or office use only	New York State Department of 7	Taxation and Fina
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For office use only New York State Department of Taxation and Finance			inance				T 202 V	
		Amende	d Nonreside	nt and P	art-Year Resid	ent 2	2000	T-203-X
=					ity of New York • City of	_		
Ξ			For the year January	1, 2000, throug	h December 31, 2000, or fis	cal tax year	beginning	0 0
			our first name first. For				nd ending	
		Your first name a	and middle initial Yo	our last name (for a	joint return, enter spouse's name on lir	ne below)	Your social security	number
Ξ		e e						
			ame and middle initial Sp	oouse's last name			Spouse's social sect	urity number
		Mailing address	(number and street or rural re	oute)	Apartment nur	nber		Г
		City, village or po	ost office	State	ZIP code			
(A)		Single	* For filing status 2 or 3,	(B)	Can you be claimed as a c	lependent or		
Filiı	ng ②	Married filing	both spouses' social sect		another taxpayer's federal r	eturn?	Yes L	No L
	us –	joint return *	numbers above, unless f		Did you file an amended fe	deral return	? _	
mai	-	Married filing * separate return *	Form IT-203-C (see IT-203	,	(If No , explain why in Part I	, ,		No No
an '	'X"	Head of househol		(D)	Part-year city of New York re	esidents only	/:	
in o	ne	(with qualifying per			(1) Were you 65 or older or	1/1/2001? .	Yes 🛓	
box	: 5	Qualifying widow(er) with dependent child	d	(2) Was your spouse 65 or	older on 1/1/	2001? Yes	No
					Federal amount		New Yo	rk State amount
(E)		, ,	come as reported on I		Dollars	Cents	D	ollars Cents
500			return (see IT-203 inst ion about instruction			•		•
				15.				
Par Enter	t I — Federal in the new amounts for item	ncome and ad	justments original amounts for unchang	red items.	Amended federal amo Dollars	Cents		ew York State amount
		•	-	·	Dollars			
	u	• •					1. 2.	•
-							2. 3.	•
3							-	•
4			local income taxes (also enter				4. 5.	•
5	,		idaral Sabadula C ar C EZ Far				5. 6.	•
6			deral Schedule C or C-EZ, For aral Schedule D, Form 1040	,			0. 7.	•
י פ	1 0		deral Form 4797)	·			8.	•
9	0	())					9.	•
10			uities				0.	
		•	sts, etc. (attach copy of federal Schedule E				1.	•
			leral Schedule F, Form 104				2.	•
							3.	•
14	1 2	•	nefits (also enter on line 2				4.	•
15	Other income (see			15.			5.	•
	l.	,					6.	•
17	0		see IT-203 instr.) Identif				7.	
	,	,	r amended federal adjus		1		I	
		-	·····,	-		. 1	8.	
Ne	w York additions	s (see IT-203 ins	tructions)	L	1			I ⁻ L
19	Interest income on st	ate and local bonds (t	out not those of NYS or its lo	calities) 19.		. 1	9.	•
20	Public employee 4	14(h) retirement co	ontributions			. 2	0.	•
21	Other (see IT-203 in	str.) Identify:		21.		. 2	1.	•
22	Add lines 18 through	gh 21		22.		. 2	2.	•
Ne	w York subtract	ions (see IT-203	instructions)					
			nd local income taxes (from l	ine 4 above) 23.		. 2	3.	•
24	Pensions of New York	State and local govern	ments and the federal gove	ernment 24.		. 2	4.	•
25	Taxable amount of	social security ber	nefits (from line 14 above)	25.		. 2	5.	•
26	Interest income on	U.S. government	bonds			. 2	6.	•
27	Pension and annui	ity incom <u>e exclu</u> sio	n (see IT-203 instructions)	27.] [2	7.]•
28	Other (see IT-203	instr.) Identify:		28.		. 2	8.	
29	Add lines 23 throug	h 28. This is the tota	al of your New York subt	ractions 29.		. 2	9.	•
Ne	w York adjusted	l gross income]					
30	Subtract line 29 from	n line 22. This is your	New York adjusted gross	s income.	1			
	Enter here and r	next to line 43 (If zer	ro or less, see IT-203 instru	uctions) 30.		. 3	0.	

Page 2 IT-203-X (2000)

31	New York adjusted gross income from line 30, Amended federal		Increase or decrease Dollars Cents		Amended amount Dollars	Cents
•.	amount column on the front page	31.	Bonaro	31.	Donard	
32	Check one: Standard deduction or Itemized deduction Amount =	32.		32.	•	
	Subtract line 32 from line 31 (if line 32 is more than line 31, enter "0")	33.	•	33.	•	·
34	Exemptions for dependents only (<i>not the same as federal; see IT-203-X-I, page 2</i>)	34.	000.00	34.	000	0 0
35	Subtract line 34 from line 33. This is your taxable income	35.		35.		
36	New York State tax on line 35 amount (see IT-203-X-I, page 2)	36.		36.	•	' <u> </u>
37	New York State household credit (see page 27 of IT-203 instructions)	37.	•	37.		•
	Subtract line 37 from line 36 (if line 37 is more than line 36, enter "0")	38.	•	38.		`
38 39		<u>30.</u> 39.		39.		`
	New York State child and dependent care credit (from Form IT-216; attach form)	<u> </u>	•	40.		`——
40	Subtract line 39 from line 38 (<i>if line 39 is more than line 38, enter "0"</i>)	40.		40.		•
41 42	New York State earned income credit (from Form IT-215; attach form)	41.		41.		`——
42 43	Subtract line 41 from line 40 (if line 41 is more than line 40, enter "0") Income percentage (see page 27 of IT-203 instructions)	42.		42.		•
43	Amount from line 30, New York State amount Amount from line 30, Federal amount					
		43.		43.		
		-	•	44.	•	
	Multiply line 42 by the decimal on line 43. This is your allocated New York State tax	44. 45.		44. 45.		•
45	New York State nonrefundable credits (see IT-203-X-I, page 3)					`——
46	Subtract line 45 from line 44 (<i>if line 45 is more than line 44, enter "0"</i>)	46.		46.		•
47	Net other New York State taxes (<i>see IT-203-X-I, page 3</i>) Add lines 46 and 47. This is the total of your New York State taxes	47. 48.		47.		`
	·	40.		49.		•
49 50	Other city of New York taxes (from Form IT-203-B, line 26) City of Yonkers nonresident earnings tax (attach Form Y-203)	49. 50.	•	4 9. 50.		•
	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	50.	•	51.		•
		52.	•	52.		0 0
	Gifts/Contributions from original return <i>(cannot be amended)</i>	52.		52.		
55	Add lines 48 through 52 . This is the total of your taxes and gifts. Also enter this amount on line 64	53.		53.		
5 1		53. 54.		55.		•
	Part-year city of New York school tax credit (<i>see IT-203-X-I, page 3</i>)	55.	•	54.		•
55	Other refundable credits (see IT-203-X-I, page 3)	55. 56.	•	55. 56.		•
56	Total NY State tax withheld (see IT-203-X-I, page 3)	50.	•	57.		•
57 58	Total city of New York tax withheld (<i>see IT-203-X-I, page 3</i>) Total city of Yonkers tax withheld (<i>see IT-203-X-I, page 3</i>)	57.	•	57.		•
	-	50. 59.	•	59.		•
59 60			•	59. 60.		•
60 64	Amount paid with original return (see IT-203-X-1, page 3)					·
61 62				61.		•
	Overpayment, if any, as shown on original return (or previously adjusted by		,	62.		·
63	Subtract line 62 from line 61 (see IT-203-X-I, page 3, if line 62 is more than line 52. Amondoid amount column	,		63.		•
	Enter amount from line 53, Amended amount column			64.		·
	If line 64 is less than line 63, enter the difference here; this is your ref u			65. CC		•
66	If line 64 is more than line 63, enter the difference here; this is the amo	ounty	you owe (see 11-203-X-I, page 3)	66.		•

Complete all questions and parts below and on page 3 that apply to your amended return.

(F)		eturn the result of federal audit changes ? omplete items 1-3 below and Part III on page 3: Enter the date of the final federal determination	Yes	No	(G)	Did you itemize your deductions on your 2000 federal income tax return or your amended federal return (1040X), if filed? (see IT-203-X-I, page 4)
	2.	Do you concede the federal audit changes? (If No , <i>explain why in Part III on page 3</i>)	Yes	No	(H)	1. Original return filed as: <i>(check one)</i> Nonresident or Part-year resident or Resident
	3.	Do the changes involve a partnership or S corporation? (If Yes, complete Part II below)	Yes	No		2. Amended return filed as: Nonresident or Part-year resident

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		

Your social security number

Part III – Federal changes - After completing Part I, explain below the changes, if any, made by the Internal Revenue Service (IRS)

57	List federal adjustments		
а		67a.	•
b		67b.	•
с		67c.	•
d		67d.	•
е		67e.	•
8	Net fed. adj increase or (decrease) .	68.	•
	Previously adjusted gross incom reported taxable income, or (check one) tax table income	ne, 69.	•

70	Corrected adjusted gross income, federal taxable income, or		
	(check one taxable income) and enter)	70.	•
71	Corrected federal tax	71.	•
72	Federal tax shown on return	72.	•
73	Increase (decrease) in federal tax	73.	•
74	Penalties	74.	•
75	Interest	75.	•
76	Total fed. amount assessed (add lines 73-75)	76.	•

If you did not concede the above changes and checked the No box in question 2 at item (F) 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 the front page, explain why. If you need more space, attach a schedule marked *Part IV*.

	Preparer's signature	Date	Mark "X" if self-employed				
Paid preparer's	Firm's name (or yours, if self-employed)	Preparer	r's SSN or PTIN		Sign	Your signature	
use only					your return	Spouse's signature (if	joint return)
Address		Employe	er identification nu	umber	here	Date	Daytime phone number (optional)

Mail your completed return to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001 (If you use a delivery service other than the U.S. Postal Service, see page 4.)

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 and 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 instructions packet with form number *IT-203-P*. Be sure that you have a copy of the **2000** IT-203 instructions before you begin to complete your 2000 IT-203-X amended return.

Instructions for both forms are available on the department's fax-on-demand system and Internet Web site. See **Need help?** below for complete information on how to get forms and assistance.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. If you have used a designated private delivery service and need to establish the date of delivery, contact that private delivery service for instructions on how to obtain written proof of the date of delivery. If you use **any** private delivery service, whether it is a designated service or not, address your return to: **State Processing Center, 431C Broadway, Albany NY 12204-4836.**

The current designated private delivery services are:

- 1. Airborne Express (Airborne): Overnight Air Express Service Next Afternoon Service Second Day Service
- 2. DHL Worldwide Express (DHL): DHL Same Day Service DHL USA Overnight

- 3. Federal Express (FedEx): FedEx Priority Overnight FedEx Standard Overnight FedEx 2 Day
- United Parcel Service (UPS): UPS Next Day Air UPS Next Day Air Saver UPS 2nd Day Air UPS 2nd Day Air A.M.

Need help?



Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. For tax information: 1 800 225-5829 To order forms and publications: 1 800 462-8100 Refund status: (electronically filed) 1 800 353-0708 (direct deposit) 1 800 321-3213 (all others) 1 800 443-3200 (Automated service for refund status is available 24 hours a day, seven days a week.) From areas outside the U.S. and outside Canada: (518) 485-6800 Fax-on-demand forms:



7 days a week) Internet access: http://www.tax.state.ny.us (for forms, publications, your refund status, and other information)

1 800 748-3676

(available 24 hours a day,

Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (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 1 800 225-5829.



If you need to write, address your letter to: NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU W A HARRIMAN CAMPUS ALBANY NY 12227

