

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

A Date current employment with the City of New York began:
B Were you a resident of New York City during any part of 1996?
C Did you earn any additional income in 1996 other than from the City of New York?
D Has the Internal Revenue Service or the New York State Income Tax Bureau corrected any taxable income reported in a prior year?

A. Payment Pay amount shown on line 59 - Make check payable to: NYC Department of Finance

Table with 3 columns: Description, COLUMN A FEDERAL AMOUNT, COLUMN B SECTION 1127 EMPLOYEE. Rows 1-18: Wages, salaries, tips, etc.; Taxable interest income; Dividend income; Taxable refunds of state and local income taxes; Alimony received; Business income; Capital gain; Other gains; Taxable amounts of IRA distributions; Taxable amounts of pensions and annuities; Rents, royalties, partnerships, estates, trusts; Farm income; Unemployment compensation; Taxable amount of social security benefits; Other income; Total (add lines 1 through 15); Total federal adjustments to income; FEDERAL ADJUSTED GROSS INCOME.

NEW YORK ADJUSTED GROSS INCOME
NEW YORK ADDITIONS
19 Interest income on state and local bonds other than NYS and its localities
20 Public employee 414(h) retirement contributions
21 Other
22 Add lines 18 through 21
NEW YORK SUBTRACTIONS
23 Taxable refunds of New York State and local income taxes (from line 4 above)
24 Pensions of NYS and local governments and the federal government
25 Taxable social security benefits (from line 14 above)
26 Interest income on United States government bonds
27 Pension and annuity income exclusion
28 Other
29 Total subtractions (add lines 23 through 28)
30 TOTAL NEW YORK INCOME (line 22 less line 29) (transfer amount from column B to line 46)

ATTACH WITHHOLDING STATEMENT AND CHECK HERE

31. Medical and dental expenses	31.	
32. Taxes	32.	
33. Interest expense	33.	
34. Gifts to charity	34.	
35. Casualty and theft losses	35.	
36. Moving expenses	36.	
37. Job expenses and most other miscellaneous deductions (see instructions and attach detailed schedule)	37.	
38. Other miscellaneous deductions (attach detailed schedule)	38.	
39. TOTAL ITEMIZED DEDUCTIONS (from federal Schedule A, line 29)	39.	
40. State, local and foreign income taxes on line 32 and Sect. 1127 liability if deducted elsewhere	40.	
41. Subtract line 40 from line 39	41.	
42. Other adjustments	42.	
43. Line 41 and add or subtract line 42	43.	
44. New York State itemized deduction adjustment (if line 30 is \$100,000 or less, enter "0") (otherwise see instructions)	44.	
45. New York State itemized deduction before limitation percentage (line 43 less line 44)	45.	
46. Amount from line 30, column B, page 1 (total New York City income)	46.	

If you itemized deductions on federal Form 1040, fill in lines 31 through 45, as reported on your New York State return (IT-201-ATT, Part I or IT-203-ATT, Part I) and attach federal Schedule A.

If claiming the New York standard deduction, skip lines 31 through 45 and continue on line 46.

47. **NEW YORK CITY DEDUCTION:** ▼

a. Compute limitation percentage:  $\frac{\text{line 30, column B}}{\text{line 30, column A}} = 47a. \quad \boxed{\phantom{00}} \%$

b. (✓) only one box

Standard deduction (enter amount from instructions) ..... 47b.

OR

Itemized deduction - \$  $\frac{\text{amount from line 45}}{\text{amount from line 45}} \times \frac{\text{\% from line 47a}}{\text{\% from line 47a}} = \dots\dots\dots$  47b.

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

48. Line 46 less line 47b	48.	
49. 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 47a.) (see instructions)	49.	
$\left( \frac{\text{\# of exemptions}}{\text{\# of exemptions}} \times 1000 \right) \times \frac{\text{\% from line 47a}}{\text{\% from line 47a}} = \dots\dots\dots$	49.	
50. New York City income subject to Section 1127 (line 48 less line 49)	50.	
51. Liability on amount from line 50 (see liability rate schedules and instructions)	51.	
52. New York City household credit from New York City table IV, V or VI	52.	
53. Subtract line 52 from line 51	53.	
54. Add: liability for other New York City taxes (see instructions)	54.	
55. Total liability (add line 53 and line 54)	55.	

**PAYMENTS AND CREDITS**

	EMPLOYEE	SPOUSE
56. NYC tax reported on NYS return (Form IT-200, lines 24 and 25; Form IT-201, lines 45, 46 and 47; Form IT-203, lines 49 and 50; Form IT-100 - (see instructions) (Partial-year employees - see instructions) .... ● 56.		
57. Payment pursuant to agreement under Section 1127 of City Charter (Form 1127.2) . ● 57.		
58. Total allowable payments & credits (line 56 plus line 57) 58.		
59. BALANCE DUE - if line 55 is larger than line 58, enter balance due. Enter payment amount on line A, page 1 ..... ● 59.		
60. OVERPAYMENT - if line 55 is smaller than line 58, enter overpayment ..... ● 60.		

Refunds cannot be processed unless complete copy of NYS return, including all schedules, and wage and tax statement (Form 1127.2) are attached.

**CERTIFICATION**

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

SIGN HERE →	YOUR SIGNATURE _____	PREPARER'S USE ONLY →	SIGNATURE OF PREPARER OTHER THAN TAXPAYER _____	EIN OR SSN _____
	DATE _____		ADDRESS _____	DATE _____
	SPOUSE'S SIGNATURE (if both are City employees subject to Charter §1127 and filing a joint Form NYC-1127) _____			

**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

**ATTACH FULL AMOUNT FROM LINE 59.**

Make remittance payable to the order of:

**NYC DEPARTMENT OF FINANCE.**

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

**MAIL TO:**

NYC Department of Finance  
Section 1127 Unit  
25 Elm Place, 3rd Floor  
Brooklyn, NY 11201