

For office use only

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, 2004, through December 31, 2004, or fiscal tax year beginning 0 4 and ending



Important: You must enter your social security number(s) in the boxes to the right. Your first name and middle initial, Your last name, Spouse's first name and middle initial, Spouse's last name, Mailing address, 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, 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) Do you need an income tax packet mailed to you next year? Yes No
(D) City of New York part-year residents only: (1) Number of months you lived in New York City in 2004 ... (2) Number of months your spouse lived in New York City in 2004 ..

Table with columns: Federal amount (Dollars, Cents), New York State amount (Dollars, Cents). Rows 1-30 listing various income and deduction items like Wages, interest, dividends, etc.

Tax Computation	31	Enter the amount from line 30, <b>Federal amount</b> column on the front page .....	31.		.	
	32	Enter the <b>larger</b> of your <b>standard deduction</b> (from page 32) or your <b>itemized deduction</b> (from Form IT-203-ATT, Sch. C, line 15; attach form). Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> Standard <input type="checkbox"/> 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 32) .....	34.	0 0 0	.	0 0
	35	Subtract line 34 from line 33. This is your <b>taxable income</b> .....	35.		.	
Credits	36	New York State tax on line 35 amount (see tax computation, pages 33 through 35) .....	36.		.	
	37	New York State household credit (from table I, II, or III, page 36 of instructions) .....	37.		.	
	38	Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank) .....	38.		.	
	39	New York State child and dependent care credit (from Form IT-216; attach form; see page 37) .....	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 37) .....	41.		.	
	42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank). This is your <b>base tax</b> .....	42.		.	
	43	Income percentage <input type="checkbox"/> New York State amount from line 30 <input type="checkbox"/> Federal amount from line 30 (see page 37) <input type="checkbox"/> ÷ <input type="checkbox"/> =	43.		.	
	44	Multiply line 42 by the <b>decimal</b> on line 43. This is your <b>allocated New York State tax</b> .....	44.		.	
	45	New York State nonrefundable credits (from Form IT-203-B, line 50) .....	45.		.	

Cities	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 24) .....	47.		.	
	48	Add lines 46 and 47. This is the total of your <b>New York State taxes</b> .....	48.		.	
	49	Other city of New York taxes (from Form IT-203-B, line 27; see page 37) .....	49.		.	
	50	City of Yonkers nonresident earnings tax (attach Form Y-203) .....	50.		.	
Sales or use tax	51	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1) .....	51.		.	
	52	<b>Sales or use tax</b> (see instructions beginning on page 38) .....	52.		.	

Gifts	53	Return a Gift to Wildlife <input type="checkbox"/> w. <input type="checkbox"/> Missing/Exploited Children Fund <input type="checkbox"/> c. <input type="checkbox"/> Breast Cancer Research Fund <input type="checkbox"/> b. <input type="checkbox"/> Prostate Cancer Research Fund <input type="checkbox"/> p. <input type="checkbox"/> Alzheimer's Fund <input type="checkbox"/> a. <input type="checkbox"/> Olympic Fund <input type="checkbox"/> o. <input type="checkbox"/> <b>Total gifts and contributions =</b>	53.		.	0 0
	54	Add lines 48 through 53. This is the total of your <b>state and city taxes and gifts</b> .....	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 68) .....	56.		.	
	57	<b>Total New York State tax withheld</b> (see page 43) .....	57.		.	
	58	Total city of New York tax withheld (see page 44) .....	58.		.	
	59	Total city of Yonkers tax withheld (see page 44) .....	59.		.	
60	Total of estimated tax payments, and amount paid with extension Form IT-370 .....	60.		.		

Staple your wage and tax statements at the bottom of the front of this return. See Step 7 on page 49 for further instructions on assembling your return.

Refund	61	Add lines 55 through 60. This is the total of your <b>payments</b> .....	61.		.	
	62	<b>Amount overpaid.</b> If line 61 is more than line 54, subtract line 54 from line 61 (also see lines 63 and 64) .....	62.		.	
	63	Amount of line 62 that you want <b>refunded to you</b> .....	63.		.	

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

Owe	64	<b>Estimated tax:</b> Amount of line 62 that you want applied to your 2005 estimated tax (subtract line 63 from line 62) .....	64.		.	
	65	<b>Amount you owe.</b> If line 61 is less than line 54, subtract line 61 from line 54 For details on how to pay, see page 46 .....	65.		.	
	66	Penalty for underpayment of tax (will reduce line 62 or increase line 65; see page 46) .....	66.		.	

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 mark an **X** in the box (1, 2, or 3) which describes your situation on the last day of the tax year:

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

(F) **Nonresidents: Did you or your spouse maintain living quarters in New York State in 2004?** (if Yes, complete Schedule B of Form IT-203-ATT; attach form) Yes  No

Third - party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the following) <input type="checkbox"/> No <input type="checkbox"/>		
	Designee's name	Designee's phone number ( )	Personal identification number (PIN)

Paid preparer's use only	Preparer's signature	Preparer's SSN or PTIN	Sign your return here	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) ( )