

Nonresident and Part-Year Resident Income Allocation IT-203-B **And College Tuition Itemized Deduction Worksheet**

Name(s) and occupation	Your social s	Your social security number				
Complete all parts th	at apply to you; see instructions	s (Form IT-203-I). Submit this form with	_ your Form l⊓	-203.		
Schedule A – Alloc	ation of wage and salary inco	ome to New York State				
		our wage and salary income is subject to	allocation.			
		of this form. If you are required to comple			total	
	•	s total on Form IT-203, line 1, in the <i>New</i> Y				
		e of business transacted. See the Schedu	le A instructio	ns if:		
You had more than or						
You had a job for onYou and your spouse	iy part of the year; or e each had a job that requires allo	cation.				
1a Total days (see ins	tructions)	ructions)				
Namurankina	1b Saturdays and Sundays (not	t worked)	<u>1</u> 1	0		
Nonworking days included	, ,					
in line 1a:				+		
iii iiiio Ta.						
1a Total nanworking				-		
•	from line 1a)					
	•	ork State				
•		ne 1i amount				
1k Subtract line 1j fro	m line 1i			1k		
-	1I Days worked in New York State (subtract line 1k from line 1h)					
1m Enter number of d	ays from line 1h above			1m		
1n Divide line 1l by lin	n Divide line 1I by line 1m; round the result to the fourth decimal place					
1o Wages, salaries, t	Wages, salaries, tips, etc. (to be allocated)				.00	
1p New York State allocated wage and salary income (multiply line 1n by line 1o)					.00	
Include the line 1p an	nount on Form IT-203, line 1, in th	ne New York State amount column.				
Schedule B – Livin	g quarters maintained in Nev	v York State by a nonresident				
Mark an X in the box if	NYS living quarters were maintain	ned for you or by you for the entire tax yea	ır		L	
If you or your spouse r necessary. For colum	naintained living quarters in NYS on E, mark an X in the box if the I	during any part of the year, give address(e	s) below. Sub r by you.	mit additional she	ets if	
Α-	- Street address	B – City, village, or post office	С	D – ZIP code	E	
			NY			
			NY			
			NY		1	
			INT		1 📙	
			NY			

Enter the number of days spent in New York State in this tax year

Any part of a day spent in New York State is considered a day spent in New York State.



IT-203-B (2015) (back) Enter your social security number

Scl	Schedule C – College tuition itemized deduction worksheet (See the instructions for Schedule C.)										
1	Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No									No 🗌	
	• If Yes, stop; you	If Yes, stop; you do not qualify for the college tuition itemized deduction.									
	• If No, continue. Complete lines A through H below for each eligible student for whom you paid qualified										
	college tuition ex	penses. Use additiona	al sheets if ne	cessary.							
			1 – S	Student 1		2 –	Student 2	;	3 - Student	3	
Α	Eligible student's n	ame									
	Eligible student's s										
В											
	Is the student clain	ned as a dependent									
С	on your NYS return	n? (see instructions)	Yes	No	Yes		No L	Yes _		lo 🔲 📗	
D	EIN of college or u	niversity (see instr.)									
E	Name of college or	university (see instr.)									
	Were expenses for			,, _□	,, [$\overline{}$		\ , F			
F	•	tions)	Yes	No L	Yes		No L	Yes _		lo	
_	Amount of qualified										
G	expenses (see instr	ructions)		.00			.0	0		.00	
н	Enter the lesser of	line G or 10,000		.00			.0			.00	
								l			
-		nized deduction (add li mount on your itemized								.00.	
Scl	hedule A – Alloca	ation of wage and s	alary incom	ne to New York	State						
2a	Total days (see inst	ructions)							2	a	
	, ,	2b Saturdays and S									
	Nonworking	2c Holidays (not work									
	days included 2d Sick leave							2d			
	in line 2a:						2e				
		2f Other nonworking	g days					2f			
2g	Total nonworking d	lays (add lines 2b throug	h 2f)						2	g	
2h	Total days worked	in year at this job (subt	ract line 2g fror	n line 2a)					2	h	
2i											
2j	2j Enter number of days worked at home included in line 2i amount										
	2k Subtract line 2j from line 2i										
	Days worked in New York State (subtract line 2k from line 2h)										
2m	Enter number of days from line 2h above								2r	n	
2n	n Divide line 2l by line 2m; round the result to the fourth decimal place						2n				
20	Wages, salaries, tips, etc. (to be allocated)					2o			.00		
2p	P New York State allocated wage and salary income (multiply line 2n by line 2o)					2p			.00		

Include the line 2p amount on Form IT-203, line 1, in the New York State amount column.

