



Form ID: NY 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]	Autism Awareness and Research Fund	_____ [21]
Missing or Exploited Children Clearinghouse Fund	_____ [9]	Veterans' Homes Assistance Fund	_____ [22]
Breast Cancer Research and Education Fund	_____ [10]	Love Your Library Fund	_____ [23]
Alzheimer's Disease Fund	_____ [11]	Lupus Fund	_____ [24]
Olympic Fund (Maximum \$2 per filer)	___ [12]	Military Family Fund	_____ [25]
Prostate and Testicular Cancer Research and Education Fund	_____ [13]	CUNY Fund	_____ [26]
9/11 Memorial	_____ [14]	Life Pass it on Fund	_____ [27]
Volunteer Firefighting and EMS Recruitment Fund	_____ [15]	ALS Research Fund	_____ [28]
Teen Health Education Fund	_____ [16]	School-based Health Centers	_____ [29]
Veterans Remembrance and Cemetery Fund	_____ [17]	Gifts to Food Banks Fund	_____ [30]
Homeless Veterans Assistance Fund	_____ [18]	Meals on Wheels for Seniors	_____ [31]
Mental Illness Anti-Stigma Fund	_____ [19]	Gifts to the Arts Fund	_____ [32]
Women's Cancers Education and Prevention Fund	_____ [20]		

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less _____ [33]

Mark if you lived in a nursing home and qualify for credit _____ [33]

Enter amounts received for cash public assistance and relief _____ [34]

Enter any other income not reported elsewhere _____ [35]

Homeowners: _____ [36]

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

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____ [37]

Tenants: _____ [38]

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

Rent includes charges for (Specify) _____ [39]

4 = Heat, gas, electricity, furnishings and board	2 = Heat, gas and electricity	0 = Nothing included
3 = Heat, gas, electricity and furnishings	1 = Heat or heat and gas	

_____ [40]

New York - Part-year Resident and Nonresident Information

	Taxpayer			Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	_____ [1]	_____ [3]	_____ [5]	_____ [7]	_____ [9]
To	_____ [2]	_____ [4]	_____ [6]	_____ [8]	_____ [10]
County of residence while a nonresident of New York City		_____ [11]		_____ [12]	

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 _____ [13]

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City) _____

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, NYC = New York City) _____

NOTES/QUESTIONS: