



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

IT-203

For the year January 1, 2005, through December 31, 2005, or fiscal year beginning 0 5

Form with sections for social security numbers, mailing address, apartment number, and permanent home address.

- (A) Filing status — mark an X in one box: Single, Married filing joint return, Married filing separate return, Head of household, Qualifying widow(er) with dependent child.
(D) If you do not need a NYS income tax forms packet mailed to you next year, mark an X in the box.
(E) New York City part-year residents only (see page 16).
(F) Enter your 2-digit special condition code number if applicable.

Federal income and adjustments

Table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows include Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or loss; Unemployment compensation; Taxable amount of social security benefits; Other income; Add lines 1 through 15; Total federal adjustments to income; Federal adjusted gross income.



▼ Enter your social security number

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) **19.** **19.**

New York additions (see page 23)

20 Interest income on state and local bonds (but not those of New York State or its localities)..... **20.** **20.**

21 Public employee 414(h) retirement contributions **21.** **21.**

22 Other (see page 24) Identify: **22.** **22.**

23 Add lines 19 through 22..... **23.** **23.**

New York subtractions (see page 27)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) **24.** **24.**

25 Pensions of NYS and local governments and the federal government (see page 27) **25.** **25.**

26 Taxable amount of social security benefits (from line 14) **26.** **26.**

27 Interest income on U.S. government bonds **27.** **27.**

28 Pension and annuity income exclusion **28.** **28.**

29 Other (see page 28) Identify: **29.** **29.**

30 Add lines 24 through 29..... **30.** **30.**

31 New York adjusted gross income (subtract line 30 from line 23) **31.** **31.**

32 Enter the amount from line 31, **Federal amount** column..... **32.**

33 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an **X** in the appropriate box: **Standard** or **Itemized** **33.**

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) **34.**

35 Dependent exemptions (not the same as total federal exemptions; see page 34) **35.**

36 New York taxable income (subtract line 35 from line 34) **36.**

◀ or ▶

New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	14,600
③ Married filing separate return	6,500
④ Head of household (with qualifying person).....	10,500
⑤ Qualifying widow(er) with dependent child	14,600

New York State itemized deduction worksheet

a Medical and dental expenses (from federal Schedule A, line 4)	a. <input type="text"/> <input type="text"/>
b Taxes you paid (from federal Schedule A, line 9)	b. <input type="text"/> <input type="text"/>
c Interest you paid (from federal Schedule A, line 14)	c. <input type="text"/> <input type="text"/>
d Gifts to charity (from federal Schedule A, line 18)	d. <input type="text"/> <input type="text"/>
e Casualty and theft losses (from federal Schedule A, line 19)...	e. <input type="text"/> <input type="text"/>
f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	f. <input type="text"/> <input type="text"/>
g Other miscellaneous deductions (from federal Schedule A, line 27)	g. <input type="text"/> <input type="text"/>
h Enter amount from federal Schedule A, line 28.....	h. <input type="text"/> <input type="text"/>
i State, local, and foreign income taxes and other subtraction adjustments (see page 32)	i. <input type="text"/> <input type="text"/>
j Subtract line i from line h.....	j. <input type="text"/> <input type="text"/>
k College tuition itemized deduction (see page 33)	k. <input type="text"/> <input type="text"/>
l Addition adjustments (see page 33)	l. <input type="text"/> <input type="text"/>
m Add lines j, k, and l	m. <input type="text"/> <input type="text"/>
n Itemized deduction adjustment (see page 34)	n. <input type="text"/> <input type="text"/>
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o. <input type="text"/> <input type="text"/>



Name(s) as shown on page one:

▼ Enter your social security number

Tax computation, credits, and other taxes (see page 35)

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	37.	
38 New York State tax on line 37 amount (see Tax computation, pages 35, 36, and 37)	38.	
39 New York State household credit (from table 1, 2, or 3 on page 38)	39.	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	
41 New York State child and dependent care credit (attach Form IT-216; see page 39)	41.	
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	
43 New York State earned income credit (attach Form IT-215; see page 39)	43.	

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

45 Income percentage New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places
 (see page 39)

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	47.	
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.	
49 Net other New York State taxes (from Form IT-203-ATT, line 33)	49.	
50 Total New York State taxes (add lines 48 and 49)	50.	

New York City and Yonkers taxes

51 Part-year New York City resident tax (attach Form IT-360.1) ..	51.		See instructions on page 39 for figuring New York City and Yonkers taxes and surcharges.
52 New York City minimum income tax (attach Form IT-220)	52.		
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.		
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.		
55 Total New York City and Yonkers taxes (add lines 51 through 54)	55.		

56 Sales or use tax (see page 40; do not leave line 56 blank)

Voluntary contributions (whole dollar amounts only; see page 45)

57a Return a Gift to Wildlife	57a.	00
57b Missing and Exploited Children Fund	57b.	00
57c Breast Cancer Research Fund	57c.	00
57d Alzheimer's Fund	57d.	00
57e Olympic Fund (\$2 or \$4; see page 45)	57e.	00
57f Prostate Cancer Research Fund	57f.	00
57g WTC Memorial Fund	57g.	00
57 Total voluntary contributions (add lines 57a through 57g)	57.	00
58 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58.	



▼ Enter your social security number

[Social Security Number Box]

59 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars Cents

59. [Dollars] [Cents]

Payments and refundable credits

Table with 2 columns: Line number and Description. Rows 60-66: Part-year NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, Total payments and refundable credits.

Starting this year, new Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Form W-2 and/or 1099-R. Staple them, and any other applicable forms, to the top of this page 4.

See Step 7 on page 51 for the proper assembly of your return and attachments.

66. [Dollars] [Cents]

Refund/ amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)

67. [Dollars] [Cents]

68 Amount of line 67 that you want refunded to you (for direct deposit, see Account information on line 72)

Refund 68. [Dollars] [Cents]

69 Estimated tax only — Amount of line 67 that you want applied to your 2006 estimated tax. (Do not include any amount that you claimed as a refund on line 68.)

69. [Dollars] [Cents]

Amount you owe

70 If line 66 is less than line 59, subtract line 66 from line 59 (for details on how to pay, see page 47; for electronic funds withdrawal, enter Account information on line 72)

Staple payment to front of return.

Owe 70. [Dollars] [Cents]

71 Penalty for underpayment of tax (will reduce line 67 or increase line 70; see page 47)

71. [Dollars] [Cents]

72 Account information (see page 48) Mark one: [] Refund - Direct deposit or [] Owe - Electronic funds withdrawal

a Routing number [] Electronic funds withdrawal effective date []

b Account number [] c Account type [] Checking [] Savings []

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (MM-DD-YY)

[Date Box]

Mark an X in the box that describes your situation on the last day of the tax year:

- a Moved into New York State []
b Moved out of New York State; received income from NYS sources during nonresident period []
c Moved out of New York State; received no income from NYS sources during nonresident period []

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2005? (If Yes, complete Form IT-203-B, Schedule B, and attach form) Yes [] No []

Third-party designee: Do you want to allow another person to discuss this return with the Tax Dept? (see page 49) Yes [] (complete the following) No []
Designee's name [] Designee's phone number () [] Personal identification number (PIN) []

Paid preparer's use only: Preparer's signature [] SSN or PTIN: [] Firm's name (or yours, if self-employed) [] Employer identification number [] Address [] Mark an X if self-employed [] Date []

Taxpayer(s) sign here: Your signature [] Your occupation [] Spouse's signature and occupation (if joint return) [] Date [] Daytime phone number (optional) () []

Mail your completed return and any attachments to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

