New York State Department of Taxation and Finance

For office use only

Nonresident and Part-Year Resident

Income Tax Return New York State • City of New York • City of Yonkers

2003	IT-203
7	

				For	the year Janua	ry 1, 2003,	through I	December	31, 2003	, or fisca	l tax y	ear b	eginning	ı		0	3
į	Important: You must enter your social security n				number(s)					and ending							
į	Your first name and middle initial Your last name and middle initial Spouse's last					ame (for a jo	ne (for a joint return, enter spouse's name on line below)					–					
!	Your first name and middle initial Your last name and middle initial Your last name and middle initial Spouse's last Mailing address (number and street or rural route) City, village, or post office																
:	Spouse's first name and middle initial Spouse's last				ast name	t name				▼ Your spouse's social security number				7			
,		le le	print						T			N=X	1- 04-4-				
į		Attach label if	not, p	Mailing address (numb	er and street or rur	al route)			Aparti	ment numb	per	•	ork State	county of resider	ice		
		ach	If no	City village or post off	ina		toto		ZID and			Now V	ork State	school district na			
		Att	_	City, village, or post off	ice	5	tate		ZIP cod	е		•	JIK State :	SCHOOL GISTIICT HA	IIIC		
				Permanent home add	iress (see nage 46) (number and	street or run	al route)	Apartr	nent numb	er	NowV	ork State	achaol			\neg
					(000 page 70) (nambor and	ourout or run		, .pu					umber			
				City, village, or post off	ice	Sta	ate	ZIP cod	e	If taxpaye	er is de			rst name and da	te of de	ath.	
			J														
		① 	7	Single										I			
(A)	Filing	<u> </u>		Cirigio			_			u be clai her taxpa					7.	No	
(~)	status –	2		Married filing joint return*	*For filing status both spouses' so	s 2 or 3, ente	er									140	\equiv
	mark			joint return*	numbers above,			(C)	If you d o mark an	o not nee X in the l	e d forr DOX <i>(Se</i>	ns ma	iled to yo ne 16)	ou next year,			
	an X	3		Married filing separate return*	Form IT-203-C (see instruction	s).							only: (see pag			
	in one			•					(1) Numb	per of mont	ths you	ı lived i	n New Yor	k City in 2003	. ▮ •		
	box:	4		Head of household (with qualifying person	n)						-			York City in 2003	_ • 1		
		_	_	(4)9	,												
		5		Qualifying widow(er)	with depender	nt child											
				nand column and New Yor 5. Part-year residents: con			ıd		deral aı Dollars	mount	Cents		Ne	ew York State Dollars	amou		ents
			-	· F	ipiete page 17 woi	Noneet mot.	4		Dollars		Cents	$\dashv \vdash$	1.	Dollars			:1113
2	Wages, sala Taxable inte						2.					\dashv	2.			•	
3	Ordinary div			5			3.					- I	3.			•	-
4	•			L r offsets of state and loc	al income taxes (a	also enter on line						\dashv). .			•	
5			•		,							\dashv	5.				
	•			(attach copy of federal S									6.				
				ach copy of federal Sch								\dashv	7.				
				attach copy of federal F								1 8	3.				
9	Taxable amo	ount of	IRA	distributions			9.						9.				
10	Taxable amo	ount of	pen	sions and annuities .			10.					10).				
11	Rental real estate,	royalties, p	partne	rships, S corporations, trusts, e	tc. (attach copy of federal S	chedule E, Form 104	(0) 11.					1	l.				
12	Farm income	e or los	s (a	ttach copy of federal Sc	hedule F, Form 10	040)	12.					12	2.			•	
13	Unemploym	ent cor	npe	nsation			13.			•		1;	3.			•	
				al security benefits (also enter on line	25)				·		14	l			•	
	Other incom						15.					1:	-			•	_
												10				•	
				s to income (see page 2		inaama	17.					17	-			-	-
			_	16. This is your federal see instructions, pages		income	. 18.			•		18).			•	
				and local bonds (but not		ts localities)	19.					19	9.				
) retirement contribu						<u> </u>		20			$\overline{}$		\neg
	Other (see pa						21.					2					
				1			22.					22	2.				
	w York sub																
23	Taxable refund	ds, credit	ts, or	offsets of state and loca	al income taxes (fr	rom line 4 above	23.					23	3.				
24	Pensions of Ne	ew York	State	e and local governments	and the federal g	overnment	24.			•		24	l.			•	
25	Taxable amo	ount of	soci	al security benefits (from line 14 abov	/e)	25.					2	5.			•	
26				. government bonds								20				•	
27				come exclusion (see	page 27)					·		27				•	=
	Other (see pa						28.			<u> </u>		_ 28				•	
				8 Name						•		_ 29	9.			•	
30				22. This is your New	-												
	⊏nter nere a	nu next t	υ iine	43, Income percentage. (I	ı zero or iess, see instru	илиоп <i>s, page 31.)</i>	3 0.			•		30	J.			•	

IT-2	203	(2003	B) (back)				-		Dollars	Cents	
			the amount from line 30, Federal and	nount column on the	front page			31.			
u o	32	Enter	the larger of your standard deducti	on (from page 31) or yo	our itemized deduct i	ion (from Form	n IT-203-ATT,				
Computation			. C, line 15; attach form). Mark an X in th		■ Standard		' [32.			
ğ	00						7		·	•	
Ē			act line 32 from line 31 (if line 32 is mor		,		- t	33.	0.00	•	
ပ္ပ	34	Exem	ptions for dependents only (not the s	ame as total federal exer	mptions; see page 31)		····· 👢	34.	0 0 0	. 0 0	
Тах	35	Subtr	act line 34 from line 33. This is your t		35.		•				
ř	36	New York State tax on line 35 amount (use the tan NY State Tax Table on page 59; If line 31 is more than \$100,000, see page 32)									
		New York State household credit (from table 1, II, or III, page 34 of instructions)								•	
				7		·	•				
			act line 37 from line 36 (if line 37 is mor	38.	·	•					
	39	New	York State child and dependent care o		39.		•				
ts	40	Subtr	act line 39 from line 38 (if line 39 is moi		40.		.				
Credits	41	New '	York State earned income credit (from	Form IT-215: attach form	: see page 35)			41.			
Š			act line 41 from line 40 (if line 41 is mo	42.		`					
Ш	72		· ·		72.		• 📖				
		43		amount from line 30	Federa	al amount from I			Round result to 4th decimal p	lace.	
			(see page 35)	÷	-	•	= Ц	43.			
			44 Multiply line 42 by the decimal of	on line 43. This is your	r allocated New York	State tax		44.		.	
		•	45 New York State nonrefundable co	edits (from Form IT-203	R-B line 50)			45.			
							7	46.		`—	
			· ·				- H		· · · · · · · · · · · · · · · · · · ·	•	
			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 Yorl	k State taxes			48.		•	
		S	49 Other city of New York taxes (from	n Form IT-203-B, line 27;	see page 35)			49.		.	
		Cities	50 City of Yonkers nonresident earn								
		: ;	•		·					•	
		•	51 Part-year Yonkers resident incom						,	•	
			52 Sales or use tax (see instructions					52.		•	
		53 V	oluntary gifts/contributions (whole				.				
		Retu	n a Gift to Wildlife W.	Missing/	Exploited Children Fund	l ∎ c					
		Br	east Cancer Research Fund	Alzheime			otal gifts = ■	53		. 0 0	
	E4	_					· –			•	
			ines 48 through 53. This is the total o	•				54.	<u> </u>	•	
	55	Part-y	ear city of New York school tax credit (a	lso complete item D on front)	55.						
(0)	56	Othe	refundable credits (from Form IT-203-B	, line 67)	56.		•	Γ	0		
Payments	57	Total	New York State tax withheld (see pa	ge 42)	57.				Staple your wage and tax statements at the bottom of	tho	
ne			city of New York tax withheld (see pag	-					front of this return. See Step		
ağ			, , , ,	\dashv • \vdash \dashv		page 47 for further instruction					
<u>Q</u>			city of Yonkers tax withheld (see page				 •		assembling your return.		
	60	Total c	f estimated tax payments, and amount paid wi	th extension Form IT-370.	60.						
	61	Add I	ines 55 through 60. This is the total o	f your payments				61.		•	
	62	Amo	unt overpaid. If line 61 is more thar	line 54, subtract line	54 from line 61 (also	see lines 63 ai	nd 64)	62.			
σ			int of line 62 that you want refunded	Refund	63.						
Refun			Routing number		pe: • Check			۵٥.		•	
3e				Savings	•						
		C A	ccount number •						You can choose to have your refu		
	64	Estin	nated tax: Amount of line 62 that you	want applied to					sent directly to your bank accoun the instructions and fill in lines 63		
		VOL	ır 2004 estimated tax (subtract line 63 fi	rom line 62)	64.				63b, and 63c.	, ω,	
	65		unt you owe. If line 61 is less than lin	•							
Owe	55		details on how to pay, see pages 44 and 45.				Owe ■	65.			
ŏ							OWE	00.	<u> </u>	•	
	66	Penal	y for underpayment of tax (will reduce line 62	or increase line 65; see page	<i>45)</i> 66.		•		Staple payment to front of retu	ırn.	
Se	e in	struc	tions. Part-year residents must o	complete item F.	4)						
		ou do	Nonresidents must complete		I) mov	ea into New Yo	ork State			ш	
(E) Par	rt-vear	residents: If you were a New York State		,	ed out of New Y					
\			or only part of the year, enter the date	Date of last n (MM-DD-YY):	nove New	York State sour	ces during your	r nonr	resident period		
			the box (1, 2, or 3) which describes	(= =).					ed no income from		
	you	ır sıtua	tion on the last day of the tax year:		New	York State sour	ces during your	r nonr	resident period		
(F			ents: Did you or your spouse maintain li			ק♥					
	in 2	2003?	If Yes, complete Schedule B of Form IT-203	3-ATT; attach form)	Yes L	→ No					
Г.	T !- !	_1	Do you want to allow another perso	n to discuss this return	n with the Tay Dent?	(see instruction	ns) Yes	\Box	(complete the following)	\Box	
	Thir		Bo you want to allow another perso	13)	_	(complete the lollowing)	ر — ا				
٦	par		Designee's name					Personal identification			
١٩	esig	jnee		(()		nu	ımber	r (PIN)		
Ξ											
	D-	id -	Preparer's signature	▼ Preparer's SSN or I	PTIN	C:	Your signatur	е]	
l _n r	Pai	ıa rer's		Sign							
		only	Firm's name (or yours, if self-employed)	cation number	your	Spouse's sign	ignature (if joint return)				
۱۳	3 6 (, i i i y			<u> </u>	return			,		
A =1	dress			Date	Mark X if	here	Date		Daytime phone number (options	al)	
l ^{Au}	u1698	,		Date	self-employed		Date		()	~ ¹/	
_						_					