

For office use only



New York State City of New York City of Yonkers

Amended Resident

Income Tax Return

IT-201-X

New York State Department of Taxation and Finance For Jan. 1 - Dec. 31, 1988, or fiscal tax year beginning , 1988, ending , 19

Form with fields for Last name, First name and middle initial, Your social security number, Mailing address, Apartment number, Spouse's social security number, City, village or post office, State, ZIP code.

- (A) Filing Status - 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child.

- (B) Can you be claimed as a dependent on another taxpayer's federal return? (C) Is this return the result of federal audit changes? (D) Check this box if your original return was filed on Form IT-100.

Part I - Amending Your New York Return

Table with columns: (A) Original return, (B) Increase or decrease, (C) Amended return. Rows include Tax Computation (1-9), Credits/Other Taxes/Gift/Totals (10-29), and Payments (30-40).

Important: You must complete any parts that apply and sign your return on the back.

Part II — Partnership and/or S Corporation — If this form is being used to report adjustments to partnership and/or S corporation income, gain, loss or deduction, provide the following information:

Name of partnership and/or S corporation	Identifying number	Principal business activity
Address of partnership and/or S corporation		

Part III — Federal Changes — Explain changes made by the Internal Revenue Service

41a List federal adjustments	41a		44 Corrected federal <input type="checkbox"/> adjusted gross income, <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	44	
b	b		45 Corrected federal tax	45	
c	c		46 Federal tax shown on return	46	
d	d		47 Increase (decrease) in federal tax	47	
e	e		48 Penalties	48	
42 Net federal adjustments — increase (decrease)	42		49 Interest	49	
43 Previously reported federal <input type="checkbox"/> adjusted gross income taxable income or <input type="checkbox"/> tax table income (check one)	43		50 Total federal amount assessed (add lines 47, 48 and 49)	50	

If you did not concede the above changes and checked the "No" box in question 2 at item (c) on the front page, explain why.

Part IV — Other Changes — Explain any changes not shown in Part III

Give the item or line reference from the front page and explain why each change was made. Attach any schedules or forms that apply. If you need more space, attach a schedule marked Part IV.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Sign Your Return	Your signature	Date
	Firm's name (or yours, if self-employed)	Preparer's social security number			Spouse's signature (if joint return)	Date
	Address	Employer identification number				