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Σ	<u>201</u> 1	1
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New York State Department of Taxation and Finance Amended Nonresident and Part-Year Resident IT-203-X IT-203-X New York State • New York City • Yonkers

For the year January 1, 2011	l, through Dece	mber 31, 2011, or fiscal y	ear beginning	11
You must enter your date(s) of birth and social sec	and ending			
Your first name and middle initial Your last name (for a joint return, enter spouse's n	, ()	Your date of birth (MMDDYYYY)	▼ Your social security	/ number
Spouse's first name and middle initial Spouse's last name		Spouse's date of birth (MMDDYY)	(Y) ▼ Spouse's social set	curity number
Mailing address (number and street or rural route)		Apartment number	New York State cou	nty of residence
City, village, or post office State ZIP code	Country (if no	t United States)	School district name	Э
			•	
Permanent home address (no. and street or rural route) Apartment no.	City	, village, or post office		
				district number
State ZIP code Country (if not United States)		Ta	axpayer's date of death	
		Decedent information	•	
(A) Filing (1) Single See the instructions, For	rm IT-203-X-I. f		-	
(A) Filing ① Single Status –		D) Did you file an amer		
Married filing joint return (enter both spouses' s	ocial	return? (see instruction	ns) Ye	es No
X in				
Married filing separate return (optor both spous	es' social	E) New York City part	-year residents only	
one box: (3) one box: (a) security numbers above)	,	,	-	
			hs you lived in NY Cit	
Staple check or money order ④			hs your spouse lived	
		in NY City in 20)11	•
S Qualifying widow(er) with dependent child	1			
(B) Did you itemize your deductions on			ter special condition	
your 2011 federal income tax return? Yes No		if applicable (see ins	structions)	•
(C) Can you be claimed as a dependent			enter your second 2-c	
on another taxpayer's federal return?		special condition co	de	•
Federal income and adjustments	E	ederal amount	New Verk	State amount
Enter foderal amounts in the left column and NVC amounts in the right column				
Enter federal amounts in the left column and NYS amounts in the right column.		Dollars Cents	Dolla	rs Cents
1 Wages, salaries, tips, etc	1.		1.	
2 Taxable interest income	2.	•	2.	•
3 Ordinary dividends	3.	•	3.	•
4 Taxable refunds, credits, or offsets of state and local	4		4	
income taxes (also enter on line 24)	4.	•	4.	•
5 Alimony received	5.	•	5. 6.	•
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040) 7 Capital gain or loss (if required attach a copy of federal Sch. D. Form 1040)	6.	•		•
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040) 9 Other gains or losson (attach a copy of federal Scr. 1771)	7. 8.	•	7. 8.	•
 8 Other gains or losses (attach a copy of federal Form 4797) 9 Taxable amount of IRA distributions. Beneficiaries: mark X in box 	9.	•	9.	•
	9. 10.	•	9. 10.	•
 10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box 11 Rental real estate, royalties, partnerships, S corporations, 	10.	•	10.	•
	11		11] [
	11.	•	11. 12.	•
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)13 Unemployment compensation	<u>12.</u> 13.	•	13.	•
14 Taxable amount of social security benefits (also enter on line 26)	14.	•	14.	•
15 Other income Identify:	15.	•	15.	•
	15.		16.	
16 Add lines 1 through 1517 Total federal adjustments to income	10.	•	10.	•
Identify:	17.		17.	
18 Federal adjusted gross income (subtract line 17 from line 16)	18.		18.	•
	10.	•	10.	•



Pag	ge 2 of 5 IT-203-X (2011) ▼ Enter your social security number		Federal amount		New York State amount	
			Dollars	Cents	Dollars Cer	nts
19	Federal adjusted gross income (from line 18 on front page)	19.	•		19.	
Ne	w York additions					
20	Interest income on state and local bonds (but not those		·			
	of New York State or its localities)	20.	•		20.	
	Public employee 414(h) retirement contributions	21.	•		21.	
	Other dentify:	22.	•		22.	
23	Add lines 19 through 22	23.	•		23.	
Ne	ew York subtractions					
24	Taxable refunds, credits, or offsets of state and					
	local income taxes (from line 4)	24.	•		24.	
25	Pensions of NYS and local governments and the		I			
	federal government		•		25.	
26	Taxable amount of social security benefits (from line 14) \dots	26.	•		26.	
	Interest income on U.S. government bonds		•		27.	
	Pension and annuity income exclusion	28.	•		28.	
	Other Identify:	29.	•		29.	
30	Add lines 24 through 29	30.	•		30.	
31	New York adjusted gross income (subtract line 30 from line 23)	31.	•		31.	
32	Enter the amount from line 31, Federal amount column				32.	
35	Subtract line 33 from line 32 (if line 33 is more than line 32, le Dependent exemptions				34. 35. 0 0	0
36	New York taxable income (subtract line 35 from line 34)					
	─── New York State ────	Νον	v York State itemized o	loduc	tion worksheet	
	standard deduction table	NCV	V TOTK State iterinized t			
		ental e	expenses (federal Sch. A, line 4)	a	a•	
		l (fede	ral Sch. A, line 9)	b	•	
	ing status Standard deduction m the front page) (enter on line 33 above) c Interest you pa	aid (fee	deral Sch. A, line 15)	c	c	
(110	d Gifts to charity	(fede	ral Sch. A, line 19)	c	d•	
			osses (federal Sch. A, line 20)		e•	
1		misc.	deductions (federal Sch. A, line	27) 1	f•	
	marked item C Yes \$ 3,000 g Other misc. de	ductio	ons (federal Sch. A, line 28)	g	g	
6	Cingle and your	from	federal Schedule A, line 29	h	n•	
	Single and you marked item C No 7,500 i State, local, and	foreig	n income taxes (or general sales t	ax,		
	if applicable) a	and oth	ner subtraction adjustments		i•	
2	Married filing joint return 15,000 j Subtract line i	from l	ine h		j•	
		itemi	zed deduction	k	K. •	
3	Married filing separate I Addition adjust	tment	s		<u>I.</u> •	
	return	and I		m	ı•	
	n Itemized deduc	ction a	adjustment	_ r	n	
(4)	Head of household (with qualifying person) 10 500 o New York Stat	te ite	mized deduction			
			m; enter on line 33 above)	c	D	
5	Qualifying widow(er) with dependent child 15,000					



Tax computation, credits, and other taxes	Dollars Cents
37 New York taxable income (from line 36 on page 2)	37.
38 New York State tax on line 37 amount	38.
39 New York State household credit	39.
40 Subtract line 39 from line 38 (<i>if line 39 is more than line 38, leave blank</i>)	40.
41 New York State child and dependent care credit (<i>attach Form IT-216</i>)	41.
42 Subtract line 41 from line 40 (<i>if line 41 is more than line 40, leave blank</i>)	42.
43 New York State earned income credit (<i>attach Form IT-215</i>)	43.
	•
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44.
	· · · · · · · · · · · · · · · · · · ·
45 Income New York State amount from line 31 Federal amount from line 31	Round result to 4 decimal places
percentage	45.
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	47.
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.
49 Net other New York State taxes (from Form IT-203-ATT, line 33)	49.
50 Total New York State taxes (add lines 48 and 49)	50.
New York City and Yonkers taxes and credits	
	1
51 Part-year New York City resident tax (attach Form IT-360.1) 51 .	-
52 New York City minimum income tax (attach Form IT-220) 52.	4
52a Add lines 51 and 52 52b Dark year maident as much model. 52b Dark year maident as much model.	
52b Part-year resident nonrefundable New York City	1
child and dependent care credit (<i>attach Form IT-216</i>) 52b.	4
	-
53 Yonkers nonresident earnings tax (attach Form Y-203) 53.	
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	1
(attach Form IT-360.1)	55.
56 Sales or use tax as reported on your original return (see instructions). Do not leave line 56 blank.	56.
	•
Voluntary contributions as reported on your original return (or as adjusted by the Tax Department;	see instructions)
57a Return a Gift to Wildlife]
57b Missing/Exploited Children Fund 57b 0 0	
57c Breast Cancer Research Fund 57c. 57c.	
57d Alzheimer's Fund	
57e Olympic Fund (\$2 or \$4) 57e. 57e.	
57f Prostate Cancer Research Fund 57f	
57g 9/11 Memorial 57g. 57g.	
57h Volunteer Firefighting & EMS Recruitment Fund 57h 0 0	
57 Total voluntary contributions as reported on your	

original return (or as adjusted by the Tax Department)	57.	. 0 0
58 Total New York State, New York City, and Yonkers taxes, sales or use tax,		
and voluntary contributions (add lines 50, 55, 56, and 57)	58.	•



Page 4 c	of 5 IT-203-X (2011)	▼ Enter your social secu	irity number	_						
										. .
	New York State, Ne d voluntary contribu						Г	59.	lars	Cents
	nts and refundable c		n page 3)				····· [59.	•	
Paymer		realts								
60 Part-	year NYC school tax c	redit <i>(also complete</i> (E) on front)	60.		•				
	r refundable credits (f		,	61.		•		See Important the instruction	information	in
	New York State tax			62.		•		the instruction	5.	
	New York City tax w			63.		•				
	Yonkers tax withheld			64.		•				
	estimated tax paymen			65.		•				
	unt paid with original			66.						
an	er original return was	lieu (see instructions	s)	00.		•				
67 Total	payments and refu	ndable credits (add	l lines 60 throug	ah 66)			[67.		
	payment, if any, as s						- F		•	
	payment, ir any, ao o			ably c		· 01410 (000			•	
68a Amo	unt from original Forn	n IT-203, line 69 (se	e instructions)	68a.						
	ract line 68 from line 6			-				69.		
	1									
Refund										
70 If lin	e 69 is more than lin	ie 59, subtract line {	59 from line 6	9 and	l indicate how	you want y	our re f	fund		
		direct			debit	paper	Г			
Ma	ark one refund choic	e: deposit (fill in	n line 72) - or -		card - or -	_ check	[70.	•	
Amoun	t you owe									
71 If line	e 69 is less than line s	59 subtract line 69	from line 59 (soo in	structions)		[71.		
				000 ///			[•	
Direct of	leposit									
72 Acc	ount information for o	direct deposit (see in	nstructions)							
			,							
Not	e: If the funds for you	ur refund would go t	to an account	t outs	ide the U.S., r	nark an X ir	n this b	OX (see instruction	ns) •	
	•									
72a	Routing number •									
72b	Account number •									
70-		Checking	Savings							
	Account type		Savings							
Additio	nal information									
73 Part-	year residents only: If	you were a NYS resid	lent for only pa	rt of th	ne year, enter da	ate of last mo	ove (mn	n-dd-yyyy)		
Μ	ark an $oldsymbol{X}$ in the box th	at describes your s	ituation on th	e last	day of the tax	x year:		•		
73	a Moved into New York	< State						73a.		
73	b Moved out of New Yo	ork State; received inc	ome from NYS	sourc	es during nonre	esident period	d b	73b.		
73	c Moved out of New Yo	ork State; received no	income from N	IYS so	urces during no	onresident pe	eriod	73c.		
	esidents: Did you or	• •	• •				Т			
(If `	Yes, complete Form IT-2	03-B, Schedule B, and	d attach form.)				Yes	No		
75 Oriai	nal return filed as (ma	rk an X in one box)								
-	Nonresident		75h Dout		dont			75c. Resident		
758.	NUTITESIGENT		100. Part-yea	ar resi	dent	······ L_		1 JC. Kesideni	•••••	·· 🖵
76 Amer	nded return filed as (r	nark an X in one box)								
76a.	Nonresident		76b. Part-vea	ar resid	dent	□				



Na	me(s) as shown on page 1		▼ Enter your	social security number	'	IT-203-X (2011)	Page 5 of 5
77	Reason(s) for amending your return (mark an X	in all applicable b	oxes; see insi	tructions)			
	 77a. Federal audit change (complete lines 78 through 8 77c. Court ruling	e. Tax she h. Worker k. Protect	Iter transaction s' compensation ive claim (see instru				
	77n. To report adjustments to partnership or S corp	poration income, g	gain, loss or c	leduction, provide th	ne following	g information:	
	Partnership		S corporati	on			
	Name of partnership or S corporation	Identifying I	number		Principal bu	usiness activity	
	Address of partnership or S corporation						
78	If you marked an X in box 77a above, you through 85 and go directly to the Third- Enter the date (mm-dd-yyyy) of the final federal determination (Explain)	•	question. Y	-	i r amend e ne federal	ed return below.	
80	List federal changes					Dollars	Cents
	80a 80b				80a. 80b.		•
	800				80c.		!
	80d				80d.		•
	80e				80e.		•
81 82 83	Net federal changes (increase or decrease) Federal taxable income (<i>mark an X in one box</i>) Corrected federal taxable income	Per return	Previou	sly adjusted	81. 82. 83.		· · · · · · · · · · · · · · · · · · ·
84	Federal credits disallowed Earned income	credit 🔲 Am	ount disallow	ed			
85	Child care Federal penalties assessed 85a. Fraud	credit Am 85b. Negligence	ount disallow		Other (exp	plain below)	
_	Third-party Print designee's name		De	signee's phone numb	er		identification ber (PIN)
de Ye	signee? (see instr.) s No E-mail:		()			
	Paid preparer must complete (see instr.) ▼	Date:		▼ Tax	paver(s)	must sign here	▼
	reparer's signature	Preparer's NYTPF	RIN	Your signature			
Fi	rm's name (or yours, if self-employed)	▼ Preparer's PTIN c	r SSN	Your occupation			
A	ddress	Employer identific	ation number	Spouse's signature	and occup	ation (if joint return)	
	l	Mark an self-emp		Date		▼ Daytime phone nur	nber
E	-mail:	, ,		E-mail:	I		

See instructions for where to mail your return.

