

# Nonresident and Part-Year Resident Income Tax Return

New York State • City of New York • City of Yonkers



# IT-203

For the year January 1, 2001, through December 31, 2001, or fiscal tax year beginning

0 1

For office use only



**Important:** You must enter your social security number(s) in the boxes to the right.

Attach label if available. If not, print or type.	Your first name and middle initial		Your last name (for a joint return, enter spouse's name on line below)		▼ Your social security number
	Spouse's first name and middle initial		Spouse's last name		▼ Your spouse's social security number
	Mailing address (number and street or rural route)			Apartment number	New York State county of residence
	City, village or post office		State	ZIP code	New York State school district name
Permanent home address (see page 32) (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 – 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) Can you be claimed as a dependent on another taxpayer's federal return? ..... Yes  No

(C) If you do not need forms mailed to you next year, mark an X in the box (see page 13) .....

(D) City of New York part-year residents only: (see page 13)

(1) Number of months you lived in New York City in 2001 ....

(2) Number of months your spouse lived in New York City in 2001 ..

	Federal amount		New York State amount	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.		1.	
2 Taxable interest income	2.		2.	
3 Ordinary dividends	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 page 18) Identify:	15.		15.	
16 Add lines 1 through 15	16.		16.	
17 Total federal adjustments to income (see page 18) Identify:	17.		17.	
18 Subtract line 17 from line 16. This is your federal adjusted gross income	18.		18.	
<b>New York additions</b> (see instructions, pages 19 - 22)				
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 20) Identify:	21.		21.	
22 Add lines 18 through 21	22.		22.	
<b>New York subtractions</b> (see instructions, pages 22 - 26)				
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 22)	27.		27.	
28 Other (see page 23) 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.	30.		30.	

Enter here and next to line 43, Income percentage. (If zero or less, see instructions, page 26.)

**Tax Computation**

31 Enter the amount from line 30, **Federal amount** column on the front page (your New York adjusted gross income) ..... 31. \_\_\_\_\_ . \_\_\_\_\_

32 Enter the **larger** of your **standard deduction** (from page 26) or your **itemized deduction** (from Form IT-203-ATT, Sch. C, line 15; attach form). Mark an **X** in the appropriate box:  Standard  Itemized ..... 32. \_\_\_\_\_ . \_\_\_\_\_

33 Subtract line 32 from line 31 (if line 32 is more than line 31, leave blank) ..... 33. \_\_\_\_\_ . \_\_\_\_\_

34 Exemptions for dependents only (not the same as total federal exemptions; see page 26) ..... 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 43 through 50. If line 31 is more than \$100,000, you must complete Tax computation worksheet 1 or 2 on page 26 of the instructions to figure your tax.) ..... 36. \_\_\_\_\_ . \_\_\_\_\_

37 New York State household credit (from table I, II, or III, page 27 of instructions) ..... 37. \_\_\_\_\_ . \_\_\_\_\_

38 Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank) ..... 38. \_\_\_\_\_ . \_\_\_\_\_

**Credits**

39 New York State child and dependent care credit (from line 14 of Form IT-216; attach form; see page 27) ..... 39. \_\_\_\_\_ . \_\_\_\_\_

40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) ..... 40. \_\_\_\_\_ . \_\_\_\_\_

41 New York State earned income credit (from Form IT-215; attach form; see page 27) ..... 41. \_\_\_\_\_ . \_\_\_\_\_

42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank). This is your **base tax** ..... 42. \_\_\_\_\_ . \_\_\_\_\_

43 Income percentage New York State amount from line 30  $\div$  Federal amount from line 30 = Carry result to 4 decimal places. (see page 27) \_\_\_\_\_ . \_\_\_\_\_  $\div$  \_\_\_\_\_ . \_\_\_\_\_ = 43. \_\_\_\_\_ . \_\_\_\_\_

44 Multiply line 42 by the **decimal** on line 43. This is your **allocated New York State tax** ..... 44. \_\_\_\_\_ . \_\_\_\_\_

45 New York State nonrefundable credits (from Form IT-203-B, line 48) ..... 45. \_\_\_\_\_ . \_\_\_\_\_

46 Subtract line 45 from line 44 (if line 45 is more than line 44, leave blank) ..... 46. \_\_\_\_\_ . \_\_\_\_\_

47 Net other New York State taxes (from Form IT-203-B, line 23) ..... 47. \_\_\_\_\_ . \_\_\_\_\_

48 Add lines 46 and 47. This is the total of your **New York State taxes** ..... 48. \_\_\_\_\_ . \_\_\_\_\_

**Cities**

49 Other city of New York taxes (from Form IT-203-B, line 26) ..... 49. \_\_\_\_\_ . \_\_\_\_\_

50 City of Yonkers nonresident earnings tax (attach Form Y-203) .. 50. \_\_\_\_\_ . \_\_\_\_\_

51 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1) . 51. \_\_\_\_\_ . \_\_\_\_\_

52 Add lines 49 through 51. This is the total of your **New York City and Yonkers taxes** ..... 52. \_\_\_\_\_ . \_\_\_\_\_

53 **Voluntary gifts/contributions** (whole dollar amounts only; see page 28) Olympic Fund  o \_\_\_\_\_ .  
 Return a Gift to Wildlife  w \_\_\_\_\_ . Missing/Exploited Children Fund  c \_\_\_\_\_ .  
 Breast Cancer Research Fund  b \_\_\_\_\_ . Alzheimer's Fund  a \_\_\_\_\_ . Total gifts = 53. \_\_\_\_\_ . 0 0

54 Add lines 48, 52, and 53. This is the total of your **state and city taxes and gifts** ..... 54. \_\_\_\_\_ . \_\_\_\_\_

**Payments**

55 Part-year city of New York school tax credit (also complete item D on front) ... 55. \_\_\_\_\_ . \_\_\_\_\_

56 Other refundable credits (from Form IT-203-B, line 65) ..... 56. \_\_\_\_\_ . \_\_\_\_\_

57 **Total New York State tax withheld** (see page 29) ..... 57. \_\_\_\_\_ . \_\_\_\_\_

58 Total city of New York tax withheld (see page 29) ..... 58. \_\_\_\_\_ . \_\_\_\_\_

59 Total city of Yonkers tax withheld (see page 29) ..... 59. \_\_\_\_\_ . \_\_\_\_\_

60 Total of estimated tax payments, and amount paid with extension Form IT-370 ..... 60. \_\_\_\_\_ . \_\_\_\_\_

61 Add lines 55 through 60. This is the total of your **payments** ..... 61. \_\_\_\_\_ . \_\_\_\_\_

62 **Amount overpaid.** If line 61 is more than line 54, subtract line 54 from line 61 (also see lines 63 and 64) ..... 62. \_\_\_\_\_ . \_\_\_\_\_

**Refund**

63 Amount of line 62 that you want **refunded to you** ..... **Refund** 63. \_\_\_\_\_ . \_\_\_\_\_

a Routing number  \_\_\_\_\_ b Type:  Checking  Savings  
 c Account number  \_\_\_\_\_

64 **Estimated tax:** Amount of line 62 that you want applied to your 2002 estimated tax (subtract line 63 from line 62) ..... 64. \_\_\_\_\_ . \_\_\_\_\_

**Owe**

65 **Amount you owe.** If line 61 is less than line 54, subtract line 61 from line 54 (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 2001 Income Tax on it) ..... **Owe** 65. \_\_\_\_\_ . \_\_\_\_\_

66 Penalty for underpayment of tax (will reduce line 62 or increase line 65; see page 31) ..... 66. \_\_\_\_\_ . \_\_\_\_\_

See instructions on page 28 for figuring city of New York and city of Yonkers taxes and surcharges.

Staple your wage and tax statements at the bottom of the front of this return. See Step 7 on page 32 for further instructions on assembling your return.

You can choose to have your refund sent directly to your bank account. See the instructions and fill in lines 63a, 63b, and 63c.

Staple payment to front of return.

See instructions. **Part-year residents** must complete item E. **Nonresidents** must complete item F.

**(E) Part-year residents:** If you were a New York State resident for only part of the year, enter the date and check the box (1, 2, or 3) 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 .....

Date of last move (MM-DD-YY):

**(F) Nonresidents:** Did you or your spouse maintain living quarters in New York State in 2001? (If Yes, complete Schedule B of Form IT-203-ATT; attach form) ..... Yes  No

67 I authorize the Tax Department to discuss this return with the paid preparer listed below. (Mark the Yes or No box; see pg. 31.)  Yes  No  **Sign your return below.**

<b>Paid preparer's use only</b>	Preparer's signature	Preparer's SSN or PTIN	<b>Sign your return here</b>	Your signature
	Firm's name (or yours, if self-employed)	Employer identification number		Spouse's signature (if joint return)
	Address	Date		Mark X if self-employed <input type="checkbox"/>
				Daytime phone number (optional)