

Department of Taxation and Finance

Nonresident and Part-Year Resident

IT-203

Income Tax Return New York State • New York City • Yonkers • MCTMT For the year January 1, 2022, through December 31, 2022, or fiscal year beginning and ending For help completing your return, see the instructions, Form IT-203-I. Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below) Your date of birth (mmddyyyy) Your Social Security number Spouse's first name and middle initial Spouse's last name Spouse's Social Security number Spouse's date of birth (mmddyyyy) New York State county of residence Mailing address (see instructions) (number and street or PO Box) Apartment number City, village, or post office School district name ZIP code Country Taxpayer's permanent home address (see instructions) (no. and street or rural route) Apartment no. City, village, or post office School district code number State ZIP code Country Taxpayer's date of death Spouse's date of death Decedent information D2 Yonkers part-year residents only: 1 Single A Filing (1) Did you receive a homeowner tax rebate status credit? (see instructions)Yes Married filing joint return (enter both spouses' Social Security numbers above) (mark an X in one (2) Enter the amount00 box): Married filing separate return (enter both spouses' Social Security numbers above) E New York City part-year residents only (1) Number of months you lived in NY City in 2022 ... Head of household (with qualifying person) (2) Number of months your spouse lived in NY City in 2022 (5) Qualifying surviving spouse F Enter your 2-character special condition **B** Did you itemize your deductions on your 2022 code(s) if applicable federal income tax return? Yes **G** New York State part-year residents Can you be claimed as a dependent on another Enter the date you moved into taxpayer's federal return? Yes or out of NYS (mmddyyyy) D1 Did you have a financial account located in a On the last day of the tax year (mark an X in one box): foreign country? Yes 1) Lived in NYS 2) Lived outside NYS; received income from NYS sources during nonresident period 3) Lived outside NYS; received no income from NYS sources during nonresident period **H** Did you or your spouse maintain living quarters in NYS in 2022?.....Yes (if Yes, complete Form IT-203-B) **Dependent information** First name and middle initial Relationship Date of birth (mmddyyyy) Last name Social Security number

203001220094

If more than 6 dependents, mark an **X** in the box.

Fe	deral income and adjustments		Federal amount		New York State amount
			Whole dollars only		Whole dollars only
	Wages, salaries, tips, etc.	1	.00	1	.00
	Taxable interest income	2	.00	2	.00
3	,	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local	4	00	4	00
_	income taxes (also enter on line 24)	5	.00	5	.00
	Alimony received	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 X in box	9	.00	9	.00
10		10	.00	10	.00
	Rental real estate, royalties, partnerships, S corporations,		100		100
•	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included		100		100
-	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
	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
	Other income Identify:	16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	.00	17	.00
	Total federal adjustments to income		<u> </u>		
	Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00
19a	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	.00	19a	.00
Ne	w York additions				
20	Interest income on state and level hands and obligations				
20	Interest income on state and local bonds and obligations		00	20	00
24	(but not those of New York State or its localities)	20	.00	20	.00
	Public employee 414(h) retirement contributions Other (Form IT-225, line 9)	22	.00.	22	.00
	Add lines 19a through 22	23	.00	23	.00
		23	.00	23	.00
Nev	w York subtractions				
24	Taxable refunds, credits, or offsets of state and		1		
	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the				
	federal government	25	.00	25	.00
	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
	Interest income on U.S. government bonds	27	.00	27	.00
	Pension and annuity income exclusion	28	.00	28	.00
29	, ,	29	.00	29	.00
	Add lines 24 through 29	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

Nan	ne(s) as snown on page 1	Enter your Social Security	number		11-203 (2022) Page 3 of 4
St	andard deduction or itemized deduction				
33	Enter your standard deduction or your itemized deductio	n (from Form IT-196).			
	Mark an X in the appropriate box:	_ `	Itomized	33	.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, lea			34	.00
	Dependent exemptions (enter the number of dependents listed	,	1	35	00.000
	New York taxable income (subtract line 35 from line 34)	,	1	36	.00
	x computation, credits, and other taxes				
$\overline{}$	New York taxable income (from line 36)		[37	.00
	New York State tax on line 37 amount		- t	38	.00
	New York State household credit		- t	39	.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, leave		-	40	.00
	New York State child and dependent care credit	,	- t	41	.00
	Subtract line 41 from line 40 (if line 41 is more than line 40, leave		- t	42	.00
	New York State earned income credit	,		43	.00
					.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 4	42, leave blank)		44	.00.
45	Income New York State amount from line 31	Federal amount from line	31		Round result to 4 decimal places
	percentage .00 ÷	r cuciai amount nom inc	.00 = [45	Treating result to Trassimal places
			•00	73	
46	Allocated New York State tax (multiply line 44 by the decimal on	line 45)	[46	.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8		t t	47	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave		t t	48	.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	,	- t	49	.00
	Total New York State taxes (add lines 48 and 49)		- t	50	.00
Ne	w York City and Yonkers taxes, credits, and surcharges, a	and MCTMT			
51	Part-year New York City resident tax (Form IT-360.1)	51	.00		See instructions to compute
52	Part-year resident nonrefundable New York City				New York City and Yonkers
	child and dependent care credit	52	.00		taxes, credits, and
52a	Subtract line 52 from 51	52a	.00		surcharges, and MCTMT.
52 b	MCTMT net	•			
	earnings base 52b .00				
52c		52c	.00		
53	Yonkers nonresident earnings tax (Form Y-203)	53	. 00		
	Part-year Yonkers resident income tax surcharge	I			
	(Form IT-360.1)	54	.00		
55	Total New York City and Yonkers taxes / surcharges and MC		through 54)	55	.00.
56	Sales or use tax (Do not leave blank.)			56	.00
5 7	Voluntary contributions (Ferry 17007, Bart O. Harris			F7	
	Voluntary contributions (Form IT-227, Part 2, line 1)			57	.00
Эŏ	Total New York State, New York City, Yonkers, and sale		Г	58	00
	and voluntary contributions (add lines 50, 55, 56, and 57,	,		30	.00

Pag	je 4 of 4	IT-203 (2022)	Enter you	ur Social Security nu	umber						
59	Enter an	nount from line	58							59	.00
Pa	yments	and refundabl	e credits								
60 60a 61 62 63 64	Part-yea NYC so Other r Total N Total N Total Y	r NYC school tax c chool tax credit (r efundable credi ew York State ew York City ta onkers tax with stimated tax payi	redit (fixed ar ate reduction ts (Form IT- tax withheld ax withheld held	on amount) 203-ATT, line 1 d	17)	60 60a 61 62 63 64			.0 .0 .0 .0 .0	0	If applicable, complete Form(s) IT-2 and/or IT-1099-F and submit them with your return. Do not send federal Form W-2 with your return.
							5)			_	.00.
Yo	ur refun	d, amount you	owe, and	account info	ormation						
	Amoun	-	lable for r	efund (subtra	ct line 69 fron						
68a			•			(Form	IT-195, line 4	1) (al	lso submit Form IT-195	68a	.00.
68b	Total re	fund after NYS	529 accou	ınt deposit (รเ	ubtract line 68	a fron	m line 68) .			68b	.00
	estim Amoun	•	you want a structions) e 66 is less	e: savin applied to you than line 59, s	ubtract line 66	(fill in	line 73) -	-	- paper check .00 ay by electronic you pay by check	_	Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.
									eturn		.00
72	or red Other p Accour	ted tax penalty fuce the overpayr penalties and in the information founds for your payers.	nent on line terest r direct de	67) posit or electr	onic funds v	72 vithdr		cour	.0i)	See instructions for the proper assembly of your return.
	73a Ad	ccount type:	Personal o	checking - or	- Pers	sonal	savings -	or -	- Business	hecki	ng - or - Business saving
	73b Ro	outing number L			73c	Acc	ount numbe	er l			
74	Electro	nic funds withdr	awal			Date			Amou	ınt	.00
1	Third-pa	ee instr.)	ignee's nam	e			De:	sign	nee's phone number		Personal identification number (PIN)
Ye		o Email:	nloto w D	reparer's NYTPR	DINI I NIV	TPRIN	.1	1 6			
	<i>(see instru</i> parer's sign		ipiete V	Preparer's prin	exc	cl. cod			▼ Taxp Your signature	ayer(s) must sign here ▼
		r yours, if self-empl	oved)	Sparor o prin	Preparer's PTI	IN or S	SN	∐ և	Your occupation		
	ress	. , , , , , , , , , , , , , , , , , , ,	-, -,		Employer iden			J L	Spouse's signature an	d occu	pation (if joint return)
, luu	. 000				Da		on number	J L	Date	. 000u	Daytime phone number
1					Da			1 1	Date		Paymine priorie number

See instructions for where to mail your return.

Email:



Email: