



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, 2021, through December 31, 2021, or fiscal year beginning

IT-203

21

and ending

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

Your first name and middle initial JAROSLAW P		Your last name (for a joint return, enter spouse's name on line below) LAUSZ		Your date of birth (mmddyyyy) [REDACTED]	Your Social Security number [REDACTED]
Spouse's first name and middle initial EMILIA E		Spouse's last name LAUSZ		Spouse's date of birth (mmddyyyy) [REDACTED]	Spouse's Social Security number [REDACTED]
Mailing address (see instructions, page 12) (number and street or PO Box) [REDACTED]				Apartment number [REDACTED]	New York State county of residence NR
City, village, or post office [REDACTED]		State [REDACTED]	ZIP code [REDACTED]	Country [REDACTED]	School district name NR
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route) [REDACTED]				Apartment no. [REDACTED]	City, village, or post office [REDACTED]
State [REDACTED]				ZIP code [REDACTED]	Country [REDACTED]
Decedent information [REDACTED]				Taxpayer's date of death [REDACTED]	Spouse's date of death [REDACTED]

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)

- B** Did you itemize your deductions on your 2021 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 13) Yes ☐ No ☒
- D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes ☐ No ☒

E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021
- (2) Number of months your spouse lived in NY City in 2021

F Enter your 2-character special condition code(s) if applicable (see page 13) **G New York State part-year residents** (see page 14)

- 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 14)

- Did you or your spouse maintain living quarters in NYS in 2021? Yes ☐ No ☒
- (If Yes, complete Form IT-203-B)

I Dependent information (see page 14)

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

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Federal income and adjustments (see page 16)**Federal amount**
Whole dollars only**New York State amount**
Whole dollars only

1 Wages, salaries, tips, etc.	1	0 .00	1	0 .00
2 Taxable interest income	2	0 .00	2	0 .00
3 Ordinary dividends	3	0 .00	3	0 .00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	0 .00	4	0 .00
5 Alimony received	5	0 .00	5	0 .00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	0 .00	6	0 .00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	0 .00	7	0 .00
8 Other gains or losses (submit a copy of federal Form 4797)	8	0 .00	8	0 .00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	0 .00	9	0 .00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	0 .00	10	0 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	0 .00	11	0 .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	0 .00	13	0 .00
14 Unemployment compensation	14	0 .00	14	0 .00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	0 .00	15	0 .00
16 Other income (see page 22) Identify:	16	0 .00	16	0 .00
17 Add lines 1 through 11 and 13 through 16	17	0 .00	17	0 .00
18 Total federal adjustments to income (see page 22) Identify:	18	0 .00	18	0 .00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	0 .00	19	0 .00
19a Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	0 .00	19a	0 .00

New York additions (see page 24)

20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	0 .00	20	0 .00
21 Public employee 414(h) retirement contributions	21	0 .00	21	0 .00
22 Other (Form IT-225, line 9)	22	0 .00	22	0 .00
23 Add lines 19a through 22	23	0 .00	23	0 .00

New York subtractions (see page 25)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	0 .00	24	0 .00
25 Pensions of NYS and local governments and the federal government (see page 25)	25	0 .00	25	0 .00
26 Taxable amount of Social Security benefits (from line 15)	26	0 .00	26	0 .00
27 Interest income on U.S. government bonds	27	0 .00	27	0 .00
28 Pension and annuity income exclusion	28	0 .00	28	0 .00
29 Other (Form IT-225, line 18)	29	0 .00	29	0 .00
30 Add lines 24 through 29	30	0 .00	30	0 .00
31 New York adjusted gross income (subtract line 30 from line 23) ..	31	0 .00	31	0 .00

32 Enter the amount from line 31, Federal amount column	32	0 .00
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JAROSLAW P AND EMILIA E LAUSZ

Standard deduction or itemized deduction (see page 27)33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).Mark an **X** in the appropriate box: ... ☐ **Standard** - or - ☐ **Itemized**

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)

35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)

36 **New York taxable income** (subtract line 35 from line 34)

33	16050.00
34	0.00
35	000.00
36	0.00

Tax computation, credits, and other taxes37 **New York taxable income** (from line 36)38 **New York State tax on line 37 amount** (see page 28)39 **New York State household credit** (page 28, table 1, 2, or 3)

40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)

41 **New York State child and dependent care credit** (see page 29)

42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)

43 **New York State earned income credit** (see page 29)

37	0.00
38	0.00
39	0.00
40	0.00
41	0.00
42	0.00
43	0.00

44 **Base tax** (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

44	0.00
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45 **Income percentage** (see page 29) **New York State amount from line 31** .00 ÷ **Federal amount from line 31** .00 = **45** 0 Round result to 4 decimal places

46 **Allocated New York State tax** (multiply line 44 by the decimal on line 45)47 **New York State nonrefundable credits** (Form IT-203-ATT, line 8)

48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)

49 **Net other New York State taxes** (Form IT-203-ATT, line 33)50 **Total New York State taxes** (add lines 48 and 49)

46	0.00
47	0.00
48	0.00
49	0.00
50	0.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT51 **Part-year New York City resident tax** (Form IT-360.1) **51**0052 **Part-year resident nonrefundable New York City child and dependent care credit** **52**0052a Subtract line 52 from 51 **52a**0052b **MCTMT net earnings base** **52b**0052c **MCTMT** **52c**0053 **Yonkers nonresident earnings tax** (Form Y-203) **53**0054 **Part-year Yonkers resident income tax surcharge** (Form IT-360.1) **54**0055 **Total New York City and Yonkers taxes / surcharges and MCTMT** (add lines 52a, and 52c through 54) **55**0056 **Sales or use tax** (See the instructions on page 31. Do not leave line 56 blank.) **56** 0.0057 **Voluntary contributions** (Form IT-227, Part 2, line 1) **57** 0.0058 **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** 0.00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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Enter your Social Security number

59 Enter amount from line 58 5900

Payments and refundable credits (see page 32)

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	8491 .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	8491 .00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 34 through 36)

67	Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 34)	67	8491 .00
68	Amount of line 67 available for refund (subtract line 69 from line 67)	68	8491 .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	8491 .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 page 35 for payment options.

69	Amount of line 67 that you want applied to your 2022 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; see page 35)	71	.00
72	Other penalties and interest (see page 35)	72	.00

See page 38 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 (see pg. 36) ☐

73a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 36) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name Email:	Designee's phone number ()	Personal identification number (PIN)
Preparer's signature	Preparer's NYTPRN	NYTPRN excl. code	
Firm's name (or yours, if self-employed) SEC- PREPARED	Preparer's printed name	Preparer's PTIN or SSN	
Address	Employer identification number	Date	
Email:			
Taxpayer's must sign here			
Your signature <i>J. Kim</i>			
Your occupation <i>CARPENTER</i>			
Spouse's signature and occupation (if joint return) <i>ASST. CONTROLLER</i>			
Date <i>04-11-2022</i>		Daytime phone number	
Email:			

See instructions for where to mail your return.

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**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040-SR, or 1040-X.

▶ Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

Attachment
Sequence No. 04**You must take the following steps before filing Form 4852**

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.
- If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you to file with your return.

1 Name(s) shown on return Jaroslaw P Lausz		2 Your social security number [REDACTED]															
3 Address [REDACTED]																	
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2021</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.																	
5 Employer's or payer's name, address, and ZIP code [REDACTED]		6 Employer's or payer's TIN (if known) [REDACTED]															
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. <table style="width: 100%;"><tr><td style="width: 50%;">a Wages, tips, and other compensation <u>0</u></td><td style="width: 50%;">f State income tax withheld <u>4816.62</u></td></tr><tr><td>b Social security wages <u>0</u></td><td>(Name of state) <u>New York</u></td></tr><tr><td>c Medicare wages and tips <u>0</u></td><td>g Local income tax withheld <u> </u></td></tr><tr><td>d Social security tips <u> </u></td><td>(Name of locality) <u> </u></td></tr><tr><td>e Federal income tax withheld <u>8065.46</u></td><td>h Social security tax withheld <u>5601.66</u></td></tr><tr><td></td><td>i Medicare tax withheld <u>1310.13</u></td></tr></table>				a Wages, tips, and other compensation <u>0</u>	f State income tax withheld <u>4816.62</u>	b Social security wages <u>0</u>	(Name of state) <u>New York</u>	c Medicare wages and tips <u>0</u>	g Local income tax withheld <u> </u>	d Social security tips <u> </u>	(Name of locality) <u> </u>	e Federal income tax withheld <u>8065.46</u>	h Social security tax withheld <u>5601.66</u>		i Medicare tax withheld <u>1310.13</u>		
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9 How did you determine the amounts on lines 7 and 8 above?
The amounts provided by the Payer under "Wages" are incorrect. The amounts listed do not qualify as "Wages" as defined in IRC Sections 3401 (a) and 3121 (a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

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--	--

3 Address [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2021I have been unable to obtain (or have received an incorrect) ☒ Form W-2 **OR** ☐ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code [REDACTED]	6 Employer's or payer's TIN (if known) [REDACTED]
--	---

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	
b Social security wages	0	(Name of state)	
c Medicare wages and tips	0	g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld		h Social security tax withheld	67.32
		i Medicare tax withheld	15.74

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	(Name of state)	
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

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3 Address [REDACTED]			
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2021</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
5 Employer's or payer's name, address, and ZIP code [REDACTED]		6 Employer's or payer's TIN (if known) [REDACTED]	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation		0	
b Social security wages		0	
c Medicare wages and tips		0	
d Social security tips			
e Federal income tax withheld		5151.86	
f State income tax withheld		3674.29	
		(Name of state) New York	
g Local income tax withheld			
		(Name of locality)	
h Social security tax withheld		4542.98	
i Medicare tax withheld		1062.47	
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined		(Name of state)	
d Total distribution		h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

JK.