

New York State Department of Taxation and Finance  
**Resident Income Tax Return (short form)**  
New York State • New York City • Yonkers

**4<sup>th</sup> DRAFT**  
R Lawlor - 10/28/09



**IT-150**

|   |   |                      |  |   |
|---|---|----------------------|--|---|
| <b>Print or type</b>  | <b>Important:</b> You <b>must</b> enter your social security number(s) in the boxes to the right. |                      |  |   |
|   | Your first name and middle initial  |                      | Your last name (for a <b>joint return</b> , enter spouse's name on line below) |   |
|   | Spouse's first name and middle initial  |                      | Spouse's last name   |   |
|   | Mailing address (see instructions, page 12) (number and street or rural route)                    |                      | Apartment number   | New York State county of residence              |
|   | City, village, or post office   |                      | State  | ZIP code  |
| Permanent home address (see instructions, page 12) (number and street or rural route) |   | Apartment number     |  | School district name                            |
| City, village, or post office   |   | State                | ZIP code   | School district code number                     |
| NY  |   | Decedent information |  | Taxpayer's date of death Spouse's date of death |

**(A) Filing status — mark an X in one box:**

- ① ☐ Single
- ② ☐ Married filing joint return (enter spouse's social security number above)
- ③ ☐ Married filing separate return (enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

**(C)** Were you a **New York City** resident for all of 2009? (Part-year residents must file Form IT-201; see page 13.) Yes ☐ No ☐

**(D)** Can you be claimed as a dependent on another taxpayer's federal return? (see page 13) Yes ☐ No ☐

**(E)** Enter your **2-digit special condition code** if applicable (see page 13) .....   
If applicable, also enter your **second 2-digit** special condition code .....

**(B)** Choose direct deposit to avoid paper check refund delays.

For help completing your return, see the combined instructions for Forms IT-150 and IT-201.

|  | Dollars | Cents |
|--|---------|-------|
| 1 Wages, salaries, tips, etc. ....   | 1.      |       |
| 2 Taxable interest income .....  | 2.      |       |
| 3 Ordinary dividends .....   | 3.      |       |
| 4 Capital gain distributions .....   | 4.      |       |
| 5 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ..... <input type="checkbox"/>   | 5.      |       |
| 6 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/> | 6.      |       |
| 7 Unemployment compensation in excess of \$2,400 per recipient .....   | 7.      |       |
| 8 Taxable amount of social security benefits (also enter on line 17 below) .....   | 8.      |       |
| 9 <b>Add lines 1 through 8</b> .....   | 9.      |       |
| 10 Total federal adjustments to income (see page 14) <b>Identify:</b> .....  | 10.     |       |
| 11 <b>Federal adjusted gross income</b> (subtract line 10 from line 9) .....   | 11.     |       |
| 12 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....          | 12.     |       |
| 13 Public employee 414(h) retirement contributions from your wage and tax statements (see page 15) ..                      | 13.     |       |
| 14 Other (see page 15) <b>Identify:</b> .....  | 14.     |       |
| 15 <b>Add lines 11 through 14</b> .....  | 15.     |       |
| 16 Pensions of NYS and local governments and federal government (see page 16) 16. ....                                     |         |       |
| 17 Taxable amount of social security benefits (from line 8 above) .....  | 17.     |       |
| 18 Pension and annuity income exclusion (see page 16) .....  | 18.     |       |
| 19 Other (see page 17) <b>Identify:</b> .....  | 19.     |       |
| 20 Add lines 16 through 19 .....   | 20.     |       |
| 21 <b>New York adjusted gross income</b> (subtract line 20 from line 15) .....   | 21.     |       |
| 22 New York standard deduction (see page 19) .....   | 22.     | 0000  |
| 23 Dependent exemptions (not the same as total federal exemptions; see page 19) .....                                      | 23.     | 0000  |
| 24 Add lines 22 and 23 .....   | 24.     | 0000  |
| 25 <b>Taxable income</b> (subtract line 24 from line 21) .....   | 25.     |       |

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Please file this original scannable return with the Tax Department.

|            |  | Dollars  | Cents   |
|------------|--|--|---|
| <b>26</b>  | <b>Taxable income</b> (from line 25 on the front page) .....   | <b>26.</b>   |   |
| <b>27</b>  | New York State tax on line 26 amount (see page 20 and Tax computation on pages 50 and 51) .....  | <b>27.</b>   |   |
| <b>28</b>  | New York State (NYS) household credit (from table 1, 2, or 3 on pages 20 and 21) .....   | <b>28.</b>   |   |
| <b>29</b>  | Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank) .....   | <b>29.</b>   |   |
| <b>30</b>  | New York City (NYC) resident tax (see page 21) .....   | <b>30.</b>   |   |
| <b>31</b>  | NYC household credit (from table 4, 5, or 6 on pages 21 and 22) .....  | <b>31.</b>   |   |
| <b>32</b>  | Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank) .....   | <b>32.</b>   |   |
| <b>33</b>  | Yonkers resident income tax surcharge (from Yonkers worksheet on page 22) .....  | <b>33.</b>   |   |
| <b>34</b>  | Yonkers <b>nonresident</b> earnings tax (attach Form Y-203) .....  | <b>34.</b>   |   |
| <b>35</b>  | <b>Sales or use tax</b> (See the instructions on page 23. <b>Do not leave line 35 blank.</b> ) .....   | <b>35.</b>   |   |
| <b>36</b>  | <b>Voluntary contributions</b> (whole dollars only; see page 24) Return a Gift to Wildlife <b>36a.</b> .....   |  |   |
|            | Missing/Exploited Children Fund <b>36b.</b> .....  |  |   |
|            | Breast Cancer Research Fund <b>36c.</b> .....  |  |   |
|            | Prostate Cancer Research Fund <b>36d.</b> .....  |  |   |
|            | Alzheimer's Fund <b>36e.</b> .....   |  |   |
|            | Olympic Fund <b>36f.</b> .....   |  |   |
|            | 9/11 Memorial <b>36g.</b> .....  |  |   |
|            | <b>Total</b> (add lines 36a through 36g) <b>36.</b>  |  | <b>0 0</b>  |
| <b>37</b>  | <b>Add line 29 and lines 32 through 36</b> .....   | <b>37.</b>   |   |
| <b>38</b>  | Empire State child credit (attach Form IT-213) .....   | <b>38.</b>   |   |
| <b>39</b>  | NYS/NYC child and dependent care credit (attach Form IT-216) .....   | <b>39.</b>   |   |
| <b>40</b>  | NYS earned income credit (attach Form IT-215 or Form IT-209) .....   | <b>40.</b>   |   |
| <b>41</b>  | NYS noncustodial parent earned income credit (attach Form IT-209) .....  | <b>41.</b>   |   |
| <b>42</b>  | Real property tax credit (attach Form IT-214) .....  | <b>42.</b>   |   |
| <b>43</b>  | College tuition credit (attach Form IT-272) .....  | <b>43.</b>   |   |
| <b>44</b>  | NYC school tax credit .....  | <b>44.</b>   |   |
| <b>45</b>  | NYC earned income credit (attach Form IT-215 or Form IT-209) .....   | <b>45.</b>   |   |
| <b>46</b>  | Total <b>New York State</b> tax withheld .....   | <b>46.</b>   |   |
| <b>47</b>  | Total <b>New York City</b> tax withheld .....  | <b>47.</b>   |   |
| <b>48</b>  | Total <b>Yonkers</b> tax withheld .....  | <b>48.</b>   |   |
| <b>49</b>  | Total estimated tax payments / Amount paid with Form IT-370 .....  | <b>49.</b>   |   |
| <b>50</b>  | Add lines 38 through 49 .....  | <b>50.</b>   |   |
| <b>51</b>  | <b>Amount overpaid</b> (if line 50 is <b>more than</b> line 37, subtract line 37 from line 50) .....   | <b>51.</b>   |   |
| <b>52</b>  | Amount of line 51 that you want refunded to you. <b>Complete line 56 to choose direct deposit.</b> <b>Refund</b> <b>52.</b>  |  |   |
| <b>53</b>  | Amount of line 51 that you want applied to your <b>2010</b> estimated tax (see instructions) .....   | <b>53.</b>   |   |
|            | <b>Shading added to lines 52 and 56.</b>   |  |   |
| <b>54</b>  | Amount you owe (if line 50 is <b>less than</b> line 37, subtract line 50 from line 37). <b>Complete line 56.</b> <b>Owe</b> <b>54.</b>   |  |   |
| <b>55</b>  | Estimated tax penalty (include this amount in line 54 or reduce the overpayment on line 51; see page 27) .....   | <b>55.</b>   |   |
| <b>56</b>  | <b>Account information</b> (see page 28) Mark one: <input type="checkbox"/> Refund – Direct deposit <input type="checkbox"/> Owe – Electronic funds withdrawal<br>If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an <b>X</b> in this box (see pg. 28) <input type="checkbox"/> |  |   |
| <b>56a</b> | Routing number <input type="checkbox"/> .....  | Electronic funds withdrawal effective date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |   |
| <b>56b</b> | Account number <input type="checkbox"/> .....  | <b>56c</b>   | Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see page 26).

Staple them (and any other applicable forms) to the top of this page.

See the **Step 11** instructions on page 30 for the proper assembly of your return and attachments.

Choose direct deposit to avoid paper check refund delays.

|   |  |  |  |                                      |  |   |  |
|---|--|--|--|--------------------------------------|--|---|--|
| <b>Third-party designee?</b> (see instr.)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Print designee's name<br>_____<br>E-mail:<br>_____ |  | Designee's phone number<br>( ) _____ |  | Personal identification number (PIN)<br>_____ |  |
|---|--|--|--|--------------------------------------|--|---|--|

|  |  |  |  |
|--|--|--|--|
| <b>▼ Paid preparer must complete (see instructions) ▼</b>  |  | <b>▼ Taxpayer(s) must sign here ▼</b>                        |  |
| Preparer's signature<br>▶ _____                            |  | Your signature<br>▶ _____                                    |  |
| Firm's name (or yours, if self-employed)<br>_____          |  | Your occupation<br>• _____                                   |  |
| Address<br>_____   |  | Spouse's signature and occupation (if joint return)<br>_____ |  |
| E-mail:<br>_____   |  | Date<br>_____  |  |
| Date:<br>▶ Preparer's NYTPRIN<br>_____                     |  | ▼ Daytime phone number<br>_____                              |  |
| ▼ Preparer's SSN or PTIN<br>_____                          |  | E-mail:<br>_____   |  |
| • Employer identification number<br>_____                  |  |  |  |
| Mark an <b>X</b> if self-employed <input type="checkbox"/> |  |  |  |

See instructions for where to mail your return.

Please file this original scannable return with the Tax Department.

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