

New York State Department of Taxation and Finance

Multi-Year Allocation Form



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Name as shown on	Form IT-203										You	ır soc	ial se	curity n	umber		Tax y	ear	\neg
Complete all par	ts that apply to	o vou: see	instr	uctio	ns (Fo	rm l	T-20:	3-F-I). Sub	mit th	is forn	with	י אסו	ır For	m IT-2	03.			
Schedule A – C																	examp	ole,	_
termination agree									•							`		,	
Complete a separ you are required t on Form IT-203, li	o complete mo	re than one	Sche	edule	A, tota	the													
Use this form for Form IT-203-B, <i>N</i> instructions.	· multi-year all onresident and	ocation on Part-Year I	i ly. To Resia	alloo lent Ir	cate the	reg Alloc	jular v cation	wage n and	e and s	salary ge Tui	income ition Ite	from	n you d Ded	r curre duction	ent job n <i>Worl</i>	, use kshee	t, and	ts	
Allocation 1	Period this allocation covers (mmddyyyy)									Type of income you are allocating									
Allocation			to																
Tax year A – Total c					compensation				B – Nev	w York a	amounts]						
						00						00							
						00						00	1						
						00						00	1						
						00						00	1						
1a Totals						00						00	1						
ia iotais						100						100]						
1b Divide line 1a, column B, by line 1a, column A (carry to four decimals)							1b						_						
1c Current year income to be allocated							1c						00						
1d Multiply line 1																			
New York S	State amount co	olumn											1d						00
Period this allocation covers (mmddyyyy)						Тур	Type of income you are allocating												
Allocation 2			to																
	Tax year	A – 7	Total co	mpens	sation				B – Nev	w York a	amounts		7						
	111			· ·		00						00							
						00						00	1						
						00							1						
												00	1						
2e Totala						00						00	1						
2a Totals						00						00							
2b Divide line 2a	, column B, by	line 2a, col	umn .	A (car	ry to fou	ır de	cimals	s)					2b					Т	_
2c Current year	income to be a	llocated											2c						00

2d Multiply line 2c by the decimal on line 2b; include this amount on Form IT-203, line 1, in the

New York State amount column 2d

Your social security number												
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Schedule B - Stock option, restricted stock, or stock appreciation rights allocation (see instructions)

New York State nonresidents and part-year residents: If you received compensation from stock options, restricted stock, or stock appreciation rights and you performed services within New York State, use this schedule to calculate your New York State compensation attributable to those items, if the calculation requires an allocation period that is different than the period used on Form IT-203-B.

Complete a separate Schedule B for each option, stock, or right you were granted. Use the mmddyyyy format when entering dates. Description of stock Exercise date Grant date Vest date Allocation period (see instructions) Mark an X in one box for Statutory Non-statutory Restricted stock Appreciation right stock type: 3 3 Enter the applicable column A amount from Schedule B Table (see instructions) 00 4 4 Enter the applicable column B amount from Schedule B Table (see instructions) 00 **5** Compensation to be allocated (subtract line 4 from line 3) 5 00 6 6 Total days in allocation period 7 Saturdays and Sundays (not worked) 8 8 Holidays (not worked) 9 Sick leave 10 **10** Vacation 11 Other nonworking days 12 **12** Total nonworking days (add lines 7 through 11) **13** Total days worked in allocation period at this job (subtract line 12 from line 6) 13 14 Total days included in line 13 worked outside New York State **15** Number of days worked at home included in line 14..... 16 Subtract line 15 from line 14 16 17 Days worked in New York State (subtract line 16 from line 13) 17 18 18 Enter number of days from line 13 above 19 Divide line 17 by line 18; round the result to the fourth decimal place 19

Include the line 20 amount on the appropriate line of Form IT-203 in the New York State amount column.

20 Multiply line 19 by line 5

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