

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B
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NY

Any part of a day spent in New York State is

Name(s) and occupation	n(s) as shown on Form IT-203		Your Social S	Your Social Security number			
Complete all parts th	at apply to you; see instructions	(Form IT-203-I). Submit this form wi	th your Form IT	-203.			
Schedule A – Alloc	ation of wage and salary inco	me to New York State					
Complete a separate S	Schedule A for each job for which yo	our wage and salary income is subject	to allocation.				
		this form. If you are required to complet on Form IT-203, line 1, in the New Yo			al the		
Do not use this schedu	ule for income based on the volume	of business transacted. See the Sche	dule A instruction	ns if:			
<ul><li>You had more than</li><li>You had a job for on</li><li>You and your spous</li></ul>		ation.					
1a Total days (see ins	structions)			1a			
		worked)					
Nonworking		········		;			
days included	1d Sick leave		10	1			
in line 1a:	1e Vacation		16				
	1f Other nonworking days		1	f			
1g Total nonworking	days (add lines 1b through 1f)			19			
1h Total days worked	d in year at this job (subtract line 1g fr	om line 1a)	<u></u>	1h			
1i Total days include	ed in line 1h worked outside New Yo	rk State					
1j Enter number of o	days worked at home included in lin	e 1i amount		j			
1k Subtract line 1j fro	om line 1i			1k			
11 Days worked in N	lew York State (subtract line 1k from lin	ne 1h)		11			
1m Enter number of o	days from line 1h above			1m			
1n Divide line 1l by li	ne 1m; round the result to the fourth	n decimal place		1n			
10 Wages, salaries,	tips, etc. (to be allocated)		10		.00		
1p New York State a	llocated wage and salary income (m	ultiply line 1n by line 1o)	1p		.00		
Include the line 1p an	nount on Form IT-203, line 1, in the	e New York State amount column.					
Schedule B – Livin	g quarters maintained in New	York State					
Mark an <b>X</b> in the box i	f NYS living quarters were maintain	ed for you or by you for the entire tax y	/ear		🗀		
If you or your spouse sheets if necessary. <b>F</b>	maintained living quarters in NYS d or column E, mark an <b>X</b> in the bo	uring any part of the year, give address <b>x if the living quarters are still maint</b>	s(es) below. Sub ained for or by	mit additional <b>you.</b>			
Α-	- Street address	<b>B</b> – City, village, or post office	e <b>C</b>	<b>D</b> – ZIP code	E		
			NY				
			NY				
			INT		$\parallel$		
			NY				

considered a day spent in New York State.

Enter the number of days spent in New York State in this tax year .....

Sch	ed	ule C - College tuition	itemi	zed d	eduction worksheet (See th	e instructions fo	or Sch	edule	C.)		_
	•	f <b>Yes, stop</b> ; you do not qu	alify fo	or the c	r taxpayer's New York State tax ollege tuition itemized deduction low for each eligible student for sheets if necessary.	on.	•		1 Yes	s No	]
Eligi	ble	A First name	MI		Last name		Suffix	<b>B</b> Soc	cial Security number	C Date of birth (mmddyy)	ry)
stud											
1											1
D	ls t	the student claimed as a d	epend	ent on	your NYS return? (see instruction	ns)	Ye	s	No		
Е	EIN	N of college or university (see inst	ructions	<b>F</b>	Name of college or university (see ins	tructions)					
				_							
		· · · · · · · · · · · · · · · · · · ·		tuition	? (see instructions)			s	No L		
Н		nount of qualified college to			.00	I Enter the le		00		.00	
	exp	penses (see instructions)				of line H or					4
Eligi		A First name	MI		Last name		Suffix	<b>B</b> Soc	cial Security number	C Date of birth (mmddyy)	y)
stud 2											
	1- 4	] 		4		,			$\Box$		
_					your NYS return? (see instruction		Ye	es	No		
E	EIN	N of college or university (see inst	ructions	<b>F</b>	Name of college or university (see ins	tructions)					
G	G Were expenses for undergraduate tuition? (see instructions)										
н	Am	nount of qualified college to	uition			I Enter the le	esser				
		penses (see instructions)			.00	of line H or	10,00	00		.00	
Eligi	ble	A First name	MI		Last name		Suffix	<b>B</b> Soc	cial Security number	C Date of birth (mmddyy)	(y)
stud	ent										1
3											+
D	ls t	the student claimed as a d	epend	ent on	your NYS return? (see instructio	ns)	Ye	s	No 🗌		
Е	EIN	N of college or university (see inst	ructions	F	Name of college or university (see ins	tructions)					
					•				🖂		
		-		tuition	? (see instructions)			s L	No		
Н		nount of qualified college to			.00	I Enter the le				.00	
	exp	penses (see instructions)			•00	of line H or	10,00	JU		.00	╛
2	Co	llogo tuition itomizad dade	uction	(total th	a <b>lina l</b> amounts for all aligible attida	unta: includa ama:	nto fro	n anv a	dditional aboutal		
4		•		•	e <b>line I</b> amounts for all eligible stude New York Resident, Nonresider			-			_
									2	.0	0



Sc	hedule A – Alloc	ation of wage and salary income to New York State	)	
2a	Total days (see ins	tructions)		. 2a
<b>_</b> u	• •	<b>2b</b> Saturdays and Sundays (not worked)		. 24
	Nonworking	2c Holidays (not worked)		
	days included	2d Sick leave		
	in line 2a:	2e Vacation		
0	T-4-1	2f Other nonworking days		00
2g	•	days (add lines 2b through 2f)		. 2g
2n	•	I in year at this job (subtract line 2g from line 2a)		. 2h
2i	•	d in line 2h worked outside New York State		
2j		lays worked at home included in line 2i amount		
		om line 2i		
	•	ew York State (subtract line 2k from line 2h)		
2m	Enter number of d	lays from line 2h above		. 2m
2n	Divide line 2l by lin	ne 2m; round the result to the fourth decimal place	2n	
20	Wagos palarios t	ing eta (ta ha allegated)	2o	00
20	wayes, salaries, t	ips, etc. (to be allocated)	20	.00
2p	New York State al	located wage and salary income (multiply line 2n by line 2o)	2p	.00
Sc	hedule A – Alloc	ation of wage and salary income to New York State	)	
3a	Total days (see ins	tructions)		. 3a
	Nonworking	<b>3b</b> Saturdays and Sundays (not worked)		
	days included	3c Holidays (not worked)	3c	
	in line 3a:	3d Sick leave		
		3e Vacation		
		3f Other nonworking days	3f	
3g	Total nonworking	days (add lines 3b through 3f)		. 39
3h	Total days worked	l in year at this job (subtract line 3g from line 3a)		. 3h
3i	Total days include	d in line 3h worked outside New York State		
3j	Enter number of d	lays worked at home included in line 3i amount		
-		om line 3i		. 3k
31	Days worked in N	ew York State (subtract line 3k from line 3h)		. 31
		lays from line 3h above		. 3m
3n	Divide line 3l by lin			
30		ne 3m; round the result to the fourth decimal place		
	Wages, salaries, t	ne 3m; round the result to the fourth decimal place		.00

Include the line 3p amount on Form IT-203, line 1, in the New York State amount column.