



NYC 1127

FORM FOR NONRESIDENT EMPLOYEES OF THE CITY OF NEW YORK HIRED ON OR AFTER JANUARY 4, 1973

▲ DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY ▲

AMENDED RETURN

2005

PRINT OR TYPE ▼

First names and initials of employee and spouse		Last name	
Home address (number and street)		Apt. no.	
City and State		Zip Code	
NYC Department or Agency where employed	Employee ▼	Spouse ▼	
Daytime telephone number			

EMPLOYEE'S SOCIAL SECURITY NUMBER		
	-	
SPOUSE'S SOCIAL SECURITY NUMBER		
	-	

	EMPLOYEE	SPOUSE
A Date current employment with the City of New York began:		
A Were you an employee of the City of New York for all of 2005?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "NO", enter period of 2005 employment by the City of New York:	from: _____ to: _____	from: _____ to: _____
B Did you retire from New York City service as of December 31, 2005?	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
If "YES", enter date employment with the City of New York ended:	<input checked="" type="radio"/> _____	<input checked="" type="radio"/> _____
C Were you a resident of New York City during any part of 2005?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", enter period for which you were a New York City resident	from: _____ to: _____	from: _____ to: _____
D Did you earn any additional income in 2005 other than from the City of New York?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", state amount and include below in appropriate line (ATTACH COPIES OF W-2'S)	\$: _____	\$ _____

FILING STATUS ● A. MARRIED FILING JOINTLY OR SURVIVING SPOUSE ● B. HEAD OF HOUSEHOLD ● C. SINGLE OR MARRIED FILING SEPARATELY

A. Payment Pay amount shown on line 43 - Make check payable to: *NYC Department of Finance* ● Payment Enclosed

FEDERAL INCOME AND ADJUSTMENTS - Complete the federal amount (column A) entering the items as they appear on your New York State Income Tax Return (Form IT-200, IT-201 or IT-203).		COLUMN A FEDERAL AMOUNT	COLUMN B SECTION 1127 EMPLOYEE (SEE INSTRUCTIONS)
1. Wages, salaries, tips, etc. (attach copies of W-2's)	● 1a.	_____	● 1b.
2. Taxable interest income	● 2a.	_____	● 2b.
3. Dividend income	● 3a.	_____	● 3b.
4. Taxable refunds of state and local income taxes (also enter on line 24)	● 4a.	_____	● 4b.
5. Alimony received	● 5a.	_____	● 5b.
6. Business income (or loss) (attach copy of federal Schedule C or C-EZ)	● 6a.	_____	● 6b.
7. Capital gain (or loss) (attach copy of federal Schedule D)	● 7a.	_____	● 7b.
8. Other gains (or losses) (attach copy of federal Form 4797)	● 8a.	_____	● 8b.
9. Taxable amounts of IRA distributions	● 9a.	_____	● 9b.
10. Taxable amounts of pensions and annuities	● 10a.	_____	● 10b.
11. Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Sch. E)	● 11a.	_____	● 11b.
12. Farm income (or loss) (attach copy of federal Schedule F)	● 12a.	_____	● 12b.
13. Unemployment compensation (insurance)	● 13a.	_____	● 13b.
14. Taxable amount of social security benefits (also enter on line 26)	● 14a.	_____	● 14b.
15. Other income (attach list)	● 15a.	_____	● 15b.
16. Total (add lines 1 through 15)	● 16a.	_____	● 16b.
17. Total federal adjustments to income (attach list of items)	● 17a.	_____	● 17b.
18. FEDERAL ADJUSTED GROSS INCOME (line 16 less line 17)	● 18a.	_____	● 18b.

ATTACH WITHHOLDING STATEMENT AND CHECK HERE

NEW YORK ADJUSTED GROSS INCOME	COLUMN A FEDERAL AMOUNT	COLUMN B SECTION 1127 EMPLOYEE (SEE INSTRUCTIONS)
NEW YORK ADDITIONS ▼		
19. FEDERAL ADJUSTED GROSS INCOME (line 18, page 1)	19a. _____	19b. _____
20. Interest income on state and local bonds other than NYS and its localities	● 20a. _____	● 20b. _____
21. Public employee 414(h) retirement contributions	● 21a. _____	● 21b. _____
22. Other (attach list)	● 22a. _____	● 22b. _____
23. Add lines 19 through 22	● 23a. _____	● 23b. _____
NEW YORK SUBTRACTIONS ▼		
24. Taxable refunds of New York State and local income taxes (from page1, line 4)	● 24a. _____	● 24b. _____
25. Pensions of NYS and local governments and the federal government.....	● 25a. _____	● 25b. _____
26. Taxable social security benefits (from page 1, line 14)	● 26a. _____	● 26b. _____
27. Interest income on United States government bonds	● 27a. _____	● 27b. _____
28. Pension and annuity income exclusion	● 28a. _____	● 28b. _____
29. Other (attach list).....	● 29a. _____	● 29b. _____
30. Total subtractions (add lines 24 through 29).....	● 30a. _____	● 30b. _____
31. TOTAL NEW YORK INCOME (line 23 less line 30) (transfer amount from column B to line 32) (for line 31b, see instructions)	● 31a. _____	● 31b. _____
32. Amount from line 31, column B, (total New York City income)		● 32. _____
33. NEW YORK CITY DEDUCTION: ▼ (See Instructions)		
a. Compute limitation percentage: $\frac{\text{line 31, column B}}{\text{line 31, column A}} \times 100\%$ = ● 33a. _____ %		
b. Check only one box: <input type="checkbox"/> Standard deduction (enter amount from instructions)		} ● 33b. _____
<input type="checkbox"/> Itemized deduction - \$ _____ X _____ % =	amount from line p below % from line 33a	
34. Line 32 less line 33b		● 34. _____
35. NEW YORK DEPENDENT EXEMPTION FROM NYS RETURN ▼ No exemption is allowed for employee or spouse. (If married filing separately for Section 1127 purposes, apply the limitation percentage from line 33a.) (see instructions) $(\frac{\bullet}{\# \text{ of exemptions}} \times 1000) \times \frac{\% \text{ from line 33a}}{\%} =$		● 35. _____
36. New York City income subject to Section 1127 (line 34 less line 35)		● 36. _____

Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.

STANDARD DEDUCTION ▼

Choose the standard deduction amount appropriate to your Section 1127 filing status.

The Standard Deduction allowable is:

- \$3,000** - if single for the entire year and you can be claimed as a dependent on another taxpayer's federal return
- \$7,500** - if single for the entire year and you cannot be claimed as a dependent on another taxpayer's federal return
- \$10,500** - if head of household for the entire year
- \$14,600** - if married and filing jointly for the entire year
- \$14,600** - if qualifying widow(er) with dependent child for the entire year
- \$6,500** - if married, filing separately for the entire year

OR **ITEMIZED DEDUCTIONS ▼**

a. Medical and dental expenses	● a.	
b. Taxes	● b.	
c. Interest expense	● c.	
d. Gifts to charity	● d.	
e. Casualty and theft losses	● e.	
f. Job expenses and most other miscellaneous deductions (see instructions and attach detailed schedule).....	● f.	
g. Other miscellaneous deductions (attach detailed schedule)	● g.	
h. TOTAL ITEMIZED DEDUCTIONS (from federal Schedule A, line 28) .	● h.	
i. State, local and foreign income taxes on line b and Sect. 1127 liability if deducted elsewhere	● i.	
j. Subtract line i from line h	● j.	
k. Other adjustments	● k.	
l. Total of lines j and k	● l.	
m. New York State itemized deduction adjustment (if line 31 is \$100,000 or less, enter "0") (otherwise see instructions)	● m.	
n. New York State itemized deduction before limitation percentage (line l less line m)	● n.	
o. College tuition itemized deduction.....	● o.	
p. Add lines n and o.....	● p.	



37. Liability on amount from line 36 (see liability rate schedules and instructions)	● 37.		
38. Liability for other New York City taxes (see instructions)	● 38.		
39. Total of lines 37 and 38	● 39.		
40. Nonrefundable credits:			
a. NYC household credit from IT-201 Instructions NYC table IV, V or VI	● a.		
b. UBT Paid Credit (see instructions)	● b.		
c. Other NYC taxes (see instructions)	● c.		
d. NYC Claim of Right Credit from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257) ...	● d.		
e. New York City School Tax Credit (see instructions)	● e.		
f. New York City Earned Income Credit (attach IT-215)	● f.		
TOTAL of lines 40a through 40f	● 40.		
41. Total Liability. Subtract line 40 from line 39. If line 40 is greater than line 39, enter "0"	● 41.		
42. Payment pursuant to agreement under City Charter §1127 (from Form 1127.2)	● 42.		
43. BALANCE DUE - if line 41 is larger than line 42, enter balance due. Enter payment amount on line A, page 1 (See Instr.)	● 43.		
44. OVERPAYMENT - if line 41 is smaller than line 42, enter overpayment (See Instr.) REFUNDS CANNOT BE PROCESSED UNLESS COMPLETE COPY OF NYS RETURN, INCLUDING ALL SCHEDULES, AND WAGE AND TAX STATEMENT (FORM 1127.2) ARE ATTACHED.	● 44.		

CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.
I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)YES

SIGN
HERE

YOUR SIGNATURE _____

DATE _____

SPOUSE'S SIGNATURE (if both are City employees subject to Charter §1127 and filing a joint Form NYC-1127) _____
DATE _____

PREPARER'S
USE ONLY

SIGNATURE OF PREPARER OTHER THAN TAXPAYER _____

EIN OR SSN OR PTIN _____

PREPARER'S PRINTED NAME _____

DATE _____

ADDRESS _____

CITY, _____

STATE, _____

ZIP CODE _____

ATTACH:

1. Complete copy of NYS Income Tax Return, including all schedules
2. Wage and withholding statement (Form 1127.2)
3. Copy of federal Schedule A, if itemizing deductions
4. Copies of all W-2's, if applicable
5. If claiming line of duty injury deduction, provide verification from agency



Pay full amount shown on Line 43



Make remittance payable to the order of NYC DEPARTMENT OF FINANCE



Payment must be made in U.S. dollars, drawn on a U.S. bank.



To receive proper credit, you must enter your correct Social Security Number on your tax return and remittance.

MAIL TO:

**NYC Department of Finance
P. O. Box 5090
Kingston, NY 12402-5090**

