



Income Allocation Questionnaire

Table with 3 columns: Tax year, Taxpayer name, Audit case ID

You must verify the amount of income you allocated to New York State as reported in the New York State amount column of your income tax return.

Complete this questionnaire for each employer (for each taxpayer if a joint return). Attach additional sheets if necessary.

Employer name and address: \_\_\_\_\_

Job title: \_\_\_\_\_

Period of employment (full year or specific dates): \_\_\_\_\_

Assigned primary work location: \_\_\_\_\_

If your assigned primary work location changed during the tax year, provide proof of this change.

Total compensation for the period of employment (from federal Forms W-2): \_\_\_\_\_

Provide a full description of the composition of your wages (base compensation, bonuses, stock options, sick pay, vacation pay, severance pay, gambling income, unemployment compensation, etc.)

Total number of days in the employment period: \_\_\_\_\_

Total number of non-working days (weekends, holidays, vacation, sick leave, etc.): \_\_\_\_\_

Total number of working days: \_\_\_\_\_

Total days worked at home: \_\_\_\_\_

Location of working days:

Table with 4 columns: Address, Type of work location, Number of days worked at location, Nature of duties performed

You must be prepared to provide documentation substantiating the above day counts upon request.

If you telecommuted from a location or locations outside New York State, please specify whether any such location constituted a bona fide employer office, and provide proof of actions taken by the employer, if any, to establish a bona fide employer office at that location.

I certify that the information given herein is true and correct.

Table with 3 columns: Date, Signature, Social Security number

