



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning

IT-203**23**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial ZAID PARVEJ		Your last name (for a joint return , enter spouse's name on line below) PATEL		Your date of birth (mmddyyyy) 08061999	Your Social Security number 109-59-0718
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box) 107 CHARLES ST				Apartment number FL 1	New York State county of residence NR
City, village, or post office JERSEY CITY		State NJ	ZIP code 07307	Country NR	
Taxpayer's permanent home address (see instructions) (no. and street or rural route) B-103, YASHODHAN APARTMENT, AGASHI ROAD, BOLINJ				Apartment no. VIRAR WEST, PALGHA	School district code number NR
State 401303	ZIP code INDIA	Country INDIA		Decedent information	Spouse's date of death

A Filing status(mark an **X** in one box):

- ① ☒ Single
- ② ☐ Married filing joint return
(enter both spouses' Social Security numbers above)
- ③ ☐ Married filing separate return
(enter both spouses' Social Security numbers above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? Yes ☐ No ☒**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? Yes ☐ No ☒**D2** (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2023? Yes ☐ No ☒

If Yes:

(2) Number of months you lived in Yonkers in 2023 ... (3) Number of months your spouse lived in Yonkers in 2023 ...

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes ☐ No ☒**E New York City part-year residents only** (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)(1) Number of months you lived in NY City in 2023 (2) Number of months your spouse lived in NY City in 2023 **F** Enter your 2-character special condition code(s) if applicable **G New York State part-year residents**Enter the date you moved into or out of NYS (mmddyyyy) On the last day of the tax year (mark an **X** in one box):1) Lived in NYS ☐2) Lived outside NYS; received income from NYS sources during nonresident period ☐3) Lived outside NYS; received no income from NYS sources during nonresident period ☐**H** Did you or your spouse maintain living quarters in NYS in 2023? Yes ☐ No ☒
(if Yes, complete Form IT-203-B)**I Dependent information**

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an **X** in the box. ☐

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For office use only

Enter your Social Security number
109-59-0718

Federal income and adjustments
Federal amount
Whole dollars only

New York State amount
Whole dollars only

1 Wages, salaries, tips, etc.	1	9890.00	1	9890.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12 Rental real estate included in line 11 (federal amount) 12.00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income Identify:	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	9890.00	17	9890.00
18 Total federal adjustments to income Identify:	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	9890.00	19	9890.00

New York additions

20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21 Public employee 414(h) retirement contributions	21	.00	21	.00
22 Other (Form IT-225, line 9)	22	.00	22	.00
23 Add lines 19 through 22	23	9890.00	23	9890.00

New York subtractions

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income on U.S. government bonds	27	.00	27	.00
28 Pension and annuity income exclusion	28	.00	28	.00
29 Other (Form IT-225, line 18)	29	.00	29	.00
30 Add lines 24 through 29	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23) ..	31	9890.00	31	9890.00

32 Enter the amount from line 31, **Federal amount** column **32** 9890.00



Name(s) as shown on page 1
ZAID PARVEJ PATEL

Enter your Social Security number
109-59-0718

IT-203 (2023) Page 3 of 4

Standard deduction or itemized deduction

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**

33	8000.00
34	1890.00
35	000.00
36	1890.00

Tax computation, credits, and other taxes

37	New York taxable income (from line 36)	37	1890.00
38	New York State tax on line 37 amount	38	75.00
39	New York State household credit	39	45.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	30.00
41	New York State child and dependent care credit	41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	30.00
43	New York State earned income credit	43	.00

44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	30.00
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45	Income percentage	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
		9890.00	9890.00	45 1.0000

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	30.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	30.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50	Total New York State taxes (add lines 48 and 49)	50	30.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51	Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges.
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a	Subtract line 52 from 51	52a	.00	
52b	MCTMT net earnings base for Zone 1..	52b	.00	See instructions to compute the MCTMT for each zone.
52c	MCTMT net earnings base for Zone 2..	52c	.00	
52d	MCTMT for Zone 1	52d	.00	
52e	MCTMT for Zone 2	52e	.00	
52f	Total MCTMT (add lines 52d and 52e)	52f	.00	
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54)	55	.00	
56	Sales or use tax (Do not leave blank.)	56	0.00	
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	30.00	

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Enter your Social Security number

109-59-0718

59 Enter amount from line 58 **59** 30.00**Payments and refundable credits**

60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00
60a	NYC school tax credit (rate reduction amount)	60a	.00
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62	Total New York State tax withheld	62	390.00
63	Total New York City tax withheld	63	.00
64	Total Yonkers tax withheld	64	.00
65	Total estimated tax payments/amount paid with Form IT-370	65	.00
66	Total payments and refundable credits (add lines 60 through 65)	66	390.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.

Do not send federal Form W-2 with your return.**Your refund, amount you owe, and account information**

67	Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	360.00
68	Amount of line 67 available for refund (subtract line 69 from line 67)	68	360.00
68a	Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	360.00

TIP: Use this amount to check your refund status online.**Mark one refund choice:** ☒ **direct deposit** to checking or savings account (fill in line 73) - or - ☐ **paper check****Refund?** Direct deposit is the easiest, fastest way to get your refund.**See instructions for payment options.**

69	Amount of line 67 that you want applied to your 2024 estimated tax (see instructions)	69	.00
70	Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	70	.00
71	Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)	71	.00
72	Other penalties and interest	72	.00
73	Account information for direct deposit or electronic funds withdrawal.		

See instructions for the proper assembly of your return.If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box ☐73a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 021202337

73c Account number 761388161

74 Electronic funds withdrawal Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		
▼ Paid preparer must complete ▼ (see instructions)			
Preparer's signature		Preparer's NYTPRN	NYTPRN excl. code 0 7
Firm's name (or yours, if self-employed) TAXBACK INC		Preparer's printed name ENCHO YORDANOV	
Address		Preparer's PTIN or SSN P01474659	
79 MADISON AVENUE, FLOOR 8, NEW YORK, NY 10016-7810		Employer identification number 20-1184447	
Email:		Date 02/23/2024	
▼ Taxpayer(s) must sign here ▼			
Your signature			
Your occupation STUDENT			
Spouse's signature and occupation (if joint return)			
Date 02/23/2024		Daytime phone number ()	
Email:			

See instructions for where to mail your return.

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

109-59-0718

Box b Employer identification number (EIN)

13-5562308

Box c Employer's information

Employer's name

NEW YORK UNIVERSITY

Employer's address (number and street)

105 E 17TH STREET

City

State

ZIP code

Country

NEW YORK

NY

10003

Box 1 Wages, tips, other compensation

9890.00

Box 12a Amount

.00

Code

Box 14a Amount

196.00

Description

Union dues

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

12.00

Description

NY SDI - New York State Dis

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

9890.00

Box 17a NYS income tax withheld

390.00

Other state information:

Box 15b other state**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country

Box 1 Wages, tips, other compensation

.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state**Box 16b** Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001230094

