# **NEW YORK CITY DEPARTMENT OF FINANCE**

www.nyc.gov.Finance



# 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 2018
Version 1.0
January 10, 2019

# **Revision History**

Author	Date	Change Highlights
Lani Mcleod	01/10/2019	Initial Version

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 <a href="mailto:BTeFile@finance.nyc.gov">BTeFile@finance.nyc.gov</a>.

# 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	PEON 2018 NYC1127 TC TWO	400-00-1036	NYC-1127	NYS IT-203		
2	GARD 2018 NYC1127 TC ONE	400-00-1038	NYC-1127	NYS IT-203		
3	HEAT 2018 NYC1127 TC THREE	400-00-1035	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.
- A complete copy of the NYS IT-203 must be submitted as a PDF attachment named 1127\_NYState\_Rtn.

### WHEN TO TEST

Testing for NYC-1127 is scheduled to begin January 10, 2019. 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 <a href="mailto:BTeFile@Finance.nyc.gov">BTeFile@Finance.nyc.gov</a>. 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 One**

# Begins on the next page

Taxpayer name	PEON 2018 NYC1127 TC ONE
EIN	400-00-1036
Primary Form	NYC-1127
Associated Form(s)	None
Attachments	NYS IT-203
Purpose of test	To test e-File submission of the 2018 NYC-1127 Filing Status: Head of household
Other instructions	A complete copy of the NYS IT-203 must be submitted as a PDF attachment named 1127_NYState_Rtn.



# RETURN FOR NONRESIDENT EMPLOYEES OF THE CITY OF NEW YORK HIRED ON OR AFTER JANUARY 4 1973

2018



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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 PO 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

NYC-1127 - 2018 Page 2

SC	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.					
2	Non NYC Employee Income	◆ Enter all income, additions and subtractions attributable to the non NYC employee					
3	Net NYS Gross Income	◆ Line 1 less Line 2					
4	Compute limitation percentage	Line 3: \$ = %    Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.					
5	Check only one box:	☐ Standard Deduction: \$8,000.  OR ☐ Itemized deduction: \$					
6	New York Dependent Exemption fr NYS return. No exemption is allow for employee or spouse. (If married filing separately for Section 1127 purposes, apply the limitation percentage from line 4).						
7.	Total Deductions and Exemption	s • Line 5 + line 6					
8.	Allocated New York State Taxable Income	◆ Line 3 less line 7. Enter on Page 1, line 1.					

SC	SCHEDULE B Nonrefundable credits								
	Line		Where do I get the amount?	Amount					
A1.	NYC School Tax (	Credit (fixed amount)	See Instructions	63					
A2.	2. NYC School Tax Credit (rate reduction amount)		ool Tax Credit (rate reduction amount)   See Instructions						
B.	UBT Paid Credit		◆ See Instructions						
C.	NYC household credit		◆ from IT-201 Instructions NYC table 4, 5 or 6						
D.	NYC Claim of Rig	ht Credit	◆ from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257)						
E.	NYC Earned Income Credit		C Earned Income Credit   ◆ (attach IT-215)						
F.	Other NYC taxes		◆ See Instructions						
G.	NYC Child and De	pendent Care Credit	◆ See Instructions (attach IT-216)						
Н.	Total of lines A1 -	G	• enter on page 1, line 3	185					

THE LIABILITY IS:

of Form 1127, line 1

of the excess over

of the excess over

\$ 21,600

\$ 45,000

\$ 90,000

\$ 14,400

\$ 30,000

\$ 60,000

\$ 12,000

\$ 25,000

\$ 50,000

3.078%

3.819%

3.876%

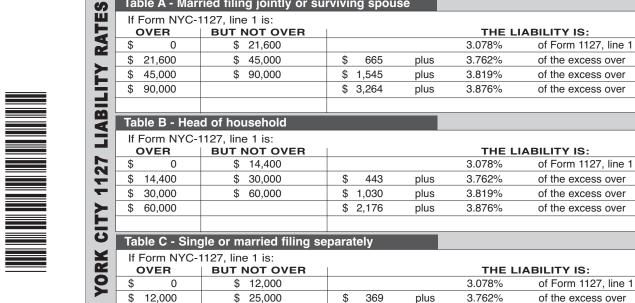
plus

plus

\$

858

\$ 1,813



**Table A - Married filing jointly or surviving spouse** 

**BUT NOT OVER** 

\$ 21,600

\$ 50,000

If Form NYC-1127, line 1 is:

**OVER** 



≥ N N

\$

\$ 50,000

25,000



Department of Taxation and Finance

IT-203

# Nonresident and Part-Year Resident

Income Tax Return New York State • New York City • Yonkers • MCTMT For the year January 1, 2018, through December 31, 2018, or fiscal year beginning ........... 18

	4 41				and	ending		
For help completing your ref Your first name and middle initial	Your last name (for a joint re			Vous data of hinth (named	d, a a a d)	Your social sec	urity number	
David	PEONY	on line below)	Your date of birth (mmdo			)-00-1036		
Spouse's first name and middle initial				Spouse's date of birth (m.				
Spouse's list hame and middle initial	Spouse's last flame			Spouse's date of birth (IIII	maayyyy)	Opouse s socia	r security number	
Mailing address (see instructions, pag	ge 14) (number and street or	PO box)		Apartment numb	er	New York State	county of residence	
15 Bank Street City, village, or post office	State	ZIP code	Country (if n	106J ot United States)		School district r	name	
White Plains	NY	10605	Country (II The	or Officed States)		Ochool district	iame	
Taxpayer's permanent home addres			partment no.	City, village, or p	nst office			
15 Bank Street	33 (See Instr., pg. 14) (No. and C	sirect of rural route)	partment no.	White Plain			I district	
	ountry (if not United States)			vviiite i iaiii			number Spouse's date of de	
NY 10605				Decedent information				
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3 Were you required to report, a compensation, as required by 2018 federal return? (see page Dependent information (s.)	IRC § 457A on your 15)		]					
First name and middle initial	Last name	Relatio	nship	Social secur	ity numb	er Dat	e of birth (mmddyyy	
Rose F	Peony	Daughter		400-00-	-9037		06182015	
	*						-	
f more than 6 dependents, mark a	an <b>X</b> in the box.			I				
203001180094		For office use or	nly					

F	ederal income and adjustments (see page 17)		Federal amount Whole dollars only		New York State amount Whole dollars only
		1	98775.00	4	98775.00
2	Wages, salaries, tips, etc.  Taxable interest income	2	2750.00	2	2750.00
3	Ordinary dividends	3	1000.00	3	1000.00
	Taxable refunds, credits, or offsets of state and local		1000:00		1000.00
7	income taxes (also enter on line 24)	4	750.00	4	750.00
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	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.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 <b>X</b> in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box	10	.00	10	.00.
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.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	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
	Other income (see page 23)   Identify:	16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	103275.00	17	103275.00
18	Total federal adjustments to income (see page 23)				
	Identify:	18	33275.00	18	33275.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	70000.00	19	70000.00
	ew York additions (see page 25)				
20	Interest income on state and local bonds and obligations	20	00	20	00
21	(but not those of New York State or its localities)	21	.00.	21	.00.
	Other (Form IT-225, line 9)	22	.00	22	.00
	Add lines 19 through 22	23	70000.00	23	70000.00
_					
N	ew 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	3	27	.00	27	.00
	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
	Add lines 24 through 29	30	70000 00	30	70000 00
31	New York adjusted gross income (subtract line 30 from line 23)	31	70000.00	31	70000.00
32	Enter the amount from line 31, <i>Federal amount</i> column			32	70000.00
( s	tandard deduction or itemized deduction (see page 28	3)			
33	Enter your standard deduction (table on page 28) or your i				
	Mark an <b>X</b> in the appropriate box:			33	11200.00
	Subtract line 33 from line 32 (if line 33 is more than line 32, lea			34	58800.00
	Dependent exemptions (enter the number of dependents listed			35	1000.00
36	New York taxable income (subtract line 35 from line 34)			36	57800.00



57b	Missing/Exploited Children	57b	.00
57c	Breast Cancer Research	57c	.00
57d	Alzheimer's Fund	57d	.00
57e	Olympic Fund (\$2 or \$4)	57e	.00
57f	Prostate Cancer	57f	.00
57g	9/11 Memorial	<b>57</b> g	.00
57h	Volunteer Firefighting	57h	.00
57i	Teen Health Education	57i	.00
57j	Veterans Remembrance	57j	.00
57k	Homeless Veterans	57k	.00
57I	Mental Illness Anti-Stigma	57I	.00

57m

57n

.00

.00

57 Total voluntary contributions (add lines 57a through 57s)	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	3221.00



**57m** Women's Cancers Fund

**57n** Autism Fund

<b>59</b> E	inter amount from line 58						59	3221.00
Pav	ments and refundable credits (see page 34)							
		-					1	If applicable complete
	Part-year NYC school tax credit (fixed amount) (also complete	′ F	60			.00		If applicable, complete Form(s) IT-2 and/or IT-1099-R
	NYC school tax credit (rate reduction amount)	-	60a			.00		and submit them with your
	Other refundable credits (Form IT-203-ATT, line 17)		61			.00		return (see page 13).
	Total New York State tax withheld	-	62			3500.00	+	Do not send federal
	Total <b>New York City</b> tax withheld		63			1100.00		Form W-2 with your return.
	Total <b>Yonkers</b> tax withheld		64			.00		
	Total estimated tax payments/amount paid with Forr		65			.00	-	
66	Total payments and refundable credits (add line	es 60 throu	gh 65	)			66	4600.00
You	ır refund, amount you owe, and account inforn	nation	see i	pages 37 ti	hrough 3	9)		
$\overline{}$	Amount overpaid (see instructions)			•	•	•	67	1379.00
	Amount of line 67 available for refund (subtract li						68	.00
	Amount of line 68 that you want to deposit into a NYS 52			,				.00
	Total refund after NYS 529 account deposit (subtr						68b	.00
COD	•						OOD	.00
	Mark one refund choice: X savings	eposit to	chec fill in l	King or ine 73) - 0	r -	paper check		Refund? Direct deposit is the
69	Amount of line 67 that you want applied to your 2			110 73)		CHOOK		easiest, fastest way to get your
03	estimated tax (see instructions)		69			1379.00		refund.
70	Amount you <b>owe</b> (if line 66 is <b>less than</b> line 59, subti			line 59) To	nav hv e		,	See page 38 for payment
	funds withdrawal, mark an <b>X</b> in the box a							options.
	or money order you <b>must</b> complete Form IT-20					, ,	70	.00
71	Estimated tax penalty (include this amount on line 70							100
	or reduce the overpayment on line 67; see page 38)		71			.00		See page 41 for the proper
72	Other penalties and interest (see page 38)		72			.00	1	assembly of your return.
		L					1	
73	Account information for direct deposit or electronic	ic funds w	ithdra	awal (see p	age 39).			
	If the funds for your payment (or refund) would con	ne from (o	r go t	o) an acco	unt outsi	de the U.S.,	marl	k an <b>X</b> in this box (see pg. 39)
		`		,				
	73a Account type: Personal checking - or -	Pers	onal s	avings - o	r -	Business ch	neckir	ng - <b>or</b> - Business savings
	73b Routing number	73c	Acco	ount number				
74	Electronic funds withdrawal (see page 39)		Date			Amour	nt	.00
	Third-party Print designee's name			Desi	gnee's pho	one number		Personal identification
des	ignee? (see instr.)			(	)			number (PIN)
Yes	No E-mail:							
▼ P	aid preparer must complete ▼ Preparer's NYTPRIN	NY	TPRIN			▼ Taxpa	V0"/	s) must sign here ▼
(:	see instructions)		I. code	:		•	yer	s) must sign here 🔻
Prepa	arer's signature Preparer's printed	name			Your sign	nature		
Firm'	s name (or yours, if self-employed)	eparer's PTII	N or S	SN	Your occ	upation		
		•						
Addr	Em	nployer ident	iticatio	n number	Spouse's	signature and	occup	pation (if joint return)
		Dat	е		Date			Daytime phone number
<u></u>					<u> </u>			( )
E-ma	il:				E-mail:			

See instructions for where to mail your return.



# **NYC-1127 Test Case Two**

# Begins on the next page

Taxpayer name	GARD 2018 NYC1127 TC TWO
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 2018 NYC-1127 Filing Status: Married, filing separately, both spouses employed, one spouse is a NYC employee
Other instructions	A complete copy of the NYS IT-203 must be submitted as a PDF attachment named 1127_NYState_Rtn.



# RETURN FOR NONRESIDENT EMPLOYEES OF THE CITY OF NEW YORK 2018 **HIRED ON OR AFTER JANUARY 4, 1973**

Department of Finance
PRINT OR TYPE
First names and initia
SAM and GL
Home address (numl
175 Adams
City and Ctatas

		Enter 2-characte	er special condition c	ode if annlicable <i>(</i> S	ee instructions): 7 5
PRINT OR TYPE ▼		Litter 2 onaraote	opeoiai contantion c	ode ii applicable. (o	
First names and initials of	f employee and spouse:	Last name:		Name Change	AMENDED RETURN
SAM and GLOR	IA	GARD NYC1	.127 TC TWO		
Home address (number a	and street):	Apt. no.:	Address Change X	TAXPAYER	'S EMAIL ADDRESS
_175 Adams Lr	1			gard@ema	ail.com
City and State:		Zip Code:	Country (if not US)	EMPLOYEE'S SO	CIAL SECURITY NUMBER
New Canaan,	CT	06840			
	Employee ▼	Spouse ▼		4, 0, 0	0
Agency where employed:	Finance			SPOUSE'S SOC	CIAL SECURITY NUMBER
Daytime telephone number			5 . 5 . 5 . 5		
A=110	7,1,8		5,5,5,5	4,0,0	

1 - FILING STATUS			
A. MARRIED FILING JOINTLY OR SURVIVING SPOUSE	Note: If you file a joint Federal tax return but elect exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status	on HOUSEHOLD	C. □ SINGLE OR MARRIED FILING SEPARATELY
A. NUMBER OF MONTHS EMPLO	OYED IN 2018 EMPLOYEE: <u>12</u>	SPO	USE:
B. DATE RETIRED FROM NYC SE	ERVICE EMPLOYEE:	SPO	USE:
C. CHECK BOX IF YOU AND	YOUR SPOUSE ARE BOTH SUBJECT TO SECTION	1127.	
A. Payment Amount be	ing paid electronically with this return	A.	Payment Amount 308

### 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 th	Amount	
1	NYS Taxable Income. See instructions.	◆ NYS IT-203, line 36 but elect to e the special of	u file a joint Federal tax return exclude a spouse's income, see computation Schedule A on the form and use Filing Status C.	36,526
2	Section 1127 liability plus Other New York City Taxes, if any. See instructions.	<ul><li>Page 2 liability rate schedules</li><li>NYS IT-201, line 51</li></ul>		1,298
3	New York City School tax and other credits	◆ See Page 2, Schedule B and In	structions	140
4	New York City 1127 amount withheld	◆ Form 1127.2		850
5	Balance Due	<ul> <li>◆ If line 2 is greater than the sum of lines 3 and 4, enter balance due</li> </ul>		308
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.)		

3 - C	EKIIFICATION						
I hereb	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						X	
SIGN HERE:	YOUR SIGNATURE		2019/04/1 DATE	. 6	_		
RER'S ONLY	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	123-45-6789 EIN OR SSN OR PTIN			.d@dduckc 'S EMAIL ADDF		
PREPAR USE (	Donald Duck		Main Street		OR	97055	

ADDRESS

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.

PREPARER'S PRINTED NAME

ALL RETURNS EXCEPT REFUND RETURNS NYC DEPARTMENT OF FINANCE SECTION 1127 PO 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 S NYC DEPARTMENT OF FINANCE

SECTION 1127 P.O. BOX 5563 BINGHAMTON, NY 13902-5563

STATE

ZIP CODE

NYC-1127 - 2018 Page 2

SC	CHEDULE A Schedule for Ma	rried 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 <b>,</b> 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 % Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.	
5	Check only one box:	Standard Deduction: \$8,000.  OR  ☐ Itemized deduction: \$	8,000
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).		1,576
7.	Total Deductions and Exemptions	◆ Line 5 + line 6	9,576
8.	Allocated New York State Taxable Income	◆ Line 3 less line 7. Enter on Page 1, line 1.	36 <b>,</b> 526

SC	SCHEDULE B Nonrefundable credits							
	Line		Where do I get the amount?	Amount				
A1.	NYC School Tax Cre	IYC School Tax Credit (fixed amount)  ◆ See Instructions						
A2.	NYC School Tax Credit	t (rate reduction amount)	◆ See Instructions	77				
B.	UBT Paid Credit		◆ See Instructions					
C.	NYC household cred	dit	◆ from IT-201 Instructions NYC table 4, 5 or 6					
D.	NYC Claim of Right	C Claim of Right Credit • from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257)						
E.	NYC Earned Income	C Earned Income Credit   ◆ (attach IT-215)						
F.	Other NYC taxes		◆ See Instructions					
G.	NYC Child and Deper	ndent Care Credit	◆ See Instructions (attach IT-216)					
Н.	Total of lines A1 - G		• enter on page 1, line 3	140				

Table A - Married filing jointly or surviving spouse



OVER	<b>□</b> BUT NOT OVER			THE L	ABILITY IS:	
\$ 0				3.078%	of Form 1127, line 1	
\$ 21,600	\$ 45,000	\$ 665	plus	3.762%	of the excess over	\$ 21,6
\$ 45,000	\$ 90,000	\$ 1,545	plus	3.819%	of the excess over	\$ 45,0
\$ 90,000		\$ 3,264	plus	3.876%	of the excess over	\$ 90,0
Table B -	Head of household					
If Form N	IYC-1127, line 1 is:					
OVER	BUT NOT OVER			THE L	ABILITY IS:	
\$ 0	\$ 14,400			3.078%	of Form 1127, line 1	
\$ 14,400	\$ 30,000	\$ 443	plus	3.762%	of the excess over	\$ 14,
\$ 30,000	\$ 60,000	\$ 1,030	plus	3.819%	of the excess over	\$ 30,
\$ 60,000		\$ 2,176	plus	3.876%	of the excess over	\$ 60,
Table C -	Single or married filing	separately				
	IYC-1127, line 1 is:					
OVER	BUT NOT OVER				ABILITY IS:	
\$ 0	\$ 12,000			3.078%	of Form 1127, line 1	
\$ 12,000	\$ 25,000	\$ 369	plus	3.762%	of the excess over	\$ 12,
\$ 25,000	\$ 50,000	\$ 858	plus	3.819%	of the excess over	\$ 25,
\$ 50,000		\$ 1,813	plus	3.876%	of the excess over	\$ 50,



Department of Taxation and Finance

# Nonresident and Part-Year Resident

IT-203

Income Tax Return New York State • New York City • Yonkers • MCTMT For the year January 1, 2018, through December 31, 2018, or fiscal year beginning ...........

For help completing your re	eturn, see the ins	structions	, Form IT-20	3-I.			and	enaing	j	
Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below					w) Yo	Your date of birth (mmddyyyy) Your social security nur			umber	
Sam	Gardenia					01191975			400-00-	1038
Spouse's first name and middle initia	Spouse's last name				Sp	Spouse's date of birth (mmddyyyy) Spouse's social securi			rity number	
Gloria	Gardenia					01061975			400-00-	1071
Mailing address (see instructions, pa	age 14) (number and str	eet or PO box)	1		•	Apartment number	er	New Y	ork State count	ty of residence
175 Adams Ln										
City, village, or post office	5	State ZIP co	ode	Country (	if not L	Inited States)		Schoo	I district name	
New Canaan			06840							
Taxpayer's permanent home addre	ess (see instr., pg. 14) (no	o. and street or ru	ural route) A	Apartment n	10.	City, village, or po	ost office		School distri	ct
175 Adams Ln	_					New Canaa			code numbe	
	Country (if not United St	ates)				Decedent	Taxpayer'	s date o	of death Spou	se's date of deat
CT 06840						information				
A Filing ① Single				Е	New	York City part-	vear res	idents	only (see pa	age 15)
A rilling =							-		-	
status (mark an ② X Married	d filing joint return oth spouses' social sect					Number of month	-		-	18
(mark an ② 🔀 (enter b	oth spouses' social secu	urity numbers a	above)			Number of month n NY City in 2018				
box):	d filing separate return	۱ 	h a )	_		,				
(enter b	oth spouses' social secu		,	Г		er your <b>2-charact</b> e(s) if applicable				
④ L Head	of household (with qu	ualifying perso	on)	G	New	York State part	t-year re	siden	<b>ts</b> (see page 1	6)
③ Qualify	ying widow(er)					er the date you m				
3 L Quality	ying widow(er)					ut of NYS (mmdd)				
<b>B</b> Did you itemize your deduction federal income tax return?	tions on your 2018	Va	X <sub>No</sub> [	1		he last day of the ived in NYS	-			<b>I</b>
				_	,	ived outside NYS				
C can you be claimed as a de taxpayer's federal return?	ependent on anothe	r Yes	No X		,	NYS sources duri				
<b>D1</b> Did you have a financial according foreign country? (see page 15		Yes	□ No 区			ived outside NYS NYS sources duri				
D2 Yonkers part-year resident	s only:	г		, н	New	York State non	residen	ts (see	page 16)	
(1) Did you receive a property t	ax relief credit? (see po	g. 15) Yes L	No	J		you or your spou				П., Г
	00					g quarters in NYS es, <i>complete Form I</i>		3?	Yes	☐ No ≥
(2) Enter the amount	.00				(11 10	s, complete i omi i	1-203-6)			
D3 Were you required to report, compensation, as required b 2018 federal return? (see page)	y IRC § 457A on yo	ur [	□ No □	]						
I Dependent information (	see page 16)									
First name and middle initial	Last nam	е	Relatio	nship		Social securi	ty numb	er	Date of b	oirth (mmddyyyy)
Rose	Gardenia		Daughter			400-00-	0500		040	012000
Lily Gardenia Daughter				400-00-	5014		090	012002		
Paul Gardenia		Con			400.00	E01E		06	182004	
Paul	Gardenia		Son		_	400-00-	-5015		06	102004
If more than 6 dependents, mark	an <b>X</b> in the box.		·							
	_									

F	ederal 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 <b>X</b> in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box	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
	Unemployment compensation	14	.00	14	.00
	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
	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
N	ew 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
No	ew 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, <i>Federal amount</i> column			32	87749.00
S	tandard deduction or itemized deduction (see page 28	3)			
33	Enter your standard deduction (table on page 28) or your i	temi	zed deduction (from Form IT-196)		
	Mark an <b>X</b> in the appropriate box:		· —	33	16050.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, lea			34	71699.00
	Dependent exemptions (enter the number of dependents listed		*	35	3000.00
	New York taxable income (subtract line 35 from line 34)		. • ,	36	68699 nn



57a	Return a Gift to Wildlife	57a	.00
57b	Missing/Exploited Children	57b	.00
57c	Breast Cancer Research	57c	.00
57d	Alzheimer's Fund	57d	.00
57e	Olympic Fund (\$2 or \$4)	57e	.00
57f	Prostate Cancer	57f	.00
57g	9/11 Memorial	57g	.00
57h	Volunteer Firefighting	57h	.00
57i	Teen Health Education	57i	.00
57j	Veterans Remembrance	57j	.00
57k	Homeless Veterans	57k	.00
57I	Mental Illness Anti-Stigma	571	.00
57m	Women's Cancers Fund	57m	.00
57n	Autism Fund	57n	.00
57n	Autism Fund	57n	.00

57o	Veterans' Homes	<b>57</b> o	.00
57p	Love Your Library Fund	57p	.00
57q	Lupus Fund	57q	.00
57r	Military Family Fund	57r	.00
57s	CUNY Fund	57s	.00

57 Total voluntary contributions (add lines 57a through 57s)	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



<b>59</b> E	Enter amount from line 58	59	2316.00
Pav	yments and refundable credits (see page 34)		
60 60a 61 62 63 64 65	Part-year NYC school tax credit (fixed amount) (also complete E on front)  NYC school tax credit (rate reduction amount) 60  Other refundable credits (Form IT-203-ATT, line 17) 61  Total New York State tax withheld 62  Total New York City tax withheld 63  Total Yonkers tax withheld 64  Total estimated tax payments/amount paid with Form IT-370  Total payments and refundable credits (add lines 60 through 65)		If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.  3115.00
You	ur refund, amount you owe, and account information (see pages 37 through 39)		
68 68a	Amount overpaid (see instructions)  Amount of line 67 available for refund (subtract line 69 from line 67)  Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)  Total refund after NYS 529 account deposit (subtract line 68a from line 68)	67 68 68a 68b	799.00 799.00 .00
69	Mark one refund choice: direct deposit to checking or savings account (fill in line 73) - or - check  Amount of line 67 that you want applied to your 2019 estimated tax (see instructions)		Refund? Direct deposit is the easiest, fastest way to get your refund. See page 38 for payment options.
	or money order you <b>must</b> complete Form IT-201-V and mail it with your return  Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 38)		.00 See page 41 for the proper assembly of your return.
	Account information for direct deposit or electronic funds withdrawal (see page 39).  If the funds for your payment (or refund) would come from (or go to) an account outside the U.S.,  73a Account type: Personal checking - or - Personal savings - or - Business ch  73b Routing number 73c Account number  Electronic funds withdrawal (see page 39) Date Amount	eckin	
des Yes	Third-party Print designee's name Designee's phone number ( )  B No E-mail:		Personal identification number (PIN)
	Paid preparer must complete ▼ Preparer's NYTPRIN   NYTPRIN   excl. code	yer(s	s) must sign here ▼
Prep	arer's signature Preparer's printed name Your signature		
Firm'	's name (or yours, if self-employed)  Preparer's PTIN or SSN  Your occupation		
Addr		occup	,
	Date		Daytime phone number (
E-ma	ail: E-mail:		

See instructions for where to mail your return.



**GARD 2018 NYC-1127 TC TWO** 

SSN: 400-00-1071

Statement 1

Form NYC1127, Schedule A, Page 2

Line 1 NYS AGI (From Form NYS 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 18,447

Total Non NYC Employee Income 41,647

Line 3 Net NYC Gross Income 46,102

# **NYC-1127 Test Case Three**

# Begins on the next page

Taxpayer name	HEAT 2018 NYC1127 TC THREE
EIN	400-00-1035
Primary Form	NYC-1127
Associated Form(s)	None
Attachments	NYS IT-203
Purpose of test	To test e-File submission of the 2018 NYC-1127 Filing Status: Married filing jointly, both spouses employed, both spouses are NYC employees
Other instructions	A complete copy of the NYS IT-203 must be submitted as a PDF attachment named 1127_NYState_Rtn.



Daytime telephone number:

# RETURN FOR NONRESIDENT EMPLOYEES OF THE CITY OF NEW YORK 2018 **HIRED ON OR AFTER JANUARY 4, 1973**

_

E	Enter 2-character	special condition c	code if applicable. (See instructions):	
PRINT OR TYPE ▼		-,		
First names and initials of employee and spouse:	Last name:		Name Change X AMENDED RET	URN
LYNETTE & PAUL	HEAT TC TH	REE		
Home address (number and street):	Apt. no.:	Address	TAXPAYER'S EMAIL ADDRESS	
2525 Juniper Street		Change L	→]^æ\\æMåæá\åæãÈ´~↑	
City and State:	Zip Code:	Country (if not US)	EMPLOYEE'S SOCIAL SECURITY NUMBER	
Paul, ID	83347			
NYC Department or Employee ▼	Spouse ▼		4,0,0 0,0 1,0,3,	_5_
Agency where employed: Ô↔^á^´æ	Ô⇔^á^´a	æ	SPOUSE'S SOCIAL SECURITY NUMBER	

											لنبا
1 - FILING STA	RTUS										
A. 🗵 MARRIED FILIN OR SURVIVING		exclude a spous	e's income, se	ral tax return but e the special com rm and use Filing S	nputation	В. 🗆	HEAD OF HOUSEHOL			LE OR MARI G SEPARATI	
A. NUMBER OF MON	NTHS EMPLO	YED IN 2018		EMPLOYEE: _	12	2	_ s	POUSE:	12		
B. DATE RETIRED F	ROM NYC SE	ERVICE		EMPLOYEE: _			_ s	POUSE:			
C. T CHECK BOX I	F YOU AND	YOUR SPOUSE	ARE BOTH SU	UBJECT TO SEC	CTION 112	27.					
A. Payment	Amount bei	ng paid electron	ically with this	return				Α.	——— Paymer	nt 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	Amount	
1	NYS Taxable Income. See instructions.	<ul> <li>NYS IT-201, line 37</li> <li>NYS IT-203, line 36</li> <li>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.</li> </ul>		89,925
2	Section 1127 liability plus Other New York City Taxes, if any. See instructions.	<ul><li>Page 2 liability rate schedules</li><li>NYS IT-201, line 51</li></ul>		3,261
3	New York City School tax and other credits	◆ See Page 2, Schedu	◆ See Page 2, Schedule B and Instructions	
4	New York City 1127 amount withheld	◆ Form 1127.2	◆ Form 1127.2	
5	Balance Due	<ul> <li>◆ If line 2 is greater than the sum of lines 3 and 4, enter balance due</li> </ul>		
6	Refund		<ul> <li>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.)</li> </ul>	

3 - 0	EKIIFICATION			
I herek	by certify that this return, including any accompan	ying rider, is, to the best of m	ny knowledge and be	lief, true, correct and complete.
I auth	orize the Department of Finance to discuss thi	is return with the preparer	listed below. (see in	nstructions)YES
SIGN HERE:	YOUR SIGNATURE		4-16-19 DATE	
ARER'S ONLY	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	123-45-6789 EIN OR SSN OR PTIN	4-12-19 DATE	donald@dduckcpa.com PREPARER'S EMAIL ADDRESS
REPA JSE	Donald Duck	500 2	2nd Ave New Yo	ork, NY 10022

ADDRESS

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.

PREPARER'S PRINTED NAME

ALL RETURNS EXCEPT REFUND RETURNS NYC DEPARTMENT OF FINANCE SECTION 1127 PO 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

CITY

RETURNS CLAIMING REFUNDS S NYC DEPARTMENT OF FINANCE

STATE

SECTION 1127 P.O. BOX 5563 BINGHAMTON, NY 13902-5563

ZIP CODE

NYC-1127 - 2018 Page 2

SC	SHEDULE A Schedule for N	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.	
2	Non NYC Employee Income	◆ Enter all income, additions and subtractions attributable to the non NYC employee	
3	Net NYS Gross Income	◆ Line 1 less Line 2	
4	Compute limitation percentage	Line 3: \$ = %    Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.	
5	Check only one box:	☐ Standard Deduction: \$8,000.  OR ☐ Itemized deduction: \$	
6	New York Dependent Exemption fr NYS return. No exemption is allow for employee or spouse. (If married filing separately for Section 1127 purposes, apply the limitation percentage from line 4).		
7.	Total Deductions and Exemption	s • Line 5 + line 6	
8.	Allocated New York State Taxable Income	◆ Line 3 less line 7. Enter on Page 1, line 1.	

SC	HEDULE B	Nonrefundable cred	dits	
	Line		Where do I get the amount?	Amount
A1.	NYC School Tax	Credit (fixed amount)	See Instructions	125
A2.	NYC School Tax Cr	redit (rate reduction amount)	◆ See Instructions	193
B.	UBT Paid Credit		◆ See Instructions	
C.	NYC household c	redit	◆ from IT-201 Instructions NYC table 4, 5 or 6	
D.	NYC Claim of Rig	ht Credit	◆ from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257)	
E.	NYC Earned Inco	me Credit	◆ (attach IT-215)	
F.	Other NYC taxes		◆ See Instructions	
G.	NYC Child and De	pendent Care Credit	◆ See Instructions (attach IT-216)	
Н.	Total of lines A1 -	G	• enter on page 1, line 3	318

THE LIABILITY IS:

of Form 1127, line 1

of the excess over

of the excess over

\$ 21,600

\$ 45,000

\$ 90,000

\$ 14,400

\$ 30,000

\$ 60,000

\$ 12,000

\$ 25,000

\$ 50,000

3.078%

3.819%

3.876%

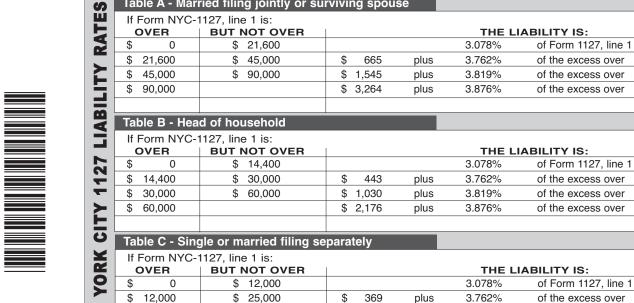
plus

plus

\$

858

\$ 1,813



\$ 50,000

**Table A - Married filing jointly or surviving spouse** 

**BUT NOT OVER** 

\$ 21,600

If Form NYC-1127, line 1 is:

**OVER** 



≥ N N

\$

\$ 50,000

25,000



IT-203

# Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers • MCTMT

I WAY I TOTALLI		
For the year January 1,	, 2018, through December 31, 2018, or fiscal year beginning	18
	and andina	

For help completing your re	turn. see the ir	nstructio	ns. Form IT-20	03-I.			and	enaing	g	
Your first name and middle initial	Your last name (for a				You	ur date of birth (mmda	dyyyy)	Your s	ocial security num	ber
LYNETTE	HEATHER					10291954			400-00-1035	
Spouse's first name and middle initial	ne and middle initial Spouse's last name				Spo	Spouse's date of birth (mmddyyyy)				
PAUL HEATHER					06181953 400-00			400-00-19	99	
Mailing address (see instructions, page	ge 14) (number and s	treet or PO b	ox)			Apartment number	er	New Y	ork State county	
2525 Juniper Street										
City, village, or post office		State ZIP	code	Country (if n	ot U	nited States)		Schoo	I district name	
Paul		IN	83347							
Taxpayer's permanent home address	SS (see instr., pg. 14) (	no. and street	or rural route)	Apartment no.		City, village, or po	ost office		Cabaal district	
2525 Juniper Street						Paul			School district code number	
State ZIP code C	ountry (if not United	States)				Decedent	Taxpayer	's date o	of death Spouse	s date of death
IN 83347						information				
				- ·		·				
A Filing				ΕN	lew	York City part-	year res	sidents	s only (see page	15)
etatus	Clin or in int and and			(	1) N	lumber of month	s <b>you</b> liv	ved in N	NY City in 2018	
(mark an ② 🔀 Married (enter bo	filing joint return th spouses' social se	curity numbe	ers above)	(2	2) N	lumber of month	s <b>your s</b>	spouse	e lived	
X in one	filia a a a a a a a a ta					NY City in 2018				
box):	filing separate retu th spouses' social sec	IITI curity numbei	rs above)	F	nte	r your <b>2-charact</b>	ter spec	ial cor	ndition	
				С	ode	e(s) if applicable	<b>e</b> (see pa	ige 15)		
④ L Head of	f household (with	qualifying pe	erson)	G N	lew	York State part	t-year re	esident	ts (see page 16)	
. $\square$				E	nte	r the date you m	oved int	to		
⑤ Qualifyi	ng widow(er)			0	or ou	ut of NYS (mmdd)	уууу)			
<b>B Did you itemize</b> your deducti federal income tax return?	ons on your 2018	} Ves	X No C	1		he last day of the ived in NYS	-			
C Can you be claimed as a de	pendent on anoth	er			2) L	ived outside NYS	S; receiv	ed inc	ome from	
taxpayer's federal return? <b>D1</b> Did you have a financial acco		Yes			3) L	ived outside NYS	S; receiv	ed no	income from	
foreign country? (see page 15)		Yes	□ <sub>No</sub> ⊠		N	IYS sources duri	ing nonr	esiden	t period	
D2 Yonkers part-year residents	only:					York State non		•	page 16)	
(1) Did you receive a property ta	x relief credit? (see	pg. 15) Yes	□ No □			ou or your spou			у Г	<b>□</b> □
	00				_	g quarters in NYS s, complete Form I			res _	No X
(2) Enter the amount	.00			(1	1 100	s, complete i omi i	1-205-b)			
<ul> <li>D3 Were you required to report, a compensation, as required by 2018 federal return? (see page)</li> <li>I Dependent information (s</li> </ul>	r IŘC § 457A on y e 15)	our	□ <sub>No</sub> ⊠							
First name and middle initial	Last nai	me	Relatio	onship	Т	Social securi	itv numb	er	Date of birt	h (mmddyyyy)
The trial to a training and thinks			110.0010							(//////
	_									
If more than 6 dependents, mark a	an <b>X</b> in the box.									
203001180094		ı								
			For office use o	nıy						

F	ederal income and adjustments (see page 17)		Federal amount Whole dollars only		New York State amount Whole dollars only
1	Wages, salaries, tips, etc.	1	215000.00	1	215000.00
2	Taxable interest income	2	1975.00	2	0.00
3	Ordinary dividends	3	1500.00	3	0.00
	Taxable refunds, credits, or offsets of state and local		1000100		0.00
Ċ	income taxes (also enter on line 24)	4	0.00	4	0.00
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	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.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 <b>X</b> in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box	10	.00	10	.00
	Rental real estate, royalties, partnerships, S corporations,		100		100
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included		100		100
	in line 11 (federal amount) 12 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
	Unemployment compensation	14	.00	14	.00
	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
	Other income (see page 23) Identify:	16	25000.00	16	0.00
	Add lines 1 through 11 and 13 through 16	17	243475.00	17	215000.00
	Total federal adjustments to income (see page 23)				
	Identify:	18	137500.00	18	137500.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	104975.00	19	77500.00
	w York additions (see page 25)  Interest income on state and local bonds and obligations				
20	(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
	Other (Form IT-225, line 9)	22	.00	22	.00
	Add lines 19 through 22	23	104975.00	23	77500.00
_	ew York subtractions (see page 26)	20	10 1070100	20	77000100
24	Taxable refunds, credits, or offsets of state and				
24	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the	27	.00	27	.00
20	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
	Pension and annuity income exclusion	28	.00	28	.00
	Other (Form IT-225, line 18)	29	.00	29	.00
	Add lines 24 through 29	30	.00	30	.00
	New York adjusted gross income (subtract line 30 from line 23)	31	104975.00	31	77500.00
			l l		
32	Enter the amount from line 31, <i>Federal amount</i> column			32	104975.00
S	andard deduction or itemized deduction (see page 28	3)			
33	Enter your <b>standard deduction</b> (table on page 28) <b>or</b> your <b>i</b>	temi	zed deduction (from Form IT-196)		
	Mark an <b>X</b> in the appropriate box:		· —	33	16050.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, lea			34	88925.00
	Dependent exemptions (enter the number of dependents listed		•	35	000.00
	New York taxable income (subtract line 35 from line 34)		,  32,	36	88925 00



43 New York State earned income credit (see page 30)

43

.00

.00

.00

55

56

.00

.00

.00

44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	5055.00
45	Income percentage (see page 30) New York State amount from line 31 Federal amount from line 31	45	Round result to 4 decimal places 73.8271
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	3732.00
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	3732.00
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	3732.00
51 52 52	Part-year resident nonrefundable New York City child and dependent care credit	, ]	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52k	MCTMT net		
	earnings base   52b   .00		

52c

54

Voluntary	contributions	(see page 33)

52c MCTMT.....

**54** Part-year Yonkers resident income tax surcharge

53 Yonkers nonresident earnings tax (Form Y-203) ......

(Form IT-360.1) .....

55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)

Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)

Return a Gift to Wildlife	57a	.00
Missing/Exploited Children	57b	.00
Breast Cancer Research	57c	.00
Alzheimer's Fund	57d	.00
Olympic Fund (\$2 or \$4)	57e	.00
Prostate Cancer	57f	.00
9/11 Memorial	57g	.00
Volunteer Firefighting	57h	.00
Teen Health Education	57i	.00
Veterans Remembrance	57j	.00
Homeless Veterans	57k	.00
Mental Illness Anti-Stigma	57I	.00
Women's Cancers Fund	57m	.00
Autism Fund	57n	.00
	Missing/Exploited Children Breast Cancer Research Alzheimer's Fund Olympic Fund (\$2 or \$4) Prostate Cancer 9/11 Memorial Volunteer Firefighting Teen Health Education Veterans Remembrance Homeless Veterans Mental Illness Anti-Stigma Women's Cancers Fund	Missing/Exploited Children Breast Cancer Research Alzheimer's Fund Olympic Fund (\$2 or \$4) Prostate Cancer 9/11 Memorial Volunteer Firefighting Teen Health Education Veterans Remembrance Homeless Veterans Mental Illness Anti-Stigma Women's Cancers Fund 57b 77c 57d 57g 57h 57h 57h 57i 57k 57l

<b>57</b> o	Veterans' Homes	<b>57</b> o	.00
57p	Love Your Library Fund	57p	.00
57q	Lupus Fund	57q	.00
57r	Military Family Fund	57r	.00
57s	CUNY Fund	57s	.00

57 Total voluntary contributions (add lines 57a through 57s)	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	3732.00				



<b>59</b> E	Inter amount from line 58						59	3732.00
Day	ments and refundable credits (see page 34)							
ray	(See page 34)							
60	Part-year NYC school tax credit (fixed amount) (also complete E on fi	front) 6	0			.00		If applicable, complete Form(s) IT-2 and/or IT-1099-R
60a	NYC school tax credit (rate reduction amount)	60	)a			.00		and submit them with your
61	Other refundable credits (Form IT-203-ATT, line 17)	6	61			.00		return (see page 13).
62	Total New York State tax withheld	6	32			3750.00		Do not send federal
63	Total New York City tax withheld	6	3			1250.00	1	Form W-2 with your return.
64	Total <b>Yonkers</b> tax withheld	6	64			.00		
65	Total estimated tax payments/amount paid with Form IT-3	370 6	55			.00		
66	Total payments and refundable credits (add lines 60	through	65)				66	5000.00
Vai	r refund, amount you owe, and account informatio	<u> </u>				00)		
$\overline{}$			ee pages 3		_	,		
	Amount overpaid (see instructions)						67	
	Amount of line 67 available for refund (subtract line 69		,				68	
	Amount of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit into a NYS 529 account of line 68 that you want to deposit of line 68 that you want to line 68 that you want to line 68 that you want to line 68 that you want							
68b	Total refund after NYS 529 account deposit (subtract lin	ne 68a f	rom line 68)				68b	.00
	direct depos					paper		Refund? Direct deposit is the
	Mark one refund choice: savings accord	unt <i>(fill</i>	in line 73)	- or	- 🔲	check		easiest, fastest way to get your
69	Amount of line 67 that you want applied to your 2019						1	refund.
	estimated tax (see instructions)		9			1268.00		See page 38 for payment
70	Amount you <b>owe</b> (if line 66 is less than line 59, subtract lin							options.
	funds withdrawal, mark an <b>X</b> in the box and fill							
	or money order you <b>must</b> complete Form IT-201-V a	and ma	all it with yo	our r	eturn		70	.00.
71	Estimated tax penalty (include this amount on line 70,						1	See page 41 for the proper
	or reduce the overpayment on line 67; see page 38)					.00		assembly of your return.
72	Other penalties and interest (see page 38)	7	2			.00		
70	A constant information for direct deposit or electronic from	المانيين مام	admanual (		00\			
13	Account information for direct deposit or electronic fun					ida tha II C	marl	k an Vin this boy (see no. 20)
	If the funds for your payment (or refund) would come fro	om (or (	go to) an ac	cou	nt outs	ide the U.S.,	man	k an <b>X</b> in this box (see pg. 39)
	70. Assemble and December 1.	D	-1			]	1	Business surious
	73a Account type: Personal checking - or -	Person	al savings	- or		Business ch	ески	ng - or - Business savings
	73h Pouting number	73c /	ccount numb	hor				
	73b Routing number	13C P		Dei				
74	Electronic funds withdrawal (see page 39)	Da	te			Amour	nt	.00
	(,							
_	In		15					15 111 65 6
400	Third-party ignee? (see instr.)		D	esig	nee's pr	one number		Personal identification number (PIN)
			[(		)			
Yes								
	aid preparer must complete ▼ Preparer's NYTPRIN	NYTP excl. o		$\prod$		▼ Taxpa	yer(	s) must sign here ▼
	see instructions) arer's signature  Preparer's printed name		ode	-	Your sig	nature		-
<u> </u>				41				
Firm'	s name (or yours, if self-employed)	s PTIN o	or SSN		Your oc	cupation		
Addr	ess Employer	ridentific	ation number	┪╽	Spouse	's signature and	occu	pation (if joint return)
		T		_	<u> </u>			
1		Date		$\  \ $	Date			Daytime phone number ( )
E-ma	il:			<del> </del>	E-mail:			,

See instructions for where to mail your return.

