

NYC 1127 FORM FOR NONRESIDENT EMPLOYEES OF THE CITY OF NEW YORK HIRED ON OR AFTER JANUARY 4, 1973

▲ DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY ▲

2004

PRINT OR TYPE ▼

AMENDED RETURN

First names and initials of employee and spouse Last name

Home address (number and street) Apt. no.

City and State Zip Code

NYC Department or Agency where employed Employee ▼ Spouse ▼

Daytime telephone number

EMPLOYEE'S SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

EMPLOYEE

Date current employment with the City of New York began: _____

A Were you an employee of the City of New York for all of 2004? YES NO
If "NO", enter period of 2004 employment by the City of New York: from: _____ to: _____

B Were you a resident of New York City during any part of 2004? YES NO
If "YES", enter period for which you were a New York City resident from: _____ to: _____

C Did you earn any additional income in 2004 other than from the City of New York? YES NO
If "YES", state amount and include below in appropriate line (ATTACH COPIES OF W-2's) \$: _____

SPOUSE

Date current employment with the City of New York began: _____

YES NO
from: _____ to: _____

YES NO
from: _____ to: _____

YES NO
\$: _____

FILING STATUS **A.** MARRIED FILING JOINTLY OR SURVIVING SPOUSE **B.** HEAD OF HOUSEHOLD **C.** SINGLE OR MARRIED FILING SEPARATELY

A. Payment Pay amount shown on line 56 - Make check payable to: NYC Department of Finance Payment Enclosed

FEDERAL INCOME AND ADJUSTMENTS - Complete the federal amount (column A) entering the items as they appear on your New York State Income Tax Return (Form IT-200, IT-201 or IT-203).		COLUMN A FEDERAL AMOUNT	COLUMN B SECTION 1127 EMPLOYEE (SEE INSTRUCTIONS)
1. Wages, salaries, tips, etc. (attach copies of W-2's)	1a.		1b.
2. Taxable interest income	2a.		2b.
3. Dividend income	3a.		3b.
4. Taxable refunds of state and local income taxes (also enter on line 23 below)	4a.		4b.
5. Alimony received	5a.		5b.
6. Business income (or loss) (attach copy of federal Schedule C or C-EZ)	6a.		6b.
7. Capital gain (or loss) (attach copy of federal Schedule D)	7a.		7b.
8. Other gains (or losses) (attach copy of federal Form 4797)	8a.		8b.
9. Taxable amounts of IRA distributions	9a.		9b.
10. Taxable amounts of pensions and annuities	10a.		10b.
11. Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Sch. E)	11a.		11b.
12. Farm income (or loss) (attach copy of federal Schedule F)	12a.		12b.
13. Unemployment compensation (insurance)	13a.		13b.
14. Taxable amount of social security benefits (also enter on line 25 below)	14a.		14b.
15. Other income (attach list)	15a.		15b.
16. Total (add lines 1 through 15)	16a.		16b.
17. Total federal adjustments to income (attach list of items)	17a.		17b.
18. FEDERAL ADJUSTED GROSS INCOME (line 16 less line 17)	18a.		18b.
NEW YORK ADJUSTED GROSS INCOME			
NEW YORK ADDITIONS ▼			
19. Interest income on state and local bonds other than NYS and its localities	19a.		19b.
20. Public employee 414(h) retirement contributions	20a.		20b.
21. Other (attach list)	21a.		21b.
22. Add lines 18 through 21	22a.		22b.
NEW YORK SUBTRACTIONS ▼			
23. Taxable refunds of New York State and local income taxes (from line 4 above)	23a.		23b.
24. Pensions of NYS and local governments and the federal government	24a.		24b.
25. Taxable social security benefits (from line 14 above)	25a.		25b.
26. Interest income on United States government bonds	26a.		26b.
27. Pension and annuity income exclusion	27a.		27b.
28. Other (attach list)	28a.		28b.
29. Total subtractions (add lines 23 through 28)	29a.		29b.
30. TOTAL NEW YORK INCOME (line 22a less line 29a) (transfer amount from column B to line 45) (for line 30b, see instructions)	30a.		30b.

ATTACH WITHHOLDING STATEMENT AND CHECK HERE

- 31. Medical and dental expenses ● 31.
- 32. Taxes ● 32.
- 33. Interest expense ● 33.
- 34. Gifts to charity ● 34.
- 35. Casualty and theft losses ● 35.
- 36. Job expenses and most other miscellaneous deductions (see instructions and attach detailed schedule) ● 36.
- 37. Other miscellaneous deductions (attach detailed schedule) ● 37.
- 38. **TOTAL ITEMIZED DEDUCTIONS** (from federal Schedule A, line 28) ● 38.
- 39. State, local and foreign income taxes on line 32 and Sect. 1127 liability if deducted elsewhere .. ● 39.
- 40. Subtract line 39 from line 38 ● 40.
- 41. Other adjustments ● 41.
- 42. Total of lines 40 and 41 ● 42.
- 43. New York State itemized deduction adjustment (if line 30 is \$100,000 or less, enter "0") (otherwise see instructions) ● 43.
- 44. New York State itemized deduction before limitation percentage (line 42 less line 43) . ● 44.
- 44a. College tuition itemized deduction ● 44a.
- 44b. Add lines 44 and 44a ● 44b.
- 45. Amount from line 30, column B, page 1 (total New York City income) ● 45.

If you itemized deductions on federal Form 1040, fill in lines 31 through 44, as reported on your New York State return (IT-201-ATT, Part I or IT-203-ATT, Schedule C) and attach federal Schedule A.

If claiming the New York standard deduction, skip lines 31 through 44 and continue on line 45.

46. **NEW YORK CITY DEDUCTION:** ▼ (See Instructions)

a. Compute limitation percentage: $\frac{\text{line 30, column B } \$}{\text{line 30, column A } \$} = \bullet 46a.$ %

b. (✓) only one box

Standard deduction (enter amount from instructions) ➔ ● 46b.

OR

Itemized deduction - \$ X % = ➔ ● 46b.

amount from line 44b % from line 46a

Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.

- 47. Line 45 less line 46b ● 47.
- 48. **NEW YORK DEPENDENT EXEMPTION FROM NYS RETURN** ▼ No exemption is allowed for employee or spouse. (If married filing separately for Section 1127 purposes, apply the limitation percentage from line 46a.) (see instructions)
- $\left(\frac{\bullet}{\# \text{ of exemptions}} \times 1000 \right) \times \frac{\text{}}{\% \text{ from line 46a}} = \dots \bullet 48.$
- 49. New York City income subject to Section 1127 (line 47 less line 48) ● 49.
- 50. Liability on amount from line 49 (see liability rate schedules and instructions) ● 50.
- 51. Liability for other New York City taxes (see instructions) ● 51.
- 52. Total of lines 50 and 51 ● 52.

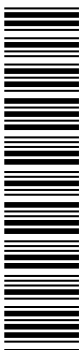
- 53. Nonrefundable credits:
- a. NYC household credit from IT-201 Instructions NYC table IV, V or VI ● 53a.
- b. UBT Paid Credit (see instructions) ● 53b.
- c. Other NYC taxes (see instructions) ● 53c.
- d. NYC Claim of Right Credit from Form IT-201-ATT, line 80 or IT-203-B, line 65 (attach Form IT-257) .. ● 53d.
- e. New York City School Tax Credit (see instructions)..... ● 53e.
- f. New York City Earned Income Credit (attach IT-215)..... ● 53f.

- TOTAL of lines 53a through 53f.**..... ● 53.
- 54. Total Liability. Subtract line 53 from line 52. If line 53 is greater than line 52, enter "0" ● 54.
- 55. **Payment pursuant to agreement under City Charter §1127 (from Form 1127.2)**..... ● 55.
- 56. **BALANCE DUE** - if line 54 is larger than line 55, enter balance due. Enter payment amount on line A, page 1 (See Instr.)..... ● 56.
- 57. **OVERPAYMENT** - if line 54 is smaller than line 55, enter overpayment (See Instr.)
- REFUNDS CANNOT BE PROCESSED UNLESS COMPLETE COPY OF NYS RETURN, INCLUDING ALL SCHEDULES, AND WAGE AND TAX STATEMENT (FORM 1127.2) ARE ATTACHED.** ● 57.

CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)YES

SIGN HERE	YOUR SIGNATURE _____ SPOUSE'S SIGNATURE (if both are City employees subject to Charter §1127 and filing a joint Form NYC-1127) _____	DATE _____ DATE _____	PREPARER'S USE ONLY	SIGNATURE OF PREPARER OTHER THAN TAXPAYER _____ PREPARER'S PRINTED NAME _____	EIN OR SSN OR PTIN _____ DATE _____
			ADDRESS		ZIP CODE



- ATTACH:**
1. Complete copy of NYS Income Tax Return, including all schedules
 2. Wage and withholding statement (Form 1127.2)
 3. Copy of federal Schedule A, if itemizing deductions
 4. Copies of all W-2's, if applicable
 5. If claiming line of duty injury deduction, provide verification from agency

PAY FULL AMOUNT SHOWN ON LINE 56
Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S. dollars, drawn on a U.S. bank.

To receive proper credit, you must enter your correct Social Security Number on your tax return and remittance.

MAIL TO:
NYC Dept. of Finance
P. O. Box 5090
Kingston, NY 12402-5090