



New York State Department of Taxation and Finance

Personal Income Tax MeF Acceptance Testing System for Tax Year 2015

TEST ID: 1028

Forms Included: IT-203, IT-203-F, W-2

Return specific information:

- Prime taxpayer: Anna Bell born on 07-01-1990
- Filing Single; no dependents
- Income includes:
 - \$20,000 wages from employment in 2015 (see W-2);
 - \$40,000 income received in 2015 related to employment terminated in 2014 (reported on line 1 of IT-203; see IT-203-F, schedule A for allocation)
 - Stock appreciation rights exercised in 2015 (reported on IT-203 line 7; see IT-203-F schedule B for details.)
- Taxpayer chooses standard deduction

Address any questions via e-mail to NYSPLITMEF@tax.ny.gov

Personal Income Tax MeF publications and forms: http://www.tax.ny.gov/pit/efile/pit_mef_publications_2014.htm

Current Schema and State Spreadsheet available at: http://www.tax.ny.gov/bus/efile/swd_income.htm

		a Employee's social security number		OMB No. 1545-0008		
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans 12a C o d e	
						12b C o d e
					12c C o d e	
						14 Other
					12d C o d e	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2015

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return



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, 2015, through December 31, 2015, or fiscal year beginning

IT-203

15

and ending

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 (mm-dd-yyyy)		Your social security number	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)		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 2015 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 pg. 14) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze credit? (see page 14) Yes No

(2) If Yes, enter the amount00

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

(1) Number of months **you** lived in NY City in 2015

(2) Number of months **your spouse** lived in NY City in 2015

F Enter your **2-character special condition code(s)** if applicable (see page 14)

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

Enter the date you moved into or out of NYS (mm-dd-yyyy)

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 2015? Yes No
(if Yes, complete Form IT-203-B)

2D barcode clear area
approximate size
1 3/4" X 1 1/4"

I Dependent exemption information (see page 15)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)

If more than 6 dependents, mark an X in the box.

203001150099



For office use only

Enter your social security number

Federal income and adjustments (see page 16)

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 X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X 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) 12 .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 22) 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 22) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00

New York additions (see page 23)

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

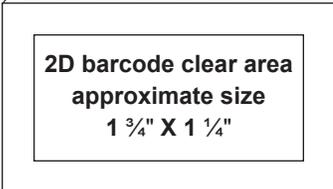
New York subtractions (see page 24)

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 24)	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, **Federal amount** column **32** .00

Standard deduction or itemized deduction (see page 26)

33	Enter your standard deduction (table on page 26) or your itemized deduction (from Form IT-203-D). Mark an X 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 26)	35	000.00
36	New York taxable income (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

37 New York taxable income (from line 36 on page 2)	37	.00
38 New York State tax on line 37 amount (see page 27)	38	.00
39 New York State household credit (page 27, table 1, 2, or 3)	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	.00
41 New York State child and dependent care credit (see page 28)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	.00
43 New York State earned income credit (see page 28)	43	.00

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

45 Income percentage (see page 28) New York State amount from line 31 .00 ÷ Federal amount from line 31 .00 = 45 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	.00

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

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 29. Do not leave line 56 blank.)	56	.00

See instructions on pages 28 and 29 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 30)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate and Testicular Cancer Research and Education Fund	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57k Homeless Veterans	57k	.00
57 Total voluntary contributions (add lines 57a through 57k)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	.00

2D barcode clear area
approximate size
1 3/4" X 1 1/4"

203003150099



Enter your social security number

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

Payments and refundable credits (see page 31)

60 Part-year NYC school tax credit (also complete E on front; see page 31) ...	60	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62 Total New York State tax withheld	62	.00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page XX).

Your refund, amount you owe, and account information (see pages 32 through 35)

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** (fill in line 73) - or - **debit card** - or - **paper check** ... **68**00

69 Amount of line 67 that you want applied to your **2016** estimated tax (see instructions) **69**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 33) **71**00

72 Other penalties and interest (see page 33) **72**00

See pages 32 and 33 for information about your three refund choices.

See page 33 for payment options.

See page 36 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 34).

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. 34)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

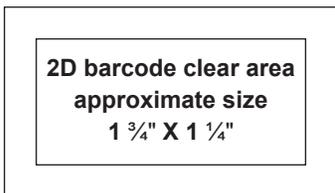
74 Electronic funds withdrawal (see page 34) Date Amount .00

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:		

▼ Paid preparer must complete ▼ (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:			

▼ Taxpayer(s) must sign here ▼	
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.





Multi-Year Allocation Form

Name as shown on Form IT-203	Your social security number	Tax year

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

Schedule A – Current year allocation of income attributable to past employment in New York State (for example, termination agreement or covenant not to compete)

Complete a separate Schedule A for each amount of income subject to allocation. An additional Schedule A section is provided below. If you are required to complete more than one Schedule A, total the amounts from lines 1d and 2d on all schedules and include this total on Form IT-203, line 1, in the *New York State amount* column.

Use this form for multi-year allocation only. To allocate the regular wage and salary income from your current job, use Form IT-203-B, *Nonresident and Part-Year Resident Income Allocation and College Tuition Itemized Deduction Worksheet*, and its instructions.

Allocation 1	Period this allocation covers (mmddyyyy)		Type of income you are allocating
		to	

Tax year	A – Total compensation	B – New York amounts
	00	00
	00	00
	00	00
	00	00
	00	00
1a Totals	00	00

1b Divide line 1a, column B, by line 1a, column A (carry to four decimals)	
1c Current year income to be allocated	00
1d Multiply line 1c by the decimal on line 1b; include this amount on Form IT-203, line 1, in the <i>New York State amount</i> column	00

Allocation 2	Period this allocation covers (mmddyyyy)		Type of income you are allocating
		to	

Tax year	A – Total compensation	B – New York amounts
	00	00
	00	00
	00	00
	00	00
	00	00
2a Totals	00	00

2b Divide line 2a, column B, by line 2a, column A (carry to four decimals)	
2c Current year income to be allocated	00
2d Multiply line 2c by the decimal on line 2b; include this amount on Form IT-203, line 1, in the <i>New York State amount</i> column	00



Your social security number

Schedule B – Stock option, restricted stock, or stock appreciation rights allocation (see instructions)

New York State nonresidents and part-year residents: If you received compensation from stock options, restricted stock, or stock appreciation rights and you performed services within New York State, use this schedule to calculate your New York State compensation attributable to those items, if the calculation requires an allocation period that is different than the period used on Form IT-203-B.

Complete a separate Schedule B for each option, stock, or right you were granted.

Description of stock	
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Use the mmddyyyy format when entering dates.

Grant date	Vest date	Exercise date	Allocation period (see instructions)
			to

Mark an **X** in one box for
 Statutory Non-statutory Restricted stock Appreciation right

3 Enter the applicable column A amount from <i>Schedule B Table</i> (see instructions)	3		00
4 Enter the applicable column B amount from <i>Schedule B Table</i> (see instructions)	4		00
5 Compensation to be allocated (subtract line 4 from line 3)	5		00

6 Total days in allocation period	6	
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7 Saturdays and Sundays (not worked)	7	
8 Holidays (not worked)	8	
9 Sick leave	9	
10 Vacation	10	
11 Other nonworking days	11	

12 Total nonworking days (add lines 7 through 11)	12	
13 Total days worked in allocation period at this job (subtract line 12 from line 6)	13	

14 Total days included in line 13 worked outside New York State	14	
15 Number of days worked at home included in line 14.....	15	

16 Subtract line 15 from line 14	16	
17 Days worked in New York State (subtract line 16 from line 13)	17	
18 Enter number of days from line 13 above	18	

19 Divide line 17 by line 18; round the result to the fourth decimal place	19	
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20 Multiply line 19 by line 5	20		00
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Include the line 20 amount on the appropriate line of Form IT-203 in the **New York State amount** column.