

**UR Postdoctoral Fellowship Tax Information Session**  
**February 26, 2024**  
**Detailed Example**

**2023 Tax Return Example – Leslie Postdoc - Single filer, postdoctoral fellow has income from fellowship and no W-2 income.**

2023 Tax Forms Received:

1. UR postdoctoral fellowship letter - \$50,000 fellowship and University contribution of \$10,000 for benefits for 2023 calendar year.
2. No other tax forms received.

Other Assumptions:

1. Filing status is single.
2. Fellow has no dependents.
3. Fellow cannot be claimed as a dependent on someone else's tax return.
4. Fellow is a NY resident and not a resident of any other state for tax purposes.
5. Not eligible for any other credit for IRS or NY state tax purposes.
6. Fellow made estimated tax payments for 2023 as follows:
  - a. Estimated tax paid to IRS for 2023 tax year: \$5,000
  - b. Estimated tax paid to NYS for 2023 tax year: \$2,000

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial Leslie Last name Postdoc Your social security number
If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Foreign country name Foreign province/state/county Foreign postal code Foreign postal code
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
You Spouse

Filing Status [X] Single [ ] Head of household (HOH)
[ ] Married filing jointly (even if only one had income)
[ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependents Leslie and Postdoc.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a. 1d Medicaid waiver payments not reported on Form(s) W-2. 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions). 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h.

Table with rows 2a through 6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income. 12 Standard deduction or itemized deductions (from Schedule A). 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	5,466
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	5,466
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	0
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,466
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	5,466	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	0
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	5,000
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	0	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	5,000	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	0
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
	<b>b</b>	Routing number _____ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number _____		
<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	466
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	0

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
Firm's address				Firm's EIN

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Leslie Postdoc

Your social security number

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	60,000	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	60,000
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	60,000

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		<b>26</b>	



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-201

For the full year January 1, 2023, through December 31, 2023, or fiscal year beginning ... 23

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your Social Security number	
LESLIE			POSTDOC			000000000	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number	
Mailing address (see instructions) (number and street or PO Box)					Apartment number	New York State county of residence	
City, village, or post office			State	ZIP code	Country	School district name	
Taxpayer's permanent home address (see instructions) (number and street or rural route)					Apartment number	School district code number	
City, village, or post office			State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
			<b>NY</b>				

- A Filing status**  
(mark an **X** in one box):
- ①  Single
  - ②  Married filing joint return (enter spouse's Social Security number above)
  - ③  Married filing separate return (enter spouse's Social Security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying surviving spouse

**B Did you itemize** your deductions on your 2023 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? ..... Yes  No

**D2** (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? ... Yes  No   
If Yes:

(2) Number of months **you** lived in Yonkers in 2023 .....

(3) Number of months **your spouse** lived in Yonkers in 2023 .....

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ..... Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? ..... Yes  No

(2) Enter the number of days spent in NYC in 2023 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only:**  
(1) Number of months **you** lived in NYC in 2023 .....

(2) Number of months **your spouse** lived in NYC in 2023 .....

**G** Enter your **2-character special condition code(s)** if applicable .....

### H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

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

201001231039



For office use only

Your Social Security number  
000000000

**Federal income and adjustments**

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	.00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income 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
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11 .....	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27) .....	15	.00
16	Other income Identify: POSTDOCTORAL FELLOWSHIP	16	60000.00
17	Add lines 1 through 11 and 13 through 16 .....	17	60000.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) .....	19	60000.00

**New York additions**

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements .....	21	.00
22	New York's 529 college savings program distributions .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	60000.00

**New York subtractions**

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 the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion .....	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18) .....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	New York adjusted gross income (subtract line 32 from line 24) .....	33	60000.00

**Standard deduction or itemized deduction**

34	Enter your <b>standard deduction</b> or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	52000.00
36	Dependent exemptions (enter the number of dependents listed in item H) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	52000.00



Name(s) as shown on page 1  
LESLIE POSTDOC

Your Social Security number  
000000000

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

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	52000 .00
<b>39</b> NYS tax on line 38 amount .....	<b>39</b>	2697 .00
<b>40</b> NYS household credit .....	<b>40</b>	.00
<b>41</b> Resident credit .....	<b>41</b>	.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	2697 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	2697 .00

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

<b>47</b> NYC taxable income .....	<b>47</b>	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges.
<b>47a</b> NYC resident tax on line 47 amount .....	<b>47a</b>	.00	
<b>48</b> NYC household credit .....	<b>48</b>	.00	
<b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	.00	
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00	
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00	
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	.00	
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00	
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	.00	
<b>54a</b> MCTMT net earnings base for Zone 1 ..	<b>54a</b>	.00	
<b>54b</b> MCTMT net earnings base for Zone 2 ..	<b>54b</b>	.00	
<b>54c</b> MCTMT for Zone 1 .....	<b>54c</b>	.00	
<b>54d</b> MCTMT for Zone 2 .....	<b>54d</b>	.00	
<b>54e</b> Total MCTMT (add lines 54c and 54d) .....	<b>54e</b>	.00	
<b>55</b> Yonkers resident income tax surcharge .....	<b>55</b>	.00	
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00	
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) ..	<b>57</b>	.00	
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) ..	<b>58</b>	.00	
<b>59</b> Sales or use tax (do not leave blank) .....	<b>59</b>	0 .00	
<b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1) .....	<b>60</b>	.00	
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	2697 .00	





Your Social Security number
000000000

62 Enter amount from line 61 ..... 62 2697.00

Payments and refundable credits

Table with 3 columns: Line number, Description, Amount. Includes lines 63-75 for various credits and taxes.

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

76 Total payments (add lines 63 through 75) ..... 76 2000.00

Your refund, amount you owe, and account information

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... 77 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77) ..... 78 .00

TIP: Use this amount to check your refund status online.

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

78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) ..... 78b .00

Mark one refund choice: [ ] direct deposit to checking or savings account (fill in line 83) - or - [ ] paper check

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

79 Amount of line 77 that you want applied to your 2024 estimated tax (see instructions) ..... 79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box [ ] and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .... 80 697.00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77) ..... 81 .00

See instructions for the proper assembly of your return.

82 Other penalties and interest ..... 82 .00

83 Account information for direct deposit or electronic funds withdrawal. 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..... [ ]

83a Account type: [ ] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

83b Routing number [ ] 83c Account number [ ]

84 Electronic funds withdrawal ..... Date [ ] Amount [ ] .00

Third-party designee? (see instr.) Print designee's name, Designee's phone number, Personal identification number (PIN), Email: Yes [ ] No [ ]

Paid preparer must complete (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, Email:

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email:

