

New York State Department of Taxation and Finance Income Allocation and Itemized Deduction Attachment to Form IT-203

Name(s) as shown on Form IT-203

Your social security number

Occupation

רר

IT-203-ATT

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-203.

| Schedule A - Allocation of wage and salary income to New York State | Schedule B - Living quarters maintained |
|--|--|
| Complete a separate Schedule A for each job for which your wage and salary | in New York State by a nonresident |
| income is subject to allocation. Two additional Schedule A sections are provided on | If you or your spouse maintained living quarters |
| the back of this form. If you are required to complete more than one Schedule A, total | in New York State during any part of the year, |
| the amounts from line <i>o</i> on all the schedules and include this total on Form IT-203, | give address(es) below. Attach additional sheets |
| line 1, in the New York State amount column. | if necessary. Check the box next to any living |
| Do not use this schedule for income based on the volume of business transacted. See the | quarters still maintained for or by you. |
| line 1 instructions on page 15 if: * you had more than one job, or | Address(es) |
| * you had a job for only part of the year, or | |
| * you and your spouse each had a job that requires allocation. | |
| 1a Total days (see instructions, page 15) | |
| Nonworking 1b Saturdays and Sundays (not worked) 1b. | |
| days 1c Holidays (not worked) 1c. | |
| included in 1d Sick leave 1d. | |
| line a: 1e Vacation | |
| 1f Other nonworking days 1f. | |
| 1g Total nonworking days (add lines 1b through 1f) 1g. | |
| 1h Total days worked in year at this job (subtract line 1g from line 1a) | |
| 1i Total days included in line 1h worked outside New York State 1i. | |
| 1j Enter number of days worked at home included in line 1i amount 1j. | |
| 1k Days worked in New York State (subtract line 1i from line 1h) 1k. | |
| 1I Enter number of days from line 1h above 11. | Enter the number of days spent in New York |
| 1m Divide line 1k by line 1I; carry the result to four decimal places 1m. | State in 2000: days |
| 1n Wages, salaries, tips, etc. (to be allocated) 1n. | |
| 10 Multiply line 1m by line 1n; this is your | Any part of a day spent in New York State is |
| New York State allocated wage and salary income 10. | considered a day spent in New York State. |
| Include the line 10 amount on Form IT-203, line 1, in the New York State amount column. | |

Schedule C - New York State itemized deduction Complete Schedule C only if you itemized deductions on your federal return (see page 34).

| | | | Dollars | <u> </u> | Cents | | |
|----|---|-----|---------|----------|-------|--|--|
| 1 | Medical and dental expenses (from federal Schedule A, line 4) | 1. | | • | | | |
| 2 | Taxes you paid (from federal Schedule A, line 9) | 2. | | • | | | |
| 3 | Interest you paid (from federal Schedule A, line 14) | 3. | | •[| | | |
| 4 | Gifts to charity (from federal Schedule A, line 18) | 4. | | •[| | | |
| 5 | | 5. | | • | | | |
| 6 | 6 Job expenses and most other miscellaneous deductions (from federal Schedule A, | | | | | | |
| | line 26) | 6. | | • | | | |
| 7 | Other miscellaneous deductions (from federal Schedule A, line 27) | 7. | | | | | |
| 8 | Total itemized deductions (from federal Schedule A, line 28) | 8. | | | | | |
| 9 | State, local, and foreign income taxes and other subtraction adjustments | | | | | | |
| | (see page 34) | 9. | | • | | | |
| 10 | Subtract line 9 from line 8 | 10. | | • | | | |
| 11 | | 11. | | | | | |
| 12 | Add lines 10 and 11 | 12. | | • | | | |
| 13 | | 13. | | | | | |
| 14 | Subtract line 13 from line 12. This is your New York itemized deduction. | 14. | | • | | | |
| | If the amount on line 14 is more than the New York State standard deduction for your filing status, enter the line 14 amount on Form IT-203, line 32, and mark an "X" in the <i>Itemized</i> box next to line 32. | · / | | | | | |

Note: Lines for other taxes and tax credits that were previously on Form IT-203-ATT may now be found on new Form IT-203-B, *Other New York State and City of New York Taxes and Tax Credits.*

| Schedule A - Allocation of wage and salary income to New York State | | | | | | |
|---|---|------|-------|-----|---|--|
| Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation. | | | | | | |
| Do not use this schedule for income based on the volume of business transacted. See the line 1 instructions on page 15 if: * you had more than one job, or * you had a job for only part of the year, or * you and your spouse each had a job that requires allocation. | | | | | | |
| 2a | Total days (see instructions, page 15) | | | 2a. | | |
| No | nworking 2b Saturdays and Sundays (not worked) | 2b. | | | | |
| da | ys 2c Holidays (not worked) | 2c. | | | | |
| inc | luded in 2d Sick leave | 2d. | | | | |
| line a: 2e Vacation 2e. | | | | | | |
| | 2f Other nonworking days | 2f. | | | | |
| 2g | Total nonworking days (add lines 2b through 2f) | | | 2g. | | |
| 2h | Total days worked in year at this job (subtract line 2g from | 2a) | 2h. | | | |
| 2i | Total days included in line 2h worked outside New York | Stat | e | 2i. | | |
| 2j | Enter number of days worked at home included in line 2i amount | 2j. | | - | | |
| 2k | Days worked in New York State (subtract line 2i from line | | 2k. | | | |
| 21 | Enter number of days from line 2h above | | | 21. | | |
| 2m | Divide line 2k by line 2l; carry the result to four decimal place | es | . 2m. | | | |
| 2n | Wages, salaries, tips, etc. (to be allocated) 2n. | | | | • | |
| 20 | Multiply line <i>2m</i> by line <i>2n</i> ; this is your | | | | | |
| | New York State allocated wage and salary income 20. | | | | | |
| Include the line 20 amount on Form IT-203, line 1, in the New York State amount column | | | | | | |
| 1 | | | | | | |

Schedule A - Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

| Do | Do not use this schedule for income based on the volume of business transacted. See the | | | | | | | | |
|--|---|------------------------|---------------------|-------------------------|-----------------|-----------|------|-----------|--|
| line | line 1 instructions on page 15 if: * you had more than one job, or | | | | | | | | |
| * you had a job for only part of the year, or | | | | | | | | | |
| * you and your spouse each had a job that requires allocat | | | | | | | | | |
| 3a | 3a Total days (see instructions, page 15) | | | | | | 3a. | | |
| No | nworking 3b S | Saturdays ar | nd Sundays (no | ot worked) | 3b. | | | | |
| da | ys 3c⊢ | lolidays (not | worked) | | 3c. | | | | |
| inc | luded in 3d S | Sick leave | | | 3d. | | | | |
| line a: 3e Vacation | | | | 3e. | | | | | |
| | 3 f C | Other nonwo | rking days | | 3f. | | | | |
| 3g | g Total nonworking days (add lines 3b through 3f) | | | | | | 3g. | | |
| 3h | Total days worke | ed in year at | this job (subtra | act line 3g fron | n line 3 | a) | 3h. | | |
| 3i | i Total days included in line 3h worked outside New York State | | | | | | 3i. | | |
| 3j | Enter number of day | s worked at hor | me included in line | 3i amount | 3j. | | | | |
| 3k | | | | | | | 3k. | | |
| 31 | Enter number of days from line <i>3h</i> above | | | | | | 31. | | |
| 3m | Divide line 3k by | / line <i>3I</i> ; car | ry the result to fo | ur de <u>cimal plac</u> | es | 3m. | • | | |
| 3n | Wages, salaries | , tips, etc. (te | be allocated) | 3n. | | | | • | |
| 30 | Multiply line 3m | by line <i>3n</i> ; | this is your | | | | | | |
| | New York State allo | ocated wage a | nd salary income | 30. | | | | • | |
| Inc | lude the line <i>3o</i> a | mount on F | orm IT-203, lin | e 1, in the <i>Ne</i> | w Yorl | k State a | mour | nt column | |



If you need to allocate wage and salary income from more than three jobs, attach additional copies of this form.