

Department of Taxation and Finance

## Nonresident and Part-Year Resident **Income Tax Return** New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning

For help completing your ret	turn, see the instruc	tions. Form IT-20	3-I.			and	ending	]	-	
Your first name and middle initial	Your last name (for a joint re			Your date of birth (mmddyyyy)			Your Social Security number			
Spouse's first name and middle initial	Spouse's last name			Spouse's date of birth (mmddyyyy				Spouse's Social Security number		
Mailing address (see instructions, pag	ne 12) (number and street or F	РО Вох)			Apartment number	-	New Yo	ork State	county of re	esidence
City, village, or post office	State	ZIP code	Country				School	district ı	name	
Taxpayer's permanent home addres	ss (see instr., pg. 12) (no. and st	reet or rural route) A	partment no.		City, village, or pos	t office				
								code	l district number	
State ZIP code Co	ountry				Decedent information	axpayer	s date d	or death	Spouse's da	ate of dea
X in one box):  3 Married to (enter bot)  4 Head of	pendent on another unt located in a ny nonqualified deferred IRC § 457A, on your	mbers above)  g person)  Yes No Yes No Yes No	(1 (2 F E CO	Number 1) Number 1) Number 1) Number 1) Live 1	work City part-yearmber of months amber of months NY City in 2021. Your 2-characters) if applicable fork State part-yearment of NYS (mmddyy) are last day of the tred in NYS	you live your services in 202°	ved in Napouse sial con ge 13) esident to ved ince esident ved no esident tis (see tain	an X in  come fro t period income t period page 14	in 2021  page 14)  one box):  m  from	
Dependent information (so	ee page 14) Last name	Relatio	nehin		Social Security	/ numh	ner .	Dat	te of birth (r	mmddiaaaa
	Edotrianio	TOTALIO			Social Security	,				
f more than 6 dependents, mark a	an <b>X</b> in the box.	For office use or	nly							

Fe	deral income and adjustments (see page 16)		Federal amount Whole dollars only		New York State amount 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
	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, 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 <b>X</b> in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations,	44		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) 1200	]			
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 22) 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 22)				
L	Identify:	18	.00	18	.00
	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	.00	19a	.00
Ne	w York additions (see page 24)				
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 19a through 22	23	.00	23	.00
Nev	w York subtractions (see page 25)				
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 25)	25	.00	25	.00
	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	9	27	.00	27	.00
28	,	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	5	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

Nar	ne(s) as shown on page 1	Enter your Social Secur	ity number		<b>IT-203</b> (2021) <b>Page 3</b> of 4
St	andard deduction or itemized deduction (see page 27)				
33	Enter your <b>standard deduction</b> (table on page 27) <b>or</b> your <b>it</b>	emized deduction (fron	n Form IT-196).		
	Mark an <b>X</b> in the appropriate box:	☐ Standard – or – [	Itemized	33	.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, le			34	.00
35	Dependent exemptions (enter the number of dependents listed	d in Item I; see page 27)		35	000.00
	New York taxable income (subtract line 35 from line 34)			36	.00
Ta	x computation, credits, and other taxes				
37	New York taxable income (from line 36)			37	.00
38	New York State tax on line 37 amount (see page 28)			38	.00
	New York State household credit (page 28, table 1, 2, or 3)			39	.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, lear			40	.00
	New York State child and dependent care credit (see page 2			41	.00
	Subtract line 41 from line 40 (if line 41 is more than line 40, lear			42	.00
	New York State earned income credit (see page 29)			43	.00
	, ,				
44	Base tax (subtract line 43 from line 42; if line 43 is more than line	42, leave blank)		44	.00
15	Income New York State amount from line 31	Federal amount from l	ino 31		Round result to 4 decimal places
45	percentage .00 ÷	rederal amount nom	.00	45	Tround result to 4 decimal places
	(see page 29)		.00	45	
46	Allocated New York State tax (multiply line 44 by the decimal of	n line 45)		46	.00
	New York State nonrefundable credits (Form IT-203-ATT, line			47	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, lear			48	.00
	Net other New York State taxes (Form IT-203-ATT, line 33)			49	.00
	Total New York State taxes (add lines 48 and 49)			50	.00
Ne	ew York City and Yonkers taxes, credits, and surcharges,	and MCTMT	·		
51	Part-year New York City resident tax (Form IT-360.1)	51	.00		See instructions on pages 29
52	Part-year resident nonrefundable New York City				through 31 to compute
	child and dependent care credit	52	.00		New York City and Yonkers
<b>52</b> a	Subtract line 52 from 51	52a	.00		taxes, credits, and
<b>52</b> b	MCTMT net				surcharges, and MCTMT.
	earnings base 52b .00				
<b>52</b> c	MCTMT	52c	.00		
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00		
	Part-year Yonkers resident income tax surcharge				
	(Form IT-360.1)	54	.00		
55	Total New York City and Yonkers taxes / surcharges and M		2c through 54)	55	.00
56	Sales or use tax (See the instructions on page 31. Do not lea	ve line 56 blank.)		56	.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)			57	.00
	Total New York State, New York City, Yonkers, and sale			31	.00
50	and voluntary contributions (add lines 50, 55, 56, and 53			58	.00
	and voluntary contributions (and intes 50, 55, 50, and 5	· / ······		50	.00

Pag	<b>e 4</b> of 4	IT-20	<b>3</b> (2021)	Enter yo	our Social Security n	umber									
59	Enter an	nount fr	om line 5	8								59			.00
(Da		d	f d a la l	ove dite	) ( 2	10)									
				credits	,	-							l <b>f</b> !:l		
	-			•	mount) (also com						.00		If applicab		ріеtе / <b>or IT-1099-R</b>
			•		ion amount)						.00		and subm	it them	with your
					-203-ATT, line :						.00		-		10 and 11).
					d t						.00		Do not se		eral our return.
			-				64				.00		1 01111 44-2	. with y	oui ietuiii.
65	Total es	timated	l tax payn	nents/amo	unt paid with F	Form IT-370	65				.00				
66	Total p	aymen	its and re	efundabl	e credits (add	l lines 60 thro	ough 6	65)				66			.00
Yo	ur refun	d, amo	unt you	owe, and	d account inf	ormation	(see	pages 34	th	rough 36)					
67	Amoui	nt over	paid (if lir	ne 66 is <b>m</b> o	ore than line 59	9, subtract line	e 59 f	rom line 66;	se	ee page 34)		67			.00
68	Amoun	t of line	67 <b>avai</b> l	able for	refund (subtra	nct line 69 froi	m line	67)				68			.00
				•	our refund sta										
			,				•		, ,	also submit Form I	,				.00
68b	lotal re	tund a	ter NYS	529 acco	. ,			,				68b			.00
69	Amoun			nd choic	e: direct savin applied to you	e <b>t deposit</b> to lgs account ur 2022			or	- paper					eposit is the ay to get your
			-				69				.00		See page	25 for	navmont
70	70 Amount you owe (if line 66 is less than line 59, subtract line 66 fi												options.	33 101	payment
										you pay by ch					
71		-	-		iplete Form I I s <i>amount on lin</i> e		maii	it with you	ır r	eturn		70			.00
, ,					e 67; see page 3		71				.00				the proper
72					page 35)						.00		assembly	of you	r return.
	-				posit or electr			rawal (see	ра	ge 36).					
	If the fu	nds for	your pay	ment (or i	refund) would	come from (	or go	to) an acc	cou	int outside the	U.S.,	mark	an <b>X</b> in th	is box (	see pg. 36)
	<b>73a</b> A	count ty	/pe:	Personal	checking - or	- Per	sonal	savings -	or	- Busin	ess ch	eckir	ng <b>- or -</b>	В	usiness savings
	<b>73b</b> R	outing n	umber			730	<b>c</b> Ac	count numbe	er						
74	Electro	nio fund	lo withdra	wwol (222 m	page 36)		Data				۸ س م ۱ س				00
74	Electro	nic iunc	is williura	iwai (see p	age 30)	••••••	Date				Amoun	ı			.00
	Third-pa		Print desi	gnee's nam	ne			De	sig	nee's phone num	nber				al identification nber (PIN)
Ye	signee? (s	ee instr.)	Email:					(		)				1101	
			nust com	nloto w	Preparer's NYTPF	DINI NI	YTPRI	N	7 1						
	(see instri	ictions)	iust com	piete V		ex	cl. co				Гахра	yer(	s) must si	gn here	₹
Prep	oarer's sigr	ature			Preparer's prir	nted name				Your signature					
Firm	i's name <i>(c</i>	r yours, i	f self-emplo	yed)		Preparer's PT	TIN or	SSN	11	Your occupation					
Add	ress					Employer ider	ntificat	ion number	11	Spouse's signatu	ire and	occup	oation (if joint	return)	
						Di	ate		11	Date			Daytime p	hone num	ber

See instructions for where to mail your return.

Email:



Email: