



Department of Taxation and Finance

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.

New York State law requires income tax returns prepared using software to be e-filed. Because this New York State tax return was prepared using software, you **MUST** file it electronically.

Besides being the law, e-filing has many advantages:

- Taxpayers using e-file get their New York State refunds **twice** as fast as paper filers.
- E-filing is fast, easy, and secure.
- There are no additional costs for e-filing. Once you've paid for your New York State tax preparation software, you're entitled to FREE e-filing of your New York State return.

Most New Yorkers enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning . . . and ending . . .

20

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
JESSICA		SALAZAR	04051982	134748871
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York State county of residence
496 NEW YORK AVE				NASSAU
City, village, or post office		State	ZIP code	School district name
BALDWIN		NY	11510	BALDWIN
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district code number
				032
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	Spouse's date of death (mmddyyyy)	

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)

B Did you itemize your deductions on your 2020 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) Yes ☐ No ☐**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15). . . . Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2020? (see page 15) Yes ☐ No ☒(2) Enter the number of days spent in NYC in 2020
(any part of a day spent in NYC is considered a day)**F NYC residents and NYC part-year residents only** (see page 15):(1) Number of months **you** lived in NYC in 2020(2) Number of months **your spouse** lived in NYC in 2020**G** Enter your **2-character special condition code(s)** if applicable (see page 15) P3**H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
ARIANA		WALKER	DAUGHTER	088961445	01082007
JONATHAN		WALKER	SON	776422786	12182011

If more than 7 dependents, mark an **X** in the box.☐

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Your Social Security number

134748871

Federal 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)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	3555.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-38.00
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.	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	19462.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify: WKST. ATT.	16	-10200.00
17	Add lines 1 through 11 and 13 through 16	17	12779.00
18	Total federal adjustments to income (see page 16) Identify: WKST. ATT.	18	251.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	12528.00
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	22728.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	22728.00

New 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 24)	33	22728.00

Standard 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: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	11200.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	11528.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	2000.00
37	Taxable income (subtract line 36 from line 35)	37	9528.00

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Name(s) as shown on page 1
JESSICA SALAZAR

Your Social Security number
134748871

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	9528.00
39	NYS tax on line 38 amount (see page 22)	39	381.00
40	NYS household credit (page 22, table 1, 2, or 3)	40	70.00
41	Resident credit (see page 23)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42.	43	70.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	311.00
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	311.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC taxable income (see page 23)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
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 MCTMT (add lines 54 and 54b through 57)	58	.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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	20.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	331.00

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Your Social Security number

134748871

62 Enter amount from line 61

62

331.00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	550.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	1492.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	2042.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	1711.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	1711.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1711.00

Mark one refund choice: ☒ direct deposit to checking or savings account (fill in line 83) -or- ☐ paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 33 for payment options.

79 Amount of line 77 that you want applied to your 2021 estimated tax (see instructions)

79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33)

81 .00

82 Other penalties and interest (see page 33)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34)

83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 031101279

83c Account number 156126952597

84 Electronic funds withdrawal (see page 34)

Date

Amount .00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
Address	Employer identification number		
	Date		
Email:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation APPLICATION SUPPORT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number 516 522 4234
Email:	

See instructions for where to mail your return.

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Department of Taxation and Finance

Claim for Empire State Child Credit

Tax Law - Section 606(c-1)

IT-213

Submit this form with Form IT-201 or IT-203.

Step 1 - Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
JESSICA SALAZAR	134748871
Spouse's name	Spouse's SSN

Step 2 - Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for all of 2020? **1** Yes ☒ No ☐
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2020? **2** Yes ☒ No ☐
- 3 Is your NY recomputed federal adjusted gross income on Form IT-201, line 19a (see instructions)
- \$110,000 or less and your filing status is ② married filing joint return;
- \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**
- \$55,000 or less and your filing status is ③ married filing separate return? **3** Yes ☒ No ☐
If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (see instructions) **4**
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2020
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

Step 3 - Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
ARIANA		WALKER		088961445	01082007
JONATHAN		WALKER		776422786	12182011

Use Form IT-213-ATT if you have additional children to report (see instructions).

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Step 4 - Compute credit

If you answered **Yes** to question 2, you must complete Worksheet A **or** B **and** Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

6	Enter the amount from Worksheet A, line 10 or Worksheet B, line 13 (see instructions)	6	.00
7	Enter your additional child tax credit amount from Worksheet C (see instructions)	7	1 6 6 7.00
8	Add lines 6 and 7.	8	1 6 6 7.00

If the amount on line 8 is zero, skip lines 9 through 12, and enter **0** on line 13; continue with line 14.

If the amount on line 8 is more than zero, continue with line 9.

9	Enter the number of children from line 4	9	2
10	Divide line 8 by line 9	10	8 3 4.00
11	Enter the number of children from line 5	11	2
12	Multiply line 10 by line 11	12	1 6 6 7.00
13	Multiply line 12 by 33% (.33)	13	5 5 0.00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

All others continue with line 14.

14	Enter the number of children from line 5	14	2
15	Multiply line 14 by 100	15	2 0 0.00
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16	5 5 0.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Step 5 - Spouses required to file separate New York State returns (see instructions)

17	Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank . . . Enter here and on Form IT-201, line 63.	17	.00
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.	18	.00

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Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City

Tax Law - Section 606(d)

IT-215

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your Social Security number
JESSICA SALAZAR	134748871

- 1 Did you claim the federal earned income credit? **1** Yes ☒ No ☐
- 1a Did you file a NYS Form IT-558? **1** Yes ☒ No ☐

If **No**, on lines 1 and 1a, **stop; you do not qualify for these credits.**

All others: See instructions.

- 2 Is your investment income (see instructions) greater than \$3,650? If **Yes**, **stop; you do not qualify for these credits.** . . . **2** Yes ☐ No ☒
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return. **3** Yes ☐ No ☒
- 4 Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5. **4** Yes ☒ No ☐
- If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.
- If you claimed more than three, see instructions.

	First name	MI	Last name	Suffix	Relationship
1st Child	ARIANA		WALKER		DAUGHTER
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
	12	<input type="checkbox"/>	<input type="checkbox"/>	088961445	01082007
2nd Child	JONATHAN		WALKER		SON
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
	12	<input type="checkbox"/>	<input type="checkbox"/>	776422786	12182011
3rd Child					
	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth (mmddyyyy)
		<input type="checkbox"/>	<input type="checkbox"/>		

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).

The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on page 2 of this claim form.

5 Yes ☐ No ☒

Whole dollars only

6	Wages, salaries, tips, etc., from Worksheet A line 4, in the instructions, Form IT-215-I	14114.00
7	Earned income adjustments (see instructions)00
8	Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3).00
	Employer identification number (see instructions) 842039826	
9	Enter your recomputed federal adjusted gross income (from Form IT-201, line 19a, or Form IT-203, line 19a, Federal amount column)	22728.00
10	Amount of federal EIC claimed or recomputed federal EIC (see instructions)	5205.00
11	New York State earned income credit (NYS EIC) rate 30% (.30)30
12	Tentative NYS EIC (multiply line 10 by line 11; see instructions)	1562.00

Complete **Worksheet B** on page 2 before continuing.

13	Enter the amount from Worksheet B , line 5, on page 2 of this form	381.00
14	New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39).	70.00
15	Enter the smaller of line 13 or line 14	70.00
16	Allowable New York State earned income credit (subtract line 15 from line 12; see instructions).	1492.00
17	If your New York State filing status is ③, Married filing separate return , complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint recomputed federal adjusted gross income below.00
	Recomputed federal adjusted gross income00

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Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18	Enter your New York State earned income credit (from line 16 or line 17)	18		.00
19	Enter the amount from Form IT-203, line 42.	19		.00
	- If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit.			
	- If line 19 is less than line 18, continue on line 20 below.			
20	Excess New York State earned income credit (subtract line 19 from line 18)	20		.00
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21		.00
	- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32.			
	- If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.			
22	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22		.00
23	Amount from line 19, Column D, of <i>Part-year resident income allocation worksheet</i> , in Form IT-203-I.			
	- If you did not file NYS Form IT-558, enter this amount (see instructions)			
	- If you filed NYS Form IT-558, add to or subtract from this amount any amounts on line 2 and line 4 of <i>Line 19a New York State amount column worksheet</i> , in Form IT-203-I (that is related to your NYS resident period), and enter the result (see instructions) .			
		23		.00
24	Enter the amount from Form IT-203, line 19a, <i>Federal amount</i> column	24		.00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) (see instructions).	25		
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26		.00

New York City earned income credit (full-year and part-year New York City residents)

27	From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11	27		.00
	Part-year New York City residents must also complete line 28 below.			
28	Part-year New York City adjusted gross income			
	Enter the amounts from Worksheet C, lines 6 and 7	28A		.00
		28B		.00

Worksheet B

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1		381.00
2	Resident credit (see instructions)	2		.00
3	Accumulation distribution credit (see instructions).	3		.00
4	Add lines 2 and 3	4		.00
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on page 1 of this form	5		381.00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

New York State Voluntary Contributions

Attachment to Form IT-201 or IT-203

IT-227

Submit this form with Form IT-201 or IT-203. See instructions.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
JESSICA SALAZAR	134748871

Part 1 - Voluntary contributions

Whole dollars only

1	Return a Gift to Wildlife	1	.00	26	Leukemia, Lymphoma, and Myeloma Fund	26	.00
2	Missing and Exploited Children	2	.00	27	New York State Campaign Finance Fund (see instr.)	27	.00
3	Breast Cancer Research	3	.00				
4	Alzheimer's Fund	4	10.00				
5	Olympic Fund (see instructions)	5	.00				
6	Prostate Cancer	6	.00				
7	9/11 Memorial	7	.00				
8	Volunteer Firefighting	8	.00				
9	Teen Health Education	9	.00				
10	Veterans Remembrance	10	.00				
11	Homeless Veterans	11	.00				
12	Mental Illness Anti-Stigma	12	.00				
13	Women's Cancers Fund	13	.00				
14	Autism Fund	14	.00				
15	Veterans' Homes	15	.00				
16	Love Your Library Fund	16	.00				
17	Lupus Fund	17	.00				
18	Military Family Fund	18	.00				
19	CUNY Fund	19	.00				
20	Life Pass It On Fund	20	.00				
21	ALS Research and Education	21	.00				
22	School-Based Health Centers	22	.00				
23	Gifts to Food Banks Fund	23	.00				
24	Home Delivered Meals for Seniors	24	10.00				
25	Gift to The Arts Fund	25	.00				

Part 2 - Total voluntary contributions

1 Total (add Part 1, lines 1 through 27); enter here and on Form IT-201, line 60, or Form IT-203, line 57

1	20.00
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Department of Taxation and Finance

New York State Adjustments due to Decoupling from the IRC

Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-558

Name(s) as shown on return	Identifying number as shown on return
JESSICA SALAZAR	134748871

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an **X** in the box identifying the return you are filing: IT-201 ☒ IT-203 ☐ IT-204 ☐ IT-205 ☐**Schedule A - New York State addition adjustments to recompute federal amounts** (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts****1** New York State additions

	Number	A - Total amount	B - NYS allocated amount
1a	A - 011	10200.00	.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total (add column A, lines 1a through 1g)	2	10200.00
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-558, if any	3	.00
4 Add lines 2 and 3.	4	10200.00

Part 2 - Partners, shareholders, and beneficiaries**5** New York State additions

	Number	A - Total amount	B - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total (add column A, lines 5a through 5g)	6	.00
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-558, if any	7	.00
8 Add lines 6 and 7.	8	.00
9 Total additions (add lines 4 and 8; see instructions)	9	10200.00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

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Schedule B - New York State subtraction adjustments to recompute federal amounts (enter whole dollars only)**Part 1 - Individuals, partnerships, and estates or trusts****10** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
10a	S -	.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11 Total (add column A, lines 10a through 10g) **11** .00

12 Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-558, if any . . . **12** .00

13 Add lines 11 and 12 **13** .00

Part 2 - Partners, shareholders, and beneficiaries**14** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15 Total (add column A, lines 14a through 14g) **15** .00

16 Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-558, if any . . . **16** .00

17 Add lines 15 and 16 **17** .00

18 Total subtractions (add lines 13 and 17; see instructions) **18** .00

NO HANDWRITTEN ENTRIES ON THIS FORM



Other Income**Supporting Details for Form IT-201, line 16**

Enter sources of other income below:

Taxpayer

Spouse

1.		
2.		
3.	Gambling Winnings	
4.	Jury Pay.	
5.	Net Operating Loss carry forward from 2013. Enter the loss as a negative amount	
6.	Foreign earned income exclusion from Form 2555	
7.	Other Income from Schedule K-1	
8.	Income from personal property rental.	
9.	Child's income amount from Form 8814, line 12.	
10.	MSA Distributions, Form 8853	
11.	Medicare+Choice MSA Distribution, Form 8853	
12.	Long-term Care Distribution, Form 8853	
13.	Form 1099-MISC, Boxes 3 and 8	
14.	Alaska Permanent Fund dividends	
15.	Coverdell ESA or Qualified Tuition Program	
16.	Cancellation of a nonbusiness debt, Form 1099-C	
17.	Cancellation of a business debt, Partnership Sch K-1	
18.	HSA Distributions, Form 8889.	
19.	Reemployment trade adjustment assistance (RTAA)	
20.	Recapture of prior year tuition and fees deduction.	
21.	Recapture of charitable contribution deduction of a fractional interest in tangible personal property	
22.	Recapture of charitable contribution deduction if no exempt use	
23.	Income from Foreign Corporation, Form 5471	
24.	Hobby Income	
25.	Income or loss from Section 1291, Form 8621.	
26.	Loss on excess deferral distribution.	
27.	Disaster relief payments	
28.	Scholarship and fellowship grants (federal Form 1040NR)	
29.	Medicaid waiver payments to care providers.	
30.	Credit adjustment from regular income, Form 6478 and Form 8864	
31.	Indian gaming proceeds (Form 1099-Misc)	
32.	Indian tribal distributions (Form 1099-Misc)	
33.	Native American distributions (Form 1099-Misc)	
34.	Distributions from ABLE account (Form 1099-QA)	
35.	Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number.	
36.	Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)	
37.	Net section 965(a) inclusion	
38.	Section 965(n) election-reduction of NOL	
39.	Section 951A. Share of GILTI, Form 8992, Part II, Line 3	
40.	Credits for sick and family leave wages (Schedule H).	
41.	Unemployment compensation exclusion	-10,200.
	Total Other Income	-10,200.

Name(s) shown on Form IT-201

Your social security number

Jessica Salazar

134748871

**Adjustments to
Supporting Details for Form IT-201, line 18**

Educator expenses	_____
Certain business expenses from Form 2106	_____
Health savings account deduction from Form 8889	_____
Moving expenses	_____
Deductible part of self-employment tax	251 .
Self-employed health insurance deduction	_____
Self-employed SEP, SIMPLE and qualified plans	_____
Penalty on early withdrawal of savings	_____
Alimony paid	_____
IRA deduction	_____
Student loan interest deduction	_____
Tuition and fees deduction	_____
Scholarship and fellowship grants excluded	_____
Foreign housing deduction from Form 2555	_____
Archer MSA deduction from Form 8853	_____
Jury pay repayment to employer	_____
Reforestation amortization	_____
Repayment of supplemental unemployment benefits	_____
Contributions to a 501(c)(18) plan	_____
Expenses for personal property rental	_____
Contributions by certain chaplains to a 403(b) plan	_____
Certain qualified attorney fees, court costs paid after 10/22/2004 for actions involving unlawful discrimination	_____
Qualified whistleblower fees	_____
Extraterritorial Income Exclusion from Form 8873	_____
Nontaxable amount of Olympic and Paralympic medals and USOC prize money reported on line 21	_____
Excess deductions on termination of an estate or trust	_____
Charitable contributions if you take the standard deduction	_____
Total Other Adjustments	251 .