

**NEW YORK CITY DEPARTMENT OF FINANCE**

[www.nyc.gov.Finance](http://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 2017  
VERSION 2.0  
JANUARY 9, 2017**

## Revision History

Version	Author	Date	Change Highlights
1.0	Lawrence Sporn	01/12/2017	Initial Version
2.0	Lynn Witt	1/9/2018	Revised test cases

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 [BTeFile@finance.nyc.gov](mailto:BTeFile@finance.nyc.gov).

## 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	GARD 2017 NYC1127 TC ONE	400-00-1038	NYC-1127	NYS IT-203
2	PEON 2017 NYC1127 TC TWO	400-00-1036	NYC-1127	NYS IT-203
3	HEAT 2017 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](mailto:BTeFile@finance.nyc.gov) indicating the forms sent as PDF attachments.
- Contact NYC [BTeFile@finance.nyc.gov](mailto: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 4, 2017. 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](mailto: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).

# NYC-1127 Test Case One

Begins on the next page

Taxpayer name	GARD 2017 NYC1127 TC ONE
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 2017 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.



PRINT OR TYPE ▼

Enter 2-character special condition code if applicable. (See instructions):

First names and initials of employee and spouse: <b>SAM and GLORIA</b>		Last name: <b>GARD NYC1127 TC ONE</b>		Name Change <input checked="" type="checkbox"/> <input type="checkbox"/> AMENDED RETURN	
Home address (number and street): <b>123 Maryland Way</b>		Apt. no.:		Address Change <input checked="" type="checkbox"/>	
City and State: <b>Sandy, OR</b>		Zip Code: <b>97055</b>		Country (if not US)	
NYC Department or Agency where employed: <b>Finance</b>		Employee ▼		Spouse ▼	
Daytime telephone number: <b>2 1 2</b> - <b>5 5 5</b> - <b>1 2 1 2</b>		TAXPAYER'S EMAIL ADDRESS <b>Sam@Gardenia.com</b>			
EMPLOYEE'S SOCIAL SECURITY NUMBER <b>4 0 0 - 0 0 - 1 0 3 8</b>				SPOUSE'S SOCIAL SECURITY NUMBER <b>4 0 0 - 0 0 - 1 0 7 1</b>	

**1 - FILING STATUS**

A.  MARRIED FILING JOINTLY OR SURVIVING SPOUSE **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.

B.  HEAD OF HOUSEHOLD

C.  SINGLE OR MARRIED FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2017 ..... EMPLOYEE: 12 SPOUSE: \_\_\_\_\_

B. DATE RETIRED FROM NYC SERVICE ..... EMPLOYEE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SPOUSE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

C.  CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

A. <b>Payment</b>	Amount being paid electronically with this return .....	A.	Payment Amount	<b>308</b>
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**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 the amount?	Amount
1	NYS Taxable Income. See instructions. ◆ NYS IT-201, line 37 ◆ NYS IT-203, line 36 <b>Note:</b> 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.	36,526
2	Section 1127 liability plus Other New York City Taxes, if any. See instructions. ◆ Page 2 liability rate schedules ◆ NYS IT-201, line 51	1,298
3	New York City School tax and other credits ◆ See Page 2, Schedule B and Instructions	140
4	New York City 1127 amount withheld ◆ Form 1127.2	850
5	Balance Due ◆ If line 2 is greater than the sum of lines 3 and 4, enter balance due	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 - 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: \_\_\_\_\_ 2018-04-16 \_\_\_\_\_  
YOUR SIGNATURE DATE

PREPARER'S USE ONLY	123-45-6789	2018-04-03	Donald@DDuckCPA.com
	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	EIN OR SSN OR PTIN	DATE
	Donald Duck	200 Main Street	Sandy OR 97055
	PREPARER'S PRINTED NAME	ADDRESS	CITY STATE ZIP CODE

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  
P.O. 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

**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	46,102
4	Compute limitation percentage	Line 3: \$ ..... = 52.54 % Line 1: \$ ..... <b>Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.</b>	
5	Check only one box:	<input checked="" type="checkbox"/> Standard Deduction: \$8,000. <b>OR</b> <input type="checkbox"/> Itemized deduction: \$ ..... X ..... % = (See instructions) amount from IT 201, line 34 amount from IT 203, line 33	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).	♦ NYS IT-201, line 36; NYS IT-203, line 35.	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.	36,526

**SCHEDULE B** Nonrefundable credits

Line	Where do I get the amount?	Amount
A1.	NYC School Tax Credit (fixed amount)	♦ See Instructions 63
A2.	NYC School Tax Credit (rate reduction amount)	♦ See Instructions 77
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.	NYC 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 A1 - G	♦ enter on page 1, line 3 140

NEW YORK CITY 1127 LIABILITY RATES	Table A - Married filing jointly or surviving spouse				
	If Form NYC-1127, line 1 is:				
	<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>		
	\$ 0	\$ 21,600	3.078%	of Form 1127, line 1	
	\$ 21,600	\$ 45,000	\$ 665 plus 3.762%	of the excess over \$ 21,600	
	\$ 45,000	\$ 90,000	\$ 1,545 plus 3.819%	of the excess over \$ 45,000	
	\$ 90,000		\$ 3,264 plus 3.876%	of the excess over \$ 90,000	
	Table B - Head of household				
	If Form NYC-1127, line 1 is:				
	<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>		
\$ 0	\$ 14,400	3.078%	of Form 1127, line 1		
\$ 14,400	\$ 30,000	\$ 443 plus 3.762%	of the excess over \$ 14,400		
\$ 30,000	\$ 60,000	\$ 1,030 plus 3.819%	of the excess over \$ 30,000		
\$ 60,000		\$ 2,176 plus 3.876%	of the excess over \$ 60,000		
Table C - Single or married filing separately					
If Form NYC-1127, line 1 is:					
<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>			
\$ 0	\$ 12,000	3.078%	of Form 1127, line 1		
\$ 12,000	\$ 25,000	\$ 369 plus 3.762%	of the excess over \$ 12,000		
\$ 25,000	\$ 50,000	\$ 858 plus 3.819%	of the excess over \$ 25,000		
\$ 50,000		\$ 1,813 plus 3.876%	of the excess over \$ 50,000		



SAMG 2017 NYC-1127 TC ONE  
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	<u>18,447</u>	
	Total Non NYC Employee Income		<u>41,647</u>
Line 3	Net NYC Gross Income		46,102





Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning .....

17

and ending .....

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

Your first name and middle initial SAM		Your last name (for a joint return, enter spouse's name on line below) GARDENIA		Your date of birth (mmdyyyyy) 01191975		Your social security number 400-00-1038	
Spouse's first name and middle initial GLORIA		Spouse's last name GARDENIA		Spouse's date of birth (mmdyyyyy) 01061975		Spouse's social security number 400-00-1071	
Mailing address (see instructions, page 13) (number and street or PO box) 123 Maryland Way				Apartment number		New York State county of residence	
City, village, or post office Sandy		State OR	ZIP code 97055	Country (if not United States)		School district name	
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route) 123 Maryland Way				Apartment no.	City, village, or post office Sandy		School district code number
State OR	ZIP code 97055	Country (if not United States)		Decedent information	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 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 2017 federal income tax return? Yes  No

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

**D1** Did you have a financial account located in a foreign country? (see page 14) Yes  No

**D2 Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see pg. 14) Yes  No

(2) Enter the amount .....  .00

**D3** Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes  No

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

(1) Number of months you lived in NY City in 2017 .....

(2) Number of months your spouse lived in NY City in 2017 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 15) .....

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

Enter the date you moved into or out of NYS (mmdyyyyy) .....

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 2017? Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmdyyyyy)
Rose	Gardenia	Daughter	400-00-0200	04012000
Lily	Gardenia	Daughter	400-00-5014	09012002
Paul	Gardenia	Son	400-00-5015	06182004

If more than 6 dependents, mark an X in the box.

203001170094



For office use only

Enter your social security number  
400-00-1038

**Federal 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 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	.00
12	Rental real estate included in line 11 (federal amount) <b>12</b> .....		.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 23) 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 23) Identify: .....	18	3300.00	18	3256.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	87749.00	19	54031.00

**New 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

**New 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	<b>New York adjusted gross income</b> (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 28)

33	Enter your <b>standard deduction</b> (table on page 28) or your <b>itemized deduction</b> (from Form IT-203-D). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	16050.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	34	71699.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28) .....	35	3000.00
36	<b>New York taxable income</b> (subtract line 35 from line 34) .....	36	68699.00



**Tax computation, credits, and other taxes**

<b>37</b> New York taxable income (from line 36 on page 2)	<b>37</b>	68699.00
<b>38</b> New York State tax on line 37 amount (see page 29)	<b>38</b>	3751.00
<b>39</b> New York State household credit (page 29, table 1, 2, or 3)	<b>39</b>	.00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	<b>40</b>	3751.00
<b>41</b> New York State child and dependent care credit (see page 30)	<b>41</b>	.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	<b>42</b>	3751.00
<b>43</b> New York State earned income credit (see page 30)	<b>43</b>	.00

<b>44</b> Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	<b>44</b>	3751.00
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<b>45</b> Income percentage (see page 30)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
	<input type="text"/> 54031.00	<input type="text"/> 87749.00	<b>45</b> 61.5745

<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45)	<b>46</b>	2316.00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8)	<b>47</b>	.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	<b>48</b>	2316.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33)	<b>49</b>	.00
<b>50</b> Total New York State taxes (add lines 48 and 49)	<b>50</b>	2316.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>51</b> Part-year New York City resident tax (Form IT-360.1)	<b>51</b>	.00	<b>See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.</b>
<b>52</b> Part-year resident nonrefundable New York City child and dependent care credit	<b>52</b>	.00	
<b>52a</b> Subtract line 52 from line 51	<b>52a</b>	.00	
<b>52b</b> MCTMT net earnings base	<b>52b</b>	.00	
<b>52c</b> MCTMT	<b>52c</b>	.00	
<b>53</b> Yonkers nonresident earnings tax (Form Y-203)	<b>53</b>	.00	
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>54</b>	.00	
<b>55</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	<b>55</b>	.00	
<b>56</b> Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	<b>56</b>	.00	

**Voluntary contributions** (see page 33)

<b>57a</b> Return a Gift to Wildlife	<b>57a</b>	.00
<b>57b</b> Missing/Exploited Children Fund	<b>57b</b>	.00
<b>57c</b> Breast Cancer Research Fund	<b>57c</b>	.00
<b>57d</b> Alzheimer's Fund	<b>57d</b>	.00
<b>57e</b> Olympic Fund (\$2 or \$4)	<b>57e</b>	.00
<b>57f</b> Prostate and Testicular Cancer Research and Education Fund	<b>57f</b>	.00
<b>57g</b> 9/11 Memorial	<b>57g</b>	.00
<b>57h</b> Volunteer Firefighting & EMS Recruitment Fund	<b>57h</b>	.00
<b>57i</b> Teen Health Education	<b>57i</b>	.00
<b>57j</b> Veterans Remembrance	<b>57j</b>	.00
<b>57k</b> Homeless Veterans	<b>57k</b>	.00
<b>57l</b> Mental Illness Anti-Stigma Fund	<b>57l</b>	.00
<b>57m</b> Women's Cancers Education and Prevention Fund	<b>57m</b>	.00
<b>57n</b> Autism Fund	<b>57n</b>	.00
<b>57o</b> Veterans' Homes	<b>57o</b>	.00
<b>57</b> Total voluntary contributions (add lines 57a through 57o)	<b>57</b>	.00
<b>58</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	<b>58</b>	2316.00



Enter your social security number 400-00-1038
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59 Enter amount from line 58 ..... **59** 2316.00

**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00	If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return (see page 12). <b>Do not send federal Form W-2 with your return.</b>
60a NYC school tax credit (rate reduction amount)	<b>60a</b>	.00	
61 Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00	
62 Total <b>New York State</b> tax withheld	<b>62</b>	2516.00	
63 Total <b>New York City</b> tax withheld	<b>63</b>	599.00	
64 Total <b>Yonkers</b> tax withheld	<b>64</b>	.00	
65 Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00	
<b>66 Total payments and refundable credits</b> (add lines 60 through 65)	<b>66</b>	3115.00	

**Your refund, amount you owe, and account information** (see pages 36 through 38)

67 **Amount overpaid** (if line 66 is **more than** line 59, subtract line 59 from line 66) ..... **67** 799.00

68 Amount of line 67 to be **refunded**  
 Mark one refund choice:  **direct deposit** to checking or savings account (fill in line 73) - or -  **paper check** ..... **68** 799.00

69 Amount of line 67 that you want applied to your **2018** estimated tax (see instructions) ..... **69** 799.00

69a Amount of line 67 that you want as a NYS 529 account deposit (submit Form IT-195) ..... **69a** .00

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 an **X** in the box  and fill in lines 73 and 74. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return..... **70** .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37) ..... **71** .00

72 Other penalties and interest (see page 37) ..... **72** .00

**Refund?** Direct deposit is the easiest, fastest way to get your refund.  
**See page 37 for payment options.**

**See page 40 for the proper assembly of your return.**

73 Account information for direct deposit or electronic funds withdrawal (see page 38).  
 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. 38)

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 38) ..... Date  Amount  .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( )
E-mail:	

**See instructions for where to mail your return.**



# NYC-1127 Test Case Two

Begins on the next page

Taxpayer name	PEON 2017 NYC1127 TC TWO
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 2017 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.



PRINT OR TYPE ▼

Enter 2-character special condition code if applicable. (See instructions):

First names and initials of employee and spouse: <b>DAVID</b>		Last name: <b>PEON TC TWO</b>		Name Change <input checked="" type="checkbox"/> <input type="checkbox"/> AMENDED RETURN	
Home address (number and street): <b>10309 Fern Valley Road</b>		Apt. no.:		Address Change <input checked="" type="checkbox"/>	
City and State: <b>Lawrence, NC</b>		Zip Code: <b>27707</b>		Country (if not US)	
NYC Department or Agency where employed: <b>Finance</b>		Employee ▼		Spouse ▼	
Daytime telephone number:		<input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="7"/> - <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> - <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>		TAXPAYER'S EMAIL ADDRESS <b>David@Peony.com</b>	
		EMPLOYEE'S SOCIAL SECURITY NUMBER <b>4 0 0 - 0 0 - 1 0 3 6</b>		SPOUSE'S SOCIAL SECURITY NUMBER	

**1 - FILING STATUS**

A.  MARRIED FILING JOINTLY OR SURVIVING SPOUSE **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.

B.  HEAD OF HOUSEHOLD

C.  SINGLE OR MARRIED FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2017 ..... EMPLOYEE: 12 SPOUSE: \_\_\_\_\_

B. DATE RETIRED FROM NYC SERVICE ..... EMPLOYEE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SPOUSE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

C.  CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

A. <b>Payment</b>	Amount being paid electronically with this return .....	A.	Payment Amount	<b>1,091</b>
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**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 the amount?	Amount
1	NYS Taxable Income. See instructions. ◆ NYS IT-201, line 37 <b>Note:</b> 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. ◆ NYS IT-203, line 36	57,050
2	Section 1127 liability plus Other New York City Taxes, if any. See instructions. ◆ Page 2 liability rate schedules ◆ NYS IT-201, line 51	2,063
3	New York City School tax and other credits ◆ See Page 2, Schedule B and Instructions	185
4	New York City 1127 amount withheld ◆ Form 1127.2	787
5	Balance Due ◆ If line 2 is greater than the sum of lines 3 and 4, enter balance due	1,091
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 - 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: \_\_\_\_\_ 2018-04-16  
YOUR SIGNATURE DATE

PREPARER'S USE ONLY	112-23-3445	2018-04-02	Donald@DuckCPA.com
	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	EIN OR SSN OR PTIN	DATE
Donald Duck	100 Main Street,	Lawrence, NC	27707
PREPARER'S PRINTED NAME	ADDRESS	CITY	STATE ZIP CODE

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  
P.O. 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

**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	<div style="display: flex; align-items: center;"> <div style="flex: 1;">                     Line 3: \$ ..... = ..... %                      Line 1: \$ .....                 </div> <div style="border: 1px solid black; padding: 2px; font-size: small;">                     Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.                 </div> </div>
5	Check only one box:	<input type="checkbox"/> Standard Deduction: \$8,000. OR <input type="checkbox"/> Itemized deduction: \$ ..... X ..... % = (See instructions) amount from IT 201, line 34 amount from IT 203, line 33
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).	♦ NYS IT-201, line 36; NYS IT-203, line 35.
7	Total Deductions and Exemptions	♦ Line 5 + line 6
8	Allocated New York State Taxable Income	♦ Line 3 less line 7. Enter on Page 1, line 1.

**SCHEDULE B** Nonrefundable credits

Line	Where do I get the amount?	Amount
A1.	NYC School Tax Credit (fixed amount)	♦ See Instructions 63
A2.	NYC School Tax Credit (rate reduction amount)	♦ See Instructions 122
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.	NYC 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 A1 - G	♦ enter on page 1, line 3 185

NEW YORK CITY 1127 LIABILITY RATES	Table A - Married filing jointly or surviving spouse				
	If Form NYC-1127, line 1 is:				
	<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>		
	\$ 0	\$ 21,600	3.078%	of Form 1127, line 1	
	\$ 21,600	\$ 45,000	\$ 665 plus 3.762%	of the excess over \$ 21,600	
	\$ 45,000	\$ 90,000	\$ 1,545 plus 3.819%	of the excess over \$ 45,000	
	\$ 90,000		\$ 3,264 plus 3.876%	of the excess over \$ 90,000	
	Table B - Head of household				
	If Form NYC-1127, line 1 is:				
<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>			
\$ 0	\$ 14,400	3.078%	of Form 1127, line 1		
\$ 14,400	\$ 30,000	\$ 443 plus 3.762%	of the excess over \$ 14,400		
\$ 30,000	\$ 60,000	\$ 1,030 plus 3.819%	of the excess over \$ 30,000		
\$ 60,000		\$ 2,176 plus 3.876%	of the excess over \$ 60,000		
Table C - Single or married filing separately					
If Form NYC-1127, line 1 is:					
<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>			
\$ 0	\$ 12,000	3.078%	of Form 1127, line 1		
\$ 12,000	\$ 25,000	\$ 369 plus 3.762%	of the excess over \$ 12,000		
\$ 25,000	\$ 50,000	\$ 858 plus 3.819%	of the excess over \$ 25,000		
\$ 50,000		\$ 1,813 plus 3.876%	of the excess over \$ 50,000		





Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning .....

# IT-203

17

and ending .....

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

Your first name and middle initial David		Your last name (for a joint return, enter spouse's name on line below) PEONY		Your date of birth (mmddyyyy) 08161988	Your social security number 400-00-1036
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box) 10309 Fern Valley Road				Apartment number	New York State county of residence
City, village, or post office Lawrence		State NC	ZIP code 27707	Country (if not United States)	School district name
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	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 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 2017 federal income tax return? Yes  No

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

**D1** Did you have a financial account located in a foreign country? (see page 14) Yes  No

**D2 Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see pg. 14) Yes  No

(2) Enter the amount .....  .00

**D3** Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes  No

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

(1) Number of months you lived in NY City in 2017 .....

(2) Number of months your spouse lived in NY City in 2017 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 15) .....

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

Enter the date you moved into or out of NYS (mmddyyyy) .....

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 2017? ..... Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
Rose	Peony	Daughter	400-00-9037	06182015

If more than 6 dependents, mark an X in the box.

203001170094



For office use only



Enter your social security number  
400-00-1036

**Federal income and adjustments** (see page 17)

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

1	Wages, salaries, tips, etc. ....	1	98775.00	1	98775.00
2	Taxable interest income .....	2	2750.00	2	2750.00
3	Ordinary dividends .....	3	1000.00	3	1000.00
4	Taxable refunds, credits, or offsets of state and local 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 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	.00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12</b> .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
15	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
17	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: Various .....	18	33275.00	18	33275.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	70000.00	19	70000.00

**New 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	70000.00	23	70000.00

**New 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	0.00	30	0.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23) .....	31	70000.00	31	70000.00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 70000.00

**Standard deduction or itemized deduction** (see page 28)

33	Enter your <b>standard deduction</b> (table on page 28) or your <b>itemized deduction</b> (from Form IT-203-D). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	11200.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	34	58800.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28) .....	35	1000.00
36	<b>New York taxable income</b> (subtract line 35 from line 34) .....	36	57800.00



**Tax computation, credits, and other taxes**

<b>37</b> New York taxable income (from line 36 on page 2)	<b>37</b>	57800.00
<b>38</b> New York State tax on line 37 amount (see page 29)	<b>38</b>	3221.00
<b>39</b> New York State household credit (page 29, table 1, 2, or 3)	<b>39</b>	0.00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	<b>40</b>	3221.00
<b>41</b> New York State child and dependent care credit (see page 30)	<b>41</b>	.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	<b>42</b>	3221.00
<b>43</b> New York State earned income credit (see page 30)	<b>43</b>	0.00

<b>44</b> Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	<b>44</b>	3221.00
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**45** Income percentage (see page 30)  New York State amount from line 31 .00 ÷ Federal amount from line 31 .00 = **45** Round result to 4 decimal places 100.0000

<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45)	<b>46</b>	3221.00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8)	<b>47</b>	0.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	<b>48</b>	3221.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33)	<b>49</b>	0.00
<b>50</b> Total New York State taxes (add lines 48 and 49)	<b>50</b>	3221.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>51</b> Part-year New York City resident tax (Form IT-360.1)	<b>51</b>	.00	<b>See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.</b>
<b>52</b> Part-year resident nonrefundable New York City child and dependent care credit	<b>52</b>	.00	
<b>52a</b> Subtract line 52 from line 51	<b>52a</b>	.00	
<b>52b</b> MCTMT net earnings base	<b>52b</b>	.00	
<b>52c</b> MCTMT	<b>52c</b>	.00	
<b>53</b> Yonkers nonresident earnings tax (Form Y-203)	<b>53</b>	.00	
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>54</b>	.00	
<b>55</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	<b>55</b>	0.00	

<b>56</b> Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	<b>56</b>	.00
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**Voluntary contributions** (see page 33)

<b>57a</b> Return a Gift to Wildlife	<b>57a</b>	.00
<b>57b</b> Missing/Exploited Children Fund	<b>57b</b>	.00
<b>57c</b> Breast Cancer Research Fund	<b>57c</b>	.00
<b>57d</b> Alzheimer's Fund	<b>57d</b>	.00
<b>57e</b> Olympic Fund (\$2 or \$4)	<b>57e</b>	.00
<b>57f</b> Prostate and Testicular Cancer Research and Education Fund	<b>57f</b>	.00
<b>57g</b> 9/11 Memorial	<b>57g</b>	.00
<b>57h</b> Volunteer Firefighting & EMS Recruitment Fund	<b>57h</b>	.00
<b>57i</b> Teen Health Education	<b>57i</b>	.00
<b>57j</b> Veterans Remembrance	<b>57j</b>	.00
<b>57k</b> Homeless Veterans	<b>57k</b>	.00
<b>57l</b> Mental Illness Anti-Stigma Fund	<b>57l</b>	.00
<b>57m</b> Women's Cancers Education and Prevention Fund	<b>57m</b>	.00
<b>57n</b> Autism Fund	<b>57n</b>	.00
<b>57o</b> Veterans' Homes	<b>57o</b>	.00
<b>57</b> Total voluntary contributions (add lines 57a through 57o)	<b>57</b>	.00
<b>58</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	<b>58</b>	3221.00



Enter your social security number 400-00-1036
--

59 Enter amount from line 58 ..... **59** 3221.00

**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00	If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return (see page 12). <b>Do not send federal Form W-2 with your return.</b>
60a NYC school tax credit (rate reduction amount)	<b>60a</b>	.00	
61 Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00	
62 Total <b>New York State</b> tax withheld	<b>62</b>	3500.00	
63 Total <b>New York City</b> tax withheld	<b>63</b>	1100.00	
64 Total <b>Yonkers</b> tax withheld	<b>64</b>	.00	
65 Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00	
<b>66 Total payments and refundable credits</b> (add lines 60 through 65)	<b>66</b>	4600.00	

**Your refund, amount you owe, and account information** (see pages 36 through 38)

67 **Amount overpaid** (if line 66 is **more than** line 59, subtract line 59 from line 66) ..... **67** 1379.00

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

69 Amount of line 67 that you want applied to your **2018** estimated tax (see instructions) ..... **69** 1379.00

69a Amount of line 67 that you want as a NYS 529 account deposit (submit Form IT-195) ..... **69a** .00

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 an **X** in the box  and fill in lines 73 and 74. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return..... **70** .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37) ..... **71** .00

72 Other penalties and interest (see page 37) ..... **72** .00

**Refund?** Direct deposit is the easiest, fastest way to get your refund.  
**See page 37 for payment options.**

**See page 40 for the proper assembly of your return.**

73 Account information for direct deposit or electronic funds withdrawal (see page 38).  
 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. 38)

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 38) ..... Date  Amount  .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( )
E-mail:	

**See instructions for where to mail your return.**



# NYC-1127 Test Case Three

Begins on the next page

Taxpayer name	HEAT 2017 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 2017 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.



PRINT OR TYPE ▼

Enter 2-character special condition code if applicable. (See instructions):

First names and initials of employee and spouse: <b>Lynette &amp; Paul</b>		Last name: <b>HEAT 2017 HEATHER</b>		Name Change <input checked="" type="checkbox"/>		<input type="checkbox"/> AMENDED RETURN	
Home address (number and street): <b>2525 Juniper Street</b>		Apt. no.:		Address Change <input checked="" type="checkbox"/>		TAXPAYER'S EMAIL ADDRESS <b>Lynette@heather.com</b>	
City and State: <b>Paul ID</b>		Zip Code: <b>83347</b>		Country (if not US)		EMPLOYEE'S SOCIAL SECURITY NUMBER <b>4 0 0 - 0 0 - 1 0 3 5</b>	
NYC Department or Agency where employed: Employee ▼ <b>Finance</b>		Spouse ▼ <b>Finance</b>				SPOUSE'S SOCIAL SECURITY NUMBER <b>4 0 0 - 0 0 - 1 9 9 9</b>	
Daytime telephone number:		<b>9 1 7</b>		<b>5 5 5</b>		<b>1 2 1 2</b>	

**1 - FILING STATUS**

A.  MARRIED FILING JOINTLY OR SURVIVING SPOUSE **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.

B.  HEAD OF HOUSEHOLD C.  SINGLE OR MARRIED FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2017 ..... EMPLOYEE: 12 SPOUSE: 12

B. DATE RETIRED FROM NYC SERVICE ..... EMPLOYEE: - - SPOUSE: - -

C.  CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

A. <b>Payment</b>	Amount being paid electronically with this return .....	A.	Payment Amount	
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**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 the amount?	Amount
1	NYS Taxable Income. See instructions. ◆ NYS IT-201, line 37 ◆ NYS IT-203, line 36 <b>Note:</b> 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.	89,925
2	Section 1127 liability plus Other New York City Taxes, if any. See instructions. ◆ Page 2 liability rate schedules ◆ NYS IT-201, line 51	3,261
3	New York City School tax and other credits ◆ See Page 2, Schedule B and Instructions	318
4	New York City 1127 amount withheld ◆ Form 1127.2	4,250
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.)	1,307

**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: \_\_\_\_\_ 04-16-2018 \_\_\_\_\_  
YOUR SIGNATURE DATE

PREPARER'S USE ONLY	123-45-6789	04-12-2018	Donald@DDuckCPA.com
	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	EIN OR SSN OR PTIN	DATE
	Donald Duck	500 2nd Ave New York, New York 10022	
	PREPARER'S PRINTED NAME	ADDRESS	CITY STATE ZIP CODE

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  
P.O. 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

**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: \$ ..... = ..... % Line 1: \$ ..... <b>Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.</b>
5	Check only one box:	<input type="checkbox"/> Standard Deduction: \$8,000. <b>OR</b> <input type="checkbox"/> Itemized deduction: \$ ..... X ..... % = (See instructions) amount from IT 201, line 34 amount from IT 203, line 33
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).	♦ NYS IT-201, line 36; NYS IT-203, line 35.
7	Total Deductions and Exemptions	♦ Line 5 + line 6
8	Allocated New York State Taxable Income	♦ Line 3 less line 7. Enter on Page 1, line 1.

**SCHEDULE B** Nonrefundable credits

Line	Where do I get the amount?	Amount
A1.	NYC School Tax Credit (fixed amount)	♦ See Instructions 125
A2.	NYC School Tax Credit (rate reduction amount)	♦ See Instructions 193
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.	NYC 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 A1 - G	♦ enter on page 1, line 3 318

NEW YORK CITY 1127 LIABILITY RATES	Table A - Married filing jointly or surviving spouse				
	If Form NYC-1127, line 1 is:				
	<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>		
	\$ 0	\$ 21,600	3.078%	of Form 1127, line 1	
	\$ 21,600	\$ 45,000	\$ 665 plus 3.762%	of the excess over \$ 21,600	
	\$ 45,000	\$ 90,000	\$ 1,545 plus 3.819%	of the excess over \$ 45,000	
	\$ 90,000		\$ 3,264 plus 3.876%	of the excess over \$ 90,000	
	Table B - Head of household				
	If Form NYC-1127, line 1 is:				
	<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>		
\$ 0	\$ 14,400	3.078%	of Form 1127, line 1		
\$ 14,400	\$ 30,000	\$ 443 plus 3.762%	of the excess over \$ 14,400		
\$ 30,000	\$ 60,000	\$ 1,030 plus 3.819%	of the excess over \$ 30,000		
\$ 60,000		\$ 2,176 plus 3.876%	of the excess over \$ 60,000		
Table C - Single or married filing separately					
If Form NYC-1127, line 1 is:					
<b>OVER</b>	<b>BUT NOT OVER</b>	<b>THE LIABILITY IS:</b>			
\$ 0	\$ 12,000	3.078%	of Form 1127, line 1		
\$ 12,000	\$ 25,000	\$ 369 plus 3.762%	of the excess over \$ 12,000		
\$ 25,000	\$ 50,000	\$ 858 plus 3.819%	of the excess over \$ 25,000		
\$ 50,000		\$ 1,813 plus 3.876%	of the excess over \$ 50,000		





Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning .....

17

and ending .....

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

Your first name and middle initial LYNETTE		Your last name (for a joint return, enter spouse's name on line below) HEATHER		Your date of birth (mmddyyyy) 10291954	Your social security number 400-00-1035
Spouse's first name and middle initial PAUL		Spouse's last name HEATHER		Spouse's date of birth (mmddyyyy) 06181953	Spouse's social security number 400-00-1999
Mailing address (see instructions, page 13) (number and street or PO box) 2525 Juniper Street				Apartment number	New York State county of residence
City, village, or post office Paul		State IN	ZIP code 83347	Country (if not United States)	School district name
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	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 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 2017 federal income tax return? Yes  No

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

**D1** Did you have a financial account located in a foreign country? (see page 14) Yes  No

**D2 Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see pg. 14) Yes  No

(2) Enter the amount .....  .00

**D3** Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes  No

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

(1) Number of months you lived in NY City in 2017 ....

(2) Number of months your spouse lived in NY City in 2017 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 15) .....

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

Enter the date you moved into or out of NYS (mmddyyyy) .....

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 2017? ..... Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.

203001170094



For office use only

Enter your social security number  
400-00-1035

**Federal 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
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	.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 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	.00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12</b> .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
15	Taxable amount of social security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income (see page 23) Identify: Misc	16	25000.00	16	0.00
17	Add lines 1 through 11 and 13 through 16 .....	17	243475.00	17	215000.00
18	Total federal adjustments to income (see page 23) Identify:	18	137500.00	18	137500.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17)	19	104975.00	19	77500.00

**New 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	104975.00	23	77500.00

**New 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	0.00	30	0.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23)	31	104975.00	31	77500.00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 104975.00

**Standard deduction or itemized deduction** (see page 28)

33	Enter your <b>standard deduction</b> (table on page 28) or your <b>itemized deduction</b> (from Form IT-203-D). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	16050.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	34	88925.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28) .....	35	000.00
36	<b>New York taxable income</b> (subtract line 35 from line 34) .....	36	88925.00





**Tax computation, credits, and other taxes**

<b>37</b> New York taxable income (from line 36 on page 2)	<b>37</b>	88925.00
<b>38</b> New York State tax on line 37 amount (see page 29)	<b>38</b>	5055.00
<b>39</b> New York State household credit (page 29, table 1, 2, or 3)	<b>39</b>	.00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	<b>40</b>	5055.00
<b>41</b> New York State child and dependent care credit (see page 30)	<b>41</b>	.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	<b>42</b>	5055.00
<b>43</b> New York State earned income credit (see page 30)	<b>43</b>	.00

<b>44</b> Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	<b>44</b>	5055.00
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<b>45</b> Income percentage (see page 30)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
	<input type="text"/> 77500.00	<input type="text"/> 104975.00	<b>45</b> 73.8271

<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45)	<b>46</b>	3732.00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8)	<b>47</b>	.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	<b>48</b>	3732.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33)	<b>49</b>	.00
<b>50</b> Total New York State taxes (add lines 48 and 49)	<b>50</b>	3732.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>51</b> Part-year New York City resident tax (Form IT-360.1)	<b>51</b>	.00	<b>See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.</b>
<b>52</b> Part-year resident nonrefundable New York City child and dependent care credit	<b>52</b>	.00	
<b>52a</b> Subtract line 52 from line 51	<b>52a</b>	.00	
<b>52b</b> MCTMT net earnings base	<b>52b</b>	.00	
<b>52c</b> MCTMT	<b>52c</b>	.00	
<b>53</b> Yonkers nonresident earnings tax (Form Y-203)	<b>53</b>	.00	
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>54</b>	.00	
<b>55</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	<b>55</b>	0.00	
<b>56</b> Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	<b>56</b>	0.00	

**Voluntary contributions** (see page 33)

<b>57a</b> Return a Gift to Wildlife	<b>57a</b>	.00
<b>57b</b> Missing/Exploited Children Fund	<b>57b</b>	.00
<b>57c</b> Breast Cancer Research Fund	<b>57c</b>	.00
<b>57d</b> Alzheimer's Fund	<b>57d</b>	.00
<b>57e</b> Olympic Fund (\$2 or \$4)	<b>57e</b>	.00
<b>57f</b> Prostate and Testicular Cancer Research and Education Fund	<b>57f</b>	.00
<b>57g</b> 9/11 Memorial	<b>57g</b>	.00
<b>57h</b> Volunteer Firefighting & EMS Recruitment Fund	<b>57h</b>	.00
<b>57i</b> Teen Health Education	<b>57i</b>	.00
<b>57j</b> Veterans Remembrance	<b>57j</b>	.00
<b>57k</b> Homeless Veterans	<b>57k</b>	.00
<b>57l</b> Mental Illness Anti-Stigma Fund	<b>57l</b>	.00
<b>57m</b> Women's Cancers Education and Prevention Fund	<b>57m</b>	.00
<b>57n</b> Autism Fund	<b>57n</b>	.00
<b>57o</b> Veterans' Homes	<b>57o</b>	.00
<b>57</b> Total voluntary contributions (add lines 57a through 57o)	<b>57</b>	0.00
<b>58</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	<b>58</b>	3732.00



Enter your social security number 400-00-1035
--

59 Enter amount from line 58 ..... **59** 3732.00

**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00
60a NYC school tax credit (rate reduction amount)	<b>60a</b>	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00
62 Total <b>New York State</b> tax withheld	<b>62</b>	3750.00
63 Total <b>New York City</b> tax withheld	<b>63</b>	1250.00
64 Total <b>Yonkers</b> tax withheld	<b>64</b>	.00
65 Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00
66 Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	5000.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 12).  
**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information** (see pages 36 through 38)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	<b>67</b>	1268.00
68 Amount of line 67 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit to checking or savings account (fill in line 73) - or - <input type="checkbox"/> paper check	<b>68</b>	.00
69 Amount of line 67 that you want applied to your 2018 estimated tax (see instructions)	<b>69</b>	1268.00
69a Amount of line 67 that you want as a NYS 529 account deposit (submit Form IT-195)	<b>69a</b>	.00
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 an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	<b>70</b>	.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37)	<b>71</b>	.00
72 Other penalties and interest (see page 37)	<b>72</b>	.00

**Refund?** Direct deposit is the easiest, fastest way to get your refund.  
**See page 37 for payment options.**

**See page 40 for the proper assembly of your return.**

73 Account information for direct deposit or electronic funds withdrawal (see page 38).  
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. 38)

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 38) Date  Amount  .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( )
E-mail:	

**See instructions for where to mail your return.**

