



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

IT-203

For the year January 1, 2014, through December 31, 2014, or fiscal year beginning **14**
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 (mm-dd-yyyy) | | Your social security number | |
| Spouse's first name and middle initial | | Spouse's last name | | Spouse's date of birth (mm-dd-yyyy) | | Spouse's social security number | |
| Mailing address (see instructions, page 13) (number and street or PO box) | | | | Apartment number | | New York State county of residence | |
| City, village, or post office | | | State | ZIP code | Country (if not United States) | | School district name |
| Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route) | | | | Apartment no. | City, village, or post office | | School district code number |
| State | ZIP code | Country (if not United States) | | | 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) with dependent child

B Did you itemize your deductions on your 2014 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 pg. 14) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze credit? (see page 14) Yes No

(2) If Yes, enter the amount00

D3 Did you receive a family tax relief credit? (see page 14) Yes No

E New York City part-year residents only (see page 14)

(1) Number of months **you** lived in NY City in 2014

(2) Number of months **your spouse** lived in NY City in 2014

F Enter your **2-character special condition code** if applicable (see page 14)

If applicable, also enter your **second 2-character special condition code**

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mm-dd-yyyy)

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 15)

Did you or your spouse maintain living quarters in NYS in 2014? Yes No
(if Yes, complete Form IT-203-B)

I Dependent exemption information (see page 15)

| First name and middle initial | Last name | Relationship | Social security number | Date of birth (mm-dd-yyyy) |
|-------------------------------|-----------|--------------|------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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



For office use only

Enter your social security number

Federal income and adjustments (see page 16)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

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

New York additions (see page 23)

| | | | | | |
|----|--|----|-----|----|-----|
| 20 | Interest income on state and local bonds (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19 through 22 | 23 | .00 | 23 | .00 |

New York subtractions (see page 24)

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

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

Standard deduction or itemized deduction (see page 26)

| | | | |
|----|--|----|---------------|
| 33 | Enter your standard deduction (table on page 26) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: ... <input type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized | 33 | .00 |
| 34 | Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 34 | .00 |
| 35 | Dependent exemptions (enter the number of dependents listed in Item I; see page 26) | 35 | 000.00 |
| 36 | New York taxable income (subtract line 35 from line 34) | 36 | .00 |



Name(s) as shown on page 1

Enter your social security number

Tax computation, credits, and other taxes (see page 26)

| | | |
|--|-----------|-----|
| 37 New York taxable income (from line 36 on page 2)..... | 37 | .00 |
| 38 New York State tax on line 37 amount (see page 27 and Tax computation on pages 60,61, and 62) | 38 | .00 |
| 39 New York State household credit (page 27, table 1, 2, or 3)..... | 39 | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)..... | 40 | .00 |
| 41 New York State child and dependent care credit (see page 28) | 41 | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)..... | 42 | .00 |
| 43 New York State earned income credit (see page 28) | 43 | .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 28) New York State amount from line 31 .00 ÷ Federal amount from line 31 .00 = **45** Round result to 4 decimal places

| | | |
|--|-----------|-----|
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | .00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | .00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 50 | .00 |

New York City and Yonkers taxes and credits

| | | |
|---|------------|-----|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 |
| 52a Subtract line 52 from line 51 | 52a | .00 |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 |
| 55 Total New York City and Yonkers taxes (add lines 52a, 53, and 54) | 55 | .00 |
| 56 Sales or use tax (See the instructions on page 29. Do not leave line 56 blank.) | 56 | .00 |

See instructions on pages 28 and 29 to compute New York City and Yonkers taxes, credits, and surcharges.

Voluntary contributions (see page 30)

| | | |
|--|------------|-----|
| 57a Return a Gift to Wildlife | 57a | .00 |
| 57b Missing/Exploited Children Fund | 57b | .00 |
| 57c Breast Cancer Research Fund | 57c | .00 |
| 57d Alzheimer's Fund | 57d | .00 |
| 57e Olympic Fund (\$2 or \$4) | 57e | .00 |
| 57f Prostate and Testicular Cancer Research and Education Fund ... | 57f | .00 |
| 57g 9/11 Memorial | 57g | .00 |
| 57h Volunteer Firefighting & EMS Recruitment Fund | 57h | .00 |
| 57i Teen Health Education | 57i | .00 |
| 57j Veterans Remembrance | 57j | .00 |
| 57 Total voluntary contributions (add lines 57a through 57j) | 57 | .00 |
| 58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | .00 |

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Enter your social security number

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

Payments and refundable credits (see page 31)

| | | |
|--|-----------|-----|
| 60 Part-year NYC school tax credit (also complete E on front; see page 31) ... | 60 | .00 |
| 61 Other refundable credits (Form IT-203-ATT, line 17) | 61 | .00 |
| 62 Total New York State tax withheld | 62 | .00 |
| 63 Total New York City tax withheld | 63 | .00 |
| 64 Total Yonkers tax withheld | 64 | .00 |
| 65 Total estimated tax payments/amount paid with Form IT-370 .. | 65 | .00 |
| 66 Total payments and refundable credits (add lines 60 through 65) | 66 | .00 |

Submit your wage and tax statements with your return (see page 31).

Your refund, amount you owe, and account information (see pages 32 through 35)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) **67**00

68 Amount of line 67 to be refunded
 Mark one refund choice: direct deposit (fill in line 73) - or - debit card - or - paper check ... **68**00

69 Amount of line 67 that you want applied to your 2015 estimated tax (see instructions) **69**00

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **70**00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 33) **71**00

72 Other penalties and interest (see page 33) **72**00

See pages 32 and 33 for information about your three refund choices.

See page 33 for payment options.

See page 36 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 34).

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. 34)

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 34) Date Amount .00

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

| | | |
|---|--------------------------------|------|
| ▼ Paid preparer must complete (see instr.) ▼ | | Date |
| Preparer's signature | Preparer's NYTPRIN | |
| Firm's name (or yours, if self-employed) | Preparer's PTIN or SSN | |
| Address | Employer identification number | |
| | NYTPRIN excl. code | |
| E-mail: | | |

| | |
|---|-----------------------------|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number () |
| E-mail: | |

See instructions for where to mail your return.

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