

For office use only

New York State Department of Taxation and Finance



Amended Resident Income Tax Return

IT-201-X

New York State • City of New York • City of Yonkers For Jan. 1 — Dec. 31, 1990, or fiscal tax year beginning

, 1990, ending , 19

Form fields for personal information: 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? Yes No

(C) Is this return the result of federal audit changes? Yes No

- 1. What was the date of the final federal determination?
2. Do you concede the federal audit changes?
3. Do the changes involve a partnership or S corporation?

(D) Check this box if your original return was filed on Form IT-100
(E) Enter the number of exemptions claimed on your federal return

Part I — Amending Your New York Return

Table with 4 columns: (A) Original Return, (B) Increase or Decrease, (C) Amended Return. Rows include Tax Computation (lines 1-8), Credits/Other Taxes/Gift/Totals (lines 9-25), and Payments (lines 26-37).

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

**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		

**Part III — Federal Changes** — After completing Part I on the front page, explain the changes made by the Internal Revenue Service (IRS) here.

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

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**.

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	<b>Sign Your Return</b>	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			