

Department of Taxation and Finance Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

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. An additional Schedule A section is provided on the back 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
- You and your spouse each had a job that requires allocation.

1a	a Total days (see instructions)					
	Nonworking 1c	Nonworking 1b 1b Ic Holidays (not worked) 1c				
	in line 1a: 1e	Vacation Other nonworking days	1e			
1g	Total nonworking days (add lines 1b through 1f)					
1h	Total days worked in year at this job (subtract line 1g from line 1a)					
1i	Total days included in line 1h worked outside New York State 1i					
1j	Enter number of days worked at home included in line 1i amount 1j					
1k	Subtract line 1j from line 1i				1k	
11	Days worked in New York State (subtract line 1k from line 1h)				11	
1m	Enter number of days from line 1h above				1m	
1n	Divide line 1I by line 1m;	; round the result to the fourth decimal place		1n		
1o	Wages, salaries, tips, et	c. (to be allocated))			.00
		d wage and salary income (multiply line 1n by line 1o)				.00

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

Schedule B – Living quarters maintained in New York State by a nonresident

Mark an **X** in the box if NYS living quarters were maintained for you or by you for the entire tax year If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. For column E, mark an **X** in the box if the living quarters are still maintained for or by you.

A – Street address	B – City, village, or post office	С	D – ZIP code	E
		NY		
		NY		
		NY		
		NY		
				_

Enter the number of days spent in New York State in this tax year considered a day spent in New York State.

Any part of a day spent in New York State is



Sc	hedule C – College tuition itemized o	deduction we	orksheet (See	the instructior	ns for Schedule C)			
1	Are you claimed as a dependent on anoth	er taxpayer's I	New York State t	ax return for t	his tax year?	1 Yes	No 🗌		
	 If Yes, stop; you do not qualify for the college tuition itemized deduction. 								
	 If No, continue. Complete lines A through H below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary. 								
		1 – Student 1		2 – Student 2		3 – Student 3			
Α	Eligible student's name								
в	Eligible student's social security number (SSN)								
С	Is the student claimed as a dependent on your NYS return? (see instructions)	Yes	No 🗌	Yes	No	Yes	No 🗌		
D	EIN of college or university (see instr.)								
Е	Name of college or university (see instr.)								
F	Were expenses for undergraduate tuition? (see instructions)	Yes	No	Yes	No 🗌	Yes	No		
G	Amount of qualified college tuition expenses (see instructions)		.00		.00		.00		
н	Enter the lesser of line G or 10,000		.00		.00		.00		
2	College tuition itemized deduction (add li Also enter this amount on your itemized				• /		.00		

Scł	nedule A – Alloc	atio	of wage and salary income to New York State					
2a	Total days (see insi	otal days (see instructions)					2a	
	Nonworking days included in line 2a:	2b 2c 2d 2e	Saturdays and Sundays (not worked) Holidays (not worked) Sick leave Vacation Other nonworking days	· · · · · · · · · · · · · · · · · · ·	2b 2c 2d 2e		I	
2g	Total nonworking	Total nonworking days (add lines 2b through 2f)					2g	
2h							2h	
2 i								
2j	Enter number of days worked at home included in line 2i amount 2j							
2k	Subtract line 2j from line 2i						2k	
	Days worked in New York State (subtract line 2k from line 2h)						21	
2m	Enter number of d	days f	om line 2h above			[2m	
2n	Divide line 2I by lir	ne 2r	; round the result to the fourth decimal place		21	n		
20	Wages, salaries, t	tips, e	tc. (to be allocated)					.00
2р	New York State all	llocat	d wage and salary income (multiply line 2n by line 2o)					.00

Include the line 2p amount on Form IT-203, line 1, in the New York State amount column.

