

New York State Department of Taxation and Finance

IT-203-ATT

Itemized Deduction and Other Credits and Taxes Attachment to Form IT-203

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

Schedule A - Allocation of wage and salary income to New York	 				
Complete a separate Schedule A for each job for which your wage and income is subject to allocation. Attach additional Schedules A if require					
Do not use this schedule for income based on the volume of business transacte	d. See give address(es) below. Attach additional sheets				
the instructions on page 11 if: * you had more than one job, or	if necessary. Check the box next to any living quarters still maintained for or by you.				
* you had a job for only part of the year, or					
* you and your spouse each had a job that requires allo	Address(es)				
a Total days (see instructions, page 11)a.					
Nonworking b Saturdays and Sundays (not worked) b.					
days c Holidays (not worked) included in d Sick leave d.					
included in d Sick leave d. line a: e Vacation e.					
f Other nonworking days f.					
g Total nonworking days (add lines b through f) g.					
h Total days worked in year at this job (subtract line g from line a)					
i Total days included in line h worked outside New York State i.	<u> </u>				
j Enter number of days worked at home included in line i amount					
k Days worked in New York State (subtract line i from line h)					
I Enter number of days from line $\hat{\textbf{h}}$ above					
m Divide line k by line I; carry the result to four decimal places m.	Enter the number of days spent in New York				
n Wages, salaries, tips, etc. (to be allocated) n. n.	State in 1996: ■ days				
• Multiply line m by line n ; this is your	Any part of a day spent in New York State is				
New York State allocated wage and salary income	considered a day spent in New York State.				
Include the line o amount on Form IT-203, line 1, in the New York State Amount of	olumn.				
Part I - New York State Itemized Deduction Complete Part I	only if you itemized deductions on your federal return.				
1 Medical and dental expenses, from federal Schedule A, line 4	1.				
2 Taxes you paid, from federal Schedule A, line 9					
3 Interest you paid, from federal Schedule A, line 14					
4 Gifts to charity, from federal Schedule A, line 18					
5 Casualty and theft losses, from federal Schedule A, line 19					
Job expenses and most other miscellaneous deductions, from federal Schedule A, line 26					
7 Other miscellaneous deductions from federal Schedule A, line 27					
8 Total itemized deductions, from federal Schedule A, line 28					
9 State, local and foreign income taxes and other subtraction adjustments (
10 Subtract line 9 from line 8					
11 Addition adjustments (see page 29)					
12 Add lines 10 and 11					
13 Itemized deduction adjustment (see page 29)14 Subtract line 13 from line 12. This is your New York itemized deduction.					
If the amount on line 14 is more than the New York State standard deduction	 				
line 14 amount on Form IT-203, line 32 and mark an "X" in the <i>Itemized Ded</i>					
Part II – Other New York State Credits					
15 Resident credit (from Form IT-112-R; attach form and copy of return filed with other sta	e or province of Canada)				
16 Accumulation distribution credit (attach computation)					
16 Accumulation distribution credit (attach computation)					
18 Special additional mortgage recording tax credit carryover from					
19 Solar and wind energy credit carryover from 1995 (from Form IT-	, , ,				
20 Economic development zone credit(s) (total from Forms DTF-601, DTF					
attach forms that apply)					
21 Total other New York State credits (add lines 15 through 20; also en	ter on Form IT-203, line 45) 21.				

Part III Common and Patrioda NVO Condition 7	
Part III – Carryover and Refund: NYS Credit/EDZ Ci	
22 Net investment credit available for carryover to 1997 (from Form	IT-212; attach form)
23 Net economic development zone credit(s) available for carryove	
DTF-601.1, DTF-602 and DTF-603; attach forms that apply)	·····
24 Investment credit refund for new businesses (also include on Form	. ,
25 Economic development zone (including zone equivalent area) w	-
credit refund(s) (total from Form DTF-601 or DTF-603, or both; atta	
line 58; see instructions)	
Part IV – Other New York State Taxes	
26 New York State separate tax on lump-sum distributions (from Fo.	rm IT-230; attach form)
27 Resident credit against separate tax on lump-sum distributions	, , ,
copy of other return filed with other state or province of Canada)	
28 Subtract line 27 from line 26	
29 New York State minimum income tax (from Form IT-220; attach for	
30 Add-back of investment credit on early dispositions (from Form 17	-212; attach form)
31 Add-back of economic development zone capital tax credit and	, lat
dispositions (total from Form DTF-602 or Form DTF-603, or both; at	
32 Add-back of resident credit for taxes paid to a province of Cana	
33 New York State tax on capital gain portion of lump-sum distribution34 Total other New York State taxes (add lines 28 through 33)	
35 Excess child and dependent care credit (from Form IT-216, line 15	
36 Subtract line 35 from line 34 (if line 34 is less than line 35, enter "0")	
37 Excess earned income credit (from Form IT-215, line 18; if line 36 is le	
38 Net other New York State taxes (subtract line 37 from line 36; also	
 Part V – Other City of New York Taxes 39 Part-year city of New York resident tax (from Form IT-360.1; attact 40 City of New York minimum income tax (from Form IT-220; attach for 41 City of New York separate tax on lump-sum distributions (from F 42 Part-year city of New York resident tax on capital gain portion of lump-sum d 43 Total other city of New York taxes (add lines 39 through 42; also 	rm) 40. • orm IT-230; attach form) 41. • istribution from Worksheet B below 42. •
Worksheet A - For Part IV, Line 33, New York State tax	Worksheet B - For Part V, Line 42, Part-year city of New York
on capital gain portion of lump-sum distribution	resident tax on capital gain portion of lump-sum distributions
a. New York State tax on capital gain portion of	a. City of New York tax on capital gain portion of
lump-sum distribution (from Form IT-230,	lump-sum distribution (from Form IT-230,
Part II, line 2, New York State column) a.	Part II, line 2, City of New York column)
b. Enter amount from	b. Enter amount from Form IT-360.1, line 49 b.
Form IT-203, line 37 b.	c. Enter amount from
Form IT-203, line 36 C	Form IT-360.1, line 48 C
d. Subtract line c from line b (if line c is	If line c is equal to or more than line b, transfer the above line a
more than line b, enter "0") d.	amount to Part V, line 42 and do not continue with this worksheet.
e. Subtract line d from line a e	
f. Enter Income Percentage from	d. Subtract line c from line b (if line c is
Form IT-203, line 43	more than line b, see note above)
g. Multiply line e by line f g.	Part V, line 42, above
 If the amount on Form IT-203, line 46 is "0," transfer the worksheet line g amount to line 33 above and do not continue with this worksheet. 	
h. Enter amount from	Mail Your Return
Form IT-203, line 45	Attach this form to your IT-203 return and mail them in the preaddressed envelope that came with your tax packet. If
i. Enter amount from	you do not have one, address your envelope to:
Form IT-203, line 44 i	For tax due or zero due returns: STATE PROCESSING CENTER
• If line <i>i</i> is equal to or more than line <i>h</i> , transfer the worksheet line <i>g</i>	PO BOX 61000
amount to line 33 above and do not continue with this worksheet.	ALBANY NY 12261-0001 or
j. Subtract line <i>i</i> from line <i>h</i> j.	For refund returns: STATE PROCESSING CENTER - REFUND '96
k. Subtract line j from line g (if line j is	PO BOX 61000 ALBANY NY 12261-0001
more than line a enter "O") Also	7.12.2.1.141 12.201 0001

This is a scannable form; please file this original form with your return.

more than line g, enter "0"). Also enter on Part IV, line 33, above. k.