

Department of Taxation and Finance

IT-203-B

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

Name(s) and occupation(s) as shown on Form IT-203	Your Social Security number	
	,	

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

Schedule A - Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Additional Schedule A sections are provided on page 3 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the *New York State amount* column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- · you had more than one job;
- · you had a job for only part of the year; or

• y	ou and your spouse each had a job that requires a	allocation.						
1a	Total days (see instructions)			1a				
	1b Saturdays and Sundays	(not worked)	1b					
	Nonworking 1c Holidays (not worked)		1c	;				
	days included 1d Sick leave		1c	I				
	in line 1a: 1e Vacation	1e Vacation						
	1f Other nonworking days		<u>1</u> 1	f				
_	Total nonworking days (add lines 1b through 1f)							
	Total days worked in year at this job (subtract line							
	Total days included in line 1h worked outside Ne			_				
-	Enter number of days worked at home included i							
	Subtract line 1j from line 1i							
	Days worked in New York State (subtract line 1k fro	•						
1m	Enter number of days from line 1h above			1m				
1n	Divide line 1I by line 1m; round the result to the f	ourth decimal place		1n				
10	Wages, salaries, tips, etc. (to be allocated)		10					
1n	New York State allocated wage and salary incom	ne (multiply line 1n by line 1o)	1p		.00			
	lude the line 1p amount on Form IT-203, line 1, i							
	nude the line 1p amount on Form 11-203, line 1, 1	in the New York State amount column.						
Sc	hedule B – Living quarters maintained in N	New York State						
Mai	rk an X in the box if NYS living quarters were mair	ntained for you or by you for the entire tax year			🔲			
If yo	ou or your spouse maintained living quarters in NY ets if necessary. For column E, mark an <i>X</i> in the	/S during any part of the year, give address(es box if the living quarters are still maintain // page 12 of the living quarters are still maintain // page 13 of the living quarters are still maintain // page 14 of the living quarters are still maintain // page 14 of the year, give address // page 15 of the year, give address // page 16 of the year, give address // page 17 of the year, give address // page 18 of the year, give address // page 18 of the year // page 18 of the	s) below. Sub ed for or by	mit additional you.				
	A – Street address	B – City, village, or post office	С	D – ZIP code	E			
			NY					
			141		1 🖳			
			NY		$\perp \mid \sqcup \mid$			
			NY					
			NY					
	er the number of days spent in New York State in sidered a day spent in New York State.	this tax year Any part of a	a day spent ir	New York State	is			



Sch	edu	le C – College tuition	item	ized d	eduction worksheet (Se	ee the instructions f	or Sch	edule (C.)		
	If '	Yes, stop; you do not qua	alify fo	or the c	r taxpayer's New York Stat ollege tuition itemized ded slow for each eligible stude	uction.	-		1 Yes	; <u> </u>	No 🗌
			MI I	ullional	Last name		Suffix	D o	10 11 1	C D : (1	
Eligil stude 1		First name	IVII		Last Hallie		Sullix	B 500	al Security number	C Date of t	oirth (mmddyyyy)
D	s the	e student claimed as a de	pend	ent on	your NYS return? (see instr	uctions)	Ye	es 🗌	No		
E	EIN	of college or university (see instru	ıctions) F	Name of college or university (se	e instructions)					
				tuition	? (see instructions)			es 🗌	No 🗌		
		unt of qualified college tui enses (see instructions)			.00	I Enter the I of line H o		00			.00
	_		. MI		Last name	01 1110 110	Suffix		al Security number	C Data of h	
Eligil stude 2	_	• Filst flame	IVII		Last name		Julia	B 300	al Security Humber	C Date of t	лин (ттаауууу)
D	s the	e student claimed as a de	pend	ent on	your NYS return? (see instr	uctions)	Ye	es 🗌	No 🗌		
E	EIN	of college or university (see instru	ıctions) F	Name of college or university (se	e instructions)					
G	Vere	e expenses for undergra c	duate	_ tuition	? (see instructions)		Ye	es 🗌	No 🗌		
		unt of qualified college tui			.00	I Enter the I		00			.00
		nses (see instructions)				of line H o			10 "	0.5.4	
Eligil stude 3		First name	MI		Last name		Suffix	B Soc	al Security number	C Date of t	oirth (mmddyyyy)
D	s the	e student claimed as a de	pend	ent on	your NYS return? (see instr	uctions)	Ye	es 🗌	No 🗌		
E		of college or university (see instru			Name of college or university (se	-					
	۸/		4.	4:4:	0 (N - 🗆		
				uition	? (see instructions)			es 🔛	No L		
		unt of qualified college tui enses (see instructions)			.00	I Enter the I of line H o		00			.00
2	Als	so enter this amount on Fo	orm I	Γ-196, <i>Ι</i>	e line I amounts for all eligible s New York Resident, Nonres	sident, and Part-Yea	ar Res	ident	dditional sheets).		.00



Scl	nedule A – Alloc	ation of wage and salary income to New York State		
2a	Total days (see ins	tructions)		2a
	•	2b Saturdays and Sundays (not worked)		
	Nonworking	2c Holidays (not worked)		
	days included	2d Sick leave		
	in line 2a:	2e Vacation		
		2f Other nonworking days		
2a	Total nonworking	days (add lines 2b through 2f)		2g
_	-	I in year at this job (subtract line 2g from line 2a)		
	-	d in line 2h worked outside New York State		
	•	lays worked at home included in line 2i amount		
		om line 2i		2k
		ew York State (subtract line 2k from line 2h)		
	•	lays from line 2h above		2m
2111	Litter Hamber of a	ays 110111 11110 211 above		2111
2n	Divide line 2l by lin	ne 2m; round the result to the fourth decimal place	2n	
2-	\\\	:	20	
20	wages, 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
•			<u> </u>	
Scl	nedule A – Alloc	ation of wage and salary income to New York State		
3a	Total days (see ins	tructions)		3a
	Nonworking	3b Saturdays and Sundays (not worked)	3b	
	days included	3c Holidays (not worked)	3c	
	in line 3a:	3d Sick leave	3d	
3a 3g		3e Vacation	3e	
		3f Other nonworking days	3f	
3g	Total nonworking	days (add lines 3b through 3f)		3g
3h	Total days worked	in year at this job (subtract line 3g from line 3a)	<u></u>	3h
3i	Total days include	d in line 3h worked outside New York State	3i	
3j	Enter number of d	ays worked at home included in line 3i amount		
3k	Subtract line 3j fro	om line 3i		3k
31	Days worked in N	ew York State (subtract line 3k from line 3h)		31
3m	Enter number of d	lays from line 3h above		3m
3n	Divide line 3l by lin	ne 3m; round the result to the fourth decimal place	3n	
3о	Wages, salaries, t	ips, etc. (to be allocated)	3o	.00
2	Now York State al	located wage and salary income (multiply line 3n by line 3o)	3p	.00

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