

Department of Taxation and Finance Nonresident and Part-Year Resident IT-203

19

Income Tax Return New York State • New York City • Yonkers • MCTMT

For the year January 1, 2019, through December 31, 2019, or fiscal year beginning

and ending

For help completing your ref	turn, see the instruc	ctions, Form IT-20)3-I.				-				
Your first name and middle initial	Your last name (for a joint re	eturn, enter spouse's name	name on line below) Your date of birth (mmddyyyy)			dyyyy)	Your Social Security number				
Spouse's first name and middle initial	Spouse's last name	10			Spouse's date of birth (mmddyyyy)		Spouse's Social Security number				
Mailing address (see instructions, pag	e 14) (number and street or	PO box)			Apartment numb	er	New York Sta	te county of	residence		
City, village, or post office	State	ZIP code	code Country (if n			ot United States)			School district name		
Taxpayer's permanent home addres	ss (see instr., pg. 14) (no. and s	treet or rural route)	Apartment no.		City, village, or p			ool district e number	date of death		
	Suntry (in not Onnied States)				Decedent information		s date of deat				
X in one box): 3 Married (<i>enter bol</i> 4 Head of	filing joint return h spouses' Social Security r filing separate return h spouses' Social Security n household (with qualifyin ng widow(er)	umbers above)	F I G I	(1) N (2) N Enter code New Enter or ou	York City part- umber of month umber of month NY City in 201 your 2-charac (s) if applicabl York State par the date you n t of NYS (mmda	ns you liv ns your s 9 ter spec e (see pa t-year re noved int	ved in NY Cit spouse lived cial condition age 15) esidents (see to	y in 2019			
B Did you itemize your deduction federal income tax return?		On the last day of the tax year <i>(mark an X in one box)</i> : 1) Lived in NYS									
C Can you be claimed as a dep taxpayer's federal return?		Yes No] ;	'	ved outside NY YS sources dur						
D1 Did you have a financial according foreign country? (see page 15)		Yes No] ;	'	ved outside NY YS sources dur	,					
D2 Yonkers part-year residents	only:		, Н.	New	York State nor	nresiden	nts (see page	16)			
(1) Did you receive a property ta:(2) Enter the amount	.00	Yes L No L	I	iving	ou or your spou quarters in NY s, complete Form	S in 201	9?	Yes	No		
D3 Were you required to report, a compensation, as required by 2019 federal return? (see page	IRC § 457A on your]								

I Dependent information (see page 17)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



Page 2 of 4 IT-203 (2019)

Enter your Social Security number

1 Wages, salaries, tips, etc. 1 1 000 1 000 2 000 2 000 2 000 3 000 10 000 10 000 10 000 10 000 10 000 10 000 10 000 10 000 10 000 10 000 10 000 10 000 10	E	ederal income and adjustments (see page 18)		Federal amount	New York State amount		
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32 Enter the amount from line 31, <i>Federal amount</i> column	30	Add lines 24 through 29	30	.00	30	.00	
Standard deduction or itemized deduction (see page 29)	31	New York adjusted gross income (subtract line 30 from line 23)	31	.00	31	.00	
Standard deduction or itemized deduction (see page 29)							
	32	Enter the amount from line 31, Federal amount column			32	.00	
33 Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-106)	S	andard deduction or itemized deduction (see page 29))				
	33	Enter your standard deduction (table on page 29) or your i	temi	zed deduction (from Form IT-196)_		
						.00	
	34					.00	
	35 Dependent exemptions (<i>enter the number of dependents listed in Item I; see page 29</i>)						

.00



Name(s) as shown on page 1	Enter your Social Security number			IT-203 (2019) Page 3 of 4
Tax computation, credits, and other taxes				
37 New York taxable income (from line 36 on page 2)		[37	.00
38 New York State tax on line 37 amount (see page 30)		- F	38	.00
39 New York State household credit (page 30, table 1, 2, or 3)		- r	39	.00
40 Subtract line 39 from line 38 (<i>if line 39 is more than line 38, lea</i>		- F	40	.00
41 New York State child and dependent care credit (see page 3		- F	41	.00
42 Subtract line 41 from line 40 <i>(if line 41 is more than line 40, lea</i>		- F	42	.00
43 New York State earned income credit (see page 31)			43	
44 Base tax (subtract line 43 from line 42; if line 43 is more than line	42, leave blank)	[44	.00
45 Income New York State amount from line 31	Federal amount from line 31			Round result to 4 decimal places
(see page 31) .00 ÷	.00	= [45	
		г		
46 Allocated New York State tax (multiply line 44 by the decimal o			46	.00
47 New York State nonrefundable credits (Form IT-203-ATT, line			47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, lea	ve blank)		48	.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)		- F	49	.00
50 Total New York State taxes (add lines 48 and 49)		[50	.00
New York City and Yonkers taxes, credits, and surcharges,	and MCTMT			
51 Part-year New York City resident tax (Form IT-360.1)	51	.00		0
52 Part-year resident nonrefundable New York City	51	.00		See instructions on pages 31 and 32 to compute New York
child and dependent care credit	52	00		City and Yonkers taxes,
52a Subtract line 52 from 51	52a	.00		credits, and surcharges, and
	528	.00		МСТМТ.
52b MCTMT net				
earnings base 52b .00	50			
52c MCTMT	52c	.00		
53 Yonkers nonresident earnings tax (<i>Form</i> 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 / surcharges and M	CTMT (add lines 52a, and 52c through	54)	55	.00
56 Sales or use tax (See the instructions on page 33. Do not lea	ve line 56 blank.)	[56	.00
57 Voluntary contributions (Form / F. 207, Bort & Vice 4)		Γ	57	00
57 Voluntary contributions (Form IT-227, Part 2, line 1)		···· [57	.00
58 Total New York State, New York City, Yonkers, and sal and voluntary contributions (add lines 50, 55, 56, and 5		[58	.00



Pag	e 4 of 4	IT-20	3 (2019)	Enter you	ur Social Security n	umber						
59 E	Enter am	nount fr	om line 58						••••	[59	.00
Pay	yments	and re	fundable cr	redits	(see page 3	34)						
60	Part-yea	r NYC sc	chool tax credit	t (fixed ar	mount) <i>(also com</i> on amount)	nplete E on from				.00		If applicable, complete Form(s) IT-2 and/or IT-1099-R
61	Other r	efundal	ble credits (I	Form IT-	-203-ATT, line ⁻ Id	17)	61			.00 .00		and submit them with your return (see pages 12 and 13). Do not send federal
63	Total N	ew Yor	k City tax w	vithheld	ł		63		_	.00. .00		Form W-2 with your return.
					unt paid with F e credits (add		· · · · ·			.00	66	.00
			-		l account inf					nrough 38)		1
			-							ee page 36)	67 68	
			•						· ·	also submit Form IT-195)	68a 68b	
69	Amoun				e: direction savin	-	to cheo nt <i>(fill in</i>	cking or <i>line 73)</i> -	or	r - paper check		Refund? Direct deposit is the easiest, fastest way to get your refund
	estim Amoun	nated ta it you o r	ax (see instrue we (if line 66	ictions) 6 is less	than line 5 <u>9, s</u>	subtract line	66 from		-	_00 pay by electronic		refund. See page 37 for payment options.
	or mo	oney or	rder you mu	i st com	plete Form IT	T-201-V an				f you pay by check return	70	.00
	or red	luce the	overpayment	t on line	s amount on lin 67; see page 3 page 37)	37)				.00		See page 40 for the proper assembly of your return.
					posit or electi			1	25		I.	
10					•					÷ ,	marl	k an X in this box <i>(see pg. 38)</i>
	73a Ac	ccount ty	ype: Pe	rsonal c	checking - or	- P	ersonal	savings -	or	r - Business ch	eckir	ng - or - Business savings
	73b Ro	outing nu	umber			7	3c Acc	count numbe	ər			
74	Electro	nic fund	ls withdrawa	l (see p	age 38)		Date			Amoun	t	.00
	Third-pa signee? (se	ee instr.)	Print designe	e's nam	e			De (sig	gnee's phone number)		Personal identification number (PIN)
Yes		o 🔄 parer m	Email:	te V F	Preparer's NYTPF		NYTPRIN		11	▼ Taxpa	vor(s) must sign here ▼
((see instru barer's sign	ictions)			Preparer's prir		excl. cod	ie		Your signature	yert	S) Illust sign here 🔹
Firm	's name <i>(o</i>	r yours, it	f self-employed)		Preparer's F	PTIN or S	SSN		Your occupation		
Addr	ress					Employer id	lentificatio	on number	1	Spouse's signature and	occuj	pation <i>(if joint return)</i>
						1	Date		1	Date		Daytime phone number

See instructions for where to mail your return.

Email:



Email: