



Amended Resident Income Tax Return

New York State • City of New York • City of Yonkers For Jan. 1 — Dec. 31, 1989, or fiscal tax year beginning

1989, ending, 19

Print or type 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

Table with 3 columns: (A) Original return, (B) Increase or decrease, (C) Amended return. Rows include Tax Computation (lines 1-8), Credits/Other Taxes/Gift/Totals (lines 9-26), and Payments (lines 27-37).

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

38a List federal adjustments	38a		41 Corrected federal <input type="checkbox"/> adjusted gross income, <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	41	
b	b		42 Corrected federal tax	42	
c	c		43 Federal tax shown on return	43	
d	d		44 Increase (decrease) in federal tax	44	
e	e		45 Penalties	45	
39 Net federal adjustments — increase (decrease)	39		46 Interest	46	
40 Previously reported federal <input type="checkbox"/> adjusted gross income <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	40		47 Total federal amount assessed (add lines 44, 45 and 46)	47	

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				