



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning

17

and ending

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

Your first name and middle initial MAHENDER BABU		Your last name (for a joint return, enter spouse's name on line below) CHEVVA		Your date of birth (mmddyyyy) 07071987	Your social security number 540859355
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, page 13) (number and street or PO box) 1229 MEADOW CREEK DR				Apartment number D	New York State county of residence NR
City, village, or post office IRVING		State TX	ZIP code 75038	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					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 widow(er) with dependent child

B Did you itemize your deductions on your 2017 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? (see page 14) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 14) Yes No

(2) Enter the amount00

D3 Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes No

E New York City part-year residents only (see page 14)

(1) Number of months you lived in NY City in 2017

(2) Number of months your spouse lived in NY City in 2017

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 15)

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 New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2017? Yes No
(if Yes, complete Form IT-203-B)



I Dependent exemption information (see page 16)

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.



203001173555

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Enter your social security number
540859355

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	33400 .00	1	33400 .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 or C-EZ, 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 (see page 23) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	33400 .00	17	33400 .00
18	Total federal adjustments to income (see page 23) Identify: MOVING EXPENSES	18	2000 .00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	31400 .00	19	33400 .00

New York additions (see page 25)

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	31400 .00	23	33400 .00

New York subtractions (see page 26)

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 (see page 26)	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	31400 .00	31	33400 .00

32 Enter the amount from line 31, **Federal amount** column **32** 31400 .00

Standard deduction or itemized deduction (see page 28)

33	Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	8000 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	23400 .00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	23400 .00

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Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2)	37	23400 .00
38 New York State tax on line 37 amount (see page 29)	38	1173 .00
39 New York State household credit (page 29, table 1, 2, or 3)	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	1173 .00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	1173 .00
43 New York State earned income credit (see page 30)	43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	1173 .00
45 Income percentage (see page 30)	New York State amount from line 31 <input type="text" value="33400 .00"/> ÷ Federal amount from line 31 <input type="text" value="31400 .00"/> = Round result to 4 decimal places <input type="text" value="1.0637"/>	
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	1248 .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	1248 .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	1248 .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 on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.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 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0 .00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate and Testicular Cancer Research and Education Fund	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57k Homeless Veterans	57k	.00
57l Mental Illness Anti-Stigma Fund	57l	.00
57m Women's Cancers Education and Prevention Fund	57m	.00
57n Autism Fund	57n	.00
57o Veterans' Homes	57o	.00
57 Total voluntary contributions (add lines 57a through 57o)	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	1248 .00



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Enter your social security number
540859355

59 Enter amount from line 58 59 1248 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include amount overpaid, refund choice (direct deposit or paper check), amount applied to tax, and estimated tax penalty.

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). 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 (see pg. 38)

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 121000358 73c Account number 325061398766

74 Electronic funds withdrawal (see page 38) Date [] Amount [] .00

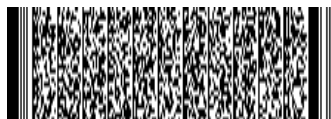
Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's NYTPRN, NYTPRN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, E-mail.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, E-mail.

See instructions for where to mail your return.

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Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

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

540859355

Box b Employer identification number (EIN)

371795098

Box c Employer's information

Employer's name			
SP TECHNOLOGIES INC			
Employer's address (number and street)			
2209 BLENDED TREE RANCH DRIVE			
City	State	ZIP code	Country (if not United States)
LEANDER	TX	78641	

Box 1 Wages, tips, other compensation

33400.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

18.00

Description

NY SDI

Box 14b Amount

32.00

Description

NY PFL

Box 14c Amount

.00

Description

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.

33400.00

Box 17a NYS income tax withheld

1679.00

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 7400.00

Locality b .00

Box 19 Local income tax withheld

Locality a 216.00

Locality b .00

Box 20 Locality name

Locality a NYC

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 (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

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

NO HANDWRITTEN ENTRIES ON THIS FORM

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