## UR Graduate Student Tax Information Session for U.S. Students and Resident Aliens March 15, 2022 Detailed Examples

#### 2021 Tax Return Examples

#### Example A – Single filer, only have income from fellowship, no W-2 income

#### 2021 Tax Forms Received:

- 1. UR fellowship/assistantship letter \$20,000 for 2021 calendar year.
- 2. 1099-INT from bank with \$100 of taxable interest in Box 1.

#### **Other Assumptions:**

- 1. Filing status is single.
- 2. Student has no dependents.
- 3. Student cannot be claimed as a dependent on someone else's tax return.
- 4. All of the \$20,000 is taxable because the student does not have any qualified expenditures (tuition or required books/equipment for classes).
- 5. Student is a NY resident and not a resident of any other state for tax purposes.
- 6. No other income or deductions.
- 7. Eligible for NYS household credit on NY IT-201 (because Line 19a on NY IT-201 is less than \$28,000).
- 8. Not eligible for any other credit for IRS or NY state tax purposes.
- 9. Student did not make any estimated tax payments for 2021.

		EXAMPLE A	. –	SINGLE FI	LER,	, FELLOW	SHIP, N	10	W-2					
E <b>1040</b>		artment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		<sup>(99)</sup> 20	21	OMB No. 1545	i-0074 IRS Us	e Only	—Do not v	vrite or staple	in this space.			
Filing Status Check only one box.	lf yo	Single D Married filing jointly U Narried filing jointly U Narried the MFS box, enter the rison is a child but not your dependent	ame o	rried filing separate of your spouse. If ye										
Your first name	and mi	ddle initial	Last	name					Your so	ocial securit	ty number			
lf joint return, sp	ouse's	first name and middle initial	Last	name					Spouse	's social sec	curity number			
Home address (	numbe	er and street). If you have a P.O. box, see	instru	ctions.			Apt. no.			ential Election here if you,	on Campaign or your			
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete	e spaces below.	St	ate	ZIP code		to go to		tly, want \$3 Checking a			
Foreign country	name			Foreign province/st	ate/cour	nty	Foreign postal	code	1	x or refund.	•			
At any time dur	ing 20	021, did you receive, sell, exchange	, or ot	herwise dispose of	any fin	ancial interest	in any virtual o	curre	ncy?	Yes	No			
Standard Deduction	_	eone can claim: 🗌 You as a de Spouse itemizes on a separate retur	•			s a dependent n								
Age/Blindness	You:	Were born before January 2, 1	957	Are blind	Spous	e: 🗌 Was bo	rn before Janı	Jary 2	2, 1957	🗌 ls bl	ind			
Dependents	Dependents     (see instructions):     (2) Social security     (3) Relationship     (4) V if qualifies for (see instructions):													
lf more	(1) Fi	irst name Last name		number		to you	Child	tax ci	redit	Credit for oth	her dependents			
than four dependents,														
see instructions								<u>–</u>						
and check here ►								$\mathbb{H}$			<u> </u>			
	1	Wages, salaries, tips, etc. Attach I	Form			<b>SC</b>	111 20 0/		. 1		20,000			
ل Attach	2a		2a	5) VV-2			-				100			
Sch. B if	2a 3a	· · –	3a		1	Taxable interes Ordinary divide			·					
required.	4a		4a		1	Taxable amoun								
	5a		5a			Taxable amoun								
Standard	6a	Social security benefits	6a		b	Taxable amoun	t		. 6b	<b>,</b>				
Deduction for-	7	Capital gain or (loss). Attach Sche	dule [	D if required. If not	•				7					
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e 10						. 8					
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is your <b>total</b>	income	e			▶ 9		20,100			
Married filing	10	Adjustments to income from Sche	dule 1	1, line 26					. 10					
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your	adjusted gross ir	come				▶ 11		20,100			
widow(er), \$25,100	12a	Standard deduction or itemized	dedu	ctions (from Scheo	dule A)	12	a 12	, 55	50					
Head of	b	Charitable contributions if you take	the st	tandard deduction (	see inst	tructions) 12	b							
household, \$18,800	С								. 12	c .	12,550			
If you checked     any box under	13	Qualified business income deduct	ion fro	om Form 8995 or F	orm 89	95-A			. 13					
any box under Standard	14	Add lines 12c and 13							. 14	<u>ا</u>	12,550			
Deduction, see instructions.	15	Taxable income. Subtract line 14	from	line 11. If zero or le	ess, ent	er-0		•	. 15	i	7,550			
											1040 (2024)			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2021	)										Page <b>2</b>
	16	Tax (see	instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	758
	17	Amount	from Schedule 2, lir	ne3						17	
	18	Add lines	s 16 and 17							18	758
	19	Nonrefur	ndable child tax cre	dit or credit for o	ther depender	nts from Schedule	e 8812			19	
	20	Amount	from Schedule 3, lir	ne8						20	
	21	Add lines	s 19 and 20							21	0
	22	Subtract	t line 21 from line 18	3. If zero or less,	enter -0					22	758
	23	Other tax	xes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	
	24	Add lines	s 22 and 23. This is	your <b>total tax</b>					. 🕨	24	758
	25	Federal i	income tax withheld	l from:							
	а	Form(s)	W-2				25a				
	b	Form(s)	1099				25b				
	с	Other for	rms (see instruction	s)			25c				
	d	Add lines	s 25a through 25c	·						25d	0
	26		timated tax paymen							26	
If you have a <sup>L</sup> qualifying child,	27a	Earned i	ncome credit (EIC)				27a				
attach Sch. EIC.			here if you were l								
			2, 2004, and you								
			rs who are at least a	-		structions					
	b		ble combat pay elec				-				
	c		ar (2019) earned inco			0 1 1 0010					
	28		ble child tax credit or				28			-	
	29		n opportunity credit				29			-	
	30		y rebate credit. See				30			-	
	31		from Schedule 3, lir				31	-			0
	32		s 27a and 28 throug							32	0
	33		s 25d, 26, and 32. T	-					. 🕨	33	0
Refund	34 05 -		is more than line 24					•	· ·	34	0
Direct depecit?	35a		of line 34 you want							35a	
Direct deposit? See instructions.	►b	Routing r	number			► <b>c</b> Type:		ng 🔄	Savings		
	► d							_			
A	36		of line 34 you want	,			36			07	758
Amount You Owe	37 38		: <b>you owe.</b> Subtract ed tax penalty (see in				38 38	uctions	. <mark> </mark>	37	750
									Ŭ		
Third Party Designee		tructions	nt to allow another	•				Yes. C	omplete	below.	No
		signee's			Phone				onal ident	fication	]
		ne 🕨			no. 🕨				ber (PIN)		
Sign			es of perjury, I declare t true, correct, and com								st of my knowledge and er has any knowledge
Here		ur signature			Date	Your occupation					nt you an Identity
	. 100	a signature	2		Dale	Tour occupation					IN, enter it here
Joint return?									(see	inst.) 🕨	
See instructions.	Spo	ouse's sign	ature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.	,									tity Prote inst.) <b>&gt;</b>	ection PIN, enter it here
,									(366	iii3t.) 🕨	
		one no. parer's nan	me	Droporor's size	Email address		Data		PTIN		Chock if:
Paid	Pre	parer s nan		Preparer's signat	ure		Date				Check if:
Preparer											Self-employed
Use Only		n's name								ne no.	
,	Firr	n's address	s 🕨						Firm	i's EIN ▮	►

Go to www.irs.gov/Form1040 for instructions and the latest information.

5	NEW	/ K				xation and Finance		x Return		IT-201
20	5TAT	TE		New Yo	ork Sta	ate • New York	k City ● Yonke		ar beginnin	g 2
or	help comp	leting yo	our re	turn, see the i	instru	ctions, Form I	T-201-I.		and endin	g
ou	ur first name		MI	Your last name (for	r a <b>joint r</b>	eturn, enter spouse's	name on line below)	Your date of birth (mmddyyyy)	Your Socia	I Security number
										XXXXXXXX
10	ouse's first name	e	MI	Spouse's last name	e			Spouse's date of birth (mmddyyyy)	Spouse's	Social Security number
-i	iling address (se	o instructi	006 02	ge 12) (number and	street or	PO Box)		Apartment number	New York	State county of residence
		e msuucu	ons, pa		311001 01				INCW TOIR	Diale county of residence
ty	, village, or pos	t office			State	ZIP code	Country		School dis	trict name
-										
x	payer's perma	nent home	e addre	ss (see instruction	is, page	12) (number and stre	eet or rural route)	Apartment number	School dis	triot
										per
ty	/, village, or pos	t office			State	ZIP code	Decedent	Taxpayer's date of death (mmdd	yyy) Spou	se's date of death (mmddyyyy
					NY		information	X		
	Can you be	()     ()	(enter s Head Qualify deduc ome tax as a de	c return?	curity nu th qualify . Yes	,	E (1) Di qu (2) En (a) F NYC n reside (1) Nu (2) Nu (2) Nu G Enter	r 2021 federal return? (see p d you or your spouse maint arters in NYC during 2021 ther the number of days sp py part of a day spent in NYC of esidents and NYC part-you nts only (see page 13): umber of months you lived umber of months your spou your 2-character special of s) if applicable (see page 1	ain living ? (see page ent in NYC is considered ear in NYC in 2 use lived in 1 condition	(3) Yes       No         in 2021       No         a day)       No         2021          NYC in 2021
	<b>Dependent</b> First na		ition ( M		name	<b>S</b>	elationship	Social Security num	iber	Date of birth (mmddyyyy)
				5						

EXAMPLE A - SINGLE FILER, FELLOWSHIP, NO W-2

$\mathbf{X}$		
0		

I more than 7 dependents, mark an **X** in the box.



For office use only

Your Social Security number	
******	

X2	XΧ	.Х.	ХX	х.

		XXXXXXXXX			
Fe	deral income and adjustments	(see page 14)			$\sim$
<u> </u>	,	)(  9)	٦		Whole dollars only
1	Wages, salaries, tips, etc			1	20000.00
2	Taxable interest income			2	100.00
3	Ordinary dividends			3	.00
4	Taxable refunds, credits, or offse	ets of state and local income	e taxes (also enter on line 25)	4	.00
5	Alimony received			5	.00
6	Business income or loss (submit	a copy of federal Schedule C,	Form 1040)	6	.00
			le D, Form 1040)	7	.00
	•			8	.00
	Taxable amount of IRA distributi			9	.00
10	Taxable amount of pensions and			10	.00
11	Rental real estate, royalties, partnersr	hips, 5 corporations, trusts, etc. (	submit copy of federal Schedule E, Form 1040)	71	.00
12	Rental real estate included in lir	oo 11	12 .00		)
13	Farm income or loss (submit a co	-		13	.00
14				14	.00
15			27)	15	.00
	Other income (see page 14) Identify:			16	.00
		through 40		47	20100.00
	Total federal adjustments to income	•		17 18	
10		e (see page 14) roenning.		10	.00
		-		19	20100.00
19a	Recomputed federal adjusted	gross income (see page 14	4, Line 19a worksheet)	19a	.00
	v York additions) (see page 15)		ot those of NYS or its local governments)	20	-00
21		-	age and tax statements (see page 15)		.00
				22	.00
23			· •	23	.00
24	Add lines 19a through 23			24	<b>20100</b> .00
Ne	w York subtractions (see page	e 16)			
25	Taxable refunds, credits, or offsets of state	and local income taxes (from line 4)	25 .00		
26	Pensions of NYS and local governments and		<b>26</b> .00		
27	Taxable amount of Social Secur		<b>27</b> .00		
28	Interest income on U.S. governi		28 .00		
29	Pension and annuity income ex	clusion (see page 17)	29 .00		
30	New York's 529 college savings p		30 .00		
31	Other (Form IT-225, line 18)		.00		
32	Add lines 25 through 31			32	.00
33	New York adjusted gross inco	ome (subtract line 32 from line	24)	33	<b>20100</b> .00
Sta	ndard deduction or itemized d	eduction (see page 19)			
	$\sim$	,			
34	Enter your standard deduction	(table on page 19) <b>or</b> your ite	emized deduction (from Form IT-196)		7
	Mark an X in th	ne appropriate box: X Sta	andard - or - 🗌 Itemized	34	8000.00
35	Subtract line 34 from line 33 (if )	ine 34 is more than line 33 lea	ve blank)	35	12100.00
			í f	36	000.00
37	Taxable income (subtract line 36	6 from line 35)		37	12100.00



Nar	ne(s) as shown on page 1	Your Social Security number	1	<b>IT-201</b> (2021)	Page 3 of 4
		XXXXXXXX			
			_		$\frown$
Ta	c computation, credits, and other taxes				
38	Taxable income (from line 37 on page 2)		38		<b>12100</b> .00
39	NYS tax on line 38 amount (see page 20)		39		506.00
	NYS household credit (page 20, table 1, 2, or 3) 40	<b>40</b> _00			
	Resident credit (see page 21) 41	.00			
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) 42	.00			
43	Add lines 40, 41, and 42		43		<b>40</b> .00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave bla	ank)	44		466.00
	Net other NYS taxes (Form IT-201-ATT, line 30)		45		.00
16	Total New York State taxes (add lines 44 and 45)		46		466.00
-			40		100.00
Ne	w York City and Yonkers taxes, credits, and surcharges, and	мстмт			
47	NYC taxable income (see page 21) 47	.00			
47a	NYC resident tax on line 47 amount (see page 21) 47a	.00	6	See instructions of pages 21 through	
48	NYC household credit (page 21) 48	.00		compute New Yor	
49	Subtract line 48 from line 47a (if line 48 is more than			Yonkers taxes, cr	
	line 47a, leave blank) 49	.00		surcharges, and I	ИСТИТ.
50	Part-year NYC resident tax (Form IT-360.1) 50	.00			
51	Other NYC taxes (Form IT-201-ATT, line 34) 51	.00			
52	Add lines 49, 50, and 51 52	.00			
53	NYC nonrefundable credits (Form IT-201-ATT, line 10) 53	.00			
54	Subtract line 53 from line 52 (if line 53 is more than		1		
	line 52, leave blank)	.00	ļ		
54a	MCTMT net				
	earnings base 54a .00		1		
	MCTMT	.00			
	Yonkers resident income tax surcharge (see page 24) 55	.00			
	Yonkers nonresident earnings tax (Form Y-203)	.00			
	Part-year Yonkers resident income tax surcharge (Form IT-360.1) 57	.00	50		
58	Total New York City and Yonkers taxes / surcharges and MCTMT	(add lines 54 and 54b through 57)	58		.00
59	Sales or use tax (see page 25; do not leave line 59 blank)		59		.00
				I	.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)		60		.00
01	Total New York State, New York City, Yonkers, and sales or		61		466.00
	voluntary contributions (add lines 46, 58, 59, and 60)		01		



Page	<b>e 4</b> of 4 <b>IT-201</b> (2021)	Your Social Se	ecurity r	umber			
~ ~	Factor and from line Od	XXX	xxx	XXXX			
_	Enter amount from line 61					62	466.00
Pay	vments and refundable credits) (see pages 26	through 29)					
63	Empire State child credit		63		.00		
	NYS/NYC child and dependent care credit		64		.00		
	NYS earned income credit (EIC)		65		.00		
	NYS noncustodial parent EIC		66		.00		
	Real property tax credit		67		.00		
	College tuition credit		68		.00		
	NYC school tax credit (fixed amount) (also complete				.00		
	NYC school tax credit (rate reduction amount)		69a		.00		
	NYC earned income credit		70		.00		
	This line intentionally left blank		70a		100		
	Other refundable credits (Form IT-201-ATT, line				.00	If apr	blicable, complete Form(s) IT-2
	Total <b>New York State</b> tax withheld				.00	and/	or IT-1099-R and submit them
	Total New York City tax withheld				.00	with	your return <i>(see page 11)</i> .
	Total <b>Yonkers</b> tax withheld		-		.00	Do n	ot send federal Form W-2
	Total estimated tax payments and amount paid with					with	your return.
75	Total estimated tax payments and amount paid with	FUIII 11-370	75		.00		
76	Total payments (add lines 63 through 75)					76	.00
_							
Υοι	ir refund, amount you owe, and account inf	ormation	(see p	ages 30 thro	ough 32)		
77	Amount overpaid (if line 76 is more than line 62	, subtract line	e 62 fr	om line 76; s	ee page 30)	77	.00
78	Amount of line 77 available for refund (subtra			77)		78	.00
	<b>TIP:</b> Use this amount to check your refund s	status online	Э.				
78a	Amount of line 78 that you want to deposit into a NYS	529 account	(Form	IT-195, line 4)	(also submit Form IT-195)	78a	.00
70h	Total refund after NVS E20 account deposit (a	ubtract line 70	Do from	n line 701		78b	
00	Total refund after NYS 529 account deposit (s				······	100	.00
	Mark one refund choice: savin	t deposit to gs account	) cheo (fill in	king or ling 83) - 0	<sup>r -</sup> paper check	Refu	nd? Direct deposit is the
79	Amount of line 77 that you want applied to you				United		est, fastest way to get your
15	estimated tax (see instructions)		79		.00	refun	d.
80	Amount you <b>owe</b> (if line 76 is <b>less than</b> line 62, s		-	line 62) To		See	page 31 for payment options.
	funds withdrawal, mark an <b>X</b> in the box						
	or money order you <b>must</b> complete Form IT					80	466.00
01	Estimated tax penalty (include this amount in line		man	t mar your	$\mathcal{O}$		
01	reduce the overpayment on line 77; see page 31)		81		.00	See	page 34 for the proper
82	Other penalties and interest (see page 31)				.00		mbly of your return.
	Account information for direct deposit or electr			owol /aca r		J	
	If the funds for your payment (or refund) would					mark	an $\mathbf{X}$ in this box (see ng. 32)
	83a Account type: Personal checking or	- Per	sonal	savings - o	r - Business ch	necking	- or - Business savings
	83b Routing number	8	<b>3c</b> Ac	count numb	er		
84	Electronic funds withdrawal (see page 32)	Date			Amour	it	.00
	Third-party Print designee's name			Desi	gnee's phone number		Personal identification
desi	ignee? (see instr.)						number (PIN)
Yes	No Email:						
			YTPRIN	1		_	
	aid preparer must complete V Preparer's NYTPF see instructions)		cl. cod		▼ Taxpa	yer(s)	must sign here 🔻
	arer's signature Preparer's prir	ited name		-	Your signature		
<b></b>		Droperty DT	INI - 0	CN	Vour operati		
Firms	s name (or yours, if self-employed)	Preparer's PT	IN or S	SN	Your occupation		
Addre	ess	Employer ider	ntificatio	on number	Spouse's signature and	occupat	tion (if joint return)
	$\frown$						
		Da	ate		Date		Daytime phone number
Emai	:				Email:		
		far	40				
	201004211039 See instructions	for where	to ma	an your ret	um.		

## 2021 Tax Forms Received:

- 1. UR fellowship/assistantship letter \$30,000 for 2021 calendar year.
- 2. 2021 W-2 from job:
  - a. Box 1 (Wages, tips, other) & Box 16 (State wages) = \$5,000
  - b. Box 2 (Federal income tax withheld) = \$500
  - c. Box 17 (State income tax withheld) = \$300
- 3. 1099-INT from bank with \$100 of taxable interest in Box 1.

## Other Assumptions:

- 1. Filing status is single.
- 2. Student has no dependents.
- 3. Student cannot be claimed as a dependent on someone else's tax return.
- 4. All of the \$30,000 of fellowship income is taxable because the student does not have any qualified expenditures (tuition or required books/equipment for classes).
- 5. Student is a NY resident and not a resident of any other state for tax purposes.
- 6. Not eligible for any other credit for IRS or NY state tax purposes.
- 7. Student made estimated tax payments for 2021 as follows:
  - a. Estimated tax paid to IRS for 2021 tax year: \$1,700
  - b. Estimated tax paid to NYS for 2021 tax year: \$600

		EXAMPLE E	3 -	SINGLE	FILE	R,	FELLOW	SH:	IP AN	D₩	-2		
<b>1040</b>		artment of the Treasury-Internal Revenue Ser S. Individual Income Ta		(99) eturn	202	1	OMB No. 1545	5-0074	4 IRS Use	Only—E	00 not w	rite or staple i	n this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly [ ou checked the MFS box, enter the son is a child but not your depender	name o										
Your first name	and mi	iddle initial	Last	name						Y	our so	cial securit	y number
If joint return, s	pouse's	s first name and middle initial	Last	name						S	pouse'	s social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, se	e instru	ctions.					Apt. no.			ntial Election	on Campaign or vour
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete	e spaces below	<i>'</i> .	Stat	e	ZIP	code	s to	pouse o go to	if filing join this fund.	tly, want \$3 Checking a
Foreign country	/ name			Foreign provi	ince/state/	count	у	Fore	eign postal co			ow will not or refund.	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	e, or ot	herwise dispo	ose of any	/ fina	ncial interest i	in ang	y virtual cu	urrenc	y?	Yes	No
Standard Deduction	_	eone can claim:	•				a dependent						
Age/Blindness	You:	: 🗌 Were born before January 2,	1957	Are blind	d Spo	ouse	: 🗌 Was bor	rn be	fore Janua	ary 2, 1	957	📃 ls bli	ind
Dependents				• • •	ial security	,	(3) Relationsh	nip			1	r (see instru	
lf more than four	(1) Fi	irst name Last name		number to you Child tax cred				it	Credit for oth	ner dependents			
dependents,	-							_	[	=		[	
see instructions and check	s —								[	_		[	
here ► 🗌									[			[	
	1	Wages, salaries, tips, etc. Attach	Form(	s) W-2			· · · SC	H	30.,00	Ο.	1		35,000
Attach Sch. B if	2a	Tax-exempt interest	2a			b Ta	axable interest	t			2b		100
required.	3a	Qualified dividends	3a			<b>b</b> O	rdinary divide	nds			3b		
	4a	IRA distributions	4a				axable amoun			· ·	4b		
	5a	Pensions and annuities	5a				axable amoun				5b		
Standard Deduction for—	6a	Social security benefits	6a				axable amoun	ıt.			6b		
<ul> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Sche		•	•			·			7		
Married filing separately,	8	Other income from Schedule 1, lin						•			8		35,100
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						•		. 🗖			55,100
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from School Subtract line 10 from line 9. This is						•			10		35,100
Qualifying [ widow(er),	11 12a	Standard deduction or itemized					12			550			557±00
\$25,100 • Head of	12a b	Charitable contributions if you take				'			,				
household,	c	Add lines 12a and 12b						~			120		12,550
\$18,800 • If you checked	13	Qualified business income deduc					5-A				13		,
any box under Standard	14	Add lines 12c and 13									14		12,550
Deduction,	15	Taxable income. Subtract line 14	from	line 11. If zero			r -0				15		22,550
see instructions.												-1	-
						_							1040

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2021	)										_		Page 2
	16	Tax (see	instructions). Check	if any from Form	(s): <b>1</b>	8814	2	4972	3 🗌			16	2,510
	17	Amount	from Schedule 2, lir	ne3								17	
	18	Add lines	s 16 and 17									18	2,510
	19	Nonrefur	ndable child tax cree	dit or credit for o	ther depe	nden	ts from	Schedul	e 8812			19	
	20	Amount	from Schedule 3, lin	ne8								20	
	21	Add lines	s 19 and 20									21	0
	22	Subtract	t line 21 from line 18	3. If zero or less,	enter -0-							22	2,510
	23	Other tax	xes, including self-e	mployment tax,	from Sche	edule	2, line 2	. 11				23	
	24	Add lines	s 22 and 23. This is	your <b>total tax</b>							🕨	24	2,510
	25	Federal i	income tax withheld	l from:									
	а	Form(s)	W-2						25a		50	0	
	b	Form(s)	1099						25b				
	с	Other for	rms (see instruction	s)					25c				
	d	Add lines	s 25a through 25c									25d	500
If you have a	26	2021 est	timated tax paymen	ts and amount a	pplied fro	m 202	20 returr	ı				26	1,700
qualifying child,	27a	Earned in	income credit (EIC)						27a				
attach Sch. EIC.		January taxpayer	here if you were to 2, 2004, and you rs who are at least a	u satisfy all the ige 18, to claim t	e other r he EIC. S	equir ee ins	ements	for					
	b		able combat pay elec						_				
	С	,	ar (2019) earned inco			-							
	28		ble child tax credit or						28			_	
	29		n opportunity credit						29			_	
	30		y rebate credit. See						30			_	
	31		from Schedule 3, lir						31			_	
	32		s 27a and 28 throug										0
	33		s 25d, 26, and 32. T	•								33	2,200
Refund	34		3 is more than line 24						-	-		34	0
51	35a		of line 34 you want									35a	
Direct deposit? See instructions.	►b	Routing r	number				► c Ty	pe:	Chec	king 📋	Savings	;	
	►d												
	36		of line 34 you want a						36		$\frown$		310
Amount	37		t you owe. Subtract						1	tructions		37	310
You Owe	38		ed tax penalty (see ir						38			0	
Third Party Designee	ins	you war structions signee's	nt to allow another							Yes. C	omplete		No No
		ne 🕨				b. ►					iber (PIN)	-	
Sign Here			es of perjury, I declare t e true, correct, and com										st of my knowledge and er has any knowledge.
nere	You	ur signature	e		Date		Your occ	cupation			Pro	tection F	nt you an Identity IN, enter it here
Joint return?												e inst.) 🕨	
See instructions. Keep a copy for your records.	Spo	ouse's sign	nature. If a joint return, <b>I</b>	<b>both</b> must sign.	Date		Spouse'	s occupa	tion		lde		nt your spouse an ection PIN, enter it here
	Pho	one no.			Email add	ress							
Deid	Pre	parer's nar	me	Preparer's signat	ure				Date		PTIN		Check if:
Paid December 2													Self-employed
Preparer	Firr	m's name 🕨	•								Phe	one no.	
Use Only	Firr	n's address	s 🕨								Firi	n's EIN I	•
													E 1040 (0004)

Go to www.irs.gov/Form1040 for instructions and the latest information.

or help com	pleting yo	our re	turn, see the in		• · · ·			ber 31, 2021, or fiscal ye	and ending		
Your first name		MI	Your last name (for	a joint re	eturn, enter spouse's r	name on l	line below)	Your date of birth (mmddyyyy)	Your Social Set	urity numb	
Spouse's first na	ime	MI	Spouse's last name					Spouse's date of birth (mmddyyy			
Mailing address	(see instructio	ons, pa	ge 12) (number and s	treet or	PO Box)			Apartment number	New York State	county of	residence
City, village, or p	ost office			State	ZIP code	Co	ountry		School district	name	
Taxpayer's peri	nanent home	addre	ss (see instructions	s, page	12) (number and stre	et or rura	al route)	Apartment number	School district		
									code number .		
City, village, or p	ost office			State	ZIP code		ecedent ormation	Taxpayer's date of death (mmo	ayyyy) Spouse's (	late of deat	n (mmddyyy
A Filing status (mark an X in one box):		(enter : Marrie (enter : Head Qualif	ed filing joint return spouse's Social Sec ed filing separate i spouse's Social Sec of household <i>(with</i> ying widow(er)	urity nu eturn urity nu	mber above)	D2 E	Were y deferre on you (1) Dir qu (2) Er (ar	country? (see page 13) ou required to report any n d compensation, as require 2021 federal return? (see d you or your spouse main arters in NYC during 202 ter the number of days s by part of a day spent in NYC esidents and NYC part- nts only (see page 13):	onqualified ed by IRC § 457A, page 13) ntain living 1? (see page 13) pent in NYC in 20 is considered a da	Yes Yes	] No [ ] No [ ] No [
	emize your federal inco		tions on x return?	Yes	No X		(1) Nu	imber of months <b>you</b> live	d in NYC in 2021		
	<b>be claimed</b> a r taxpayer's		ependent al return?	Yes [	No X	G	Enter y	mber of months <b>your spc</b> your <b>2-character special</b> <b>(see page</b> ) <b>if applicable</b> (see page	condition		[
H Depende	nt informa	tion (	see page 14)								

EXAMPLE B - SINGLE FILER, FELLOWSHIP AND W-2

н	Dependent	information	(see page	14)
---	-----------	-------------	-----------	-----

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy,
		Ø			
	Ó				
	X				
0					
ore than 7 depende	nts, mark a	an <b>X</b> in the box.			



For office use only

Your Social Security number	
XXXXXXXXXX	

х	х	х	х	Х	Х	х	-

		XXXXXXXXX			
Fe	deral income and adjustments	(see page 14)			Whole dollars only
1	Wages salaries tins etc.			1	35000,00
2				2	100.00
3	-			3	.00
4			taxes (also enter on line 25)	4	.00
	5		Form 1040)	5 6	.00
	,		,	7	.00
			e D, Form 1040)	8	.00
a	Taxable amount of IRA distribut			9	.00
10	Taxable amount of pensions and			10	.00
11			ubmit copy of federal Schedule E, Form 1040)		.00
	Rental real estate, regaties, partiers				.00
12	Rental real estate included in lir	ne 11 <b>1</b>	2		
13		· · · · · · · · · · · · · · · · · · ·	-	13	.00
-	Unemployment compensation			14	.00
	Taxable amount of Social Secur			15	.00
16	Other income (see page 14) Identify:	· · ·		16	.00
	Add lines 1 through 11 and 13			17	35100.00
18	Total federal adjustments to income	e (see page 14) [Identify:		18	<b>.</b> 00
19	Federal adjusted gross income	(subtract line 18 from line 17) .		19	35100.00
19a	Recomputed federal adjusted	gross income (see page 14	Line 19a worksheet)	19a	.00
21	Public employee 414(h) retireme	nt contributions from your wa	of those of NYS or its local governments) ge and tax statements (see page 15)	21	.00 .00
			sage 15)	22	.00
				23	.00 35100.00
24				24	55100.00
Ne	w York subtractions (see page	e 16)			
25	Taxable refunds, credits, or offsets of state	and local income taxes (from line 4)	.00	]	
26			26 .00	1	
27			.00		
28	Interest income on U.S. governi		.00		
29	Pension and annuity income ex		.00		
30	New York's 529 college savings p		<b>30</b> .00		
31	Other (Form IT-225, line 18)		.00		
32	Add lines 25 through 31			32	.00
33	New York adjusted gross inco	ome (subtract line 32 from line 2	24)	33	<b>35100</b> .00
Sta	indard deduction or itemized d	eduction (see page 19)			
34	Enter your standard deduction	(table on page 19) or your ite	mized deduction (from Form IT-196)		
		ne appropriate box: X Sta	· /	1 1	8000.00
35	Subtract line 34 from line 33 (if )	ine 34 is more than line 33. leav	re blank)	35	<b>27100</b> .00
			n item H; see page 19)	36	000.00
				37	27100.00
21	Taxaple income (subtract line 30			31	2710.00



Nan	ne(s) as shown on page 1	our Social Security number	]	IT-201 (2021)	<b>Page 3</b> of 4
		XXXXXXXXX			
-					
Tax	c computation, credits, and other taxes				
38	Taxable income (from line 37 on page 2)		38		27100.00
39	NYS tax on line 38 amount (see page 20)		39		<b>1384</b> .00
	NYS household credit (page 20, table 1, 2, or 3) 40	.00			
	Resident credit (see page 21) 41	.00			
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) 42	.00			
43	Add lines 40, 41, and 42		43		<b>.</b> 00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank	•)	44		1384.00
	Net other NYS taxes (Form IT-201-ATT, line 30)	, ,	45	$\overline{7}$	.00
			46	$\overline{\mathbf{U}}$	
46	Total New York State taxes (add lines 44 and 45)		46		<b>1384</b> .00
Ne	w York City and Yonkers taxes, credits, and surcharges, and MC	стмт )			
47	NYC taxable income (see page 21)	.00		/	
	NYC resident tax on line 47 amount (see page 21)	.00		See instructions	
	NYC household credit (page 21)	.00		pages 21 through	
	Subtract line 48 from line 47a (if line 48 is more than			compute New Yor Yonkers taxes, cr	
	line 47a, leave blank)	.00		surcharges, and I	
50	Part-year NYC resident tax (Form IT-360.1) 50	.00		U /	
51	Other NYC taxes (Form IT-201-ATT, line 34) 51	.00			
52	Add lines 49, 50, and 51 52	.00			
53	NYC nonrefundable credits (Form IT-201-ATT, line 10) 53	.00			
54	Subtract line 53 from line 52 (if line 53 is more than				
	line 52, leave blank) 54	.00			
54a	MCTMT net	$\mathcal{O}$			
	earnings base 54a .00				
	MCTMT	.00			
	Yonkers resident income tax surcharge (see page 24) 55	.00			
	Yonkers nonresident earnings tax (Form Y-203)	.00			
	Part-year Yonkers resident income tax surcharge (Form IT-360.1) 57	.00	50		
58	Total New York City and Yonkers taxes / surcharges and MCTMT (a	ad lines 54 and 54b through 57) [	58		.00
50	Sales or use tax (see page 25; do not leave line 59 blank)		59		.00
53	Cures of use tax (see paye 20, ut not leave nine so blank)		33		.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	[	60		.00
61	Total New York State, New York City, Yonkers, and sales or us		64		<b>1384</b> .00
	voluntary contributions (add lines 46, 58, 59, and 60)		61		T204.00



Page	<b>4</b> of 4 <b>IT-201</b> (2021)	Your Social Se	curity r	number			
62 1	Enter amount from line 61	XXX	XXX	XXXX		60	1384.00
_	ments and refundable credits (see pages 26					62	1304.00
<u> </u>		• /				1	
	Empire State child credit		63		.00	-	
	NYS/NYC child and dependent care credit		64 65		.00	-	
	NYS earned income credit (EIC)				.00	-	
	NYS noncustodial parent EIC Real property tax credit		67		.00	-	
	College tuition credit		68		<u> </u>	-	
	NYC school tax credit (fixed amount) (also complet				.00	1	X
	NYC school tax credit (rate reduction amount)		69a		.00		
	NYC earned income credit		70		.00		0
	This line intentionally left blank		70a				
	Other refundable credits (Form IT-201-ATT, line		71		.00		plicable, complete Form(s) IT-2
	Total New York State tax withheld		72		300.00		or IT-1099-R and submit them
73	Total New York City tax withheld		73		.00		your return (see page 11).
	Total Yonkers tax withheld		74		.00	with	ot send federal Form W-2 your return.
75	Total estimated tax payments and amount paid with	n Form IT-370	75		600.00	• with	your return.
76	Total novements (add lines (2) through 75)					76	<b>900</b> .00
10	Total payments (add lines 63 through 75)					70	<b>900.</b> 00
You	r refund, amount you owe, and account inf	ormation	(see p	ages 30 thro	ough 32)		
	Amount overpaid (if line 76 is more than line 62					77	.00
	Amount of line 77 available for refund (subtra					78	.00
	TIP: Use this amount to check your refund						
78a	Amount of line 78 that you want to deposit into a NYS	529 account	(Form	IT-195, line 4)	(also submit Form IT-195)	78a	.00
'8b	Total refund after NYS 529 account deposit (s	ubtract line 78	Ba fror	m line 78)		78b	.00
	direc	et deposit to	che	cking or	paper	Pofi	Ind? Direct deposit is the
		ngs account	(fill in	line 83) 📑 🕻	or - 🔛 check		est, fastest way to get your
79	Amount of line 77 that you want applied to you					refur	
00	estimated tax (see instructions)				.00	See	page 31 for payment options.
00	Amount you <b>owe</b> ( <i>if line 76 is less than line 62, s</i> funds withdrawal, mark an <b>X</b> in the box						F=30 0 F=3
	or money order you <b>must</b> complete Form I	_				80	484.00
01	• • •		inan	it with your		00	
01	Estimated tax penalty (include this amount in line reduce the overpayment on line 77; see page 31,		81		.00	See	page 34 for the proper
82	Other penalties and interest (see page 31)				.00	2000	embly of your return.
	Account information for direct deposit or elect			awal (see r		J	
	If the funds for your payment (or refund) would					mark	an $\boldsymbol{X}$ in this box (see pg. 32)
			-	savings - c			
			Sonai	savings - C		lecking	
1	83b Routing number	8	<b>3c</b> A	count numb	er		
84	Electronic funds withdrawal (see page 32)	Date			Amour	nt	.00
	Third-party Print designee's name			Desi	gnee's phone number		Personal identification
desi	gnee? (see instr.)						number (PIN)
Yes	No Email:						
V P	aid preparer must complete ▼ Preparer's NYTPF		TPRI	1	_ <b>T</b>		
(5	ee instructions)	ex	cl. cod		▼ Iaxpa	yer(s)	) must sign here ▼
Prepa	arer's signature Preparer's prin	nted name			Your signature		
Firm's	s name (or yours, if self-employed)	Preparer's PT	IN or S	SN	Your occupation		
Addre	255	Employer ider	tificativ	on number	Spouse's signature and	000000	tion (if joint return)
		Da	ate		Date		Daytime phone number
Email					Email:		
		. for	40				
	201004211039 See instructions	s for where	ιο Μά	an your ret	urn.		

# Example C – Married filing jointly, student only has income from fellowship, spouse has W-2 income

## 2021 Tax Forms Received:

- 1. UR fellowship/assistantship letter \$30,000 for 2021 calendar year.
- 2. Spouse's 2021 W-2 from job:
  - a. Box 1 (Wages, tips, other) & Box 16 (State wages) = \$45,000
  - b. Box 2 (Federal income tax withheld) = \$1,700
  - c. Box 17 (State income tax withheld) = \$1,200
- 3. 1099-INT from bank with \$100 of taxable interest in Box 1.

## Other Assumptions:

- 1. Filing status is married filing jointly.
- 2. Couple has no dependents.
- 3. Neither spouse can be claimed as a dependent on someone else's tax return.
- 4. All of the \$30,000 of fellowship income is taxable because the student does not have any qualified expenditures (tuition or required books/equipment for classes).
- 5. Couple are NY residents and not a resident of any other state for tax purposes.
- 6. No other income or deductions. Not eligible for any other credit for IRS or NY state tax purposes.
- 7. Student made estimated tax payments for 2021 as follows:
  - a. Estimated tax paid to IRS for 2021 tax year: \$3,000
  - b. Estimated tax paid to NYS for 2021 tax year: \$1,800

EXAMPLE	C	- MARRIED	FILING	JOINTLY	FILER,	FELLOWSHIP	AND	W-2
	<u> </u>		1 10110	001IIII		I DDDONDIIIII		

E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	1	OMB No. 154	15-007	4 IRS Use Only-	-Do not w	rite or	staple in <sup>1</sup>	this space.
Filing Status		Single 🔄 Married filing jointly	Marrie	ed filing s	separately (I	/FS	) 🗌 Head o	of hous	sehold (HOH)	Qua	lifying	g widov	v(er) (QW)
Check only one box.		u checked the MFS box, enter the n on is a child but not your dependent	,	our spo	use. If you d	hec	ked the HOH	or QV	V box, enter the	e child's	nam	e if the	qualifying
Your first name	and mi	ddle initial	Last name							Your so	cial s	ecurity	number
lf joint return, sp	ouse's	first name and middle initial	Last name							Spouse'	s soc	ial secu	rity number
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.					Apt. no.	Presidential Election Campaign Check here if you, or your			
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ate	ZIP	code	spouse to go to	if filin this t	ng jointly	/, want \$3 necking a
Foreign country	name		F	oreign pi	rovince/state/	coun	ity	Fore	eign postal code	your tax	or re		
At any time dur	ina 20	)21, did you receive, sell, exchange,	or othe	rwise di	spose of an	/ fina	ancial interest	t in an	l v virtual curren	cv?		Yes	 No
Standard Deduction	Som	eone can claim:  You as a de Spouse itemizes on a separate retur	pendent	t 🗌	Your spous	e as	a dependent		<u>,</u>				
				_			_	orn be	foro January 2	1057		Is blind	
Age/Blindness       You:       Were born before January 2, 1957       Are blind       Spouse:       Was born before January 2, 1957         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (security)													-
If more		rst name Last name		(2)	number		to you	Ship	Child tax cre				r dependents
than four													
dependents, see instructions	_												]
and check													
here 🕨 📃											_		F 000
Attach	1	Wages, salaries, tips, etc. Attach F		N-2 .			· · · S	CH	30.,000 .	1		7	5,000 100
Sch. B if	2a	•	2a				Taxable intere						100
required.	<u>3a</u>		3a				-						
	4a		4a				axable amou			4b			
<u> </u>	5a		5a				axable amou			5b			
Standard Deduction for –	6a 7	, <u>,</u>	6a	-			Taxable amou	nı.		6b			
Single or	7 8	Capital gain or (loss). Attach Scher Other income from Schedule 1, lin						·	· · · • • •	8			
Married filing separately,	o 9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,								► <u>9</u>		7	5,100
<ul><li>\$12,550</li><li>Married filing</li></ul>	9 10	Adjustments to income from Sche					,	•	· · · · •	10			57200
jointly or	11	Subtract line 10 from line 9. This is						•				7	5,100
Qualifying widow(er),	12a	Standard deduction or itemized					1	2a	25,10				
\$25,100 • Head of	b	Charitable contributions if you take		``				2b	,	-			
household,	c	Add lines 12a and 12b	the stan			mou				120		2	5,100
<ul><li>\$18,800</li><li>If you checked</li></ul>	13	Qualified business income deduct	ion from	Form 8	995 or Form	890	95-A			13			
any box under Standard	14									14		2	5,100
Deduction,	15	Taxable income. Subtract line 14								15			0,000
see instructions.					,								-
Fee Disala and		Act and Denemyork Peduction Act N										- 1	040 (2021)

or Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2021	)										Page <b>2</b>
	16	Tax (see	instructions). Check	if any from Form	ı(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌			16	5,605
	17	Amount	from Schedule 2, lir	ne3					· 	17	
	18	Add line	s 16 and 17							18	5,605
	19	Nonrefu	ndable child tax cre	dit or credit for c	ther depende	nts from Schedul	e 8812			19	
	20	Amount	from Schedule 3, lir	ne8						20	
	21	Add line	s 19 and 20							21	0
	22	Subtract	t line 21 from line 18	. If zero or less,	enter -0					22	5,605
	23	Other ta:	xes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	
	24	Add line	s 22 and 23. This is	your <b>total tax</b>					. 🕨	24	5,605
	25	Federal i	income tax withheld	from:							
	а	Form(s)	W-2				25a	-	1,700	)	
	b	Form(s)	1099								
	С	Other for	rms (see instruction	s)			25c				
	d	Add line	s 25a through 25c							25d	1,700
If you have a	26	2021 est	timated tax paymen	ts and amount a	pplied from 20	20 return .				26	3,000
qualifying child,	27a	Earned i	income credit (EIC)				27a				
attach Sch. EIC.		January	here if you were l 2, 2004, and you rs who are at least a	u satisfy all the	e other requi	rements for					
	b	Nontaxa	able combat pay elec	ction	. 27b		_				
	С	Prior yea	ar (2019) earned inco	ome	. 27c						
	28	Refundal	ble child tax credit or	r additional child	tax credit from	Schedule 8812	28			_	
	29	America	n opportunity credit	from Form 8863	3, line 8		29			_	
	30	Recover	_								
	31		from Schedule 3, lir				31				
	32		s 27a and 28 throug							32	0
	33	Add lines 25d, 26, and 32. These are your total payments									4,700
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>									0
	35a		of line 34 you want number						Savings	35a	
Direct deposit? See instructions.	►b	Routing I									
	►d		number								
	36		of line 34 you want				36				905
Amount You Owe	37		t you owe. Subtract			1 37	1 1	ructions		37	905
	38		ed tax penalty (see in				38			,	
Third Party Designee	ins	you war structions signee's	nt to allow another	•				<b>Yes.</b> C	omplete		No
		ne 🕨			no. ►				ber (PIN)		
Sign Here			es of perjury, I declare t e true, correct, and com								st of my knowledge and er has any knowledge.
пеге	You	ur signature	e		Date	Your occupation			Pro	tection P	nt you an Identity IN, enter it here
Joint return?		<u> </u>								e inst.) ►	
See instructions. Keep a copy for your records.	Spo	ouse's sign	nature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupa	tion		Ide		nt your spouse an ection PIN, enter it here
	Pho	one no.			Email address						
Daid	Pre	eparer's nar	me	Preparer's signat	ture		Date		PTIN		Check if:
Paid											Self-employed
Preparer Use Only	Firr	m's name 🕨	►						Pho	one no.	
	Firr	n's address	s Þ						Firr	n's EIN 🕨	•
-											F 1040 (0004)

Go to www.irs.gov/Form1040 for instructions and the latest information.

	EXAMPL	ΕC	- MARRII	ED I	FILING JOI	NTLY F	ILER, FELLOWS	HIP AND	W-2
	W		•		xation and Finance	_	_		IT-201
1	RK						x Return		11-201
2021					ate • New York (	-			
			For the full y	ear Ja	inuary 1, 2021, thr	ough Decem	ber 31, 2021, or fiscal yea		21
or help con our first name	pleting yo	ur ret			ctions, Form IT-: eturn, enter spouse's na		Your data of hirth (mmdduuuu)	And ending	
					eturn, enter spouse's nai	ne on line below)	Your date of birth (mmddyyyy)		
pouse's first na	ame	MI	Spouse's last name				Spouse's date of birth (mmddyyyy)	Spouse's Socia	I Security number
ailing address	(see instructio	ns. pag	e 12) (number and s	treet or	PO Box)		Apartment number	New York State	county of residence
	(000 mod 4040)								
ity, village, or p	ost office			State	ZIP code	Country	•	School district	name
xpayer's per	nanent home	addres	s (see instructions	, page	12) (number and street	or rural route)	Apartment number		
					1			School district code number .	
ity, village, or p	ost office			State NY	ZIP code	Decedent	Taxpayer's date of death (mmddy	yyy) Spouse's (	date of death (mmddyyyy)
						information			
Filing status	1	Single					u have a financial account a country? <i>(see page 13)</i>		Yes No
(mark an			filing joint return				ou required to report any no		
<b>X</b> in one box):	-		pouse's Social Sect I filing separate r		mber above)		r 2021 federal return? (see pa		
,			pouse's Social Sec		mber above)		d you or your spouse <b>maint</b> arters in NYC during 2021		Yes No
	4 H	lead o	f household (with	qualify	ving person)	(2) Er	ter the number of days sp	ent in NYC in 20	021
	തിര	Jualify	ing widow(er)				ny part of a day spent in NYC i		y)
Didago		-		-			esidents and NYC part-ye nts only (see page 13):	ear	
	emize your c federal incor		ons on return?	Yes	<sub>No</sub> 🛛	(1) Nu	umber of months <b>you</b> lived	in NYC in 2021	
	<b>be claimed</b> a		pendent return?	Voc		(2) Nu	umber of months <b>your spo</b> u	se lived in NYC	in 2021
on anothe	г алрауег 5 г	euerai					our 2-character special o		
						code(s	s) if applicable (see page 1	3)	
					()				
Depende First	nt informat				Dal	tionahin		har Dat	o of hinth ( ) (
FIRST	name	MI	Last	lame	Reia	ationship	Social Security num	iber Da	e of birth (mmddyyyy)
			0.						
			kV						
	-	K	$\mathbf{D}$						
	$\sim$								
	Ň								
	donarda		rk on Vir der l				1		
more than 7	aependent	is, ma	rk an <b>X</b> in the t	DOX.					
20100	1211039				For office use	only			

Your Social Security number	
XXXXXXXXX	

X2	XX	х.	ХX	.Х.

<b>age 2</b> of 4 <b>11-201</b> (2021)	Your Social Security number			
	XXXXXXXX			
Federal income and adjustmen	ts (see page 14)			Whole dollars only
1 Wages, salaries, tips, etc			1	75000.00
2 Taxable interest income			2	100.00
			3	.00
•		e taxes (also enter on line 25)	4	.00
			5	.00
•		Form 1040)	6	.00
•		le D, Form 1040)	7	.00
			8	.00
	outions. If received as a benefi		9	.00
10 Taxable amount of pensions a	nd annuities. If received as a be	eneficiary, mark an <b>X</b> in the box	10	.00
<b>11</b> Rental real estate, royalties, partne	erships, S corporations, trusts, etc. (	submit copy of federal Schedule E, Form 1040)	11	.00
12 Rental real estate included in	line 11	12 .00		
<b>13</b> Farm income or loss (submit a			13	.00
	n		14	.00
		27)	15	.00
16 Other income (see page 14) Identify	/:		16	.00
17 Add lines 1 through 11 and 1	13 through 16		17	<b>75100</b> .00
18 Total federal adjustments to inco		×	18	.00
			40	<b>75100</b> .00
		1, Line 19a worksheet)	19 19a	.00
21 Public employee 414(h) retire	ocal bonds and obligations (but n ment contributions from your w	ot those of NYS or its local governments) age and tax statements (see page 15)	21	.00 .00
22 New York's 529 college saving	ngs program distributions (see	page 15)	22	.00
			23	.00
24 Add lines 19a through 23			24	<b>75100</b> .00
New York subtractions (see pa	age 16)			
25 Taxable refunds, credits, or offsets of st	ate and local income taxes (from line 4)	<b>25</b> .00	]	
26 Pensions of NYS and local governments		<b>26</b> .00		
27 Taxable amount of Social Sec		.00		
28 Interest income on U.S. gove		28 .00		
29 Pension and annuity income	exclusion (see page 17)	<b>29</b> .00	]	
30 New York's 529 college saving		30 .00		
31 Other (Form IT-225, line 18)		31 .00		
32 Add lines 25 through 31			32	.00
33 New York adjusted gross in	come (subtract line 32 from line	24)	33	<b>75100</b> .00
Standard deduction or itemized	d deduction (see page 19)			
-	on <i>(table on page 19)</i> or your ite the appropriate box: X Sta	emized deduction (from Form IT-196) andard - or - Itemized	1 1	16050.00
		ve blank)	35	59050.00
so pependent exemptions (enter	ule number of dependents listed	in item H; see page 19)	36	000.00
37 Taxable income (subtract line	36 from line 35)		37	<b>59050.</b> 00



Nan	ne(s) as shown on page 1	our Social Security number	]	IT-201 (2021)	Page 3 of 4
		XXXXXXXX			
_					$\frown$
Tax	c computation, credits, and other taxes				
38	Taxable income (from line 37 on page 2)		38		<b>59050</b> .00
39	NYS tax on line 38 amount (see page 20)		39		3053.00
40	NYS household credit (page 20, table 1, 2, or 3) 40	.00			
41	Resident credit (see page 21) 41	.00			
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) 42	.00			
43	Add lines 40, 41, and 42		43		<b>_</b> 00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank	k)	44		3053.00
	Net other NYS taxes (Form IT-201-ATT, line 30)	,	45	$\overline{\mathbf{C}}$	.00
	Total New York State taxes (add lines 44 and 45)		46	U	<b>3053.</b> 00
-					
Ne	w York City and Yonkers taxes, credits, and surcharges, and MC				
47	NYC taxable income (see page 21) 47	-00			
	NYC resident tax on line 47 amount (see page 21) 47a	.00		See instructions of pages 21 through	
48	NYC household credit (page 21) 48	.00		compute New Yor	
49	Subtract line 48 from line 47a (if line 48 is more than			Yonkers taxes, cr	
	line 47a, leave blank) 49	.00		surcharges, and I	ИСТИТ.
50	Part-year NYC resident tax (Form IT-360.1) 50	.00			
	Other NYC taxes (Form IT-201-ATT, line 34) 51	.00			
52	Add lines 49, 50, and 51 52	.00			
53	NYC nonrefundable credits (Form IT-201-ATT, line 10) 53	.00			
54	Subtract line 53 from line 52 (if line 53 is more than				
	line 52, leave blank) 54	.00			
54a	MCTMT net				
	earnings base 54a .00				
	MCTMT	.00			
	Yonkers resident income tax surcharge (see page 24) 55	.00			
	Yonkers nonresident earnings tax (Form Y-203) 56	.00			
	Part-year Yonkers resident income tax surcharge (Form IT-360.1) 57	.00			
58	Total New York City and Yonkers taxes / surcharges and MCTMT (a	add lines 54 and 54b through 57)	58		.00
50	Salas or use tax (see page 35; de pet leave line 5) thath)		59		00
29	Sales or use tax (see page 25; do not leave line 59 blank)		29		.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)		60		.00
61	Total New York State, New York City, Yonkers, and sales or us				2052
	voluntary contributions (add lines 46, 58, 59, and 60)		61		<b>3053.</b> 00



Page	e 4 of 4 IT-201 (2021)	Your Social Se	curity r	number			
62	Enter amount from line 61	XXX	xxx	XXXX		60	3053.00
	yments and refundable credits) (see pages 26					62	
-						1	
	Empire State child credit		63 64		.00		
	NYS/NYC child and dependent care credit		64 65		.00		
	NYS earned income credit (EIC)				.00		
	NYS noncustodial parent EIC Real property tax credit		67		.00		
	College tuition credit		68		<u>.00</u> .00		
	NYC school tax credit (fixed amount) (also complete				.00		X
	NYC school tax credit (rate reduction amount)		69a		.00		
	NYC earned income credit		70		.00		
	This line intentionally left blank		70a				
	Other refundable credits (Form IT-201-ATT, line		71		.00	If app	licable, complete Form(s) IT-2
	Total New York State tax withheld		72		1200.00		r IT-1099-R and submit them
	Total New York City tax withheld		73		.00		our return (see page 11).
	Total <b>Yonkers</b> tax withheld		74		.00		ot send federal Form W-2
75	Total estimated tax payments and amount paid with	Form IT-370	75		1800.00	with	your return.
						70	3000.00
76	Total payments (add lines 63 through 75)					76	3000.00
Yo	ur refund, amount you owe, and account inf	ormation	(see p	ages 30 thro	ugh 32)		
	Amount overpaid (if line 76 is more than line 62					77	.00
	Amount of line 77 available for refund (subtra					78	.00
10	<b>TIP:</b> Use this amount to check your refund s					10	
78a	Amount of line 78 that you want to deposit into a NYS			IT-195, line 4)	(also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (s	ubtract line 78	Ba fror	n line 78)		78b	.00
	direc	t deposit to	cheo	cking or	paper	Defe	
	Mark one refund choice: Savir	igs account	(fill in	line 83) - 0	r - Check		nd? Direct deposit is the st, fastest way to get your
79	Amount of line 77 that you want applied to you	ur 2022	Ċ			refun	
	estimated tax (see instructions)				.00	500 F	bage 31 for payment options.
80	Amount you owe (if line 76 is less than line 62, s					966 h	age 51 for payment options.
	funds withdrawal, mark an X in the box						E2
	or money order you <b>must</b> complete Form IT		maii	it with your		80	<b>53.</b> 00
81	Estimated tax penalty (include this amount in line		81		<b>0.</b> 00	Soor	bage 34 for the proper
02	reduce the overpayment on line 77; see page 31, Other penalties and interest (see page 31)					2550	mbly of your return.
					.00	J	
83	Account information for direct deposit or elect If the funds for your payment (or refund) would					mark	$\mathbf{X}$ in this box (see ng. 32)
			-				
	83a Account type: Personal checking or	Per:	sonal	savings - o	r - Business ch	ecking	- or - Business savings
	83b Routing number	8	<b>3c</b> Ad	count numb	er		
84	Electronic funds withdrawal (see page 32)	 Date			Amour	ıt	.00
				Da-!			Personal identification
des	Third-party         Print designee's name           signee? (see instr.)			Desi	gnee's phone number		number (PIN)
Yes							
	Paid preparer must complete V Preparer's NYTPF see instructions)		YTPRIN cl. cod		▼ Taxpa	yer(s)	must sign here 🔻
	arer's signature Preparer's prin				Your signature		
Firm	s name (or yours, if self-employed)	Preparer's PT	IN or S	SN	Your occupation		
Ľ		i icpaiel S P I					
Addr	ess	Employer ider	ntificatio	on number	Spouse's signature and	occupat	on (if joint return)
			ate		Date		Daytime phone number
Ema	A:				Email:		
	201004211039 See instructions	for where	to ma	ail your ret	urn.		
				-			