



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning .....

# IT-203

21

and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial		Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your Social Security number	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 12) (number and street or PO Box)				Apartment number		New York State county of residence	
City, village, or post office			State	ZIP code	Country	School district name	
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.	City, village, or post office		School district code number
State	ZIP code	Country	Decedent information	Taxpayer's date of death		Spouse's date of death	

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B** Did you itemize your deductions on your 2021 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? (see page 13) Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes  No

### E New York City part-year residents only (see page 13)

(1) Number of months you lived in NY City in 2021 ....

(2) Number of months your spouse lived in NY City in 2021 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 13) .....

### G New York State part-year residents (see page 14)

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

1) Lived in NYS .....

2) Lived outside NYS; received income from NYS sources during nonresident period .....

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? ..... Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.

203001210094



For office use only

Enter your Social Security number

<b>Federal income and adjustments</b> (see page 16)	<b>Federal amount</b> Whole dollars only		<b>New York State amount</b> Whole dollars only	
1 Wages, salaries, tips, etc. ....	<b>1</b>	.00	<b>1</b>	.00
2 Taxable interest income .....	<b>2</b>	.00	<b>2</b>	.00
3 Ordinary dividends .....	<b>3</b>	.00	<b>3</b>	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	<b>4</b>	.00	<b>4</b>	.00
5 Alimony received .....	<b>5</b>	.00	<b>5</b>	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	<b>6</b>	.00	<b>6</b>	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	<b>7</b>	.00	<b>7</b>	.00
8 Other gains or losses (submit a copy of federal Form 4797)	<b>8</b>	.00	<b>8</b>	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	<b>9</b>	.00	<b>9</b>	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	<b>10</b>	.00	<b>10</b>	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	<b>11</b>	.00	<b>11</b>	.00
12 Rental real estate included in line 11 (federal amount) <b>12.</b> <input type="text"/> .00				
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	<b>13</b>	.00	<b>13</b>	.00
14 Unemployment compensation.....	<b>14</b>	.00	<b>14</b>	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	<b>15</b>	.00	<b>15</b>	.00
16 Other income (see page 22) <i>Identify:</i> <input type="text"/>	<b>16</b>	.00	<b>16</b>	.00
17 Add lines <b>1 through 11</b> and <b>13 through 16</b> .....	<b>17</b>	.00	<b>17</b>	.00
18 Total federal adjustments to income (see page 22) <i>Identify:</i> <input type="text"/>	<b>18</b>	.00	<b>18</b>	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	<b>19</b>	.00	<b>19</b>	.00
19a Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	<b>19a</b>	.00	<b>19a</b>	.00

<b>New York additions</b> (see page 24)				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	<b>20</b>	.00	<b>20</b>	.00
21 Public employee 414(h) retirement contributions .....	<b>21</b>	.00	<b>21</b>	.00
22 Other (Form IT-225, line 9) .....	<b>22</b>	.00	<b>22</b>	.00
23 Add lines <b>19a through 22</b> .....	<b>23</b>	.00	<b>23</b>	.00

<b>New York subtractions</b> (see page 25)				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	<b>24</b>	.00	<b>24</b>	.00
25 Pensions of NYS and local governments and the federal government (see page 25) .....	<b>25</b>	.00	<b>25</b>	.00
26 Taxable amount of Social Security benefits (from line 15)	<b>26</b>	.00	<b>26</b>	.00
27 Interest income on U.S. government bonds .....	<b>27</b>	.00	<b>27</b>	.00
28 Pension and annuity income exclusion .....	<b>28</b>	.00	<b>28</b>	.00
29 Other (Form IT-225, line 18) .....	<b>29</b>	.00	<b>29</b>	.00
30 Add lines 24 through 29 .....	<b>30</b>	.00	<b>30</b>	.00
31 <b>New York adjusted gross income</b> (subtract line 30 from line 23)	<b>31</b>	.00	<b>31</b>	.00

32 Enter the amount from line 31, **Federal amount** column  **32**  .00



Name(s) as shown on page 1

Enter your Social Security number

Standard deduction or itemized deduction (see page 27)

33 Enter your standard deduction (table on page 27) or your itemized deduction (from Form IT-196).

Mark an X in the appropriate box: ... [ ] Standard - or - [ ] Itemized

Table with 2 columns: Line number and Amount. Rows 33 to 36. Line 35 amount is 000.00.

Tax computation, credits, and other taxes

Table with 2 columns: Line number and Amount. Rows 37 to 43. Line 35 amount is 000.00.

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) ..... 44 .00

45 Income percentage (see page 29) [ ] New York State amount from line 31 [ ] .00 ÷ Federal amount from line 31 [ ] .00 = 45 [ ] Round result to 4 decimal places

Table with 2 columns: Line number and Amount. Rows 46 to 50.

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

Table with 2 columns: Line number and Amount. Rows 51 to 58. Includes instructions on pages 29 through 31.



Enter your Social Security number

59 Enter amount from line 58 ..... **59** ..... .00

**Payments and refundable credits** (see page 32)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00
60a NYC school tax credit (rate reduction amount)	<b>60a</b>	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00
62 Total <b>New York State</b> tax withheld	<b>62</b>	.00
63 Total <b>New York City</b> tax withheld	<b>63</b>	.00
64 Total <b>Yonkers</b> tax withheld	<b>64</b>	.00
65 Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00
<b>66 Total payments and refundable credits</b> (add lines 60 through 65)	<b>66</b>	.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see pages 10 and 11).  
**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information** (see pages 34 through 36)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 34)	<b>67</b>	.00
68 Amount of line 67 available for refund (subtract line 69 from line 67)	<b>68</b>	.00
<b>TIP:</b> Use this amount to check your refund status online.		
68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	<b>68a</b>	.00
68b Total refund after NYS 529 account deposit (subtract line 68a from line 68)	<b>68b</b>	.00

Mark one refund choice:  **direct deposit** to checking or savings account (fill in line 73) - or -  **paper check**

**Refund?** Direct deposit is the easiest, fastest way to get your refund.

**See page 35 for payment options.**

69 Amount of line 67 that you want applied to your 2022 estimated tax (see instructions)	<b>69</b>	.00
70 Amount you <b>owe</b> (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return.	<b>70</b>	.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35)	<b>71</b>	.00
72 Other penalties and interest (see page 35)	<b>72</b>	.00

**See page 38 for the proper assembly of your return.**

73 Account information for direct deposit or electronic funds withdrawal (see page 36).  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 36)

73a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

73b Routing number  73c Account number

74 Electronic funds withdrawal (see page 36) ..... Date  Amount  .00

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
Address	Employer identification number		
	Date		
Email:			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( )
Email:	

**See instructions for where to mail your return.**

203004210094

