{	NEW
5	YORK STATE
2023	4

Department of Taxation and Finance		
Nonresident and	Part-Year	Resident

IT-203

Income Tax Return New York State • New York City • Yonkers • MCTMT For the year January 1, 2023, through December 31, 2023, or fiscal year beginning

Fo	help com	pletina vour re	eturn. see the in	structio	ns. Form IT-2	03-I.			and	ending	·	
	For help completing your return, see the instructions, Form IT-203-I. Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below)				Your date of birth (mmddyyyy) Your Social Security n			ocial Security numbe	er			
Sp	ouse's first nar	ne and middle initia	I Spouse's last name				Spo	ouse's date of birth (m	mddyyyy)	Spouse	e's Social Security nu	umber
Ma	iling address (s	see instructions) (n	umber and street or PC) Box)				Apartment numb	er	New Yo	ork State county of re	esidence
Cit	y, village, or po	ost office		State ZIF	P code	Country		<u> </u>		School	district name	
Та	payer's perm	anent home addre	ess (see instructions) (n	o. and street	or rural route)	Apartment no.		City, village, or p	ost office		School district	
Sta	te ZIP c	ode (Country					Decedent information	Taxpayer	's date o	f death Spouse's d	ate of death
A	Filing	① Single				D2	i	Did you or your spo n Yonkers for any				No
	status (mark an X in one	② Married (enter b	d filing joint return oth spouses' Social Se	curity numb	ers above)			f Yes: Number of mont	hs you l	ived in `	Yonkers in 2023 .	
	box):	3 Married (enter be	d filing separate retui oth spouses' Social Sec	n curity numbe	ers above)				your sp	ouse live	ed in Yonkers in 202	3
		④ Head of	of household <i>(with</i> q	ualifying p	erson)		(4) [f <i>No</i> : Did you or your sp not living in Yonke				No
_			/ing surviving spou				New	VYork City part	-year re	sidents	s only (This incluents, and Staten Isla	les the
В	federal inco	ome tax return? .	ctions on your 2023	Yes							NY City in 2023	Ĺ
C	taxpayer's	federal return?	lependent on anoth				i					
וט	•		count located in a	Yes	No L		cod	er your 2-charac e(s) if applicab	le			
							Ente	I York State part of the date you r ut of NYS (mmdo)	noved ir	nto		
								•		-	k an X in one box):	
								Lived outside NY			ome from t period	
						:	'	Lived outside NY			income from t period	
I	Dependent	information					livin	you or your spo g quarters in NY es, complete Form	'S in 202	23?	Yes	No
F	irst name and	d middle initial	Last nan	ne	Relation	onship		Social Secur	ity numt	ber	Date of birth (mmddyyyy)

If more than 6 dependents, mark an **X** in the box.



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Enter your Social Security number

Federal income and adjustments			Federal amount		New York State amount
			Whole dollars only	Whole dollars only	
1	Wages, salaries, tips, etc.	1	.00	1	.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local				
	income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark \boldsymbol{X} in box \square	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included	1			
	in line 11 (federal amount) 1200]			
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14		14	.00	14	.00
15	, , , , , , , , , , , , , , , , , , , ,	15	.00	15	.00
16		16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	.00	17	.00
	Total federal adjustments to income				
L	Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00
Ne	w York additions				
20					
20	Interest income on state and local bonds and obligations	20	00	20	00
21	(but not those of New York State or its localities) Public employee 414(h) retirement contributions	20	.00	20	.00
	Other (Form IT-225, line 9)	22	.00	22	00. 00.
	Add lines 19 through 22	23	.00	23	.00
25		25	.00	23	.00
Nev	w York subtractions				
24	Taxable refunds, credits, or offsets of state and				
- ·	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the				
	federal government	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	-	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30		30	.00	30	.00
31		31	.00	31	.00
32	Enter the amount from line 31, <i>Federal amount</i> column		▶	32	.00



Nai	ne(s) as shown on page 1	I	Enter your Social Security number		IT-203 (2023) Page 3 of 4
St	andard deduction or itemized deduction				
33	Enter your standard deduction or your itemized deduction	on (fro	om Form IT-196).		
	Mark an X in the appropriate box:		andard – or – 🔲 Itemized	33	.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, le	ave b	lank)	34	.00
35	Dependent exemptions (enter the number of dependents listed	d in Ite	em I; see instructions)	35	000.00
36	New York taxable income (subtract line 35 from line 34)			36	.00
Та	x computation, credits, and other taxes				
37	New York taxable income (from line 36)			37	.00
	New York State tax on line 37 amount			38	.00
	New York State household credit			39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leav	ve bla	nk)	40	.00
	New York State child and dependent care credit			41	.00
	Subtract line 41 from line 40 (if line 41 is more than line 40, leave			42	.00
43	New York State earned income credit			43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line	42, le	ave blank)	44	.00
		_			
45	Income New York State amount from line 31	F	ederal amount from line 31	45	Round result to 4 decimal places
			.00] =	45	
46	Allocated New York State tax (multiply line 14 by the desired as	n lina	45)	46	00
	Allocated New York State tax (multiply line 44 by the decimal or New York State nonrefundable credits (Form IT-203-ATT, line a			40	.00 .00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave			48	.00
	Net other New York State taxes (Form IT-203-ATT, line 33)			40	.00
	Total New York State taxes (add lines 48 and 49)			49 50	.00
_					100
Ne	ew York City and Yonkers taxes, credits, and surcharges,	and	МСТМТ		
51	Part-year New York City resident tax (Form IT-360.1)	51	.00		See instructions to compute
52	Part-year resident nonrefundable New York City				New York City and Yonkers
	child and dependent care credit	52	.00		taxes, credits, and
52a	Subtract line 52 from 51	52a	.00		surcharges.
52k	MCTMT net earnings				
	base for Zone 1 52b .00				
520	MCTMT net earnings				
	base for Zone 2 52c .00				
520	MCTMT for Zone 1	52d	.00		•
		52e	.00		See instructions to compute the MCTMT for each zone.
52	Total MCTMT (add lines 52d and 52e)	52f	.00		the motivition each zone.
	Yonkers nonresident earnings tax (Form Y-203)	53	.00		
54	Part-year Yonkers resident income tax surcharge				
	(Form IT-360.1)	54	.00		
55	Total New York City and Yonkers taxes / surcharges and Mo	СТМТ	(add lines 52a, and 52f through 54)	55	.00
	Soloo on upo toy (De met land hand h			F^	
56	Sales or use tax (Do not leave blank.)	•••••		56	.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)			57	.00
58				51	.00
	and voluntary contributions (add lines 50, 55, 56, and 57			58	.00



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Enter your Social Security number

.00

Pay	ments and refundable credits							
60a	Part-year NYC school tax credit (fixed amount) (also complete E on fro NYC school tax credit (rate reduction amount)	60a		.00. .00.		If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your		
62 63	Other refundable credits (<i>Form IT-203-ATT, line 17</i>) Total New York State tax withheld Total New York City tax withheld	62 63		00. 00. 00.		return. Do not send federal Form W-2 with your return.		
65	Total Yonkers tax withheld Total estimated tax payments/amount paid with Form IT-37 Total payments and refundable credits (add lines 60 th	0 65		.00	-	.00		
You	ur refund, amount you owe, and account information)						
	Amount overpaid (if line 66 is more than line 59, subtract a Amount of line 67 available for refund (subtract line 69 f TIP: Use this amount to check your refund status online	rom line			67 68	.00		
	Amount of line 68 that you want to deposit into a NYS 529 account Total refund after NYS 529 account deposit (<i>subtract line</i>)	int <i>(Form</i>	,	·	68a 68b	.00		
	Mark one refund choice: direct deposite savings account Amount of line 67 that you want applied to your 2024 estimated tax (see instructions) Amount you owe (if line 66 is less than line 59, subtract line	nt (fill in 69 e 66 fron	line 73) - 0	00		Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.		
71	funds withdrawal, mark an X in the box and fill i or money order you must complete Form IT-201-V ar Estimated tax penalty <i>(include this amount on line 70,</i>	nd mail		return	70	.00 See instructions for the		
	or reduce the overpayment on line 67) Other penalties and interest Account information for direct deposit or electronic fund If the funds for your payment (or refund) would come from	72 s withd		.00 .00 unt outside the U.S.		proper assembly of your return.		
	73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings							
	73b Routing number	7 3c Aco	count number					
74	74 Electronic funds withdrawal Date Amount							
des Yes	Third-party Print designee's name ignee? (see instr.) Email:		Desi (gnee's phone number)		Personal identification number (PIN)		
▼ Paid preparer must complete ▼ Preparer's NYTPRIN NYTPRIN ▼ Taxpayer(s) must sign here								
(•	see instructions) arer's signature Preparer's printed name	excl. coo	le	Your signature	ayer(
Firm'	s name (or yours, if self-employed) Preparer's	PTIN or S	SSN	Your occupation				
Address Employer identification number Spo					Spouse's signature and occupation (if joint return)			
Date				Date		Daytime phone number ()		

See instructions for where to mail your return.

Email:



Email: