

Nonresident and Part-Year Resident

1994 **IT-203**

For office use only

Attach label, or print or type	New York State • City of New York • City of Yonkers			beginning and ending	1994
	For the year January 1 through December 31, 1994, or fiscal tax year:				
	Last name	First name and middle initial (if joint return, enter both names)			Your social security number
	Mailing address (number and street or rural route)			Apartment number	Spouse's social security number
	City, village or post office		State	ZIP code	New York State county of residence
Permanent home address - see instructions, page 25. If different from mailing address, part-year residents must enter New York address for resident period; nonresidents enter address outside New York State.					New York State school district name
Permanent home address (number and street or rural route)				Apartment number	New York State 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 check one:

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

For filing status ② and ③, enter both spouses' social security numbers above.

(E) If you filed federal Form 1040A or 1040, enter the number of exemptions from line 6e; 1040EZ filers enter "0"

(F) 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. Enter date of move:

(2) moved out of New York State and received income from New York State sources during your nonresident period. Enter date of move:

(3) moved out of New York State and received no income from New York State sources during your nonresident period. Enter date of move:

(G) Nonresidents: Did you or your spouse maintain living quarters in New York State in 1994? (If Yes, complete Form IT-203-ATT, Schedule B.) Yes No

For lines 1 through 18: in the **Federal Amount** column enter all of the amounts from your federal return; see the instructions on pages 11-15 to figure the amounts to report in the **New York State Amount** column.

	Federal Amount	New York State Amount
1 Wages, salaries, tips, etc.		
2 Taxable interest income		
3 Dividend income		
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23)		
5 Alimony received		
6 Business income or (loss) (attach copy of federal Schedule C or C-EZ, Form 1040)		
7 Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)		
8 Other gains or (losses) (attach copy of federal Form 4797)		
9 Taxable amount of IRA distributions		
10 Taxable amount of pensions and annuities		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)		
12 Farm income or (loss) (attach copy of federal Schedule F, Form 1040)		
13 Unemployment compensation		
14 Taxable amount of social security benefits (also enter on line 25)		
15 Other income (see instructions, page 14) Identify:		
16 Add lines 1 through 15		
17 Total federal adjustments to income (see instructions, page 14) Identify:		
18 Subtract line 17 from line 16. This is your federal adjusted gross income.		
New York Additions: (see instructions, pages 15 through 18)		
19 Interest income on state and local bonds (but not those of New York State or its localities)		
20 Public employee 414(h) retirement contributions (see instructions, page 16)		
21 Other (see instructions, pages 16 - 18) Identify:		
22 Add lines 18 through 21		
New York Subtractions: (see instructions, pages 18 and 19)		
23 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)		
24 Pensions of NYS and local governments and the federal government (see page 18)		
25 Taxable amount of social security benefits (from line 14 above)		
26 Interest income on US government bonds (see instructions, page 18)		
27 Pension and annuity income exclusion		
28 Other (see inst. pgs. 18 & 19) Identify:		
29 Add lines 23 through 28		
30 Subtract line 29 from line 22. This is your New York adjusted gross income. Enter here and next to line 58, <i>Income percentage</i> . (If zero or less, see instructions on page 19)		

31	Medical and dental expenses (from federal Schedule A, line 4)	31		
32	Taxes you paid (from federal Schedule A, line 9)	32		
33	Interest you paid (from federal Schedule A, line 14)	33		
34	Gifts to charity (from federal Schedule A, line 18)	34		
35	Casualty and theft losses (from federal Schedule A, line 19)	35		
36	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	36		
37	Other miscellaneous deductions - moving expenses incurred before 1994 (from federal Sch. A, line 27)	37		
38	Other miscellaneous deductions - other (from federal Schedule A, line 28)	38		
39	Total itemized deductions (from federal Schedule A, line 29)	39		
40	State, local and foreign income taxes and other subtraction adjustments (see instr., page 20)	40		
41	Subtract line 40 from line 39	41		
42	Addition adjustments (see instructions, page 20)	42		
43	Add lines 41 and 42	43		
44	Itemized deduction adjustment (see instructions, page 21)	44		
45	Subtract line 44 from line 43. This is your itemized deduction	45		

Mail your completed return:
For refund returns -
 STATE PROCESSING CENTER - REFUND '94
 ONE WATERVLIET AVE EXT
 ALBANY NY 12261-0001
For all other returns -
 STATE PROCESSING CENTER
 ONE WATERVLIET AVE EXT
 ALBANY NY 12261-0001

46	Enter the amount from line 30 Federal Amount column, front page	46		
47	Check appropriate box and enter the larger of: <input type="checkbox"/> your standard deduction from instructions, page 21, OR <input type="checkbox"/> your itemized deduction from line 45	47		
48	Subtract line 47 from line 46	48		
49	Dependent exemptions (from line c of Dependent Exemption Worksheet, instructions page 21)	49	000	00
50	Subtract line 49 from line 48. This is your taxable income	50		
51	New York State tax on line 50 amount (if line 46 above is \$100,000 or less, use the NY State Tax Table on green pages 31 through 38. If line 46 is more than \$100,000, you must complete Tax Computation Worksheet I or II on page 21 of the instructions to figure your tax.)	51		

52	NY State child and dependent care credit • number of qualifying persons <input type="checkbox"/> cared for in 1994 • amount of federal credit for child and dependent care <input type="checkbox"/> × 20% (.20) =	52		
53	New York State household credit (from Table I, II, or III, instructions page 22)	53		
54	Add lines 52 and 53	54		
55	Subtract line 54 from line 51 (if line 54 is more than line 51, enter "0")	55		

56	Earned income credit (from Form IT-215; attach form; see instructions, page 22)	56		
57	Subtract line 56 from line 55 (if line 56 is more than line 55, enter "0") This is your base tax	57		
58	Income percentage (see instructions, page 22) New York State Amount (line 30): _____ Federal Amount (line 30): _____	58		
59	Multiply line 57 by the decimal on line 58. This is your allocated New York State tax	59		
60	Other New York State credits (from Form IT-203-ATT, line 7; attach form)	60		
61	Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0")	61		
62	Net other New York State taxes (from Form IT-203-ATT, line 18; attach form)	62		
63	Add lines 61 and 62. This is the total of your New York State taxes	63		

64	City of New York nonresident earnings tax (attach Form NYC-203)	64		
65	Other city of New York taxes (from Form IT-203-ATT, line 23; attach form)	65		
66	City of Yonkers nonresident earnings tax (attach Form Y-203)	66		
67	Part-year city of Yonkers resident income tax surcharge (attach Form IT-360.1)	67		
68	Add lines 64 through 67. This is the total of your city of New York and city of Yonkers taxes	68		
69	If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, page 23)	69		00
70	Add lines 63, 68 and 69. This is the total of your New York State, New York City and Yonkers taxes, and Gift to Wildlife	70		

See instructions for figuring city of New York taxes and city of Yonkers taxes.

71	Part-year resident refundable earned income credit (from Form IT-215, back page, line 21)	71		
72	Total New York State tax withheld (staple wage and tax statements; see inst.)	72		
73	Total city of New York tax withheld (staple wage and tax statements; see instructions)	73		
74	Total city of Yonkers tax withheld (staple wage and tax statements; see instructions)	74		
75	Estimated tax paid/Amount paid with Form IT-370	75		
76	Add lines 71 through 75. This is the total of your payments	76		

Staple your wage and tax statements at the top of the back of this return. See Step 7, page 25, for the proper assembly of your return and attachments.

77	Amount overpaid - if line 76 is more than line 70, subtract line 70 from line 76 (also see lines 78 and 79)	77		
78	Amount of line 77 to be refunded to you	78		
79	Amount of line 77 to be applied to your 1995 estimated tax	79		
80	Amount you owe - if line 76 is less than line 70, subtract line 76 from line 70 (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1994 income tax on it)	80		
81	Estimated tax penalty (will reduce line 77 or increase line 80 - see instructions, page 24)	81		

Sign your return below.

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				