

New York Sta	te Departmen	t of Taxa	ation and Fir	nance		
Nonr	eside	ent	and	Part-	Year	Resident
	_					

**IT-203** 

0 8

Income	Tax Return	New York State • New York City • Yonkers
	For the year January 1	2008 through December 31, 2008, or fiscal year beginning

anuary 1, 2008, through December 31, 2008, or fiscal year beginning ......

	Important: You must a	ntor your cooid coourity n	umbor(c) in the boy	vac ta tha riv	abt	and ending	
	Your first name and middle initial	nter your social security n Your last name (for a join			-	<ul> <li>Your social security</li> </ul>	number
			<b>Cretarri</b> , enter operate				
Drint or trino	Spouse's first name and middle initial	Spouse's last name				<ul> <li>Spouse's social sec</li> </ul>	curity number
	5						
t	Mailing address (see instructions, pag	le 14) (number and street or r	ural route)	Apar	tment number	New York State cour	ity of residence
ļ						•	
	City, village, or post office		State	ZIP co	de	School district name	
						•	
F	Permanent home address (see instructions	, page 14) (number and street of	r rural route)	Apar	tment number	Osh a sh district	
						School district code number	
C	City, village, or post office	State	ZIP c	ode	Decedent		th Spouse's date of dea
					Decedent information •		•
(A)	) Filing ① Single					1	
(	status — 1 Single					ported your tax due	
		joint return (enter both spou	ises' social	То	correct this with	nout penalty, visit us	at <b>www.nystax.gov</b>
	X in	rs above)		(E) Nev	w York City pa	rt-year residents or	nly
		separate return (enter both	spouses' social	• •	e page 16)	-	-
	security number	rs above)		(1)	Number of mor	nths <b>you</b> lived in NY	Citv in 2008
	④ Head of hous	sehold (with qualifying pers	son)			nths <b>your spouse</b> liv	
				( )		2008	•
	⑤ Qualifying wi	dow(er) with dependent	child				
<b>(</b> B)	) Did you itemize your deductions o	n —	_	(F) Ent	er your 2-digit	special condition of	ode
(D)	your 2008 federal income tax return		No			page 16)	
(C)				lf a	pplicable, also	enter your second	2-diait
	on another taxpayer's federal return		No			ode	
Fe	ederal income and adjustments						
<u> </u>	Enter federal amounts in the left column and N	IYS amounts in the right columnia	in.	Federal a			ork State amount
	See instructions, page 17. Part-year residents:	complete page 18 worksheet	first.	Dollars	Cent		Dollars Cen
1	Wages, salaries, tips, etc				•	1.	•
2	Taxable interest income				•	2.	•
3	Ordinary dividends		3.		•	3.	•
4	Taxable refunds, credits, or offse		4.				
F	income taxes (also enter on line	,			<b>•</b>	4.	•
	Alimony received Business income or loss (attach a copy of a		_		•	<u>5.</u> 6.	•
	Capital gain or loss (if required, attach a c				•	7.	•
0	Other gains or losses (attach a co		,			8.	
ŏ					•		•
8 9		_				9.	
8 9 10	Taxable amount of IRA distributions. Ber	neficiaries: mark <b>X</b> in box	9. 10.		!	9.	•
10	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Be	neficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box	9. 10.		•		•
10	Taxable amount of IRA distributions. Ber	neficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box nerships, S corporation	9. 10. 0ns,				·•
10 11	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Be Rental real estate, royalties, part	eficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box nerships, S corporation ral Schedule E, Form 10	9. 10. 000000000000000000000000000000000			10.	· · · · · · · · · · · · · · · · · · ·
10 11 12	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Ber Rental real estate, royalties, part trusts, etc. (attach a copy of fede Farm income or loss (attach a copy Unemployment compensation	eficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box nerships, S corporation ral Schedule E, Form 10 of federal Sch. F, Form 10	9. 10. 0005, 040) 11. 40) 12. 13.			10.	• • •
10 11 12 13 14	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Be Rental real estate, royalties, part trusts, etc. (attach a copy of fede Farm income or loss (attach a copy Unemployment compensation Taxable amount of social security b	eficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box nerships, S corporation ral Schedule E, Form 10 of federal Sch. F, Form 10	9.           10.           ons,           440)         11.           440)         12.            13.           •26)         14.			10.       11.       12.	
10 11 12 13 14 15	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Be Rental real estate, royalties, part trusts, etc. (attach a copy of fede Farm income or loss (attach a copy Unemployment compensation Taxable amount of social security b Other income (see page 23) [Identify:	neficiaries: mark <b>X</b> in box nericiaries: mark <b>X</b> in box nerships, S corporation ral Schedule E, Form 10 of federal Sch. F, Form 10 enefits (also enter on line	9. 10. 10. 11. 40) 11. 40) 12. 13. 226) 14. 15.			10.       11.       12.       13.	
10 11 12 13 14 15 16	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Be Rental real estate, royalties, part trusts, etc. (attach a copy of fede Farm income or loss (attach a copy Unemployment compensation Taxable amount of social security b Other income (see page 23) [Identify: Add lines 1 through 15	eficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box nerships, S corporation ral Schedule E, Form 10 of federal Sch. F, Form 10 enefits (also enter on line	9.           10.           ons,           440)         11.           440)         12.            13.           •26)         14.			10.       11.       12.       13.       14.	
10 11 12 13 14 15 16	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Be Rental real estate, royalties, part trusts, etc. (attach a copy of fede Farm income or loss (attach a copy Unemployment compensation Taxable amount of social security b Other income (see page 23) Identify: Add lines 1 through 15 Total federal adjustments to incom	eficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box nerships, S corporation ral Schedule E, Form 10 of federal Sch. F, Form 10 enefits (also enter on line	9. 10. 040) 11. 40) 12. 13. 26) 14. 15. 16.			10.       11.       12.       13.       14.       15.       16.	
10 11 12 13 14 15 16 17	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Ber Rental real estate, royalties, part trusts, etc. (attach a copy of feder Farm income or loss (attach a copy Unemployment compensation Taxable amount of social security b Other income (see page 23) [Identify: Add lines 1 through 15 Total federal adjustments to incom Identify:	eficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box nerships, S corporation ral Schedule E, Form 10 of federal Sch. F, Form 10 enefits (also enter on line me (see page 23)	9. 10. 00000000000000000000000000000000			10.       11.       12.       13.       14.       15.       16.       17.	
10 11 12 13 14 15 16 17	Taxable amount of IRA distributions. Ber Taxable amount of pensions/annuities. Be Rental real estate, royalties, part trusts, etc. (attach a copy of fede Farm income or loss (attach a copy Unemployment compensation Taxable amount of social security b Other income (see page 23) Identify: Add lines 1 through 15 Total federal adjustments to incom	eficiaries: mark <b>X</b> in box neficiaries: mark <b>X</b> in box nerships, S corporation ral Schedule E, Form 10 of federal Sch. F, Form 10 enefits (also enter on line me (see page 23)	9. 10. 00000000000000000000000000000000			10.       11.       12.       13.       14.       15.       16.	



You must file all four pages of this original scannable return with the Tax Department.

19 Federal adjusted gross income (from line 18 on front page)       19.       19.       19.         New York additions       (see page 25)       20.       20.       21.         21 Public employee 414(h) retirement contributions       21.       22.       22.         23 Add lines 19 through 22.       23.       23.       23.         24 Taxable refunds, credits, or offsets of state and local	Pag	<b>ge 2</b> of 4	<b>IT-203</b> (2008)	Enter your s	ocial security number		Federal amount		New York State amou	Int
New York additions       (see page 25)         20       Interest income on state and local bonds (but not those of New York State or is locatilies).       20.         21       Interest income on state and local bonds (but not those of New York State or is locatilies).       21.         22       Interest income on state and local bonds (but not those of New York state or is locatilies).       22.         23       Interest income on state and local income taxes (true line 4)       22.         24       Taxable refunds, credits, or offsets of state and local income taxes (true line 4)       24.         25       Incal income taxes (true line 4)       25.         26       Taxable and annutly income exclusion.       28.         29       Other (see page 30)       28.         20       Interest income on U.S. government bonds.       27.         29       Other (see page 30)       30.         30       Add lines 24 through 23.       30.         31       Interest income on U.S. government bonds.       27.         29       Other (see page 30)       30.         31       Interest income on U.S. government bonds.       27.         32       Interest in caline 30.       30.         31       Interest in page 30 (interest in a 30.       30.         31       Interest in	10	E de set a	discontra di successi in su				Dollars		Dollars	Cents
20       Interest income on state and local bonds (but not those of New York State or its localines).       20.       20.       20.       20.       20.       20.       20.       21.       21.       22.       22.       23.       24.       23.       24.       24.       24.       24.       25.				ome (from lin	e 18 on front page)	19.		. 19.		•
of New York State or its localities).       20.       21.       21.       21.       21.       21.       22.       22.       23.       22.       23.       24.       25.       25.       25.       25.       25.       27.       27.       27.       27.       27.       29.       29.       29.       23.       23.       23.       23.       23.       23.       23.       23.       23.       23.       23.       23.       23. </td <th>Ne</th> <td>w York a</td> <td>dditions (see pag</td> <td>ge 25)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Ne	w York a	dditions (see pag	ge 25)						
21       Public employee 414(h) retirement contributions       21.       1	20				•	[ ]				
22       Other (see page 27) [beenity:       22         23       Add lines 19 through 22       23         24       Taxable refunds, credits, or offsets of state and local income taxes (from line 4)       24         25       Pensions of NYS and local governments and the federal government (see page 30)       25         26       Taxable amount of social security benefits (from line 14)       26         27       1       25         29       Other (see page 20)       26         20       Taxable amount of social security benefits (from line 14)       26         29       Therest income on U.S. government bonds       27.         29       Other (see page 20)       28         20       Other (see page 20)       30.         31       New York adjusted gross income (subtract line 30 from line 23)       31.         32       Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box:       Standardor         34       Subtract line 33 from line 32. (if line 33 is more than line 32, leave blank)	0.1			,						•
23 Add lines 19 through 22       23       23       23         New York subtractions local income taxes (from line 4)       24       24       4         25 Pensions of NYS and local governments and the federal government (see page 30)       25       25       26         26 Taxable amount of social security benefits (from line 1/4)       26       26       26         27 Interest income on U.S. government bonds.       27.       27.       27.         29 Other (see page 30)       30.       30.       30.       30.         30 Add lines 24 through 29.       30.       30.       30.       31.       28.         31 New York adjusted gross income (subtract line 30 from line 23) [31.       31.       31.       30.       31.         32 Enter the amount from line 31, Federal amount column       32.       32.       .       33.         33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet bolow), Mark an X in the appropriate box:       Standard or       34.       .       .         34 Subtract line 33 from line 32 (of line 33 is more than line 32, leave blank)       35.       0       0       0         35 Dependent exemptions (not the same as total federal averaptions; see page 38)       36.       .       .       .         4 Or Imake filter O No       7,500 <th></th> <td></td> <td></td> <td>rement cont</td> <td>ributions</td> <td></td> <td></td> <td></td> <td></td> <td>•</td>				rement cont	ributions					•
New York subtractions       (see page 30)         24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)									4	•
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)       24.       24.         25 Pensions of NYS and local governments and the federal government (see page 30)       25.       25.         26 Taxable amount of social security benefits (from line 14)       26.       27.         27 Interest income on U.S. government bonds.       27.       28.         29 Other (see page 32) [dem0]y       29.       28.         29 Other (see page 32) [dem0]y       29.       30.         31 New York adjusted gross income (subtract line 30 from line 23) [31.       31.       31.         32 Enter the amount from line 31, Federal amount column       32.       32.         33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box:       • Standard or * Itemized [33.         34 Subtract line 33 from line 32 (file a3 is more than line 32, leave blank)						23.		. 23.		•
local income taxes (from line 4)			`	, ,						
25       Pensions of NYS and local governments and the federal government (see page 30)       25.       25.       26.       26.       27.       26.       27.       27.       27.       27.       27.       27.       28.       29.       30.	24					04				
1       25.       26.       26.         26       27.       28.       28.       28.         27       28.       28.       28.       28.         28       29.       29.       29.       29.         29       0.       29.       29.       29.         20       0.       29.       29.       29.         29       0.       30.       30.       30.         30.       31.       31.       30.       31.         31       New York adjusted gross income (subtract line 30 from line 23)       31.       31.       32.         32       Enter the amount from line 31. Federal amount column       32.       32.       .         33       Enter your standard deduction (from table below) or your itemized deduction (from worksheet below).       34.       .       .         34       Subtract line 33 from line 32. (filine 33 is more than line 32, leave blank).       34.       .       .       .         35       Dependent exemptions (not the same as total federal exemptions; see page 38).       35.       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	25					24.		• 24.		•
26       Taxable amount of social security benefits (from line 14)	25			-		25		25		
27       Interest income on U.S. government bonds.       27.       28.       27.       28.       28.       28.       28.       28.       28.       29.       29.       29.       30	26		•							•
28       Pension and annulty income exclusion       28.       29.       29.         29       Other (see page 32) [denthy:       29.       30.       29.         20       Add lines 24 through 29.       30.       31.       31.       31.         31       New York adjusted gross income (subtract line 30 from line 23)       31.       31.       31.       31.         32       Enter the amount from line 31, <i>Federal amount</i> column       32.       .       .         33       Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box:       •       Standard or *       Itemized 33.          34       Subtract line 33 from line 32 (if line 33 is more than line 32, leeve blank)       34.           35       Dependent exemptions (not the same as total federal exemptions; see page 38)        36.          36       New York State				-						•
30       Add lines 24 through 29										
31 New York adjusted gross income (subtract line 30 from line 23)       31.       31.       31.         32 Enter the amount from line 31, Federal amount column       32.       32.         33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box:       •       32.         34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank).       34.       •         35 Dependent exemptions (not the same as total federal exemptions; see page 38).       35.       0       0       0       0         36 New York taxable income (subtract line 35 from line 34)       .       .       .       .       .         4 Or >       New York State        New York State       .       .       .       .         6 Single and you marked item C Yes       \$ 3,000       .       0 difts to charity (from federal Schedule A, line 19).       .	29	Other (se	e page 32) Identify:			29.		. 29.		•
<ul> <li>32 Enter the amount from line 31, <i>Federal amount</i> column</li></ul>	30	Add lines	24 through 29			30.		. 30.		
33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box:	31	New York	adjusted gross in	come (subtra	ct line <b>30</b> from line <b>23</b> )	31.		. 31.		•
33 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box:										
below). Mark an X in the appropriate box:          •	32	Enter the	amount from line	31, <b>Federal</b>	amount column				,	•
New York State       New York State         standard deduction table       a Medical and dental expenses (from federal Sch. A, line 4)       a.         Filing status (from the front page)       Standard deduction (enter on line 33 above)       a Medical and dental expenses (from federal Sch. A, line 4)       a.         ①       Single and you marked item C Yes       (enter on line 33 above)       d Gifts to charity (from federal Schedule A, line 15)       c.         ①       Single and you marked item C No       \$ 3,000       f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27)       f.       .         g Other miscellaneous deductions (from federal Schedule A, line 28)       9.       .       .         (a Married filing joint return       15,000       i State, local, and foreign income taxes and other subtraction adjustments (see page 36)       i.       .         i State, local, and foreign income taxes and other subtraction adjustments (see page 37)       i.       .       .         i Addition adjustments (see page 37)       I.       .       .       .       .         i Madition adjustments (see page 38)       .       .       .       .       .		Subtract	line 33 from line 32	2 (if line 33 is	more than line 32, le	ave blank)			000	. 0 0
New York State         standard deduction table         Filing status       Standard deduction (from the front page)       Standard deduction (enter on line 33 above)         1 Single and you marked item C Yes       a Medical and dental expenses (from federal Schedule A, line 9)       a.         2 Single and you marked item C No       \$ 3,000         3 Single and you marked item C No       7,500         4 Married filing joint return       15,000         3 Married filing separate return       7,500         4 Head of household (with qualifying person)       10,500	36	New Yorl	c taxable income	(subtract line	35 from line 34)				,	•
standard deduction table       a Medical and dental expenses (from federal Sch. A, line 4)       a.       b         Filing status       Standard deduction (from the front page)       b Taxes you paid (from federal Schedule A, line 9)       b.       c.         (from the front page)       (enter on line 33 above)       c Interest you paid (from federal Schedule A, line 9)       c.       c.         (from the front page)       (enter on line 33 above)       d Gifts to charity (from federal Schedule A, line 9)       c.       c.         (from the front page)       (enter on line 33 above)       d Gifts to charity (from federal Schedule A, line 9)       c.       c.         (from tederal Schedule A, line 20)       d Gifts to charity (from federal Schedule A, line 20)       d.       c.       c.         (f)       Single and you marked item C No       \$3,000       f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27)       f.       g       other miscellaneous deductions (from federal Schedule A, line 29)       h         (g)       Other miscellaneous deduction adjustments (see page 36)       i.       i. <t< th=""><th></th><th></th><th>low Vork State -</th><th><b>4</b>0</th><th></th><th>New Vork</th><th>Stata itamizad</th><th>deduction w</th><th>vorkshaat ———</th><th></th></t<>			low Vork State -	<b>4</b> 0		New Vork	Stata itamizad	deduction w	vorkshaat ———	
Filing status (from the front page)       Standard deduction (enter on line 33 above)       b       b         Image: Standard deduction (from the front page)       Standard deduction (enter on line 33 above)       b       Taxes you paid (from federal Schedule A, line 9)       b       c         Image: Standard deduction (from the front page)       Gifts to charity (from federal Schedule A, line 19)       b       c       c         Image: Standard deduction (from the front page)       Gifts to charity (from federal Schedule A, line 19)				able						
Filing status (from the front page)       Standard deduction (enter on line 33 above)       c       .         1       Single and you marked item C Yes       c       Interest you paid (from federal Schedule A, line 15)       c.       .         1       Single and you marked item C Yes       \$ 3,000       f       Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27)       e.       .       .         1       Single and you marked item C No       7,500       f       Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27)       f.       .       .         2       Married filing joint return       15,000       *       .       .       .       .       .         3       Married filing separate return       7,500       i       State, local, and foreign income taxes and other subtraction adjustments (see page 36)       i.       .       .       .         4       Head of household (with qualifying person)       10,500       I       Addition adjustments (see page 37)       I.       .       .       .         1       Itemized deduction adjustment (see page 38)       .       .       .       .       .       .						•			•	
(from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (enter on line 33 above)         (from the front page)       (from the deral Schedule A, line 20)         (from the front page)       (from the deral Schedule A, line 20)         (from the front page)       (from the deral Schedule A, line 27)         (from the from from federal Schedule A, line 28)       (from the deral Schedule A, line 29)         (from the filing joint return       (from the deral Schedule A, line 29)         (from the train schedule A, line 28)       (from the deral Schedule A, line 29)         (group the train the filing separate return       (from the train schedule A, line 29)         (group the train the	Fil	ina etatua	s Standard d	leduction					•	
1 Single and you marked item C Yes									•	
1 Single and you marked item C Yes										
marked item C Yes       \$ 3,000         1 Single and you marked item C No       7,500         2 Married filing joint return       15,000         3 Married filing separate return       7,500         4 Head of household (with qualifying person)       10,500	0	Single ar	nd vou					20) <b>e.</b>	•	
① Single and you marked item C No				. \$ 3,000				f.		
marked item C No       7,500         (2) Married filing joint return       15,000         (3) Married filing separate return       7,500         (4) Head of household (with qualifying person)       10,500									] • [	
(2) Married filing joint return	1			7 500	Schedule A, lin	e 28)		g.	•	
Image: Second		marked in	em C /vo	7,500	h Enter amount f	rom federal S	chedule A, line 29	9 h.	•	
③ Married filing separate return	2	Married f	iling joint return	15,000	i State, local, an	d foreign <b>inco</b>	me taxes and			
return       7,500         (4) Head of household (with qualifying person)			0,		other subtrac	tion adjustme	nts <i>(see page 36)</i>		•	
④ Head of household (with qualifying person)	3			7 500					•	
④ Head of household (with qualifying person)		return		7,500	-				<b>•</b> [	
(with qualifying person)	(4)	Head of I	nousehold						•	
				10,500					<b>•</b>	
		0						<u>n.</u>	•	
⑤ Qualifying widow(er) with dependent child	(5)	depende	g widow(er) with nt child	15,000				<b>o.</b>	•	



Та	x computation, credits, and other taxes (see page 39)				Dollars	Cents
37	New York taxable income (from line 36 on page 2)			37.		
	New York State tax on line 37 amount (see page 39 and Tax com			38.		
39	New York State household credit (from table 1, 2, or 3 on pages 3	9 and 40)		39.		
	Subtract line 39 from line 38 (if line 39 is more than line 38, leave l					
	New York State child and dependent care credit (attach Form IT-					
	Subtract line 41 from line 40 (if line 41 is more than line 40, leave l			42.		
	New York State earned income credit (attach Form IT-215; see pa			43.		
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42,	leave blank)		44.		].
45	Income New York State amount from line 31	Federal amount from line	31	R	ound result to 4 decima	l places
	(see page 40)	•	=	45.	•	
46	Allocated New York State tax (multiply line 44 by the decimal on line	ne 45)		46.		•
47	New York State nonrefundable credits (from Form IT-203-ATT, line	e 8)		47.		
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave li	blank)		48.		].
49	Net other New York State taxes (from Form IT-203-ATT, line 33)			49.		•
50	Total New York State taxes (add lines 48 and 49)			50.		
Ne	w York City and Yonkers taxes and credits					
	-			-		
		1.	•	Se	e instructions on pages	6 40 A 10 A 1
		2.	•		d 41 to compute New Yo d Yonkers taxes, credits	
	Add lines 51 and 52 52	2a.	•	sur	charges.	
521	Part-year resident nonrefundable New York City			-		
	child and dependent care credit (attach Form IT-216) 52		_ •	4		
-	Subtract line 52b from 52a 52		•	-		
	<b>3</b> ( )	3.	•			
54	Part-year Yonkers resident income tax surcharge			7		
	(attach Form IT-360.1)		•			
55	Total New York City and Yonkers taxes (add lines 52c, 53, and	nd 54)		55.		•
	Color on use text (Or the international of Or De and I			50		
30	Sales or use tax (See the instructions on page 42. Do not leave	IINE 56 DIANK.)		50.		•
Vo	<b>luntary contributions</b> (whole dollar amounts only; see page 43)					
	57a Return a Gift to Wildlife	7a.	. 0 0			
		7b.	. 0 0	-		
	57c Breast Cancer Research Fund		. 0 0	-		
		7d.	. 0 0			
	57e Olympic Fund (\$2 or \$4; see page 43) 57		. 0 0	-		
	57f Prostate Cancer Research Fund 57		. 0 0	-		
	57g National 9/11 Memorial 57		. 0 0			
	-			-		
57	Total voluntary contributions (add lines 57a through 57g)			57.		. 0 0
58	Total New York State, New York City, and Yonkers taxes, sa					
	and voluntary contributions (add lines 50, 55, 56, and 57)			58.		•



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Enter your social security number

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59	Total New York State, New York City, and Yonkers taxes,			Dollars Cents
	and voluntary contributions (from line 58 on page 3)			59.
Pa	yments and refundable credits			Forms IT-2 and/or IT-1099-R
60	Part-year NYC school tax credit (also complete (E) on front; see page 44)	60.	•	must be completed and attached to your return instead of
61	Other refundable credits (from Form IT-203-ATT, line 17)	61.	•	federal Forms W-2 and/or 1099-R. Staple them, and any other applicable
62	Total New York State tax withheld	62.	•	forms, to the top of this page 4.
63	Total New York City tax withheld	63.	•	See Step 12 on page 50 for the
64	Total Yonkers tax withheld	64.	•	<ul> <li>proper assembly of your return and attachments.</li> </ul>
65	Total estimated tax payments/amount paid with Form IT-370	65.		
66	Total payments and refundable credits (add lines 60 throu	ıgh 65)		66.
Re	efund/ amount overpaid			
L				
67	Amount overpaid (if line 66 is more than line 59, subtract line	59 from line 66)		
68	Amount of line 67 that you want refunded to you. Complete	e line 72	Refund	68.
	Amount of line 67 that you want applied		Tiorund	•
00	to your <b>2009</b> estimated tax (see instructions).	69		7
			•	
Ar	mount you owe			
70	If line 66 is less than line 59, subtract line 66 from line 59.	Complete line 7	2 Owe	70.
71	Estimated tax penalty (Include this amount on line 70,			
	or reduce the overpayment on line 67; see page 46.)	. 71.		
72	Account information (see page 47) Mark one: •	Refund – Direct	deposit or	Owe – Electronic funds withdrawal
72a	a Routing number	Electronic fund	ds withdrawal effective	e date
	-			
72b	Account number		72c Accoun	it type 🔸 🔄 Checking 🔹 🔄 Savings
Ad	Iditional information			
<u> </u>		ant of the view ante	an elete of leat many a (	····· // ···· ) ▶
13	Part-year residents only: If you were a NYS resident for only p	-		nm-da-yyyy) *
	Mark an $\boldsymbol{X}$ in the box that describes your situation on the	-	-	
	73a Moved into New York State			
	73b Moved out of New York State; received income from NYS	0		
	73c Moved out of New York State; received no income from N	0	•	
74	Nonresidents: Did you or your spouse maintain living of	-		
	(If Yes, complete Form IT-203-B, Schedule B, and attach form.)		Yes	
de	Third-party Print designee's name esignee? (see instr.)	De:	signee's phone number )	Personal identification number (PIN)
	es No E-mail:			
	▼ Paid preparer's use only ▼		<b>•</b>	Taxpayer(s) sign here ▼
F	Preparer's signature	ΓIN:	Your signature	
		dentification number		
I F	Firm's name (or yours, if self-employed)	denuncation number	Your occupation	

•

Date

E-mail:

Mark an **X** if

Date

self-employed

Mail your completed return and any attachments to:
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Address

E-mail:

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

For information about private delivery services, see page 60.

File all four pages of this original scannable return with the Tax Department.



Daytime phone number

Spouse's signature and occupation (if joint return)