# UR Graduate Student Tax Information Session for U.S. Students and Resident Aliens March 16, 2021 Detailed Examples

### **2020 Tax Return Examples**

# Example A – Single filer, only have income from fellowship, no W-2 income

## 2020 Tax Forms Received:

- 1. UR fellowship/assistantship letter \$20,000 for 2020 calendar year.
- 2. 1099-INT from bank with \$100 of taxable interest in Box 1.

# Other Assumptions:

- 1. Filing status is single.
- 2. Student has no dependents.
- 3. Student cannot be claimed as a dependent on someone else's tax return.
- 3. All of the \$20,000 is taxable because the student does not have any qualified expenditures (tuition or required books/equipment for classes).
- 4. Student is a NY resident and not a resident of any other state for tax purposes.
- 5. No other income or deductions.
- 6. Eligible for NYS household credit on NY IT-201 (because Line 19a on NY IT-201 is less than \$28,000).
- 7. Not eligible for any other credit for IRS or NY state tax purposes.
- 8. Student did not make any estimated tax payments for 2020.

#### EXAMPLE A - SINGLE FILER, FELLOWSHIP, NO W-2

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IBS Use Only—Do not write or staple in this space Filing Status X Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. person is a child but not your dependent Your first name and middle initial Last name Your social security number YOUR FIRST NAME YOUR LAST NAME YOUR SSN If joint return, spouse's first name and middle initial Spouse's social security number Last name Home address (number and street). If you have a P.O. box, see instructions. Presidential Election Campaign Apt. no. Check here if you, or your YOUR ADDRESS spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State 7IP code to go to this fund. Checking a box below will not change your tax or refund. Foreign postal code Foreign country name Foreign province/state/county You Spouse X No At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Your spouse as a dependent **Deduction** Spouse itemizes on a separate return or you were a dual-status alien **Spouse:** Was born before January 2, 1956 Is blind **Age/Blindness You:** Were born before January 2, 1956 Are blind (4) ✓ if qualifies for (see instructions): **Dependents** (see instructions): (2) Social security (3) Relationship number to you Credit for other dependents Child tax credit (1) First name Last name If more than four dependents. see instructions and check here ► . .SCH 20,000 20,000 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 Attach 2a Tax-exempt interest . . . 2b 100 2a **b** Taxable interest Sch. B if 3b За Qualified dividends . За **b** Ordinary dividends required. IRA distributions . . 4a 4a b Taxable amount . 4b 5a Pensions and annuities . 5a **b** Taxable amount . 5b Social security benefits . 6a **b** Taxable amount . 6b Standard 6a Deduction for-Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Single or Married filing R Other income from Schedule 1, line 9 . . . . . . . . . . 8 20,100 separately, 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 \$12,400 10 Adjustments to income: · Married filing jointly or From Schedule 1. line 22 а . . . . . . . . . . . . Qualifying

10b

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Charitable contributions if you take the standard deduction. See instructions

Qualified business income deduction. Attach Form 8995 or Form 8995-A

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

Add lines 10a and 10b. These are your total adjustments to income

Subtract line 10c from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

Form **1040** (2020)

20,100

12,400

12,400

7,700

10c

11

12

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14

15

widow(er), \$24,800

 Head of household.

\$18,650

Standard

Deduction.

see instructions.

 If you checked any box under b

С

11

12

13

14

Form 1040 (2020	0)									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	773
	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	773
	19	Child tax credit or credit for	other dependent	ts					19	
	20	Amount from Schedule 3, lir	ne 7						20	
	21	Add lines 19 and 20							21	0
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	773
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. ▶	24	773
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	0
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	)19 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.  If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refund	able cr	edits	. ▶	32	0
	33	Add lines 25d, 26, and 32. T							33	0
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neiuliu	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attached, che	ck here		▶ □	35a	
Direct deposit?	►b	Routing number			<b>- ▶ c</b> Type:	Chec	king 🗌 S	Savings		
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You Owe		Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line	•	•	•	01 1110	taxoo you t	7110 101		
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38		C		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See	'			
Designee		structions	•				Yes. Co	mplete	below.	☐ No
		signee's		Phone				nal ident		
		me ►		no.				er (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com								
Here		ur signature	pioto. Boolaration	Date	Your occupation	4004 011	un innomiatio			nt you an Identity
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Joint return?								(see	inst.) ►	
See instructions.	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	tion				nt your spouse an
Keep a copy for your records.	,								ntity Prote inst.) ▶	ection PIN, enter it here
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Department of Taxation and Finance

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

IT-201

2(	02016		For the full	year Jan	uary 1, 2020, thro	ough	Decem	ber	31, 2020, or fiscal year	beginı	ning		2
	r help completing yo		1							and end		+4	
Yo	ur first name	MI	Your last name (for	a <b>joint ret</b> u	urn, enter spouse's nam	ne on li	ne below)	Υοι	ur date of birth (mmddyyyy)	Your So	_	ity number	-
_												XXXX	
Sp	ouse's first name	MI	Spouse's last nam	е				Spc	buse's date of birth (mmddyyyy)	Spouse	e's Social S	Security nur	mber
Ma	illing address (see instruction	ns na	ne 14) (number and	street or Pi	O hox)				Apartment number	New Yo	ork State co	ounty of res	sidence
	ming address (see monuscus)	110, pu	ge 14) (namber and	ourout or r	0 201)				7 (paramone nambor	Now 10	JIK CLOSE CO	ounty of roc	JIGOTIOO
Cit	y, village, or post office			State 2	ZIP code	Co	untry (if n	ot Ur	l nited States)	School	district nar	me	
											)		
Та	xpayer's permanent home	addre	ss (see instruction	s, page 14	(number and street	or rura	l route)	Apaı	rtment number	School	district		
				T - T.				_			umber		
Cit	y, village, or post office				ZIP code		cedent	iaxp	payer's date of death (mmddy)	yy) S	pouse's dat	e of death (r	mmaayyyy,
				NY		info	ormation		X				
4	Filing ①XS	Single				D1			ave a financial account luntry? (see page 15)			es	No 3
	(mark an a N		ed filing joint retur spouse's Social Se		ber above)	D2	deferre	d co	equired to report any non empensation, as required	by IRC	§ 457A,	/os	No 3
			ed filing separate spouse's Social Se		ber above)	Ε	(1) Di	d yo	20 federal return? (see pa u or your spouse <b>mainta</b> ers in NYC during 2020?	in livin	g		No L
	4 L	Head	of household (wit	h qualifyin	ng person)		(2) En	iter	the number of days spe art of a day spent in NYC is	nt in NY	'C in 202	0	140
	(S) (	Qualif	ying widow(er)			F	NYC re	esid	lents and NYC part-ye only (see page 15):		rcu a day).		
3	<b>Did you itemize</b> your d your 2020 federal incom			Yes	No X	X			er of months <b>you</b> lived i	n NYC	in 2020		
0	Can you be claimed a on another taxpayer's for			Yes	No X				er of months your spous			2020	
						G			2-character special co applicable (see page 15				
1	Dependent informat				D.I.			1	Ossisl Ossasita assasl		T D-11-	- Chiladh	
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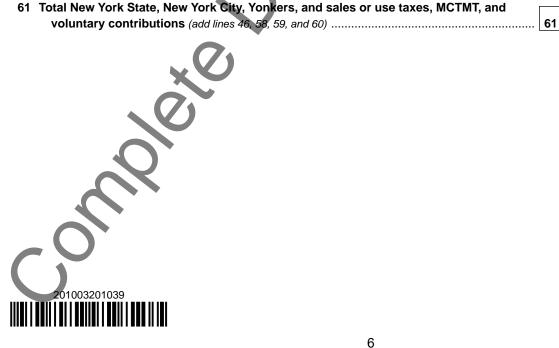
Fe	deral income and adjustments (see page 16)				Whole dollars only
1	Wages, salaries, tips, etc.			1	20000.00
	•				
	Taxable interest income			2	100.00
3	- · · · <b>,</b> · · · · · ·			3	.00
4			, ,	4	.00
5	Alimony received			5	.00
6	Business income or loss (submit a copy of federal Schedule C,			6	.00
_	Capital gain or loss (if required, submit a copy of federal Sched		•	7	.00
8	J			8	.00
9	Taxable amount of IRA distributions. If received as a benef		- <u></u>	10	.00
10	Taxable amount of pensions and annuities. If received as a b			_	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	(subn	nit copy of federal Schedule E, Form 1040)	=11	.00
40	Dental week estate in alcohold in line 44	40	200		)
	Rental real estate included in line 11		.00	42	20
13	Farm income or loss (submit a copy of federal Schedule F, For		· ·	13	.00
14	Unemployment compensation			14	.00
15		IE 21)		15	.00
10	Other income (see page 16) Identify:		<del></del>	16	.00
17	Add lines 1 through 11 and 13 through 16			17	<b>20100</b> .00
18	Total federal adjustments to income (see page 16) Identify:			18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)			19	20100
_	Recomputed federal adjusted gross income (see page 1			19a	20100
$\overline{}$	w York additions (see page 17)	<b>(</b> 1)	poor i NIVC or ita lacal gavaramenta)	20	00
	Interest income on state and local bonds and obligations (but				.00
21	Public employee 414(h) retirement contributions from your v New York's 529 college savings program distributions (see			22	.00
	Other (Form IT-225, line 9)			23	.00
	Add lines 19a through 23			24	20100.00
	7.00 m/00 1 <b>00</b> m/00g/1 <b>20</b>				100
Ne	w York subtractions (see page 18)				
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00		
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00		
27	Taxable amount of Social Security benefits (from line 15)	27	.00		
28	Interest income on U.S. government bonds	28	.00		
29	Pension and annuity income exclusion (see page 19)	29	.00		
30	New York's 529 college savings program deduction/earnings	30	.00	_	
31	Other (Form IT-225, line 18)	31	.00	+	
32	Add lines 25 through 31			32	.00
33	New York adjusted gross income (subtract line 32 from line	e <b>24</b> )		33	20100.00
	andard deduction or itemized deduction (see page 21)				
34	Enter your <b>standard deduction</b> (table on page 21) <b>or</b> your <b>it</b> Mark an <b>X</b> in the appropriate box: <b>X</b> S				8000.00
25	Subtract line 34 from line 33 /if line 34 is more than line 32 to	21/2 5	Jank)	35	12100.00
	Subtract line 34 from line 33 (if line 34 is more than line 33, lead pependent exemptions (enter the number of dependents listed		,	36	000.00
37	Taxable income (subtract line 36 from line 35)			37	<b>12100</b> .00



0.00

.00

466.00



59

Page	<b>e 4</b> of 4 <b>IT-201</b> (2020)	Your Socia	Security number	r			
62	Enter amount from line 61	Х	XXXXXXX	X		62	<b>466.</b> 00
_	yments and refundable credits (see pages 2					02	100.00
_						1	
	Empire State child credit				.00	-	
	NYS earned income credit (EIC)	_	65		.00	-	
	NYS noncustodial parent EIC	_			.00	-	
	Real property tax credit				.00		
	College tuition credit				.00		
	NYC school tax credit (fixed amount) (also complete				.00		
	NYC school tax credit (rate reduction amoun		<i>'</i>		.00	1	
	NYC earned income credit	· —	70		.00		
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	Other refundable credits (Form IT-201-ATT, line				.00	10	
							complete Form(s) IT-2 99-R and submit them
	Total New York State tax withheld				.00		irn (see page 13).
					.00		federal Form W-2
74					-00	with your ref	
75	Total estimated tax payments and amount paid with	th Form IT-3	370 <b>75</b>		.00	-	
76	Total payments (add lines 63 through 75)					76	.00
You	ur refund, amount you owe, and account in	formation	(see pages	32 thro	ugh 34)		
_	Amount overpaid (if line 76 is more than line 6		_			77	.00
	Amount of line 77 available for refund (subti			- h		78	.00
	Amount of line 78 that you want to deposit into a NY		,	-		78a	<b>.</b> 00
						78b	00
700	Total refund after NYS 529 account deposit (			_		700	.00
	Mark one refund choice: dire	ect deposi	t to checking	or 3) - 0	r - paper check	Refund? Dire	ect deposit is the
70	Amount of line 77 that you want applied to yo		inte (iiii iii iiiie o.	3)	CHECK		st way to get your
13	estimated tax (see instructions)		79		.00	refund.	
80	Amount you <b>owe</b> (if line 76 is <b>less than</b> line 62,			32) To		1	for navment entions
	funds withdrawal, mark an <b>X</b> in the box					See page 33	for payment options.
	or money order you <b>must</b> complete Form					80	466.00
81	Estimated tax penalty (include this amount in lin			,			
•	reduce the overpayment on line 77; see page 33		81		00		for the proper
82	Other penalties and interest (see page 33)				.00	assembly of	your return.
	Account information for direct deposit or elec			(see p	age 34).	-	
	If the funds for your payment (or refund) would					, mark an <b>X</b> in t	this box (see pg. 34)
	83a Account type: Personal checking -	r- □ i	Personal saving	ns - 0	r - Business ch	necking - or -	Business savings
	Torsonal oriesting	"	Croonar saving	<b>J</b> O <b>O</b>	Business of	looking <b>o</b> i	Buoiness savings
	83b Routing number		83c Account	t numbe	er		
	<u> </u>		r				
84	Electronic funds withdrawal (see page 34)	Da	nte		Amour	nt	.00
	Third-party Print designee's name			Desi	gnee's phone number		Personal identification
des	signee? (see instr.)				2 F		number (PIN)
Yes	s No Email:						-
	Paid preparer must complete ▼ Preparer's NYTF	PRIN	NYTPRIN		_		
	(see instructions)	IXIIV	excl. code		▼ Taxpa	yer(s) must s	ign here ▼
Prep	parer's signature Preparer's pi	rinted name			Your signature		
Firm	's name (or yours, if self-employed)	Preparer's	PTIN or SSN		Your occupation		
Addr	ess	Employer	identification num	nber	Spouse's signature and	occupation (if ioin	t return)
		,6.0,01					
	. U		Date		Date	Daytime	phone number
Éma	il:		l		Email:	l .	
	-						

See instructions for where to mail your return.



# Example B – Single filer, student has income from fellowship and W-2 income

### 2020 Tax Forms Received:

- 1. UR fellowship/assistantship letter \$30,000 for 2020 calendar year.
- 2. 2020 W-2 from job:
  - a. Box 1 (Wages, tips, other) & Box 16 (State wages) = \$5,000
  - b. Box 2 (Federal income tax withheld) = \$500
  - c. Box 17 (State income tax withheld) = \$300
- 3. 1099-INT from bank with \$100 of taxable interest in Box 1.

# **Other Assumptions:**

- 1. Filing status is single.
- 2. Student has no dependents.
- 3. Student cannot be claimed as a dependent on someone else's tax return.
- 4. All of the \$30,000 of fellowship income is taxable because the student does not have any qualified expenditures (tuition or required books/equipment for classes).
- 4. Student is a NY resident and not a resident of any other state for tax purposes.
- 5. Not eligible for any other credit for IRS or NY state tax purposes.
- 6. Student made estimated tax payments for 2020 as follows:
  - a. Estimated tax paid to IRS for 2020 tax year: \$1,700
  - b. Estimated tax paid to NYS for 2020 tax year: \$600

#### EXAMPLE B - SINGLE FILER, FELLOWSHIP AND W-2

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. Filing Status X Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. person is a child but not your dependent Your first name and middle initial Last name Your social security number YOUR FIRST NAME YOUR LAST NAME YOUR SSN If joint return, spouse's first name and middle initial Spouse's social security number Last name Home address (number and street). If you have a P.O. box, see instructions. Presidential Election Campaign Apt. no. Check here if you, or your YOUR ADDRESS spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State 7IP code to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse X No At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Your spouse as a dependent **Deduction** Spouse itemizes on a separate return or you were a dual-status alien **Spouse:** Was born before January 2, 1956 Is blind **Age/Blindness You:** Were born before January 2, 1956 Are blind **Dependents** (see instructions): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): number to you Credit for other dependents Child tax credit (1) First name Last name If more than four dependents. see instructions and check here ► . .SCH 30,000 35,000 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 Attach 2a 2b 100 Tax-exempt interest 2a **b** Taxable interest Sch. B if За Qualified dividends . За **b** Ordinary dividends 3b required. IRA distributions . . 4a 4a b Taxable amount . 4b 5a Pensions and annuities . 5a **b** Taxable amount . 5b Social security benefits . 6a **b** Taxable amount . 6b Standard 6a Deduction for-Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Single or Married filing R Other income from Schedule 1, line 9 . . . . . . . . . . . 8 separately, 35,100 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 \$12,400 10 Adjustments to income: · Married filing jointly or From Schedule 1. line 22 а . . . . . . . . . . . . Qualifying

10b

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Charitable contributions if you take the standard deduction. See instructions

Qualified business income deduction. Attach Form 8995 or Form 8995-A

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

Add lines 10a and 10b. These are your total adjustments to income

Subtract line 10c from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

22,700 Form **1040** (2020)

35,100

12,400

12,400

10c

11

12

13

14

15

widow(er), \$24,800

 Head of household.

\$18,650

Standard

Deduction.

see instructions.

 If you checked any box under b

С

11

12

13

14

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	2,530
	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	2,530
	19	Child tax credit or credit for	other dependen	ts				19	
	20	Amount from Schedule 3, lir	ne 7					20	
	21	Add lines 19 and 20						21	0
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	2,530
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10			23	
	24	Add lines 22 and 23. This is	your total tax				▶	24	2,530
	25	Federal income tax withheld							
	а	Form(s) W-2				25a	50	o	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	500
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	019 return			26	1,700
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.  If you have	28	Additional child tax credit. A				28			
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29			
combat pay, see instructions.	30	Recovery rebate credit. See		-		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27 through 31. Th				able credits .	▶	32	0
	33	Add lines 25d, 26, and 32. T						33	2,200
Defund	34	If line 33 is more than line 24						34	0
Refund	35a	Amount of line 34 you want	•				_	35a	
Direct deposit?	▶b	Routing number			<b>- c</b> Type: □	Checking	Savings		
See instructions.	►d	Account number					<b></b>		
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24				·	▶	37	330
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represent all	of the taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line	12e, and its instr	uctions for det	ails.				
instructions.	38	Estimated tax penalty (see in	nstructions) .		<u> ▶</u>	38	(	0	
Third Party Designee		you want to allow another structions			rn with the IRS?		Complete	below.	□No
		signee's		Phone			sonal iden		
		me ►		no. ▶			nber (PIN)		
Sign		der penalties of perjury, I declare in ief, they are true, correct, and com							
Here			ipiete. Deciaration		. , ,	ased on all illionna			nt you an Identity
	YO	ur signature		Date	Your occupation				IN, enter it here
Joint return?								e inst.) ►	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.	,						I .		ection PIN, enter it here
your records.							(se	e inst.) <b>&gt;</b>	
		one no.	I	Email address		I.S.	DTIN		0, 1, 1
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer						<del>                                     </del>		Self-employed	
Use Only		m's name ▶						one no.	
	Fin	m's address <b>&gt;</b>					Fire	n's EIN ▶	<b>-</b>



Department of Taxation and Finance

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

IT-201

2020 📂			For the full	year Ja	nuary 1, 2020, thr	ough Decem	ber 31, 2020, or fisc	-		2
For help comp	oleting yo	ur re	turn, see the	<u>inst</u> ruc	ctions, Form IT-	201-l.		and end		
Your first name		MI	Your last name (for	r a <b>joint r</b> e	eturn, enter spouse's na	me on line below)	Your date of birth (mmdd	yyyy) Your So	ocial Security nur	
									XXXXXX	
Spouse's first nam	ne	MI	Spouse's last nam	е			Spouse's date of birth (mi	nddyyyy) Spouse	e's Social Security	y number
NA 12					70.1			N V		
Mailing address (s	ee instructio	ns, pa	<b>ge 14)</b> (number and	street or	PU box)		Apartment number	er New Yo	ork State county of	or residence
City village or no	at office			Ctoto	ZID anda	Country (if	and United Ctates	Cohook	diatriat name	
City, village, or pos	St Office			State	ZIP code	Country (If I	not United States)	School	district name	
Toynover's norm	anont homo	oddra	and the second		14) (number and street	or minol route)	Apartment number			
Taxpayer 5 permis	anent nome	auure	sas (see manuchoi	is, paye	14) (number and street	or rurar route)	Apartment number	_	district	
City, village, or pos	st office			State	ZIP code		Taxpayer's date of death		umber Spouse's date of de	ath (mmddvvv
	<u> </u>			NY		Decedent information				
				141		IIIIOIIIIalioii				
A Filing	① <b>X</b> 5	Single	<b>!</b>				ou have a financial ac			No.
status		- 3 -				ŭ	n country? (see page	•		No L
(mark an			ed filing joint retu				you required to report ed compensation, as r			
<b>X</b> in one	- 🗀 (	enter	spouse's Social Se	curity nu	imber above)	on you	ir 2020 federal return?	(see page 15)	Yes _	No [
box):			ed filing separate spouse's Social Se		umher ahove)	· ·	id you or your spouse			
		enter :	spouse's social SE	ounty HU	iiiibei abuvej		uarters in NYC during			No
	4 H	Head	of household (wi	th qualify	ving person)	(2) E	nter the number of d	avs spent in N	/C in 2020	
							ny part of a day spent i			
	(S)	Qualif	ying widow(er)			F NYC	esidents and NYC	part-year		
Did vov ito		ماريم	tions on	-			ents only (see page 1			
3 Did you ited your 2020 fe			tions on x return?	. Yes	No X	(1) N	umber of months yo	u lived in NYC	in 2020	
•										
Can you be on another t			ependent al return?	. Yes	No X	(2) N	umber of months <b>you</b>	r spouse lived	in NYC in 2020	
							your <b>2-character sp</b>			
						coae(	s) if applicable (see	page 15)		
d Dependent		tion (	_	name	Sol	ationship	Social Securi	tr number	Date of birt	ib (td.
FIISUII	arrie	IV	II Las	папте	Keid	ationship	Social Securi	ty number	Date of bill	.II (mmaayyyy
			(/1							
			X							
									+	
									+	
	7	7							+	
									+	
									+	
more than 7 o	dependen	ts, m	ark an <b>X</b> in the	box.						
2010012	201039				For office use	only				

#### XXXXXXXX

Fe	deral income and adjustments (see page 16)				Whole dollars only
1	Wages, salaries, tips, etc.			1	35000.00
	•				
	Taxable interest income			2	<b>100</b> .00
3	- · · · <b>,</b> · · · · · ·			3	.00
4			, ,	4	.00
5	Alimony received			5	.00
6	Business income or loss (submit a copy of federal Schedule C,		,	6	.00
_	Capital gain or loss (if required, submit a copy of federal Sched			7	.00
8	J			8	.00
9	Taxable amount of IRA distributions. If received as a benef		- <u></u>	9	.00
10	Taxable amount of pensions and annuities. If received as a b			10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	(subn	nit copy of federal Schedule E, Form 1040)	-11	.00
40	5	40			)
	Rental real estate included in line 11		.00	40	
13	Farm income or loss (submit a copy of federal Schedule F, For		· ·	13	.00
14	Unemployment compensation			14	.00
15	Taxable amount of Social Security benefits (also enter on lin	ie 27)		15	.00
16	Other income (see page 16) Identify:			16	.00
17	Add lines 1 through 11 and 13 through 16			17	<b>35100.</b> <sub>00</sub>
18	Total federal adjustments to income (see page 16) Identify:			18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)			19	35100
_	Recomputed federal adjusted gross income (see page 1			19a	35100
Ne	w York additions (see page 17)		(O)		
20	Interest income on state and local bonds and obligations (but	not th	nose of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your				.00
	New York's 529 college savings program distributions (see			22	.00
	Other (Form IT-225, line 9)			23	.00
	Add lines 19a through 23			24	<b>35100</b> . <sub>00</sub>
Ne	w York subtractions (see page 18)			_	
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00		
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00	1	
27	Taxable amount of Social Security benefits (from line 15)	27	.00		
28	Interest income on U.S. government bonds	28	.00		
29	Pension and annuity income exclusion (see page 19)	29	.00		
30	<b>New York's</b> 529 college savings program deduction/earnings	30	.00		
31	Other (Form IT-225, line 18)	31	.00		
32	Add lines 25 through 31			32	.00
33	New York adjusted gross income (subtract line 32 from line	e <b>24</b> )		33	35100.00
	andard deduction or itemized deduction (see page 21)				
34	Enter your <b>standard deduction</b> (table on page 21) <b>or</b> your <b>it</b> Mark an <b>X</b> in the appropriate box: <b>X</b> S				00.008
٥-	_				
	Subtract line 34 from line 33 (if line 34 is more than line 33, lea		,	35	27100.00
	Dependent exemptions (enter the number of dependents listed			36	000.00
37	Taxable income (subtract line 36 from line 35)			37	<b>27100.</b> 00



54b

58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ...

55

.00

.00

.00

.00

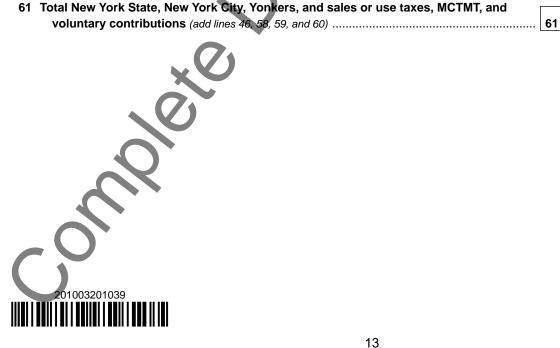
58

.00

0.00

.00

1391.00



earnings base .... | 54a

59

**54b** MCTMT.....

55 Yonkers resident income tax surcharge (see page 26) .....

56 Yonkers nonresident earnings tax (Form Y-203) ......

57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) 57

Page	e 4 of 4 11-201 (2020)	Your Social	Security	number					
62	Enter amount from line 61	X	XXXX	XXXX			62		1391.00
_	yments and refundable credits (see pages 28						J		
	Empire State child credit					<b>.</b> 00			
	NYS/NYC child and dependent care credit					.00			. 4
	NYS earned income credit (EIC)		65			.00			
	NYS noncustodial parent EIC					.00			
	Real property tax credit					.00			
	' . ' '					<b>.</b> 00			
	NYC school tax credit (fixed amount) (also complete					<b>.</b> 00			
	NYC school tax credit (rate reduction amount)					.00			
70	NYC earned income credit		70			<b>.</b> 00	1		
70a	This line intentionally left blank		70a				•		
71	Other refundable credits (Form IT-201-ATT, line 1	18)	71			<b>.</b> 00	lf ap	plicable.	complete Form(s) IT-2
72	Total New York State tax withheld		72			300.00	and	or IT-109	9-R and submit them
73	Total New York City tax withheld					.00		-	rn (see page 13).
74	Total <b>Yonkers</b> tax withheld					-00			federal Form W-2
75	Total estimated tax payments <b>and</b> amount paid with					600.00	with	your ret	urn.
70						V)			900.00
_	Total payments (add lines 63 through 75)						76		<u> </u>
_	ur refund, amount you owe, and account inf		,						
	Amount overpaid (if line 76 is more than line 62			h.		<b>V</b>	77		<b>.</b> 00
	Amount of line 77 available for refund (subtra						78		.00
78a	Amount of line 78 that you want to deposit into a NYS	529 accou	nt (Form	11-195, line 4)	(also submi	t Form 11-195)	/8a		.00
78b	Total refund after NYS 529 account deposit (su	ubtract line	78a froi	m line 78)			78b		<b>.</b> 00
	direc	t deposit	to che	cking or		paper			
		gs accour	nt <i>(fill in</i>	line 83) - 0	r - 📋	check			ct deposit is the st way to get your
79	Amount of line 77 that you want applied to you						refur		st way to get your
90	estimated tax (see instructions)			. Kan (20) To	nov by o	.00			
80	Amount you <b>owe</b> (if line 76 is <b>less than</b> line 62, so funds withdrawal, mark an <b>X</b> in the box						See	page 33	for payment options.
	or money order you <b>must</b> complete Form IT						80		<b>491</b> .00
Ω1	Estimated tax penalty (include this amount in line			it with your	rotuini		00		- 100
01	reduce the overpayment on line 77; see page 33)		81			.00			for the proper
82	Other penalties and interest (see page 33)					<b>.</b> 00	asse	mbly of	your return.
	Account information for direct deposit or electr			rawal (see p	age 34).				
	If the funds for your payment (or refund) would					de the U.S.,	mark	an X in t	his box (see pg. 34)
	83a Account type: Personal checking - or	. D p	arsonal	savings - o	r. 🗆	Business ch	ecking	1 - Or -	Business savings
	Torsonal checking - of	'	Cisoriai	Savings - C		Dusiness of	icokii iç	, - <b>0</b> 1 -	Dusiness savings
	83b Routing number		<b>83c</b> A	ccount numb	er				
	<u> </u>	<u>—</u>							
84	Electronic funds withdrawal (see page 34)	Dat	e			Amoun	t		.00
	Third-party Print designee's name			Desi	anee's pho	ne number			Personal identification
des	signee? (see instr.)				5 1 -				number (PIN)
Yes	S No Email:								
	Paid preparer must complete ▼ Preparer's NYTPR	2IN	NYTPRII	N I		<b>T</b>			
(	(see instructions)		excl. cod				yer(s	must si	ign here ▼
Prep	Preparer's prin	nted name			Your sign	ature			
Firm	's name (or yours, if self-employed)	Preparer's	PTIN or S	SSN	Your occu	ıpation			
Addr	220	Employer id	lentificati	on number	Spouso's	signature and	0001100	tion (if ioin	return)
Addr	533	Linbioyer ic	a <del>c</del> municatl	on number	Spouse S	aignature and	occupa 		returri)
			Date		Date			Daytime p	hone number
Éma	il:				Email:				
	See instructions	. for wha	. 40 :						



# Example C – Married filing jointly, student only has income from fellowship, spouse has W-2 income

### 2020 Tax Forms Received:

- 1. UR fellowship/assistantship letter \$30,000 for 2020 calendar year.
- 2. Spouse's 2020 W-2 from job:
  - a. Box 1 (Wages, tips, other) & Box 16 (State wages) = \$45,000
  - b. Box 2 (Federal income tax withheld) = \$1,700
  - c. Box 17 (State income tax withheld) = \$1,200
- 3. 1099-INT from bank with \$100 of taxable interest in Box 1.

## Other Assumptions:

- 1. Filing status is married filing jointly.
- 2. Couple has no dependents.
- 3. Neither spouse can be claimed as a dependent on someone else's tax return.
- 4. All of the \$30,000 of fellowship income is taxable because the student does not have any qualified expenditures (tuition or required books/equipment for classes).
- 5. Couple are NY residents and not a resident of any other state for tax purposes.
- 6. No other income or deductions. Not eligible for any other credit for IRS or NY state tax purposes.
- 7. Student made estimated tax payments for 2020 as follows:
  - a. Estimated tax paid to IRS for 2020 tax year: \$3,000
  - b. Estimated tax paid to NYS for 2020 tax year: \$1,800

#### EXAMPLE C - MARRIED FILING JOINTLY FILER, FELLOWSHIP AND W-2

# <b>1040</b>		artment of the Treasury—Internal Revenue Serv  S. Individual Income Ta.		(99) <b>urn</b>	20 <b>2</b>	0	OMB No.	1545-0	0074 IRS	S Use Only	y—Do not	write or	staple i	n this space.
Filing Status Check only one box.	If yo	Single X Married filing jointly [ u checked the MFS box, enter the reson is a child but not your dependent	name of	_									_	ow(er) (QW) e qualifying
Your first name	and m	iddle initial	Last na	ime							Your s	ocial s	ecurit	y number
YOUR FI	RST	NAME	YOU	R LAS	T NAM	E					YOU	R S	$\mathtt{SN}$	
If joint return, s	pouse's	s first name and middle initial	Last na	ıme							Spous	e's soc	ial sec	urity number
YOUR SP	OUS	E'S NAME	YOU	R SPO	USE'S	LΑ	ST N	AME						
Home address YOUR AD	•	er and street). If you have a P.O. box, see	instructi	ons.					Apt. n	0.	Check	chere it	f you,	on Campaign or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces belov	w.	State	9	7	ZIP code		to go t	to this t	fund. (	tly, want \$3 Checking a change
Foreign country	y name		1	Foreign prov	vince/state/	county	1	١	oreign pos	tal code	7	ax or re		Spouse
At any time du	ıring 20	D20, did you receive, sell, send, exc	hange, d	or otherwis	se acquire	any fi	nancial in	nteres	t in any v	irtual cı	urrency?	? 🔲	Yes	X No
Standard Deduction	Som	eone can claim: You as a de Spouse itemizes on a separate retu	ependen	t 🗌 Y	our spous	e as a			· ·					_
Age/Blindness	You	Were born before January 2, 1	1956	Are blin	nd <b>Sp</b> e	ouse:	☐ Was	s born	before J	anuary	2, 1956		ls bli	ind
Dependents	s (see	instructions):		(2) So	cial security	,	(3) Relat	ionshir	) (	<b>4) ✓</b> if c	ualifies f	for (see	instru	ctions):
If more		irst name Last name		1 , ,	number		to y		<b>I</b>	nild tax c				ner dependents
than four														
dependents,														
see instruction	s —													
here ►														
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .			SCH	30	,000			1	-	75,000
Attach	2a	Tax-exempt interest	2a			<b>b</b> Ta	xable int	erest			. 2	2b		100
Sch. B if required.	3a	Qualified dividends	3a			<b>b</b> Or	dinary di	ividen	ds		. 3	b		
required.	4a	IRA distributions	4a			<b>b</b> Ta	xable an	nount			. 4	b		
	5a	Pensions and annuities	5a			<b>b</b> Ta	xable an	nount			. 5	ib		
Standard	6a	Social security benefits	6a			<b>b</b> Ta	xable an	nount			. 6	b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required.	If not requ	uired,	check he	ere		. ▶[	□ [_7	7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lir	ne 9 .								. 8	8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	This is you	r total inc	ome					<b>&gt;</b> 9	9		75,100
Married filing	10	Adjustments to income:												
jointly or Qualifying	а	From Schedule 1, line 22						10a						
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard dedu	uction. See	instru		10b						
• Head of	С	Add lines 10a and 10b. These are	your <b>to</b> t	tal adjustr	ments to i	ncom	ne				▶ 10	0c		0
household, \$18,650	11	Subtract line 10c from line 9. This	is your	adjusted (	gross inco	ome					▶ 1	1		75,100
If you checked	12	Standard deduction or itemized	deduct	ions (from	Schedule	A)					. 1	2		24,800
any box under Standard	13	Qualified business income deduct	tion. Atta	ach Form 8	8995 or Fo	rm 89	95-A .				. 1	3		
Deduction,	14	Add lines 12 and 13									. 1	4		24,800

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

50,300 Form **1040** (2020)

**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0- . . . . . . . . . . . . .

Form 1040 (2020	0)								Page <b>2</b>	
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	5,644	
	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	5,644	
	19	Child tax credit or credit for	other dependen	ts				19		
	20	Amount from Schedule 3, lir	ne 7					20		
	21	Add lines 19 and 20						21	0	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	5,644	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			23		
	24	Add lines 22 and 23. This is	your total tax				▶	24	5,644	
	25	Federal income tax withheld								
	а	Form(s) W-2				25a	1,70	0		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c						25d	1,700	
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	)19 return			26	1,700 3,000	
qualifying child,	27	Earned income credit (EIC)		• •		27				
attach Sch. EIC.  If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27 through 31. Th					▶	32	0	
	33	Add lines 25d, 26, and 32. T						33	4,700	
Defend	34	If line 33 is more than line 24						34	0	
Refund	35a	Amount of line 34 you want	-				_	35a		
Direct deposit?	▶b	Routing number	-				Savings			
See instructions.		Account number					<b></b>			
	36	Amount of line 34 you want			ed tax	36				
Amount	37	Subtract line 33 from line 24					▶	37	944	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represent all	of the taxes you	owe for	r		
For details on how to pay, see		2020. See Schedule 3, line	-	•	•	, , , , , , , , , , , , , , , , , , , ,				
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38	2	b		
Third Party Designee		you want to allow another	•			. —	Complete	below.	No	
	De	signee's		Phone		— Per	sonal iden	tification		
	nar	me ►		no. ►		nun	nber (PIN)	<u> </u>		
Sign		der penalties of perjury, I declare								
Here		ief, they are true, correct, and com	iplete. Declaration			ased on all informat			, ,	
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?								e inst.) ▶	III CITICI II TICIC	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion	If ti	he IRS se	nt your spouse an	
Keep a copy for		, ,	3					-	ection PIN, enter it here	
your records.							(se	e inst.) ►		
		one no.		Email address		1				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer						<u> </u>		Self-employed		
Use Only	Fire	m's name ▶					Ph	one no.	no.	
Jos Omy	Fire	n's address ▶					Fir	m's EIN 🕨	<b>&gt;</b>	



Department of Taxation and Finance

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

IT-201

~	020 📂			For the full	year Ja	anuary 1, 2020, thr	ough Decem	ber 31, 2020, or fis	-		2
= <sub>0</sub>	r help comple	eting yo	ur re	eturn, see the	instru	ctions, Form IT-	201-I.			nd ending	
Yc	our first name	*	MI	Your last name (for	or a <b>joint r</b> o	<b>eturn</b> , enter spouse's nar	ne on line below)	Your date of birth (mmo	ldyyyy)	Your Social Securi	ity number
											XXXXX
Sp	oouse's first name		MI	Spouse's last nan	ne			Spouse's date of birth (m	nmddyyyy) S	Spouse's Social S	ecurity number
	20			10/		201					*
Ma	ailing address (see	instructio	ns, pa	<b>nge 14)</b> (number and	d street or	PU box)		Apartment numb	per N	New York State co	ounty of residence
C:	ty villago or post	office			State	ZIP code	Country /#	not United States		School district nan	ne
U	ty, village, or post o	JIIICE			State	ZIF COUR	Country (If I	not United States)		Jenoor district han	IIC
Ta	xpaver's permane	ent home	addre	ess (see instructio	ns. page	14) (number and street	or rural route)	Apartment number	4	$oldsymbol{oldsymbol{arphi}}$	
	,, o porman			,	-, բացս	, ,		1.2	_	School district code number	
Ci	ty, village, or post of	office			State	ZIP code		Taxpayer's date of dear			of death (mmddyyy
					NY		Decedent information	V			
_	Cilina						Į.	u have a financial a	account loc	cated in a	
1	Filing status	① \$	Single	•				n country? (see page			es No L
		② <b>X</b>	Marrie	ed filing joint retu	ırn			ou required to repor			
	<b>X</b> in one			spouse's Social Se		ımber above)	deferre	ed compensation, as	required by	y IRC § 457A,	es No
	hox).			ed filing separate				r 2020 federal return			es No _
			(enter	spouse's Social Se	ecurity nu	ımber above)		d you or your spous uarters in NYC durir			es No
		4 E	Head	of household (w	ith qualify	ving person)	(2) Er	nter the number of o	days spent	t in NYC in 2020	) [
		© 0	Qualif	ying widow(er)				ny part of a day spent		• ,	
								esidents and NYC ents only (see page			
3	Did you itemi			ctions on x return?	Voc	No X		umber of months yo		NYC in 2020	
_	•				163 .						
C	Can you be co			ependent al return?	Yes	No X	(2) No	umber of months <b>yo</b>	ur spouse	lived in NYC in	2020
								your 2-character s			
							code(	s) if applicable (see	e page 15)		
4	Dependent in		tion (	_	at name	Rela	ationship	Social Secu	rity numbe	er Date o	of birth <i>(mmddyyyy</i>
_					V				•		,,,,,,,
				10.							
				VV							
				<del>U</del> —							
			7	<b>V</b>							
		•									
fr	more than 7 de	pendent	ts, m	ark an <b>X</b> in the	box.						
	20100120	1039				For office use	only				
			-     -			I or office use	Orny				

#### XXXXXXXX

Fe	deral income and adjustments (see page 16)				Whole dollars only
1	Wages, salaries, tips, etc.			1	75000.00
	•				
	Taxable interest income			2	<b>100</b> .00
3	- · · · <b>,</b> · · · · · ·			3	.00
4			, ,	4	.00
5	Alimony received			5	.00
6	Business income or loss (submit a copy of federal Schedule C,			6	.00
_	Capital gain or loss (if required, submit a copy of federal Sched		•	7	.00
8	J			8	.00
9	Taxable amount of IRA distributions. If received as a benef		<u> </u>	9	.00
10	Taxable amount of pensions and annuities. If received as a b		-	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	(subn	nit copy of federal Schedule E, Form 1040)	-11	.00
40	Rental real estate included in line 11	42	200		)
13	Farm income or loss (submit a copy of federal Schedule F, Fon		40)	13	00
14	Unemployment compensation		· · · · · · · · · · · · · · · · · · ·	14	.00
15	Taxable amount of Social Security benefits (also enter on lin			15	.00
16	Other income (see page 16) Identify:	10 21)		16	.00 .00
			<del> </del>	10	
17	Add lines 1 through 11 and 13 through 16			17	<b>75100</b> .00
18	Total federal adjustments to income (see page 16) Identify:		X	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)			19	75100
_	Recomputed federal adjusted gross income (see page 1			19a	75100
No	w York additions (see page 17)		<b>(</b> )		
$\overline{}$					
20	Interest income on state and local bonds and obligations (but				.00
21	Public employee 414(h) retirement contributions from your				.00
	New York's 529 college savings program distributions (see			22	.00
	Other (Form IT-225, line 9)			23	.00
24	Add lines 19a through 23			24	<b>75100</b> .00
( Ne	w York subtractions (see page 18)				
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00	1	
	Pensions of NYS and local governments and the federal government (see page 18)	26	.00	1	
	Taxable amount of Social Security benefits (from line 15)	27	.00	1	
28	Interest income on U.S. government bonds	28	.00	1	
29	Pension and annuity income exclusion (see page 19)	29	.00	1	
30	New York's 529 college savings program deduction/earnings	30	.00		
31	Other (Form IT-225, line 18)	31	.00	1	
32				32	.00
-					
33	New York adjusted gross income (subtract line 32 from line	e <b>24</b> )		33	<b>75100.</b> 00
Sta	andard deduction or itemized deduction (see page 21)				
$\overline{}$					
34	Enter your standard deduction (table on page 21) or your it	temi	zed deduction (from Form IT-196)		
	Mark an <b>X</b> in the appropriate box: <b>X</b> S	tand	ard - or - Itemized	34	<b>16050.</b> 00
25	Subtract line 34 from line 33 (if line 34 is more than line 33, lea	21/0 /	olank)	35	<b>59050.</b> 00
	Dependent exemptions (enter the number of dependents listed		,	36	000.00
37	Taxable income (subtract line 36 from line 35)			37	<b>59050.</b> 00



_				_	
Tax	x computation, credits, and other taxes				
38	Taxable income (from line 37 on page 2)			38	59050.00
39	NYS tax on line 38 amount (see page 22)			39	3072.00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00		
	Resident credit (see page 23)		.00		
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00	]	
43	Add lines 40, 41, and 42			43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ve bla	nnk)	44	3072.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)			45	.00
46	Total New York State taxes (add lines 44 and 45)			46	3072.00
$\overline{}$					100
Ne	w York City and Yonkers taxes, credits, and surcharges,	and I	WCTMT		
47	NYC taxable income (see page 23)	47	-00		<b>.</b>
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00	•	See instructions on pages 23 through 26 to
	NYC household credit (page 23)	48	.00		compute New York City and
49	Subtract line 48 from line 47a (if line 48 is more than			1	Yonkers taxes, credits, and
	line 47a, leave blank)	49	.00		surcharges, and MCTMT.
	Part-year NYC resident tax (Form IT-360.1)	50	.00		
	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00		
	Add lines 49, 50, and 51	52	.00		
	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00		
54	Subtract line 53 from line 52 (if line 53 is more than			1	
- 4	line 52, leave blank)	54	.00	J	
54a	MCTMT net earnings base 54a .00				
54h	MCTMT	54h	.00	1	
	Yonkers resident income tax surcharge (see page 26)		.00	1	
	Yonkers nonresident earnings tax (Form Y-203)		.00	-	
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	-	.00	1	
	Total New York City and Yonkers taxes / surcharges and M			58	.00
			(		
59	Sales or use tax (see page 27; do not leave line 59 blank)			59	0.00
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	3072.00



Page	e 4 of 4 11-201 (2020)	Your Social	Security	number						
62	Enter amount from line 61	X	XXXX	XXXX			62		3072.00	
_	yments and refundable credits (see pages 28						<u></u>			
_	Empire State child credit					.00				
	NYS/NYC child and dependent care credit					.00			. 4	
	NYS earned income credit (EIC)		65			<b>.</b> 00				
	NYS noncustodial parent EIC		_			.00			•	
	Real property tax credit					.00				
	' . ' '					<b>.</b> 00				
	NYC school tax credit (fixed amount) (also complete					<b>.</b> 00				
	NYC school tax credit (rate reduction amount)		-			<b>.</b> 00				
70	NYC earned income credit		70			.00				
70a	This line intentionally left blank		70a							
71	Other refundable credits (Form IT-201-ATT, line 1	18)	71			.00	lf an	nlicable (	complete Form(s) IT-2	
72	Total New York State tax withheld		72			1200.00	and	or IT-109	9-R and submit them	
73	Total New York City tax withheld					.00	with	your retu	rn (see page 13).	
74	Total <b>Yonkers</b> tax withheld					.00			federal Form W-2	
75	Total estimated tax payments <b>and</b> amount paid with					1800 00	with	your ret	urn.	
						V)	70		3000.00	
_	Total payments (add lines 63 through 75)		_				76		3000,00	
_	ur refund, amount you owe, and account inf		,							
	Amount overpaid (if line 76 is more than line 62			A.		,	77		<b>.</b> 00	
	Amount of line 77 available for refund (subtra			· ·			78		.00	
78a	Amount of line 78 that you want to deposit into a NYS	529 accou	nt (Form	11-195, Ilne 4) (	aiso submit	Form 11-195)	78a		.00	
78b	Total refund after NYS 529 account deposit (su	ubtract line	78a froi	n line 78)			78b		.00	
	direc	t deposit	to che	cking or		paper				
		gs accour	nt <i>(fill in</i>	line 83) - <b>o</b>	' -   (	check			ct deposit is the st way to get your	
79	Amount of line 77 that you want applied to you		refund.				st way to get your			
90	estimated tax (see instructions)	troot line	19	line 62). To	nov by o	.00	_			
80	funds withdrawal, mark an <b>X</b> in the box	and fill	linge	Nume o∠). 10 23 and 84 H	pay by ei	by check	See	page 33	for payment options.	
	or money order you <b>must</b> complete Form IT						80		<b>72</b> .00	
81	Estimated tax penalty (include this amount in line			,						
0.	reduce the overpayment on line 77; see page 33)						See page 36 for the proper assembly of your return.			
82	Other penalties and interest (see page 33)					<b>.</b> 00	asse	emoly of	your return.	
	Account information for direct deposit or electr			awal (see p	age 34).					
	If the funds for your payment (or refund) would					le the U.S.,	mark	an X in th	his box (see pg. 34)	
	83a Account type: Personal checking - or	.   P	ersonal	savings - o	r -	Business ch	eckino	- or -	Business savings	
	Toronial driedling 1.	·	oroonar	ournigo o	·					
	83b Routing number		<b>83c</b> A	count numbe	er					
	7		_							
84	Electronic funds withdrawal (see page 34)	Dat	ie			Amoun	t		.00	
	Third-party Print designee's name			Desig	gnee's phoi	ne number			Personal identification	
des	signee? (see instr.)								number (PIN)	
Yes	S No Email:									
▼ F	Paid preparer must complete ▼ Preparer's NYTPR	RIN	NYTPRII	1		- Tayna	/->	may at at	an hour -	
(	(see instructions)		excl. cod				yer(s	must si	gn here ▼	
Prep	arer's signature Preparer's prin	Preparer's PTIN or SSN  Your signature  Your occupation			rour signature					
Firm	s name (or yours, if self-employed)				pation					
Addr	ess	Employer identification number			Spouse's signature and occupation (if joint return)			return)		
	• •		Date		Date			Daytime p	hone number	
Ema	il:				Email:					
	Soc instructions	· for who								

See instructions for where to mail your return

