

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

17

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

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning

and ending

For help completing your retui	rn, see the instructions	, Form IT-20) 3-I .						
Your first name and middle initial Yo	our last name (for a joint return , en	ter spouse's name	on line below)	Your	date of birth (mmde	дуууу)	Your social security number		
Spouse's first name and middle initial Sp	pouse's last name	9				mddyyyy)	Spouse's social security number		
Mailing address (see instructions, page 1	13) (number and street or PO box)				Apartment numb	er	New York State	e county of resi	idence
City, village, or post office	State ZIP co	de	Country (if n	ot Uni	ited States)		School district	name	
Taxpayer's permanent home address (State ZIP code Cour		ıral route) A	Apartment no.		City, village, or p		code	ol district number	6 -144
State ZIP code Cour	ntry (if not United States)				Decedent information	Taxpayer	's date of death	Spouse's date	
(mark an C (enter both s X in one box): 3 Married filir (enter both s 4 Head of ho	ng joint return spouses' social security numbers a ng separate return spouses' social security numbers a ousehold (with qualifying perso widow(er) with dependent o	bove) on)	() (; GN E O	1) Nu 2) Nu in Enter code(lew Y Enter or out	 page 15) 				
 B Did you itemize your deductions federal income tax return? C Can you be claimed as a dependence of the second seco	ndent on another		1) Liv !) Liv	e last day of the red in NYS red outside NY ⁄S sources dur	S; receiv	ved income fro	om	
taxpayer's federal return?D1 Did you have a financial account foreign country? (see page 14)	t located in a]	5) Liv NY	ved outside NY /S sources dur	S; receiving nonre	ved no income esident perioc	e from I	
D2 Yonkers part-year residents or (1) Did you receive a property tax re (2) Enter the amount	-	No D] [i	Did yo ving	York State nor ou or your spou quarters in NY complete Form	ise main S in 2017	tain		No
D3 Were you required to report, unc § 801(d)(2), any nonqualified de on your 2017 federal return? (see	eferred compensation]						

I Dependent exemption information (see page 16)

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.



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Enter your social security number

			Federal amount	New York State amount						
F	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		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 10	.00	9 10	.00					
10		10	.00	10	.00					
	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		.00		.00					
12	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					
	Unemployment compensation	14	.00	14	.00					
	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00					
16	Other income (see page 23) 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 23)									
	Identify:	18	.00	18	.00					
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00					
N	ew York additions (see page 25)									
\subseteq										
20	Interest income on state and local bonds and obligations	20	00	20						
21	(but not those of New York State or its localities) Public employee 414(h) retirement contributions	20 21	.00	20 21	.00					
	Other (Form IT-225, line 9)	21	.00	21	.00 .00					
	Add lines 19 through 22	22	.00	23	.00					
		20	.00	25	.00					
N	ew York subtractions (see page 26)									
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 26)	25	.00	25	.00					
26	Taxable amount of social security benefits (from line 15)	26	.00	26	.00					
27	5	27	.00	27	.00					
28	Pension and annuity income exclusion	28	.00	28	.00					
29		29	.00	29	.00					
	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, <i>Federal amount</i> column		>	32	.00					
Standard deduction or itemized deduction (see page 28)										
33 Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-203-D).										
	Mark an X in the appropriate box:		·	33	.00					
34	Subtract line 33 from line 32 (if line 33 is more than line 32, lea			34	.00					
	Dependent exemptions (enter the number of dependents listed			35	000.00					
	· · · · · ·									

.00



Nar	ne(s) as shown on page 1	E	Enter you	r social s	security number		IT-203 (2017) Page 3 of 4
Та	x computation, credits, and other taxes						
37	New York taxable income (from line 36 on page 2)	. 37	.00				
	New York State tax on line 37 amount (see page 29)						
	New York State household credit (page 29, table 1, 2, or 3)						
	Subtract line 39 from line 38 (if line 39 is more than line 38, leav						
	New York State child and dependent care credit (see page 30						
	Subtract line 41 from line 40 (if line 41 is more than line 40, leav						
43	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 4	44	.00				
45	Income New York State amount from line 31	Fe	ederal a	mount f	rom line 31		Round result to 4 decimal places
	percentage 00 ÷				.00 =	45	
	(see page 30)						
46	Allocated New York State tax (multiply line 44 by the decimal on	line 4	45)			46	.00
	New York State nonrefundable credits (Form IT-203-ATT, line &						.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leav						.00
	Net other New York State taxes (Form IT-203-ATT, line 33)						.00
50	Total New York State taxes (add lines 48 and 49)					50	.00
							·
Ne	ew York City and Yonkers taxes, credits, and surcharges,	and				_	
51	Part-year New York City resident tax (Form IT-360.1)	51			.0	0	See instructions on pages 30
52	Part-year resident nonrefundable New York City					_	and 31 to compute New York
	child and dependent care credit	0	City and Yonkers taxes, credits, and surcharges, and				
52 a	Subtract line 52 from 51	2 from 51					
52b	MCTMT net						МСТМТ.
	earnings base 52b .00					_	
52c	MCTMT	52c			.0	D	
53	Yonkers nonresident earnings tax (Form Y-203)	53 .00)	
54	Part-year Yonkers resident income tax surcharge					_	
	(Form IT-360.1)	54			.0		
55	Total New York City and Yonkers taxes / surcharges and MC	СТМТ	(add line	es 52a,	and 52c through 54)	55	.00
56	Sales or use tax (See the instructions on page 32. Do not leave	ve line	e 56 bla	nk.)		56	.00
Vc	oluntary contributions (see page 33)						
	57a Return a Gift to Wildlife		[57a	.0	0	
	57b Missing/Exploited Children Fund			57b	.0	D	
	57c Breast Cancer Research Fund		1	57c	.0		
	57d Alzheimer's Fund			57d	.0	0	
	57e Olympic Fund (\$2 or \$4)			57e	.0	0	
	57f Prostate and Testicular Cancer Research and Educati			57f	.0	D	
	57g 9/11 Memorial			57g	.0	0	
	57h Volunteer Firefighting & EMS Recruitment Fund	.0	0				
	57i Teen Health Education	57i	.0	0			
	57j Veterans Remembrance	0					
	57k Homeless Veterans	0					
	57I Mental Illness Anti-Stigma Fund	0					
	57m Women's Cancers Education and Prevention Fund	0					
	57n Autism Fund						
	570 Veterans' Homes			570	.0	-	
57	Total voluntary contributions (add lines 57a through 57o)					57	.00
	Total New York State, New York City, Yonkers, and sales	or us	se taxe	es, MC	TMT,	F 0	
	and voluntary contributions (add lines 50, 55, 56, and 57)	•••••	•••••	•••••		58	.00



Pag	e 4 of 4	IT-20	3 (2017)	Enter ye	our social security n	ımber										
59 E	Enter am	nount fr	om line 58									[59			.00
Pay	/ments	and re	fundable ci	redits) (see page 3	34)										
60a 61 62 63 64 65 66	NYC so Other r Total N Total N Total Y Total es Total p	hool tax efunda ew Yor ew Yor onkers atimated aymen	k credit (rate ble credits () k State tax k City tax w tax withhele tax paymer its and refu	reduct Form IT withhe vithhele d hts/amo	amount) (also corr ion amount) 7-203-ATT, line eld bunt paid with l e credits (add d account inf	Form IT-370	60a 61 62 63 64 65 50ugh 65	5) pages 36				.00 .00 .00 .00 .00	F a r C	Form(s) I and subm eturn <i>(se</i> Do not so	nit them w ee page 1 end fede	or IT-1099-R /ith your 2).
			paid <i>(if line 6</i> e 67 to be re		ore than line 5				••••				67			.00
00	Amoun		one refund			ct deposit to lgs account			or -		paper check	[68			.00
69a 70 71	to yo Amoun acco Amoun funds or mo Estimat or red	ur 2018 t of line unt dep t you o s withdu oney or ted tax <i>luce the</i>	e 67 that you posit <i>(submit</i> we <i>(if line 66</i> rawal, mark rder you mu penalty <i>(incl overpaymen</i>	tax (se u want Form I is less an X i st con lude thi t on line	applied ee instructions) as a NYS 529 T-195) s than line 59, s n the box nplete Form I ⁻ is amount on line e 67; see page a page 37)) subtract line 6] and fill in [-201-V and e 70, 37)	69a 6 from lines 7 mail i 71	73 and 74.	lf y	you pa	y by ch	eck	e r S C 70	easiest, fa efund. See page options.	astest wa	.00
	If the fu 73a Ac 73b Ro	nds for ccount ty puting nu	your payme	ent (or ersonal	eposit or elect refund) would checking - or page 38)	come from (Per 730	(or go rsonal : c Acc		oun or -	it outsi	Busine		ecking	an X in th g - or -		ee pg. 38)
des Yes	Third-pa signee? (se		Print designe	e's nan	ne			Des (sign	ee's ph)	one num	ber				l identification ber (PIN)
			ust comple	te 🔻	Preparer's NYTPI		YTPRIN (cl. code				▼ Ta	axpay	yer(s) must s	ign here	▼
	<i>see instru</i> arer's sign				Preparer's pri			<u>~ </u>		Your sig	nature					
Firm	's name <i>(o</i>	r yours, i	f self-employed)		Preparer's PT	TIN or S	SN		Your occ	cupation					
Addr	ess					Employer ider	ntificatio	on number	3	Spouse'	s signatur	e and	occupa	ation <i>(if join</i>	t return)	
						Da	ate		Date Daytime phone number				er			
E-ma	ail:								I	E-mail:						

See instructions for where to mail your return.

