



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, 2017, through December 31, 2017, or fiscal year beginning .....

and ending .....

# IT-203

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 (mmddyyyy)		Your social security number	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's social security number	
Mailing address (see instructions, page 13) (number and street or PO box)				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 2017 federal income tax return? Yes  No

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

**D1** Did you have a financial account located in a foreign country? (see page 14) Yes  No

**D2 Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see pg. 14) Yes  No

(2) Enter the amount .....  .00

**D3** Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes  No

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

(1) Number of months you lived in NY City in 2017 ....

(2) Number of months your spouse lived in NY City in 2017 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 15) .....

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

Enter the date you moved into or out of NYS (mmddyyyy) .....

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 2017? ..... Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent exemption information (see page 16)

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.

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For office use only

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 <b>X</b> in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> 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) <b>12</b> .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 23) 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 23) Identify: .....	18	.00	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	.00	19	.00

**New York additions** (see page 25)

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
22	Other (Form IT-225, line 9) .....	22	.00	22	.00
23	Add lines 19 through 22 .....	23	.00	23	.00

**New York subtractions** (see page 26)

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 26) .....	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	<b>New York adjusted gross income</b> (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 28)

33	Enter your <b>standard deduction</b> (table on page 28) or your <b>itemized deduction</b> (from Form IT-203-D). Mark an <b>X</b> 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 (enter the number of dependents listed in Item I; see page 28) .....	35	.00
36	<b>New York taxable income</b> (subtract line 35 from line 34) .....	36	.00



Name(s) as shown on page 1

Enter your social security number

Tax computation, credits, and other taxes

Table with 3 columns: Line number, Description, and Amount. Rows 37-43 include New York taxable income, state taxes, and credits.

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

45 Income percentage (see page 30) [ ] New York State amount from line 31 .00 ÷ Federal amount from line 31 .00 = 45 [ ] Round result to 4 decimal places

Table with 3 columns: Line number, Description, and Amount. Rows 46-50 include allocated state tax, nonrefundable credits, and total state taxes.

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

Table with 3 columns: Line number, Description, and Amount. Rows 51-56 include NYC resident tax, MCTMT net earnings base, Yonkers taxes, and sales or use tax.

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 33)

Table with 3 columns: Line number, Description, and Amount. Rows 57a-57o list various voluntary contributions, followed by total voluntary contributions and total state taxes including contributions.

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Enter your social security number

59 Enter amount from line 58 ..... **59** ..... .00

**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00
60a NYC school tax credit (rate reduction amount)	<b>60a</b>	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00
62 Total <b>New York State</b> tax withheld	<b>62</b>	.00
63 Total <b>New York City</b> tax withheld	<b>63</b>	.00
64 Total <b>Yonkers</b> tax withheld	<b>64</b>	.00
65 Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00
66 Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 12).  
**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information** (see pages 36 through 38)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) ..... **67** ..... .00

68 Amount of line 67 to be refunded  
 Mark one refund choice:  direct deposit to checking or savings account (fill in line 73) - or -  paper check ..... **68** ..... .00

69 Amount of line 67 that you want applied to your 2018 estimated tax (see instructions) ..... **69** ..... .00

69a Amount of line 67 that you want as a NYS 529 account deposit (submit Form IT-195) ..... **69a** ..... .00

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..... **70** ..... .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37) ..... **71** ..... .00

72 Other penalties and interest (see page 37) ..... **72** ..... .00

**Refund?** Direct deposit is the easiest, fastest way to get your refund.  
**See page 37 for payment options.**

**See page 40 for the proper assembly of your return.**

73 Account information for direct deposit or electronic funds withdrawal (see page 38).  
 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. 38)

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 38) ..... Date  Amount  .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
Address	Employer identification number		
	Date		
E-mail:			

<b>▼ Taxpayer(s) must sign here ▼</b>	
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.





# FORM IT-203 2017

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## FILING INSTRUCTIONS

After you print your return, make sure to:

- complete, print, and attach Form IT-2 if you received a W-2 Form;
- complete, print, and attach Form IT-1099-R if you received 1099-R statements that show New York State, New York City, or Yonkers withholding tax;
- complete, print, and attach Form IT-203-D if you itemize your deductions;
- 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 submit 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**