

New York State Department of Taxation and Finance

Itemized Deduction, and Other Taxes and Tax Credits

	Attachme	Attachment to Form IT-203		IT-203-ATT		
Name	(s) as shown on Form IT-203	Your social security number	Occupation			
Com	plete all parts that apply to you;	see instructions. Attach thi	s form to your Form I	T-203.		
Sche	edule A - Allocation of wage and salary		Schedule B - Living quart			
Compincon Do no line 1 a To Nonw days includine a g To h To j Er k Do li Er m Di n W	polete a separate Schedule A for each job for the is subject to allocation. Attach additional at use this schedule for income based on the volunt instructions on page 15 if: * you had more than of you had a job for on you and your spouse of the volunt instructions, page 15 if: * you had a job for on you and your spouse of the volunt instructions, page 15 if: * you had a job for on you and your spouse of the volunt instructions, page 15 if: * you had a job for on you and your spouse of the volunt instructions, page 15 if: * you had a job for on you had a job for on you and your spouse of the volunt instructions, page 15 if: * you had a job for on you ha	which your wage and salary Schedules A if required. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or ach had a job that requires allocation. The of business transacted. See the one job, or y part of the year, or y part of	n New York State by a not five you or your spouse maintain new York State during any provide address(es) below. Attach finecessary. Check the box in quarters still maintained for Address(es	enresident ed living quarters eart of the year, additional sheets ext to any living or by you.		
	sultiply line m by line n ; this is your lew York State allocated wage and salary income \blacksquare		Any part of a day spent in New Yo	•		
	de the line o amount on Form IT-203, line 1, in t		considered a day spent in New York			
Part	I – New York State itemized deduction	On Complete Part I only if you itemized of	deductions on your federal return	ı <i>(see page 33).</i>		
1 M	edical and dental expenses, from federal Sche	dule A, line 4	1.	•		
	axes you paid, from federal Schedule A, line 9			•		
	terest you paid, from federal Schedule A, line			•		
	ifts to charity, from federal Schedule A, line 18					
	asualty and theft losses, from federal Schedule					
	bb expenses and most other miscellaneous dec					
	ther miscellaneous deductions from federal Sc					
	otal itemized deductions, from federal Schedul					
	tate, local, and foreign income taxes and other	-				
	ubtract line 9 from line 8					
	ddition adjustments (see page 34)			- -		
	dd lines 10 and 11					
	emized deduction adjustment (see page 34)			- +		
	ubtract line 13 from line 12. This is your New Y the amount on line 14 is more than the New					
	ne 14 amount on line 14 is more than the New ne 14 amount on Form IT-203, line 32 and m					
	Part II - Other New York State t	axes (see page 37) (continued on bad	ck)			
	15 New York State tay on capital gain portion of			•		
	16 Add-back of investment credit on ear					
	17 Add-back of financial services industry inves		·	•		
	18 Add-back of financial services indu					
	employment incentive credit on ear	ly dispositions (from Form DTF-605; attac				
	19 Add-back of EDZ capital, investment,					
	20 Add-back of resident credit for taxes paid					
	21 Add-back of farmers' school tax credi	t on converted property (from Form IT-217;				
	22 Add-back of alternative fuels credit or	n early dispositions (from Form IT-253; at	tach form) 22.			
	23 Add lines 15 through 22. Also enter	on back page, line 24	23.	•		

Pa	rt II – Otl	ner New York State taxes (continued)								
24	Amount fro	m front page, line 23		24.						
25	Amount fro	m Form IT-203, line 45	25.							
		m Form IT-203 , line 44	· · · · · · · · · · · · · · · · · · ·							
		ne 26 from line 25 (if line 26 is more than line 25, enter "0	27.							
		ne 27 from line 24 (if line 27 is more than line 24, enter "(28.							
29		State separate tax on lump-sum distributions	1							
20		m IT-230; attach form)	29.	J						
30		redit against separate tax on lump-sum distributions m IT-112.1; attach form and a copy of the return filed								
		state or province of Canada)	30.	7						
31		ne 30 from line 29		31.						
	New York State minimum income tax (from Form IT-220; attach form)			32.						
	Add lines 28, 31, and 32			33.						
	Excess child and dependent care credit (from Form IT-216; line 16; attach form)			34.						
35	Subtract li	ne 34 from line 33 (if line 34 is more than line 33, enter "0	35.							
	Excess earned income credit (from Form IT-215, line 21; if line 36 is more than line 35, enter "0" on line 37)			36.						
37	Net other	New York State taxes (subtract line 36 from line 35; also	o enter on Form IT-203, line 47)	37.						
Pa	rt III – O	her City of New York taxes (see page 38)								
	Dantwaan	its of New York regident toy (for Francisco A all all	(fame)							
	-	ity of New York resident tax (from Form IT-360.1; attacl v York minimum income tax (from Form IT-220; attach fo		39.						
	-	r city of New York taxes (add lines 38 and 39; also ente		40.						
			<u> </u>	[-10.]						
Pa	rt IV – U	her tax credits (see page 38; attach all appli	cable forms)							
Sec	tion A — N	ew York State nonrefundable/non-carryover credi	ts (see page 38)							
41	Resident of	redit (from Form IT-112-R; attach form and copy of return filed with o	other state or province of Canada)	41.						
		on distribution credit (attach computation)	·	42.						
		ew York State nonrefundable/carryover credits (s	· -							
	-	colar electric generating equipment credit (from Form I	43.							
		credit (from Form IT-212)	44.							
		ervices industry investment credit (from Form IT-252)	45. 46.							
		ment tax credit and employment incentive credit (frontives industry EDZ investment tax credit and employment in	47.							
		tax credit (from Form DTF-601)	48.							
	•	tax credit (from Form DTF-601.1)	49.							
	0	Il tax credit (from Form DTF-602)	50.							
	Special additional mortgage recording tax credit carryover (attach computation)			51.						
52	Solar and wind energy credit carryover (attach computation)			52.						
53	B Employment of persons with disabilities credit (from Form IT-251)			53.						
		fuels credit (from Form IT-253)	54.							
55	5 Add lines 41 through 54. This is your total New York State nonrefundable credits.									
C	Enter here and on Form IT-203, line 45 (see page 38, Section B, Note)									
Sec		lew York State, city of New York, and Yonkers refu Part-year resident refundable child and dependent of		56						
		Part-year resident refundable earned income credit								
		Farmers' school tax credit (from Form IT-217)	· ·							
			·							
	60		· ·							
	61		· · · · · · · · · · · · · · · · · · ·							
	62	Financial services industry EDZ investment tax cred	· · · · · · · · · · · · · · · · · · ·							
	 59 Investment credit for new businesses (from Form IT-212) 60 Financial services industry investment credit for new businesses (from Form IT-252) 61 EDZ investment and employment incentive credits for new businesses (from Form DTF-603) 62 Financial services industry EDZ investment tax credit and EDZ employment incentive credit for new businesses (from Form DTF-605) 63 EDZ wage tax credit for new businesses (from Form DTF-601) 64 ZEA wage tax credit for new businesses (from Form DTF-601.1) 65 Add lines 56 through 64 66 New York State claim of right credit (from Form IT-257, see instructions) 									
	63	EDZ wage tax credit for new businesses (from Form	· •							
	64	ZEA wage tax credit for new businesses (from Form	·							
	65 Add lines 56 through 64			65.						
	67 68		·							
		City of Yonkers claim of right credit (from Form IT-25 Add lines 65 through 68. This is your total New Y	•	· ·						
	03	Yonkers refundable credits. Enter here and on	69.							
			,							

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