



NEW YORK STATE
CITY OF NEW YORK
CITY OF YONKERS

NONRESIDENT

INCOME TAX RETURN

IT-203

For office use only

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE For Jan. 1 - Dec. 31, 1987, or fiscal tax year beginning 1987, ending 19

Form with fields for Last name, First name and middle initial, Mailing address, Apartment number, City, village or post office, State, ZIP code, Your social security number, Spouse's social security number, Occupation(s)

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

- (B) Can you be claimed as a dependent on another taxpayer's federal return?
(C) Part-year residents: If you were a permanent New York State resident for only part of the year, enter the number of months of New York State residence and attach Form IT-360.
(D) If the taxpayer is deceased, enter first name and date of death

Enter on lines 1 through 18 in the Federal Amount column the amounts entered on your federal return (see instructions, page 8). Enter in the New York State Amount column the amounts from New York State sources.

Table with columns: Federal Amount, New York State Amount. Rows 1-31 detailing income and adjustments such as Wages, salaries, tips, Taxable interest income, Dividend income, etc.

Attach Copy 2 of your wage and tax statements here, face out. Use one staple in upper left corner.

32 Amount from line 31, New York State Amount column on the front page (New York adjusted gross income)		32			
Itemized Deductions	33 Medical and dental expenses (from federal Schedule A, line 4)	33			
	34 Taxes you paid (from federal Schedule A, line 8)	34			
	35 Interest you paid (from federal Schedule A, line 13)	35			
	36 Contributions you made (from federal Schedule A, line 17)	36			
	37 Casualty and theft losses (from federal Schedule A, line 18)	37			
	38 Moving expenses (from federal Schedule A, line 19)	38			
	39 Miscellaneous deductions subject to 2% AGI limit (from federal Schedule A, line 24)	39			
	40 Other miscellaneous deductions (from federal Schedule A, line 25)	40			
	41 Total itemized deductions (from federal Schedule A, line 26)	41			
	42 State, local and foreign income taxes included on line 34 (see instructions)	42			
43 Subtract line 42 from line 41	43				
44 Other adjustments (see instructions, page 15)	44				
45 NY itemized deduction before limitation percentage (line 43 and add or subtract line 44)	45				
45a Limitation percentage—If, on line 31, the federal amount is at least \$100 more than the New York State amount, divide the NYS amount by the federal amount.		NYS Amt. (line 31)	=	%	If the limitation percentage applies, enter it in the % areas on lines 45a, 46 and 48. If it does not apply, enter 100%.
46 NY deduction - (check only one box and enter amount to the right of the \$ sign)		<input type="checkbox"/> Standard (see instructions)	<input type="checkbox"/> Itemized (from line 45)	\$	x % =
Tax Computation	47 Subtract line 46 from line 32	47			
	48 Exemptions (enter in the box the number claimed on your federal return) x \$900 = \$ x % =	48			
	49 New York taxable income (subtract line 48 from line 47)	49			
	50 New York State tax on line 49 amount (use the State Tax Table on green pages 23 through 28)	50			
	51a Additional tax on unearned income (if line 32 is more than \$100,000, or more than \$50,000 if married filing a separate return, see instructions, page 16, all others enter "0" on lines 51a and 51b)	51a			
	51b Unearned income, if any (from Form IT-203-ATT, page 2, line 11; attach form)	51b			
52 Add lines 50 and 51a		52			
Credits/Other Taxes	53 New York State household credit (from Worksheet I or II, page 16 or 17)	53			
	54 Subtract line 53 from line 52 (if line 53 is more than line 52, enter "0")	54			
	55 Other New York State credits (from Form IT-203-ATT, line 7; attach form)	55			
	56 Subtract line 55 from line 54 (if line 55 is more than line 54, enter "0")	56			
	57 Other New York State taxes (from Form IT-203-ATT, line 12; attach form)	57			
	58 Total New York State tax (add lines 56 and 57)	58			
	59 City of New York nonresident earnings tax (attach Form NYC-203)	59			
	60 City of Yonkers nonresident earnings tax (attach Form Y-203)	60			
61 Total City of New York and City of Yonkers taxes (add lines 59 and 60)		61			
62 Total New York State, City of New York and City of Yonkers taxes (add lines 58 and 61)		62			
Payments	63 Total New York State tax withheld (attach wage and tax statements above)	63			
	64 Total City of New York tax withheld (attach wage and tax statements above)	64			
	65 Total City of Yonkers tax withheld (attach wage and tax statements above)	65			
	66 Estimated tax paid/Paid with Form IT-370	66			
67 Total payments (add lines 63 through 66)		67			
Refund/Owe	68 If line 62 is less than line 67, enter amount overpaid (also see lines 69 and 70 below)	68			
	69 Amount of line 68 to be refunded to you	69			
	70 Amount of line 68 to be applied to your 1986 estimated tax	70			
	71 If line 67 is less than line 62, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and "1987 Income tax" on it)	71			
	72 Check this box <input type="checkbox"/> if Form IT-2105.9 is attached (see instructions, page 18)	72			

If you are claiming the New York standard deduction, skip lines 33 through 45.

• Attach Copy 2 of your wage and tax statements above
• Sign your return below

Sign Your Return	Your signature	Date	Spouse's signature (if joint return)	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number
Paid Preparer's Use Only	Firm's name (or yours, if self-employed)	Address		E.I. Number