

NEW YORK CITY DEPARTMENT OF FINANCE

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**SOFTWARE VENDOR TEST PACKAGE
FOR
FORM NYC-1127
RETURN FOR NONRESIDENT EMPLOYEE OF THE CITY OF NEW YORK
WITH
BUSINESS TAX E-FILE**

**TAX YEAR 2016
VERSION 1.0
JANUARY 12, 2016**

Revision History

| Version | Author | Date | Change Highlights |
|---------|----------------|------------|-------------------|
| 1.0 | Lawrence Sporn | 01/12/2017 | Initial Version |
| | | | |
| | | | |
| | | | |
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This package describes the New York City (NYC) Acceptance Testing System procedures for software developers participating in the NYC Business Tax e-File Program (BTeFile).

WHO MUST TEST

All software developers participating in the NYC BTeFile Program must test.

WHAT TO TEST

The tests verify that the e-file software creates a complete return, carries appropriate values from one line/form to another, formats and transmits NYC returns according to the XML specifications.

Software developers must test the NYC-1127 Return for Non Resident Employees of the City of New York Hired After January 4, 1973 if they support it. Before testing you should inform NYC of your intent to support this form by email to BTeFile@finance.nyc.gov.

TEST CASES TO SUBMIT

All vendors supporting the NYC-1127 in Business Tax e-File must submit the following test case scenario:

| Test Case | Taxpayer Name | EIN | Primary Form | Associated Forms |
|-----------|---------------------|-------------|--------------|------------------|
| 1 | GARDENIA NYC1127 TC | 400-00-1038 | NYC-1127 | NYS IT-203 |

- If you do not support the primary form do not submit the test.
- Please submit the associated form as a PDF attachment(s). If this is done, an e-mail must be sent to BTeFile@finance.nyc.gov indicating the forms sent as PDF attachments.
- Contact NYC BTeFile@finance.nyc.gov if you desire to send additional test returns not covered in this test package.

WHEN TO TEST

Testing for NYC-1127 is scheduled to begin January 13, 2017. To ensure adequate time for testing before the filing season, software developers should submit their initial NYC test files as soon as possible. There is no cutoff date for testing with NYC, as long as the IRS is still accepting test returns. We do not require software developers to pass federal testing before testing with NYC. Software developers may conduct federal and City testing concurrently if the IRS allows it.

TRANSMITTING TEST FILES

Software developers must transmit NYC test files through the IRS MeF system. You will get an acknowledgment from the IRS. If your test file is accepted by the IRS, NYC will retrieve your test files. If your test file is rejected by the IRS, you must correct the error and re-transmit. You may transmit an incomplete set of test cases during testing. However, a final set of acceptable test returns must be submitted in order to be accepted into the NYC BTeFile Program.

When your test has been transmitted to the IRS, you must send an email to BTeFile@Finance.nyc.gov. This email must include the test case(s) being submitted, and any deviation from the test data.

COMMUNICATING TEST RESULTS

Software Developers will be given confirmation by telephone and email from the New York City Business Tax e-File Coordinator when software has been successfully tested and approved. Only approved software may be released and distributed by the developer. NYC will make every effort to provide test results to software developers within 48 hours, Monday through Friday.

TEST ACKNOWLEDGMENT

For each submission a software developer sends through the IRS, DOF will acknowledge. The acknowledgment they receive will be either positive (ACK) or negative (NACK). The acknowledgment will be sent back to the IRS system for the vendor to pick up.

APPROVAL OF E-FILE SOFTWARE

To be accepted into the NYC Business Tax e-file program, software developers are required to successfully complete the NYC testing, in addition to completing the IRS testing. Once software developers successfully complete the NYC test, NYC will inform them by email that their e-file software has been approved for NYC BTeFile. A list of approved BTeFile software packages will be posted on NYC Department of Finance's Web site, with a link to the software Web site (if provided by the software developers).

NYC-1127 Test Case

Begins on the next page

| | |
|--------------------|---|
| Taxpayer name | GARDENIA 2016 NYC1127 TC |
| EIN | 400-00-1038 |
| Primary Form | NYC-1127 |
| Associated Form(s) | None |
| Attachments | NYS IT-203 |
| Purpose of test | To test e-File submission of the 2016 NYC-1127 |
| Other instructions | A complete copy of the NYS IT-203 must be submitted as a PDF attachment named 1127_NYState_Rtn. |



PRINT OR TYPE ▼

Enter 2-character special condition code if applicable. (See instructions):

| | | | | | | | | |
|---|--|--|---------------------------|---|--|---|---|--|
| First names and initials of employee and spouse: SAM and GLORIA | | Last name: GARDENIA 2016 NYC1127 | | Name Change <input checked="" type="checkbox"/> | | <input type="checkbox"/> AMENDED RETURN | | |
| Home address (number and street): 145 Hobart Gap Road | | | Apt. no.: | | Address Change <input checked="" type="checkbox"/> | | TAXPAYER'S EMAIL ADDRESS samgardenia@email.com | |
| City and State: Short Hills, NJ | | | Zip Code: 07081 | | Country (if not US) | | EMPLOYEE'S SOCIAL SECURITY NUMBER 4 0 0 - 0 0 - 1 0 3 8 | |
| NYC Department or Agency where employed: Employee ▼ Finance | | | Spouse ▼ | | | | SPOUSE'S SOCIAL SECURITY NUMBER 4 0 0 - 0 0 - 1 0 7 1 | |
| Daytime telephone number: | | | 5 1 8 | | 5 5 5 | | 1 2 1 2 | |

1 - FILING STATUS

A. MARRIED FILING JOINTLY OR SURVIVING SPOUSE **Note:** If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.

B. HEAD OF HOUSEHOLD

C. SINGLE OR MARRIED FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2016 EMPLOYEE: 12 SPOUSE: _____

B. DATE RETIRED FROM NYC SERVICE EMPLOYEE: _____ - _____ - _____ SPOUSE: _____ - _____ - _____

C. CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

| | | | | |
|-------------------|--|----|----------------|--|
| A. Payment | Amount being paid electronically with this return..... | A. | Payment Amount | |
|-------------------|--|----|----------------|--|

2 - 1127 LIABILITY CALCULATION

All the information you will need to complete this 1127 form comes directly from your NYS Income Tax Return. For your convenience, we have listed where on your State tax return you can find this information depending on whether you filed a NYS Resident Income Tax Return (NYS IT-201) or a NYS Non-Resident and Part-Year Resident Income Tax Return (NYS IT-203).

| Line | Where do I get the amount? | Amount |
|------|---|--------|
| 1 | NYS Taxable Income. See instructions. ◆ NYS IT-201, line 37 ◆ NYS IT-203, line 36 Note: If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C. | 36,576 |
| 2 | Section 1127 liability plus Other New York City Taxes, if any. See instructions. ◆ Page 2 liability rate schedules ◆ NYS IT-201, line 51 | 1,224 |
| 3 | New York City School tax and other credits ◆ See Page 2, Schedule B and Instructions | 63 |
| 4 | New York City 1127 amount withheld ◆ Form 1127.2 | 1,800 |
| 5 | Balance Due ◆ If line 2 is greater than the sum of lines 3 and 4, enter balance due | |
| 6 | Refund ◆ If line 2 is less than the sum of lines 3 and 4, enter refund amount (not to exceed the amount on line 4). (See instr.) | 639 |

3 - 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 Department of Finance to discuss this return with the preparer listed below. (see instructions)..... YES

SIGN HERE: _____ 2017-04-14 _____
YOUR SIGNATURE DATE

| | |
|---------------------|--|
| PREPARER'S USE ONLY | _____ P00000003 _____ 2017-04-03 _____ JohnForest@JohnForestCPA.com |
| | SIGNATURE OF PREPARER OTHER THAN TAXPAYER EIN OR SSN OR PTIN DATE PREPARER'S EMAIL ADDRESS |
| | John Forest 666 Fifth Avenue New York NY 10022 |
| | PREPARER'S PRINTED NAME ADDRESS CITY STATE ZIP CODE |

ATTACH A COMPLETE COPY OF YOUR NEW YORK STATE INCOME TAX RETURN INCLUDING ALL SCHEDULES
Payment must be made in U.S. dollars, drawn on a U.S. bank.

ALL RETURNS EXCEPT REFUND RETURNS
NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES
PAY ONLINE WITH FORM NYC-200V AT
NYC.GOV/ESERVICES OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

SCHEDULE A Schedule for Married Filing Jointly for State Purposes and Separately for 1127 Purposes (Spouse is not a NYC mayoral agency employee)

| Line | | | Amount |
|------|--|--|--------|
| 1 | NYS Adjusted Gross Income | ♦ NYS IT-201, line 33; NYS IT-203, line 32. | 87,749 |
| 2 | Non NYC Employee Income | ♦ Enter all income, additions and subtractions attributable to the non NYC employee | 41,647 |
| 3 | Net NYS Gross Income | ♦ Line 1 less Line 2 | 46,102 |
| 4 | Compute limitation percentage | Line 3: \$ = 52.54 % Line 1: \$ Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC. | |
| 5 | Check only one box: | <input checked="" type="checkbox"/> Standard Deduction: \$7,950. OR <input type="checkbox"/> Itemized deduction: \$ X % = (See instructions) amount from IT 201, line 34 amount from IT 203, line 33 | 7,950 |
| 6 | 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 4). | ♦ NYS IT-201, line 36; NYS IT-203, line 35. | 1,576 |
| 7. | Total Deductions and Exemptions | ♦ Line 5 + line 6 | 9,526 |
| 8. | Allocated New York State Taxable Income | ♦ Line 3 less line 7. Enter on Page 1, line 1. | 36,576 |

SCHEDULE B Nonrefundable credits

| Line | Where do I get the amount? | Amount |
|------|---|--------|
| a. | New York City School Tax Credit ♦ See Instructions | 63 |
| b. | UBT Paid Credit ♦ See Instructions | |
| c. | NYC household credit ♦ from IT-201 Instructions NYC table 4, 5 or 6 | |
| d. | NYC Claim of Right Credit ♦ from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257) | |
| e. | New York City Earned Income Credit ♦ (attach IT-215) | |
| f. | Other NYC taxes ♦ See Instructions | |
| g. | NYC Child and Dependent Care Credit ♦ See Instructions (attach IT-216) | |
| h. | Total of lines a - g ♦ enter on page 1, line 3 | 63 |

| NEW YORK CITY 1127 LIABILITY RATES | Table A - Married filing jointly or surviving spouse | | | | |
|---|--|--------------------------|-------------------------------|-------------------------------|--|
| | If Form NYC-1127, line 1 is: | | | | |
| | OVER | BUT NOT OVER | THE LIABILITY IS: | | |
| | \$ 0 | \$ 21,600 | 2.907% | of Form 1127, line 1 | |
| | \$ 21,600 | \$ 45,000 | \$ 628 plus 3.534% | of the excess over \$ 21,600 | |
| | \$ 45,000 | \$ 90,000 | \$ 1,455 plus 3.591% | of the excess over \$ 45,000 | |
| | \$ 90,000 | \$ 500,000 | \$ 3,071 plus 3.648% | of the excess over \$ 90,000 | |
| | \$ 500,000 | | \$ 19,155 plus 3.876% | of the excess over \$ 500,000 | |
| | Table B - Head of household | | | | |
| | If Form NYC-1127, line 1 is: | | | | |
| OVER | BUT NOT OVER | THE LIABILITY IS: | | | |
| \$ 0 | \$ 14,400 | 2.907% | of Form 1127, line 1 | | |
| \$ 14,400 | \$ 30,000 | \$ 419 plus 3.534% | of the excess over \$ 14,400 | | |
| \$ 30,000 | \$ 60,000 | \$ 970 plus 3.591% | of the excess over \$ 30,000 | | |
| \$ 60,000 | \$ 500,000 | \$ 2,047 plus 3.648% | of the excess over \$ 60,000 | | |
| \$ 500,000 | | \$ 19,230 plus 3.876% | of the excess over \$ 500,000 | | |
| Table C - Single or married filing separately | | | | | |
| If Form NYC-1127, line 1 is: | | | | | |
| OVER | BUT NOT OVER | THE LIABILITY IS: | | | |
| \$ 0 | \$ 12,000 | 2.907% | of Form 1127, line 1 | | |
| \$ 12,000 | \$ 25,000 | \$ 349 plus 3.534% | of the excess over \$ 12,000 | | |
| \$ 25,000 | \$ 50,000 | \$ 808 plus 3.591% | of the excess over \$ 25,000 | | |
| \$ 50,000 | \$ 500,000 | \$ 1,706 plus 3.648% | of the excess over \$ 50,000 | | |
| \$ 500,000 | | \$ 19,255 plus 3.876% | of the excess over \$ 500,000 | | |



SAMG NYC-1127 TC ONE
SSN: 400-00-1071

Statement 1 Attached to Form NYC-1127

Schedule A, Page 2

| | | | |
|--------|------------------------------------|---------------|---------------|
| Line 1 | NYS AGI (From IT-203, Line 32) | | 87,749 |
| Line 2 | Non NYC Employee Income: | | |
| | From federal form 1040, Schedule E | 23,200 | |
| | From federal form 1040, Schedule F | <u>18,447</u> | |
| | Total non NYC employee income | | <u>41,647</u> |
| Line 3 | Net NYS Gross Income | | 46,102 |



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2016, through December 31, 2016, or fiscal year beginning and ending

IT-203

16

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | |
|---|--|--|--------------------------------|---|--|
| Your first name and middle initial SAM | | Your last name (for a joint return, enter spouse's name on line below) GARDENIA 2016 NYC1127 TC | | Your date of birth (mmdyyyyy) 01/19/1975 | Your social security number 400-00-1038 |
| Spouse's first name and middle initial GLORIA | | Spouse's last name GARDENIA | | Spouse's date of birth (mmdyyyyy) 06/15/1975 | Spouse's social security number 400-00-1071 |
| Mailing address (see instructions, page 14) (number and street or PO box) 145 Hobart Gap Road | | | | Apartment number | New York State county of residence |
| City, village, or post office Short Hills | | State NJ | ZIP code 07081 | Country (if not United States) | School district name |
| Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route) 145 Hobart Gap Road | | | | Apartment no. | City, village, or post office |
| State NY | | ZIP code 12206 | Country (if not United States) | Decedent information | Taxpayer's date of death Spouse's date of death |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2016 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 Yonkers part-year residents only:

- (1) Did you receive a property tax freeze or property tax relief credit? (see page 15) Yes No
- (2) If Yes, enter the total amount00

E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2016
- (2) Number of months your spouse lived in NY City in 2016

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmdyyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2016? Yes No
(if Yes, complete Form IT-203-B)

I Dependent exemption information (see page 16)

| First name and middle initial | Last name | Relationship | Social security number | Date of birth (mmdyyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| Rose | Gardenia | Daughter | 400-00-0200 | 04/01/2000 |
| Lily | Gardenia | Daughter | 400-00-5014 | 09/01/2002 |
| Paul | Gardenia | Son | 400-00-5015 | 06/18/2004 |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an X in the box.

203001160094



For office use only

Enter your social security number
400-00-1038

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

| | | | | | |
|----|--|----|----------|----|----------|
| 1 | Wages, salaries, tips, etc. | 1 | 38840.00 | 1 | 38840.00 |
| 2 | Taxable interest income | 2 | 4300.00 | 2 | 550.00 |
| 3 | Ordinary dividends | 3 | 6190.00 | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | .00 | 4 | .00 |
| 5 | Alimony received | 5 | .00 | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) | 6 | .00 | 6 | -500.00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) | 7 | 72.00 | 7 | -50.00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) .. | 8 | .00 | 8 | .00 |
| 9 | Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> | 9 | .00 | 9 | .00 |
| 10 | Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/> | 10 | .00 | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | 23200.00 | 11 | .00 |
| 12 | Rental real estate included in line 11 (federal amount) 12 | | .00 | | |
| 13 | Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | 18447.00 | 13 | 18447.00 |
| 14 | Unemployment compensation | 14 | .00 | 14 | .00 |
| 15 | Taxable amount of social security benefits (also enter on line 26) | 15 | .00 | 15 | .00 |
| 16 | Other income (see page 23) Identify: | 16 | .00 | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 91049.00 | 17 | 57287.00 |
| 18 | Total federal adjustments to income (see page 23) Identify: | 18 | 3300.00 | 18 | 3256.00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 87749.00 | 19 | 54031.00 |

New York additions (see page 25)

| | | | | | |
|----|--|----|----------|----|----------|
| 20 | Interest income on state and local bonds and obligations (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19 through 22 | 23 | 87749.00 | 23 | 54031.00 |

New York subtractions (see page 26)

| | | | | | |
|----|--|----|----------|----|----------|
| 24 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 24 | .00 |
| 25 | Pensions of NYS and local governments and the federal government (see page 26) | 25 | .00 | 25 | .00 |
| 26 | Taxable amount of social security benefits (from line 15) ... | 26 | .00 | 26 | .00 |
| 27 | Interest income on U.S. government bonds | 27 | .00 | 27 | .00 |
| 28 | Pension and annuity income exclusion | 28 | .00 | 28 | .00 |
| 29 | Other (Form IT-225, line 18) | 29 | .00 | 29 | .00 |
| 30 | Add lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 | New York adjusted gross income (subtract line 30 from line 23) | 31 | 87749.00 | 31 | 54031.00 |

32 Enter the amount from line 31, **Federal amount** column **32** 87749.00

Standard deduction or itemized deduction (see page 28)

| | | | |
|----|--|----|----------|
| 33 | Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized | 33 | 15950.00 |
| 34 | Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 34 | 71799.00 |
| 35 | Dependent exemptions (enter the number of dependents listed in Item I; see page 28) | 35 | 3000.00 |
| 36 | New York taxable income (subtract line 35 from line 34) | 36 | 68799.00 |



Tax computation, credits, and other taxes

| | | |
|--|---|----------|
| 37 New York taxable income (from line 36 on page 2) | 37 | 68799.00 |
| 38 New York State tax on line 37 amount (see page 29) | 38 | 3761.00 |
| 39 New York State household credit (page 29, table 1, 2, or 3) | 39 | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 40 | 3761.00 |
| 41 New York State child and dependent care credit (see page 30) | 41 | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 42 | 3761.00 |
| 43 New York State earned income credit (see page 30) | 43 | .00 |
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44 | 3761.00 |
| 45 Income percentage (see page 30) | New York State amount from line 31 <input type="text" value="54031.00"/> ÷ Federal amount from line 31 <input type="text" value="87749.00"/> = Round result to 4 decimal places <input type="text" value="0.6157"/> | |
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 2316.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 2316.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 50 | 2316.00 |

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

| | | | |
|--|------------|-----|---|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 | See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT. |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 | |
| 52a Subtract line 52 from line 51 | 52a | .00 | |
| 52b MCTMT net earnings base | 52b | .00 | |
| 52c MCTMT | 52c | .00 | |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 | |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 | |
| 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) | 55 | .00 | |
| 56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.) | 56 | .00 | |

Voluntary contributions (see page 33)

| | | |
|---|------------|---------|
| 57a Return a Gift to Wildlife | 57a | .00 |
| 57b Missing/Exploited Children Fund | 57b | .00 |
| 57c Breast Cancer Research Fund | 57c | .00 |
| 57d Alzheimer's Fund | 57d | .00 |
| 57e Olympic Fund (\$2 or \$4) | 57e | .00 |
| 57f Prostate and Testicular Cancer Research and Education Fund | 57f | .00 |
| 57g 9/11 Memorial | 57g | .00 |
| 57h Volunteer Firefighting & EMS Recruitment Fund | 57h | .00 |
| 57i Teen Health Education | 57i | .00 |
| 57j Veterans Remembrance | 57j | .00 |
| 57k Homeless Veterans | 57k | .00 |
| 57l Mental Illness Anti-Stigma Fund | 57l | .00 |
| 57m Women's Cancers Education and Prevention Fund | 57m | .00 |
| 57n Autism Fund | 57n | .00 |
| 57 Total voluntary contributions (add lines 57a through 57n) | 57 | .00 |
| 58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 2316.00 |



| |
|--|
| Enter your social security number 400-00-1038 |
|--|

59 Enter amount from line 58 **59** 2316.00

Payments and refundable credits (see page 34)

| | | |
|---|-----------|---------|
| 60 Part-year NYC school tax credit (also complete E on front; see page 34) ... | 60 | .00 |
| 61 Other refundable credits (Form IT-203-ATT, line 17) | 61 | .00 |
| 62 Total New York State tax withheld | 62 | 1196.00 |
| 63 Total New York City tax withheld | 63 | 399.00 |
| 64 Total Yonkers tax withheld | 64 | .00 |
| 65 Total estimated tax payments/amount paid with Form IT-370 .. | 65 | .00 |
| 66 Total payments and refundable credits (add lines 60 through 65) | 66 | 1595.00 |

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 12).
Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

| | | |
|---|-----------|--------|
| 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) | 67 | .00 |
| 68 Amount of line 67 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit (fill in line 73) - or - <input type="checkbox"/> paper check | 68 | .00 |
| 69 Amount of line 67 that you want applied to your 2017 estimated tax (see instructions) | 69 | .00 |
| 70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. | 70 | 721.00 |
| 71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 36) | 71 | .00 |
| 72 Other penalties and interest (see page 37) | 72 | .00 |

Refund? Direct deposit is the easiest, fastest way to get your refund.
See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 37).

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. 37)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 38) 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) |
| | E-mail: | | |

| | | | |
|--|--|--------------------------------|--------------------|
| ▼ 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 | |
| E-mail: | | Date | |

| | |
|---|-----------------------------|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number () |
| E-mail: | |

See instructions for where to mail your return.

