

## CITY OF NONRESIDENT EARNINGS TAX Y-203

1988 NEW YORK				YORK STATE	DEPARTMENT OF	F TAXATION ANI	D FINANCE			
Name(s) as sho	wn on Form	IT-200, IT-201 or IT-203				Your so	cial security	number		
							ı	i		
A Were vo	ou a City o	of Yonkers resident for any part of the ta	axable year?							
·	☐ Yes Give period of City of Yonkers resident from (month, day, year) to (month, day, year)									
⊔ 1€8										
	Are you reporting the City of Yonkers resident income tax surcharge $\qed$ Yes $\qed$ No (If "No" explain below:) on your New York State return?									
□ No										
		spouse maintain an apartment or other l lress below and number of days spent i	n the City o	f Yonkers du			of the yea			
_ •										
		cation number			iness activity					
Form of	business	☐ Sole proprietorship ☐ Partnership	□ Other	•	-					
Calculation	of Earnin	ngs Tax								
1 Gross w	1 Gross wages and other employee compensation									
	(see instructions; if alloccation is claimed, enter from page 2, line 13)					1				
	2 Net earnings from self-employment (see instructions; if allocation is claimed, enter from page 2, line 20; if a loss, write "Loss" on line 2)									
enter	nom page 2	, me 20, ii a 1033, with 2033 on mic 2)								
3 Add line	3 Add lines 1 and 2					. 3				
4 Evolucio	4 Exclusion (see instructions; use table below).					. 4				
4 Exclusio	4 EXCIUSION (see Instructions; use table below)					`` <b> </b>				
5 Taxable	5 Taxable amount (subtract line 4 from line 3)									
6 Total ea	arnings ta	x (multiply line 5 by .5% [.005]); enter here				6				
		Transfer line 6 amount to y	our New Yor	k State retur	n as follows:		•			
	If you file form: Enter line 6 amount on:									
	IT-200 line 23									
	IT-201 line 67									
		IT-20	3	line 60						
Sign Y		Your signature		Date	Spouse's signat	ure (if jo	int return)			
Paic		Preparer's signature		Date	Check if self- employed	reparer's	social secur	rity number	·	
Prepare		Firm's name (or yours, if self-employed)	Address			.l. Numt				
Use O		T min 3 name (or yours, it sememployeu)	Addiess			1401111				

## Reminders:

- Sign your return.
- Enter your total earnings tax on Form IT-200, IT-201 or IT-203.
- Attach this form to your New York State return, IT-200, IT-201 or IT-203.

## Table

if Line 3	is:	Exclusion			
over	but not over				
\$ 0	\$10,000	\$3,000			
10,000	20,000	2,000			
20,000	30,000	1,000			
30,000		None			

11 Total days worked outside the City of Yonkers (attach schedule or explanation)	Sc	hedule A — Allocation of wage and salary in	come (Use	only if you worked both in and	d out of the C	City of Yonk	ers)		
9 Nonworking days: a Saturdays and Sundays (do not count days worked). b Holicays (do not count days worked) c Sick leave. d Vacation. e Other nonworking days  Total nonworking days  Total nonworking days (add lines a through e)  10 Total days worked in year (subtract bine 9 from tine 8)  11 Total days worked in year (subtract bine 9 from tine 8)  12 Days worked in the City of Yonkers (subtract line 11 from line 10)  13 City of Yonkers amount: line 12	7	Gross wages and other employee compensation .					7		
a Saturdays and Sundays (do not count days worked). b Holidays (do not count days worked). c Sick leave. d Vacation. e Other normorking days.  Total normorking days (add lines a through e) 10 Total days worked in year (subtract line 9 from line 8). 11 Total days worked in year (subtract line 9 from line 8). 11 Total days worked outside the City of Yonkers (attach schedule or explanation). 11 Total days worked in the City of Yonkers (subtract line 11 from line 10). 12 Days worked in the City of Yonkers (subtract line 11 from line 10). 13 City of Yonkers amount: line 12	8	Total days in year (see instructions if employment is for period of less than entire year)						8	
Schedule B — List all places, both in and out of the City of Yonkers, where you carry on business (Use only if your business is carried on both in and out of the City of Yonkers)  (1) Street address  (2) City and state  (3) Description (see instructions)  Schedule C — Allocation of net earnings from self-employment to the City of Yonkers (Use only if your business is carried on both in and out of the City of Yonkers. If the net earnings are from a partnership, the factors must be the partnership amounts.)  You may use the business allocation percentage determined by the formula on Form Y-204. City of Yonkers Nonresident Partner Allocation, It you use the percentage from Form Y-204, skip lines 14 through 17 and enter the allocation percentage on line 18 below. You must also enter in the space below line 18 the name and employer identification number of the partnership  Items used as factors  (1) Totals — in and out of the City of Yonkers amounts  Items used as factors  (1) Totals — in and out of the City of Yonkers amounts  (2) City of Yonkers amounts  (3) Percent Column 1  Average value of the real and tangible personal property of the business (see instructions):  a Real property of the business (see instructions):  a Real property of the business (see instructions):  a Real property of the business of the real and tangible personal property of the business (see instructions):  a Real property of the business (see instructions):  a Real property of the business (see instructions):  a Real property of the partnership to the city of Yonkers amounts  (3) Percent Column 1  5 Wages, salaries and other personal service compensation paid during the year.  15 Wages, salaries and other personal service compensation paid during the year.  16 %  17 Total of percentages.		Nonworking days:  a Saturdays and Sundays (do not count days work b Holidays (do not count days worked)	rked)	le or explanation)	a b c d e			9 10 11	
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(Use only if your business is carried on both in and out of the City of Yonkers. If the net earnings are from a partnership, the factors must be the partnership amounts.)  You may use the business allocation percentage determined by the formula on Form Y-204. City of Yonkers Nonresident Partner Allocation. It you use the percentage from Form Y-204, skip lines 14 through 17 and enter the allocation percentage on line 18 below. You must also enter in the space below line 18 the name and employer identification number of the partnership.  Items used as factors  (1) Totals — in and out of the City of Yonkers amounts  (2) City of Yonkers  (3) Percent Column 2  is of Column 1  a Real property owned a b Real property owned a b Real property rented from others b c Tangible personal property owned a Add lines a, b and c 14  Sequence of the city of Yonkers amounts is of Column 1  Sequence of the City of Yonkers amounts amounts is of Column 1  B Gross sales of merchandise, or charges for services, during the year 15  Total of percentages 17									
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of the City of Yonkers amounts  Column 2  Is of Column 1  Average value of the real and tangible personal property of the business (see instructions):  a Real property owned  b Real property rented from others  c Tangible personal property owned  Add lines a, b and c  14  Wages, salaries and other personal service compensation paid during the year  15  Gross sales of merchandise, or charges for services, during the year  16  Total of percentages  Of the City of Yonkers  amounts  Column 2  is of  Column 1  4  5  Column 1  6  Column 1  6  Column 1  6  Column 1  7  6  Column 1  8  Column 1  6  Column 1  6  Column 1  7  6  Column 1  7  6  Column 1  8  Column 1  6  Column 1  7  6  Column 1  8  Column 1  8  Column 1  9  Column 1	Scl	(Use only if your business is carried partnership, the factors must be the You may use the business allocation percentage d Allocation. If you use the percentage from Form Y-	on both in partnership etermined -204, skip li	and out of the City of Yong o amounts.)  by the formula on Form Y- ines 14 through 17 and ent	kers. If the i	Yonkers Nation perce	onreside	ent Pa	
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15 Wages, salaries and other personal service compensation paid during the year.  16 Gross sales of merchandlse, or charges for services, during the year.  17 Total of percentages.  18 %	14	property of the business (see instructions):  a Real property owned	b						
compensation paid during the year	<b>1</b> E		14						%
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Total of percentages	16	services, during the year							
	17 18	The state of the s			of percentage	es if less that			