	apı	olicable fo	rms) to the				
70	NYC earned i	ncome credit (atta	ch Form IT-215 o	r IT-209)	70.]	this	s page 4.					
		able credits (from Fo						- •		See Step 11 on page 89 for					
		rk State tax withh			72.						sembly of y urn and all	your			
		rk City tax withhe						- •		achments.					
		tax withheld						╢							
		I tax payments/Amo						_ •	76.						
									10.			_ •			
		ount overpaid													
		rpaid (if line 76 is m			62 from line	76)			77.						
78		e 77 to be refund	• .	·					78.						
70		-			r cneck ret	refund						•			
19		e 77 that you wan ated tax (see instru			79.			1							
$\overline{}$			01.07.07					」• ∟							
An	nount you ow	(see page 86)													
80	-	owe (if line 76 is les				•									
		electronic funds w			and fill i	n line	82		80.						
81		penalty (include the			04			1 [
_	reduce the o	verpayment on line i	7; see page 86)		81.			_ •							
Ac	count inform	ation													
82	Account infor	mation for direct o	deposit or elect	tronic funds	withdrawal	(see p	page 87).								
	If the funds for	your payment (or	refund) would c	ome from (or	go to) an ac	count	outside the	U.S.	mark ar	X in this b	ox (see pg. 87	7) •			
00-		:				! 4.1 -	-l	42							
828	Routing number	er • L		Elect	tronic funds	with	drawai effec	tive	ate						
82h	Account number	er •					820	Acco	unt type	• Chec	king	Savings			
	7 TOOGUITE HUITID	Si						71000	ant typo			Cavingo			
	Third-party	Print designee's I	name			Des	signee's phon	e num	ber		Personal iden number (
de	designee? (see instr.))				Tidilibei (1 114)			
Ye	s No L	E-mail:													
•	Paid preparer	must complete (see in	nstructions) V	Date:				▼	Taxpayer	(s) must sign	here ▼				
P	Preparer's signature ▶ Preparer's														
Fi	rm's name (or you	PTIN or SSN		Your occup	ation										
A	ddress		lentification nur	nber	Spouse's signature and occupation (if joint return)										
						耳									
		elf-employed	ark an X if Date If-employed				- Say and priorio number								
E	-mail:						E-mail:								

See instructions for where to mail your return.

