	New York State Department of Taxation and Finance								/				
F	Amended Nonresident and	d Pa	rt-	Ye	ar	Re	sid	ent	5 199			~~	~ \/
	Income Tax Refurn New York Star								<del>د ۲</del> ۲	9		20	3-X
									96				
	For the year January 1 through December 31, 19	96, or fise	cal ta	x yea	ar beg	inning		<u>T   1</u>	90	and e	ending		<u>    T    I                            </u>
	Last name First name and	l middle i	nitial	(if jo	int retu	ırn, ente	er both n	ames)	<b>▼</b> Υοι	ır socia	I security r	number	
	For the year January 1 through December 31, 199 Last name First name and Mailing address (number and street or rural route) City, village or post office									<u>+</u>	+		
	Mailing address (number and street or rural route)					Apartn	nent nu	mber	Spor	use's so	ocial secur	ty numbe	er
			<u>.</u>		71								
	City, village or post office		State		ZII	P code	;						
/ • `	(1) Single												
(A)	Filing Morried filing	1 (B)		-				•	ndent on ?	Voc		No	
	status – 2 Married filing joint return * <i>For filing status 2 or 3, enter</i> <i>both spouses' social security</i>		a	IUUIR		payer	s ieuei	arreturn	:	. 165		NU	
	mark Married filing numbers above, unless filing Form IT-203-C (see IT-203 instr.).	(C)		d vo	u filo	an <b>am</b>	ondod	federal r	oturn?				
		] (0)	·						age 3)	Yes		No	
	(with qualifying person)		•					,	<b>0</b> /				
	Dox.         ⑤         Qualifying widow(er) with dependent child			E	dor		ount			Nov	v York S	hata An	ount
				ге	Dolla		iouni	Cents		INEW	Dollar		Cents
(D)					DOIld				1 [		Donar	3	
<b>C</b>	your original 1996 Form IT-203 return (see IT-203 instructions)	L	⊥,	;		·,		•		⊥.,_	⊥⊥.;		•
	e page 4 of this return for information about instructions.												
	t I — Federal Income and Adjustments the new amounts for items that changed, and the original amounts for unchanged items.			Fe	edera Dolla		ount	Cents		New	v York S Dollars		nount Cents
	Wages, salaries, tips, etc.	1.						•	1.	ŢŢ			•
2	Taxable interest income	2.				!			2.	<u> </u>	i i		•
3	Dividend income	3.	L,			ί <u></u>		•	3.	Ξį.	ļ,		•
4	Taxable refunds, credits or offsets of state and local income taxes (also enter on line 23)	4.	L,	_		<u> </u>		•	4.	<u> </u>	ļ,		•
5	Alimony received	5.	L,	_		,		•	5.	,	,		_ <b>·</b>
6	Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)	6.	<b>_</b> ,	_		!		•	6.	,	,		_ <b>•</b>
	Capital gain or loss (attach copy of federal Schedule D, Form 1040)	7.	+,	-		·		•	7.		<u> </u>		
8	Other gains or losses (attach copy of federal Form 4797)	8. 9.	+,	-	_	· • —		•	8. 9.	<u> </u>	<u> </u>		
9 10	Taxable amount of IRA distributions            Taxable amount of pensions and annuities	9. 10.			_	· /		•	9. 10.		<u> </u>		
10	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.	+ '			· i —			11.		<u> </u>		
		12.	+ '			1			12.	+- <u>'</u> -			
	Unemployment compensation	13.	T'			· <u>'</u>			13.	<u>–</u> ]-	<u> </u>		•
14	Taxable amount of social security benefits (also enter on line 25)	14.	Ľ			;		•	14.	Ξĵ	<u> </u>		•
15	Other income (see IT-203 instr.) Identify:	15.	L,			,		•	15.	<u> </u>	<u> </u>		•
	Add lines 1 through 15	16.	่่⊢,			,		•	16.		<u> </u>		_ <b>!·</b>
	Total federal adjustments to income (see IT-203 instr.) Identify:	17.	<u> </u>			.,		•	17.	⊥,	⊥∟,		•
18	Subtract line 17 from line 16. This is your <b>amended federal adjusted gross</b>	40	Т	<u> </u>	-				10	<b></b>	<u> </u>		
No	w York Additions (see IT-203 instructions):	18.	<u>ب</u>	i <u> </u>		· j		•	18.	⊥_;_	;		•
	Interest income on state and local bonds (but not those of NYS or its localities)	19.							19.	TT			•
	Public employee 414(h) retirement contributions	20.	Τ.			1		•	20.	†'⁻	'		
		21.	Ľ.			í		•	21.	Ξí	ТŢ.		•
22	Add lines 18 through 21	22.	L,			ί <u></u>		•	22.	Ξį.	ļ		•
	w York Subtractions (see IT-203 instructions):				-								
23	Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)	23.	<b>-</b> ,			·		•	23.	<u></u> ,	,		_ <b>!•</b>
24	Pensions of New York State and local governments and the federal government	24.	+;	-	+	.¦-∔	+	•	24.	<u></u>		++	
25 26	Taxable amount of social security benefits (from line 14 above)	25. 26.	+,	-	+	·∤-+	+	•	25. 26.	┿	<u> </u>	++	- *
26 27	Interest income on U.S. government bonds Pension and annuity in <u>come exclusion (see IT-203 instructions)</u>	26.	+'	+	+	'†	+		26. 27.	<u></u> +-i-	<u>+</u> +'	++	-
	Other (see IT-203 instr.) Identify:	28.	+'	' <del> </del>	+	'†	+		28.	<u></u> +-¦-	<u>+</u> +'	++	
	Add lines 23 through 28. This is the total of your New York Subtractions	29.	Τ.			'¦†	+	$  \neg \neg$	29.	<u>+</u> "⁻	<u>+</u> †'	++	
	w York Adjusted Gross Income		·;			.,				,_	,		
	Subtract line 29 from line 22. This is your New York adjusted gross income.												
	Enter here and next to line 43 (If zero or less, see IT-203 instructions.)	30.	L,			.,		•	30.	,_	⊥∟,		•

### Page 2 IT-203-X (1996)

			Incr	ease o Dollar	or Decrea	a <b>se</b> Cents				ende Dollar:		mou		Cent	łe
31	New York adjusted gross income from line 30, Federal Amount			Dollar	5	Cents	~			Donars	5	<u> </u>	- г	Jeni	.5
~~	column on the front page	31.		T T			31.		∮ <u></u>	<u> </u>		+	-•–	-	
	Check one: Standard deduction or Itemized deduction Amount =	32.	L   ,	ιι,	<b>,</b>	•	32.		;	<u> </u>	_	<b></b>	-'-		
	Subtract line 32 from line 31 ( <i>if line 32 is more than line 31 enter "0"</i> )	33.			000		33.		, –	<u>+</u> ;	0		5.0		1
	Exemptions for dependents only (not the same as federal; see IT-203-X-I, page 2).	34.		L Г,	,01010	• 0 0	34.			<u>+</u> '	<u> </u>				<u> </u>
35	Subtract line 34 from line 33. This is your taxable income	35.		T T			35.		∮ <u></u>	<u> </u>		+	-•⊢	+	
	New York State tax on line 35 amount (see IT-203-X-I, page 2)	36.	L   ,	ιι,		-•	36.		;	- ;		+	-•⊢	+	
37	New York State household credit (see page 22 of IT-203 instructions)	37.				•	37.	- T	<u>г т</u>		_	<b>_</b>	-'-	-	_
38	Subtract line 37 from line 36 ( <i>if line 37 is more than line 36, enter "0"</i> )	38.					38.		, I	- ;		+	-•⊢	+	
39		39.				•	39.	- T	<u>г т</u>		_	<b>_</b>	-'-	-	_
40	Subtract line 39 from line 38 (if line 39 is more than line 38, enter "0")	40.					40.		, I	- ;		+	-•⊢	+	
41	New York State earned income credit (from Form IT-215; attach form)	41.				•	41.	- T	<u>г т</u>		_	<b>_</b>	-'-	-	_
42	Subtract line 41 from line 40 ( <i>if line 41 is more than line 40, enter "0"</i> )	42.					42.		, I	_ ,			•	1	
43	Income percentage (see IT-203 instructions)														
	Amount from line 30, New York State Amount  Amount from line 30, Federal Amount	40		Г			40			Г	-		- T	Т	_
		43.		L	•		43.	- T	<u>г т</u>	┯┵┑	•	┻┯┷		+	
	Multiply line 42 by the <b>decimal</b> on line 43. This is your allocated New York State tax	44.		T T			44.		∮ <u></u>	<u> </u>		+	-•⊢	+	
	Other New York State credits (see IT-203-X-I, page 2)	45.	L   ,	ιι,	;	•	45.		;	<u> </u>	_	<b></b>	-'-		_
46	Subtract line 45 from line 44 ( <i>it line 45 is more than line 44, enter "0"</i> )	46.		T T			46.		∮ <u></u>	<u> </u>		+	-•–	+	
47	Net other New York State taxes (see IT-203-X-I, page 2)	47.	L   ,	ιι,	;	•	47.		;	<u> </u>	_	<b></b>	-'-		_
	Add lines 46 and 47. This is the total of your New York State taxes	48.					48.		i —	<u>+</u> ;		_	-'-	_	
	City of New York <b>nonresident earnings tax</b> (attach Form NYC-203)	49.			• <u> </u>		49. 50		i —	+,		_	-'-	_	
	Other city of New York taxes (from Form IT-203-ATT, line 43)	50.			• <u> </u>		50.		! 	<u>+</u> ,		_	-'-	_	
51 52	City of Yonkers nonresident earnings tax (attach Form Y-203)	51.			• <u> </u>		51.		! 	<u>+</u> ,		_	-'-	_	
	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)		· · ;	ιι,	,	•	52. 53.		i —	<u>+</u> ,	_		-'-		1
	Gifts/Contributions from original return (cannot be amended)	53.					53.		, I	, i			•[0	γic	'
54	Add lines <b>48</b> through <b>53</b> . This is the total of your taxes and gifts.	54.					54.						Т	Т	_
	Also enter this amount on line 65	54.					54.   55.		; I	, I.,			-•–	-	
	Part-year resident refundable child and dependent care credit (see IT-203-X-I, page 3).					-•	55. 56.						-!-	+	
	Part-year resident refundable earned income credit (see IT-203-X-I, page 3) Total NY State tax withheld (see IT-203-X-I, page 3)	56.					57.		1				-•–	-	
				+++;	; <u> </u>	-•	58.		i—	<u> </u>	-		-:-		
	Total New York City tax withheld (see IT-203-X-I, page 3)			+ + ;	<u>,                                    </u>		59.		! <u></u> ——	<u> </u>	-		-!-		
					<u> </u>		60.		! <u></u> —	<u>+</u> '	, <del>-  </del>	_	-:-	-	
	Total estimated tax payments and amount paid with extension Form IT-370		,	<u> </u>	j _   _	•	61.		i —	<u>+</u> ;	-		-]-	-	
	Amount paid with original return (see IT-203-X-I, page 3)			•••••			62.		<b>'</b> —⊢	<u></u> +-'	_		-:-		_
	Overpayment, if any, as shown on original return (or previously adjusted by	-					63.		1 — —	+-;			-:-		
	Subtract line 63 from line 62 (see IT-203-X-I, page 3 if line 63 is more than								¦	<u>+</u> -'	_		-:-	+	_
	Enter amount from line 54, Amended Amount column		,						¦	+'	_	-			
	If line 65 is less than line 64, enter the difference here; this is your ref								¦	+-'	-				
	If line 65 is more than line 64, enter the difference here; this is the <b>am</b>								1 <del> </del>	+'	. —				
			-						<u>,                                     </u>	,		<u> </u>			_
Cor	nplete all questions and parts below and on page 3 that	app	bly to you	ur am	ended r	eturn.									
(E)	Is this return the result of <b>federal audit changes</b> ? Yes . No		(F) Di	id you it	emize you	deduction	s on yo	ur							
(⊏)	If Yes, complete items 1-3 below and Part III on page 3:		• 19 ar	996 fede mended	eral income federal ret	tax return urn (1040X	or your	12							
	1. Enter the date of the final federal determination .					)			Yes	s		No			
	2. Do you concede the federal audit changes?		<b>(G)</b> 1.	. Origin	al return fil	ed as: (che	eck one)	)							
	(If No, explain why in Part III on page 3) Yes No				Nonreside	nt <b>or</b>	Pa	rt-year	reside	ent o	r	F	Resid	ent	
	<b>3.</b> Do the changes involve a partnership or									_					
	S corporation? (If <b>Yes</b> , complete Part II below.) Yes No		2.	. Amen	ded return	filed as:	Nor	nreside	nt o	or	P	Part-ye	ar re	side	nt
															-
	Part II – Partnership or S corporation - If this for	rm i	s beina	used	to rep	ort adiu	istme	ents f	to pa	artne	ers	hip	or		
	S corporation income, gain, loss or ded		-			•					5	r.			
	Name of partnership or S corporation Identifying numb		· • · ·			usiness a									٦
				'											
	Address of partnership or S corporation			I											┥

Your social security number										
Todi ocolal ocoanty fiambol										
		_			-					

## 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,		
a b c		68a.     ,     ,     ,       68b.     ,     ,     ,       68c.     ,     ,     ,	72	federal check one and enter) taxable income or taxable income or taxable income Corrected federal tax	71.     ,     ,       72.     ,     ,	
d		68d. <u>}</u>	73	Federal tax shown on return	73.	
е 69	Net fed. adj increase or (decrease)		74 75	Increase (decrease) in federal tax Penalties	75.	
70	Previously reported federal (check one) adjusted gross income, taxable income, or tax table income	70.	76 77	Interest	76. <u> </u>	•

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 signature	Date	Mark "X" if self-employed	]			
Preparer's Use Only	Firm's name (or yours, if self-employed)	Prepare	er's social security number		Sign	Your signature	
Address		Employ	ver identification number		Your Return	Spouse's signature (if	joint return)
Address		Епрюу			Here	Date	Daytime phone number (optional) ( )

# 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-I* and in a return and instruction packet with form number *IT-203-P*. Be sure that you have a copy of the **1996** IT-203 instructions before you begin to complete your 1996 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.

