New York State Department of Taxation and Finance





Name(s) and occupation(s) as shown on Form IT-203	Your social security number		
Traine(3) and occupation(3) as shown on Form 11-200	Tour coolar cocarty frambor		
	<u> </u>		

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

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.

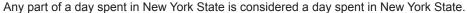
An additional Schedule A section is provided on the back of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the New York State amount column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- · You had more than one job;
- · 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)					
	Nanuarkina	S (not worked)		_		
	dava included					
	in line 4e.			-		
	re vacation					
	9			-		
_	Total nonworking days (add lines 1b through 1f)					
	Total days worked in year at this job (subtract line	-		1h		
	Total days included in line 1h worked outside New York State			i		
	Enter number of days worked at home included in line 1i amount				1	
	Subtract line 1j from line 1i					
	Days worked in New York State (subtract line 1k t	· · · · · · · · · · · · · · · · · · ·				
1m	Enter number of days from line 1h above			1m		
1n	Divide line 1I by line 1m; round the result to the fourth decimal place					
10	Wages, salaries, tips, etc. (to be allocated)				. 00	
1р	New York State allocated wage and salary income	me (multiply line 1n by line 1o)	1p		. 00	
Incl	lude the line 1p amount on Form IT-203, line 1,	in the New York State amount column.				
Scl	nedule B – Living quarters maintained in	New York State by a nonresident				
Mar	rk an X in the box if NYS living quarters were ma	intained for you or by you for the entire tax yea	r			
If yo	ou or your spouse maintained living quarters in N essary. For column E, mark an <i>X</i> in the box if	IYS during any part of the year, give address(es	s) below. Sub by you.	mit additional sh	neets if	
	A – Street address	B – City, village, or post office	С	D – ZIP code	E	
			NY			
			NY			
			INI		\dashv \sqcup	
			NY			
	NY					

Enter the number of days spent in New York State in this tax year





IT-203-B (2013) (back) Enter your social security number

Scl	hedule C – Colleç	ge tuition itemized o	deduction wo	orksheet (See	the instru	uctions for	Schedule C	C.)		
1	Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No								No 🗌	
	• If Yes, stop ; you	do not qualify for the	college tuition	itemized deduc	ion.					
	• If No , continue. Complete lines A through H below for each eligible student for whom you paid qualified									
	college tuition expenses. Use additional sheets if necessary.									
			1 – St	udent 1		2 - Studen	t 2	3 -	Student 3	
Α	Eligible student's n	ame								
В	Eligible student's sonumber (SSN)	ocial security								
С		ned as a dependent n? (see instructions)	Yes	No 🗌	Yes [10 <u> </u>	Yes 🗌	No	
D	EIN of college or u	niversity (see instr.)								
E		university (see instr.)								
F	Were expenses for tuition? (see instruct	undergraduate	Yes	No 🗌	Yes		10 <u> </u>	Yes 🗌	No	
C	Amount of qualified	d college tuition uctions)								
G	expenses (see msm	uctions)		.00			.00)		.00
Н	Enter the lesser of	line G or 10,000		.00			.00			.00
Scl	hedule A – Alloca	ition of wage and s	alary incom	e to New York	State					
2a	Total days (see instr	ructions)							2a	
	2b Saturdays and Sundays (not worked)						2b			
	Nonworking days included	2c Holidays (not work	ked)							
	in line 2a: 2d Sick leave									
								2e		
	T. (.)	2f Other nonworking							00	
_	-	ays (add lines 2b through							_	
		in year at this job (subt							2h	
2j	Total days included in line 2h worked outside New York State Enter number of days worked at home included in line 2i amount									
-	Subtract line 2j from line 2i						2k			
		w York State (subtract i							-	
	•	ays from line 2h above		,					2m	
2n	Divide line 2l by line 2m; round the result to the fourth decimal place					2n				
20	Wages, salaries, tips, etc. (to be allocated)					20	.00.			
2p	P New York State allocated wage and salary income (multiply line 2n by line 2o)					2p			.00	



Include the line 2p amount on Form IT-203, line 1, in the New York State amount column.