New York State Department of Taxation and Finance

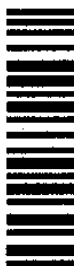# Nonresident and Part-Year Resident

Income Tax Return New York State • City of New York • City of Yonkers

1996

IT-203

For the year January 1 through December 31, 1996, or fiscal tax year beginning [| | 9 6] and ending [| | | 1996]

For office use only

Attach label if available. If not, print or type.

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 26. 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 ●

New York State school district code number . . . .

Permanent home address *(number and street or rural route)*   Apartment number

City, village or post office   State   ZIP code

If taxpayer is deceased, enter first name and date of death   / /

(A) Filing status – mark an "X" in 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

* For filing status 2 or 3, enter both spouses' social security numbers above, unless filing Form IT-203-C (see instructions).

(B) Did you **itemize your deductions** on your 1996 **federal** income tax return?. . ■ Yes [ ] ■ No [ ]

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

(D) If you do not need forms mailed to you next year, check box *(see page 10)*. . . ■

(E) If you filed federal Form 1040A or 1040, enter the number of exemptions from line 6d; 1040EZ filers enter "0". . . . . ■ [|]

Enter federal amounts in the left-hand column and New York State amounts in the right-hand column. See instructions, page 11. Part-year residents - complete page 14 worksheet first.

		Federal Amount		New York State Amount	
		Dollars	Cents	Dollars	Cents
1	Wages, salaries, tips, etc.	1.	•		•	1.
2	Taxable interest income	2.	•		•	2.
3	Dividend income	3.	•		•	3.
4	Taxable refunds, credits or offsets of state and local income taxes *(also enter on line 23)*	4.	•		•	4.
5	Alimony received	5.	•		•	5.
6	Business income or loss *(attach copy of federal Schedule C or C-EZ, Form 1040)*	6.	•		•	6.
7	Capital gain or loss *(attach copy of federal Schedule D, Form 1040)*	7.	•		•	7.
8	Other gains or losses *(attach copy of federal Form 4797)*	8.	•		•	8.
9	Taxable amount of IRA distributions	9.	•		•	9.
10	Taxable amount of pensions and annuities	10.	•		•	10.
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(attach copy of federal Schedule E, Form 1040)* . .	11.	•		•	11.
12	Farm income or loss *(attach copy of federal Schedule F, Form 1040)*. . . .	12.	•		•	12.
13	Unemployment compensation	13.	•		•	13.
14	Taxable amount of social security benefits *(also enter on line 25)*	14.	•		•	14.
15	Other income *(see page13)* Identify:	15.	•		•	15.
16	Add lines 1 through 15	16.	•		•	16.
17	Total federal adjustments to income *(see page 13)* Identify:	17.	•		•	17.
18.	**Subtract line 17 from line 16. This is your federal adjusted gross income**. . . . ■	18.	•	■	•	18.

New York Additions *(see instructions, pages 15 - 17)***:**

19	Interest income on state and local bonds (but not those of NYS or its localities)	19.	•		•	19.
20	Public employee 414(h) retirement contributions	20.	•		•	20.
21	Other *(see page 16)* Identify:	21.	•		•	21.
22	Add lines **18** through **21**	22.	•		•	22.

New York Subtractions *(see instructions, pages 17 - 20)***:**

23	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4 above)* . .	23.	•		•	23.
24	Pensions of New York State and local governments and the federal government . . .	24.	•		•	24.
25	Taxable amount of social security benefits *(from line 14 above)*. .	25.	•		•	25.
26	Interest income on U.S. government bonds	26.	•		•	26.
27	Pension and annuity income exclusion *(see page 18)*	27.	•		•	27.
28	Other *(see page 18)* Identify:	28.	•		•	28.
29	Add lines **23** through **28**	29.	•		•	29.
30	Subtract line **29** from line **22**. This is your New York adjusted gross income. Enter here and next to line 43, *Income percentage. (If zero or less, see instructions, page 20)*. . . .	30.	•		•	30.

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		Dollars	Cents
31	Enter the amount from line 30, *Federal Amount column* on the front page *(this is your New York adjusted gross income)*	**31.**	
32	**Mark an "X"** in the box and enter the larger of your: **or** ☐ **Standard Deduction** from instructions, page 21 ☐ **Itemized Deduction** from Form IT-203-ATT, line 14	**32.**	
33	Subtract line **32** from line **31** *(if line 32 is more than line 31, enter "0")*	**33.**	
34	**Dependent exemptions** *(from line c of Dependent Exemption Worksheet, instructions page 21)*	**34.**	0 0 0 . 0 0
35	Subtract line 34 from line 33. **This is your taxable income**	**35.**	
36	New York State tax on line 35 amount. *(if line 31 is $100,000 or less, use the* **NY State Tax Table** *on tan pages 33 through 40. If line 31 is more than $100,000, you must complete* Tax Computation Worksheet I *or* II *on page 21 of the instructions to figure your tax)*	**36.**	
37	New York State household credit *(from Table I, II or III, page 22 of instructions)*	**37.**	
38	Subtract line 37 from line 36 *(if line 37 is more than line 36, enter "0")*	**38.**	
39	New York State child and dependent care credit *(from line 13 of Form IT-216; attach form; see page 22)*	**39.**	
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, enter "0")*	**40.**	
41	Earned income credit *(from Form IT-215; attach form; see page 22)*	**41.**	
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, enter "0").* This is your **base tax**.	**42.**	

Tax Computation (side label for 31–36)
Credits (side label for 41–48)

43	Income percentage *(see page 22)*	New York State amount from line 30 ÷ Federal amount from line 30 =	Carry result to 4 decimal places **43.**	.
44	Multiply line 42 by the **decimal** on line 43. This is your allocated New York State tax		**44.**	
45	Other New York State credits *(from Form IT-203-ATT, Part II, line 21; attach form)*		**45.**	
46	Subtract line 45 from line 44 *(if line 45 is more than line 44, enter "0")*		**46.**	
47	Net other New York State taxes *(from Form IT-203-ATT, Part IV, line 38; attach form)*		**47.**	
48	**Add lines 46 and 47.** This is the total of your New York State taxes........		**48.**	

Cities

49	City of New York **nonresident earnings tax** *(attach Form NYC-203)*	**49.**	
50	Other city of New York taxes *(from Form IT-203-ATT, line 43)* ..	**50.**	
51	City of Yonkers nonresident earnings tax *(attach Form Y-203)*	**51.**	
52	Part-year city of Yonkers resident income tax surcharge *(attach Form IT-360.1)*..	**52.**	

See instructions on page 23 for figuring city of New York and city of Yonkers taxes and surcharges.

53	**Add lines 49 through 52;** this is the total of your city of New York and city of Yonkers taxes..........	**53.**	

Voluntary Gifts/Contributions *(see instructions, page 23)*

Gifts

54	Return a Gift to Wildlife ☐ . 0 0	Lake Placid Olympic Fund ☐ . 0 0		
	Breast Cancer Research & Education Fund ☐ . 0 0	Total gifts/contributions ..	**54.**	

55	**Add lines 48, 53, and 54.** This is the total of your New York State, New York City and Yonkers taxes, and gifts....	**55.**	

Payments

56	Part-year resident refundable child care credit *(from Form IT-216, line 21)* ..	**56.**	
57	Part-year resident refundable earned income credit *(from Form IT-215, line 24)* ..	**57.**	
58	**Total NY State tax withheld** *(staple wage and tax statements; see instructions)*...	**58.**	
59	Total city of New York tax withheld *(staple wage and tax statements; see instructions)*	**59.**	
60	Total city of Yonkers tax withheld *(staple wage and tax statements; see instructions)*..	**60.**	
61	Total of estimated tax payments, and amount paid with extension Form IT-370	**61.**	

Staple your wage and tax statements at the top of the back of this return. See Step 7, page 26 for further instructions on assembling your return.

62	**Add lines 56 through 61.** This is the total of your payments	**62.**	

Refund

63	**Amount overpaid** - **if line 62 is more than line 55**, subtract line 55 from line 62 *(also see lines 64 and 65)* ..	**63.**	
64	Amount of line 63 to be **refunded to you** .... Refund	**64.**	
65	Amount of line 63 to be applied to your 1997 **estimated tax** *(subtract line 64 from line 63)*	**65.**	

Owe

66	**Amount you owe - if line 62 is less than line 55**, subtract line 62 from line 55 *(do not send cash; make check or money order payable to* **NY State Income Tax**; *write your social security number and* **1996 income tax** *on it)* .. Owe	**66.**	
67	Estimated Tax penalty *(will reduce line 63 or increase line 66 - see instructions, page 25)*.	**67.**	**Clip payment to front of return.**

Part-year residents must complete **item F;** See instructions, page 25.
Nonresidents must complete **item G.**

(F) **Part-year residents:** If you were a New York State resident for only part of the year, enter the date below and check the box (1, 2 or 3 to the right) which describes your situation on the last day of the tax year:

Enter date of last move (MM/DD/YY): ◄ ☐ ☐ ☐

(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 ...... ☐

(G) **Nonresidents:** Did you or your spouse maintain living quarters in New York State in 1996? *(If Yes, complete Schedule B of Form IT-203-ATT; attach Form IT-203-ATT to your return)* ..... Yes ☐ No ☐

Sign your return below

This is a scannable form; please file this original return.

Paid Preparer's Use Only

Preparer's signature	Date	Mark "X" if self-employed ☐
Firm's name (or yours, if self-employed)		Preparer's social security number
Address		Employer identification number

Sign Your Return Here

Your signature
Spouse's signature (if joint return)
Date	Daytime phone number (optional) ( )

Mail your completed return to:
STATE PROCESSING CENTER
PO BOX 61000, ALBANY NY 12261-0001

IT-203 (1996)

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