

New York State Department of Taxation and Finance

Income Allocation and Itemized Deduction Attachment to Form IT-203

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		u	.) –		

Name(s) as shown on Form IT-203	Your social security number	Occupation
Complete all parts that apply to you; see in	nstructions. Attach this fo	orm to your Form IT-203.
Schedule A — Allocation of wage and salary incomplete a separate Schedule A for each job for which		Schedule B — Living quarters maintained in New York State by a nonresident
income is subject to allocation.	a hack of this form. If you are	If you or your spouse maintained living quarters

Include the line 1p amount on Form IT-203, line 1, in the New York State amount column.

Schedule A — Allocation of wage and salary income to New York State Complete a separate Schedule A for each job for which your wage and salary	Schedule B — Living quarters maintained in New York State by a nonresident				
ncome is subject to allocation. Two additional Schedule A sections are provided on the back of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all the schedules and include this total on Form IT-203, line 1, in the <i>New York State amount</i> column.	If you or your spouse maintained living quarters in New York State during any part of the year, give address(es). Attach additional sheets if necessary. Mark an <i>X</i> in the box next to any living quarters still maintained for or by you.				
Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions on page 50 if: • you had more than one job; • you had a job for only part of the year; or • you and your spouse each had a job that requires allocation.	Address(es)				
1a Total days (see instructions, page 50)					
Nonworking 1b Saturdays and Sundays (not worked) 1b.					
days 1c Holidays (not worked)					
ncluded in 1d Sick leave					
ine 1a: 1e Vacation					
1f Other nonworking days 1f.					
1g Total nonworking days (add lines 1b through 1f)					
1h Total days worked in year at this job (subtract line 1g from line 1a) ■ 1h .					
1i Total days included in line 1h worked outside New York State 1i.					
1j Enter number of days worked at home included in line 1i amount ■ 1j.					
1k Subtract line 1j from line 1i					
1I Days worked in New York State (subtract line 1k from line 1h)	Enter the number of days spent in New York				
m Enter number of days from line 1h above	State in 2004: days days				
1n Divide line 1l by line 1m; round the result to the fourth decimal place 1n.	Otate iii 2004.				
1o Wages, salaries, tips, etc. (to be allocated) ■ 1o.	Any part of a day spent in New York State is				
1p Multiply line 1n by line 1o; this is your New York	considered a day spent in New York State.				
State allocated wage and salary income 1p.					

Schedule C — New York State itemized deduction Complete Schedule C only if you itemized deductions on your federal return (see page 51).

			Dollars	C	Jents
1	Medical and dental expenses (from federal Schedule A, line 4)	1.		.[
2	Taxes you paid (from federal Schedule A, line 9)	2.			
3	Interest you paid (from federal Schedule A, line 14)	3.			
4	Gifts to charity (from federal Schedule A, line 18)	4.			
5	Casualty and theft losses (from federal Schedule A, line 19)	5.			
6	Job expenses and most other miscellaneous deductions (from federal Schedule A,			_	
	line 26)	6.			
7	Other miscellaneous deductions (from federal Schedule A, line 27)	7.			
8	Total federal itemized deductions (from federal Schedule A, line 28)	8.		.[
				_	
9	State, local, and foreign $income$ taxes and other subtraction adjustments (see page 51)	9.			
10	Subtract line 9 from line 8	10.		.[
11	College tuition itemized deduction (from Schedule D, line 1)	11.			
12	Addition adjustments (see page 52)	12.			
13	Add lines 10, 11, and 12	13.		.[
14	Itemized deduction adjustment (see page 52)	14.		.[
15	Subtract line 14 from line 13. This is your New York itemized deduction	15.			

If the amount on line 15 is more than the New York State standard deduction for your filing status, enter the line 15 amount on Form IT-203, line 32, and mark an X in the Itemized box next to line 32.

Schedule D — College tuition itemized deduction worksheet (See the instructions for Schedule D on page 53.) Complete column	ıs A
through E below for each eligible student for whom you paid qualified college tuition expenses. Attach additional sheets if necessary.	

Α	В	С	D	E
Name of eligible student	Social security number	Name(s) of college or university	Amount of qualified college tuition expenses paid during 2004 (see instructions)	Enter the lesser of column D or \$10,000
			\$	\$
			\$	\$
			\$	\$

1	Add column E amounts (include amounts from any additional sheets). This is your college tuition				
	itemized deduction. Also enter this amount on Schedule C, line 11, on the front page	1.],	•	

Schedule A — Allocation of wage and salary income to New York State								
2a Total days (see instructions, page 50)		2a.						
Nonworking 2b Saturdays and Sundays (not worked)	2b.							
days 2c Holidays (not worked)	2c.							
included in 2d Sick leave	2d.							
line 2a: 2e Vacation	2e.							
2f Other nonworking days	2f.							
2g Total nonworking days (add lines 2b through 2f)		2g.						
2h Total days worked in year at this job (subtract line 2g from	n line 2a)	2h.						
2i Total days included in line 2h worked outside New York State	2i.							
2j Enter number of days worked at home included in line 2i amount	2j.							
2k Subtract line 2j from line 2i		2k.						
21 Days worked in New York State (subtract line 2k from line	2h)	21.						
2m Enter number of days from line 2h above		2m.						
2n Divide line 2l by line 2m; round the result to the fourth decimal place	e 2n.							
2o Wages, salaries, tips, etc. (to be allocated) 2o.			_					
2p Multiply line 2n by line 2o; this is your New York			,					
State allocated wage and salary income].					
Include the line 2p amount on Form IT-203, line 1, in the New	nclude the line 2p amount on Form IT-203, line 1, in the <i>New York State amount</i> column.							

Schedule A — Allocation of wage and salary income to New York State							
3a	Total days	s (se	e instructions, page 50)			3a.	
Nor	nworking	3b	Saturdays and Sundays (not worked)	3b.			
day	s	3с	Holidays (not worked)	3c.			
incl	uded in	3d	Sick leave	3d.			
line	3a:	3е	Vacation	3e.			
		3f	Other nonworking days	3f.			
3g	Total non	work	ing days (add lines 3b through 3f)			3g.	
3h	Total days	s wo	rked in year at this job (subtract line 3g fron	n line S	3a) [3h.	
3i	Total days i	ncluc	led in line 3h worked outside New York State	3i.			
3j	Enter number	er of c	lays worked at home included in line 3i amount \dots	3j.			
3k	Subtract I	ine 3	Bj from line 3i			3k.	
31	Days wor	ked	in New York State (subtract line 3k from line	3h)		31.	
3m	Enter nur	nber	of days from line 3h above			3m.	
3n	Divide line	3l by	line 3m; round the result to the fourth decimal place	ce	3n.		
30	Wages, s	alari	es, tips, etc. (to be allocated) 30.				_
3р	Multiply lin	ıe 3n	by line 3o; this is your New York				
	State alloc	ated	wage and salary income 3p.				_
Incl	Include the line 3p amount on Form IT-203, line 1, in the New York State amount column.						



If you need to allocate wage and salary income from more than three jobs, attach additional copies of this form.