

Department of Taxation and Finance Nonresident and Part-Year Resident IT-203

Income Tax Return New York State • New York City • Yonkers • MCTMT

For the year January 1, 2016, through December 31, 2016, or fiscal year beginning .....

and ending .....

гu	or help completing your re	turn, see the insi	tructi	ions, Foi	rm IT-2	203-I.							
Your first name and middle initial Your last name (for		Your last name (for a jo	r a <b>joint return</b> , enter spouse's name on line below)				/) You	Your date of birth (mmddyyyy)		Your social security number			
Spouse's first name and middle initial Spouse's last name			2				Spo	Spouse's date of birth (mmddyyyy)		Spouse's social security number			
M	ailing address ( <b>see instructions, pag</b>	ge 14) (number and stree	et or PC	O box)				Apartment numb	er	New Y	ork State	e county of r	esidence
City, village, or post office			State ZIP code Country (if r			not Ui	ot United States)		School district name				
	xpayer's permanent home addres			eet or rural rou	te)	Apartment no		City, village, or po			code	ol district number	
St	ate ZIP code C	ountry (if not United Sta	ites)					Decedent information	Taxpayer	's date c	of death	Spouse's c	late of death
Α	(mark an C (enter bo X in one box): 3 Married (enter box 4 Head of	filing joint retum th spouses' social secur filing separate return th spouses' social securi f household (with qua ng widow(er) with do	ity numl alifying	bers above) person)	)	F	(1) N (2) N Enter <b>code</b> New Enter or ou	York City part- umber of month umber of month NY City in 2016 your 2-charact (s) if applicable York State part the date you m thof NYS (mmddy	s you liv s your s cer spec e (see pa t-year re oved inf	ved in N spouse ial cor age 15) esident	NY City lived ndition	in 2016	,
B C	Did you itemize your deducti federal income tax return? Can you be claimed as a dep taxpayer's federal return?	pendent on another			No C		1) Li 2) Li	ne last day of the ived in NYS ived outside NYS YS sources duri	S; receiv	/ed inc	ome fro	) m	
	Did you have a financial according foreign country? (see page 15,	ount located in a				н	3) Li N	ived outside NY YS sources duri York State non	S; receiving nonr	/ed no esident	income t period	e from I	
D2	<ol> <li>Yonkers part-year residents</li> <li>Did you receive a proper or property tax relief crea (see page 15)</li> <li>If Yes, enter the</li> </ol>	ty tax freeze dit?	Ye	es	No [		living	rou or your spou   quarters in NYS s, complete Form I	S in 201	6?		Yes	No

## I Dependent exemption information (see page 16)

total amount .....

.00

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

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



For office use only

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Enter your social security number

	ederal income and adjustments (see page 17)	Federal amount	Federal amount						
	ederal income and adjustments (see page 17)		Whole dollars only		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	9	.00	9	.00				
	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.00				
11	Rental real estate, royalties, partnerships, S corporations,			44					
40	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) <b>12</b> .00								
12	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	00	13	00				
	Unemployment compensation	14	.00 .00	14	.00 .00				
	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00				
	Other income (see page 23) Identify:	16	.00	16	.00				
	Add lines 1 through 11 and 13 through 16	17	.00	17	.00				
	Total federal adjustments to income (see page 23)		100		100				
	Identify:	18	.00	18	.00				
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00				
	ew York additions (see page 25)								
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				
	Other (Form IT-225, line 9)	22	.00	22	.00				
23	Add lines 19 through 22	23	.00	23	.00				
N	w York subtractions (see page 26)								
	) < 2 ,								
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	07		0-					
~~	federal government (see page 26)	25	.00	25	.00				
	Taxable amount of social security benefits (from line 15)	26	.00	26	.00				
	Interest income on U.S. government bonds Pension and annuity income exclusion	27 28	.00	27 28	.00 .00				
		20	.00	20					
	Other (Form IT-225, line 18) Add lines 24 through 29	30	.00 .00	30	.00 .00				
	New York adjusted gross income (subtract line 30 from line 23)	31	.00	31	.00				
51									
32	32 Enter the amount from line 31, <i>Federal amount</i> column								
	·				100				
Standard deduction or itemized deduction (see page 28)									
33	Enter your standard deduction (table on page 28) or your i	temi	zed deduction (from Form IT-203-	-D).					
	Mark an <b>X</b> in the appropriate box: [	33	.00						
34	Subtract line 33 from line 32 (if line 33 is more than line 32, lea			34	.00				

000.00 

.00



	Tax	com	putation.	credits.	and	other taxes	
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37	New York taxable income (from line 36 on page 2)			37	.00
38	New York State tax on line 37 amount (see page 29)			38	.00
39	New York State household credit (page 29, 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 30)			41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)			42	.00
	New York State earned income credit (see page 30)			43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave bla	nk)	[	44	.00
45	Income New York State amount from line 31 Federal a	amount	from line 31		Round result to 4 decimal places
	percentage         .00         ÷		.00 =	45	
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
Ne	w York City and Yonkers taxes, credits, and surcharges, and MCTM	Т			
	Part-year New York City resident tax (Form IT-360.1) 51		.00		See instructions on pages 30
52	Part-year resident nonrefundable New York City				and 31 to compute New York
	child and dependent care credit 52		.00		City and Yonkers taxes,
52a	Subtract line 52 from 51 52a		.00		credits, and surcharges, and MCTMT.
52b	MCTMT net				
	earnings base 52b .00		]		
	MCTMT		.00		
	Yonkers nonresident earnings tax (Form Y-203) 53		.00		
54	Part-year Yonkers resident income tax surcharge		]		
	(Form IT-360.1)		.00		
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lin	ies 52a,	and 52c through 54)	55	.00
56	Sales or use tax (See the instructions on page 32. Do not leave line 56 bla	ank.)	[	56	.00
Vo	luntary contributions (see page 33)				
	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		
	<b>57e</b> 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		
	57I Mental Illness Anti-Stigma Fund	571	.00		
	57m Women's Cancers Education and Prevention Fund	57m	.00		
	57n Autism Fund	57n	.00		
57	Total voluntary contributions (add lines 57a through 57n)			57	.00
	Total New York State, New York City, Yonkers, and sales or use tax		-		
	and voluntary contributions (add lines 50, 55, 56, and 57)		[	58	.00



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Enter your social security number

59 Enter amount from line 58			59	.00		
Payments and refundable credits (see page 3	34)					
<ul> <li>60 Part-year NYC school tax credit (also complete E on front; s</li> <li>61 Other refundable credits (Form IT-203-ATT, line 17</li> <li>62 Total New York State tax withheld</li></ul>	see page 34)       60         7)	00. 00 00. 00 .00	If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return ( <i>see page 12</i> ). <b>Do not send federal</b> <b>Form W-2 with your return.</b> 66 .00			
Your refund, amount you owe, and account inf	formation (see pages 3	6 through 38)				
<ul><li>67 Amount overpaid (if line 66 is more than line 59,</li><li>68 Amount of line 67 to be refunded direct</li></ul>	subtract line 59 from line 66)		67	.00		
	: (fill in line 73) - or - 🔲 che	er eck	68	.00		
<ul> <li>69 Amount of line 67 that you want applied to your 2017 estimated tax (see instructions)</li> <li>70 Amount you owe (if line 66 is less than line 59, suited the suite of the suite of the suited tax (see instructions) and the suited tax (see instructions).</li> </ul>		.00	easiest, refund.	? Direct deposit is the fastest way to get your get 37 for payment		
funds withdrawal, mark an <b>X</b> in the box			options			
or money order you <b>must</b> complete Form IT-201-V and mail it with your return						
<b>72</b> Other penalties and interest (see page 37)	·	.00	assemb	ly of your return.		
<ul> <li>73 Account information for direct deposit or electronic funds withdrawal (see page 37).</li> <li>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. 37)</li> <li>73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings</li> <li>73b Routing number 73c Account number Amount .00</li> </ul>						
Third-party designee's name     Print designee's name     Designee's phone number     Personal identification number (PIN)       Yes     No     E-mail:     E-mail:     E-mail:						
Paid preparer must complete      Preparer's NYTPF	RIN NYTPRIN	▼ Тахра	vor(s) must	sign here ▼		
(see instructions)     excl. code     Preparer's signature       Preparer's signature     Preparer's printed name     Your signature						
Firm's name (or yours, if self-employed)						
Address	Employer identification number	Spouse's signature and	Spouse's signature and occupation (if joint return)			
	Date	Date	Date Daytime phone number			
E-mail:		E-mail:	E-mail:			

See instructions for where to mail your return.





## FORM IT-203 2016

## **FILING INSTRUCTIONS**

After you print your return, make sure to:

- complete, print, and attach Form IT-2 if you received a W-2 statement;
- complete, print, and attach Form IT-1099-R if you received 1099-R statements that show New York State, New York City, or Yonkers withholding tax;
- complete, print, and attach Form IT-203-D if you chose to itemize your deductions;
- complete, print, and attach all necessary credit forms;
- sign the return; and
- mail your return to the appropriate PO Box below.

If you are enclosing a check or money order, you must submit Form IT-201-V with your return and mail it to:

STATE PROCESSING CENTER PO BOX 15555 ALBANY NY 12212-5555

If not enclosing a check or money order, mail your return to:

STATE PROCESSING CENTER PO BOX 61000 ALBANY NY 12261-0001