



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

T-	2	N	3	_	R
		•	7	_	

Name(s) and occupation(s) as shown on Form IT-203						Your social security number				
Complete all part	s that	t apı	oly to you; see instructions	(Form IT-203-I). Submit this form	with you	Form IT	-203.			
Schedule A – A	locat	tion	of wage and salary inco	me to New York State						
An additional Sche the amounts from Do not use this scl You had more th You had a job fo	edule A line p nedule an on r only	A se on a e for ne jo par	ction is provided on the back all schedules and include this income based on the volume b;	our wage and salary income is subjet of this form. If you are required to contotal on Form IT-203, line 1, in the New of business transacted. See the Scientific Scie	mplete m ew York S	ore than State am	<i>ount</i> colu		total	
· ·										
Nonworking days include in line 1a:	d	1b 1c 1d 1e 1f	Saturdays and Sundays (not Holidays (not worked)	worked)		1k 1c	o c d d e	1a		
-	-									
1h Total days worked in year at this job (subtract line 1g from line 1a)				ork Statee 1i amount	1i 1j					
1n Divide line 11 l	oy line	e 1m	; round the result to the fourth	n decimal place			1n			
1o Wages, salari	/ages, salaries, tips, etc. (to be allocated)				10	10				
1p New York Sta	e allo	cate	ed wage and salary income (n	nultiply line 1n by line 1o)	1p .00					
Include the line 1	o amo	ount	on Form IT-203, line 1, in th	e New York State amount column.						
Schedule B – L	ving	qua	arters maintained in New	York State by a nonresident						
If you or your spou	ise ma	ainta	ained living quarters in NYS d	ed for you or by you for the entire tax uring any part of the year, give addre ving quarters are still maintained	ess(es) be	elow. Sub				
	A – S	Stre	et address	B – City, village, or post off	ice	С	D – Z	IP code	Е	
						NY				
						NY				
						NY				
						NY				
			Enter the number of da	avs spent in New York State in this ta	x vear	🗀				



IT-203-B (2013) (back) Enter your social security number

Scl	hedule C – Colleç	ge tuition itemized o	deduction wo	orksheet (See	the instr	uctions f	or Schedule (C.)		
1	Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No									
	• If Yes, stop; you	If Yes, stop ; you do not qualify for the college tuition itemized deduction.								
	 If No, continue. Complete lines A through H below for each eligible student for whom you paid qualified 									
	college tuition expenses. Use additional sheets if necessary.									
			1 – Student 1 2 – Stud				dent 2	3 – Student 3		
Α	Eligible student's n	name								
	Eligible student's s									
В										
		ned as a dependent			Г	_			1	
С	on your NYS return	n? (see instructions)	Yes	No	Yes L		No	Yes] No	· 🔲
D	EIN of college or u	niversity (see instr.)								
E	Name of college or	university (see instr.)								
_	Were expenses for		Van 🖂	No 🗔	_{Vs 2} Г	\neg	No 🖂	Vos [1	\Box
<u>F</u>		tions)	Yes	No	Yes		No	Yes] No	<u>' Ш</u>
G	Amount of qualified expenses (see instr	college tuition		00			00			00
Ŭ	<u> </u>	4040710)		.00			.00)		. 00
Н	Enter the lesser of	line G or 10,000		.00			.00			. 00
Scl	hedule A – Alloca	ation of wage and s	alary incom	e to New York	State					
2a	Total davs (see insti	ructions)							2a	
	2b Saturdays and Sundays (not worked)									
	Nonworking	2c Holidays (not work								
	days included in line 2a:	2d Sick leave						2d		
	2e Vacation							2e		
_		2f Other nonworking								
_	_	lays (add lines 2b throug								
	Total days worked in year at this job (subtract line 2g from line 2a) Total days included in line 2h worked outside New York State Total days included in line 2h worked outside New York State								2h	
	j Enter number of days worked at home included in line 2i amount								2k	
	Days worked in New York State (subtract line 2k from line 2h)									
	•	ays from line 2h above		,						
	•						_		-	
2n	Divide line 2I by lin	Divide line 2I by line 2m; round the result to the fourth decimal place				2n				
2-	Magaa salarias ti-	Verse colories time ste (to be allegated)				20			00	
		Wages, salaries, tips, etc. (to be allocated)						.00		
2p	New York State allo	ocated wage and salar	y income (mult	iply line 2n by line	20)		2p			. 00



Include the line 2p amount on Form IT-203, line 1, in the New York State amount column.