



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

IT-203

For the year January 1, 2013, through December 31, 2013, or fiscal year beginning and ending

13

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial		Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mm-dd-yyyy)		Your social security number	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)		Spouse's social security number	
Mailing address (see instructions, page 13) (number and street or rural route)				Apartment number		New York State county of residence	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country (if not United States)		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2013 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D Did you have a financial account located in a foreign country? (see pg. 14) Yes No

E New York City part-year residents only (see page 14)

(1) Number of months **you** lived in NY City in 2013

(2) Number of months **your spouse** lived in NY City in 2013

F Enter your 2-character special condition code if applicable (see page 14)

If applicable, also enter your **second 2-character special condition code**

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mm-dd-yyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2013? Yes No

(if Yes, complete Form IT-203-B)

I Dependent exemption information (see page 15)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)



If more than 7 dependents, mark an X in the box.

Enter your social security number

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	.00	1	.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) 12 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 22) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	.00	17	.00
18	Total federal adjustments to income (see page 22) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00

New York additions (see page 24)

20	Interest income on state and local bonds (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (see page 24) Identify:	22	.00	22	.00
23	Add lines 19 through 22	23	.00	23	.00

New York subtractions (see page 28)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 28)	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15) ...	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (see page 29) Identify:	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	.00	31	.00

32 Enter the amount from line 31, **Federal amount** column **32** .00

Standard deduction or itemized deduction (see page 33)

33	Enter your standard deduction (table on page 33) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: ... <input type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	.00
35	Dependent exemptions (not the same as total federal exemptions; see page 33)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	.00



Tax computation, credits, and other taxes (see page 34)

37 New York taxable income (from line 36 on page 2).....	37	.00
38 New York State tax on line 37 amount (see page 34 and Tax computation on pages 66,67, and 68)	38	.00
39 New York State household credit (page 34, table 1, 2, or 3).....	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40	.00
41 New York State child and dependent care credit (see page 35)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42	.00
43 New York State earned income credit (see page 35)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) **44** .00

45 Income percentage (see page 35) New York State amount from line 31 .00 ÷ Federal amount from line 31 .00 = **45** Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	.00

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.
52 New York City minimum income tax (Form IT-220)	52	.00	
52a Add lines 51 and 52	52a	.00	
52b Part-year resident nonrefundable New York City child and dependent care credit	52b	.00	
52c Subtract line 52b from 52a	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55	.00	
56 Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.)	56	.00	

Voluntary contributions (see page 37)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate Cancer Research Fund	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57 Total voluntary contributions (add lines 57a through 57j)	57	.00
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58	.00



Enter your social security number

59 Enter amount from line 58 5900

Payments and refundable credits (see page 38)

Table with 2 columns: Line number and Amount. Rows include Part-year NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, and Total payments and refundable credits.

Submit your wage and tax statements with your return (see page 38).

Your refund, amount you owe, and account information (see pages 39 through 42)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 6700
68 Amount of line 67 to be refunded. Mark one refund choice: direct deposit (fill in line 73) - or - debit card - or - paper check ... 6800
69 Amount of line 67 that you want applied to your 2014 estimated tax (see instructions) 6900
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box [] and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 7000
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40) 7100
72 Other penalties and interest (see page 40) 7200

See pages 39 and 40 for information about your three refund choices.

See page 40 for payment options.

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 41).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 41) []

73a Account type: [] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number [] 73c Account number []

74 Electronic funds withdrawal (see page 41) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instr.) Preparer's signature, Preparer's NYTPRIN, Firm's name (or yours, if self-employed), Preparer's PTIN or SSN, Address, Employer identification number, Mark an X if self-employed [], E-mail:

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, E-mail:

See instructions for where to mail your return.

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