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
- You and your spouse each had a job that requires allocation.

1a Total days *(see instructions)* .... **1a** ☐

Nonworking days included in line 1a:

1b Saturdays and Sundays *(not worked)* .... **1b** ☐

1c Holidays *(not worked)* .... **1c** ☐

1d Sick leave .... **1d** ☐

1e Vacation .... **1e** ☐

1f Other nonworking days .... **1f** ☐

1g Total nonworking days *(add lines 1b through 1f)* .... **1g** ☐

1h Total days worked in year at this job *(subtract line 1g from line 1a)* .... **1h** ☐

1i Total days included in line 1h worked outside New York State .... **1i** ☐

1j Enter number of days worked at home included in line 1i amount .... **1j** ☐

1k Subtract line 1j from line 1i .... **1k** ☐

1l Days worked in New York State *(subtract line 1k from line 1h)* .... **1l** ☐

1m Enter number of days from line 1h above .... **1m** ☐

1n Divide line 1l by line 1m; round the result to the fourth decimal place .... **1n** ☐

1o Wages, salaries, tips, etc. (to be allocated) .... **1o** ☐ .00

1p New York State allocated wage and salary income *(multiply line 1n by line 1o)* .... **1p** ☐ .00

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

Schedule B – Living quarters maintained in New York State

Mark an *X* in the box if NYS living quarters were maintained for you or by you for the entire tax year .... ☐

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. **For column E, mark an *X* in the box if the living quarters are still maintained for or by you.**

A – Street address	B – City, village, or post office	C	D – ZIP code	E
		NY		☐
		NY		☐
		NY		☐
		NY		☐

Enter the number of days spent in New York State in this tax year ..... ☐   Any part of a day spent in New York State is considered a day spent in New York State.

Enter your Social Security number

Schedule C – College tuition itemized deduction worksheet *(See the instructions for Schedule C.)*

1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? .... **1**   Yes ☐   No ☐

- 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.

Eligible student 1

A First name	MI	Last name	Suffix	**B** Social Security number	**C** Date of birth *(mmddyyyy)*

D Is the student claimed as a dependent on your NYS return? *(see instructions)* .... Yes ☐   No ☐

E EIN of college or university *(see instructions)*   **F** Name of college or university *(see instructions)*

G Were expenses for **undergraduate** tuition? *(see instructions)* .... Yes ☐   No ☐

H Amount of qualified college tuition expenses *(see instructions)* .... .00   **I** Enter the lesser of line H or 10,000 .... .00

Eligible student 2

A First name	MI	Last name	Suffix	**B** Social Security number	**C** Date of birth *(mmddyyyy)*

D Is the student claimed as a dependent on your NYS return? *(see instructions)* .... Yes ☐   No ☐

E EIN of college or university *(see instructions)*   **F** Name of college or university *(see instructions)*

G Were expenses for **undergraduate** tuition? *(see instructions)* .... Yes ☐   No ☐

H Amount of qualified college tuition expenses *(see instructions)* .... .00   **I** Enter the lesser of line H or 10,000 .... .00

Eligible student 3

A First name	MI	Last name	Suffix	**B** Social Security number	**C** Date of birth *(mmddyyyy)*

D Is the student claimed as a dependent on your NYS return? *(see instructions)* .... Yes ☐   No ☐

E EIN of college or university *(see instructions)*   **F** Name of college or university *(see instructions)*

G Were expenses for **undergraduate** tuition? *(see instructions)* .... Yes ☐   No ☐

H Amount of qualified college tuition expenses *(see instructions)* .... .00   **I** Enter the lesser of line H or 10,000 .... .00

2 **College tuition itemized deduction** *(total the **line I** amounts for all eligible students; include amounts from any additional sheets).* Also enter this amount on Form IT-196, *New York Resident, Nonresident, and Part-Year Resident Itemized Deductions*. .... **2**   .00

Schedule A – Allocation of wage and salary income to New York State

2a	Total days *(see instructions)*			**2a**	
Nonworking days included in line 2a:	**2b** Saturdays and Sundays *(not worked)*		**2b**		
	2c Holidays *(not worked)*		**2c**		
	2d Sick leave		**2d**		
	2e Vacation		**2e**		
	2f Other nonworking days		**2f**		
2g	Total nonworking days *(add lines 2b through 2f)*			**2g**	
2h	Total days worked in year at this job *(subtract line 2g from line 2a)*			**2h**	
2i	Total days included in line 2h worked outside New York State		**2i**		
2j	Enter number of days worked at home included in line 2i amount		**2j**		
2k	Subtract line 2j from line 2i			**2k**	
2l	Days worked in New York State *(subtract line 2k from line 2h)*			**2l**	
2m	Enter number of days from line 2h above			**2m**	

2n Divide line 2l by line 2m; round the result to the fourth decimal place .... **2n** [   ]

2o Wages, salaries, tips, etc. (to be allocated) .... **2o** [.00]

2p New York State allocated wage and salary income *(multiply line 2n by line 2o)* .... **2p** [.00]

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.

Schedule A – Allocation of wage and salary income to New York State

3a	Total days *(see instructions)*			**3a**	
Nonworking days included in line 3a:	**3b** Saturdays and Sundays *(not worked)*		**3b**		
	3c Holidays *(not worked)*		**3c**		
	3d Sick leave		**3d**		
	3e Vacation		**3e**		
	3f Other nonworking days		**3f**		
3g	Total nonworking days *(add lines 3b through 3f)*			**3g**	
3h	Total days worked in year at this job *(subtract line 3g from line 3a)*			**3h**	
3i	Total days included in line 3h worked outside New York State		**3i**		
3j	Enter number of days worked at home included in line 3i amount		**3j**		
3k	Subtract line 3j from line 3i			**3k**	
3l	Days worked in New York State *(subtract line 3k from line 3h)*			**3l**	
3m	Enter number of days from line 3h above			**3m**	

3n Divide line 3l by line 3m; round the result to the fourth decimal place .... **3n** [   ]

3o Wages, salaries, tips, etc. (to be allocated) .... **3o** [.00]

3p New York State allocated wage and salary income *(multiply line 3n by line 3o)* .... **3p** [.00]

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