



2019

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 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 _____

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 2019? Yes No
 Did you reside in public housing or other residence completely exempted from real property taxes in 2019? Yes No



2019

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 4 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2019 Amount Contributed

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

Yes No

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

Table with 4 columns: Routing Number, Plan Code, Account Number, 2019 Amount to Contribute

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2019 tax return to:

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

Enter Any Additional New York Information:

Large empty rectangular box for entering additional information.



2019

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.

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

Job #1
T/S ____
<input type="text"/>

Job #2
T/S ____
<input type="text"/>

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

Job #3
T/S ____
<input type="text"/>

Job #4
T/S ____
<input type="text"/>

