

Nonresident and Part-Year Resident Income Allocation And College Tuition Items 15 **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.							
Sc	hedule A – Alloca	ation of wage and salary inco	me to New York State				
Cor An the Do • Y	mplete a separate S additional Schedule amounts from line p not use this schedu ou had more than o ou had a job for only	chedule A for each job for which you A section is provided on the back of on all schedules and include this le for income based on the volume	our wage and salary income is subject to a of this form. If you are required to comple total on Form IT-203, line 1, in the <i>New Y</i> of business transacted. See the Schedul	te more thar ork State an	nount column.	otal	
1a	Total days (see instance) Nonworking days included in line 1a:	1b Saturdays and Sundays (not 1c Holidays (not worked)	worked)	1 1	b lc d		
1h 1i 1j 1k 1l	1f Other nonworking days g Total nonworking days (add lines 1b through 1f) h Total days worked in year at this job (subtract line 1g from line 1a) i Total days included in line 1h worked outside New York State j Enter number of days worked at home included in line 1i amount k Subtract line 1j from line 1i Days worked in New York State (subtract line 1k from line 1h) n Enter number of days from line 1h above				1h		
1n	Divide line 1I by line 1m; round the result to the fourth decimal place			1n			
10	Wages, salaries, ti	ps, etc. (to be allocated)		10		. 00	
1p	New York State all	ocated wage and salary income (m	nultiply line 1n by line 1o)	1p		.00	
Inc	lude the line 1p am	ount on Form IT-203, line 1, in the	e New York State amount column.				
Sc	hedule B – Livinç	g quarters maintained in New	York State by a nonresident				
			ed for you or by you for the entire tax year				
If you	ou or your spouse messary. For colum r	naintained living quarters in NYS don E, mark an X in the box if the liv	uring any part of the year, give address(es ving quarters are still maintained for o	s) below. Su r by you.	bmit additional shee	ets if	
A – Street address			B – City, village, or post office	С	D – ZIP code	E	
				NY			
				NY			
				NY			

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

Any part of a day spent in New York State is considered a day spent in New York State.

NY



1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 • 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 - Student 2 3 - Student 2 Ligible student's name	ent 3						
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							
College tuition expenses. Use additional sheets if necessary. 1 - Student 1 2 - Student 2 3 - Student 2 Eligible student's name							
A Eligible student's name							
A Eligible student's name Eligible student's social security number (SSN) Is the student claimed as a dependent							
Eligible student's social security B number (SSN)	No 🗌						
B number (SSN)	No 🗌						
	No 🗌						
D EIN of college or university (see instr.)							
E Name of college or university (see instr.)							
Were expenses for undergraduate F tuition? (see instructions)	No 🗍						
Amount of qualified college tuition							
G expenses (see instructions)	.00						
H Enter the lesser of line G or 10,000	.00						
2 College tuition itemized deduction (add line H, columns 1, 2, and 3; include amounts from any additional sheets). Also enter this amount on your itemized deduction schedule	.00.						
Schedule A – Allocation of wage and salary income to New York State							
	20						
2a Total days (see instructions) 2b Saturdays and Sundays (not worked) 2b	2a						
Nonworking 2c Holidays (not worked) 2c							
days included 2d Sick leave 2d							
in line 2a: 2e Vacation							
2f Other nonworking days							
2g Total nonworking days (add lines 2b through 2f)	29						
2h Total days worked in year at this job (subtract line 2g from line 2a)	2h						
2i Total days included in line 2h worked outside New York State							
2j Enter number of days worked at home included in line 2i amount							
2k Subtract line 2j from line 2i	2k						
2I Days worked in New York State (subtract line 2k from line 2h)	21						
2m Enter number of days from line 2h above	2m						
2n Divide line 2l by line 2m; round the result to the fourth decimal place	2n						
2o Wages, salaries, tips, etc. (to be allocated)	.00						
2p New York State allocated wage and salary income (multiply line 2n by line 2o)							

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

