

New York State Department of Taxation and Fina	ance
Nonresident and	Part-Year Resident
Income Tax Return	New York State • New York City • Yonkers

IT-203

	New Tork Olde Thew Tork Oldy Torkers
For the year January 1	, 2006, through December 31, 2006, or fiscal year beginning

		For the year January 1	, 2000, through De	ameos	er 31, 2006, or fisca	ai year beginning	06	
	m Important: You must enter your social security number(s) in the boxes to the right.					and ending		
	Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below) Spouse's first name and middle initial Spouse's last name Mailing address (see instructions, page 14) (number and street or rural route) Apartment number City, village, or post office State ZIP code					▼ Your social security n	umber	
ţ	Spouse's first name and middle initial	Spouse's last name					rity number	
2	, pr							
	Mailing address (see instructions, page	rural route)		Apartment number	New York State county of residence			
4								
100	City, village, or post office		State	Ż	IP code	School district name		
_	4							
F	Permanent home address (see instructions,	page 14) (number and street o	or rural route)		Apartment number	School district		
						code number		
	City, village, or post office	State	ZIP c	ode	Decedent		Spouse's date of death	
					information	•	•	
(A)	A) Filing ① Single			(D)	Maria da matema			
	status —			(D)		d a NYS income tax fo t year, mark an X in the		
	2 security number	oint return (enter both spou s above, unless filing Form I7				•		
	X In	separate return (enter both		(E)		art-year residents only	у	
	one box: 3 Married filing s	s above, unless filing Form IT	-203-C; see instr.)		(see page 16)		· · · · · ·	
						onths you lived in NY C		
	④ Head of hous	ehold (with qualifying pers	son)			onths your spouse live		
					in NY City in	2006	•	
	5 Qualifying wid	dow(er) with dependent	child	<u> </u>				
(B)				(F)		t special condition co		
	your 2006 federal income tax return	1? Yes	No		number if applic	able (see page 16)	•	
(C)	Can you be claimed as a depende					o enter your second 2- code number		
_	on another taxpayer's federal return	?Yes	No 🛄			code number		
					special condition			
Fe	ederal income and adjustments			Fede	eral amount		rk State amount	
Fe	Enter federal amounts in the left column and N	YS amounts in the right colur		Fede	eral amount	New Yo		
	Enter federal amounts in the left column and N See instructions, page 16. Part-year residents:	YS amounts in the right colurr complete page 17 worksheet	first.		eral amount	New Yo	rk State amount	
1	Enter federal amounts in the left column and N	YS amounts in the right colurr complete page 17 worksheet	first. 1.		eral amount	New Yo	rk State amount	
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You must file all four pages of this original scannable return with the Tax Department.

Pag	ge 2 of 4	IT-203 (2006)	▼ Enter your s	ocial securit	y number	Fe	ederal amount			New York State amo	ount	
							Dollars	Cents		Dollars		Cents
19	Federal a	adjusted gross inc	ome (from lin	ne 18 on f	ront page) 1	9.		•	19.			
Ne	ew York a	dditions (see pag	ge 26)									
20	Interest i	ncome on state an	d local bond	ls (but no	ot those							
		ork State or its locali				20.		•	20.].[
21	Public en	nployee 414(h) ret	irement cont	ributions	s 2	21.		•	21.			
22	Other (se	e page 26) Identify:			2	22.		•	22.].[
23	Add lines	s 19 through 22			2	23.		•	23.].[
Ne	ew York s	ubtractions (see	e page 30)									
24	Taxable r	efunds, credits, or	offsets of st	ate and								
- ·		icome taxes (from i			2	24.			24.		٦.٢	
25		of NYS and local]		•			•	
		government (see	-			25.			25.		٦.٢	
26		amount of social se				26.			26.			
		ncome on U.S. gov				27.			27.		1.	
		and annuity incom				28.			28.			
29	Other (se	e page 31) Identify:			2	29.		•	29.			-
		s 24 through 29				30.			30.		1.	
		adjusted gross in				31.			31.		1.	
32	Enter the	amount from line	31, Federal	amoun	<i>t</i> column		L		32.].[
33	Enter you	ur standard deduc	ction (from ta	able belov	v) or your ite	mized deduc	ction (from work	ksheet				
	below).	Mark an X in the a	appropriate b	OX:	• 🗌 🤅	Standard	or 🖁 🛄 It	temized	33.			
34	Subtract	line 33 from line 3	2 (if line 33 is	more tha	n line 32, leav	e blank)			34.		_ !• _	
35	Depende	ent exemptions (not	t the same as	total fede	eral exemption	s, see page 39)		35.	000	/].[0) ()
											- -	
36	New Yor	k taxable income	(subtract line	35 from I	ine 34)				36.		_ . _	
			∢ 0	r 🕨								
		New York State		-	—— N	lew York St	ate itemized	deduc	tion wo	rksheet		
	stand	ard deduction ta	able	a Me	dical and dent	al expenses (fr	om federal Sch. A,	line 4) a				
							dule A, line 9)			•		-
Fil	ing status	s Standard o	deduction		, , ,		hedule A, line 14)			•		-
	om the front p		e 33 above)				dule A, line 18)					-
					•		ederal Sch. A, line			• [-
	Single ar	ad you				d most other m		()) C	•	• [
		tem C Yes	\$ 3.000				ıle A, line 26)					7
					-	ous deductions	-		•] • []		
1	Single ar	nd you						g				
		tem C No	7,500			-	edule A, line 28			•		-
) <u> </u>		•		
(2)	Married f	iling joint return	15,000			foreign income						٦
0	Morrised	iling concrete					(see page 37)		i. i.			-
		iling separate	7 500	-			20 (200 202 20)	-		•		-
			7,500		-		on (see page 38)					-
4	Head of	household					38)		l.		—	-
		lifying person)	10,500				(•		-
							(see page 39)	r		•		
5	Qualifyin	g widow(er) with	45 000			temized dedu				[٦
	aepende	nt child	15,000	(subtract line n fr	om m; enter on li	ne 33 above)	c		•		



Name(s) as shown on page 1

Та	x computation, credits, and other taxes (see page 40)		Dollars	Cents
37	New York taxable income (from line 36 on page 2)	37.		
38	New York State tax on line 37 amount (see page 40 and Tax computation on page 77)	38.		•
39	New York State household credit (from table 1, 2, or 3 on pages 40 and 41)	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 41)	41.		
	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.		
	New York State earned income credit (attach Form IT-215; see page 41)	43.		
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44.		•
45	Income New York State amount from line 31 Federal amount from line 31		Round result to 4 decimal	places
	percentage	45.		
	(see page 41)		· · · · · · · · · · · · · · · · · · ·	
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.		
	New York State nonrefundable credits (from Form IT-203-ATT, line 8)			
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)			
	Net other New York State taxes (from Form IT-203-ATT, line 33)			•
	Total New York State taxes (add lines 48 and 49)	50.		•
_		00.		•
	ew York City and Yonkers taxes	Ъ		
	Part-year New York City resident tax (attach Form IT-360.1) 51.	-	See instructions on page 4' to compute New York City a	1 und
	New York City minimum income tax (attach Form IT-220) 52.		Yonkers taxes and surcharg	
	Yonkers nonresident earnings tax (attach Form Y-203) 53.			
54	Part-year Yonkers resident income tax surcharge	7		
	(attach Form IT-360.1)			·
55	Total New York City and Yonkers taxes (add lines 51 through 54)	55.		•
56	Sales or use tax (See the instructions beginning on page 62. Do not leave line 56 blank.)	56.		
Vo	oluntary contributions (whole dollar amounts only; see page 42)			
	57a Return a Gift to Wildlife	1		
		_		
	57b Missing/Exploited Children Fund	1		
		_		
	57c Breast Cancer Research Fund	1		
		_		
	57d Alzheimer's Fund]		
	57e Olympic Fund (\$2 or \$4; see page 42) 57e.]		
		_		
	57f Prostate Cancer Research Fund]		
		-		
	57g WTC Memorial Fund	1		
		-		
57	Total voluntary contributions (add lines 57a through 57g)	57.		. 0 0
	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.		•



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Enter your social security number

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59 Total N	ew York State, New York City and Yon	kers taxes,	sales or use tax	к,	Dollars Cents			
and v	voluntary contributions (from line 58 on							
Payments	Payments and refundable credits Forms IT-2 and/or IT-1099-R							
60 Part-year	NYC school tax credit (also complete (E) on fron	t; see page 43)	60.	•	 must be completed and attached to your return instead of 			
61 Other re	efundable credits (from Form IT-203-ATT, I	ine 17)	61.	•	federal Forms W-2 and/or 1099-R. Staple them, and any other applicable			
62 Total Ne	ew York State tax withheld		62.	•	forms, to the top of this page 4.			
	w York City tax withheld			•	See <i>Step 12</i> on page 49 for the proper assembly of your return and			
	nkers tax withheld			•	attachments.			
	imated tax payments/amount paid with F			•				
	ayments and refundable credits (add	lines 60 throu	igh 65)		. 66.			
	mount overpaid							
	t overpaid (if line 66 is more than line 59,		59 from line 66)					
	of line 67 that you want refunded to y			Defund				
	rect deposit, enter Account information on lin			Refund				
	ted tax only — Amount of line 67 that y ar 2007 estimated tax. (Do not include and							
-	aimed as a refund on line 68.)							
]•[
Amount y								
	6 is less than line 59, subtract line 66 f				Staple payment to front of return.			
	age 45; for Electronic funds withdrawal, enter		rmation on line 72.) Owe				
	ed tax penalty (Include this amount on line		74] [
or red	uce the overpayment on line 67; see page 4	4.)	71.	•				
72 Accou	unt information (see page 46) Mark	k one: •] Refund – Direc	t deposit or	Owe – Electronic funds withdrawal			
	•							
a Routing	number		Electronic funds	withdrawal effectiv	e date			
b Account	t number •			c Accou	nt type • Checking • Saving			
Additional	information							
73 Part-vea	ar residents only: If you were a NYS resid	ent for only p	art of the vear. ent	er date of last move	(mm-dd-vvvv) ►			
-	an X in the box that describes your site		-					
	Moved into New York State				a.			
b	Moved out of New York State; received	income from	NYS sources dur	ring nonresident per	iod b.			
С	Moved out of New York State; received I	no income fr	om NYS sources	during nonresident p	period c.			
74 Nonres	idents: Did you or your spouse main	tain living	quarters in NYS	in 2006? 🔹 🔻				
(If Yes	, complete Form IT-203-B, Schedule B, and	attach form.)		Yes	S No			
Third –	Do you want to allow another person to dis	cuss this retu	urn with the Tax De	pt? (see page 48) Yes	s (complete the following) No			
party	Designee's name	Design	iee's phone number		Personal identification			
designee		()		number (PIN)			
	▼ Paid preparer's use only	•		•	Taxpayer(s) sign here ■			
Preparer's s	ignature	▼ SSN or PT	IN:	Your signature				
Firm's name	e (or yours, if self-employed)	 Employer i 	dentification number	Your occupation				
	· · · · · · ·			•	and accuration (if joint raturn)			
Address			Mark an X if self-employed	Spouse's signature	use's signature and occupation (if joint return)			
			Date	Date	▼ Daytime phone number			
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Mail your completed return and any attachments to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

For information about private delivery services, see page 61.

You must file all four pages of this original scannable return with the Tax Department.

