

Department of Taxation and Finance

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

IT-201

20 For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning

F٥	r help completing yoເ	ır roʻ			=	CIIIDCI	31, 2020, Of fiscal year	and ending			
	ur first name		return, enter spouse's name on line below)			our date of birth (mmddyyyy)	Your Social Security number				
Spouse's first name MI Spouse's last name			Snouse's last name	net name			pouse's date of birth (mmddyyyy)	Spouse's Social Security number			
<u>~</u>	ouse s mot name	1411	opouse stast name				oodse's date of birth (mindayyyy)	орошае з ос	oolar occurry number		
Ма	ailing address (see instruction	s, pag	ge 14) (number and street or PC	O box)			Apartment number	New York St	tate county of residence		
Ci	y, village, or post office		State 2	ZIP code	Country	(if not L	United States)	School distri	ict name		
	<i>y, y</i> ,						,				
Та	xpayer's permanent home a	ddre	ss (see instructions, page 14	(number and street or r	ural rout	e) Apa	artment number	School distr	ict		
Ci	ty, village, or post office		State 2	ZIP code			cpayer's date of death (mmddyy	code numbe	ere's date of death (mmddyyyy)		
			NY		Decede informat						
A Filing status (mark an X in one box): Married filing joint return (enter spouse's Social Security number above) Married filing separate return (enter spouse's Social Security number above) Head of household (with qualifying person) Qualifying widow(er) B Did you itemize your deductions on your 2020 federal income tax return?						D1 Did you have a financial account located in a foreign country? (see page 15)					
Н	Dependent informati	on (Relatio	nehin		Social Security numb	ner I	Date of birth (mmddyyyy)		
	. not name	141	Lastriano	relatio			Coolai Coodiny numb		2013 Of Sirat (minodyyyy)		
						-					
		+									
fr	nore than 7 dependents	s, ma	ark an X in the box.								



Fe	deral income and adjustments (see page 16)		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)		.00
5	Alimony received	6	.00 .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
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)		.00
• • •	Tremained courte, regulates, partitionings, or competations, tracte, etc. [cashin copy or record contents 2, remin relay		
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 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
	Federal adjusted gross income (subtract line 18 from line 17)	19	
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	
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 17) New York's 529 college savings program distributions (see page 17) Other (Form IT-225, line 9) Add lines 19a through 23		.00 .00 .00 .00
$\overline{}$	w York subtractions (see page 18)	1	
	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25	1	
	Pensions of NYS and local governments and the federal government (see page 18) 26 .00 Toyoble amount of Social Socurity benefits (from line 15)	1	
28	Taxable amount of Social Security benefits (from line 15) 27	1	
29	Pension and annuity income exclusion (see page 19) 29 .00	1	
30	· · · · · · · · · · · · · · · · · · ·	1	
31	Other (Form IT-225, line 18)	1	
	Add lines 25 through 31	32	.00
	New York adjusted gross income (subtract line 32 from line 24)	33	
33	New Fork adjusted gross income (subtract line 32 from line 24)	33	.00
Sta	andard deduction or itemized deduction (see page 21)		
34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: Standard - or - Itemized	1 1	.00
	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	.00



Nan	ne(s) as shown on page 1		Your Social Security number	+	IT-201 (2020) Page 3 of 4
_				_	
Tax	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 22)			39	.00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00		
	Resident credit (see page 23)		.00		
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)		.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	ve hl:	ank)	44	.00
	Net other NYS taxes (Form IT-201-ATT, line 30)		,	45	.00
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 taxable income (see page 23)	47	.00		
		47a	.00		See instructions on
	NYC household credit (page 23)	48	.00		pages 23 through 26 to
	Subtract line 48 from line 47a (if line 48 is more than	'			compute New York City and Yonkers taxes, credits, and
	line 47a, leave blank)	49	.00		surcharges, and MCTMT.
50	Part-year NYC resident tax (Form IT-360.1)	50	.00		5 ,
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00		
52	Add lines 49, 50, and 51	52	.00		
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				
54b	MCTMT	54b	.00		
55	Yonkers resident income tax surcharge (see page 26)	55	.00		
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00		
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00		
58	Total New York City and Yonkers taxes / surcharges and MC	СТМТ	(add lines 54 and 54b through 57)	58	.00
59	Sales or use tax (see page 27; do not leave line 59 blank)			59	.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)			60	.00
61	Total New York State, New York City, Yonkers, and sale voluntary contributions (add lines 46, 58, 59, and 60)			61	.00.

Pag	e 4 of 4 IT-201 ((2020)	Your Social S	ecurity	number							
_		m line 61						62		.00		
Pa	yments and refu	ndable credits (see pages 2	28 through 31)									
		ild credit					.00					
64	NYS/NYC child a	and dependent care credit		64			.00]				
		ome credit (EIC)		65			.00					
		al parent EIC					.00					
		x credit					.00					
	-	redit					.00					
		edit (fixed amount) (also comple					.00					
		credit (rate reduction amoun	,				.00					
		ome credit		70			.00					
		nally left blank										
71	Other refundable	e credits (Form IT-201-ATT, line	9 18)	. 71			.00			complete Form(s) IT-2		
72	Total New York	State tax withheld		. 72			.00	and	d/or IT-109	9-R and submit them		
		City tax withheld					.00		-	rn (see page 13).		
		ax withheld					.00			federal Form W-2		
		k payments and amount paid wi					.00	WIL	h your ret	urn.		
		(add lines 63 through 75)						76		.00		
_		nt you owe, and account ir										
$\overline{}$		nid (if line 76 is more than line t						77		.00		
	-	7 available for refund (subt						78		.00		
		hat you want to deposit into a NY								.00.		
		•		•	, ,		ŕ					
78b	Total retund afte	r NYS 529 account deposit (78b		.00		
	Mark or	ne refund choice: dire	ect deposit t	to che	cking or	- De	aper neck	Ref	fund? Dire	ect deposit is the		
70		7 that you want applied to yo		L (//// // //	IIne os _i	0	ieck			st way to get your		
15		(see instructions)		79			.00	refu	und.	, , ,		
80		(see instructions) e (if line 76 is less than line 6 <u>2,</u>			l 1 line 62) To 1	nav hv ele		,		for naument entions		
00		wal, mark an X in the box						Set) page 33	for payment options.		
		er you must complete Form					•	80		.00		
81	-	enalty (include this amount in lir			,	0	************					
0.		payment on line 77; see page 3:								for the proper		
82		and interest (see page 33)							assembly of your return.			
		tion for direct deposit or elec			rawal <i>(see pa</i>	age 34),		1				
•-		our payment (or refund) would					the U.S.,	mar	k an X in t	his box (see pg. 34)		
	•				savings - or		usiness ch			Business savings		
	83a Account type	: Personal checking - u)r- ∐ ⊦e	lSUllai	savings - or	·- L	USITIESS CIT	16CKII	ıg - 01 -	Dusiliess savings		
	83b Routing numl	her		R3c A	ccount numbe	ar						
	1.00	DOI				"						
84	Electronic funds	withdrawal (see page 34)	Date	:			Amoun	nt		.00.		
	Third-party P	rint designee's name			Desig	nee's phone	number			Personal identification		
des	signee? (see instr.)				()				number (PIN)		
Yes	s No DE	mail:			<u>'</u>	•	,					
▼ F	Paid preparer mus	st complete ▼ Preparer's NYTF	PRIN N	IYTPRII	V		Tayna	vorle	a) must si	ign here ▼		
((see instructions)		е	xcl. cod			•	yer	3) Iliust si	gn nere 🔻		
Preparer's signature Preparer's printed name Your signature												
Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation												
^ 44			Employer ide	tificati	- :- numbor	Carrino'o oi		200110	-tion (if ioint	£ £ 1		
Address			Employer ide	entilicau	on number	Spouse s si	jnature anu	occup	oation <i>(if joint</i>	return)		
				Date		Date			Daytime p	hone number		
									1()			
Ema	il-				- 11	Email:						

