



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

2024

For the full year January 1, 2024, through December 31, 2024, or fiscal year beginning ...

24

and ending ...

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
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
City, village, or post office		State	ZIP code	Country
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district name
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy) Decedent information
		NY		Spouse's date of death (mmddyyyy)

A Filing status ① Single

- (mark an **X** in one box):
- 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 surviving spouse

B Did you itemize your deductions on your 2024 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? Yes No **D2** (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2024? ... Yes No
If Yes:(2) Number of months **you** lived in Yonkers in 2024 (3) Number of months **your spouse** lived in Yonkers in 2024

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2024 Yes No **E** (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2024? Yes No (2) Enter the number of days spent in NYC in 2024 (any part of a day spent in NYC is considered a day)..... **F NYC residents and NYC part-year residents only:**(1) Number of months **you** lived in NYC in 2024 (2) Number of months **your spouse** lived in NYC in 2024 **G Enter your 2-character special condition code(s) if applicable** **H Dependent information**

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

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

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For office use only

Federal income and adjustments

- 1 Wages, salaries, tips, etc.
 2 Taxable interest income
 3 Ordinary dividends
 4 Taxable refunds, credits, or offsets of state and local income taxes (*also enter on line 25*)
 5 Alimony received
 6 Business income or loss (*submit a copy of federal Schedule C, Form 1040*)
 7 Capital gain or loss (*if required, submit a copy of federal Schedule D, Form 1040*)
 8 Other gains or losses (*submit a copy of federal Form 4797*)
 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box ..
 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (*submit copy of federal Schedule E, Form 1040*)

Whole dollars only		
1		.00
2		.00
3		.00
4		.00
5		.00
6		.00
7		.00
8		.00
9		.00
10		.00
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*)
 14 Unemployment compensation
 15 Taxable amount of Social Security benefits (*also enter on line 27*)
 16 Other income *[Identify]*:
 17 Add lines 1 through 11 and 13 through 16
 18 Total federal adjustments to income *[Identify]*:
 19 Federal adjusted gross income (*subtract line 18 from line 17*)

13		.00
14		.00
15		.00
16		.00
17		.00
18		.00
19		.00

New York additions

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

20		.00
21		.00
22		.00
23		.00
24		.00

New York subtractions

- 25 Taxable refunds, credits, or offsets of state and local income taxes (*from line 4*)
 26 Pensions of NYS and local governments and the federal government
 27 Taxable amount of Social Security benefits (*from line 15*)
 28 Interest income on U.S. government bonds
 29 Pension and annuity income exclusion
 30 New York's 529 college savings program deduction/earnings
 31 Other (*Form IT-225, line 18*)
 32 Add lines 25 through 31

25		.00
26		.00
27		.00
28		.00
29		.00
30		.00
31		.00

- 33 New York adjusted gross income (*subtract line 32 from line 24*)

32		.00
33		.00

Standard deduction or itemized deduction

- 34 Enter your **standard deduction** or your **itemized deduction** (*from Form IT-196*)

Mark an **X** in the appropriate box: **Standard** - or - **Itemized**

- 35 Subtract line 34 from line 33 (*if line 34 is more than line 33, leave blank*)

- 36 Dependent exemptions (*enter the number of dependents listed in item H*)

- 37 Taxable income (*subtract line 36 from line 35*)

34		.00
35		.00
36		000.00
37		.00



Tax calculation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	.00
39 NYS tax on line 38 amount	39	.00
40 NYS household credit	40	.00
41 Resident credit	41	.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, leave blank)	44	.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	.00

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

47 NYC taxable income	47	.00
47a NYC resident tax on line 47 amount	47a	.00
48 NYC household credit	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 for Zone 1..	54a	.00
54b MCTMT net earnings base for Zone 2..	54b	.00
54c MCTMT for Zone 1	54c	.00
54d MCTMT for Zone 2	54d	.00
54e Total MCTMT (add lines 54c and 54d)	54e	.00
55 Yonkers resident income tax surcharge	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 54e through 57)	58	.00
59 Sales or use tax (do not leave blank)	59	.00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	.00

See instructions to
calculate New York City and
Yonkers taxes, credits, and
surcharges.

See instructions to calculate
the MCTMT for each zone.



Your Social Security number

62 Enter amount from line 61

62

.00

Payments and refundable credits

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.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) (<i>also complete F on page 1</i>)	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 (<i>Form IT-201-ATT, line 18</i>)	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 .00If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return.**Do not send federal Form W-2 with your return.****Your refund, amount you owe, and account information**77 **Amount overpaid** (*if line 76 is more than line 62, subtract line 62 from line 76*) 77 .00
78 Amount of line 77 **available for refund** (*subtract line 79 from line 77*) 78 .00

TIP: Use this amount to check your refund status online.

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 .00Mark one refund choice: direct deposit to checking or savings account (*fill in line 83*) - or - paper check79 Amount of line 77 that you want applied to your 2025 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.
81 Estimated tax penalty (*include this amount in line 80 or reduce the overpayment on line 77*) 81 .00
82 Other penalties and interest 82 .0083 Account information for direct deposit or electronic funds withdrawal.
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 83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings83b Routing number 83c Account number 84 Electronic funds withdrawal Date Amount .00

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

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

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (<i>if joint return</i>)	
Date	Daytime phone number ()
Email: <input type="text"/>	

See instructions for where to mail your return.

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