

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____ [5]	
School district	_____ [6]	

Use Tax

Use tax due but receipts or records not available ___[7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	___[8]	Volunteer Firefighting and EMS Recruitment Fund	___[15]
Missing or Exploited Children Fund	___[9]	Teen Health Education	___[16]
Breast Cancer Research Fund	___[10]	Veterans Remembrance	___[17]
Alzheimer's Fund	___[11]	Homeless Veterans	___[18]
Olympic Fund (Maximum \$2 per filer)	___[12]	Mental illness anti-stigma fund	___[19]
Prostate and testicular cancer research and education fund	___[13]	Women's cancer education and prevention fund	___[20]
9/11 Memorial	___[14]		

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less ___[21]

Mark if you lived in a nursing home and qualify for credit ___[22]

Enter amounts received for cash public assistance and relief _____ [23]

Enter any other income not reported elsewhere _____ [24]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____ [25]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____ [26]

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____ [27]

Rent includes charges for (Specify) ___[28]

4 = Heat, gas, electricity, furnishings and board	2 = Heat, gas and electricity	
3 = Heat, gas, electricity and furnishings	1 = Heat or heat and gas	

Part-year Resident and Nonresident Information

	New York State	New York City	Yonkers	New York City	Yonkers
			Taxpayer		Spouse
Part-year residency dates:					
From	_____ [29]	_____ [31]	_____ [33]	_____ [35]	_____ [37]
To	_____ [30]	_____ [32]	_____ [34]	_____ [36]	_____ [38]
County of residence while a nonresident of New York City	_____ [39]		_____ [40]		

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you ___[41]

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you ___

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____