For office use only

Amended Nonresident and Part-Year Resident Income Tax Return New York State • City of New York • City of Yonkers



IT-203-X

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7	Capital gain or los	s (a	atta	ach cop	py of fe	ederal	Sche	dule	D, Fo	orm 10	40)	7.		j - • -		_։	<u> </u>		-		7		<u></u>	<u> </u>		<u>أ</u> •	\downarrow	4	_•	\dashv	
8	Other gains or los	ses	(a	attach (сору о	f feder	ral Fo	rm 4	1797).							۱,	¦¦				8		┿;	<u>,</u> _		ا - با	+	+	_•	\dashv	
9	Taxable amount of															۰,	┆┵		┥╌		9		+:	, –		_;	+	_	-	\dashv	
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14	Taxable amount of	f so	cia	al sec	urity b	oenefi								-;-		\square	ļΙ				14]		_;					
15	Other income (see I7	T-203	3 ir	nstr.)	Identi	ify:						15.		j - j -		L,	<u>i</u>		_ -		15		L.	<u>,</u>			ightharpoons		_•		
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21	Other (see IT-203 inst	r.)	Id	dentify	:							21.) - ; -		Ļ,	<u> </u>				21		Щ,	<u>,</u>		_ į	_	_			_
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	Other (see IT-203 in	-										28.		í - į -		Ĺ,	įΞ				28		Ľ,			_ į	Ī	$oldsymbol{ol}}}}}}}}}}}}}$			_
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	w York Adjusted																														
30	Subtract line 29 from									-		22		T	T			Т			-		Т			T	一	一		-	
	Enter here and ne	ext to	o lii	ine 43	(If zero	o or le	ess, se	ee IT	T-203 ii	instruci	tions.)	30.				ш,	; <u> </u>		•		30		. ــــــــــــــــــــــــــــــــــــ	, □		_;		L	•		

24	Nov. Varie adjusted successioners from the 20. Fordered Amount		In		se o	r Dec	crea	se Cents			Aı		ded A llars	Amo	oun		nts
31	New York adjusted gross income from line 30, Federal Amount	31.						00.110	31.			П		T			
22	column on the front page	32.	T	T			T		32.		_ i		_ • _	+	H		
33	Subtract line 32 from line 31 (if line 32 is more than line 31 enter "0")	33.	<u> </u>		<u> </u>			•	33.		- i —		-!-	+	H		
34	Exemptions for dependents only (not the same as federal; see IT-203-X-1, page 2).	34.				0 0	0	00	34.		_ , _		-i <u>-</u>	0	0	0	0
35	Subtract line 34 from line 33. This is your taxable income	35.			ш,	<u> </u>	10	1010	35.		Т		_; <u>~</u>	Ť	Ť	Ľ	Ť
36	New York State tax on line 35 amount (see IT-203-X-1, page 2)	36.	TI	Т		П			36.		_ •		- i -	+	H		
37	New York State household credit (see page 23 of IT-203 instructions)	37.	<u> </u>		, 	+			37.		-,-		-;-	+			
38	Subtract line 37 from line 36 (if line 37 is more than line 36, enter "0")	38.				I		•	38.		T	П		+			
39	New York State child and dependent care credit (from Form IT-216; attach form)	39.				П			39.		_ , _		-1-	+	H		
40	Subtract line 39 from line 38 (if line 39 is more than line 38, enter "0")	40.				I		•	40.		T	П		+			
41	New York State earned income credit (from Form IT-215; attach form)	41.				П			41.		_ , _		-1-	+	H		
42	Subtract line 41 from line 40 (if line 41 is more than line 40, enter "0")	42.							42.	Т	1	П		+	H	\vdash	_
43	Income percentage (see IT-203 instructions)										_ ,		_,_				
-10	Amount from line 30, New York State Amount Amount from line 30, Federal Amount																
		43.					T		43.						Т	T	_
44	Multiply line 42 by the decimal on line 43. This is your allocated New York State tax	44.							44.		T	П		T			_
45	Other New York State credits (see IT-203-X-I, page 2)	45.	TI	Т			T		45.		- i —		- ! -	+-	H		
46	Subtract line 45 from line 44 (if line 45 is more than line 44, enter "0")				щ,				46.		- <u>'</u>		-;-	+	H		
47	Net other New York State taxes (see IT-203-X-1, page 2)	47.					П		47.		- ; —		-;-	\dagger	H		
48	Add lines 46 and 47. This is the total of your New York State taxes	48.			,				48.		- <u>'</u>		-;-	+	Ħ		
49	City of New York nonresident earnings tax (attach Form NYC-203)	49.	\top	Т					49.		- ; —		-;-	T		. —	
50	Other city of New York taxes (from Form IT-203-ATT, line 42)	50.	<u> </u>		<u></u>				50.		-;—		-;-	†	Ħ	. —	
51	City of Yonkers nonresident earnings tax (attach Form Y-203)	51.	<u> </u>		十ːi				51.		-;— [-;-	\dagger	Ħ	. —	
	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	52.			Τį				52.		-;— [1		. —	_
	Gifts/Contributions from original return (cannot be amended)	53.			,				53.		-;—		-i-			. 0	0
	Add lines 48 through 53 . This is the total of your taxes and gifts.	-									_ ,		_,_				
J 1	Also enter this amount on line 66	54.							54.		Ţ		Ţ			•	
55	Part-year resident refundable child and dependent care credit (see IT-203-X-1, page 3)	55.						•	55.		_,		_i_				
56	Part-year resident refundable earned income credit (see IT-203-X-I, page 3)	56.						•	56.								
57	Farmers' school tax credit (see IT-203-X-I, page 3)	57.						•	57.		Ţ						
58	Total NY State tax withheld (see IT-203-X-I, page 3)	58.	Tí		Tí			•	58.		-í-		-í-			•	
59	Total New York City tax withheld (see IT-203-X-I, page 3)	59.	Ţį.		Τí				59.		-í-		_í_			•	
60	Total Yonkers tax withheld (see IT-203-X-I, page 3)	60.	Ţį.		Ξį			•	60.		- <u>į</u> —		_ į_			•	
61	Total estimated tax payments and amount paid with extension Form IT-370	61.	<u></u> j_		Цį			•	61.		_ <u>į</u>		_ į́ _			•	
62	Amount paid with original return (see IT-203-X-I, page 3)								62.		_ <u>į</u>		_ į́ _			•	
63	Add lines 55 through 62, Amended Amount column. This is the total of	of your	paymei	nts .					63.		- i —		_ į_			•	
64	Overpayment, if any, as shown on original return (or previously adjusted by	y New '	York Sta	ate) (s	see IT	203-X	-I, pag	ge 3)	64.		j_		_ į				
65	Subtract line 64 from line 63 (see IT-203-X-I, page 3 if line 64 is more than	line 63,)						65.		_ ;		_¦_	<u> </u>	Ш	•	
66	Enter amount from line 54, Amended Amount column								66.		_ ;		_ ;	Ļ	Ш	·	
67	If line 66 is less than line 65, enter the difference here; this is your ${f ref}$	fund a	mount								_ ;		_ ;	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	Ш	·	<u> </u>
68	If line 66 is more than line 65, enter the difference here; this is the arm	nount	you ow	e (se	ee IT-2	203-X-	I, pag	ge 3)	68.		_ ! _ !		_;_	<u>L</u>		•	
Cor	nplete all questions and parts below and on page 3 that	t appl	y to y	our	ame	ende	d re	eturn.									
			/E\	Did v	ou ite	miza	vour (deduction	e on vo	ur							
(E)			(Г)	1997	' fede	ral inco	ome t	ax return	or your								
	If Yes, complete items 1-3 below and Part III on page 3:		1					rn (1040X				,			٧o		
	1. Enter the date of the final federal determination L		(G)	•				d as: <i>(che</i>				⁄es		ľ	NO		
	2. Do you concede the federal audit changes?		(0)	1. 0	Ť.										٦,		
_	(If No, explain why in Part III on page 3) Yes No				ш	Nonre	siden	t or	Ра	rt-yea	ar resi	dent	or		_l Re	sider	ıt
	3. Do the changes involve a partnership or			2 Δ	mana	lad rat	urn fi	led as:	No	nresid	lant	or		Part	-veai	resid	tent
	S corporation? (If Yes, complete Part II below.) Yes No			Z. A	unenc	ieu iei	uiii ii	icu as	NOI	iresio	ient	0.	Ш	· are	you	10010	10110
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	Part II – Partnership or S Corporation - If this fo			_			-	-				par	tner	sh	рс	r	
	S corporation income, gain, loss or dec		on, pr	OVIC						iatio	on:						
	Name of partnership or S corporation Identifying number	ner			P	rıncıp	ai bu	ısiness a	ctivity								
	Address of partnership or S corporation				_1_									—			\dashv
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IT-203-X (1997) 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) 69 List federal adjustments **72** Corrected adjusted gross income, 69a. federal taxable income, or (check one 69b. b 72. and enter) tax table income 69c. 73. Corrected federal tax 69d. d 74. Federal tax shown on return 69e. 75 Increase (decrease) in federal tax ... 75. Net fed. adj.- increase or (decrease) . . 70. 76. 70 76 Penalties Previously Interest 77. adjusted gross income, 77 reported Total fed. amount assessed (add lines 75-77) 78. taxable income, or federal 71. (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 signature	Date			ark "X" if If-emplo		
Preparer's Use Only	Firm's name (or yours, if self-employed)		Prepare	r's s	ocial se	curity	number
Address			Employe	er id	entificat	ion nui	mber

Cian	Your signature										
Sign											
Your	Spouse's signature (if joint return)										
Return											
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 IT-203 instructions before you begin to complete your IT-203-X amended return.

Both the 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., 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 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., 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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