For office use only

/1987/ NEW YORK STATE · CITY OF NEW YORK · CITY OF YONKERS **AMENDED RESIDENT** **INCOME TAX RETURN** **IT-201-X**

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE For Jan 1 – Dec 31, 1987 or fiscal tax year beginning , 1987, ending , 19

Print or Type

Last name	First name and middle initial *(if joint, enter both names)*	Your social security number
Mailing address *(number and street or rural route)*	Apartment number	Spouse's social security number
City, village or post office	State ZIP code	

(A) Filing Status — Check only one box
- ① [ ] Single
- ② [ ] Married filing joint return
- ③ [ ] Married filing separate return *(enter spouse's social security number above)*
- ④ [ ] Head of household *(with qualifying person)*
- ⑤ [ ] Qualifying widow(er) with dependent child

(B) Can you be claimed as a dependent on another taxpayer's federal return?..........Yes [ ] No [ ]

(C) Part-year residents: If you were a New York State resident for only part of the year, enter the number of months of New York State residence and attach Form IT-360 .... [number of months]

(D) Has your 1987 federal return been audited by IRS? Yes [ ] No [ ] If yes, see instructions.

(E) If your amended return is: [ ] Form IT-100, see instructions [ ] Form IT-200, fill in lines marked • [ ] Form IT 201, fill in lines that apply.

Part I

				(A) Original Return *(see instructions)*	(B) Increase or Decrease *(explain in Part II)*	(C) Amended Return
Tax Computation	• 1	Adjusted gross income (federal) *(see instructions)*	1			
	• 2	New York adjustments *(see instructions)*	2			
	• 3	New York adjusted gross income *(line 1 and add or subtract line 2)*	3			
	• 4	NY deduction — Check one [ ] Standard [ ] Itemized	4			
	• 5	Subtract line 4 from line 3	5			
	• 6	Exemptions — Enter number claimed on amended return [ ]	6			
	• 7	New York taxable income *(subtract line 6 from line 5)*	7			
	• 8	New York State tax on line 7 amount *(see instructions)*	8			
	9a	Additional tax on unearned income *(see instructions)*	9a			
	9b	Amount from Form IT-201-ATT, Part V, line 12 [On original IT-201-ATT] [On amended IT-201-ATT] **9b**				
	• 10	Total *(add lines 8 and 9a)*	10			
Credits/Other Taxes/Gift/Totals	• 11	New York State household credit *(see instructions)*	11			
	• 12	Subtract line 11 from line 10 *(if line 11 is more than line 10, enter "0")*	12			
	• 13	Other New York State credits *(see instructions)*	13			
	• 14	Subtract line 13 from line 12 *(if line 13 is more than line 12, enter "0")*	14			
	15	Other New York State taxes *(see instructions)*	15			
	• 16	Total New York State tax *(add lines 14 and 15)*	16			
	• 17	City of New York resident tax	17			
	• 18	City of New York household credit *(see instructions)*	18			
	• 19	Subtract line 18 from line 17 *(if line 18 is more than line 17, enter "0")*	19			
	20	Other City of New York credits *(see instructions)*	20			
	• 21	Subtract line 20 from line 19 *(if line 20 is more than line 19, enter "0")*	21			
	22	City of New York nonresident earnings tax	22			
	23	Other City of New York taxes *(see instructions)*	23			
	• 24	City of Yonkers resident income tax surcharge	24			
	25	City of Yonkers nonresident earnings tax	25			
	26	Part-year City of Yonkers resident income tax surcharge	26			
	• 27	Gift for wildlife *(you cannot change the amount you gave)*	27	00		00
	• 28	Total NY State, City of NY and City of Yonkers taxes and Gift for Wildlife *(add lines 16 and 21 through 27)*	28			
Payments	• 29	Real property tax credit *(if any qualified member of household is age 65 or older, check box)* [ ]	29			
	• 30	Total New York State tax withheld	30			
	• 31	Total City of New York tax withheld	31			
	• 32	Total City of Yonkers tax withheld	32			
	33	Estimated tax paid/Paid with Form IT-370	33			
	• 34	Amount paid with original return plus additional tax paid after it was filed *(see instructions)*	34			
	• 35	Add lines 29 through 34, column C	35			
	• 36	Overpayment, if any, as shown on original return (or as previously adjusted by NYS) *(see instructions)*	36			
	• 37	Subtract line 36 from line 35	37			
	• 38	If line 37 is larger than line 28, column C, enter difference: this is the amount to be **refunded to you**	38			
	• 39	If line 28 column C, is larger than line 37, enter difference; this is the **amount you owe** *(Do not send cash; attach check or money order payable to NY State Income Tax; write your soc. sec. # on it) (see instructions)*	39			

Important: You must complete Part II and sign return on page 2.

Part II — Explanation of Changes — For all changes to information or amounts you reported on your original return, give the item or line reference and explain why each change was made. Attach any schedules or forms that apply. If you need more space, attach a schedule marked "Part II".

NOTE. If your replies to items (A), (B) and (C) are not the same as on your original return, explain why.

			Date	Spouse's signature *(if joint return)*	
Sign Your Return	Your signature				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☐	Preparer's social security num
	Firm's name *(or yours, if self-employed)*	Address		E.I. No.	