New York State Income Tax Reporting

Tax Year: **Select Year**

For Both New & Returning Clients who live and / or work in the NYC / NYS

Today's Date:

MM / DD / YYYY

Please fill-in capital letters.

Tax Payer Name:

(Per Social Security Record)

Last Name

First

Middle

Personal Email Address:

(Preferred Email Address)

Please use only this and only one email with us.

e.g. Gmail, Hotmail, Yahoo etc. used in TRE 1.

Cell Phone:

XXX-XXX-XXXX

ONLY For NY State & / or NY City Taxpayers

NY 1 **New York State Tax Filers ONLY**

(1) NYS Property Tax Relief Credit Declaration – CTY

Did You Receive Homeowner Tax Rebate Credit or Or Property Tax Relief Credit?

If you do not reply, "No" will be assumed.

Attach Copy of the NYS Letter

Yes ☐ **No** ☐

If Yes, Amount **Amount $** _____

(2) NYS STAR Credit Declaration – CTY

Did You Receive NY Star Credit?

If you do not reply, "No" will be assumed.

Yes ☐ **No** ☐

If Yes, Amount **Amount $** _____

Attach Copy of the NYS Letter

(3) Did you own and primarily reside for six months or more in the Current Tax Year (CTY) in the real property that received the STAR exemption or that qualified you for the Star Credit?

Yes ☐ **No** ☐

(4) Did you own real property with a current market value of more than $85,000 in the Current Tax Year (CTY) ?

Yes ☐ **No** ☐

NY 2

New York State Charitable Gifts Trust Fund If you do not reply, "No" will be assumed.

Did You make a contribution to NY Charitable Gift Trust Fund for:

(1) Health Charitable A/c **Yes** ☐ **No** ☐

If Yes, Amount **Amount $** _____

(2) Elementary & Secondary Education A/c **Yes** ☐ **No** ☐

If Yes, Amount **Amount $** _____

NY 3

Text as reproduced from NYS Income Tax Dept.

Confirm YES or NO: Were you required to report, under

Section 457A, any non-qualified deferred compensation on your **CTY** federal return? **Yes** ☐ **No** ☐

Please reply with your YES or NO to the question. The default answer is taken as "NO".

NY 4

Have You been convicted of violation of NY State Public Trust Act? : **Yes** ☐ **No** ☐

(Please refer to Declaration A on top of NYS IT Form IT-201-ATT and IT-203-ATTfor the actual language and related instructions.)

NY 5 **New York State Non-Resident Tax Filers ONLY**

MUST: NYS Salary Amount of your W-2 earned as NY Non-Resident

Amount $ _____

(Otherwise default amount would be taken as W-2 Box 16 amount)

NY 6 **Did you or your spouse maintain a living quarter in NY State?** **Yes** ☐ **No** ☐

NY 7 **Did you or your spouse maintain a living quarter in NY City?** **Yes** ☐ **No** ☐

NY 8 **Part year NY City Resident, NYC salary amount of your W-2** **Amount $** _____

(Otherwise default amount would be taken as W-2 Box 18 amount)

_____

Signature (**Tax Payer**)

_____

Name (**Tax Payer**)

_____

Date: **MM/DD/YYYY**