

## Change of City Resident Status City of New York • City of Yorkers

City of New York & City of Yorke	#15		Attac	ch this form t	o Form	IT-201 or Form	IT-203		
Name(s) as shown on return					Your social security number				
Change of resident status — If you are married and filing separate separate Form IT-360.1 (see instruction Check only one box (A) — City of New York change of residence (B) — City of Yonkers change of residence (C) — City of New York and city of Yonkers	ns, pag <b>∋</b> — C — Co	<i>ge 2).</i> omplete Parts I, I mplete Parts I an	II, III, d V.	and IV.					
Part I — New York adjusted gross income (see instructions, page 3)		Column A Federal income and adjustments (all sources)		Column B Amount of Column A for city of New York resident period		Column C Amount of Column A for city of Yonkers resident period			
1 Wages, salaries, tips, etc.	1	(0 00 0 00)							
2 Taxable interest income	-								
3 Dividend income	3								
4 Taxable refunds, credits, or offsets of state and local income taxes	4								
5 Alimony received	5								
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)	6								
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	-								
8 Other gains or losses (attach copy of federal Form 4797)	-								
9 Taxable amount of IRA distributions									
10 Taxable amount of pensions and annuities	10								
11 Rental real estate, royalties, partnerships, S corporations,	امما								
trusts, etc. (attach copy of federal Schedule E, Form 1040)	11								
<ul><li>12 Farm income or loss (attach copy of federal Schedule F, Form 1040)</li><li>13 Unemployment compensation</li></ul>	13								
14 Taxable amount of social security benefits	14								
15 Other income   Identify:	15								
16 Total (add lines 1 through 15)	16								
17 Total federal adjustments to income   Identify:									
, ,	17								
18 Subtract line 17 from line 16. This is your federal adjusted gross income	18								
19 New York adjustments (attach schedule)	19								
20 Line 18 and add or subtract line 19; transfer the amount from									
Column B to line 43. This is your New York adjusted gross income	20								
Part II — Itemized deductions for the city of New York (see instructions, page 3). If you are claiming the standard deduction, do not complete Part II.  Column Interior Itemized deduction (see instruction).						tions   Amount of Column A			
21 Medical and dental expenses			21 22				+-		
22 Taxes you paid			23				+		
23 Interest you paid       23         24 Gifts to charity       24									
23 Interest you paid			25						
26 Job expenses and most other miscellaneous d			26						
27 Other miscellaneous deductions			27						
28 Add lines 21 through 27			28						
29 Reduction for federal itemized deduction limita									
Form 1040 instructions, itemized deductions work	sheet,	line 9)	29						
30 Total itemized deductions (subtract line 29 from li	ine 28,	)	30						
31 State, local, and foreign income taxes and other subtraction adjustments									
32 Subtract line 31 from line 30									
33 Addition adjustments (attach schedule)					33				
<b>34</b> Add lines 32 and 33					34		1		
35 Itemized deduction adjustment (if line 20, Column B, is more than \$10									
see instructions, page 4; all others enter "0" on line 35)									
<b>36</b> Subtract line 35 from line 34, Column B; transfer this amount to line	ne 44.	. I his is your item	nized	aeauction	36	<u> </u>	1		

Part			
37	Е		
	F		
38	Е		
39	Е		
40	Е		
41	Е		
42	Ν		

	_ P	art III — Dependent exemptions (see instructions, page 4)					
		7 Enter the period you were a city of New York <b>resident</b> during 2000					
	3 3 4 4		month			day	
	3	8 Enter the county where you resided while a <b>nonresident</b> of the city of No	ew Yo	ork			
		<b>9</b> Enter the number of full months in the city of New York resident period			39		
	4	D Enter the prorated value of one dependent exemption (use the Proration cl	nart o	n page 2			
		of the instructions)			40		
Ξ	4	1 Enter the number of dependent exemptions you claimed on Form IT-201	, line	34			
=		or Form IT-203, line 34			41		
	4	2 Multiply the amount on line 40 by the number of dependent exemptions	claim	ed			
		on line 41 (transfer this amount to line 46)			42		
	rt IV — Pari	-year city of New York resident tax (see instructions, page 4)					
		usted gross income (from line 20, Column B)			43		
	-	od standard deduction <i>(see instructions, page 2)</i> <b>or</b>			43		
44	-	· · · · · · · · · · · · · · · · · · ·			44		
4 =	-	riod itemized deduction (from line 36)					
-		44 from line 43		•	45		
	•	xemption amount (from line 42)					
		46 from line 45. This is your city of New York taxable income					
	•	ork tax on line 47 amount			48		
	•	lew York household credit and accumulation distribution credit			49		
		49 from line 48 (if line 49 is larger than line 48, enter "0")			50	·	
51 Part-year city of New York separate tax on lump-sum distributions (from Form IT-230; attach form)					51	•	
<b>52</b> Part-year city of New York resident tax on capital gain portion of lump-sum distributions (from Form IT-230; attach form)					52	•	
<b>53</b> Add lines 50, 51, and 52					53		
	-	t-year city of New York unincorporated business tax paid			54	•	
55		54 from line 53 and enter tax on Form IT-201-ATT, line 34 or Form IT-203-E					
	(if line 54 is	larger than line 53, enter "0") This is your part-year city of New York resident ta	х	▶[	55	•	
Pa	rt V — Part-	year city of Yonkers resident income tax surcharge (see instruction	ns, p	age 6)			
				Full-year NYS resident		Part-year NYS resider	nt
EC	Total Naw Va	el. Stata tayon (form Form IT 004 line 40)	EC	NTO resident		N 10 Testaet	
		rk State taxes (from Form IT-201, line 42)	56				
		pendent care credit (from Form IT-216, line 14) 57					
28		ne credit (from Form IT-215, line 17; New York					
	-	3 taxpayers, from line 18)					
		tax credit (from Form IT-214, line 17)					
		Form IT-201-ATT, line 68	0.4				
		through 60	61				
		61 from line 56 (if line 61 is more than line 56, enter "0" here and on Form IT-201, line 52).	62				1
	•	ount from Form IT-203, line 42)	63		ŀ		
		tte nonrefundable credits (from Form IT-203-B, line 43)	64		-		
		64 from line 63 (if line 64 is more than line 63, enter "0")	65		-		
		N York State taxes (from Form IT-203-B, line 23)	66				
		and 66	67				
		Form IT-203-B, line 55	68				
		68 from line 67 (if line 68 is more than line 67, enter "0")	69				
	-	entage (see worksheet on page 6 of the instructions)	70				
71	Multiply line 6	S2 by line 70. This is the net state tax for full-year state residents	71				1
72	Multiply line 6	69 by line 70. This is the net state tax for part-year state residents	72				
73	City of Yonke	rs resident tax rate	73		.0	5	
71	Dort voor old	y of Vankara racidant income toy curchases	74				
14	rant-year cit	y of Yonkers resident income tax surcharge	14	•	l		

<sup>•</sup> See Form Y-203, City of Yonkers Nonresident Earnings Tax Return, and instructions, Y-203-I, if you received wages or net earnings from self-employment from city of Yonkers sources during your city nonresident period.