## New York State Department of Taxation and Finance

## Resident Income Tax Return (short form) New York State • New York City • Yonkers



IT-150

	Important: You must enter your social security number(s) in the boxes to the right.			
	Your first name and middle initial Your last name (for a joint return, enter spouse's name on line be	▼ Your social security number		
		1000)		
ype	Spouse's first name and middle initial Spouse's last name	▼ Spouse's social security number		
Print or type				
Ħ	Mailing address (see instructions, page 12) (number and street or rural route)  Apartmen	t number New York State county of residence		
P				
	City, village, or post office State ZIP code Country (if not United States	) School district name		
		•		
Per	Permanent home address (see instructions, page 12) (number and street or rural route)  Apartmen	t number		
		School district code number		
City	City, village, or post office State ZIP code	Taxpayer's date of death Spouse's date of death		
		ecedent formation		
	<u></u>			
(4	(A) Filing (C) Ware your			
٧,	status — — — (C) were your	a <b>New York City</b> resident 010? ( <i>Part-year resident</i> s		
	Married filing joint return	rm IT-201; see page 13.)Yes No		
	X in	==:, === page ==;		
	Married filing separate return (D) Can you b	e claimed as a dependent r taxpayer's federal return?		
		3)Yes No		
Staple of	le check 4 Head of household (with qualifying person)			
here	(F) Enter your	2-character special condition code		
	(5) (A) (A) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	ble (see page 13)		
	If applical	ole, also enter your second 2-character		
		ndition code		
For h	help completing your return, see the combined instructions for Forms IT-150 and IT-201.			
		Dollars Cents		
_	Wages, salaries, tips, etc.			
2				
3				
4		Capital gain distributions		
5	· · · · · · · · · · · · · · · · · · ·			
6 7		·		
	nemployment compensation			
9				
		10.		
	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)  12.			
	Public employee 414(h) retirement contributions from your wage and tax statemen			
14	Other (see page 15) Identify:	14.		
15				
16	Pensions of NYS and local governments and federal government (see page 16) 16.			
17	Taxable amount of social security benefits (from line 8 above)			
18	Pension and annuity income exclusion (see page 16)			
	1 1 0 7			
20	Add lines 16 through 19	20.		
21	New York adjusted gross income (subtract line 20 from line 15)			
22	, , , ,	0 0 . 0 0		
23		0 0 0 . 0 0		
25	Taxable income (subtract line 24 from line 21)			

<b>IT-150</b> (2010) (back) Dollars Cents				
26	Taxable income (from line 25 on the front page)		26.	
27	New York State tax on line 26 amount (see page 20 and Tax computation on page 20 and Tax comp	27.		
28	New York State (NYS) household credit (from table 1, 2, or 3 on page 20)	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 21)			
31	NYC household credit (from table 4, 5, or 6 on pages 21 and 22)			
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 22)		33.	
34	Yonkers <b>nonresident</b> earnings tax (attach Form Y-203)			
35	Sales or use tax (See the instructions on page 23. Do not leave line 35 blank.)		35.	
36	Voluntary contributions (whole dollars only; see page 24)			
	Fund a 36a Fund b 36b Fund c 36c.			
	Fund <b>d</b> 36d. • Fund <b>e</b> 36e. • Fund <b>f</b> 36f.	¬.		
		(add lines 36a through 36h)	36 0 0	
37	Add line 29 and lines 32 through 36		37.	
38	Empire State child credit (attach Form IT-213)			
39	NYS/NYC child and dependent care credit (attach Form IT-216) 39.			
40	NYS earned income credit (attach Form IT-215 or Form IT-209) 40.		Forms IT-2, IT-1099-R, and/or IT-1099-UI must be	
41	NYS noncustodial parent earned income credit (attach Form IT-209) 41.		completed and attached to	
42	Real property tax credit (attach Form IT-214)		your return (see page 26).	
43	College tuition credit (attach Form IT-272)		Staple them (and any other applicable forms) to the top	
44	NYC school tax credit		of this page.	
45	NYC earned income credit (attach Form IT-215 or Form IT-209) 45.		See the Step 11 instructions	
46	Total <b>New York State</b> tax withheld	•	on page 30 for the proper	
47	Total <b>New York City</b> tax withheld	•	assembly of your return and attachments.	
48	Total <b>Yonkers</b> tax withheld	•		
49	Total estimated tax payments / Amount paid with Form IT-370 49.	•		
50	Add lines 38 through 49		50.	
51	Amount overpaid (if line 50 is more than line 37, subtract line 37 from line 50)		51.	
52	Amount of line 51 to be <b>refunded</b> by (mark one): direct deposit (fill in line 56) or	paper check refund	52.	
53	Amount of line 51 that you want applied to your		1	
	2011 estimated tax (see instructions)	•		
54	Amount you <b>owe</b> (if line 50 is <b>less than</b> line 37, subtract line 50 from line 37).			
	To pay by electronic funds withdrawal, mark this box and fill in line 5	06	54.	
55	Estimated tax penalty (include this amount in line 54 or reduce the overpayment on line 51; see page 27)		]	
F.C.	Account information for direct deposit or electronic funds withdrawal (see	•		
90	·		n V in this boy (see an 00)	
	If the funds for your payment (or refund) would come from (or go to) an account	i outside the o.s., mark a	II A III triis box (see pg. 28)	
562	Routing number • Electronic fun	ds withdrawal effective of	Nate .	
ooa	Licetionic fun	as witharawar chective t	date	
56b	Account number ●	<b>56c</b> Account type	Checking Savings	
dos	Third-party Print designee's name Designate (see instr.)	gnee's phone number )	Personal identification number (PIN)	
		,		
Yes	No E-mail:			
▼	Paid preparer must complete (see instructions) ▼ Date:		s) must sign here	
Preparer's signature  ▶ Preparer's NYTPRIN  Your signature				
Firm's name (or yours, if self-employed)  ▼ Preparer's PTIN or SSN  Your occupation				
Address   • Employer identification number Spouse's signature a			nation (if joint rate and	
Address		Spouse's signature and occupation (if joint return)		
	Mark an X if	Date	▼ Daytime phone number	
	self-employed $\Box$	F-mail:		

See instructions for where to mail your return.

