

Department of Taxation and Finance

IT-203

		For the year Ja	iluary 1, 2021, tillou	gii Deceilibe	er 31, 2021, Or liscal year bi	d endingd			
	elp completing your re				1				
Your	first name and middle initial	Your last name (for a joint re	e turn , enter spouse's name	e on line below)	Your date of birth (mmddyyyy)	Your Social Sec	Your Social Security number		
Spou	se's first name and middle initial	Spouse's last name			Spouse's date of birth (mmddyyyy)	Spouse's Social	Spouse's Social Security number		
Mailin	g address (see instructions, pa	ge 12) (number and street or	PO Box)		Apartment number	New York State	county of residence		
City, v	village, or post office	State	ZIP code	Country		School district n	ame		
Тахра	yer's permanent home addre	SS (see instr., pg. 12) (no. and s	street or rural route)	Apartment no.	City, village, or post office				
State		country			Taxpave	code r	district number Spouse's date of dea		
					Decedent information				
ΔF	iling ① Single			Ем	lew York City part-year re	esidents only (s	ee page 13)		
S	tatus	filing joint return	(1	(1) Number of months you lived in NY City in 2021					
١,	in one	filing joint return th spouses' Social Security r		(2	(2) Number of months your spouse lived in NY City in 2021				
b	OX): 3 Married (enter bo	filing separate return th spouses' Social Security no	umbers above)		inter your 2-character spe ode(s) if applicable (see p	cial condition			
	④ Head o	f household (with qualifyii	ng person)		lew York State part-year ı				
	⑤ Qualify	ing widow(er)			inter the date you moved in rout of NYS (mmddyyyy)				
	id you itemize your deduct	ions on your 2021	On the last day of the tax year <i>(mark an X in one box)</i> : 1) Lived in NYS						
Сс	an you be claimed as a de anyou's federal return?	pendent on another		_) Lived outside NYS; rece NYS sources during non	ived income fror	m _		
D1 D	id you have a financial acco reign country? (see page 13)	ount located in a) Lived outside NYS; rece NYS sources during non	ived no income	from		
D2 W	/ere you required to report a	ny nonqualified deferred		_ Ни	lew York State nonreside		_		
	ompensation, as required by 021 federal return? (see page		Yes No	liv	Did you or your spouse mai ving quarters in NYS in 202 fYes, <i>complete Form IT-203-B</i>	21?	Yes No		
	ependent information (stranged)	see page 14) Last name	Relatio	onship	Social Security num	ber Date	e of birth (mmddyyyy)		
f more	e than 6 dependents, mark	an X in the box.			1	I			
	203001213094		For office use o	nly					
				,					

Fe	deral income and adjustments (see page 16)		Federal amount		New York State amount
			Whole dollars only		Whole dollars only
	Wages, salaries, tips, etc.	1	.00	1	.00
2	Taxable interest income	2	.00	2	.00
	•	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local	4	0.0	4	
_	income taxes (also enter on line 24)	5	.00	4	.00
	Alimony received	6	.00	5 6	.00
_	Business income or loss (submit a copy of federal Sch. C, Form 1040) Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
7 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		10	.00	10	.00
	Rental real estate, royalties, partnerships, S corporations,	10	.00	10	.00
•••	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included		.00		.00
	in line 11 (federal amount) 1200				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
	Unemployment compensation	14	.00	14	.00
	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
	Other income (see page 22) Identify:	16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	.00	17	.00
	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
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	.00	19a	.00
Nev	w York additions (see page 24)				
20	Interest income on state and local bonds and obligations				
	(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
	Other (Form IT-225, line 9)	22	.00	22	.00
	Add lines 19a through 22	23	.00	23	.00
	w York subtractions (see page 25)				
24	Taxable refunds, credits, or offsets of state and	0.4	22	0.4	
0.5	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the	0.5	22	0.5	22
26	federal government (see page 25)	25	.00	25	.00
	Taxable amount of Social Security benefits (from line 15)	26 27	.00	26 27	.00
	Interest income on U.S. government bonds Pension and annuity income exclusion	28	.00	28	.00
29		29	.00.	29	.00.
	Add lines 24 through 29	30	.00	30	.00
	New York adjusted gross income (subtract line 30 from line 23)	31	.00	31	.00
JI	101K aujusteu gross income (subract iiile 30 ii0iii liile 23)	JI		31	.00
32	Enter the amount from line 31, <i>Federal amount</i> column			32	.00

Nar	ne(s) as shown on page 1	Enter your Social Secur	ity number	IT-203 (2021) Page 3 of 4	
St	andard deduction or itemized deduction (see page 27))			
33	Enter your standard deduction (table on page 27) or your it	temized deduction (fron	n Form IT-196).		
	Mark an X in the appropriate box:	☐ Standard – or – [Itemized	33	.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, le			34	.00
35	Dependent exemptions (enter the number of dependents lister	d in Item I; see page 27)		35	000.00
	New York taxable income (subtract line 35 from line 34)			36	.00
Ta	x computation, credits, and other taxes				
37	New York taxable income (from line 36)			37	.00
38	New York State tax on line 37 amount (see page 28)			38	.00
	New York State household credit (page 28, table 1, 2, or 3)			39	.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, lea			40	.00
	New York State child and dependent care credit (see page 2			41	.00
	Subtract line 41 from line 40 (if line 41 is more than line 40, lea			42	.00
	New York State earned income credit (see page 29)			43	.00
	, ,				
44	Base tax (subtract line 43 from line 42; if line 43 is more than line	42, leave blank)		44	.00
15	Income New York State amount from line 31	Federal amount from	lino 31		Round result to 4 decimal places
	percentage .00 ÷	rederal amount nom	.00	45	Tround result to 4 decimal places
	(see page 29)		.00	45	
46	Allocated New York State tax (multiply line 44 by the decimal of	n line 45)		46	.00
	New York State nonrefundable credits (Form IT-203-ATT, line			47	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, lea			48	.00
	Net other New York State taxes (Form IT-203-ATT, line 33)			49	.00
	Total New York State taxes (add lines 48 and 49)			50	.00
Ne	ew York City and Yonkers taxes, credits, and surcharges,	and MCTMT	·		
51	Part-year New York City resident tax (Form IT-360.1)	51	.00		See instructions on pages 29
52	Part-year resident nonrefundable New York City				through 31 to compute
	child and dependent care credit	52	.00		New York City and Yonkers
52a	Subtract line 52 from 51	52a	.00		taxes, credits, and
52 b	MCTMT net				surcharges, and MCTMT.
	earnings base 52b .00				
52c	MCTMT	52c	.00		
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00		
	Part-year Yonkers resident income tax surcharge				
	(Form IT-360.1)	54	.00		
55	Total New York City and Yonkers taxes / surcharges and M		2c through 54)	55	.00.
56	Sales or use tax (See the instructions on page 31. Do not lea	ve line 56 blank.)		56	.00
F-7	Valuation, contributions (Ferry 17007, Pert C. Ver. 1)		ĺ	E-7	
57				57	.00
ეგ	Total New York State, New York City, Yonkers, and sale			E 0	00
	and voluntary contributions (add lines 50, 55, 56, and 5	<i>(</i>)		58	.00

Pag	je 4 of 4	IT-203	(2021)	Enter yo	our Social Security nu	umber							
59	Enter an	nount fro	m line 58								59		.00
Pa	yments	and refu	ndable c	redits	(see page 3	2)							
60 Part-year NYC school tax credit (fixed amount) (also complete E on front) 60a NYC school tax credit (rate reduction amount)						60a	60 .00 60a .00 61 .00				Form(s) IT-2 and/or IT-1099-R and submit them with your		
62 63	Other refundable credits (Form IT-203-ATT, line 17)						62		00. 00. 00.			return (see pages 10 and 11). Do not send federal Form W-2 with your return.	
65	Total es	stimated t	ax paymeı	nts/amo	ount paid with F	orm IT-370	65			.00	1		.00.
Yo	ur refun	d, amou	nt you o	we, and	d account info	ormation	(see	e pages 34	! th	rouah 36)			
67	Amoui	nt overpa	aid (if line	66 is m e	ore than line 59), subtract line	•	. •		ee page 34)	67		.00
	Amoun	t of line 6	7 availab	ole for	refund (subtra	ct line 69 froi							.00
	Amount	of line 68	that you wa	ant to de	•	529 account	•			also submit Form IT-195)			.00
68b	Total re	fund afte	er NYS 52	9 acco	unt deposit <i>(รเ</i>	ubtract line 6	8a fro	m line 68) .			68b		.00
	estin Amoun	t of line 6 nated tax t you ow	(see instrue) (see (if line 66	u want <i>ictions)</i> 6 is less	applied to you than line 59, s	ubtract line 6	(fill in	n line 73) - m line 59). T	-	pay by electronic you pay by check	_	easiest, fa refund.	Direct deposit is the stest way to get your
										eturn	70		.00
71		-			s amount on line						٦	Saa nada	38 for the proper
	Other p	enalties	and intere	est (see	e 67; see page 3 page 35)		72			.00.	7		of your return.
73					posit or electr							V : (1	
		inds for y		·	,			·		nt outside the U.S			Business savings
	73b R	outing nun	nber			730	c Ac	count numbe	er				
74	Electro	nic funds	withdrawa	al (see p	page 36)		Date			Amou	nt _		.00
de	Third-pa		Print design	ee's nam	ne			De (esig	nee's phone number			Personal identification number (PIN)
Ye	s 🔲 N	o 🔲 🛚 🖪	mail:					•					
	(see instru	ictions)	st comple	ete ▼ F	Preparer's NYTPR	ex	YTPRI				ayer(s) must si	gn here ▼
Pre	oarer's sigr	nature			Preparer's prin	ited name				Your signature			
Firm	n's name <i>(c</i>	r yours, if s	elf-employed	d)		Preparer's PT	ΓIN or	SSN		Your occupation			
Add	ress					Employer ider	ntificat	ion number	1	Spouse's signature and	doccu	oation (if joint	return)
						Da	ate			Date		Daytime pl	none number

See instructions for where to mail your return.

Email:



Email:

NEW YORK STATE

FORM IT-203 2021

FILING INSTRUCTIONS

After you print your return, make sure to:

- complete, print, and attach Form IT-2 if you received Form(s) W-2;
- complete, print, and attach Form IT-1099-R if you received federal Form(s)
 1099-R with New York State, New York City, or Yonkers tax withheld;
- complete, print, and attach Form IT-196 if you itemize your deductions;
- complete, print, and attach Form IT-227 if you have voluntary contributions;
- complete, print, and attach all necessary credit forms;
- sign the return; and
- mail your return to the appropriate PO Box below.

If you are enclosing a check or money order, you must include Form IT-201-V with your return and mail it to:

STATE PROCESSING CENTER PO BOX 15555 ALBANY NY 12212-5555

If not enclosing a check or money order, mail your return to:

STATE PROCESSING CENTER PO BOX 61000 ALBANY NY 12261-0001