

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

| • Y | ou and your spouse | each had a job that requires alloc | ation. | | | | _ |
|-------|---|--|--|---------------------------------------|------------------|----------|-----|
| 1a | Total days (see instr | ructions) | | | | 1a | |
| | Nonworking | | worked) | | | | |
| | days included | - | | | | | |
| | in line 1a: | | | | + | | |
| | iii iiiie ia. | | | _ | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | |
| _ | • | • , | | | _ | 19 | |
| | - | | om line 1a) | | | 1h | |
| | Total days included | | | | | | |
| | | | e 1i amount | | - | | |
| | | | | | | 1k | |
| 11 | Days worked in Ne | w York State (subtract line 1k from lin | ne 1h) | | | 11 | |
| 1m | Enter number of da | ays from line 1h above | | | 1 | m | |
| 1n | Divide line 1I by line | e 1m; round the result to the fourth | n decimal place | | 1n | | |
| 10 | Wages, salaries, tip | os, etc. (to be allocated) | | 10 | | | .00 |
| 1p | New York State allo | ocated wage and salary income <i>(m</i> | nultiply line 1n by line 1o) | 1p | | | .00 |
| - | | | e New York State amount column. | | | | |
| Scl | hedule B – Living | g quarters maintained in New | York State | | | | |
| Mar | rk an X in the box if l | NYS living guarters were maintain | ed for you or by you for the entire tax year | - | | [| |
| If yo | ou or your spouse m | naintained living quarters in NYS du | uring any part of the year, give address(es x if the living quarters are still maintain | s) below. Sub | mit additiona | | |
| | A – | Street address | B – City, village, or post office | С | D – ZIP c | ode | E |
| | | | | NY | | | |
| | | | | | | | |
| | | | | NY | | L | |
| | | | | NY | | [| |
| | | | | NY | | | |
| | er the number of day sidered a day spent | ys spent in New York State in this t in New York State. | tax year Any part of a | a day spent ir | n New York S | State is | |



| Sch | ed | lule C – College tuitio | on itemi | zed d | eduction worksheet (See | e the instructions fo | or Sch | edule | C.) | |
|-----------|------|------------------------------------|-------------------------|--------------------|---|-----------------------|--------|--------------|---------------------|----------------------------|
| | • · | f Yes, stop ; you do not | qualify fo e A throu | r the c gh I be | r taxpayer's New York State ollege tuition itemized dedu low for each eligible studen sheets if necessary. | ction. | | | 1 Yes | No No |
| Eligi | | | MI | | Last name | | Suffix | B Soc | ial Security number | C Date of birth (mmddyyyy) |
| stud 1 | | | | | | | | | | |
| | | | , , | | | | | | | |
| D | ls t | the student claimed as a | depende | ent on | your NYS return? (see instru | ctions) | Ye | es | No L | |
| E | EIN | N of college or university (see in | nstructions) | F | Name of college or university (see | instructions) | | | | |
| | | | | | | | | | | |
| G | We | ere expenses for under o | ıraduate | tuition | ? (see instructions) | | Ye | es 🗌 | No 🗌 | |
| l | | nount of qualified college | | | , | I Enter the le | | | | |
| | exp | penses (see instructions) | | | .00. | of line H or | 10,00 | 00 | | .00 |
| Eligi | ble | A First name | MI | | Last name | | Suffix | B Soc | ial Security number | C Date of birth (mmddyyyy) |
| stud | | | | | | | | | | |
| 2 | | | | | | | | | | |
| D | ls t | the student claimed as a | depende | ent on | your NYS return? (see instru | ctions) | Ye | es | No | |
| Е | EIN | N of college or university (see in | nstructions) | F | Name of college or university (see | instructions) | | | | |
| | | | | | | | | | | |
| G | We | ere expenses for underg | raduate | tuition | ? (see instructions) | | Ye | es 🗌 | No 🗌 | |
| Н | Am | nount of qualified college | tuition | | · , | I Enter the le | esser | 1 | | |
| | | penses (see instructions) | | | .00 | of line H or | 10,00 | 00 | | .00 |
| Eligi | ble | A First name | MI | | Last name | | Suffix | B Soc | ial Security number | C Date of birth (mmddyyyy) |
| stud | | | | | | | | | | |
| 3 | | | | | | | | | | |
| D | ls t | the student claimed as a | depende | ent on | your NYS return? (see instru | ctions) | Ye | es | No | |
| Е | EIN | N of college or university (see in | nstructions) | F | Name of college or university (see | instructions) | | | | |
| | | | | | | | | | | |
| G | We | ere expenses for underg | raduate | tuition | ? (see instructions) | | Ye | es 🗌 | No | |
| | | nount of qualified college | | | | I Enter the le | | | | |
| | | penses (see instructions) . | | | .00 | of line H or | 10,00 | 00 | | .00 |
| 2 | Α | Also enter this amount or | Form IT | -196, <i>I</i> | e line I amounts for all eligible st New York Resident, Nonresi | dent, and Part-Yea | ar Res | ident | dditional sheets). | .00 |



| na Tatal dava (fee | Anathana | | 20 |
|---|---|----------------------------------|-------------------|
| • ' | tructions) | | 2a |
| Nonworking | 2b Saturdays and Sundays (not worked) | | |
| days included | 2c Holidays (not worked) | | |
| in line 2a: | 2d Sick leave | | |
| | 2e Vacation | | |
| T () | 2f Other nonworking days | | 0.00 |
| _ | days (add lines 2b through 2f) | | 2g |
| • | I in year at this job (subtract line 2g from line 2a) | | 2h |
| • | d in line 2h worked outside New York State | | |
| | lays worked at home included in line 2i amount | | |
| • | om line 2i | | |
| • | ew York State (subtract line 2k from line 2h) | | |
| Enter number of o | lays from line 2h above | | 2m |
| Divide line 2l by li | ne 2m; round the result to the fourth decimal place | 2n | ı |
| Wages, salaries, t | iips, etc. (to be allocated) | 20 | |
| Name Vanta Otata al | | on | |
| New York State a | located wage and salary income (multiply line 2n by line 2o) | 2p | |
| | nount on Form IT-203, line 1, in the <i>New York State amount</i> colur | nn. | |
| | nount on Form IT-203, line 1, in the New York State amount colur | nn. | |
| hedule A – Alloc | ation of wage and salary income to New York State | | 3a |
| chedule A – Alloc | ation of wage and salary income to New York State | | 3a |
| thedule A – Alloc Total days (see ins Nonworking | ation of wage and salary income to New York State | 3b | 3a |
| chedule A – Alloc | ation of wage and salary income to New York State structions) | 3b 3c | 3a |
| Total days (see ins Nonworking days included | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) | 3b 3c 3d | 3a |
| Total days (see ins Nonworking days included | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave | 3b 3c 3d 3d 3e | 3a |
| Total days (see ins Nonworking days included in line 3a: | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation | 3b 3c 3d 3d 3e 3f | 3a |
| Total days (see ins Nonworking days included in line 3a: | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation 3f Other nonworking days | 3b 3c 3d 3d 3e 3f | 39 |
| Total days (see ins Nonworking days included in line 3a: Total nonworking | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation 3f Other nonworking days days (add lines 3b through 3f) | 3b 3c 3d 3d 3e 3f | 39 |
| Total days (see ins Nonworking days included in line 3a: Total nonworking Total days worked Total days included | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation 3f Other nonworking days days (add lines 3b through 3f) If in year at this job (subtract line 3g from line 3a) | 3b 3c 3d 3e 3e 3f | 39 |
| Total days (see ins Nonworking days included in line 3a: Total nonworking Total days worked Total days included Total days included | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation 3f Other nonworking days days (add lines 3b through 3f) If in year at this job (subtract line 3g from line 3a) and in line 3h worked outside New York State | 3b 3c 3d 3e 3e 3f | 39 |
| Total days (see ins Nonworking days included in line 3a: Total nonworking Total days worked Total days included Total days included Subtract line 3j fro | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation 3f Other nonworking days days (add lines 3b through 3f) d in year at this job (subtract line 3g from line 3a) ed in line 3h worked outside New York State lays worked at home included in line 3i amount om line 3i | 3b 3c 3d 3e 3f 3i 3j | 3g 3h |
| Total days (see ins Nonworking days included in line 3a: Total nonworking Total days worked Total days included Subtract line 3j fro | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation 3f Other nonworking days days (add lines 3b through 3f) If in year at this job (subtract line 3g from line 3a) and in line 3h worked outside New York State lays worked at home included in line 3i amount | 3b 3c 3d 3d 3e 3f | 3g 3h 3h 3k 3i |
| Total days (see ins Nonworking days included in line 3a: Total nonworking Total days worked Total days included Enter number of of Subtract line 3j fro Days worked in N | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation 3f Other nonworking days days (add lines 3b through 3f) If in year at this job (subtract line 3g from line 3a) and in line 3h worked outside New York State lays worked at home included in line 3i amount om line 3i ew York State (subtract line 3k from line 3h) | 3b 3c 3d 3e 3f 3f | 3g 3h 3h 3k 3l 3m |
| Total days (see ins Nonworking days included in line 3a: Total nonworking Total days worked Total days included Enter number of company worked in Nonworking Total days included Enter number of company worked in Nonworking Subtract line 3j from Days worked in Nonworking Enter number of company worked in Nonworking Total days included | ation of wage and salary income to New York State structions) 3b Saturdays and Sundays (not worked) 3c Holidays (not worked) 3d Sick leave 3e Vacation 3f Other nonworking days days (add lines 3b through 3f) d in year at this job (subtract line 3g from line 3a) ed in line 3h worked outside New York State days worked at home included in line 3i amount om line 3i ew York State (subtract line 3k from line 3h) lays from line 3h above | 3b 3c 3d 3d 3e 3f 3i 3j 3n | 3g 3h 3h 3k 3l 3m |

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