

New York State Department of Taxation and Finance
Resident Income Tax Return
 New York State • City of New York • City of Yonkers



IT-200

For office use only



Attach label, or print or type	Important: You must enter your social security number(s) in the boxes to the right.		
	Your first name and middle initial	Your last name	
	Spouse's first name and middle initial	Spouse's last name	
	Mailing address (number and street or rural route)		Apartment number
	City, village, or post office	State	ZIP code
Permanent home address (see page 14) (number and street or rural route)			Apartment number
City, village, or post office		State	ZIP code
		NY	
			If taxpayer is deceased, enter first name and date of death .

▼ Your social security number

▼ Spouse's social security number

NY State county of residence

School district name

School district code number

- (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

- (B)** Were you a **city of New York** resident for all of 2002? (Part-year residents must file Form IT-201; see instructions.) Yes No
- (C)** Can you be claimed as a dependent on another taxpayer's federal return? Yes No
- (D)** If you do not need forms mailed to you next year, mark an X in the box (see instructions, page 8)

Reminder: Only full-year New York State residents who are not reporting income such as IRA distributions, pensions/annuities, social security benefits, or capital gains may file this form. All others, see page 5 of the instructions.

	Dollars	Cents
1 Wages, salaries, tips, etc.	1. <input type="text"/>	<input type="text"/>
2 Taxable interest income	2. <input type="text"/>	<input type="text"/>
3 Ordinary dividends	3. <input type="text"/>	<input type="text"/>
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 12 below)	4. <input type="text"/>	<input type="text"/>
5 Unemployment compensation	5. <input type="text"/>	<input type="text"/>
6 Add lines 1 through 5	6. <input type="text"/>	<input type="text"/>
7 Individual retirement arrangement (IRA) deduction (see instructions, page 9)	7. <input type="text"/>	<input type="text"/>
8 Subtract line 7 from line 6. This is your federal adjusted gross income (see instructions, page 9)	8. <input type="text"/>	<input type="text"/>
9 Public employee contributions (see instr., page 9) Identify: <input type="text"/>	9. <input type="text"/>	<input type="text"/>
10 Flexible benefits program (IRC 125 amount) (see instr., page 9) Identify: <input type="text"/>	10. <input type="text"/>	<input type="text"/>
11 Add lines 8, 9, and 10	11. <input type="text"/>	<input type="text"/>
12 Taxable refunds, credits, or offsets of state and local income taxes from line 4 above	12. <input type="text"/>	<input type="text"/>
13 Interest income on U.S. government bonds (see instructions, page 9)	13. <input type="text"/>	<input type="text"/>
14 New York standard deduction (see instructions, page 9)	14. <input type="text"/>	00
15 Exemptions for dependents only (not the same as total federal exemptions; see instructions, page 10)	15. <input type="text"/>	000
16 Add lines 12 through 15 (if line 16 is more than or equal to line 11, enter "0" on line 17 and skip to line 28)	16. <input type="text"/>	<input type="text"/>
17 Subtract line 16 from line 11. This is your taxable income (if \$65,000 or more, stop; you must file Form IT-201)	17. <input type="text"/>	<input type="text"/>

18 Enter the amount from line 17 on the front page. This is your **taxable income** 18. .

19 New York State tax on line 18 amount (use the State Tax Table, violet pages 41 through 48 of the instructions) 19. .

20 New York State household credit (from table I, II, or III; see instructions, page 10) 20. .

21 Subtract line 20 from line 19 (if line 20 is more than line 19, leave blank). This is the total of your New York State taxes 21. .

22 City of New York resident tax on line 18 amount (use City Tax Table, white pages 49 through 56 of the instructions) 22. .

23 City of New York household credit (see instructions, page 11) 23. .

24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) 24. .

25 City of Yonkers resident income tax surcharge (from Yonkers Worksheet, page 11 of the instructions) 25. .

26 City of Yonkers nonresident earnings tax (attach Form Y-203) 26. .

27 Add lines 24 through 26. This is the total of your city of New York and city of Yonkers taxes 27. .

• This is a scannable form; please file this original return with the Tax Department.

28 **Voluntary gifts/contributions** (whole dollar amounts only) (see instructions, page 11)
 Return a Gift to Wildlife w. . Missing/Exploited Children Fund c. .
 Breast Cancer Research Fund b. . Olympic Fund o. .
 Alzheimer's Fund a. . **Total of your line 28 gifts and contributions =** 28. . **00**

29 Add lines 21, 27, and 28 29. .

30 New York State child and dependent care credit (from Form IT-216; attach form) 30. .

31 New York State earned income credit (from Form IT-215; attach form) 31. .

32 Real property tax credit (from Form IT-214; attach form) 32. .

33 College tuition credit (from Form IT-272; attach form) 33. .

34 City of New York school tax credit (see instructions, page 12) 34. .

35 Total New York State tax withheld (staple wage and tax statements; see instr., page 12) 35. .

36 Total city of New York tax withheld (staple wage and tax statements; see instr., page 13) 36. .

37 Total city of Yonkers tax withheld (staple wage and tax statements; see instr., page 13) 37. .

• Staple your wage and tax statements to the bottom front of this return. See Step 7, page 15 of the instructions, for the proper assembly of your return and attachments.

38 Add lines 30 through 37 38. .

39 If line 38 is more than line 29, subtract line 29 from line 38. This is the amount to be **refunded to you** 39. .

If you choose to have your refund sent directly to your bank account, complete a, b, and c below

a Routing number b Type: Checking Savings
 c Account number

40 If line 38 is less than line 29, subtract line 38 from line 29. This is the **amount you owe** (do not send cash; make your check or money order payable to **New York State Income Tax**; write your social security number and 2002 income tax on it) 40. .

Third – party designee Do you want to allow another person to discuss this return with the Tax Dept? (see page 14) Yes No (complete the following) No

Designee's name Designee's phone number () Personal identification number (PIN)

Paid preparer's use only

Preparer's signature **Preparer's SSN or PTIN**

Firm's name (or yours, if self-employed) **Employer identification number**

Address **Date** **Mark X if self-employed**

Sign your return here

Your signature

Spouse's signature (if joint return)

Date Daytime phone number (optional) ()