



New York State City of New York City of Yonkers

Nonresident and Part-Year Resident

Income Tax Return

IT-203

For Jan. 1 - Dec. 31, 1989, or fiscal tax year beginning ,1989, ending ,19

For office use only

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, New York State county of residence, School district name, Permanent home address, School district code number, City, village or post office, State NY, ZIP code, If taxpayer is deceased, enter first name and date of death.

(A) Filing Status Check only one box. 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household (with qualifying person), 5 Qualifying widow(er) with dependent child. Includes box for filing status 2 and 3.

(B) Did you itemize your deductions on your 1989 federal income tax return? Yes No

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(D) Part-year residents: If you were a New York State resident for only part of the year, check the box which describes your situation on the last day of the tax year: (1) moved into New York State, (2) moved out of New York State and received income from New York State sources during your nonresident period, (3) moved out of New York State and received no income from New York State sources during your nonresident period. (E) Nonresidents: Did you or your spouse maintain living quarters in New York State in 1989? (F) If you filed federal Form 1040A or 1040, enter the number of exemptions from line 6e; 1040EZ enter "0".

Enter on lines 1 through 19 in the Federal Amount column the amounts entered on your federal return. Enter in the New York State Amount column the amounts from New York State sources (see instructions, page 9).

Table with 3 columns: Line number, Federal Amount, New York State Amount. Rows 1-19: Federal Income and Adjustments. Rows 20-23: New York Additions. Rows 24-29: New York Subtractions. Rows 30-31: New York Adjusted Gross Income. Includes instructions for lines 19 and 30.

If you took the standard deduction on your federal return, skip lines 32 through 46 and continue on line 47.

Tax Computation	32	Medical and dental expenses (from federal Schedule A, line 4)	32		
	33	Taxes you paid (from federal Schedule A, line 8)	33		
	34	Interest you paid (from federal Schedule A, line 13)	34		
	35	Gifts to charity (from federal Schedule A, line 17)	35		
	36	Casualty and theft losses (from federal Schedule A, line 18)	36		
	37	Moving expenses (from federal Schedule A, line 19)	37		
	38	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 24)	38		
	39	Other miscellaneous deductions (from federal Schedule A, line 25)	39		
	40	Total itemized deductions (from federal Schedule A, line 26)	40		
	41	State, local and foreign income taxes included on line 33 (see instructions, page 16)	41		
	42	Subtract line 41 from line 40	42		
	43	Other adjustments (see instructions, page 16)	43		
	44	Line 42 and add or subtract line 43	44		
	45	Itemized deduction adjustment (if line 31 is more than \$100,000, see instructions, page 16; all others enter "0" on line 45)	45		
	46	Subtract line 45 from line 44. This is your itemized deduction	46		
47	Enter the amount from line 31 on the front page. (This is your New York adjusted gross income)	47			
48	Check appropriate box and enter the larger of: <input type="checkbox"/> your standard deduction from instructions, page 17, OR <input type="checkbox"/> your itemized deduction from line 46	48			
49	Subtract line 48 from line 47	49			
50	Dependent exemptions (from line c of Dependent Exemption Worksheet, instructions page 17)	50		000 00	
51	Subtract line 50 from line 49. This is your taxable income	51			
52	New York State tax on line 51 amount (use New York State Tax Table on green pages 24 through 31)	52			
Credits/Other Taxes/Gift/Totals	53	NY State child and dependent care credit • number of qualifying persons <input type="text"/> cared for in 1989 (from worksheet, page 17) • amount of federal credit for child and dependent care <input type="text"/>	53		
	54	New York State household credit (from Worksheet I or II, instructions page 18)	54		
	55	Add lines 53 and 54. This is the total of your credits before base tax	55		
	56	Subtract line 55 from line 52. This is your base tax	56		
	57	Income percentage (see instructions, page 18) New York State Amount (line 19) _____ Federal Amount (line 19) _____	57		
	58	Multiply line 56 by the decimal on line 57. This is your allocated New York State tax	58		
	59	Other New York State credits (from Form IT-203-ATT, line 7; attach form)	59		
	60	Subtract line 59 from line 58 (if line 59 is more than line 58, enter "0")	60		
	61	Other New York State taxes (from Form IT-203-ATT, line 15; attach form)	61		
	62	Add lines 60 and 61. This is the total of your New York State taxes	62		
	63	City of New York nonresident earnings tax (attach Form NYC-203)	63		See Instructions for figuring New York City taxes and Yonkers taxes.
	64	Other city of New York taxes (from Form IT-203-ATT, line 19; attach form)	64		
	65	City of Yonkers nonresident earnings tax (attach Form Y-203)	65		
	66	Part-year city of Yonkers resident income tax surcharge (attach Form IT-360.1)	66		
	67	Add lines 63 through 66. This is the total of your New York City and Yonkers taxes	67		
68	If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, pages 8 and 19)	68		00	
69	Add lines 62, 67 and 68. This is the total of your New York State, New York City and Yonkers taxes, and Gift to Wildlife	69			
Payments	70	Total New York State tax withheld (attach wage and tax statements to front)	70		• Attach Copy 2 of your wage and tax statements to the front of this return. • Sign your return below.
	71	Total city of New York tax withheld (attach wage and tax statements to front; see instructions)	71		
	72	Total city of Yonkers tax withheld (attach wage and tax statements to front; see instructions)	72		
	73	Estimated tax paid/Amount paid with Form IT-370	73		
74	Add lines 70 through 73. This is the total of your payments	74			
Refund/Owe	75	If line 74 is more than line 69, enter amount overpaid (also see lines 76 and 77 below)	75		
	76	Amount of line 75 to be refunded to you	76		
	77	Amount of line 75 to be applied to your 1990 estimated tax	77		
	78	If line 74 is less than line 69, 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 "1989 income tax" on it)	78		
	79	Check this box <input type="checkbox"/> if Form IT-2105.9 is attached (see instructions, page 20)	79		

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	Employer identification number		Spouse's signature (if joint return)	Date
Address						