

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, 1995, or fiscal tax year beginning

, 1995, ending , 19

Personal information section including last name, first name and middle initial, social security number, mailing address, apartment number, spouse's social security number, city, village or post office, state, and ZIP code.

- (A) Filing status — check one box: 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) Did you file an amended federal return? (If no, explain why in Part IV on back) Yes No

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

If yes:

1. What was the date of the final federal determination? / /

2. Do you concede the federal audit changes? Yes No (if no, explain why in Part III on back)

3. Do the changes involve a partnership or S corporation? Yes No (if yes, complete Part II on back)

(E) Check this box if your original return was filed on Form IT-100

(F) Did you itemize your deductions on your 1995 federal income tax return? (see instructions Form IT-201-X-1) Yes No

(G) 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 1-6), Credits/Other Taxes/Gift/Totals (lines 7-27), Payments (lines 28-36), and Refund/Owe (lines 37-40).

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

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

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**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 check the *No* box at item (C) on the front, explain why. If you need more space, attach a schedule marked **Part IV**.

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<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Mark "X" 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			

Mail your amended return to:  
**STATE PROCESSING CENTER, ONE WATERVLLET AVE EXT, ALBANY NY 12261-0001**