New York State Department of Taxation and Finance Nonresident and Part-Year Resident IT-203

				Income Tax Return			te • City of		,			2000		0	_
=				For the year January 1 Important: You must enter your social so							_	nding		0	U
Ξ		<u>e</u>					oint return, enter s			_		r social security nun	ber		_
		iiak	type.			, ,				Ílf					
	🧰 🤘 Spouse's first name and middle initial Spouse's last				name					▼ Your spouse's social security number					
		Attach label if	not, pri	Mailing address (number and street or rural ro	ute)			Apartm	ent number	No	ew Yor	k State county of	residence		
		ttac	Ŧ,	City, village or post office	State	e		ZIP code		N	ew Yor	k State school dis	trict name		
		₹													
			1	Permanent home address (see page 31) (nu	mber and stre	eet or ru	ıral route)	Apartme	ent number			k State school t code number			
				City, village or post office	State		ZIP code)	If taxpaye	r is dec	eased,	enter first name	and date	of death.	_
			,												
		1] ;	Single			(B) D	ا بیمید ا		da	d4:				
(A)	Filing			Marriad filing		1	(B) D	our 2000	temize yo) federal i	ncome	e tax r	eturn?	Yes	INo	
	status -	2	; لـ	Married filing *For filing status 2 c both spouses' social			(C) C	an vou	be claime	ed as a	a depo	endent	_		_
	mark	$_{\odot}$	- 1	Married filing numbers above, unle	ess filing							eturn?	Yes	No L	_
	an "X" ·	(3)		separate return * Form IT-203-C (see in	nstructions).]	(D) If	you do	not need f	orms i	maile	to you next yea	ır,		
	in one	(4)		Head of household								13)lents only: (see		. • •	
-	box:	<u> </u>	_ ((with qualifying person)			` '	•	•			2001?	·	, I ∎No [٦
		⑤] (Qualifying widow(er) with dependent ch	nild		•					n 1/1/2001?		I INo □	
Ente	er federal amoun	ts in the	left-h	and column and New York State amounts in the	right-hand			leral am				New York		nount	_
				. Part-year residents - complete page 14 worksh	eet first.			Dollars	C	Cents		Doll	ars	Cen	ts
	Wages, sala					1.					1.				
	Taxable inte		ome	9		2. 3.					3.			 •	_
	Ordinary div		or o	offsets of state and local income taxes (also enter of	on line 22)	4.			─ - • -		4.			\dashv † \vdash	-
_				misets of state and local income taxes (also enter t		5.					5.				-
_				(attach copy of federal Schedule C or C-EZ, For		6.					6.			$\exists : \vdash$	
				ach copy of federal Schedule D, Form 1040)		7.					7.			 	
8	Other gains	or losse	es (a	attach copy of federal Form 4797)		8.					8.				
9	Taxable amo	ount of	IRA	distributions		9.					9.			•	
			•	sions and annuities	1	10.					10.				
				rships, S corporations, trusts, etc. (attach copy of federal Schedu					•		11.			•	_
			•	ttach copy of federal Schedule F, Form 1040)		12.					12.				_
				nsational security benefits (also enter on line 25)	1	13. 14.					13. 14.			⊣• ├─	_
	Other incom					15.			— <u>:</u> -		15.				_
						16.					16.				
				to income (see page 18) Identify:		17.					17.				
			_	16. This is your federal adjusted gross inc	come	18.					18.				
				see instructions, pages 19 - 22)											_
				and local bonds (but not those of NYS or its lo	′ 1	19.					19.				_
	Other (see pa			retirement contributions		20. 21.			─ - • -		20. 21.			\dashv † \vdash	-
				1		22.			 :⊢		22.			\dashv i \vdash	_
				(see instructions, pages 22 - 26)					101					151	_
				offsets of state and local income taxes (from li	ine 4 above)	23.			•		23.				
24	Pensions of N	ew York	State	e and local governments and the federal gover	nment	24.					24.			•	
				al security benefits (from line 14 above)		25.					25.				
				government bonds		26.			 • -		26.				
			_	come exclusion (see page 22) entify:		27.					27.				_
	Other (see pa			B		28. 29.				-	28. 29.			 •	_
		-		e 22. This is your New York adjusted gros		£3.			•		23.			[•]	_
-				e 43, Income percentage. (If zero or less, see instruction	1	30.					30.				\neg

IT-2	03	2000) (back)							Dollars	Cents	
;	31	Enter the amount from line 30, <i>Federal amo</i>	unt colun	nn on the front page (your New	York ad	justed gross inc	ome)	31.			
٦	32	Enter the larger of your standard deduc	ction (fro	m page 26) or your itemize d	d dedu	iction (from F	orm IT-203-ATT				
atic		Sch. C, line 14; attach form). Mark an "X" i	-					32.			
jt	33	Subtract line 32 from line 31 (if line 32 is m						33.			
		Exemptions for dependents only (not the							0 0 0	0 0	
ပြ		Subtract line 34 from line 33. This is yo						35.		• • •	
ן ש		•						33.		•	
<u>. </u>	30	New York State tax on line 35 amount (if i					-	20			
		line 31 is more than \$100,000, you must complete		' *			•	_		•	
		New York State household credit (from tab								•——	
		Subtract line 37 from line 36 (if line 37 is n	38.		•						
Credits	39							39.		•	
je i	40	Subtract line 39 from line 38 (if line 39 is m	40.		•						
<u>o</u>	41	New York State earned income credit (fro	41.		•						
	42	Subtract line 41 from line 40 (if line 41 is n	42.		•						
		43 Income percentage New York State am		Carry result to 4 decimal pla	ces.						
		(see page 27)	43.	•							
		44 Multiply line 42 by the decima	I on line	43. This is your allocated N	lew Yo	rk State tax .		44.			
		45 New York State nonrefundable						45.			
		46 Subtract line 45 from line 44 (iii						46.			
		47 Net other New York State taxe		•							
		48 Add lines 46 and 47. This is th		· ·				48.		•	
					3			40.		•	
		49 Other city of New York taxes (fro.						-	See instructions on page 2 figuring city of New York an		
		50 City of Yonkers nonresident earr	-	· 3				_	of Yonkers taxes and surcharge		
		<u> </u>	-				•	+		1	
		52 Add lines 49 through 51; this				1.	_	52.		•	
		53 Voluntary gifts/contributions (who	ie dollar		-/	Olympic Fund					
		Return a Gift to Wildlife	•	Missing/Exploited CI				•			
		Breast Cancer Research Fund b		Alzheimer's Fund ■	a		Total gifts =	53.		<u>0 0</u>	
	54	Add lines 48, 52, and 53. This is the tota	l of your	state and city taxes and git	fts	<u></u>		54.		•	
	55	Part-year city of New York school tax credit	(also comp	lete item E on front) 55.							
;	56	Other refundable credits (from Form IT-203	3-B, line 59	9) 56.				_			
ıts	57							_	Staple your wage and tax statements at the bottom of the		
Payments	58	Total city of New York tax withheld (see p	neld (see page 29)			•		front of this return. See Step 7 on			
ayr	59	9 Total city of Yonkers tax withheld (see page 29)							page 32 for further instructions on assembling your return.		
₫.	60										
	61	Add lines 55 through 60. This is the total									
	62	Amount, if any, previously refunded on Form									
_	63	Subtract line 62 from line 61; this is the ne	t of your	payments (if line 54 is more that	an line 6	63, skip to line (67)	63.			
		Amount overpaid - if line 63 is more the				· · · · · ·		64.			
		Amount of line 64 that you want refunde		•	,			65.			
Refund		a Routing number	u to you	b Type: ●	•	ecking	Savings	- 00.			
Œ	ı	-		b Type. •	ı one		1 Cavings		You can choose to have your ref		
	88	c Account number ● L S Estimated tax: Amount of line 64 that you want applied to							sent directly to your bank account. See the instructions and fill in lines 65a,		
,	66	·		· ·					65b, and 65c.	,	
_ ق	~~	your 2001 estimated tax (subtract line 65			. 4		<u> </u>				
Owe	b <i>1</i>	Amount you owe - If line 63 is less than	-		•						
		or money order payable to NY State Income Ta		· ·	000 Inco	me Tax on it)	[Owe]	67.		•	
(68	Penalty for underpayment of tax (will reduce line	64 or increa	se line 67 - see page 31) 68.			•		Staple payment to front of ret	urn.	
See Instructions. Part-year residents must complete item F. (1) moved into New York State											
		Nonresidents must comp		m G.	` '		ew York State and		_		
(F)		-year residents: If you were a New York State)	Date of last move			sources during y				
resident for only part of the year, enter the date and check the box (1, 2, or 3) which describes and check the box (3) moved out of New York State and received no income from											
		situation on the last day of the tax year:						our nonresident period			
(G)		residents: Did you or your spouse maintair 000? (If Yes, complete Schedule B of Form IT			Yes		No 🗌		Sign your return below.		
		Preparer's signature	Date	Mark an "X" if self-employed	$\neg \overline{1}$	Thi	is is a scannah	le form	; please file this original retur	'n	
Paid		7.0		Co.: Omployou			Your signature	.5 10111	, p. saco ino una original retur		
pre _l use		I IIII 3 Haille (OI Youls, II 3ell-elliployeu)	n's name (or yours, if self-employed) Preparer's SSN or PTIN Sign								
	your Spot				Spouse's signa	oouse's signature (if joint return)					
Add	ress			Employer identification number return here Date			Daytime phone number (optional)				