



2022

New York Information (Page 1 of 2)

General Information:

Resident county _____

School district name _____

School district code number _____

Taxpayer	Spouse
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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? Yes No
 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? Yes No
 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? Yes No

Permanent Home Address if Different from Mailing Address:

Street _____
 Apartment number _____
 City _____ ZIP code _____
 Foreign country _____

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If you did not live in New York state for all of 2022, enter the dates you did live in New York _____

If you were not a resident of New York state for any of 2022, enter the number of days spent in the state _____

Were you a part-year resident and received New York State income during nonresidency period? Yes No

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? Yes No
 Were New York State living quarters maintained for the entire year? Yes No
 Were you a New York City resident for only part of the taxable year? Yes No

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If Yes, enter the dates you did live in New York City _____

Were you a Yonkers resident for only part of the taxable year? Yes No

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If Yes, enter the dates you did live in Yonkers _____

Did you live in a nursing home during 2022? Yes No
 Did you reside in public housing or other residence completely exempted from real property taxes in 2022? Yes No



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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:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 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

Routing Number	Plan Code	Account Number	2022 Amount to Contribute

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2022 tax return to:

Return a Gift to Wildlife	<input type="text"/>	Love Your Library Fund	<input type="text"/>
Missing and Exploited Children	<input type="text"/>	Lupus Fund	<input type="text"/>
Breast Cancer Research	<input type="text"/>	Military Family Fund	<input type="text"/>
Alzheimer's Fund	<input type="text"/>	CUNY Fund	<input type="text"/>
Olympic Fund (\$2 or \$4 if filing jointly)	<input type="text"/>	Home Delivered Meals for Seniors	<input type="text"/>
Prostate Cancer	<input type="text"/>	Life Pass It On Fund	<input type="text"/>
9/11 Memorial	<input type="text"/>	Gift to the Arts Fund	<input type="text"/>
Volunteer Firefighting	<input type="text"/>	ALS Research and Education	<input type="text"/>
Teen Health Education	<input type="text"/>	School-Based Health Centers	<input type="text"/>
Veterans Remembrance	<input type="text"/>	Gifts to Food Banks Fund	<input type="text"/>
Homeless Veterans	<input type="text"/>	Leukemia, Lymphoma, and Myeloma Fund	<input type="text"/>
Mental Illness Anti-Stigma	<input type="text"/>	New York State Campaign Finance Fund	<input type="text"/>
Women's Cancers Fund	<input type="text"/>	Firearm Violence Research Fund	<input type="text"/>
William B. Hoyt Memorial Children and Family Trust Fund	<input type="text"/>	Retired and Rescued Thoroughbred Race Horse Aftercare	<input type="text"/>
Substance Use Disorder Education and Recovery Fund	<input type="text"/>	Retired and Rescued Standardbred Race Horse Aftercare	<input type="text"/>
Autism Fund	<input type="text"/>	Gifts for the State Library System	<input type="text"/>
Veterans' Homes	<input type="text"/>	Gift for Lyme and Tick-Borne Diseases Education, Research, and Prevention	<input type="text"/>

Enter Any Additional New York Information:



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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	Job #2
	T/S ____	T/S ____
Wages earned	<input type="text"/>	<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	Job #4
	T/S ____	T/S ____
Wages earned	<input type="text"/>	<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	_____	_____