

For office use only

New York State Department of Taxation and Finance



Amended Resident Income Tax Return

New York State • City of New York • City of Yonkers
For Jan. 1 — Dec. 31, 1990, or fiscal tax year beginning

IT-201-X

, 1990, ending , 19

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

- (A) Filing status —
- ① Single
 - ② Married filing joint return
(enter spouse's social security number above)
 - 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) Is this return the result of federal audit changes? Yes No
If yes:

1. What was the date of the final federal determination? / /
2. Do you concede the federal audit changes? Yes No
(if no, explain why in Part III on back)
3. Do the changes involve a partnership or S corporation? Yes No
(if yes, complete Part II on back)

(D) Check this box if your original return was filed on Form IT-100
(E) Enter the number of exemptions claimed on your federal return

Part I — Amending Your New York Return

	(A) Original Return <i>(see instructions)</i>	(B) Increase or Decrease <i>(explain in Part III or IV)</i>	(C) Amended Return
Tax Computation			
1 Federal adjusted gross income <i>(see instructions)</i>	1		
2 New York adjustments <i>(see instructions)</i>	2		
3 New York adjusted gross income <i>(line 1 and add or subtract line 2)</i>	3		
4 Check one <input type="checkbox"/> Standard deduction <input type="checkbox"/> Itemized deduction	4		
5 Subtract line 4 from line 3	5		
6 Dependent exemptions <i>(see instructions)</i>	6	000 00	000 00
7 Taxable income <i>(subtract line 6 from line 5)</i>	7		
8 New York State tax on line 7 amount <i>(see instructions)</i>	8		
9 New York State child and dependent care credit <i>(see instructions)</i>	9		
10 Subtract line 9 from line 8 <i>(if line 9 is more than line 8, enter "0")</i>	10		
11 New York State household credit <i>(see instructions)</i>	11		
12 Subtract line 11 from line 10 <i>(if line 11 is more than line 10, enter "0")</i>	12		
13 Other New York State credits <i>(see instructions)</i>	13		
14 Subtract line 13 from line 12 <i>(if line 13 is more than line 12, enter "0")</i>	14		
15 Other New York State taxes <i>(see instructions)</i>	15		
16 Total New York State taxes <i>(add lines 14 and 15)</i>	16		
Credits/Other Taxes/Gift/Totals			
17 City of New York resident tax	17		
18 City of New York household credit <i>(see instructions)</i>	18		
19 Subtract line 18 from line 17 <i>(if line 18 is more than line 17, enter "0")</i>	19		
20 City of New York nonresident earnings tax	20		
21 Other city of New York taxes <i>(see instructions)</i>	21		
22 City of Yonkers resident income tax surcharge	22		
23 City of Yonkers nonresident earnings tax	23		
24 Part-year city of Yonkers resident income tax surcharge	24		
25 Gift to Wildlife <i>(you cannot change the amount you gave)</i>	25	00	00
26 Total NY State, city of NY and city of Yonkers taxes and Gift to Wildlife <i>(add lines 16 and 19 through 25)</i>	26		
27 Real property tax credit <i>(if any qualified member of household is age 65 or older, check box)</i> <input type="checkbox"/>	27		
28 Total New York State tax withheld	28		
29 Total city of New York tax withheld	29		
30 Total city of Yonkers tax withheld	30		
Payments			
31 Estimated tax paid/Amount paid with Form IT-370	31		
32 Amount paid with original return plus additional tax paid after your original return was filed <i>(see instructions)</i>	32		
33 Add lines 27 through 32, column (C)	33		
34 Overpayment, if any, as shown on original return (or previously adjusted by New York State) <i>(see instructions)</i>	34		
35 Subtract line 34 from line 33	35		
36 If line 35 is more than line 26, column (C), enter the difference; this is the amount to be refunded to you	36		
37 If line 35 is less than line 26, column (C), enter the difference; this is the amount you owe <i>(Do not send cash; attach check or money order payable to NY State Income Tax; write your soc. sec. number on it — see instructions)</i>	37		

Important: You must complete any parts that apply and sign your return on the back.

Part II — Partnership or S Corporation — If this form is being used to report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information:

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		

Part III — Federal Changes — After completing Part I on the front page, explain the changes made by the Internal Revenue Service (IRS) here.

38a List federal adjustments _____	38a		41 Corrected federal <input type="checkbox"/> adjusted gross income, <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	41	
b _____	b		42 Corrected federal tax	42	
c _____	c		43 Federal tax shown on return	43	
d _____	d		44 Increase (decrease) in federal tax	44	
e _____	e		45 Penalties	45	
39 Net federal adjustments — increase (decrease)	39		46 Interest	46	
40 Previously reported federal <input type="checkbox"/> adjusted gross income <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	40		47 Total federal amount assessed (add lines 44, 45 and 46)	47	

If you did not concede the above changes and checked the *No* box in question 2 at item (C) on the front page, explain why.

Part IV — Other Changes — Explain any changes not shown in Part III.

Give the item or line reference from the front page and explain why each change was made. Attach any schedules or forms that apply. If you need more space, attach a schedule marked **Part IV**.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Sign Your Return	Your signature	Date
	Firm's name (or yours, if self-employed)	Preparer's social security number			Spouse's signature (if joint return)	Date
	Address	Employer identification number				