

New York State Department of Taxation and Finance

Multi-Year Allocation Form

IT-203-F

00

00

Name as shown on	Form IT-203									Your	soci	al se	curity	numb	er	Tax	year	_
			_		_		_											
Complete all part	ts that apply	to you;	see ins	tructi	ons (Form	IT-20)3-F	-I). Submit thi	s form v	with	ı yoı	ır Fo	rm IT	-203.			
Schedule A – C termination agree					me a	tribu	tabl	e to	past emplo	yment	in I	New	Yor	k Sta	ite (fo	r exam	ple,	
Complete a separ you are required to on Form IT-203, li	o complete n	nore than	one Sc	hedul	e A, to	tal the												
Use this form for Form IT-203-B, No instructions.																	l its	
Allocation 4	F	Period this a	location o	covers (mmddyy	yy)				Type of income you are allocating								
Allocation 1			to															
	Tax year		A – Total	comper	nsation] [B – New York an	nounts]						
						00					00							
						00	-				00	ł						
						00	-				00	ł						
						00					00							
1a Totals						00					00							
1b Divide line 1a	ı, column B. l	by line 1a	colum	n A (ca	arrv to	four de	cima	ls).				1b						
1b Divide line 1a, column B, by line 1a, column A (carry to four decimals)1c Current year income to be allocated										1c						0		
1d Multiply line 1	c by the dec	imal on lir	ne 1b; ir	nclude	this a	amour	nt on	For	m IT-203, line 1	1, in the								_
	•											1d						0
	F	Period this a	location o	covers (mmddyy	vy)				Туре с	of inc	ome	you are	e alloca	iting			
Allocation 2			to															_
	Tax year		A – Total	comper	nsation] [B – New York an	nounts]						
						00					00							
												1						
						00	-				00	ł						
						00	-				00							
						00	-				00	-						
2a Totals						00					00							
2b Divide line 2a	column P. k	hy line 2a	colum	n Λ (α	arry to	four de	oimo	(c)				2b						

2d Multiply line 2c by the decimal on line 2b; include this amount on Form IT-203, line 1, in the

Your social security number								
		i	i		i	i		i

Schedule B - Stock option, restricted stock, or stock appreciation rights allocation (see instructions)

New York State nonresidents and part-year residents: If you received compensation from stock options, restricted stock, or stock appreciation rights and you performed services within New York State, use this schedule to calculate your New York State compensation attributable to those items, if the calculation requires an allocation period that is different than the period used on Form IT-203-B.

For	m IT-203-B.	p		
Cor	nplete a separate Schedule B for each option, stock, or right you were grante	ed. Use the mmddy	yyy format when enteri	ng dates.
De	scription of stock			
	Grant date Vest date Exercise date	Allo	ocation period (see instructions)	
			to	
in o	k an X ne box for Statutory Non-statutory Restricted stock [kk type:	Appreciation	on right	
3	Enter the applicable column A amount from Schedule B Table (see instruction	ns)	3	00
4	Enter the applicable column B amount from Schedule B Table (see instruction	ns)	4	00
5	Compensation to be allocated (subtract line 4 from line 3)		5	00
6	Total days in allocation period	6		
Ū	Total days in anocation period			
7	Saturdays and Sundays (not worked)	_		
8	Holidays (not worked)	-		
9	Sick leave	-		
10	Vacation	-		
11	Other nonworking days			
12	Total nonworking days (add lines 7 through 11)	12		
	Total days worked in allocation period at this job (subtract line 12 from line 6)	13	-	
	Total days included in line 13 worked outside	7	_	
	New York State	-		
15	Number of days worked at home included in line 14 15			
16	Subtract line 15 from line 14	16		
	Days worked in New York State (subtract line 16 from line 13)			
	Enter number of days from line 13 above	18		
.0	Little Hamber of days from file to above			
19	Divide line 17 by line 18; round the result to the fourth decimal place		19	
20	Multiply line 19 by line 5		20	00

Include the line 20 amount on the appropriate line of Form IT-203 in the New York State amount column.

