

IT-203

New York State Department of Taxation and Finance Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

	For the year January 1, 2	005, through	Decemi	ber 31, 200	05, or fisca	l year beginn	ing	0 5			
ď	Important: You must enter your social security number(s) in the			and end	ing						
dy	Your first name and middle initial Your last name (for a joint retu			ine below)		▼ Your soci	al security number				
ğ	Important: You must enter your social security number(s) in the boxes to the right. Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below) Your social security number										
rin	Spouse's first name and middle initial Spouse's last name					▼ Spouse's	social security num	ber			
,	5										
l e	Mailing address (see Step 5 instructions, page 50) (number and street	t or rural route)		Apartmer	nt number	New York Sta	ate county of resid	dence			
100						١.					
Attach label.	City, village, or post office	tate	ZIP code			New York State school district name					
ΑĦ						:					
Per	rmanent home address (see Step 5 instructions, page 50) (number and street	t or rural route)		Apartmer	it number	School distric	+				
							er				
City	y, village, or post office State	ZI	IP code		Decedent	Taxpayer's da	te of death Spou	use's date of death			
					nformation	•					
(A)	Filing 1 Single										
()	Single Status —		(D)	, ,			me tax forms p				
	mark an Married filing joint return (enter both spouses			mailed	to you next	year, mark ar	X in the box (see	ee page 16)			
	X in security numbers above, unless filing Form IT-20	03-C; see instr.)	(E)	New Yo	ork City pa	rt-year resid	ents only				
	one box: Married filing separate return (enter both specific properties)		(-)	(see pag		,	,				
	security numbers above, unless filing Form IT-20	03-C; see instr.)		(1) Nur	mber of mo	nths vou live	d in NY City in	2005			
	4 Head of household (with qualifying person	7)				onths your sp	-	2000			
	C	-7		` '				•			
	⑤ Qualifying widow(er) with dependent ch	nild		""	INT OILY III	2003		•			
(D)			(F)	Enterv	our 2-diait	special con	dition code				
(B)		No 🗌	(,)	•	_	•	= 16)				
(0)	your 2005 federal income tax return? Yes										
(C)	Can you be claimed as a dependent on another taxpayer's federal return?	No 🗌					econd 2-digit	•			
_		INO		opoolai	COTTAILIOTT						
	deral income and adjustments		Fed	leral amo	unt		New York Sta	ite amount			
	Enter federal amounts in the left column and NYS amounts in the right column. See instructions, page 16. Part-year residents: complete page 17 worksheet firs		Do	llars	Cen	ts	Dollars	Cents			
	Wages, salaries, tips, etc.					1.					
	Taxable interest income					2.					
3	Ordinary dividends	3.				3.		1.			
4	Taxable refunds, credits, or offsets of state and local										
	income taxes (also enter on line 24)	4.				4.					
5	Alimony received	5.				5.					
6	Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 104	40) 6.				6.					
7	Capital gain or loss (if required, attach a copy of federal Sch. D, Form 104	10) 7.			•	7.					
8	Other gains or losses (attach a copy of federal Form 4797)	8.			•	8.					
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	stributions. Beneficiaries: mark X in box 9.						•			
10	Taxable amount of pensions/annuities. Beneficiaries: mark \boldsymbol{X} in box	10.				10.					
11	Rental real estate, royalties, partnerships, S corporation	s,									
	trusts, etc. (attach a copy of federal Schedule E, Form 1040	0) 11.			•	11.		•			
	Farm income or loss (attach a copy of federal Sch. F, Form 1040				•	12.					
	Unemployment compensation				•	13.					
	Taxable amount of social security benefits (also enter on line 20				•	14.					
	Other income (see page 21) Identify:	15.			.	15.					
	Add lines 1 through 15	16.				16.		•			
17	Total federal adjustments to income (see page 22)										
	Identify:	17.			•	17.					
18	Federal adjusted gross income (subtract line 17 from line 16	5) 18.			.	18.		[.]			



Pa	ge 2 of 4 IT-203 (2005) ▼ Enter yo	ur social security number		Federal amount		New You	rk State amount
				Dollars	Cents	Dol	llars Cents
19	Federal adjusted gross income (from	line 18 on front page)	19.			19.	•
Ne	ew York additions (see page 23)						
20	Interest income on state and local bo	nds (but not those					
	of New York State or its localities)	•	20.			20.	
	Public employee 414(h) retirement co	ontributions	21.			21.	•
	Other (see page 24) Identify:		22.	,		22.	•
23	Add lines 19 through 22		23.			23.	•
N	ew York subtractions (see page 27)						
24	Taxable refunds, credits, or offsets of	state and					
	local income taxes (from line 4)		24.			24.	
25	Pensions of NYS and local government			,			J▼L
	federal government (see page 27)		25.			25.	
26	Taxable amount of social security be	nefits (from line 14)	26.			26.	
27	Interest income on U.S. government	oonds	27.			27.	
28	Pension and annuity income exclusion	n	28.		\Box	28.	
29	Other (see page 28) Identify:		29.			29.	
	Add lines 24 through 29		30.			30.	
	New York adjusted gross income (sul					31.	
	, ,	,		I			
32	Enter the amount from line 31, Fede	ral amount column			>	32.	
33	Enter your standard deduction (from	table below) or your it	emize	ed deduction (from works)	neet		
	below). Mark an X in the appropriate	box:	Sta	ndard or 📜 It	emized	33.	
34	Subtract line 33 from line 32 (if line 33	is more than line 32, le	eave b	lank)		34.	
35	Dependent exemptions (not the same	as total federal exempti	ions; s	ee page 34)		35.	000.00
							0 0 0 0 0
36							000.00
	New York taxable income (subtract li	ne 35 from line 34)					
		ne 35 from line 34)				36.	
Г	New York State			v York State itemized		36.	
		or ▶	- Nev		deduc	36.	
	New York State	or ▶ a Medical and de	- Nev ental e	V York State itemized	deduc <i>A, line 4)</i>	36. stion worksheet	
	New York State standard deduction table	or ▶ a Medical and de b Taxes you paid	- Nev ental e	V York State itemized xpenses (from federal Schedule	deduc <i>A, line 4)</i>	a. b.	
	New York State standard deduction table	a Medical and do b Taxes you paid c Interest you pa	- Nevental ental e	V York State itemized xpenses (from federal Schedule federal Schedule A, line 9)	deduc	a. b. c.	
	New York State standard deduction table	a Medical and do b Taxes you paid c Interest you pa d Gifts to charity	- Nevental ental e	York State itemized xpenses (from federal Schedule federal Schedule A, line 9) m federal Schedule A, line 14)	deduc	a. b. c. d.	
	New York State standard deduction table ling status om the front page) Standard deduction (enter on line 33 above)	a Medical and do b Taxes you paid c Interest you pa d Gifts to charity e Casualty and t	ental ed (from aid (from theft lo	y York State itemized xpenses (from federal Schedule federal Schedule A, line 9) m federal Schedule A, line 14) federal Schedule A, line 18)	deduc	a. b. c. d.	
(fro	New York State standard deduction table ling status om the front page) Standard deduction (enter on line 33 above)	a Medical and do b Taxes you paid c Interest you pa d Gifts to charity e Casualty and t f Job expenses	ental e d (from aid (from theft lo	x York State itemized xpenses (from federal Schedule federal Schedule A, line 9) m federal Schedule A, line 14) federal Schedule A, line 18) sses (from federal Schedule A, l	deduc	a. b. c. d. e.	
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(fro	New York State standard deduction table Standard deduction table Standard deduction (enter on line 33 above) Single and you marked item C Yes	a Medical and do b Taxes you paid c Interest you pa d Gifts to charity e Casualty and t f Job expenses deductions (g Other miscella	ental ed (from aid (from theft lo and manuffrom feanneous	x York State itemized xpenses (from federal Schedule federal Schedule A, line 9) in federal Schedule A, line 14) federal Schedule A, line 18) sses (from federal Schedule A, line 18) cost other miscellaneous deral Schedule A, line 26)	deduc A, line 4)	a. b. c. d. e.	
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(from (1)) (1) (1) (2) (3) (4)	New York State standard deduction table Standard deduction table Standard deduction (enter on line 33 above) Single and you marked item C Yes	a Medical and de b Taxes you paid c Interest you paid d Gifts to charity e Casualty and t f Job expenses deductions (g Other miscella Schedule A, lin h Enter amount t i State, local, ar other subtrat j Subtract line i k College tuition I Addition adjust m Add lines j, k, a n Itemized deduct	ental ed (from a theft lo and m (from fe ane 27). from for a ction a from linitemiz themiz and I ction a	xyork State itemized xpenses (from federal Schedule federal Schedule A, line 9) m federal Schedule A, line 14) sses (from federal Schedule A, line 18) sses (from federal Schedule A, line 26) deductions (from federal deductions (from federal dign income taxes and djustments (see page 32) ed deduction (see page 33) s (see page 33)	deduc	36. stion worksheet a. b. c. d. e. f. g. h. i. j. k. l. m.	
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Na	ame(s) as shown on page one	:	٦.	▼ Enter your social security nun	nber		IT-203 (2005) Pa	ge 3 of 4
Ta	x computation, credit	s, and other taxes (see page 35)					Dollars	Cents
	-					37.	Dollars	Cents
		ome (from line 36 on page 2)						
		line 37 amount (see Tax computation, page				38.		
		nold credit (from table 1, 2, or 3 on page 38,				39.		⊣• ⊢
		ne 38 (if line 39 is more than line 38, leave b				40.		⊣•
		nd dependent care credit (attach Form IT-				41.		_ •
		ne 40 (if line 41 is more than line 40, leave b				42.		_ •
43	New York State earned	l income credit (attach Form IT-215; see pa	ige	39)		43.		
44	Base tax (subtract line 4	3 from line 42; if line 43 is more than line 42,	lea	ve blank)		44.		┐.
	,			,				
45	Income percentage	New York State amount from line 31	Fe	deral amount from line 31			Round result to 4 decim	al places
	(see page 39)	<u> </u>			_ =	45.		pro
		• •		•		73.	•	
46	Allocated New York Cts	ato tox (moultiple line 44 be the decimal on line	1	5 \		46		
		ate tax (multiply line 44 by the decimal on lin				46.		
		undable credits (from Form IT-203-ATT, line				47.		
		ne 46 (if line 47 is more than line 46, leave b				48.		⊣•
49	Net other New York Sta	ate taxes (from Form IT-203-ATT, line 33)				49.		
50	Total New York State ta	axes (add lines 48 and 49)				50.		
NI	Varile Oiter and Varile	are teves						
INE	ew York City and Yonke	ers taxes						
51	Part-year New York Cit	y resident tax (attach Form IT-360.1) 5	1.				See instructions on page	39 for
		n income tax (attach Form IT-220) 53	2.				figuring New York City an	d Yonkers
		arnings tax (attach Form Y-203) 53	-				taxes and surcharges.	
		dent income tax surcharge	<u> </u>		•			
54	-	5	1					
E E		nd Yonkers taxes (add lines 51 through 5			•	55.		
55	Total New York City a	ilu folikeis taxes (add ililes 51 tilirougii 54	4)			55.		•
	0-1 /	10 / // // 50 // /)				F 0		
56	Sales or use tax (see)	page 40; do not leave line 56 blank)				56.		•
Vo	luntary contributions	(whole dollar amounts only; see page 45)						
		<u></u>						
	57a Return a Gift to V	Vildlife57	a.		. 0 0			
	57b Missing and Expl	oited Children Fund 57	'n.		. 0 0			
	57c Breast Cancer Be	esearch Fund57	C.		. 0 0			
	Drougt Carloof Fit	<u> </u>	٠.					
	F7d Alzhaimar'a Eund	J57	7.4		. 0 0			
	370 Alzheimers Fund	1 <u>57</u>	u.		. 0 0			
					0.0			
	57e Olympic Fund (\$2	2 or \$4; see page 45)	e.		. 0 0			
		_						
	57f Prostate Cancer	Research Fund 57	7f.		. 0 0			
		_						
	57q WTC Memorial Fur	nd	g.		. 0 0			
	3							
57	Total voluntary contri	ibutions (add lines 57a through 57g)				57.		. 0 0
		New York City and Yonkers taxes, sal				<i>01</i> .		
J0						E0		
	and voluntary cont	ributions (add lines 50, 55, 56, and 57)				58.		•



Paç	9 4 of 4	IT-203 (2	2005)	▼ Enter your s	social security number	<u>.r</u>	ĺ							
59	Total No	ew York St	tate. Nev	Vork City	and Yonkers to	taxes, sa	les or use t	tax.				Dollars	Cents	
00					line 58 on page 3						59.			
Pa		and refun									Sta	arting this year, new Forms I	IT-2	
60	Part-vear	NYC schoo'	l tax credit	(also complete	e (E) on front; see pa	ane 45) 6	60.			_	and and	d/or IT-1099-R must be comp d attached to your return ins	pleted stead of	
					203-ATT, line 17) .		61.			<u>'</u>	fede	deral Form W-2 and/or 1099-R em, and any other applicable	R. Staple	
							52.					the top of this page 4.	loinis,	
							33.			<u>.</u>		e Step 7 on page 51 for the		
			-				64.	_				oper assembly of your return achments.	1 and	
					aid with Form IT-		35.	_			1			
66	Total pa	yments a	nd refun	idable cred	dits (add lines 60	0 through (65)				66.].['	
Re	fund/ ar	mount ove	erpaid											
67	Amount	t overpaid	(if line 6	6 is more tha	an line 59, subtra	act line 59	from line 66).				. 67.	_		
				want refund			,			_				
-					on <i>on line 72)</i>				Re	fund	68.			
69	Estimate	ted tax onl	ı ly — Amo	nount of line 6	67 that you wa	ant applied					-		<u>-</u>	
	to you	ır 2006 esti	timated ta	ax. (Do not in	nclude any amou	unt that					_			
	you cla	iimed as a r	efund on I	line 68.)		6	69.			•	╛			
Ar	mount yo	ou owe												
_			on line F	CO subtract	line SE from lir	50 /for	details on ho	t				Staple payment to front of reti	turn.	
70					line 66 from lin wal, enter Accou					Owe	70.		1	
71		-			educe line 67 or		HOH OH III O	۷)	· Ľ	JWC	70.		J• L	
٠.	_	-	-				71.				٦			
	1110.02.	10 mio . 5, .	50 paga	//	***************************************				•	·	_			
72	Accou	int inform	ation (s	see page 48)	Mark one:	• 🔲 R	efund – Dire	ect /	deposit or	. :	Ow	ve – Electronic funds with	ndrawal	
						7			·					
а	Routing	number •				J El€	etronic fund	v st	withdrawal ef	fective	e date	a		
												•	ĺ	
_		t number •							c A	Accoun	ıt type	e • Checking • Checking	Savings	
Aa	ditional	information	on											
73	-			-	NYS resident for		•			nove (MM-DI	D-YY) ▶		
	Mark	an X in the	e box the	at describes	s your situation	on the la	st day of the	e ta	ıx year:					
					received income				•					
					received no inco				-	lent pe	eriod	C.		
74			-		ıse maintain liv	• .				▼	П	☐		
	(If Yes,	complete r	-orm 11-≥u	/3-B, Scneau	ule B, and attach i	form)				Yes	ш	No L		
Г	Third –	Do vou wa	ant to allov	w another per	rson to discuss th	his return '	with the Tax D)ept	t? (see page 49) Yes		(complete the following) No	lo 🔲	
	party	Designee's					phone number							
	esignee	Designees	name)	None mamber	_			'ersonal umber (Il identification (PIN)		
			▼ Pai	id preparer's	s use only ▼			77				yer(s) sign here ▼	_	
Pre	eparer's sign	nature		* h1-	SSN or PTIN	ιN:		11	Your signature	-	<u>u.,</u>	<u> </u>		
Firr	m's name (or yours, if sel	omploye:	<i>A</i> 1	- Employer ic	dentification i	number	41	Your occupation					
	,)/ yours, cc.	T-employee,		•				·					
Add	dress						an X if employed	$\prod I$	Spouse's signa	ture and	d occur	pation (if joint return)		
						Date	Прюуса	11	Date			Daytime phone number (option	nal)	

Mail your completed return and any attachments to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

