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| Declaration Control Number | | | |
| 0 | 0 | - | 6 |

Declaration for E-filing of Income Tax Return

IT-201-E



For the calendar year January 1, 2005, through December 31, 2005.

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|--------------------------------|--|--|--|
| Attach label, or print or type | Important: You must enter your social security number(s) in the boxes to the right. | | ▼ Your social security number |
| | Your first name and middle initial | Your last name (for a joint return, enter spouse's name on line below) | |
| | Spouse's first name and middle initial | Spouse's last name | ● Spouse's social security number |
| | Mailing address (number and street or rural route) | | Apartment number |
| City, village, or post office | | State | ZIP code |
| | | | Daytime phone number (optional) () |

Part I — Tax return information (whole dollars only; see instructions on back for assistance)

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|---|-------------------------------------|----|--|
| 1 | Federal adjusted gross income | 1. | |
| 2 | New York adjusted gross income | 2. | |
| 3 | Total New York State tax withheld | 3. | |
| 4 | Total city of New York tax withheld | 4. | |
| 5 | Total city of Yonkers tax withheld | 5. | |
| 6 | Amount to be refunded to you | 6. | |
| 7 | Amount you owe | 7. | |

Part II — Declaration of taxpayer (see instructions on back)

8a - Under penalty of perjury, I declare that I have examined the information on my New York State electronic personal income tax return, including any attachments, and to the best of my knowledge and belief, my return is true, correct and complete. My program participant has my consent to send my New York State personal income tax return, including accompanying schedules and statements, to New York State directly or through the Internal Revenue Service. I understand that if there is an error on my New York State return, it may be rejected.

8b - I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from my financial institution account indicated for payment of my New York State personal income taxes owed, and my financial institution to debit the entry to my account.

| | | | | |
|-------------------------|----------------|------|--|------|
| Sign your return | Your signature | Date | Spouse's signature (if joint return, both must sign) | Date |
|-------------------------|----------------|------|--|------|

Part III — Declaration of electronic return originator (ERO) and paid preparer (see instructions on back)

Attach Copy 2 of your wage and tax statement(s) here.

I declare that I have reviewed the above taxpayer's New York State income tax return and that the information on Form IT-201-E is complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form IT-201-E before submitting the electronic return and have provided the taxpayer with a copy of all forms and information to be filed with New York State. I have followed all requirements applicable to the Internal Revenue Service and New York State E-filing programs. Under penalty of perjury, I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper tax return signed by a paid preparer, I declare that the information contained in this electronic tax return is identical to that contained in the paper return, and I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under penalty of perjury, I declare that I have examined this taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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|-----------------------|--|------------------------------------|-------------------------------|--|---|
| ERO's use only | ERO's signature | Telephone number (800) 875-FILE | Date | Mark X if also a paid preparer ... <input type="checkbox"/> | Mark X if self-employed ... <input type="checkbox"/> |
| | Firm's name (or yours, if self-employed) Express File, Inc. | | | Your SSN or PTIN | |
| | Address Express File, Inc., P.O. Box 131007, Ann Arbor, MI 48113-1007 | | City, village, or post office | State | ZIP code |

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|---------------------------------|--|------|---|-------|--------------------------------|
| Paid preparer's use only | Preparer's signature | Date | Mark X if self-employed <input type="checkbox"/> | | |
| | Firm's name (or yours, if self-employed) | | Preparer's SSN or PTIN | | Employer identification number |
| | Mailing address | | City, village, or post office | State | ZIP code |