



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

IT-203

For the year January 1, 2006, through December 31, 2006, or fiscal year beginning 0 6 and ending

Form with sections for social security numbers, mailing address, apartment number, and school district name.

- (A) Filing status — mark an X in one box: Single, Married filing joint return, Married filing separate return, Head of household, Qualifying widow(er) with dependent child.
(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).
(F) Enter your 2-digit special condition code number if applicable.

Federal income and adjustments

Table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows include Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or loss; Unemployment compensation; Taxable amount of social security benefits; Other income; Add lines 1 through 15; Total federal adjustments to income; Federal adjusted gross income.

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▼ 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 26)

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 26) Identify: **22.** **22.**

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

New York subtractions (see page 30)

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 30) **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 31) 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 39) **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	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet	
a Medical and dental expenses (from federal Sch. 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 Sch. 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 37)	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 38)	k. <input type="text"/> <input type="text"/>
l Addition adjustments (see page 38)	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 39)	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"/>

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Name(s) as shown on page 1

▼ Enter your social security number

Tax computation, credits, and other taxes (see page 40)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	37.	
38 New York State tax on line 37 amount (see page 40 and Tax computation on page 77)	38.	
39 New York State household credit (from table 1, 2, or 3 on pages 40 and 41)	39.	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	
41 New York State child and dependent care credit (attach Form IT-216; see page 41)	41.	
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	
43 New York State earned income credit (attach Form IT-215; see page 41)	43.	

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) **44.**

45 Income percentage (see page 41) New York State amount from line 31 Federal amount from line 31 Round result to 4 decimal places
 $\frac{\text{New York State amount}}{\text{Federal amount}}$ = **45.**

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	47.	
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.	
49 Net other New York State taxes (from Form IT-203-ATT, line 33)	49.	
50 Total New York State taxes (add lines 48 and 49)	50.	

New York City and Yonkers taxes

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.		See instructions on page 41 to compute New York City and Yonkers taxes and surcharges.
52 New York City minimum income tax (attach Form IT-220)	52.		
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.		
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.		
55 Total New York City and Yonkers taxes (add lines 51 through 54)	55.		

56 Sales or use tax (See the instructions beginning on page 62. Do not leave line 56 blank.) **56.**

Voluntary contributions (whole dollar amounts only; see page 42)

57a Return a Gift to Wildlife	57a.	0	0
57b Missing/Exploited Children Fund	57b.	0	0
57c Breast Cancer Research Fund	57c.	0	0
57d Alzheimer's Fund	57d.	0	0
57e Olympic Fund (\$2 or \$4; see page 42)	57e.	0	0
57f Prostate Cancer Research Fund	57f.	0	0
57g WTC Memorial Fund.....	57g.	0	0
57 Total voluntary contributions (add lines 57a through 57g)	57.	0	0
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58.		

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▼ Enter your social security number

[Social Security Number Field]

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 60-66: Part-year NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, Total payments and refundable credits.

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

See Step 12 on page 49 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, enter Account information on line 72)

Refund 68. [Dollars] [Cents]

69 Estimated tax only — Amount of line 67 that you want applied to your 2007 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 Payment options, see page 45; for Electronic funds withdrawal, enter Account information on line 72.)

Staple payment to front of return.

Owe 70. [Dollars] [Cents]

71 Estimated tax penalty (Include this amount on line 70, or reduce the overpayment on line 67; see page 44.)

71. [Dollars] [Cents]

72 Account information (see page 46) 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-yyyy)

[Date Field]

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 2006?

(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 48) Yes [] (complete the following) No []
Designee's name [] Designee's phone number [] Personal identification number (PIN) []

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

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

Mail your completed return and any attachments to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

For information about private delivery services, see page 61.

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