

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers • MCTMT For the year January 1, 2020, through December 31, 2020, or fiscal year beginning

IT-203

	Your last name (for a joint return, en	ter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number			
pouse's first name and middle initial	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number			
lailing address (see instructions, page	e 14) (number and street or PO box)		Apartment number	New York State county of residence			
city, village, or post office	State ZIP co	Country (if no	ot United States)	School district name			
axpayer's permanent home address	S (see instr., pg. 14) (no. and street or re	ural route) Apartment no.	City, village, or post office	School district code number			
State ZIP code Co	ountry (if not United States)		Decedent information	r's date of death Spouse's date of deat			
X in one box): 3 Married fine (enter both) 4 Head of	pendent on another Tes Tes	Above (2 (2 (2 (2 (2 (2 (2 (P) Number of months your in NY City in 2020	cial condition age 15)			
Dependent information (se	ee page 16) Last name	Relationship	Social Security num	ber Date of birth (mmddyyyy,			
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Fe	deral income and adjustments (see page 18)	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, 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	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	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	1			
	in line 11 (federal amount) 1200				
	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
	Other income (see page 24) Identify:	16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	.00	17	.00.
18		1			
Į	Identify:	18	.00	18	.00
	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00
19a	Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)	19a	.00	19a	.00
	w York additions (see page 26)				
20	Interest income on state and local bonds and obligations				
	(but not those of New York State or its localities)	20	.00	20	.00
	Public employee 414(h) retirement contributions	21	.00	21	.00
	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	.00	23	.00
	v York subtractions (see page 27)				
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 27)	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 (Form IT-225, line 18)	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, <i>Federal amount</i> column			32	.00.

inan	ne(s) as snown on page 1	Enter you	ir Sociai Security number		11-203 (2020) Page 3 of 4
St	andard deduction or itemized deduction (see page 29)				
33	Enter your standard deduction (table on page 29) or your ite	emized ded	uction (from Form IT-196		
	Mark an X in the appropriate box:				.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, lea				
	Dependent exemptions (enter the number of dependents listed	,			
	New York taxable income (subtract line 35 from line 34)				
_	x computation, credits, and other taxes				
37	New York taxable income (from line 36)			37	.00
	New York State tax on line 37 amount (see page 30)				
	New York State household credit (page 30, table 1, 2, or 3)				.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, leav				.00
	New York State child and dependent care credit (see page 31				
	Subtract line 41 from line 40 (if line 41 is more than line 40, leav				.00
	New York State earned income credit (see page 31)			43	
	New York State Sames moonle Great (655 page 67)			-10	100
44	Base tax (subtract line 43 from line 42; if line 43 is more than line	42, leave blar	nk)	44	.00
15	Income New York State amount from line 31	Federal a	mount from line 31		Round result to 4 decimal places
	percentage .00 ÷	i ederar a	.00	45	· ·
	(see page 31)		•00	45	
46	Allocated New York State tax (multiply line 44 by the decimal or	n line 45)		46	.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8				.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leav				
	Net other New York State taxes (Form IT-203-ATT, line 33)	*		—	
	Total New York State taxes (add lines 48 and 49)				
	w York City and Yonkers taxes, credits, and surcharges,				***
_	Part-year New York City resident tax (Form IT-360.1)		.00		0
	Part-year resident nonrefundable New York City	01	100		See instructions on pages 31 and 32 to compute New York
52	child and dependent care credit	52	.00	7	City and Yonkers taxes,
5 22	Subtract line 52 from 51	52a	.00	4	credits, and surcharges, and
	MCTMT net	JZa	.00	<u>'</u> J	MCTMT.
JZN	earnings base 52b .00				
5 20		52c	00	J	
	F	53	.00	┥	
	Yonkers nonresident earnings tax (Form Y-203)	55	.00	<u>'</u>	
54	Part-year Yonkers resident income tax surcharge	54		J	
<i></i>	(Form IT-360.1)		.00	+	00
ວວ	Total New York City and Yonkers taxes / surcharges and Mo	SINII (add iir	es 52a, and 52c through 54)	55	.00
56	Sales or use tax (See the instructions on page 33. Do not leave	ve line 56 bla	nnk.)	56	.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)			57	.00
	Total New York State, New York City, Yonkers, and sale				100
J J	and voluntary contributions (add lines 50, 55, 56, and 57			58	.00
	•	-			

Page	4 of 4	IT-20	3 (2020)	Enter yo	our Social Security nu	mber							
59 E	Inter am	nount fr	om line 58				• • • • • • • • • • • • • • • • • • • •				59		.00
Pay	ments	and re	fundable cı	edits	(see page 3	4)							
60a	NYC so	hool ta	credit (rate	reduct	mount) (also comp ion amount)		60a	1		.00.		Form(s) and subm	ole, complete I T-2 and/or IT-1099-R nit them with your
62	Total N	ew Yor	k State tax	withhe	-203-ATT, line 1 Id d		62	2		.00. 00. 00.		Do not s	ee pages 12 and 13). end federal 2 with your return.
65	Total es	timated	tax paymen	its/amc	ount paid with F e credits (add	orm IT-37	0 65	5		.00	-		.00
You	ır refun	d, amo	unt you ov	/e, and	d account info	rmation) (see	e pages 36	6 th	rough 38)			
68	Amoun	t of line	67 availab	le for	refund (subtrac	ct line 69 fi	rom line	9 67)		ee page 36)also submit Form IT-195)	67 68		.00
			•		•		•		, ,		68b		.00
	estim Amoun	t of line nated ta t you o	ax (see instru we (if line 66	ı want ctions) is less	applied to you than line 59, su	btract line	nt <i>(fill ir</i> 69 e 66 froi	n line 73) - m line 59). T	-	pay by electronic f you pay by check]	easiest, fa refund.	Direct deposit is the astest way to get your
	Estimation or red	ted tax	penalty (incl	ude this on line	nplete Form IT- s amount on line e 67; see page 3 page 37)	70, 7)	71		ur r	.00	7	See page	.00 40 for the proper of your return.
	73a Ac 73b Ro	nds for	your payme /pe: Pe	ent (or i	eposit or electronefund) would on the checking - or ended	come from	n (or go Persona 73c Ac	o to) an account number	ou	unt outside the U.S.,	hecki		Business savings
desi	Third-pa		Print designe	e's nam	ne			De (esig	gnee's phone number			Personal identification number (PIN)
▼ P	aid pre	oarer m	ust comple	te ▼ F	Preparer's NYTPR	IN	NYTPR		7	▼ Taxna	averí	s) must s	ian here ▼
	see <i>instru</i> arer's sign				Preparer's prin	ted name	excl. co	de	1	Your signature	-, -, (-,	
Firm's	s name (o	r yours, i	f self-employed)		Preparer's	PTIN or	SSN	1	Your occupation			
Addre	ess					Employer id		tion number		Spouse's signature and	l occu		
Email	l:						Date		$\ \ $	Date Email:		Daytime (phone number
									_				

See instructions for where to mail your return.

