

# Amended Resident Income Tax Return (short form)

New York State • New York City • Yonkers



# IT-150-X

|  |  |   |                  |   |
|--|--|---|------------------|---|
| <b>Print or type</b>   | <b>Important:</b> You must enter your social security number(s) in the boxes to the right. |   |                  |   |
|  | Your first name and middle initial   | Your last name <i>(for a joint return, enter spouse's name on line below)</i> |                  | ▼ Your social security number<br><input style="width: 100%;" type="text"/>  |
|  | Spouse's first name and middle initial   | Spouse's last name  |                  | ▼ Spouse's social security number<br><input style="width: 100%;" type="text"/>  |
|  | Mailing address <i>(number and street or rural route)</i>                                  |   | Apartment number | New York State county of residence<br>●   |
|  | City, village, or post office  | State   | ZIP code         | School district name<br>●   |
| Permanent home address <i>(number and street or rural route)</i> |  |   | Apartment number | School district code number ..... <input style="width: 50px;" type="text"/>   |
| City, village, or post office                                    |  | State   | ZIP code         | Taxpayer's date of death Spouse's date of death<br>Decedent information ● <input style="width: 50px;" type="text"/> ● <input style="width: 50px;" type="text"/> |

- (A) Filing status — mark an X in one box:**
- 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

- (C)** Were you a **New York City** resident for all of 2008? *(Part-year residents must file Form IT-201-X.)* ..... Yes  No
- (D)** Can you be claimed as a dependent on another taxpayer's federal return? ..... Yes  No
- (E)** Enter your **2-digit special condition code if applicable** *(see instructions)* ..... ●   
**If applicable, also enter your second 2-digit special condition code** ..... ●

**(B)** Did you file an amended federal return? *(see instructions)*..... Yes  No

See the instructions, Form IT-150-X-I, for help completing your amended return.

|   |     | Dollars | Cents |
|---|-----|---------|-------|
| 1 Wages, salaries, tips, etc.....   | 1.  |         |       |
| 2 Taxable interest income .....   | 2.  |         |       |
| 3 Ordinary dividends .....  | 3.  |         |       |
| 4 Capital gain distributions .....  | 4.  |         |       |
| 5 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box..... <input type="checkbox"/>     | 5.  |         |       |
| 6 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/> | 6.  |         |       |
| 7 Unemployment compensation.....  | 7.  |         |       |
| 8 Taxable amount of social security benefits <i>(also enter on line 17 below)</i> .....                                     | 8.  |         |       |
| 9 <b>Add lines 1 through 8</b> .....  | 9.  |         |       |
| 10 Total federal adjustments to income <i>Identify:</i> .....   | 10. |         |       |
| 11 <b>Federal adjusted gross income</b> <i>(subtract line 10 from line 9)</i> .....   | 11. |         |       |
| 12 Interest income on state and local bonds and obligations <i>(but not those of NYS or its local governments)</i> ..       | 12. |         |       |
| 13 Public employee 414(h) retirement contributions from your wage and tax statements .....                                  | 13. |         |       |
| 14 Other <i>Identify:</i> .....   | 14. |         |       |
| 15 <b>Add lines 11 through 14</b> .....   | 15. |         |       |
| 16 Pensions of NYS and local governments and federal government .....   | 16. |         |       |
| 17 Taxable amount of social security benefits <i>(from line 8 above)</i> .....  | 17. |         |       |
| 18 Pension and annuity income exclusion .....   | 18. |         |       |
| 19 Other <i>Identify:</i> .....   | 19. |         |       |
| 20 Add lines 16 through 19 .....  | 20. |         |       |
| 21 <b>New York adjusted gross income</b> <i>(subtract line 20 from line 15)</i> .....                                       | 21. |         |       |
| 22 New York standard deduction .....  | 22. | 0 0     | 0 0   |
| 23 Dependent exemptions .....   | 23. | 0 0 0   | 0 0 0 |
| 24 Add lines 22 and 23 .....  | 24. | 0 0     | 0 0   |
| 25 <b>Taxable income</b> <i>(subtract line 24 from line 21)</i> .....   | 25. |         |       |

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**You must file all three pages of this original scannable amended return with the Tax Department.**

▼ Enter your social security number

|            |   | Dollars     | Cents         |
|------------|---|-------------|---------------|
| <b>26</b>  | <b>Taxable income</b> (enter the amount from line 25 on the front page) .....   | <b>26.</b>  |               |
| <b>27</b>  | New York State tax on line 26 amount .....  | <b>27.</b>  |               |
| <b>28</b>  | New York State (NYS) household credit .....   | <b>28.</b>  |               |
| <b>29</b>  | Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank) .....  | <b>29.</b>  |               |
| <b>30</b>  | New York City (NYC) resident tax .....  | <b>30.</b>  |               |
| <b>31</b>  | NYC household credit .....  | <b>31.</b>  |               |
| <b>32</b>  | Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank) .....  | <b>32.</b>  |               |
| <b>33</b>  | Yonkers resident income tax surcharge .....   | <b>33.</b>  |               |
| <b>34</b>  | Yonkers <b>nonresident</b> earnings tax (attach Form Y-203) .....   | <b>34.</b>  |               |
| <b>35</b>  | Sales or use tax <b>as reported on your original return</b> (see instructions). <b>Do not leave line 35 blank.</b> ....                                       | <b>35.</b>  |               |
| <b>36</b>  | Voluntary contributions <b>as reported on your original return</b> (or as adjusted by the Tax Department; see instr.)   |             |               |
|            | Return a Gift to Wildlife <b>36a.</b> <input type="text"/> . Missing/Exploited Children Fund <b>36b.</b> <input type="text"/> .                               |             |               |
|            | Breast Cancer Research Fund <b>36c.</b> <input type="text"/> . Prostate Cancer Research Fund <b>36d.</b> <input type="text"/> .                               |             |               |
|            | Alzheimer's Fund <b>36e.</b> <input type="text"/> . Olympic Fund <b>36f.</b> <input type="text"/> . National 9/11 Memorial <b>36g.</b> <input type="text"/> . |             |               |
|            | <b>Total</b> (or as adjusted by the Tax Department)   | <b>36.</b>  | <b>00</b>     |
| <b>37</b>  | <b>Add line 29 and lines 32 through 36</b> .....  | <b>37.</b>  |               |
| <b>38</b>  | Empire State child credit (attach Form IT-213) .....  | <b>38.</b>  |               |
| <b>39</b>  | NYS/NYC child and dependent care credit (attach Form IT-216) .....  | <b>39.</b>  |               |
| <b>40</b>  | NYS earned income credit (attach Form IT-215 or Form IT-209) <input type="text"/> .....   | <b>40.</b>  |               |
| <b>41</b>  | NYS noncustodial parent earned income credit (attach Form IT-209).....  | <b>41.</b>  |               |
| <b>42</b>  | Real property tax credit (attach Form IT-214).....  | <b>42.</b>  |               |
| <b>43</b>  | College tuition credit (attach Form IT-272) .....   | <b>43.</b>  |               |
| <b>44</b>  | NYC school tax credit .....   | <b>44.</b>  |               |
| <b>45</b>  | NYC earned income credit (attach Form IT-215 or Form IT-209) <input type="text"/> .....   | <b>45.</b>  |               |
| <b>46</b>  | Total <b>New York State</b> tax withheld .....  | <b>46.</b>  |               |
| <b>47</b>  | Total <b>New York City</b> tax withheld .....   | <b>47.</b>  |               |
| <b>48</b>  | Total <b>Yonkers</b> tax withheld.....  | <b>48.</b>  |               |
| <b>49</b>  | Total estimated tax payments / Amount paid with Form IT-370 .....   | <b>49.</b>  |               |
| <b>50</b>  | Amount paid with original return, plus additional tax paid after original return was filed (see instructions) .....   | <b>50.</b>  |               |
| <b>51</b>  | <b>Total payments</b> (add lines 38 through 50) .....   | <b>51.</b>  |               |
| <b>52</b>  | <b>Overpayment</b> , if any, as shown on original return or previously adjusted by New York State (see instructions).....                                     | <b>52.</b>  |               |
| <b>52a</b> | Amount from original <b>Form IT-150, line 53</b> (see instructions).....  | <b>52a.</b> |               |
| <b>53</b>  | Subtract line 52 from line 51 .....   | <b>53.</b>  |               |
| <b>54</b>  | If line 53 is <b>more than</b> line 37, subtract line 37 from line 53. <b>Complete line 56.</b> .....   | <b>54.</b>  | <b>Refund</b> |
| <b>55</b>  | If line 53 is <b>less than</b> line 37, subtract line 53 from line 37 (see instructions) .....  | <b>55.</b>  | <b>Owe</b>    |

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of the wage and tax statements provided by your employer. Staple them to the back of page 3.

Important: All credit claim forms or other applicable forms that you submitted with your original return (see instructions) must also be completed and attached to the back of page 3.

**56 Direct deposit** — Mark an **X** in the box: •  Refund — Direct deposit

**56a** Routing number •

**56b** Account number •

**56c** Account type •  Checking •  Savings

You must file all three pages of this original scannable amended return with the Tax Department.



Name(s) as shown on page 1

▼ Enter your social security number

57 Reason(s) for amending your return (mark an X in all applicable boxes; see instructions)

- 57a. Federal audit change (complete lines 58 through 65 below)       57b. Workers' compensation       57c. Court ruling .....
- 57d. Wages .....       57e. Military .....       57f. Credit claim .....
- 57g. Other .....  (Explain) \_\_\_\_\_



If you marked an X in box 57a above, you must complete lines 58 through 65 below. All others may skip lines 58 through 65 and go directly to the Third-party designee question. You must sign your amended return below.

58 Enter the date (mm-dd-yyyy) of the final federal determination    (Explain) \_\_\_\_\_

59 Do you concede the federal audit changes? (If No, explain below.) ..... Yes  No

60 List federal changes

|     | Dollars | Cents |
|-----|---------|-------|
| 60a |         |       |
| 60b |         |       |
| 60c |         |       |
| 60d |         |       |
| 60e |         |       |

61 Net federal changes (increase or decrease) ..... **61.**

62 Federal taxable income (mark an X in one box) ..... Per return  Previously adjusted  **62.**

63 Corrected federal taxable income ..... **63.**

64 Federal credits disallowed ..... Earned income credit  Amount disallowed

Child care credit  Amount disallowed

65 Federal penalties assessed

65a. Fraud .....       65b. Negligence .....       65c. Other (explain below) .....

|   |                       |                             |                                      |
|---|-----------------------|-----------------------------|--------------------------------------|
| <b>Third-party designee?</b> (see instr.)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Print designee's name | Designee's phone number ( ) | Personal identification number (PIN) |
|   | E-mail:               |                             | <input type="text"/>                 |

| ▼ Paid preparer's use only ▼             |   |
|--|---|
| Preparer's signature                     | ▼ SSN or PTIN:                                      |
| Firm's name (or yours, if self-employed) | ● Employer identification number                    |
| Address                                  | Mark an X if self-employed <input type="checkbox"/> |
|  | Date  |
| E-mail:                                  |   |

| ▼ Taxpayer(s) sign here ▼                           |                        |
|---|------------------------|
| ▶ Your signature                                    |                        |
| ● Your occupation                                   |                        |
| Spouse's signature and occupation (if joint return) |                        |
| Date  | ▼ Daytime phone number |
| E-mail:   |                        |

Mail your completed amended return and any attachments to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

For information about private delivery services, see instructions.

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