

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 2012
VERSION 1.0
December 17, 2012**

Revision History

Version	Author	Date	Change Highlights
1.0	Lawrence Sporn	12/17/2012	Initial Version

TESES

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 form if they support it Before testing you should inform NYC of your intent to support this form by email to BTeFile@finance.nyc.gov.

TEST CASES TO SUBMIT

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

Test	Taxpayer Name	SSN	Primary Form	Associated Forms
1	Mary B Charity	400-00-4812	NYC-1127	NYS IT-203

- If you do not support the primary form do not submit that test.
- Please submit the associated form as a PDF attachment(s). If this is done, an email must be sent to BTeFile@finance.nyc.gov indicating the forms to be sent as a PDF attachment

WHEN TO TEST

Testing for NYC-1127 is scheduled to begin December 17, 2012. To ensure adequate time for testing before the filing season, software developers should submit their initial NYC test files as soon as possible. There is no cutoff date for testing with NYC, as long as the IRS is still accepting test returns. We do not require software developers to pass federal testing before testing with NYC. Software developers may conduct federal and City testing concurrently if the IRS allows it.

TRANSMITTING TEST FILES

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

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

COMMUNICATING TEST RESULTS

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

TEST ACKNOWLEDGMENT

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

APPROVAL OF E-FILE SOFTWARE

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

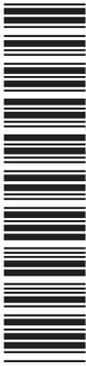
TEST

NYC-1127 Test Case

Begins on the next page

Taxpayer name	MARY B CHARITY
SSN	400-00-4812
Primary Form	NYC-1127
Associated Form(s)	NYS IT-203
Attachments	None
Purpose of Test	To test e-File submission of the NYC-1127
Other Instructions	A complete copy of the NYS IT-203 should be submitted as a PDF attachment

TESTS



PRINT OR TYPE ▼

First names and initials of employee and spouse: Mary B		Last name: Charity	
Home address (number and street): 923 Hope Court		Apt. no.:	
City and State: Albany, NY		Zip Code: 28041	
NYC Department or Agency where employed: Finance	Employee ▼	Spouse ▼	
Daytime telephone number: 5 1 8 - 5 5 5 - 6 6 6 6			

AMENDED RETURN

TAXPAYER'S EMAIL ADDRESS MaryB@IndividTCOne.com	
EMPLOYEE'S SOCIAL SECURITY NUMBER 4 0 0 - 0 0 - 4 8 1 2	
SPOUSE'S SOCIAL SECURITY NUMBER 4 0 0 - 0 0 - 4 8 7 2	

1 - FILING STATUS

<input type="radio"/> A. <input type="checkbox"/> MARRIED FILING JOINTLY OR SURVIVING SPOUSE	<input type="radio"/> B. <input type="checkbox"/> HEAD OF HOUSEHOLD	<input checked="" type="radio"/> C. <input checked="" type="checkbox"/> SINGLE OR MARRIED FILING SEPARATELY
A. NUMBER OF MONTHS EMPLOYED IN 2012	● EMPLOYEE: <u>12</u>	● SPOUSE: _____
B. DATE RETIRED FROM NYC SERVICE	● EMPLOYEE: _____ - _____ - _____	● SPOUSE: _____ - _____ - _____

A. Payment	Amount included with form - Make payable to: <i>NYC Department of Finance</i>	<input type="checkbox"/> Payment Enclosed
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2 - 1127 TAX CALCULATION

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

Line	Where do I get the amount?	Amount
1	NYS Taxable Income. See instructions. ◆ NYS IT-201, line 37 ◆ NYS IT-203, line 36 <small>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.</small>	37,026
2	Section 1127 liability plus Other New York City Taxes, if any. See instructions. ◆ Page 2 liability rate schedules ◆ NYS IT-201, line 51, if any, or NYS IT-203, line 52	1,240
3	New York City School tax and other credits ◆ See Page 2, Schedule B and Instructions	63
4	New York City 1127 amount withheld ◆ Form 1127.2	1,500
5	Balance Due ◆ If line 2 is greater than the sum of lines 3 and 4, enter balance due	
6	Refund ◆ If line 2 is less than the sum of lines 3 and 4, enter refund amount (not to exceed the amount on line 4). (See instr.)	323

3 - CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

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

SIGN HERE: _____ 04/15/2013
YOUR SIGNATURE DATE

PREPARER'S USE ONLY	_____ SIGNATURE OF PREPARER OTHER THAN TAXPAYER	_____ EIN OR SSN OR PTIN	_____ DATE	_____ PREPARER'S EMAIL ADDRESS
	_____ PREPARER'S PRINTED NAME	_____ ADDRESS	_____ CITY	_____ STATE ZIP CODE

ATTACH A COMPLETE COPY OF YOUR NEW YORK STATE INCOME TAX RETURN INCLUDING ALL SCHEDULES
Mail to: NYC Department of Finance, PO Box 5090, Kingston, NY 12402-5090

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

Line			Amount
1	NYS Adjusted Gross Income	♦ NYS IT-201, line 33; NYS IT-203, line 32.	87,749
2	Non NYC Employee Income	♦ Enter all income, additions and subtractions attributable to the non NYC employee	41,647
3	Net NYS Gross Income	♦ Line 1 less Line 2 See Statement 1 for calculation of NYC employee income	46,102
4	Compute limitation percentage	Line 3: \$ = 52.5385 % Line 1: \$ Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.	
5	Check only one box:	<input checked="" type="checkbox"/> Standard Deduction: \$7,500. OR <input type="checkbox"/> Itemized deduction - \$ X % = (See instructions) amount from IT 201, line 34 % from line 4 amount from IT 203, line 33	7,500
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	9,076
8	Allocated New York State Taxable Income	♦ Line 3 less line 7. Enter on Page 1, line 1.	37,026

SCHEDULE B Nonrefundable credits

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

NEW YORK CITY 1127 LIABILITY RATE SCHEDULE	Schedule A - Married filing jointly or surviving spouse				
	If Form NYC-1127, line 1 is:				
	OVER	BUT NOT OVER	THE TAX IS:		
	\$ 0	\$ 21,600		2.907%	of Form 1127, line 1
	\$ 21,600	\$ 45,000	\$ 628 plus	3.534%	of the excess over \$ 21,600
	\$ 45,000	\$ 90,000	\$ 1,455 plus	3.591%	of the excess over \$ 45,000
	\$ 90,000	\$ 500,000	\$ 3,071 plus	3.648%	of the excess over \$ 90,000
	\$ 500,000		\$ 18,028 plus	3.876%	of the excess over \$ 500,000
	Schedule B - Head of household				
	If Form NYC-1127, line 1 is:				
OVER	BUT NOT OVER	THE TAX IS:			
\$ 0	\$ 14,400		2.907%	of Form 1127, line 1	
\$ 14,400	\$ 30,000	\$ 419 plus	3.534%	of the excess over \$ 14,400	
\$ 30,000	\$ 60,000	\$ 970 plus	3.591%	of the excess over \$ 30,000	
\$ 60,000	\$ 500,000	\$ 2,047 plus	3.648%	of the excess over \$ 60,000	
\$ 500,000		\$ 18,098 plus	3.876%	of the excess over \$ 500,000	
Schedule C - Single or married filing separately					
If Form NYC-1127, line 1 is:					
OVER	BUT NOT OVER	THE TAX IS:			
\$ 0	\$ 12,000		2.907%	of Form 1127, line 1	
\$ 12,000	\$ 25,000	\$ 349 plus	3.534%	of the excess over \$ 12,000	
\$ 25,000	\$ 50,000	\$ 808 plus	3.591%	of the excess over \$ 25,000	
\$ 50,000	\$ 500,000	\$ 1,706 plus	3.648%	of the excess over \$ 50,000	
\$ 500,000		\$ 18,122 plus	3.876%	of the excess over \$ 500,000	



Mary B Charity
SSN: 400-00-4812

Statement 1 Attached to form NYC-1127

Schedule A, Page 2

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



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

IT-203

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning **12**
and ending

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

Your first name and middle initial MARY B		Your last name (for a joint return , enter spouse's name on line below) CHARITY		Your date of birth (mm-dd-yyyy) 06-16-1965	Your social security number 400004812
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number 400004872
Mailing address (see instructions, page 13) (number and street or rural route) 923 HOPE CT				Apartment number	New York State county of residence ALBANY
City, village, or post office FAITH		State NC	ZIP code 28041-0923	Country (if not United States)	School district name ALBANY
Permanent home address (see instr., pg. 13) (no. and street or rural route) 145 NEW SCOTLAND AVE				Apartment no.	City, village, or post office ALBANY
State NY		ZIP code 12206	Country (if not United States)		School district code number 005
				Taxpayer's date of death	Spouse's date of death
				Decedent information	

- A Filing status** (mark an **X** in one box):
- ① Single
 - ② Married filing joint return (enter both spouses' social security numbers above)
 - ③ Married filing separate return (enter both spouses' social security numbers above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2012 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D Did you have a financial account located in a foreign country? (see pg. 14) **NEW!** Yes No

E New York City part-year residents only (see page 14)

(1) Number of months you lived in NY City in 2012

(2) Number of months your spouse lived in NY City in 2012

F Enter your **2-character special condition code** if applicable (see page 14)

If applicable, also enter your **second 2-character special condition code**

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mm-dd-yyyy)

On the last day of the tax year (mark an **X** in one box):

- 1) Lived in NYS
- 2) Lived outside NYS; received income from NYS sources during nonresident period
- 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2012? Yes No

(if Yes, complete Form IT-203-B)

I Dependent exemption information (see page 15)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
MELINDA B	CHARITY	DAUGHTER	400884857	04-01-2000
MELISSA B	CHARITY	DAUGHTER	400884858	09-01-2002
MICHAEL B	CHARITY	SON	400884859	11-01-2004



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

Enter your social security number
400004812

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

	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 .00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7 72 .00	7 -50 .00
8 Other gains or losses (submit a copy of federal Form 4797) ..	8 .00	8 .00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9 .00	9 .00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11 23200 .00	11 -500 .00
12 Rental real estate included in line 11 (federal amount) 12 .00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13 18447 .00	13 18447 .00
14 Unemployment compensation	14 .00	14 .00
15 Taxable amount of social security benefits (also enter on line 26)	15 .00	15 .00
16 Other income (see page 22) Identify:	16 .00	16 .00
17 Add lines 1 through 11 and 13 through 16	17 91049 .00	17 57287 .00
18 Total federal adjustments to income (see page 22) Identify: IRA 1597 SUB PAY 400 1/2 SE TAX 1303	18 3300 .00	18 3256 .00
19 Federal adjusted gross income (subtract line 18 from line 17)	19 87749 .00	19 54031 .00

New York additions (see page 24)

20 Interest income on state and local bonds (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 (see page 24) Identify:	22 .00	22 .00
23 Add lines 19 through 22	23 87749 .00	23 54031 .00

New York subtractions (see page 27)

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 27)	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 (see page 29) Identify:	29 .00	29 .00
30 Add lines 24 through 29	30 .00	30 .00
31 New York adjusted gross income (subtract line 30 from line 23)	31 87749 .00	31 54031 .00

32 Enter the amount from line 31, **Federal amount** column **32** 87749 .00

Standard deduction or itemized deduction (see page 33)

33 Enter your **standard deduction** (table on page 33) or your **itemized deduction** (from Form IT-203-D).
Mark an X in the appropriate box: ... **Standard** -- or -- **Itemized**

33	15000 .00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34 72749 .00
35 Dependent exemptions (not the same as total federal exemptions; see page 33)	35 3 000.00
36 New York taxable income (subtract line 35 from line 34)	36 69749 .00



Name(s) as shown on page 1 MARY B CHARITY	Enter your social security number 400004812
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Tax computation, credits, and other taxes (see page 34)

37 New York taxable income (from line 36 on page 2).....	37	69749	.00
38 New York State tax on line 37 amount (see page 34 and Tax computation on pages 66,67, and 68) ...	38	3865	.00
39 New York State household credit (page 34, table 1, 2, or 3).....	39		.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40	3865	.00
41 New York State child and dependent care credit (see page 35).....	41		.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42	3865	.00
43 New York State earned income credit (see page 35).....	43		.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank).....	44	3865	.00
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45 Income percentage (see page 35) New York State amount from line 31 54031 .00 ÷ Federal amount from line 31 87749 .00 = **45** 0.6157 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45).....	46	2380	.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8).....	47	2380	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank).....	48		.00
49 Net other New York State taxes (Form IT-203-ATT, line 33).....	49	815	.00
50 Total New York State taxes (add lines 48 and 49).....	50	815	.00

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (Form IT-360.1).....	51		.00
52 New York City minimum income tax (Form IT-220).....	52		.00
52a Add lines 51 and 52.....	52a		.00
52b Part-year resident nonrefundable New York City child and dependent care credit.....	52b		.00
52c Subtract line 52b from 52a.....	52c		.00
53 Yonkers nonresident earnings tax (Form Y-203).....	53		.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1).....	54		.00
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54).....	55		.00

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

56 Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.).....	56	49	.00
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Voluntary contributions (see page 37)

57a Return a Gift to Wildlife.....	57a		.00
57b Missing/Exploited Children Fund.....	57b		.00
57c Breast Cancer Research Fund.....	57c		.00
57d Alzheimer's Fund.....	57d		.00
57e Olympic Fund (\$2 or \$4; see page 37).....	57e		.00
57f Prostate Cancer Research Fund.....	57f		.00
57g 9/11 Memorial.....	57g		.00
57h Volunteer Firefighting & EMS Recruitment Fund.....	57h		.00

57 Total voluntary contributions (add lines 57a through 57h).....	57		.00
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58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57).....	58	864	.00
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203003120099



Enter your social security number
400004812

59 Enter amount from line 58 **59** 864 .00

Payments and refundable credits (see page 38)

60 Part-year NYC school tax credit (also complete E on front; see page 38) ...	60		.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61		.00
62 Total New York State tax withheld	62	1196	.00
63 Total New York City tax withheld	63	399	.00
64 Total Yonkers tax withheld	64		.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	65	2000	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	3595	.00

Submit your wage and tax statements with your return (see page 38).

Your refund, amount you owe, and account information (see pages 39 through 42)

67 **Amount overpaid** (if line 66 is more than line 59, subtract line 59 from line 66) **67** 2731 .00

68 Amount of line 67 to be **refunded**
 Mark one refund choice: **direct deposit** (fill in line 73) - or - **debit card** - or - **paper check** ... **68** 2484 .00

69 Amount of line 67 that you want applied to your **2013** estimated tax (see instructions) **69** 247 .00

See pages 39 and 40 for information about your three refund choices.

70 Amount you **owe** (if line 66 is less than line 59, subtract line 66 from line 59).
 To pay by electronic funds withdrawal, mark this box and fill in lines 73 and 74 **70** .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40) **71** .00

See page 43 for the proper assembly of your return.

72 Other penalties and interest (see page 40) **72** .00

73 Account information for direct deposit or electronic funds withdrawal (see page 41).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 41)

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

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 41) Date Amount .00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name JOE PALMER	Designee's phone number (518) 5557777	Personal identification number (PIN)
	E-mail: PALMER@ATS.COM		55555

▼ Paid preparer must complete (see instr.) ▼		Date
Preparer's signature	Preparer's NYTPRN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Mark an X if self-employed <input type="checkbox"/>	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation RENTAL AGENT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (518) 555-6666
E-mail: CHARITY@ATS.COM	

See instructions for where to mail your return.

203004120099

