New York State Department of Taxation and Finance

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Fo	or office use only		Amended Nonresident and Income Tax Return New York State For the year January 1 through December 31, 19	ite • City	of Ne	w York •	City of Y	′onker	<u>19</u> 95	95 and	ending		20 ⊥) 3- □ +	·X
		Print or type	Last name First name and Mailing address (number and street or rural route) City, village or post office		nitial <i>(if jo</i>		tment num			+		ΗÍI	umber ty numb	Der	
(A)	Filing status - 2 mark an "X" in one 4		Single Married filing joint return * Married filing separate return * Head of household (with qualifying person) * For filing status 2 or 3, enter both spouses' social security numbers above, unless filing Form IT-203-C (see IT-203 instr.).	(B) (C)	anoth	er taxpaye	nimed as a er's federal mended fe hy in Part I	return	?	. Ye]	No No		
` ,	Enter New York your original 1	1995	Qualifying widow(er) with dependent child usted gross income as reported on line 30 of 5 Form IT-203 return (see IT-203 instructions)] 	F.	Dollars	mount	Cents] [Ne		rk Sta		moun	Cents
Par	t I — Federal	Inc	come and Adjustments nat changed, and the original amounts for unchanged items.		F	ederal A Dollars	mount	Cents		Ne		rk Sta		moun	nt Cents
	Taxable interest in Dividend income Taxable refunds, credits	or of	etc. ne ffsets of state and local income taxes (also enter on line 23)	1. 2. 3. 4. 5.		, , , , , , , , , , , , , , , , , , ,			1. 2. 3. 4. 5.	; ; ;					
7 8 9	Capital gain or los Other gains or los Taxable amount o	ss <i>(a</i> sses of IR.	attach copy of federal Schedule C or C-EZ, Form 1040) attach copy of federal Schedule D, Form 1040)	6. 7. 8. 9.	-,-				6. 7. 8. 9.						

3	Dividend income	3. 3. 4	
4	Taxable refunds, credits or offsets of state and local income taxes (also enter on line 23)	4. 4. 4. 4. 4. 4.	
5	Alimony received	5. 5. 5. 5.	
6	Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)	6. 6. 6. 6.	
7	Capital gain or loss (attach copy of federal Schedule D, Form 1040)	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	
8	Other gains or losses (attach copy of federal Form 4797)	8.	
9	Taxable amount of IRA distributions	9. 9. 9. 9. 9.	
10	Taxable amount of pensions and annuities	10.	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.	
12	Farm income or loss (attach copy of federal Schedule F, Form 1040)	12.	
13	Unemployment compensation	13.	
14	Taxable amount of social security benefits (also enter on line 25)	14.	
15	Other income (see IT-203 instr.) Identify:	15.	
16	Add lines 1 through 15	16.	
17	Total federal adjustments to income (see IT-203 instr.) Identify:	17.	
18	Subtract line 17 from line 16. This is your amended federal adjusted gross		
	income	<u> 18. </u>	
Ne	w York Additions (see IT-203 instructions):		
19	Interest income on state and local bonds (but not those of NYS or its localities)	19. , , 19. , , .	
20	Public employee 414(h) retirement contributions	20.	
21	Other (see IT-203 instr.) Identify:	21.	
22	Add lines 18 through 21	22.	
Ne	w York Subtractions (see IT-203 instructions):		
23	Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)	23. , , 23. , ,	
24	Pensions of New York State and local governments and the federal government	24.	
25	Taxable amount of social security benefits (from line 14 above)	25.	
26	Interest income on U.S. government bonds	26.	
27	Pension and annuity income exclusion (see IT-203 instructions)	27.	
28	Other (see IT-203 instr.) Identify:	28.	
29	Add lines 23 through 28. This is the total of your New York Subtractions	<u>29. </u>	
Ne	w York Adjusted Gross Income		
30	Subtract line 29 from line 22. This is your New York adjusted gross income.		
	Enter here and next to line 44 (If zero or less, see IT-203 instructions.)	30. , , , , , ,	

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			In			Dec	crease				1A	men			our		
31	New York adjusted gross income from line 30, Federal Amount				ollars			Cents				Do	ollars			(Cents
	column on the front page	31.							31.		_ <u> </u>		_,	\bot		•	
32	Check one: Standard deduction or Itemized deduction Amount =	32.			<u> </u>		•		32.		<u> </u>		_ [•	
33	Subtract line 32 from line 31 (if line 32 is more than line 31 enter "0")	33.							33.		- <u>í</u> -		Ξį			•	
	Exemptions for dependents only (not the same as federal; see IT-203-X-I, page 2)	34.				0 0	0.	0 0	34.		_,		_ ;	0 0	0 (. (0 0
	Subtract line 34 from line 33. This is your taxable income	35.			,				35.	\top	ı		_;·		Ť	1.	
	•	36.	T	Т	П	Т	П		36.	-	- <u>; </u>	+	<u>.</u>	+	+		-
	New York State tax on line 35 amount (see IT-203-X-1, page 2)	30.			_ ز ــــــ		•		30.	_	-, -		_,	_	\perp	<u> </u>	_
31	NYS child & dependent care credit persons cared for in 1995:	07				П	П		37.					\top	$\overline{}$		$\overline{}$
	Amount of federal credit for child and dependent care: x 20% (.2) =						⊢-1•							+	+	-	+
38	Excess deductions credit (from worksheet on page 22 of instructions)	38.					•		38.					_		•	_
	For standard deduction filers, amount from Worksheet SD, line g, page 22												_	_			
39	New York State household credit (see page 23 of IT-203 instructions)	39.							39.					╙	Щ.	•	Щ.
40	Add lines 37 through 39	40.							40.		_		_ ;			•	
41	Subtract line 40 from line 36 (if line 40 is more than line 36, enter "0")	41.							41.		- <u>í</u> -		Ξį.			•	
42	New York State earned income credit (from Form IT-215; attach form)	42.							42.		_,		Ξí				
	Subtract line 42 from line 41 (if line 42 is more than line 41, enter "0")	43.							43.				ī			1.	
	Income percentage (see IT-203 instructions)									_	- , —		_,				
~~	,																
	Amount from line 30, New York State Amount Amount from line 30, Federal Amount The state Amount from line 30, Federal Amount from	44					Т		44				Т	Т	$\overline{}$	Т	\top
		44.				•			44.	-	1	\top	4	1	ᆛ		+
	Multiply line 43 by the decimal on line 44. This is your allocated New York State tax	45.			т т				45.		- i —	₩		+	+	! -	+
46	Other New York State credits (see IT-203-X-I, page 2)	46.	⊥,		⊥,.				46.	4	_ إ _	\sqcup	_;	_	 	-	4
47	Subtract line 46 from line 45 (if line 46 is more than line 45, enter "0")	47.							47.	4	_ ;	\coprod	_;		$oldsymbol{\perp}$	•	_
48	Net other New York State taxes (see IT-203-X-I, page 2)	48.	<u> </u>		<u> </u>		•		48.		. i		_,	\perp		•	
49	Add lines 47 and 48. This is the total of your New York State taxes	49.							49.		_		_ [•	
50	City of New York nonresident earnings tax (attach Form NYC-203)	50.			П		•		50.		- <u>í</u> -		Ξį.			•	
	Other city of New York taxes (from Form IT-203-ATT, line 41)	51.	Ţ		Ţ		Π.		51.		- <u>î</u> -						
	City of Yonkers nonresident earnings tax (attach Form Y-203)	52.	┬ ` i		<u></u>		П.		52.		-i-	Ħ	_;				\top
	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	53.	┼ ;		<u> </u>				53.	\neg	- i —	T	-;	_	+	1.	\top
		54.			۰.,				54.	-	- <u>; </u>	$\dagger \dagger \dagger$	<u>.</u>	+	+	. (0 0
	Gifts/Contributions from original return (cannot be amended)	34.							J 4 .	_	- ,		_ ;		\perp		<u> </u>
55	Add lines 49 through 54 . This is the total of your taxes and gifts.								F.F.	\neg		\top	\dashv	\top	\top	П	\neg
	Also enter this amount on line 65	55.				<u> </u>	П		55.		_ j	ш	_ ;	-	╆		+
	Part-year resident refundable earned income credit (see IT-203-X-I, page 3)	56.	1 1						56.	$\overline{}$	1	$\overline{}$		+	┿	•	+
	Total NY State tax withheld (see IT-203-X-I, page 3)	57.			<u></u>		 !-	_	57.	<u> </u>		1	_,		+	•	_
58	Total New York City tax withheld (see IT-203-X-I, page 3)	. 58.	 		<u> </u>		<u> </u>		58.	_	!	$\downarrow \downarrow \downarrow$	_ ;	_	4	•	4
59	Total Yonkers tax withheld (see IT-203-X-I, page 3)	. 59.	<u></u>		۰,				59.	\bot		$\sqcup \!\!\! \perp$	_;	\bot	Щ	•	
60	Total estimated tax payments and amount paid with extension Form IT-370	60 .	⊥,		⊥,		•		60.		_ ;		_,	\perp		•	
61	Amount paid with original return (see IT-203-X-I, page 3)								61.		_}_		_!			•	
62	Add lines 56 through 61, Amended Amount column. This is the total o	of your p	aymei	nts .					62.		- <u>i</u>		Ŧį.			•	
63	Overpayment, if any, as shown on original return (or previously adjusted by	v New Yo	ork Sta	ate) (s	ee IT-2	203-X-	I. page	3)	63.		<u> </u>		_ <u>í</u>			•	
	Subtract line 63 from line 62 (see IT-203-X-I, page 3 if line 63 is more than	•		, .							- <u>î</u> —						
	Enter amount from line 55, Amended Amount column	,									-i-	Ħ	_;				\top
	If line 65 is less than line 64, enter the difference here; this is your ref								-	_	- i —	T	- '	_	\top	1.	\top
	If line 65 is more than line 64, enter the difference here; this is the am									-	- i —	1 1	- '	+	+		_
	il lille 05 is more than lille 04, enter the difference fiere, this is the an	iount y	ou ow	e (56	e 11-2	υ <i>3-</i> λ-Ι	i, paye	3)	01.		_ ;		<u> </u>		<u></u>		
Cor	mplete all questions and parts below and on page 3 that	apply	to yo	our a	ame	nded	d retu	ırn.									
			/E\	Did v	ou ito	mizo v	our do	ductions	s on you	ır							
(E)	Is this return the result of federal audit changes ? Yes No		(L)					return		וג							
	If Yes, complete items 1-3 below and Part III on page 3:			amer	ided fe	ederal	return	(1040X), if filed				_	7		_	_
	1. Enter the date of the final federal determination		(0)	•			• •				٠٠ /	⁄es]	No		╛
_	2. Do you concede the federal audit changes?		(G)	1. 0	riginal	returi	n filed	as: (che	ck one)					_			
	(If No , explain why in Part III on page 3) Yes No				N	Nonres	sident	or	Pa	rt-yea	ar resi	dent	or	. L	R	esid	lent
	3. Do the changes involve a partnership or							_									
=				2. A	mende	ed retu	urn file	d as:	Nor	resid	lent	or		Pa	rt-ve	ar re	siden
	——————————————————————————————————————							_							. ,		
=	S corporation? (If Yes, complete Part II below.) Yes No Part II – Partnership or S corporation - If this for																
	Part II – Partnership or S corporation - If this for	rm is	bein	g us	sed t	to re	eport	adiu	ıstme	nts	to	par	tne	rsh	ip (or	
=	S corporation income, gain, loss or ded			_			-	-							•		
	Name of partnership or S corporation Identifying number		, [-,					ness a							—		
	Traine or partite only or 3 corporation Identifying number	DEI				iiicipa	aı DUSI	iicss d	Cuvity								
	Address of posts and in an Construction																
	Address of partnership or S corporation																

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IT-203-X (1995) Page 3 Name(s) as shown on page 1 Your social security number Part III - Federal Changes - After completing Part I, explain below the changes made by the Internal Revenue Service (IRS) 68 List federal adjustments 71 Corrected adjusted gross income, 68a. federal taxable income, or (check one 68b. b 71. and enter) tax table income 68c. 72. **72** Corrected federal tax 68d. d 73. Federal tax shown on return 68e. 74 Increase (decrease) in federal tax ... 74. е Net fed. adj.- increase or (decrease) . . 75. 69 75 Penalties Previously Interest 76. adjusted gross income, 76 reported Total fed. amount assessed (add lines 74-76) taxable income, or federal 70. (check one) tax table income If you did not concede the above changes and checked the No box in question 2 at item (E) on page two, explain why. Part IV - Other Changes - Explain any changes not shown in Part III. Give the item or line reference from pages 1 and 2 and explain why each change was made. Attach any schedules or forms that apply. If you checked the No box at item (C) on page one explain why. If you need more space, attach a schedule marked Part IV.

Paid Preparer's Use Only	Preparer's signature	Date		_	ark "X" if If-emplo		
	Firm's name (or yours, if self-employed)		Prepare	r's s	ocial se	curity	number
Address			Employe	er id	entificat	ion nui	mber

Sign		Your signature								
Your	, –									
Tour		Spouse's signature (if joint return)								
Retu	ırn									
Here		Date	Daytime phone number (optional)							
nere	,		()							

Information on References to Instructions Made on This Form

Form IT-203-X has its own instructions, Form IT-203-X-I, that should have been provided to you with Form IT-203-X. When you see a reference to *IT-203-X-I*, page 2, for example, you can find the information you need on page 2 of Form IT-203-X-I. This instruction is specific to the lines on the IT-203-X amended return that are not on Form IT-203, and to lines with special restrictions or computations.

You will also see many references to the instructions for Form IT-203. These instructions are printed in a booklet with form number *IT-203-P*. Be sure that you have a copy of the **1995** IT-203 instructions before you begin to complete your 1995 IT-203-X amended return.

Both instructions are available on the Department's fax-on-demand system and Internet website. See **Need Help?** below for complete information on how to get forms and assistance.

Need Help?

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. **For business tax information and forms**, call the Business Tax Information Center at 1 800 972-1233. **For general information**, call toll free 1 800 225-5829. **To order forms and publications**, call toll free 1 800 462-8100. **From areas outside the U.S. and outside Canada**, call (518) 485-6800.

Fax-on-Demand Forms Ordering System - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

Internet Access - http://www.tax.state.ny.us

Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

Mailing Address - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.



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