

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, 2002, through December 31, 2002, or fiscal tax year beginning 0 2 and ending

For office use only



Form with fields for name, address, social security numbers, and residence information.

- (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, 5 Qualifying widow(er) with dependent child. (B) Can you be claimed as a dependent... (C) If you do not need forms mailed... (D) City of New York part-year residents only...

Enter federal amounts in the left-hand column and New York State amounts in the right-hand column. See instructions, page 13. Part-year residents: complete page 14 worksheet first.

Table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows 1-18 for federal income, 19-22 for New York additions, 23-29 for New York subtractions, and 30 for final adjusted gross income.

Tax Computation	31	Enter the amount from line 30, Federal amount column on the front page	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: <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 26)	34.	0 0 0	.	0 0
	35	Subtract line 34 from line 33. This is your taxable income	35.		.	

Credits	36	New York State tax on line 35 amount (use the tan NY State Tax Table on page 43; if line 31 is more than \$100,000, see page 26)	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.		.	
	39	New York State child and dependent care credit (from 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.	43.		.	

Cities	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 50)	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 24)	47.		.	
	48	Add lines 46 and 47. This is the total of your New York State taxes	48.		.	

Voluntary gifts/contributions	49	Other city of New York taxes (from Form IT-203-B, line 27)	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) <input type="checkbox"/> Olympic Fund <input type="checkbox"/> o. <input type="checkbox"/> <input type="checkbox"/> Return a Gift to Wildlife <input type="checkbox"/> w. <input type="checkbox"/> <input type="checkbox"/> Missing/Exploited Children Fund <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> Breast Cancer Research Fund <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> Alzheimer's Fund <input type="checkbox"/> a. <input type="checkbox"/> Total gifts =	53.		.	0 0

Payments	54	Add lines 48, 52, and 53. This is the total of your state and city taxes and gifts	54.		.	
	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 67)	56.		.	
	57	Total New York State tax withheld (see page 28)	57.		.	
	58	Total city of New York tax withheld (see page 29)	58.		.	

Refund	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.		.	

Owe	62	Amount overpaid. 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 refunded to you <input type="checkbox"/> Refund <input type="checkbox"/> a Routing number <input type="checkbox"/> b Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings c Account number <input type="checkbox"/>	63.		.	
	64	Estimated tax: Amount of line 62 that you want applied to your 2003 estimated tax (subtract line 63 from line 62)	64.		.	

65	Amount you owe. If line 61 is less than line 54, subtract line 61 from line 54 For details on how to pay, see pages 30 and 31	Owe	65.		.	
66	Penalty for underpayment of tax (will reduce line 62 or increase line 65; see page 31)	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 check 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):

(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

(F) Nonresidents: Did you or your spouse maintain living quarters in New York State in 2002? (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
	Firm's name (or yours, if self-employed)	Employer identification number	
	Address	Date	
		Mark X if self-employed <input type="checkbox"/>	

Your signature	Date	Daytime phone number (optional) ()
Spouse's signature (if joint return)		