

1986

Department of Taxation and Finance

IT-203 New York State Nonresident Income Tax Return

1986

City of New York and City of Yonkers Nonresident Earnings Tax

For the year Jan. 1-Dec. 31, 1986, or fiscal tax year beginning _____, 1986, ending _____, 19

For Office Use Only

Print or Type	Last name _____ First name and middle initial (if joint or combined return, enter both names) _____	Your social security number _____
	Mailing address (number and street or rural route) _____ Apt. number _____	Spouse's social security number _____
	City, village or post office _____ State _____ ZIP code _____	Occupation(s) _____

- (A) Filing status —** check only one box:
- ① Single
 - ② Married filing joint return
 - ③ Married filing separately on one return
 - ④ Married filing separately on separate forms (enter spouse's social security number above)
 - ⑤ Qualifying widow(er) with dependent child or head of household with qualifying person

(B) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(C) Part-year residents: If you were a permanent New York State resident for only part of the year, enter the number of months of New York State residence and attach Form IT-360... number of months

(D) If the taxpayer is deceased, enter the first name _____ and the date of death _____

Which column(s) to fill in—Enter in the federal amount column the amounts entered on your federal return. Enter in column A the amounts from New York State sources. If you are married and filing separate returns on one form (filing status ③), report your incomes in columns A and B as if you filed separate federal returns. (See instructions on page 8.)

	Federal Amount	New York State Amounts	
		Column A	Column B
1 Wages, salaries, tips, etc. (see instructions for Schedule A, page 8)	1		
2 Interest income	2		
3 Dividends (after exclusion)	3		
4 Taxable refunds of state & local taxes (also enter on line 25)	4		
5 Alimony received	5		
6 Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6		
7 Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7		
8 40% of capital gain distributions not reported on line 7	8		
9 Other gains or (losses) (attach copy of federal Form 4797)	9		
10 Fully taxable pensions, IRA distributions and annuities not reported on line 11	10		
11 Taxable amount of other pensions and annuities, including rollovers	11		
12 Rents and royalties	12		
13 Partnerships, estates, trusts and S corporations <small>Attach copy of federal Schedule E, Form 1040.</small>	13		
14 Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	14		
15 Taxable amount of unemployment compensation (insurance)(see inst.)	15		
16 Taxable amount of social security benefits (also enter on line 26)	16		
17 Other income	17		
18 Total (add lines 1 through 17)	18		
19 Total federal adjustment to income (see instructions for list)	19		
20 Total income (subtract line 19 from line 18)	20		
New York Additions:			
21 Interest income on state and local bonds other than New York	21		
22 Accelerated cost recovery system (ACRS) deduction (from Form IT-399, line 1, column G)	22		
23 Other (see instructions, page 12) Identify: _____	23		
24 Add lines 20 through 23	24		
New York Subtractions:			
25 Taxable refunds of state and local income taxes (from line 4)	25		
26 Taxable social security benefits (from line 16)	26		
27 Interest income on U.S. government bonds	27		
28 Pension and annuity income exclusion	28		
29 New York State depreciation (from Form IT-399, line 1, column F)	29		
30 Other (see instructions) Identify: _____	30		
31 Total subtractions (add lines 25 through 30)	31		
32 Total New York income (subtract line 31 from line 24)	32		

Federal Income and Adjustments

NY Adjustments/Total NY Income

		Column A	Column B	
33	Amount from line 32 (total New York income)	33		
NY Itemized Deduction	34 Medical and dental expenses (from federal Schedule A, line 5)	34		
	35 Taxes you paid (from federal Schedule A, line 10)	35		
	36 Interest you paid (from federal Schedule A, line 14)	36		
	37 Contributions you made (from federal Schedule A, line 18)	37		
	38 Casualty and theft losses (from federal Schedule A, line 19)	38		
	39 Miscellaneous deductions (from federal Schedule A, line 23)	39		
	40 Add lines 34 through 39	40		
	41 State, local and foreign income taxes included on line 35	41		
42 Subtract line 41 from line 40	42			
43 Other adjustments (see instructions, page 15)	43			
44 NY itemized deduction before limitation percentage (line 42 and add or subtract line 43)	44			
44a Limitation percentage—If, on line 32, the federal amount is at least \$100 more than the combined total of columns A and B, divide A + B by the federal amount.	A + B (line 32) = % Fed. Amt. (line 32)		If the limitation percentage applies, enter it in the % areas on lines 44a, 45, 47a (and line 47b if you checked filing status ③) and 49. If it does not apply, enter 100%.	
Tax Computation	45 NY deduction (check only one box and enter amount) <input type="checkbox"/> Standard (filing status ① enter \$2,600 below; filing status ②, ③ or ⑤ enter \$3,000; filing status ④, see instructions) <input type="checkbox"/> Itemized (from line 44)	\$	x % = 45	
	46 Subtract line 45 from line 33		46	
	47 Exemptions (enter in box the number claimed)	Col. A <input type="checkbox"/> x \$850 = \$	x % = 47a	
		Col. B <input type="checkbox"/> x \$850 = \$	x % = 47b	
	48 New York net income (subtract line 47 from line 46)		48	
	49 Family adjustment (filing status ② and ③ see inst., page 17; all others enter "0")	\$	x % = 49	
	50 New York taxable income (line 48 and add or subtract line 49, see instructions; if line 50 is more than \$16,000, see instructions for Maximum tax on page 18)		50	
	51 NY State tax on line 50 amount (use State Tax Rate Schedule on back cover of instructions); OR Maximum tax (from Form IT-250, line 12; fill in lines 51a and 51b below)		51	
	Maximum tax filers only (fill in lines 51a and 51b and attach Form IT-250)	Amount from Form IT-250, line 3 51a		
		Amount from Form IT-250, line 9 51b		
52 Tax on family adjustment (filing status ② only; all others enter "0"; from Family Adjustment Tax Rate Schedule on back cover of instructions)		52		
53 Add lines 51 and 52		53		
Credits/Other Taxes	54 Household credit (filing status ① - if line 32, federal amount, is more than \$28,000, enter "0"; filing status ②, ③, ④ or ⑤ - if line 32, federal amount, is more than \$32,000, enter "0"; otherwise, see instructions, page 18)		54	
	55 Subtract line 54 from line 53 (if line 54 is more than line 53, enter "0")		55	
	56 Other New York State credits (from Form IT-203-ATT, line 7; attach form)		56	
	57 Subtract line 56 from line 55 (if line 56 is more than line 55, enter "0")		57	
	58 Other New York State taxes (from Form IT-203-ATT, line 13; attach form)		58	
	59 Total New York State tax (add lines 57 and 58)		59	
	60 City of NY nonresident earnings tax (attach NYC-203)	60		
61 City of Yonkers nonresident earnings tax (attach Y-203)	61			
62 Total City of NY and City of Yonkers taxes (add lines 60 and 61)		62		
63 Total New York State, City of New York and City of Yonkers taxes (add lines 59 and 62)		63		
Payments	64 NY State tax withheld (attach statements)	64		
	65 City of NY tax withheld (attach statements)	65		
	66 City of Yonkers tax withheld (attach statements)	66		
	67 Estimated tax paid/Paid with IT-370	67		
	68 Total payments (add lines 64-67)	68		
69 Payments applied to tax (see instructions, page 20)	69			
Refund/Owe	70 If line 63 is less than line 69, enter amount OVERPAID	70		
	71 Amount of line 70 to be REFUNDED TO YOU	71		
	72 Amount to be applied to 1987 estimated tax	72		
	73 If line 69 is less than line 63, enter AMOUNT YOU OWE (do not send cash; make check or money order payable to NY State Income Tax; write your social sec # and '1986 income tax' on it.)	73		
74 Check box <input type="checkbox"/> if Form IT-2105.9 is attached (see instructions, page 21)	74			

If you are claiming the New York standard deduction, skip lines 34 through 44.

• Attach Copy 2 of your wage and tax statements above

• Sign your return below

SIGN YOUR RETURN	Your signature	Date	Spouse's signature (if joint or combined return)	
	PAID PREPARER'S	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
106 ISE ONLY	Firm's name (or yours, if self-employed)	Address	Preparer's social security number	
			E.I. No.	