



2020

General Information:

Resident county

School district name

School district code number

Taxpayer Spouse

Driver's license document ID (if issued by NY)

Did you make out of state, Internet or catalog purchases on which no sales tax was paid?

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY

Did you receive a property tax freeze credit?

If Yes, enter the amount

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government?

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City ZIP code

Foreign country

Residency Information:

From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in New York state for all of 2020, enter the dates you did live in New York

If you were not a resident of New York state for any of 2020, enter the number of days spent in the state

Were you a part-year resident and received New York State income during nonresidency period?

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

Do you still maintain these living quarters in New York?

Were New York State living quarters maintained for the entire year?

Were you a New York City resident for only part of the taxable year?

From To (Mo/Da/Yr) (Mo/Da/Yr)

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year?

From To (Mo/Da/Yr) (Mo/Da/Yr)

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2020?

Did you reside in public housing or other residence completely exempted from real property taxes in 2020?



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Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account? [Yes] [No]
If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Would you like to allocate some or all of your refund to a New York 529 College Savings Program? [] []

Plan code:
552 - College Savings Program Direct Plan
553 - Advisor Guided College Savings Program

Table with 4 columns: Routing Number, Plan Code, Account Number, 2020 Amount to Contribute

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Table listing various funds such as Return a Gift to Wildlife, Autism Fund, Veterans' Homes, etc., with corresponding input boxes for contribution amounts.

Enter Any Additional New York Information:

Large empty rectangular box for entering additional information.



2020

New York - Worksheet

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

Job #1	
	T/S ____
Wages earned	<input type="text"/>
Total days employed if less than full year	_____
Saturdays and Sundays (not worked)	_____
Holidays (not worked)	_____
Sick leave	_____
Vacation	_____
Other nonworking days	_____
Days worked outside state/city	_____
Days worked at home	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____

Job #2	
	T/S ____
Wages earned	<input type="text"/>
Total days employed if less than full year	_____
Saturdays and Sundays (not worked)	_____
Holidays (not worked)	_____
Sick leave	_____
Vacation	_____
Other nonworking days	_____
Days worked outside state/city	_____
Days worked at home	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____

Job #3	
	T/S ____
Wages earned	<input type="text"/>
Total days employed if less than full year	_____
Saturdays and Sundays (not worked)	_____
Holidays (not worked)	_____
Sick leave	_____
Vacation	_____
Other nonworking days	_____
Days worked outside state/city	_____
Days worked at home	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____

Job #4	
	T/S ____
Wages earned	<input type="text"/>
Total days employed if less than full year	_____
Saturdays and Sundays (not worked)	_____
Holidays (not worked)	_____
Sick leave	_____
Vacation	_____
Other nonworking days	_____
Days worked outside state/city	_____
Days worked at home	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____