

EXHIBIT F

New York State Department of Taxation and Finance

IT-201



Resident Income Tax Return (long form)

New York State • New York City • Yonkers

For the full year January 1, 2009, through December 31, 2009, or fiscal year beginning ... 0 9 and ending ...

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

Form with sections for 'Print or type' (names, addresses, social security numbers) and 'Decedent information' (dates of death).

- (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

- (D) Choose direct deposit to avoid paper check refund delays. (E) Did you or your spouse maintain living quarters in NYC during 2009? Yes No

- (F) NYC residents and NYC part-year residents only: (1) Number of months you lived in NYC in 2009, (2) Number of months your spouse lived in NYC in 2009

- (B) Did you itemize your deductions on your 2009 federal income tax return? Yes No
(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

- (G) Enter your 2-digit special condition code if applicable. If applicable, also enter your second 2-digit special condition code

Federal income and adjustments

Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 63). Also see page 4 instructions for showing a loss.

Table with 18 rows for income items (Wages, interest, dividends, etc.) and columns for Dollars and Cents.

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You must file all four pages of this original scannable return with the Tax Department.

▼ Enter your social security number

Dollars Cents

19 Federal adjusted gross income (from line 18 on the front page) 19. .

New York additions (see page 63)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20. .

21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 64) 21. .

22 New York's 529 college savings program distributions (see page 64) 22. .

23 Other (see page 65) Identify: 23. .

24 Add lines 19 through 23 24. .

New York subtractions (see page 68)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25. .

26 Pensions of NYS and local governments and the federal government (see page 68) 26. .

27 Taxable amount of social security benefits (from line 14) 27. .

28 Interest income on U.S. government bonds 28. .

29 Pension and annuity income exclusion (see page 68) 29. .

30 New York's 529 college savings program deduction/earnings 30. .

31 Other (see page 69) Identify: 31. .

32 Add lines 25 through 31 32. .

33 New York adjusted gross income (subtract line 32 from line 24) 33. .

Standard deduction or itemized deduction (see page 73)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. .

35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. .

36 Dependent exemptions (not the same as total federal exemptions; see page 76) 36. 0 0 0 . 0 0

37 Taxable income (subtract line 36 from line 35) 37. .

◀ OR ▶

New York State standard deduction table	
Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (federal Sch. A, line 4)	a. <input type="text"/> . <input type="text"/>
b Taxes you paid (federal Sch. A, line 9)	b. <input type="text"/> . <input type="text"/>
b1 State, local, and foreign income taxes included in line b above	b1. <input type="text"/> . <input type="text"/>
c Interest you paid (federal Sch. A, line 15)	c. <input type="text"/> . <input type="text"/>
d Gifts to charity (federal Sch. A, line 19)	d. <input type="text"/> . <input type="text"/>
e Casualty and theft losses (federal Sch. A, line 20)	e. <input type="text"/> . <input type="text"/>
f Job expenses / misc. deductions (federal Sch. A, line 27)	f. <input type="text"/> . <input type="text"/>
g Other misc. deductions (federal Sch. A, line 28)	g. <input type="text"/> . <input type="text"/>
h Enter amount from federal Schedule A, line 29	h. <input type="text"/> . <input type="text"/>
i State, local, and foreign income taxes and other subtraction adjustments (see page 73)	i. <input type="text"/> . <input type="text"/>
j Subtract line i from line h	j. <input type="text"/> . <input type="text"/>
k Addition adjustments (see page 74)	k. <input type="text"/> . <input type="text"/>
l Add lines j and k	l. <input type="text"/> . <input type="text"/>
m Itemized deduction adjustment (see page 75)	m. <input type="text"/> . <input type="text"/>
n Subtract line m from line l	n. <input type="text"/> . <input type="text"/>
o College tuition itemized deduction (see Form IT-272)	o. <input type="text"/> . <input type="text"/>
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. <input type="text"/> . <input type="text"/>

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Name(s) as shown on page 1

▼ Enter your social security number

Tax computation, credits, and other taxes (see page 77)

	Dollars	Cents
38 Taxable income (from line 37 on page 2)	38.	
39 New York State tax on line 38 amount (see page 77 and Tax computation on pages 50 and 51)	39.	
40 New York State household credit (from table 1, 2, or 3 on pages 77 and 78)	40.	
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 78)	41.	
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.	
43 Add lines 40, 41, and 42	43.	
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.	
46 Total New York State taxes (add lines 44 and 45)	46.	

New York City and Yonkers taxes, credits, and tax surcharges

47 New York City resident tax on line 38 amount (see page 79)	47.	
48 New York City household credit (from table 4, 5, or 6 on page 79)	48.	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50 Part-year New York City resident tax (attach Form IT-360.1)	50.	
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.	
52 Add lines 49, 50, and 51	52.	
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.	
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	
55 Yonkers resident income tax surcharge (see page 80)	55.	
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.	
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.	
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58.	

See instructions on pages 79 and 80, to compute New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax (See the instructions on page 81. Do not leave line 59 blank.)

Voluntary contributions (whole dollar amounts only; see page 82)

60a Return a Gift to Wildlife	60a.	0	0
60b Missing/Exploited Children Fund	60b.	0	0
60c Breast Cancer Research Fund	60c.	0	0
60d Alzheimer's Fund	60d.	0	0
60e Olympic Fund (\$2 or \$4; see page 82)	60e.	0	0
60f Prostate Cancer Research Fund	60f.	0	0
60g 9/11 Memorial	60g.	0	0
60 Total voluntary contributions (add lines 60a through 60g)	60.		
61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61.		

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▼ Enter your social security number

[Social Security Number Field]

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3)

62. [Dollars] [Cents]

Payments and refundable credits (see page 82)

Table with 2 columns: Description (63-76) and Amount. Rows include Empire State child credit, NYS/NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit, NYC earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/Amount paid with Form IT-370, Total payments.

Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see page 84).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 11 on page 89 for the proper assembly of your four-page return and all attachments.

Your refund/amount overpaid (see page 85)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. [Dollars] [Cents]
78 Amount of line 77 that you want refunded to you. Complete line 82 to choose direct deposit. Refund 78. [Dollars] [Cents]
79 Amount of line 77 that you want applied to your 2010 estimated tax (see instructions) 79. [Dollars] [Cents]

Choose direct deposit to avoid paper check refund delays.

Amount you owe (see page 86)

80 If line 76 is less than line 62, subtract line 76 from line 62. Complete line 82. Owe 80. [Dollars] [Cents]
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 86) 81. [Dollars] [Cents]

82 Account information (see page 87) Mark one: [] Refund - Direct deposit [] 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. 87) []

82a Routing number [] Electronic funds withdrawal effective date []

82b Account number [] 82c Account type [] Checking [] Savings

Third-party designee? (see instr.) Yes [] No [] Print designee's name [] Designee's phone number () [] Personal identification number (PIN) [] E-mail: []

Paid preparer must complete (see instructions) Date: [] Preparer's signature [] Preparer's NYTPRN [] Firm's name (or yours, if self-employed) [] Preparer's SSN or PTIN [] Address [] Employer identification number [] Mark an X if self-employed [] E-mail: []

Taxpayer(s) must sign here [] Your signature [] Your occupation [] Spouse's signature and occupation (if joint return) [] Date [] Daytime phone number [] E-mail: []

See instructions for where to mail your return.



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