



New York State
City of New York
City of Yonkers

Nonresident and
Part-Year Resident

Income
Tax
Return

IT-203

New York State Department of Taxation and Finance For Jan. 1 - Dec. 31, 1988, or fiscal tax year beginning 1988, ending 19

For office use only

Form with fields for Last name, First name and middle initial, Your social security number, Mailing address, Apartment number, Spouse's social security number, City, village or post office, State, ZIP code, New York State county of residence, Permanent home address, School district name, School district code number, City, village or post office, State, ZIP code, If taxpayer is deceased, enter first name and date of death.

(A) Filing Status: 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er). (B) Can you be claimed as a dependent? (C) Part-year residents: 1 moved into New York State, 2 moved out of New York State and received income from New York State sources, 3 moved out of New York State and received no income from New York State sources.

Enter on lines 1 through 19 in the Federal Amount column the amounts entered on your federal return (see instructions, page 9). 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 include: 1 Wages, salaries, tips, etc.; 2 Taxable interest income; 3 Dividend income; 4 Taxable refunds of state and local income taxes; 5 Alimony received; 6 Business income or (loss); 7 Capital gain or (loss); 8 Capital gain distributions not reported on line 7; 9 Other gains or (losses); 10 Taxable amount of IRA distributions; 11 Taxable amount of pensions and annuities; 12 Rents, royalties, partnerships, estates, trusts, etc.; 13 Farm income or (loss); 14 Unemployment compensation (insurance); 15 Taxable amount of social security benefits; 16 Other income; 17 Add lines 1 through 16; 18 Total federal adjustments to income; 19 Adjusted gross income (federal); 20 New York Additions: Interest income on state and local bonds; 21 Accelerated cost recovery system (ACRS) deduction; 22 Other; 23 Add lines 19, (Federal Amount column) through 22; 24 New York Subtractions: Taxable refunds of state and local income taxes; 25 Taxable social security benefits; 26 Interest income on U.S. government bonds; 27 Pension and annuity income exclusion; 28 New York State depreciation; 29 Other; 30 Add lines 24 through 29; 31 New York adjusted gross income.

Attach check or money order here.

32 Amount from line 31 (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 Gifts to charity (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 Job expenses and most other miscellaneous deductions (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, page 16)	42	
	43 Subtract line 42 from line 41	43	
	44 Other adjustments (see instructions, page 16)	44	
	45 Line 43 and add or subtract line 44	45	
	46 New York itemized deduction adjustment (if line 32 is more than \$100,000, see instructions, page 16; all others enter "0" on line 46)	46	
47 New York itemized deduction (subtract line 46 from line 45)	47		

If you are claiming the New York standard deduction, skip lines 33 through 47.

48 New York deduction (check only one box below and enter amount on line 48)		48	
<input type="checkbox"/> Standard (see instructions, page 17) or <input type="checkbox"/> Itemized (enter amount from line 47)			
49 Subtract line 48 from line 32		49	
50 New York dependent exemptions (from Dependent Exemption Worksheet, instructions page 17)		50	
51 New York taxable income (subtract line 50 from line 49)		51	
52 New York State tax on line 51 amount (use New York State Tax Table on green pages 25 through 30)		52	
53 Additional tax on unearned income (if line 32 is more than \$100,000, or more than \$50,000 if you are married and filing a separate return, see instructions, page 17; all others enter "0" on lines 53 and 54)		53	
54 Unearned income, if any (from Form IT-203-ATT, line 33; attach form)		54	
55 Add lines 52 and 53		55	
56 NY State child and dependent care credit		56	
• number of qualifying persons <input type="text"/> cared for in 1988 (from worksheet, page 17) • amount of federal credit for child and dependent care <input type="text"/>			
57 New York State household credit (from Worksheet I or II, instructions page 18)		57	
58 Credits before base tax (add lines 56 and 57)		58	
59 Base tax (subtract line 58 from line 55)		59	
60 Income percentage (if over 100%, see instructions, page 18. If the New York State Amount (line 19) = Federal Amount (line 19) New York State Amount or Federal Amount is zero or less, enter zero on line 60)		60	
61 Allocated New York State tax (multiply line 59 by the decimal on line 60)		61	
62 Other New York State credits (from Form IT-203-ATT, line 7; attach form)		62	
63 Subtract line 62 from line 61 (if line 62 is more than line 61, enter "0")		63	
64 Other New York State taxes (from Form IT-203-ATT, line 14; attach form)		64	
65 Total New York State taxes (add lines 63 and 64)		65	

66 City of New York			
67 Other city of New York			
68 City of Yonkers			
69 Part-year city of Yonkers			
70 Total city of Yonkers taxes			

71 If you want to Return a Gift to Wildlife, enter amount; \$5, \$10, \$20, other (see instructions, page 19)		71	
72 Total NY State, city of NY and city of Yonkers taxes, and Gift to Wildlife (add lines 65, 70 and 71)		72	

73 Total New York State tax withheld (attach wage and tax statements to front)		73	
74 Total city of New York tax withheld		74	
75 Total city of Yonkers tax withheld		75	
76 Estimated tax paid/Amount paid with Form IT-370		76	
77 Total payments (add lines 73 through 76)		77	

• Attach Copy 2 of your wage and tax statements to the front of this return
• Sign your return below

78 If line 77 is more than line 72, enter amount overpaid (also see lines 79 and 80 below)		78	
79 Amount of line 78 to be refunded to you		79	
80 Amount of line 78 to be applied to your 1989 estimated tax		80	
81 If line 77 is less than line 72, 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 "1988 Income tax" on it)		81	
82 Check this box <input type="checkbox"/> if Form IT-2105.9 is attached (see instructions, page 20)		82	

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