

Department of Taxation and Finance

IT-203-B

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.

Additional Schedule A sections are provided on page 3 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

1a	Total days (see ins	tructions)			1a	
		1b Saturdays and Sundays (not	t worked)	1	b	
	Nonworking	1c Holidays (not worked)		1	Ic	
	days included	1d Sick leave			ld	
	in line 1a:	1e Vacation		1	le	
		1f Other nonworking days			1f	
1g	Total nonworking	days (add lines 1b through 1f)			19	
1h	Total days worked	in year at this job (subtract line 1g fa	from line 1a)		1h	
1i	Total days include	d in line 1h worked outside New Yo	ork State		1i	
1j	Enter number of d	ays worked at home included in lir	ne 1i amount		1j	
-		-			1k	
			line 1h)			
	•	•	······································			
1n	Divide line 1I by lin	by line 1m; round the result to the fourth decimal place			1n	
				10		
1o	Wages, salaries, t	ips, etc. (to be allocated)		10		.0
			multiply line 1n by line 1o)			.0
1р	New York State al	located wage and salary income (r				
1p Inclu	New York State al	located wage and salary income (r	multiply line 1n by line 1o)ne New York State amount column.			
1p Inclu	New York State al	located wage and salary income (r	multiply line 1n by line 1o)ne New York State amount column.			
1p Inclu	New York State alude the line 1p and ledule B – Livin	located wage and salary income (r nount on Form IT-203, line 1, in the	multiply line 1n by line 1o)ne New York State amount column.	1p		.(
1p nclu Sch Mark	New York State al ude the line 1p and nedule B – Livin k an X in the box if u or your spouse r	located wage and salary income (rount on Form IT-203, line 1, in the g quarters maintained in New NYS living quarters were maintain naintained living quarters in NYS of the salary income (round).	multiply line 1n by line 1o)ne New York State amount column.	1p ear(es) below. Su	bmit additional	.(
1p nclu Sch Mark	New York State al ude the line 1p and nedule B – Livin k an X in the box if u or your spouse rets if necessary. For	located wage and salary income (rount on Form IT-203, line 1, in the g quarters maintained in New NYS living quarters were maintain naintained living quarters in NYS of the salary income (round).	multiply line 1n by line 1o) ne New York State amount column. v York State ned for you or by you for the entire tax year, give address.	ear(es) below. Su	bmit additional	.(
1p Inclu Sch Mark	New York State al ude the line 1p and nedule B – Livin k an X in the box if u or your spouse rets if necessary. For	located wage and salary income (rount on Form IT-203, line 1, in the g quarters maintained in New NYS living quarters were maintained living quarters in NYS cor column E, mark an X in the both	multiply line 1n by line 1o) ne New York State amount column. v York State ned for you or by you for the entire tax ye during any part of the year, give addressor if the living quarters are still maintage.	ear(es) below. Su	bmit additional y you.	[
1p Inclu Sch Mark	New York State al ude the line 1p and nedule B – Livin k an X in the box if u or your spouse rets if necessary. For	located wage and salary income (rount on Form IT-203, line 1, in the g quarters maintained in New NYS living quarters were maintained living quarters in NYS cor column E, mark an X in the both	multiply line 1n by line 1o) ne New York State amount column. v York State ned for you or by you for the entire tax ye during any part of the year, give addressor if the living quarters are still maintage.	ear(es) below. Su ained for or by	bmit additional y you.	[
1p Inclu Sch Mark	New York State al ude the line 1p and nedule B – Livin k an X in the box if u or your spouse rets if necessary. For	located wage and salary income (rount on Form IT-203, line 1, in the g quarters maintained in New NYS living quarters were maintained living quarters in NYS cor column E, mark an X in the both	multiply line 1n by line 1o) ne New York State amount column. v York State ned for you or by you for the entire tax ye during any part of the year, give addressor if the living quarters are still maintage.	ear(es) below. Su hined for or by	bmit additional y you.	[

Sch	ed	ule C - College tuition	itemi	zed d	eduction worksheet (See th	e instructions fo	or Sch	edule	C.)		_
	 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? If Yes, stop; you do not qualify for the college tuition itemized deduction. If No, continue. Complete A through I below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.]				
Eligi	ble	A First name	MI		Last name		Suffix	B Soc	cial Security number	C Date of birth (mmddyy)	ry)
stud											
1											1
D	ls t	the student claimed as a d	epend	ent on	your NYS return? (see instruction	ns)	Ye	s	No		
Е	EIN	N of college or university (see inst	ructions	F	Name of college or university (see ins	tructions)					
				_							
		· · · · · · · · · · · · · · · · · · ·		tuition	? (see instructions)			s	No L		
Н		nount of qualified college to			.00	I Enter the le		00		.00	
	exp	penses (see instructions)				of line H or					4
Eligi		A First name	MI		Last name		Suffix	B Soc	cial Security number	C Date of birth (mmddyy)	y)
stud 2											
	1- 4] 		4		,			\Box		
_					your NYS return? (see instruction		Ye	es	No		
E	EIN	N of college or university (see inst	ructions	F	Name of college or university (see ins	tructions)					
G	We	ere expenses for undergra	duate	tuition	? (see instructions)		Ye	s 🗌	No 🗌		
н	Am	nount of qualified college to	uition			I Enter the le	esser				
	expenses (see instructions)										
Eligi	ble	A First name	MI		Last name		Suffix	B Soc	cial Security number	C Date of birth (mmddyy)	(y)
stud	ent										1
3											+
D	D Is the student claimed as a dependent on your NYS return? (see instructions)										
Е	EIN	N of college or university (see inst	ructions	F	Name of college or university (see ins	tructions)					
					•				🖂		
		-		tuition	? (see instructions)			s L	No		
Н		nount of qualified college to			.00	I Enter the le				.00	
	exp	penses (see instructions)			•00	of line H or	10,00	JU		.00	╛
2	Co	llogo tuition itomizad dad	uction	(total th	a lina l amounts for all aligible attida	unta: includa ama:	nto fro	n anv a	dditional aboutal		
4		•		•	e line I amounts for all eligible stude New York Resident, Nonresider			-			_
									2	.0	0



Scl	hedule A – Alloca	ation of wage and salary income to New York State				
2a	Total days (see inst	ructions)		. 2a		
		2b Saturdays and Sundays (not worked)				
	Nonworking	2c Holidays (not worked)				
	days included	2d Sick leave				
	in line 2a:	2e Vacation		_		
		2f Other nonworking days				
2~	Total nanwarking d	lays (add lines 2b through 2f)		20		
_	•	• •		29		
	•	in year at this job (subtract line 2g from line 2a)		2h		
	•	d in line 2h worked outside New York State		_		
-		ays worked at home included in line 2i amount				
		m line 2i				
	•	ew York State (subtract line 2k from line 2h)				
2m	Enter number of da	ays from line 2h above		2m		
2n	Divide line 2l by lin	ivide line 2l by line 2m; round the result to the fourth decimal place				
20	Wages, salaries, ti	ps, etc. (to be allocated)	20	.00		
		,				
2p	New York State all	ocated wage and salary income (multiply line 2n by line 2o)	2р	.00		
Scl	hedule A – Alloca	ation of wage and salary income to New York State				
3a	Total days (see inst.	ructions)		. 3a		
	Nonworking	3b Saturdays and Sundays (not worked)				
	_	3c Holidays (not worked)				
	days included	3d Sick leave				
	in line 3a:	3e Vacation				
		3f Other nonworking days				
3a	Total nonworking d	lays (add lines 3b through 3f)		. 3g		
_	-	in year at this job (subtract line 3g from line 3a)		3h		
		d in line 3h worked outside New York State				
	•	ays worked at home included in line 3i amount				
-		m line 3i		. 3k		
	•	ew York State (subtract line 3k from line 3h)				
	•	ays from line 3h above		3m		
3n	Divide line 3I by lin	e 3m; round the result to the fourth decimal place	3n			
3о	Wages, salaries, ti	ps, etc. (to be allocated)	3o	.00		
3р	New York State all	ocated wage and salary income (multiply line 3n by line 3o)	Зр	.00		

Include the line 3p amount on Form IT-203, line 1, in the New York State amount column.

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