

## New York State Department of Taxation and Finance Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers For the year January 1, 2011, through December 31, 2011, or fiscal year beginning ......

<b>X I C LOTT</b> Hew fork otate " New fork oity " folikers "	
or its to the form of the form of the first	
or the year January 1, 2011, through December 31, 2011, or fiscal year beginning	

			,	, ,	•		1, 2011, 0				
	Important: \	You <b>must</b> enter your	date(s) of birth and	d social sec	curity numb	er(s) be	elow.		and endi	ng	
You	ur first name and middle initial	Your last name (for a	<b>joint return</b> , enter spou	ıse's name or	n line below)	Your dat	e of birth (MN	IDDYYYY)	▼ Your	social security number	
Spo	buse's first name and middle initial	Spouse's last name				Spouse's	date of birth	(MMDDYYYY,	▼ Spou	se's social security num	nber
						L				01.1.	
Ma	ailing address (see instruction	ns, page 13) (number	and street or rural rout	te)		Apa	rtment num	nber	New York	k State county of res	idence
Cit	na villaga ay pagt office	1	Otata ZID anda		Sarrahar (if a	411=:4==1	04-41		Cobool d	intrint name	
Cit	y, village, or post office	(	State ZIP code		Country (if no	it United	States)		•	istrict name	
D.	ermanent home address (se	ne instrume 12) (no and	atract or rural routa)	Apartment r	20 0	ity villag	e, or post of	fico	•		
-	ermanent nome address (se	ee msu., pg. 13) (no. and	street or rural route)	Арантнент	10.	ity, villag	e, or post or	lice		School district	
St	ate ZIP code	Country (if not Ur	nited States)					Tax	naver's date	code number of death Spouse's	date of death
	211 0000	Country (" not on	mod otatoo)				Decede	ent —	payor o date		date of death
/A\	Filing 🔲						IIIIOIIIIa	IIIOII •		•	
(A)		Single									
	status – mark an ②	Married filing joint re	eturn (enter both spor	uses' social	NEW (	D) E	file this re	turn. Mos	t taxpayers	s <b>must</b> now e-file	(see page 12).
		security numbers abov		acco cociai		_\					
		Married filing separa	te return (enter both	spouses' so		•	ew York C ee page 15)		ear resid	ents only	
	one box: ③	security numbers above	e)			•					
		Head of household	(with qualifying pare	con)		. ,			-	d in NY City in 201	1 •
	•	riead of flodseriold	(with qualifying pers	5011)		(2)			s <b>your spo</b>		•
	(5) <b>(</b>	Qualifying widow(e	r) with dependent	child			in NY C	City in 201	1		•
<b>.</b>			i) with dopondone	Orma	,	_\ _					
(B)	Did you itemize your of your 2011 federal inco		Vos	No	1 (					condition code	
	•	ille tax returns	165	NO	1		аррисави	c (see pagi	<del>-</del> 10)		•
10		and the second second									
(C)			Yes	No	1					econd 2-characte	
	on another taxpayer's	federal return?	Yes	No	]					econd 2-characte	
	on another taxpayer's ederal income and ac	federal return? djustments			] F	sp			e		•
	on another taxpayer's	federal return? djustments oft column and NYS am	ounts in the right colun	nn.	] F	sp	ecial cond		e		•
Fe	on another taxpayer's  ederal income and ac  Enter federal amounts in the le	federal return?  djustments  eft column and NYS am t-year residents: comple	ounts in the right colun ete page 18 worksheet	nn. t first.	] F	sp ederal	ecial cond	dition cod	e	New York State a	amount
F6	on another taxpayer's  ederal income and ac  Enter federal amounts in the le  See instructions, page 17. Part	federal return? djustments  If column and NYS am t-year residents: comple etc	ounts in the right colun ete page 18 worksheet	nn. t first. 1.	] F	sp ederal	ecial cond	dition cod	e	New York State a	amount
1 2	on another taxpayer's ederal income and ac Enter federal amounts in the le See instructions, page 17. Part Wages, salaries, tips,	djustments eft column and NYS am t-year residents: comple etc.	ounts in the right colun ete page 18 worksheet	nn. t first. 1.	F	sp ederal	ecial cond	dition cod	e	New York State a	amount
1 2 3	on another taxpayer's ederal income and ac Enter federal amounts in the le See instructions, page 17. Parl Wages, salaries, tips, Taxable interest incom	federal return?  djustments  eft column and NYS am t-year residents: comple  etc	ounts in the right colun ete page 18 worksheet	nn. t first 1. 2 3.	F	sp ederal	ecial cond	dition cod	1. 2. 3.	New York State a	amount
1 2 3 4	on another taxpayer's  ederal income and ac  Enter federal amounts in the le See instructions, page 17. Part  Wages, salaries, tips,  Taxable interest incom  Ordinary dividends  Taxable refunds, cred  income taxes (also	federal return?  djustments  eft column and NYS am t-year residents: comple etc  ne  lits, or offsets of enter on line 24)	ounts in the right colun ete page 18 worksheet state and local	nn. t first 1. 2 3.	F	sp ederal	ecial cond	dition cod	1. 2. 3.	New York State a	amount
1 2 3 4 5	on another taxpayer's  ederal income and ac  Enter federal amounts in the le See instructions, page 17. Part  Wages, salaries, tips,  Taxable interest incom  Ordinary dividends  Taxable refunds, cred  income taxes (also  Alimony received	federal return?  djustments  et column and NYS am t-year residents: comple etc  ne  lits, or offsets of enter on line 24)	ounts in the right colun ete page 18 worksheet state and local	nn. t first 1. 2 3 4 5.	F	sp ederal	ecial cond	dition cod	1. 2. 3.	New York State a	amount
1 2 3 4 5 6	on another taxpayer's  ederal income and ac  Enter federal amounts in the le See instructions, page 17. Par  Wages, salaries, tips, Taxable interest incom  Ordinary dividends  Taxable refunds, cred income taxes (also  Alimony received  Business income or loss (a	federal return?  djustments  If column and NYS am t-year residents: comple etc  Its, or offsets of enter on line 24)  Ittach a copy of federal is	ounts in the right colunete page 18 worksheet state and local	nn. 1. 2. 3. 4. 5. (1040) 6.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6.	New York State a	amount
1 2 3 4 5 6 7	on another taxpayer's  ederal income and ac  Enter federal amounts in the le See instructions, page 17. Parl  Wages, salaries, tips, Taxable interest incom  Ordinary dividends  Taxable refunds, cred income taxes (also  Alimony received  Business income or loss (a  Capital gain or loss (if requ	federal return?  djustments  If column and NYS am t-year residents: comple etc  Iits, or offsets of enter on line 24)  Ittach a copy of federal string, attach a copy of	ounts in the right colunete page 18 worksheet state and local Sch. C or C-EZ, Form 1 federal Sch. D, Form 1	nn. t first 1. 2. 3. 3 4. 5. (1040) 6. 040) 7.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7.	New York State a	amount
1 2 3 4 5 6 7 8	on another taxpayer's  ederal income and ac  Enter federal amounts in the le See instructions, page 17. Parl Wages, salaries, tips, Taxable interest incom Ordinary dividends  Taxable refunds, cred income taxes (also Alimony received Business income or loss (a Capital gain or loss (if requ Other gains or losses	federal return?  djustments  If column and NYS am t-year residents: comple etc  Its, or offsets of enter on line 24)  Ittach a copy of federal sired, attach a copy of i (attach a copy of i	ounts in the right colunete page 18 worksheet state and local Sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797	nn. t first 1. 2. 3 4. 5. (1040) 6. 0440) 7. 8.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7.	New York State a	amount
1 2 3 4 5 6 7 8 9	on another taxpayer's  ederal income and ac  Enter federal amounts in the le See instructions, page 17. Part  Wages, salaries, tips,  Taxable interest incom  Ordinary dividends  Taxable refunds, cred  income taxes (also  Alimony received  Business income or loss (a  Capital gain or loss (if requ  Other gains or losses  Taxable amount of IRA dist	federal return?  djustments  eft column and NYS am t-year residents: comple etc  ne  lits, or offsets of enter on line 24)  ttach a copy of federal sired, attach a copy of it (attach a copy of it	ounts in the right colunete page 18 worksheet state and local Sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark <b>X</b> in box	nn. t first 1. 2. 3 4. 5. (1040) 6. (1040) 7. 8. 9.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9.	New York State a	amount
1 2 3 4 5 6 7 8 9	on another taxpayer's  ederal income and ac  Enter federal amounts in the le See instructions, page 17. Part  Wages, salaries, tips,  Taxable interest incom  Ordinary dividends  Taxable refunds, cred  income taxes (also  Alimony received  Business income or loss (a  Capital gain or loss (if requ  Other gains or losses  Taxable amount of IRA dist  Taxable amount of pensions	federal return?  djustments  If column and NYS amt-year residents: complete  Its, or offsets of enter on line 24)  Itach a copy of federal string, attach a copy of a tributions. Beneficiaries annuities. Beneficiaries	ounts in the right colunete page 18 worksheet state and local  Sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark X in box ries: mark X in box	nn. 1 first. 2. 3. 4. 5. (040) 6. 040) 7. 8. 9. 10.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7.	New York State a	amount
1 2 3 4 5 6 7 8 9	on another taxpayer's ederal income and ac Enter federal amounts in the le See instructions, page 17. Part Wages, salaries, tips, Taxable interest incom Ordinary dividends Taxable refunds, cred income taxes (also Alimony received Business income or loss (a Capital gain or loss (if requ Other gains or losses Taxable amount of IRA dist Taxable amount of pensions Rental real estate, roy	federal return?  djustments  If column and NYS am t-year residents: comple etc  Its, or offsets of enter on line 24)  Ittach a copy of federal sired, attach a copy of in (attach a copy of in tributions. Benefician s/annuities. Benefician valities, partnersh	ounts in the right colunete page 18 worksheet state and local  Sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark X in box [ ips, S corporations of the column of	nn. t first 1. 2 3 4 5. (040) 6. (040) 7. 8. 9. 10. Dons,	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9.	New York State a	amount
1 2 3 4 5 6 7 8 9 10	on another taxpayer's  ederal income and ac  Enter federal amounts in the le See instructions, page 17. Parl  Wages, salaries, tips, Taxable interest incom Ordinary dividends  Taxable refunds, cred income taxes (also Alimony received  Business income or loss (a Capital gain or loss (if requ Other gains or losses Taxable amount of IRA dist Taxable amount of pensions Rental real estate, roy trusts, etc. (attach a	federal return?  djustments  If column and NYS am t-year residents: comple etc  Itis, or offsets of enter on line 24)  Ittach a copy of federal staired, attach a copy of in (attach a copy of in itributions. Beneficiar is/annuities. Beneficiar ivalties, partnersh copy of federal Sci	ounts in the right colunete page 18 worksheet state and local state and local school of the state and local federal Sch. D, Form 1 federal Form 4797 ies: mark X in box ries: mark X in box tips, S corporation thedule E, Form 10	nn. t first 1. 2 3 4 5. 1040) 6. 040) 7. 1) 8. 9. 10. ons,	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	New York State a	amount
Fe 1 2 3 4 5 6 7 8 9 10 11 12	on another taxpayer's ederal income and ac Enter federal amounts in the le See instructions, page 17. Parl Wages, salaries, tips, Taxable interest incom Ordinary dividends Taxable refunds, cred income taxes (also Alimony received Business income or loss (a Capital gain or loss (if requivational gains or losses Taxable amount of IRA dist Taxable amount of pensions Rental real estate, roy trusts, etc. (attach a Farm income or loss (a	federal return?  djustments  If column and NYS am t-year residents: comple etc  Iits, or offsets of enter on line 24)  Ittach a copy of federal sired, attach a copy of in (attach a copy of in tributions. Beneficiar is/annuities, partnersh copy of federal So attach a copy of federal So	ounts in the right colunete page 18 worksheet state and local  Sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark X in box I ies: mar	nn. t first 1. 2. 3. 3 4. 5. (1040) 6. (1040) 7. 8. 9. 10. cons, (1040) 11. (1040) 12.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	New York State a	amount
Fe 1 2 3 4 5 6 7 8 9 10 11 12 13	on another taxpayer's ederal income and accepted anounts in the lesse instructions, page 17. Parl Wages, salaries, tips, Taxable interest incomo Ordinary dividends Taxable refunds, cred income taxes (also Alimony received	federal return?  djustments  If column and NYS am t-year residents: comple etc  Itis, or offsets of enter on line 24)  Itis, a copy of federal string, attach a copy of in tributions. Beneficiar s/annuities, partnersh copy of federal Sc ettach a copy of federal Sc	ounts in the right colunete page 18 worksheet state and local  Sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark X in box [ ips, S corporation in the column 10 chedule E, Form 10 ceral Sch. F, Form 10	nn. t first 1. 2 3 4. 5. (1040) 6. (1040) 7. 8. 9. 10. cons, (1040) 11. (1040) 12 13.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	New York State a	amount
Fe 1 2 3 4 5 6 7 8 9 10 11 12 13 14	on another taxpayer's ederal income and accepter federal amounts in the lesse instructions, page 17. Parl Wages, salaries, tips, Taxable interest income Ordinary dividends Taxable refunds, cred income taxes (also Alimony received	federal return?  djustments  If column and NYS am t-year residents: comple etc  Ilits, or offsets of enter on line 24)  Ittach a copy of federal sired, attach a copy of in tributions. Beneficiar s'annuities. Beneficiar valties, partnersh copy of federal Sc attach a copy of federal Sc ettach a	ounts in the right colunete page 18 worksheet state and local  Sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark X in box [ ips, S corporation in the column 10 chedule E, Form 10 ceral Sch. F, Form 10	nn. 1 first	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	New York State a	amount
Fe 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	on another taxpayer's ederal income and accepted income and accepted instructions, page 17. Parl Wages, salaries, tips, Taxable interest income Ordinary dividends Taxable refunds, cred income taxes (also Alimony received Business income or loss (a Capital gain or loss (if requered) Other gains or losses Taxable amount of IRA dist Taxable amount of pensions Rental real estate, roy trusts, etc. (attach a Farm income or loss (a Unemployment comp Taxable amount of soci Other income (see page 17.	federal return?  djustments  If column and NYS am t-year residents: comple etc  Its, or offsets of enter on line 24)  Ittach a copy of federal side attach a copy of intributions. Beneficiar estannuities. Beneficiar estannuities, partnersh copy of federal So ettach a	ounts in the right colunete page 18 worksheet state and local state and local sch. D, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark X in box ries: mark X in box pips, S corporation schedule E, Form 10 feral Sch. F, Form 10 feral S	nn. 1 first 1. 2 3 4. 5. 1040) 6. 040) 7. 8. 9. 10. Dons, 040) 11. 040) 12 13. 226) 14. 15.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	New York State a	amount
Fe 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	on another taxpayer's ederal income and ac Enter federal amounts in the le See instructions, page 17. Parl Wages, salaries, tips, Taxable interest incomordinary dividends Taxable refunds, cred income taxes (also Alimony received Business income or loss (a Capital gain or loss (if requivation of the gains or losses Taxable amount of IRA distable amount of pensions Rental real estate, roy trusts, etc. (attach a Farm income or loss (a Unemployment comp Taxable amount of soci Other income (see page Add lines 1 through 1	federal return?  djustments  If column and NYS am t-year residents: comple etc  Itis, or offsets of enter on line 24)  Itis, or offsets of enter on line 24)  Itis, a copy of federal so irred, attach a copy of it tributions. Beneficiar is/annuities. Beneficiar is/annuities. Beneficiar is/annuities, partnersh copy of federal So ettach a copy of federal copy of federal So ettach a copy of federal itis copy of federal So ettach a copy of federal itis copy of federal So ettach a copy of federal itis copy of federal So itis copy of federa	ounts in the right colunete page 18 worksheet state and local state and local sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark X in box pries: mark X in box pries: S corporation the dule E, Form 10 feral Sch. F, Form	nn. 1 first	] F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	New York State a	amount
Fe 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	on another taxpayer's ederal income and accepted income and accepted instructions, page 17. Parl Wages, salaries, tips, Taxable interest income Ordinary dividends Taxable refunds, cred income taxes (also Alimony received Business income or loss (a Capital gain or loss (if requered) Other gains or losses Taxable amount of IRA dist Taxable amount of pensions Rental real estate, roy trusts, etc. (attach a Farm income or loss (a Unemployment comp Taxable amount of soci Other income (see page 17.	federal return?  djustments  If column and NYS am t-year residents: comple etc  Itis, or offsets of enter on line 24)  Itis, or offsets of enter on line 24)  Itis, a copy of federal so irred, attach a copy of it tributions. Beneficiar is/annuities. Beneficiar is/annuities. Beneficiar is/annuities, partnersh copy of federal So ettach a copy of federal copy of federal So ettach a copy of federal itis copy of federal So ettach a copy of federal itis copy of federal So ettach a copy of federal itis copy of federal So itis copy of federa	ounts in the right colunete page 18 worksheet state and local state and local sch. C or C-EZ, Form 1 federal Sch. D, Form 1 federal Form 4797 ies: mark X in box pries: mark X in box pries: S corporation the dule E, Form 10 feral Sch. F, Form	nn. 1 first 1. 2 3 4. 5. 1040) 6. 040) 7. 8. 9. 10. Dons, 040) 11. 040) 12 13. 226) 14. 15.	F	sp ederal	ecial cond	dition cod	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	New York State a	amount

Pa	ge 2 of 4 IT-203 (2011) ▼ Enter your s	ocial security number	_	Federal amount			New York State amou	unt
				Dollars Ce	nts		Dollars	Cents
19	Federal adjusted gross income (from lin	ne 18 on front page)	19.	•		19.		•
N	ew York additions (see page 25)							
20	Interest income on state and local bond	ds (but not those						
	of New York State or its localities)		20.			20.		•
	Public employee 414(h) retirement conf	tributions	21.	•		21.		
	Other (see page 27) Identify:		22.	•		22.		•
23	Add lines 19 through 22	<u>1</u>	23.	•		23.		•
N	lew York subtractions (see page 30)							
24	Taxable refunds, credits, or offsets of s							. —
	local income taxes (from line 4)		24.	•		24.		
25	Pensions of NYS and local governmen							. —
	federal government (see page 30)		25.	•		25.		•
	Taxable amount of social security bene		26.	•		26.		•
	Interest income on U.S. government be		27.	•		27.		•
	Pension and annuity income exclusion		28.	•		28.		· <b>-</b>
	Other (see page 31) Identify:		29.	· -		29.		·
	Add lines 24 through 29	<u> </u>	30.	· -		30.		·
31	New York adjusted gross income (subtra	act line <b>30</b> from line <b>23</b> )	31.	L		31.		•
	Enter your <b>standard deduction</b> (from to below). Mark an <b>X</b> in the appropriate l	box: • 🔲	Sta	ndard or 🔓 🔲 Item	zed			
34	Subtract line 33 from line 32 (if line 33 is	more than line 32, lea	ve b	olank)		34.		
35	Dependent exemptions (not the same as	total federal exemption	ns; :	see page 38)		35.	0 0 0	. 0 0
36	New York taxable income (subtract line	e 35 from line 34)				36.		•
	<b>∢</b> 0!	r▶						
	New York State	N	lev	v York State itemized de	duc	tion v	worksheet ———	
	standard deduction table	a Medical and den	ntal (	expenses (federal Sch. A, line 4)		a.		
				ral Sch. A, line 9)		).		
Fi	ling status Standard deduction			deral Sch. A, line 15)		s.		
(fr	rom the front page) (enter on line 33 above)		•	ral Sch. A, line 19)		d.		
				osses (federal Sch. A, line 20)		e.		
1	Single and you	1		deductions (federal Sch. A, line 2)		f.		
	marked item C Yes \$ 3,000	g Other misc. dedu	uctio	ons (federal Sch. A, line 28)	[	g	•	
_		h Enter amount fro	om 1	federal Schedule A, line 29	П	۱.	•	
(1)	9	i State, local, and for	reigr	n income taxes (or general sales tax,				
	marked item C <i>No</i> 7,500	if applicable) and	d oth	uer subtraction adjustments (see pg. 3)	5)	i.	•	
2	Married filing joint return 15,000	j Subtract line i fro	om I	ine h	🗀	j.		
	Warned ming joint rotary 10,000	k College tuition it	emi	zed deduction (see page 37)	🗔	ζ.		
3	Married filing separate	I Addition adjustm	nent	S (see page 37)	[	I.		
	return 7,500	-				ո.		
		n Itemized deducti	ion a	adjustment (see page 38)	[T	۱.		
4	Head of household (with qualifying person) 10,500	o New York State	ite	mized deduction				
	(with qualifying person) 10,500			m; enter on line 33 above)	🗔	o.		
(5)	Qualifying widow(er) with dependent child 15,000							

Name(	s) as snown on page 1		▼ Litter your social securi	ty number		11-203 (2011) Pag	<b>je 3</b> 01 4
			J L				
Tax c	computation, credits, and other taxes	(see page 39)				Dollars	Cents
37 Ne	w York taxable income (from line 36 on pa	age 2)			. 37.		].
<b>38</b> Ne	w York State tax on line 37 amount (see p	age 39 and Tax comp	outation on pages 72 and	d 73)	. 38.		]
<b>39</b> Ne	w York State household credit (from table	1, 2, or 3 on page 39	9)		. 39.		
<b>40</b> Su	btract line 39 from line 38 (if line 39 is more	e than line 38, leave b	lank)		. 40.		J•
<b>41</b> Ne	ew York State child and dependent care co	redit (attach Form IT	-216; see page 40)		. 41.		_ • <u> </u>
	btract line 41 from line 40 (if line 41 is more				. 42.		J•
<b>43</b> Ne	w York State earned income credit (attach	n Form IT-215; see pa	ge 40)		43.		•
<b>44</b> Ba	se tax (subtract line 43 from line 42; if line 43	is more than line 42,	leave blank)		. 44.		
<b>45</b> Inc	come New York State amount	from line 31	Federal amount from lin	e 31		Round result to 4 decima	al places
pei	rcentage le page 40)	• · ·	, oddrai amodni mom mi	. =	45.		
,	, ,						7
	ocated New York State tax (multiply line 44						<b>-</b>  •
	w York State nonrefundable credits (from						<b>-</b>  •
	btract line 47 from line 46 (if line 47 is more		•				<b>-</b>  •
	t other New York State taxes (from Form I		,				<b>-</b>  •
50 To	tal New York State taxes (add lines 48 and	d 49)			. 50.		<b>_</b> -
New	York City and Yonkers taxes and credit	ts					
<b>51</b> P	Part-year New York City resident tax (attach	Form IT-360.1) <b>51</b>		<b>—</b> .		See instructions on pa	ages 40
	lew York City minimum income tax (attach					and 41 to compute Ne	
<b>52a</b> A	add lines 51 and 52	52a		$\neg$ . $\neg$		York City and Yonkers	
<b>52b</b> P	Part-year resident nonrefundable New Yor	k City				credits, and surcharg	es.
	child and dependent care credit (attach F	Form IT-216) <b>52</b> b					
<b>52c</b> S	Subtract line 52b from 52a	520					
<b>53</b> Y	onkers nonresident earnings tax (attach F	orm Y-203) <b>53</b>					
<b>54</b> P	Part-year Yonkers resident income tax sur	charge			_		
	(attach Form IT-360.1)	54					
55 T	otal New York City and Yonkers taxes	add lines 52c, 53, an	d 54)		. 55.		J•L
EG Co	les ex use toy (Coo the instructions on more	. 40. <b>D</b> a mat la com lin	o FC blook)		EG		
50 Sa	les or use tax (See the instructions on page	e 42. Do not leave lin	ie 56 biank.)		. 56.		
Volur	ntary contributions (whole dollar amounts	s only; see page 43)					
57	a Return a Gift to Wildlife	57a		. 0	0		
57	<b>b</b> Missing/Exploited Children Fund	57b		. 0	0		
57	c Breast Cancer Research Fund	57c		. 0	0		
57	d Alzheimer's Fund			. 0	0		
57					0		
571					0		
	g 9/11 Memorial		-		0		
57	h Volunteer Firefighting & EMS Recruitm	ent Fund 57h		. 0	0		
57 To	tal voluntary contributions (add lines 57a	through 57h)			. 57.		. 0 0
	tal New York State, New York City, and				. [37.		
	and voluntary contributions (add lines 50				. 58.		٦.



50 Total New York	State, New York City, and Yo	onkere taves sa	loe or uso i	tov		Dollars	Cents		
	y contributions (from line 58 on	-			59.				
Payments and ref		page 1,	••••		If ap	oplicable, complete Form 099-R, and/or IT-1099-UI	and		
60 Part-vear NYC sch	ool tax credit (also complete (E) on from	nt; see page 44) <b>60.</b>			atta	ch them to your return (se 44).			
•	e credits (from Form IT-203-ATT,				1, 0	ole them (and any other			
	State tax withheld				appl	licable forms) to the top	of this		
63 Total New York	City tax withheld	63.			page		la a		
64 Total Yonkers to	ax withheld	64.				See Step 12 on page 50 for the proper assembly of your return			
65 Total estimated t	ax payments/amount paid with	Form IT-370 <b>65.</b>			atta	chments.			
66 Total payments	s and refundable credits (add	lines 60 through 65	)		66.		<b>].</b>		
Refund/ amount	overpaid								
67 Amount overpa	aid (if line 66 is more than line 59,	subtract line 59 fro	m line 66) .		67.		].[		
68 Amount of line 6	airect		debit	pa	per		,		
	ne refund choice: deposi	t (fill in line 72) - or	- card	- or - Che	eck 68.		J <b>.</b>		
	67 that you want applied		T			page 74 for information	about		
to your <b>2012</b>	estimated tax (see instructions)	69 <b>.</b>			you	r three refund choices.			
Amount you owe	]								
•	<b>re</b> (if line 66 is <b>less than</b> line 59, su		,				,		
	ctronic funds withdrawal, mark		d fill in line 7	'2	70.		]		
	enalty (include this amount on line		T						
or reduce the o	verpayment on line 67; see page 4	(6)			,				
Account informat	ion								
72 Account informa	ation for direct deposit or elect	ronic funds withd	rawal (see p	page 47).			_		
If the funds for ye	our payment (or refund) would co	ome from (or go to	) an accoun	t outside the U	l.S., mark an	X in this box (see pg. 47)	•		
72a Routing number	•	El	ectronic fund	ds withdrawal e	ffective date				
<b>72b</b> Account number	•			72c A	account type	• Checking • Checking	Savings		
Additional inform	ation								
						[			
-	ents only: If you were a NYS resid		•		nove ( <i>mm-dd-</i>	<i>yyyy)</i>			
	the box that describes your si		=	=		70.			
	nto New York State out of New York State; received inc					73a			
	out of New York State; received no		_	•		73b			
	Did you or your spouse main					750.	_		
	te Form IT-203-B, Schedule B, and	• .			•	Yes	No		
		attach form.)					:6:1: - · ·		
Third-party designee? (see instr.)	Print designee's name		De	esignee's phone r \	number	Personal identi number (P			
	E-mail:		\	,					
Yes No No	L-man.								
· · ·	must complete (see instr.) ▼	Date:		▼	Taxpayer(s	s) must sign here ▼			
Preparer's signature		► Preparer's NYTPI	RIN	Your signature ▶	е				
Firm's name (or yours	, if self-employed)	▼ Preparer's PTIN o	r SSN	Your occupat	ion				
Address		■ Employer identifi-	ation number	Charles's s'	natura and an-	ture and acquiration (if laint set)			
Address		□ Employer identific	ification number Spouse's signature ar			and occupation (if joint return)			
		Mark an		Date		▼ Daytime phone number			
E-mail:		self-emp	лоуеи —	E-mail:					

See instructions for where to mail your return.

**Page 4** of 4 **IT-203** (2011)

▼ Enter your social security number

