



Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203

For the year January 1, 2005, through December 31, 2005, or fiscal year beginning **0 5**

Attach label, or print or type	Important: You must enter your social security number(s) in the boxes to the right.			and ending 0 5		
	Your first name and middle initial	Your last name (for a joint return, enter spouse's name on line below)		▼ Your social security number		
	Spouse's first name and middle initial	Spouse's last name		▼ Spouse's social security number		
	Mailing address (see Step 5 instructions, page 50) (number and street or rural route)		Apartment number	New York State county of residence		
	City, village, or post office	State	ZIP code	New York State school district name		
Permanent home address (see Step 5 instructions, page 50) (number and street or rural route)			Apartment number	School district code number		
City, village, or post office		State	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death	

- (A) Filing status — mark an X in one box:**
- ① Single
 - ② Married filing joint return (enter both spouses' social security numbers above, unless filing Form IT-203-C; see instr.)
 - ③ Married filing separate return (enter both spouses' social security numbers above, unless filing Form IT-203-C; see instr.)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child
- (B) Did you itemize your deductions on your 2005 federal income tax return?** Yes No
- (C) Can you be claimed as a dependent on another taxpayer's federal return?** Yes No
- (D) If you do not need a NYS income tax forms packet mailed to you next year, mark an X in the box**
- (E) New York City part-year residents only (see page 16)**
- (1) Number of months you lived in NY City in 2005 ●
- (2) Number of months your spouse lived in NY City in 2005 ●
- (F) Enter your 2-digit special condition number if applicable (see page 16)** ●
- If applicable, also enter your second 2-digit special condition code number** ●

	Federal amount		New York State amount	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	1.		1.	
2 Taxable interest income	2.		2.	
3 Ordinary dividends	3.		3.	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)	6.		6.	
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	7.		7.	
8 Other gains or losses (attach a copy of federal Form 4797)	8.		8.	
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9.		9.	
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)	11.		11.	
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits (also enter on line 26)	14.		14.	
15 Other income (see page 21) Identify:	15.		15.	
16 Add lines 1 through 15.....	16.		16.	
17 Total federal adjustments to income (see page 22) Identify:	17.		17.	
18 Federal adjusted gross income (subtract line 17 from line 16)	18.		18.	



▼ Enter your social security number

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) **19.** **19.**

New York additions (see page 23)

20 Interest income on state and local bonds (but not those of New York State or its localities)..... **20.** **20.**

21 Public employee 414(h) retirement contributions **21.** **21.**

22 Other (see page 24) Identify: **22.** **22.**

23 Add lines 19 through 22..... **23.** **23.**

New York subtractions (see page 27)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) **24.** **24.**

25 Pensions of NYS and local governments and the federal government (see page 27) **25.** **25.**

26 Taxable amount of social security benefits (from line 14) **26.** **26.**

27 Interest income on U.S. government bonds **27.** **27.**

28 Pension and annuity income exclusion **28.** **28.**

29 Other (see page 28) Identify: **29.** **29.**

30 Add lines 24 through 29..... **30.** **30.**

31 New York adjusted gross income (subtract line 30 from line 23) **31.** **31.**

32 Enter the amount from line 31, **Federal amount** column..... **32.**

33 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an **X** in the appropriate box: **Standard** or **Itemized** **33.**

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) **34.**

35 Dependent exemptions (not the same as total federal exemptions; see page 34) **35.**

36 New York taxable income (subtract line 35 from line 34) **36.**

◀ or ▶

New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	14,600
③ Married filing separate return	6,500
④ Head of household (with qualifying person).....	10,500
⑤ Qualifying widow(er) with dependent child	14,600

New York State itemized deduction worksheet

a Medical and dental expenses (from federal Schedule A, line 4)	a. <input type="text"/> <input type="text"/>
b Taxes you paid (from federal Schedule A, line 9)	b. <input type="text"/> <input type="text"/>
c Interest you paid (from federal Schedule A, line 14)	c. <input type="text"/> <input type="text"/>
d Gifts to charity (from federal Schedule A, line 18)	d. <input type="text"/> <input type="text"/>
e Casualty and theft losses (from federal Schedule A, line 19)...	e. <input type="text"/> <input type="text"/>
f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	f. <input type="text"/> <input type="text"/>
g Other miscellaneous deductions (from federal Schedule A, line 27)	g. <input type="text"/> <input type="text"/>
h Enter amount from federal Schedule A, line 28.....	h. <input type="text"/> <input type="text"/>
i State, local, and foreign income taxes and other subtraction adjustments (see page 32)	i. <input type="text"/> <input type="text"/>
j Subtract line i from line h.....	j. <input type="text"/> <input type="text"/>
k College tuition itemized deduction (see page 33)	k. <input type="text"/> <input type="text"/>
l Addition adjustments (see page 33)	l. <input type="text"/> <input type="text"/>
m Add lines j, k, and l	m. <input type="text"/> <input type="text"/>
n Itemized deduction adjustment (see page 34)	n. <input type="text"/> <input type="text"/>
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o. <input type="text"/> <input type="text"/>



▼ Enter your social security number

[Social Security Number Box]

59 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars Cents

59. [Dollars] [Cents]

Payments and refundable credits

Table with 2 columns: Line number and Description. Rows include: 60 Part-year NYC school tax credit, 61 Other refundable credits, 62 Total New York State tax withheld, 63 Total New York City tax withheld, 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370, 66 Total payments and refundable credits.

Starting this year, new Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Form W-2 and/or 1099-R. Staple them, and any other applicable forms, to the top of this page 4.

See Step 7 on page 51 for the proper assembly of your return and attachments.

66. [Dollars] [Cents]

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)

67. [Dollars] [Cents]

68 Amount of line 67 that you want refunded to you (for direct deposit, see Account information on line 72) Refund 68. [Dollars] [Cents]

69 Estimated tax only — Amount of line 67 that you want applied to your 2006 estimated tax. (Do not include any amount that you claimed as a refund on line 68.) 69. [Dollars] [Cents]

Amount you owe

70 If line 66 is less than line 59, subtract line 66 from line 59 (for details on how to pay, see page 47; for electronic funds withdrawal, enter Account information on line 72) Owe 70. [Dollars] [Cents]

Staple payment to front of return.

71 Penalty for underpayment of tax (will reduce line 67 or increase line 70; see page 47) 71. [Dollars] [Cents]

72 Account information (see page 48) Mark one: [] Refund - Direct deposit or [] Owe - Electronic funds withdrawal

a Routing number [] Electronic funds withdrawal effective date []

b Account number [] c Account type [] Checking [] Savings []

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (MM-DD-YY) []

Mark an X in the box that describes your situation on the last day of the tax year:

- a Moved into New York State []
b Moved out of New York State; received income from NYS sources during nonresident period []
c Moved out of New York State; received no income from NYS sources during nonresident period []

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2005? (If Yes, complete Form IT-203-B, Schedule B, and attach form) Yes [] No []

Third-party designee: Do you want to allow another person to discuss this return with the Tax Dept? (see page 49) Yes [] (complete the following) No []
Designee's name [] Designee's phone number () [] Personal identification number (PIN) []

Paid preparer's use only: Preparer's signature [] SSN or PTIN: []
Firm's name (or yours, if self-employed) [] Employer identification number []
Address [] Mark an X if self-employed [] Date []

Taxpayer(s) sign here: Your signature []
Your occupation []
Spouse's signature and occupation (if joint return) []
Date [] Daytime phone number (optional) () []

Mail your completed return and any attachments to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

