

Department of Taxation and Finance

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

IT-203	-B
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2013	
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.

Schedule A - Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Additional Schedule A sections are provided on page 3 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the New York State amount column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- · You had more than one job;
- · You had a job for only part of the year; or

• Y	ou and your spouse	each had a job that requires alloc	ation.				
1a	Total days (see instru	ıctions)		<u></u>		1a	
	N	1b Saturdays and Sundays (not	worked)	1k			
	Nonworking	1c Holidays (not worked)		10	;		
		1d Sick leave		10	1		
	in line 1a:	1e Vacation		16	•		
		1f Other nonworking days		1	f		
1g	Total nonworking da	ys (add lines 1b through 1f)				1g	
1h	Total days worked in	year at this job (subtract line 1g fro	om line 1a)			1h	
1i	Total days included	in line 1h worked outside New Yo	rk State	1	i		
1j	Enter number of day	s worked at home included in line	e 1i amount	1	j		
1k	Subtract line 1j from	line 1i				1k	
11	Days worked in New	v York State (subtract line 1k from lin	ne 1h)			11	
1m	Enter number of day	s from line 1h above				1m	
1n	Divide line 1I by line	1m; round the result to the fourth	n decimal place		1n		
10	Wages, salaries, tips	s, etc. (to be allocated)		10			.00
1p	New York State allog	cated wage and salary income <i>(m</i>	nultiply line 1n by line 1o)	1p			.00
-			e New York State amount column.	- 1			
Scl	hedule B – Living	quarters maintained in New	York State by a nonresident				
		• .	ed for you or by you for the entire tax year				. 🔲
If yo	ou or your spouse ma ets if necessary. For	nintained living quarters in NYS do column E, mark an X in the box	uring any part of the year, give address(es x if the living quarters are still maintain	s) below. Sub ed for or by	mit addition: you.	al	
A – Street address		Street address	B – City, village, or post office	С	D – ZIP (code	E
				NY			
				NY			
				NY			
				NY			
	er the number of days	s spent in New York State in this to n New York State.	tax year Any part of a	a day spent ir	New York	State is	3



Sch	ed	lule C – College tuiti	on itemi	zed d	eduction worksheet (See	the instructions fo	or Sch	edule	C.)		
	• ·	f Yes, stop ; you do not	t qualify fo	r the c gh I be	r taxpayer's New York State ollege tuition itemized deduction for each eligible studen sheets if necessary.	ction.			1 Yes	s No	
Eligi		A First name	MI		Last name		Suffix	B Soc	ial Security number	C Date of birth (mmddyyy	уу)
stud 1											
D	ls t	the student claimed as	a depende	ent on	your NYS return? (see instruc	ctions)	Ye	es	No L		
E	EIN	N of college or university (see	instructions)	F	Name of college or university (see	instructions)					
G	We	ere expenses for under	graduate	ı tuition	? (see instructions)		Ye	es 🗌	No 🗌		J
Н	Am	nount of qualified colleg	e tuition			I Enter the l	esser	[1
	exp	penses (see instructions)			.00	of line H or	10,00	00		.00	
Eligi	ble	A First name	MI		Last name		Suffix	B Soc	ial Security number	C Date of birth (mmddyyy	уу)
stud 2											
					10/0 1 0 1				\Box		
_				_	your NYS return? (see instruc		Ye	es	No		
E	EIN	N of college or university (see	instructions)	F	Name of college or university (see	instructions)					
	\\/o	oro ovnonogo for undor	araduata	tuition	? (see instructions)		Ve	,	No 🗌]
		•	•	tuition	! (See Instructions)			;5	NO L		
п		nount of qualified colleg			.00	I Enter the l		າດ		.00	
	Superiore (see metastions)										
Eligi		A First name	MI		Last name		Suffix	B Soc	iai Security number	Date of birth (mmddyy)	уу)
3											
D	D Is the student claimed as a dependent on your NYS return? (see instructions)										
Е		N of college or university (see] F	Name of college or university (see						1
		The second great and second (second		1		,					
]]
G	We	ere expenses for under	graduate	tuition	? (see instructions)		Ye	es	No L		
Н	Am	nount of qualified colleg	e tuition		00	I Enter the l		[00	
	exp	penses (see instructions)			.00	of line H o	10,00	00 l		.00	
2	Α	Also enter this amount o	n Form IT	-196, <i>I</i>	e line I amounts for all eligible sto New York Resident, Nonresio	dent, and Part-Yea	ar Res	ident	dditional sheets).	.00	0

Sc	hedule A – Alloc	ation of wage and salary income to New York Sta	ate					
2a	Total days (see ins	tructions)		2a				
		2b Saturdays and Sundays (not worked)						
	Nonworking	2c Holidays (not worked)						
	days included	2d Sick leave						
	in line 2a:	2e Vacation						
		2f Other nonworking days						
20	Total nonworking	5 ,		2g				
29 2h	-	orking days (add lines 2b through 2f)						
211	-	d in line 2h worked outside New York State		211				
2i	•			_				
2j		ays worked at home included in line 2i amount		01-				
		om line 2i						
	21 Days worked in New York State (subtract line 2k from line 2h)							
2m	Enter number of d	ays from line 2h above		2m				
2n	Divide line 2I by line 2m; round the result to the fourth decimal place							
20	Wages, salaries, t	ips, etc. (to be allocated)	20	.00				
2p	New York State al	located wage and salary income (multiply line 2n by line 2o)	2p	. 00				
Sc	hedule A – Alloc	ation of wage and salary income to New York Sta	ate					
3a	Total days (see ins	tructions)		3a				
	Nonworking	3b Saturdays and Sundays (not worked)						
	days included	3c Holidays (not worked)	Зс					
	in line 3a:	3d Sick leave						
		3e Vacation	3e					
		3f Other nonworking days	3f					
3g	Total nonworking	days (add lines 3b through 3f)	·····	3g				
3h	h Total days worked in year at this job (subtract line 3g from line 3a)			3h				
-	Subtract line 3j from line 3i			3k				
		Days worked in New York State (subtract line 3k from line 3h)						
	•	CW TOIR Oldic (Subtract line Sk from line 311)		31				
3n	Divide line 3l by lii	ays from line 3h above		3I 3m				
			3n	_				
30	•	ays from line 3h above		_				

Include the line 3p amount on Form IT-203, line 1, in the New York State amount column.