

Resident Income Tax Return (short form)

New York State • New York City • Yonkers



IT-150

Attach label, print, or type	Important: You must enter your social security number(s) in the boxes to the right.			
	Your first name and middle initial	Your last name <i>(for a joint return, enter spouse's name on line below)</i>	▼ Your social security number	
	Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number	
	Mailing address <i>(see instructions, page 15)</i> (number and street or rural route)	Apartment number	New York State county of residence	
	City, village, or post office	State	ZIP code	School district name
Permanent home address <i>(see instructions, page 15)</i> (number and street or rural route)		Apartment number	School district code number	
City, village, or post office	State	ZIP code	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 spouse's social security number above)*
 - ③ Married filing separate return *(enter spouse's social security number above)*
 - ④ Head of household *(with qualifying person)*
 - ⑤ Qualifying widow(er) with dependent child

- (C)** Were you a **New York City** resident for all of 2006? *(Part-year residents must file Form IT-201; see page 16.)* Yes No
- (D)** Can you be claimed as a dependent on another taxpayer's federal return? *(see page 16)* Yes No
- (E)** Enter your **2-digit special condition code number if applicable** *(see page 16)* **If applicable, also enter your second 2-digit special condition code number**

(B) If you do not need a NYS income tax forms packet mailed to you next year, mark an X in the box *(see page 16)*

For help completing your return, see the combined instructions, Form IT-150/201-I, or the IT-RP-1 resident packet instructions.

	Dollars	Cents
1 Wages, salaries, tips, etc.....	1.	
2 Taxable interest income	2.	
3 Ordinary dividends	3.	
4 Capital gain distributions	4.	
5 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box..... <input type="checkbox"/>	5.	
6 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box... <input type="checkbox"/>	6.	
7 Unemployment compensation.....	7.	
8 Taxable amount of social security benefits <i>(also enter on line 17 below)</i>	8.	
9 Add lines 1 through 8	9.	
10 Total federal adjustments to income <i>(see page 17)</i> <input type="text"/> Identify:	10.	
11 Federal adjusted gross income <i>(subtract line 10 from line 9)</i>	11.	
12 Interest income on state and local bonds and obligations <i>(but not those of NYS or its local governments)</i> ..	12.	
13 Public employee 414(h) retirement contributions from your wage and tax statements <i>(see page 18)</i> ...	13.	
14 Other <i>(see page 18)</i> <input type="text"/> Identify:	14.	
15 Add lines 11 through 14	15.	
16 Pensions of NYS and local governments and federal government <i>(see page 20)</i> <input type="text"/>	16.	
17 Taxable amount of social security benefits <i>(from line 8 above)</i>	17.	
18 Pension and annuity income exclusion <i>(see page 20)</i>	18.	
19 Other <i>(see page 21)</i> <input type="text"/> Identify:	19.	
20 Add lines 16 through 19	20.	
21 New York adjusted gross income <i>(subtract line 20 from line 15)</i>	21.	
22 New York standard deduction <i>(see page 24)</i>	22.	0 0
23 Dependent exemptions <i>(not the same as total federal exemptions; see page 24)</i>	23.	0 0 0
24 Add lines 22 and 23	24.	0 0
25 Taxable income <i>(subtract line 24 from line 21)</i>	25.	

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Please file this original scannable return with the Tax Department.

26 Taxable income (enter the amount from line 25 on the front page)	26.			
27 New York State tax on line 26 amount (see page 25 and Tax Computation on page 54).....	27.			
28 New York State (NYS) household credit (from table 1, 2, or 3 on pages 25 and 26)	28.			
29 Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank)	29.			
30 New York City (NYC) resident tax (see page 26)	30.			
31 NYC household credit (from table 4, 5, or 6 on pages 26 and 27)	31.			
32 Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank).....	32.			
33 Yonkers resident income tax surcharge (from Yonkers worksheet on page 27)	33.			
34 Yonkers nonresident earnings tax (attach Form Y-203)	34.			
35 Sales or use tax (See the instructions beginning on page 66. Do not leave line 35 blank.)	35.			
36 Voluntary contributions (whole dollar amounts only; see page 28)				
Return a Gift to Wildlife 36a. [] . Missing/Exploited Children Fund 36b. [] .				
Breast Cancer Research Fund 36c. [] . Prostate Cancer Research Fund 36d. [] .				
Alzheimer's Fund 36e. [] . Olympic Fund 36f. [] . WTC Memorial Fund 36g. [] .				
Total (add lines 36a through 36g)	36.			00
37 Add line 29 and lines 32 through 36	37.			
38 Empire State child credit (attach Form IT-213)	38.			
39 NYS child and dependent care credit (attach Form IT-216)	39.			
40 NYS earned income credit (attach Form IT-215 or Form IT-209)	40.			
41 NYS noncustodial parent earned income credit (attach Form IT-209).....	41.			
42 Real property tax credit (attach Form IT-214).....	42.			
43 College tuition credit (attach Form IT-272)	43.			
44 NYC school tax credit.....	44.			
45 NYC earned income credit (attach Form IT-215 or Form IT-209)	45.			
46 Total New York State tax withheld	46.			
47 Total New York City tax withheld	47.			
48 Total Yonkers tax withheld	48.			
49 Total estimated tax payments / Amount paid with Form IT-370	49.			
50 Add lines 38 through 49	50.			
51 If line 50 is more than line 37, subtract line 37 from line 50.....	51.			
52 Amount of line 51 that you want refunded to you (for Direct deposit, complete line 56)	52.			
53 Estimated tax only — Amount of line 51 that you want applied to your 2007 estimated tax. (Do not include any amount that you claimed as a refund on line 52.).....	53.			
54 Amount you owe — If line 50 is less than line 37, subtract line 50 from line 37. (For Payment options, see page 32; for Electronic funds withdrawal, complete line 56.)	54.			
55 Estimated tax penalty (Include this amount in line 54 or reduce the overpayment on line 51; see page 32.)	55.			

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of the wage and tax statements provided by your employer. Staple them to the top of this page.

See the Step 11 instructions on page 35 for the proper assembly of your return and attachments.

56 Account information (see page 33) Mark one: Refund – Direct deposit Owe – Electronic funds withdrawal

a Routing number Electronic funds withdrawal effective date

b Account number c Account type Checking Savings

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see page 34) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>

▼ Paid preparer's use only ▼	
Preparer's signature	▼ SSN or PTIN:
Firm's name (or yours, if self-employed)	• Employer identification number
Address	Mark an X if self-employed <input type="checkbox"/>
	Date

▼ Taxpayer(s) sign here ▼	
Your signature	▼ Daytime phone number
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	

Mail your completed return and any attachments to:
STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

For information about private delivery services, see page 41.

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