

IT-203 New York State Nonresident Income Tax Return

City of New York and City of Yonkers Nonresident Earnings Tax

For the year Jan. 1-Dec. 31, 1985 or fiscal tax year beginning

1985, ending

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PRINT OR TYPE	Last name		First name and middle initial (if joint or combined return, enter both names)		Your social security number		
	Mailing address (number and street or rural route)			Apt. number		Spouse's social security number	
	City, village or post office			State		ZIP code	
						Occupation(s)	

- (A) Filing Status — Check only one box:
- ① Single
 - ② Married filing joint return
 - ③ Married filing separately on one return
 - ④ Married filing separately on separate forms (enter spouse's social security number above)
 - ⑤ Qualifying widow(er) with dependent child or head of household with qualifying person

(B) Can you be claimed as a dependent on another taxpayer's federal return? YES NO

(C) Part-Year Residents: If you were a New York State resident during part of the year, enter the number of months of New York State residence and attach Form IT-360. number of months

(D) If the taxpayer is deceased, enter the first name _____ and the date of death _____

Which column(s) to fill in — Enter in the federal amount column the amounts entered on your federal return. Enter in column A the amounts from New York State sources. If you are married and filing separate returns on one form (filing status ③), report your incomes in columns A and B as if you filed separate federal returns. (See instructions on page 7.)

	Federal Amount	New York State Amounts	
		Column A	Column B
1 Wages, salaries, tips, etc. (see instructions for Schedule A, page 7)			
2 Interest income			
3 Dividends (after exclusion)			
4 Taxable refunds of state & local taxes (also enter on line 25)			
5 Alimony received			
6 Business income or (loss) (attach copy of federal Schedule C, Form 1040)			
7 Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)			
8 40% of capital gain distributions not reported on line 7			
9 Supplemental gains or (losses) (attach copy of federal Form 4797)			
10 Fully taxable pensions, IRA distributions and annuities not reported on line 11			
11 Taxable amount of other pensions and annuities, including rollovers			
12 Rents and royalties			
13 Partnerships, estates, trusts and S corporations			
14 Farm income or (loss) (attach copy of federal Schedule F, Form 1040)			
15 Taxable amount of unemployment compensation (insurance) (see inst.)			
16 Taxable amount of social security benefits (also enter on line 26)			
17 Other income			
18 Total (add lines 1 through 17)			
19 Total federal adjustments to income (see inst.: identify)			
20 Total income (subtract line 19 from line 18)			
New York Additions:			
21 Interest income on state and local bonds other than New York			
22 Accelerated cost recovery system (ACRS) deduction (from Form IT-399, line 1, column G)			
23 Other (see instructions, page 10) (identify)			
24 Add lines 20 through 23			
New York Subtractions:			
25 Taxable refunds of state & local income taxes (from line 4)			
26 Taxable social security benefits (from line 16)			
27 Interest income on U.S. Government bonds			
28 Pension and annuity income exclusion			
29 New York depreciation (from Form IT-399, line 1, column F)			
30 Other (see instructions: identify)			
31 Total subtractions (add lines 25 through 30)			
32 Total New York income (subtract line 31 from line 24)			

IT-203 (1985) Attach wage and tax statements here. Use one staple in upper left corner.

Table with columns for NY Itemized Deduction (lines 33-44) and columns A and B. Includes instructions for claiming the New York standard deduction.

If you are claiming the New York standard deduction, skip lines 34 through 44.

44a Limitation percentage — If, on line 32, the federal amount is at least \$100 more than the combined total of columns A and B, divide A + B by the federal amount. Fed. Amt. (line 32) = %

45 NY deduction (check only one box and enter amount) Itemized (from line 44) Standard (filing status 1 enter \$2,500 below; filing status 2, 3 or 5 enter \$2,750; filing status 4, see instructions)

46 Subtract line 45 from line 33
47 Exemptions — Enter in box the number claimed: Col. A X \$850 = \$ X % = 47a; Col. B X \$850 = \$ X % = 47b

48 New York net income (subtract line 47 from line 46)
49 Family adjustment (filing status 2 and 3 see inst. page 15; all others enter "0")
50 New York taxable income (line 48 and add or subtract line 49, see instructions; if line 50 is over \$15,000, see instructions for Maximum Tax on page 16)

51 NY State tax on line 50 amount (use State Tax Rate Schedule on back cover of instructions) OR Maximum tax (from Form IT-250, line 12; fill in lines 51a and 51b below)
51a Amount from Form IT-250, line 3
51b Amount from Form IT-250, line 9 (attach form)

52 Tax on family adjustment (filing status 2 only; all others enter "0"; from Family Adjustment Tax Rate Schedule on back cover of instructions)
53 Add lines 51 and 52

54 Household credit (if line 32, federal amount, is \$25,000 or more, enter "0"; see inst. pg. 16)
55 Subtract line 54 from line 53 (if line 54 is more than line 53, enter "0")
56 Other New York State credits (from Form IT-203-ATT, line 7, attach form)
57 Subtract line 56 from line 55 (if line 56 is more than line 55, enter "0")
58 Other New York State taxes (from Form IT-203-ATT, line 13; attach form)
59 Total New York State tax (add lines 57 and 58)

60 City of NY NONresident earnings tax (attach NYC 203)
61 City of Yonkers NONresident earnings tax (attach Y 203)
62 Total City of NY and City of Yonkers taxes (add lines 60 and 61)
63 Total New York State, City of New York and City of Yonkers taxes (add lines 59 and 62)

64 NY State tax withheld (attach statements)
65 City of NY tax withheld (attach statements)
66 City of Yonkers tax withheld (attach statements)
67 Estimated tax paid/Paid with IT-370
68 Total payments (add lines 64-67)
69 Payments applied to tax (see instructions, page 17)

REMINDERS
• Attach wage and tax statements above.
• Sign your return.

70 If line 63 is less than line 69, enter amount OVERPAID
71 Amount of line 70 to be REFUNDED TO YOU
72 Amount to be applied to 1986 estimated tax
73 If line 69 is less than line 63, enter AMOUNT YOU OWE (make check or money order payable to NY State Income Tax; write your Social Sec. # on it)

74 Check box if Form IT-2105.9 is attached (see inst., page 18)

TAX RATE SCHEDULES are on the back cover of the instructions and on page 2 of Form IT-203-ATT. TELEPHONE ASSISTANCE is available. For the telephone number, see Forms and Assistance on page 6 of the instructions or page 2 of Form IT-203-ATT.

SEND REFUND RETURNS TO: New York State Income Tax, W.A. Harriman Campus — REFUND '85, Albany, NY 12227
SEND ALL OTHER RETURNS TO: New York State Income Tax, W.A. Harriman Campus, Albany, NY 12227

Sign Here: Your signature, Date, Spouse's signature (if joint or combined return), Date, Paid preparer's signature and address, Date