

EXHIBIT E

New York State Department of Taxation and Finance

Resident Income Tax Return (short form)

New York State • New York City • Yonkers



IT-150

Form with sections for 'Print or type' (names, addresses, social security numbers) and 'Permanent home address' (address, ZIP code, decedent information).

(A) Filing status - mark an X in one box:

- 1 Single
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying widow(er) with dependent child

(C) Were you a New York City resident for all of 2009? Yes No

(D) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(E) Enter your 2-digit special condition code if applicable. Also enter your second 2-digit special condition code.

(B) Choose direct deposit to avoid paper check refund delays.

For help completing your return, see the combined instructions for Forms IT-150 and IT-201.

Table with 25 rows for income items (Wages, interest, dividends, etc.) and columns for Dollars and Cents.

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Please file this original scannable return with the Tax Department.

	Dollars	Cents
26 Taxable income (from line 25 on the front page)	26.	
27 New York State tax on line 26 amount (see page 20 and Tax computation on pages 50 and 51)	27.	
28 New York State (NYS) household credit (from table 1, 2, or 3 on pages 20 and 21)	28.	
29 Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank)	29.	
30 New York City (NYC) resident tax (see page 21)	30.	
31 NYC household credit (from table 4, 5, or 6 on pages 21 and 22)	31.	
32 Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank)	32.	
33 Yonkers resident income tax surcharge (from Yonkers worksheet on page 22)	33.	
34 Yonkers nonresident earnings tax (attach Form Y-203)	34.	
35 Sales or use tax (See the instructions on page 23. Do not leave line 35 blank.)	35.	
36 Voluntary contributions (whole dollars only; see page 24) Return a Gift to Wildlife 36a.		
Missing/Exploited Children Fund 36b.		
Breast Cancer Research Fund 36c.		
Prostate Cancer Research Fund 36d.		
Alzheimer's Fund 36e.		
Olympic Fund 36f.		
9/11 Memorial 36g.		
Total (add lines 36a through 36g)	36.	00
37 Add line 29 and lines 32 through 36	37.	
38 Empire State child credit (attach Form IT-213)	38.	
39 NYS/NYC child and dependent care credit (attach Form IT-216)	39.	
40 NYS earned income credit (attach Form IT-215 or Form IT-209)	40.	
41 NYS noncustodial parent earned income credit (attach Form IT-209)	41.	
42 Real property tax credit (attach Form IT-214)	42.	
43 College tuition credit (attach Form IT-272)	43.	
44 NYC school tax credit	44.	
45 NYC earned income credit (attach Form IT-215 or Form IT-209)	45.	
46 Total New York State tax withheld	46.	
47 Total New York City tax withheld	47.	
48 Total Yonkers tax withheld	48.	
49 Total estimated tax payments / Amount paid with Form IT-370	49.	
50 Add lines 38 through 49	50.	
51 Amount overpaid (if line 50 is more than line 37, subtract line 37 from line 50)	51.	
52 Amount of line 51 that you want refunded to you. Complete line 56 to choose direct deposit. Refund	52.	
53 Amount of line 51 that you want applied to your 2010 estimated tax (see instructions)	53.	
54 Amount you owe (if line 50 is less than line 37, subtract line 50 from line 37). Complete line 56. Owe	54.	
55 Estimated tax penalty (include this amount in line 54 or reduce the overpayment on line 51; see page 27)	55.	
56 Account information (see page 28) Mark one: <input type="checkbox"/> Refund - Direct deposit <input type="checkbox"/> Owe - Electronic funds withdrawal If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 28) <input type="checkbox"/>		

Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see page 26).
Staple them (and any other applicable forms) to the top of this page.
See the Step 11 instructions on page 30 for the proper assembly of your return and attachments.

56a Routing number	<input type="text"/>	Electronic funds withdrawal effective date	<input type="text"/>
56b Account number	<input type="text"/>	56c Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>		Print designee's name	Designee's phone number ()
E-mail:		Personal identification number (PIN)	
▼ Paid preparer must complete (see instructions) ▼ Preparer's signature Firm's name (or yours, if self-employed) Address E-mail:		Date: ▶ Preparer's NYTPRIN ▼ Preparer's SSN or PTIN ● Employer identification number Mark an X if self-employed <input type="checkbox"/>	
		▼ Taxpayer(s) must sign here ▼ Your signature Your occupation Spouse's signature and occupation (if joint return) Date ▼ Daytime phone number E-mail:	