



Summary of Other Credits and Taxes

Attachment to Form IT-203

| | | |
|---------------------------------|-----------------------------|------------|
| Name(s) as shown on Form IT-203 | Your social security number | Occupation |
|---------------------------------|-----------------------------|------------|

- Complete all parts that apply. Attach this form to your Form IT-203.
- Complete the *Worksheet for Front Page, Part II, Line 15* on the back if you are subject to the New York State tax on capital gain portion of lump-sum distribution, Form IT-230, Part II.
- Complete the *Worksheet for Front Page, Part III, Line 20* on the back if you are subject to the city of New York tax on capital gain portion of lump-sum distribution, Form IT-230, Part II.
- Complete *Schedule A* on the back if your wage and salary income is subject to allocation.
- Complete *Schedule B* on the back if you were a nonresident and maintained living quarters in New York State.

Part I — Other New York State Credits *(see instructions, page 24)*

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|
| 1 Resident credit <i>(from Form IT-112-R; attach form and copy of return filed with other state or province of Canada)</i> | 1 | | |
| 2 Accumulation distribution credit <i>(attach computation)</i> | 2 | | |
| 3 Investment credit <i>(from Form IT-212; attach form)</i> | 3 | | |
| 4 Special additional mortgage recording tax credit <i>(see instructions)</i> | 4 | | |
| 5 Solar and wind energy credit carryover from 1992 <i>(from Form IT-218.1; attach form)</i> | 5 | | |
| 6 Economic development zone credit <i>(total from Forms DTF-601, DTF-602, and DTF-603; attach forms that apply)</i> | 6 | | |
| 7 Total <i>(add lines 1 through 6; enter here and on Form IT-203, line 58)</i> | 7 | | |

Part II — Other New York State Taxes *(see instructions, page 24)*

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 8 New York State separate tax on lump-sum distributions <i>(from Form IT-230; attach form)</i> | 8 | | |
| 9 Resident credit against separate tax on lump-sum distributions <i>(from Form IT-112.1; attach form and copy of return filed with other state or province of Canada)</i> | 9 | | |
| 10 Subtract line 9 from line 8 | 10 | | |
| 11 New York State minimum income tax <i>(from Form IT-220; attach form)</i> | 11 | | |
| 12 Add-back of investment credit on early dispositions <i>(from Form IT-212; attach form)</i> | 12 | | |
| 13 Add-back of economic development zone investment tax credit on early dispositions <i>(from Form DTF-603; attach form)</i> | 13 | | |
| 14 Add-back of resident credit for taxes paid to a province of Canada <i>(from Form IT-112-R; attach form)</i> | 14 | | |
| 15 New York State tax on capital gain portion of lump-sum distribution from worksheet on back | 15 | | |
| 16 Total <i>(add lines 10 through 15; enter here and on Form IT-203, line 60)</i> | 16 | | |

Part III — Other City of New York Taxes *(see instructions, page 25)*

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 17 Part-year city of New York resident tax <i>(from Form IT-360.1; attach form)</i> | 17 | | |
| 18 City of New York minimum income tax <i>(from Form IT-220; attach form)</i> | 18 | | |
| 19 City of New York separate tax on lump-sum distributions <i>(from Form IT-230; attach form)</i> | 19 | | |
| 20 Part-year city of New York resident tax on capital gain portion of lump-sum distribution from worksheet on back | 20 | | |
| 21 Total <i>(add lines 17 through 20; enter here and on Form IT-203, line 63)</i> | 21 | | |
| 22 Investment credit refund for new businesses <i>(enter here and include on Form IT-203, line 69; see instructions)</i> | 22 | | |
| 23 Net investment credit available for carryover to 1994 <i>(from Form IT-212; attach form)</i> | 23 | | |
| 24 Net economic development zone credit available for carryover to 1994 <i>(from Form DTF-601 or DTF-603, or both; attach forms that apply)</i> | 24 | | |

Worksheet for Front Page, Part II, Line 15

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 1 | New York State tax on capital gain portion of lump-sum distribution (from Form IT-230, Part II, line 2, New York State column) | 1 | | |
| 2 | Enter amount from Form IT-203, line 54 | 2 | | |
| 3 | Enter amount from Form IT-203, line 51 | 3 | | |
| 4 | Subtract line 3 from line 2 (if line 3 is more than line 2, enter "0") | 4 | | |
| 5 | Subtract line 4 from line 1 | 5 | | |
| 6 | Enter <i>Income Percentage</i> from Form IT-203, line 56 | 6 | | |
| 7 | Multiply the amount on line 5 by the percentage on line 6 | 7 | | |
| <ul style="list-style-type: none"> If the amount on Form IT-203, line 58 is "0," transfer the above line 7 amount to the front page, line 15. Do not continue with this worksheet. If you have an amount on Form IT-203, line 58, continue on line 8 below. | | | | |
| 8 | Enter amount from Form IT-203, line 58 | 8 | | |
| 9 | Enter amount from Form IT-203, line 57 | 9 | | |
| <ul style="list-style-type: none"> If line 9 is equal to or more than line 8, transfer the above line 7 amount to the front page, line 15. Do not continue with this worksheet. If line 9 is less than line 8, continue on line 10 below. | | | | |
| 10 | Subtract line 9 from line 8 | 10 | | |
| 11 | Subtract line 10 from line 7 (if line 10 is more than line 7, enter "0") | 11 | | |

Enter here and on the front page, line 15.

Telephone Assistance

For forms and publications,
call toll free (from New York State only)
1 800 462-8100
From areas outside New York State,
call (518) 438-1073.

For information,
call toll free (from New York State only)
1 800 CALL TAX (1 800 225-5829)
From areas outside New York State,
call (518) 438-8581.

For refund information only,
please wait until April 18 to call
toll free (from New York State only)
1 800 443-3200.
From areas outside New York State,
call (518) 438-6777.

Telephone assistance is available from
8:30 a.m. to 4:25 p.m. Monday
through Friday.

Mail Your Return

Mail your return and attachments in
the preaddressed envelope that
came with your tax packet. If you
do not have one, address your
envelope —

For refund returns:
NYS INCOME TAX
W A HARRIMAN CAMPUS
REFUND '93
ALBANY NY 12227-0125

For all other returns:
NYS INCOME TAX
W A HARRIMAN CAMPUS
ALBANY NY 12227-0125

Worksheet for Front Page, Part III, Line 20

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---|--|--|
| 1 | City of New York tax on capital gain portion of lump-sum distribution (from Form IT-230, Part II, line 2, City of New York column) | 1 | | |
| 2 | Enter amount from Form IT-360.1, line 51 | 2 | | |
| 3 | Enter amount from Form IT-360.1, line 50 | 3 | | |
| <ul style="list-style-type: none"> If line 3 is equal to or more than line 2, transfer the above line 1 amount to the front page, line 20. Do not continue with this worksheet. If line 3 is less than line 2, continue on line 4 below. | | | | |
| 4 | Subtract line 3 from line 2 | 4 | | |
| 5 | Subtract line 4 from line 1. Enter here and on the front page, line 20 | 5 | | |

Schedule A

Allocation of Wage and Salary Income to New York State

| | | | |
|--------------------|-------------------------------------------------------------|---|--|
| a | Wages, salaries, tips, etc. (to be allocated) | a | |
| b | Total days in year | b | |
| c Nonworking days: | | | |
| | Saturdays and Sundays | | |
| | holidays | | |
| | sick leave | | |
| | vacation | | |
| | other nonworking days | | |
| | Total nonworking days | c | |
| d | Total days worked in year (subtract line c from line b) | d | |
| e | Total days worked outside New York State | e | |
| f | Days worked in New York State (subtract line e from line d) | f | |
| g | New York State amount: | | |

line f: _____ x line a: _____ = g _____

Include line g amount on Form IT-203, line 1, New York State Amount column.

h Days worked at home included in line e: _____ h _____

Schedule B

Living Quarters Maintained in New York State by a Nonresident

If you or your spouse maintained living quarters in New York State during any part of the year, give address(es) below.

Address(es)

Check the box next to any living quarters still maintained for or by you.

Enter the number of days spent in New York State in 1993: _____ days