

NEW YORK STATE CHANGE OF RESIDENT STATUS IT-360

• Attach this form to your New York State returns

Nam	ne(s) as shown on return					l tour so	CIAIS	ecunty number	
									_
Che	ange of resident status (see instructions IT-360-I, ck only one box:				-			A No. of No. of	
(A)	New York State change only (B) New York State change at the		d City of New Yo	ork (C) L	_	lew York Sta hange at th		nd City of Yonk ne time	ers
	ou had a City of New York or City of Yonkers change of residence only in IT-360.1, Change of City Resident Status.	y. do	not complete For	m IT-360, <i>Change of</i>	Res	ident Status	. Inste	ead, complete	
	ou had a change of both New York State and City of New York or City ns IT-360 and IT-360.1.	of Yo	onkers residence	at different times du	ring	the same ta	х уөа	ır, complete both	1
Part I - Adjusted Gross Income (see instructions IT-360-I, page		5)	Total Income	Resident Poriod		Nonresident Period			
	rried persons filing separate New York State returns, st each complete a separate Form IT-360.		Column A Income from federal return	Column B Income from column A for this period		Column Column A for this period	n or	Column D Income from column C from NY State source	m
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Wages, salaries, tips, etc. Taxable Interest Income. Dividend income. Taxable refunds of state and local income taxes. Alimony received. Business income or (loss) (attach copy of federal Schedule C). Capital gain or (loss) (attach copy of federal Schedule D). Other gains or (losses) (attach copy of federal Form 4797). Taxable amount of pensions, IRA distributions, and annuities Rents and royalties (attach copy of federal Schedule E). Partnerships, estates, trusts, and S corporations (attach copy or rederal Schedule E). Farm income or (loss) (attach copy of federal Schedule F). Unemployment compensation (insurance). Taxable amount of social security benefits Other income. Total (add lines 1 through 15). Total federal adjustments to income (identify)	2 3 4 5 6 7 8 9 10 11 12 13 14							
18	Adjusted gross income (federal) (subtract line 17 from line 16, see instructions below)				_				

Note: If the combined total of columns B and C does not equal column A total, attach an explanation.

- Transfer the amount from column B, line 18, to Form IT-201, line 18.
- Transfer the amount from column C, line 18, to Form IT-203, Federal Amount column, line 18. Transfer the amount from column D, line 18, to Form IT-203, New York State Amount column, line 18.

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	Part II — New York Itemized Deduction (see instructions IT-360-I, page 6) If you are claiming the New York standard deduction, do not complete Part II.			B. Nonresident Period (federal amount for this period)		
19	Medical and dental expenses (from federal Schedule A, line 4)	19				
20	Taxes you paid (from federal Schedule A, line 8)	20				
21	Interest you paid (from federal Schedule A, line 13)	21				
22						
23	Casualty and theft losses (from federal Schedule A, line 18)	23				
24	Moving expenses (from federal Schedule A, line 19)	24				
25	Miscellaneous deductions subject to 2% AGI limit (from federal Schedule A, line 24)	25				
26	Other miscellaneous deductions (from federal Schedule A, line 25)	26				
27	Add lines 19 through 26	27				
28	State, local and foreign income taxes included on line 20 (see instructions 17.360-1, page 6)					
29	Subtract line 28 from line 27					
30	Other adjustments (see instructions IT-360-I, page 6 and attach schedule)					
31	New York itemized deduction (line 29 and add or subtract line 30 - see instructions below)					

- Transfer the amount from column A, line 31, to Form IT-201, line 46, and check the itemized deduction box on line 46 of Form IT-201.
- Transfer the amount from column B, line 31, to Form IT-203, line 46 in the space provided next to the \$ sign and check the Itemized deduction box on line 46 of Form IT-203.

Part III — Exemptions (see instructions IT-360-I, page 6)

32	Enter the period you w	ere a New Yo	rk State <i>resident</i> durin	g 1987 .				-	
Fro	m:		To:			A. Resident	В	. Nonresident	
Moi	nth	_ Day	Month	Day		Period		Period	
33	Enter in each box the n	umber of full r	nonthe in each period (e	oc instructions IT-960-1, page 6).	33				
34	Enter the prorated value	e of one exer	nption for each period	of residence (see the					
	Proration Chart in the ins	tructions IT-360	-I, page 3)		34				
35	Enter the number of ex IT-201, and on line 48				35			- constant	
36	Total prorated exemption	ns. Multiply e	each amount on line 34	by the number of					
	exemptions claimed in	the box on li	ne 35 (see instruction bei	ow)	36				

- Transfer the line 36 amount in column A to Form IT-201, line 48.
- Transfer the line 36 amount in column B to Form IT-203, line 48, in the space provided next to the \$ sign.

Part IV — Combined Taxable Income (see instructions IT-360-I, page 6)

			Column A	Column B
37	Taxable income from Form IT-201, line 49	37		
38	Taxable income from Form IT-203, line 49	38		
39	Combined taxable income (add lines 37 and 38)	39		
40	Enter New York State tax on line 39 amount (use New York State Tax Table)	40		
41	Enter New York State tax on line 37 amount (use New York State Tax Table)	41		
42	Enter New York State Tax on line 38 amount (use New York State Tax Table)	42		
43	Add lines 41 and 42	43		

- If the line 40 amount is greater than the line 43 amount, you must use the line 40 amount. Enter the line 40 amount on Form IT-201, line 50, and complete Form IT-201. Do **not** figure any tax on Form IT-203.
- If the line 43 amount is greater than the line 40 amount, you must use the line 43 amount. Enter the amount from line 41 on Form IT-201, line 50, and the amount from line 42 on Form IT-203, line 50. Complete Forms IT-201 and IT-203.