

New York Information (Page 1 of 2)

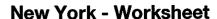
General Information:

Resident county	
School district name	
School district code number	Taxpayer Spouse
Driver's license document ID (if issued by NY)	1 axpayer Spouse
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	Yes No
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?	Yes No
Permanent Home Address if Different from Mailing Address:	
Street	
Apartment number ZIP code	·
Foreign country	
Residency Information:	From To (Mo/Da/Yr)
If you did not live in New York state for all of 2019, enter the dates you did live in New York	
If you were not a resident of New York state for any of 2019, 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	
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 To (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?	Yes No
If Yes, enter the dates you did live in Yonkers	From To (Mo/Da/Yr) (Mo/Da/Yr)
Did you live in a nursing home during 2019?	Yes No



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	ignated Beneficiary	Social Security Number	Account Number	Contributed
				Contributed
			-	
uld you like to allocate some o	or all of your refund to a New Yo	ork 529 College Savings Pr	ogram?	
n code:		No. O. d.	A	2019 Amount
2 - College Savings Program	Routing Number	Plan Code	Account Number	Contribute
Direct Plan				
3 - Advisor Guided College Savings Program				
ntary Gifts/Contributio				
	ontribute on your 2019 tax retur		A	
• •	um a Gift to Wildlife			
			und	
Breast Cancer Research			' Homes	
Alzheimer's Fund Olympic Fund (\$2 or \$4 if filin			ind	
Prostate Cancer		• • • • • • • • • • • • • • • • • • •	amily Fund	
9/11 Memorial			ind	
Volunteer Firefighting			Wheels for Seniors	
Teen Health Education			It On Fund	
Veterans Remembrance			e Arts Fund	
Homeless Veterans			earch and Education	
Mental Illness Anti-Stigma		School-Based Health Centers		
		Gifts to F	ood Banks Fund	





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		
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		
Select state/city. W1, Tolikers of W1/Tolikers		
	Job #3	Job #4
	T/S	T/S
Wages earned		
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	I ——	