

## **New York Information (Page 1 of 2)**

## General Information: Resident county \_\_\_\_\_\_ School district name School district code number Spouse **Taxpayer** 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 ...... 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 Permanent Home Address if Different from Mailing Address: Apartment number ZIP code City Foreign country . . . . . . . \_ From **Residency Information:** (Mo/Da/Yr) If you did not live in New York state for all of 2021, enter the dates you did live in New York . . . . . . . . . If you were not a resident of New York state for any of 2021, 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: No Yes Do you still maintain these living quarters in New York? Yes No 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? Yes From (Mo/Da/Yr) If Yes, enter the dates you did live in New York City Yes No Were you a Yonkers resident for only part of the taxable year? From (Mo/Da/Yr) (Mo/Da/Yr) If Yes, enter the dates you did live in Yonkers No Yes Did you reside in public housing or other residence completely exempted from real property taxes in 2021? . . No





## **Education Savings:**

Routing Number Plan Code Account Number Contribute 2 - College Savings Program Direct Plan 3 - Advisor Guided College Savings Program  Suntary Gifts/Contributions:  Inter the amount you wish to contribute on your 2021 tax return to:  Return a Gift to Wildlife Autism Fund Veterans' Homes  Breast Cancer Research Love Your Library Fund Lupus Fund  Clympic Fund (\$2 or \$4 if filing jointly) Military Family Fund  Clympic Fund (\$2 or \$4 if filing jointly) Fund Home Delivered Meals for Seniors  Volunteer Firefighting Life Pass It On Fund  Teen Health Education Gift to the Arts Fund  Women's Cancers Fund  Substance Use Disorder Education and Recovery Fund  Substance Use Disorder Education and Recovery Fund	S Name of Designated Beneficiary		Social Security Number	Account Number	2021 Amount Contributed
Routing Number Plan Code Account Number Contribute 52 - College Savings Program Direct Plan 53 - Advisor Guided College Savings Program  Suntary Gifts/Contributions: Enter the amount you wish to contribute on your 2021 tax return to:  Return a Gift to Wildlife Missing and Exploited Children Love Your Library Fund Lupus Fund Diympic Fund (\$2 or \$4 if filling jointly) Military Family Fund CUNY Fund Homeo Belivered Meals for Seniors Volunteer Firefighting Gift to the Arts Fund Gift to the Arts Fund Homeless Veterans Mental Illness Anti-Stigma Gifts to Food Banks Fund Women's Cancers Fund Gifts or School-Based Health Centers Genevier Fund Gunt Violence Research How Women's Cancers Fund Gifts to Food Banks Fund Leukemia, Lymphoma, and Myeloma Fund Mwilliam B. Hoyt Memorial Children and Family Trust Fund Gun Violence Research Fund Gun Violence Research Fund Gun Violence Research Fund			<del>   </del>		
Plan code: 52 - College Savings Program Direct Plan Direct Plan S3 - Advisor Guided College Savings Program  Luntary Gifts/Contributions: Enter the amount you wish to contribute on your 2021 tax return to:  Return a Gift to Wildlife Missing and Exploited Children Breast Cancer Research Alzheimer's Fund Olympic Fund (\$2 or \$4 if filing jointly) Prostate Cancer 9/11 Memorial Volunteer Firefighting Teen Health Education Veterans Remembrance Homeless Veterans Mental Illness Anti-Stigma Women's Cancers Fund William B. Hoyt Memorial Children and Family Trust Fund Substance Use Disorder Education and Recovery Fund  Routing Number Plan Code Account Number  Plan Code Account Number  Plan Code Account Number  Plan Code Account Number  2021 Amount Contribute  Autism Fund  Veterans' Homes  Autism Fund Veterans' Homes  Love Your Library Fund Lupus Fund Lupus Fund  Loupus Fund  Military Family Fund CUNY Fund Home Delivered Meals for Seniors Life Pass It On Fund Gift to the Arts Fund  ALS Research and Education School-Based Health Centers Gifts to Food Banks Fund Leukemia, Lymphoma, and Myeloma Fund Mew York State Campaign Finance Fund Gun Violence Research Fund			-		
Routing Number Plan Code Account Number Contribute   Scalar State   Scalar State	Vould you like to allocate some or al	l of your refund to a New York	: 529 College Savings Pro	ogram?	
Sluntary Gifts/Contributions:  Enter the amount you wish to contribute on your 2021 tax return to:  Return a Gift to Wildlife Missing and Exploited Children Breast Cancer Research Alzheimer's Fund Olympic Fund (\$2 or \$4 if filing jointly) Prostate Cancer 9/11 Memorial Volunteer Firefighting Teen Health Education Veterans Remembrance Homeless Veterans Mental Illness Anti-Stigma Women's Cancers Fund William B. Hoyt Memorial Children and Family Trust Fund Substance Use Disorder Education and Recovery Fund  Substance Use Disorder Education and Recovery Fund  Autism Fund Veterans' Homes Love Your Library Fund Lupus Fund Lupus Fund Lupus Fund Lupus Fund Home Delivered Meals for Seniors Life Pass It On Fund Gift to the Arts Fund ALS Research and Education School-Based Health Centers Mental Illness Anti-Stigma Leukemia, Lymphoma, and Myeloma Fund New York State Campaign Finance Fund Gun Violence Research Fund	Plan code: 552 - College Savings Program	Routing Number	Plan Code	Account Number	2021 Amount Contribute
Enter the amount you wish to contribute on your 2021 tax return to:  Return a Gift to Wildlife Missing and Exploited Children Breast Cancer Research Alzheimer's Fund Olympic Fund (\$2 or \$4 if filing jointly) Prostate Cancer 9/11 Memorial Volunteer Firefighting Teen Health Education Veterans Remembrance Homeless Veterans Mental Illness Anti-Stigma Women's Cancers Fund William B. Hoyt Memorial Children and Family Trust Fund Substance Use Disorder Education and Recovery Fund  Autism Fund Veterans Home Veterans Homes Love Your Library Fund Lupus Fund Veterans Homes Love Your Library Fund Veterans Homes Love Your Library Fund Veterans Homes Lupus Fund Military Family Fund CUNY Fund Home Delivered Meals for Seniors Life Pass It On Fund Gift to the Arts Fund ALS Research and Education School-Based Health Centers Gifts to Food Banks Fund Leukemia, Lymphoma, and Myeloma Fund New York State Campaign Finance Fund Gun Violence Research Fund	553 · Advisor Guided College				
Substance Use Disorder Education and Recovery Fund	Alzheimer's Fund Clympic Fund (\$2 or \$4 if filing journstate Cancer 9/11 Memorial Volunteer Firefighting Teen Health Education Veterans Remembrance Homeless Veterans Mental Illness Anti-Stigma Women's Cancers Fund William B. Hoyt Memorial Childre	en and Family	Military Fa CUNY Fur Home Del Life Pass Gift to the ALS Rese School-Ba Gifts to Fo Leukemia, New York S	amily Fund  nd	
nter Any Additional New York Information:	Substance Use Disorder Educat	tion and	duit violon	lot Hesoaron Fund	
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## 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		<del></del>
Other nonworking days		
Days worked outside state/city		
Days worked at home		
Select state/city: NY, Yonkers or NY/Yonkers		
	Job #3	Job #4
	Job #3 T/S	Job #4 T/S
Wages earned		
Wages earned		
•		
Total days employed if less than full year		
Total days employed if less than full year		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked)		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation		
Total days employed if less than full year Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation Other nonworking days		