Head of household

(with qualifying person)

For office use only

(A) Filing

1

3

status – ② mark

an "X"

in one

box:

Amended Nonresident and Part-Year Resident

1996

IT-203-X

For the year January 1 through December 31, 1996, or fiscal tax year beginning

Last name

First name and middle initial (if joint return, enter both names)

Mailing address (number and street or rural route)

Apartment number

-	-9	6	ar	nd en	ding		-	-	+		
mes)	▼	Yo	ur so	ocial	secu	ırity r	numb	er		_	
			_	L	_	L					

type	Last name	i iist name and	illidale III	iitiai (ii joii	it return, enter both harnes)	lŤ	TOUT :	+	+	umber		
ō	Mailing address (numb	ber and street or rural route)			Apartment number	▼	Spous	e's soc	ial securi	ty num	ber	
Print	City, village or post of	ffice	Si	tate	ZIP code		•	•		•		
	Single		(B)	•	ou be claimed as a dep			\/		NI-		
	Married filing joint return *	* For filing status 2 or 3, enter both spouses' social security		anothe	r taxpayer's federal retu	m?		Yes		No		
	Married filing separate return *	numbers above, unless filing Form IT-203-C (see IT-203 instr.).	(C)	Did you	file an amended federa	l retur	n?					

(If No, expalin why in Part IV on page 3) . . . Yes

	© Qualifying widow(er) with dependent child	Federal Amour	nt	New Yo	ork State Am	ount
יח	Enter New York adjusted gross income as reported on line 30 of	Dollars	Cents		Dollars	Cer
נט	your original 1996 Form IT-203 return (see IT-203 instructions)					

	Federal Income and Adjustments w amounts for items that changed, and the original amounts for unchanged items.				deral Am Dollars	ount	Cents		New	York Dol		Amount Ce
1 Wag	es, salaries, tips, etc	1.					•	1.			<u> </u>	•
2 Taxa	able interest income	2.		ĺΨ	Ţ		•	2.	<u> </u>		į l	
3 Divid	dend income	3.		ĺΨ	Ţ		•	3.	<u> </u>		į l	
4 Taxab	ole refunds, credits or offsets of state and local income taxes (also enter on line 23)	4.		ĺΨ	Ţ		•	4.	<u> </u>		į l	
5 Alim	ony received	5.		ĺΨ	Ţ		•	5.	<u> </u>		į l	
6 Busin	ness income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)	6.		ĺ	T į T		•	6.	Ţ <u>į</u>		ĺ	
7 Capi	ital gain or loss (attach copy of federal Schedule D, Form 1040)	7.		ĺΤ	T:T		•	7.	Ţį⁻		- <u>í</u>	
8 Othe	er gains or losses (attach copy of federal Form 4797)	8.		ĺΤ	T:T		•	8.	Ţį⁻		- <u>í</u>	
	able amount of IRA distributions	9.		ĺΠ	TiT			9.			- <u>i</u>	\Box . \Box
	able amount of pensions and annuities	10.		ĺΠ	TiT			10.			- <u>i</u>	\Box . \Box
11 Rental r	real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)	11.		ĺΠ	TiT			11.			- <u>i</u>	\Box . \Box
12 Farm	n income or loss (attach copy of federal Schedule F, Form 1040)	12.		ĺΠ	TiT			12.			- <u>i</u>	\Box . \Box
13 Uner	mployment compensation	13.		ĺΠ	TiT			13.			- <u>i</u>	\Box . \Box
14 Taxa	able amount of social security benefits (also enter on line 25)	14.		ĺΤ	ΤiΤ			14.	∏í-		-i T	\Box . \Box
15 Other	r income (see IT-203 instr.) Identify:	15.		<u>i</u> T	TiT		•	15.			- <u>í</u> -	\Box .
	lines 1 through 15	16.		ĺΤ	─ <u>`</u>			16.	<u> </u>		- <u>i</u> —	\Box . \Box
	federal adjustments to income (see IT-203 instr.) Identify:	17.		iП	<u> </u>			17.	i_		- <u>i</u> - -	\Box .
	ract line 17 from line 16. This is your amended federal adjusted gross				,	•					_ ,	
	come	18.			l l		•	18.			Ţ	•
	ork Additions (see IT-203 instructions):			,	,						_,	
	est income on state and local bonds (but not those of NYS or its localities)	19.			l l		•	19.			1	
	lic employee 414(h) retirement contributions	20.		i T	─i─		•	20.	─_i-		-i-	
	er (see IT-203 instr.) Identify:	21.		ĺ	ŢįŢ		•	21.	TŢ		-í-	
	lines 18 through 21	22.	T	ľΤ	─ !			22.	 -:-		- <u>'</u>	\Box . \Box
	ork Subtractions (see IT-203 instructions):			,	,				,_		_ ,	
	ele refunds, credits, or offsets of state and local income taxes (from line 4 above)	23.						23.			1	
	ons of New York State and local governments and the federal government	24.		ľΤ	<u> </u>			24.	<u> </u>		-	
	able amount of social security benefits (from line 14 above)	25.		ľΤ	<u> </u>			25.	<u> </u>		-	
	rest income on U.S. government bonds	26.		ľΤ	<u> </u>			26.	<u> </u>		-	
	sion and annuity income exclusion (see IT-203 instructions)	27.	T	ΪŢ	┬ <u>;</u>			27.	─ <u>`</u> i		-i	
	er (see IT-203 instr.) Identify:	28.	T	įΤ	┯ ┆┿			28.	┬ <u>`</u>		- <u>i</u>	
	lines 23 through 28. This is the total of your New York Subtractions	29.	T	ľΤ	┯ <u>;</u> →			29.	 :-	11	- [—	─ .└─
	ork Adjusted Gross Income				,						_ ,	
	ract line 29 from line 22. This is your New York adjusted gross income.											
Cabti	and the second s	30.	T					30.				

24	New York adjusted areas income from the 20 Federal Assessment			Inc		or D	ecre	ease Cent	s				ende Dolla		mo	unt		ents
31	New York adjusted gross income from line 30, Federal Amount	. 31.			20.			00	31				1	\Box				
22	column on the front page				П				31		<u> </u>	+	+	<u>i</u>		—:	H	
33	Subtract line 32 from line 31 (if line 32 is more than line 31 enter "0")			· •		, '		•1 1	33		<u>⊢</u> ;		+	<u>'</u>	\sqcap	—]	H	H
34	Exemptions for dependents only (not the same as federal; see IT-203-X-I, page 2).				П	0	0 (0.00			,		+	<u>'</u> 0	Ω	<u> </u>	0	n
35	• • • • • • • • • • • • • • • • • • • •					, •	010	,,,,,,	35		П	_	+	'n	H	<u> </u>	۳	Ŭ
	Subtract line 34 from line 33. This is your taxable income	-			П				36		<u> </u>	+	+	<u>i</u>			H	
36	New York State tax on line 35 amount (see IT-203-X-I, page 2)			,		1-		-1-	37		٠,	-	ļ	<u>'</u>		_[H	\vdash
37	New York State household credit (see page 22 of IT-203 instructions)							-1	38		П	Т		Н		—		_
38	Subtract line 37 from line 36 (if line 37 is more than line 36, enter "0")	39.							39		,	-	ļ	<u>i</u> —		_[H	\vdash
39	New York State child and dependent care credit (from Form IT-216; attach form)							-1 1	40		П	Т		Н	\dashv	—	H	\vdash
40	Subtract line 39 from line 38 (if line 39 is more than line 38, enter "0")								40		,			i –	一		H	
41	New York State earned income credit (from Form IT-215; attach form)							• 1	41		П	Т	1	Н	\vdash	—	Н	\vdash
42	Subtract line 41 from line 40 (if line 41 is more than line 40, enter "0")	. 42.	•						42	•	,	ļ		,				
43	Income percentage (see IT-203 instructions)																	
	Amount from line 30, New York State Amount Amount from line 30, Federal Amount The state Amount from line 30, Federal Amount The state Amount from line 30, Federal Amount from line 30, Fe	42						1 1	- 42					_		1		
		43.					•		43		П			ri	Н		Н	\vdash
	Multiply line 42 by the decimal on line 43. This is your allocated New York State tax			П	П				44		- •		+	<u> </u>	\Box		Н	\vdash
45	Other New York State credits (see IT-203-X-I, page 2)			٠,	1 1	,		•	45		— ;	+	+	<u>- </u>	$\overline{}$	—.	H	H
46	Subtract line 45 from line 44 (if line 45 is more than line 44, enter "0")			П	П				46		- ;	-	+	<u> </u>		•		-
47	Net other New York State taxes (see IT-203-X-I, page 2)			٠,	1 1	,		•	47		— ;	-	+	<u>- </u>	$\overline{}$	—.	H	H
48	Add lines 46 and 47. This is the total of your New York State taxes			П	П				48		- ;	-	+	<u> </u>		•		-
49	City of New York nonresident earnings tax (attach Form NYC-203)			 ∤				- •	49		٠,	-	+	<u>; </u>		•		-
50	Other city of New York taxes (from Form IT-203-ATT, line 43)			 ∤				- •	50		- ;	-	+	<u> </u>		•		-
51	City of Yonkers nonresident earnings tax (attach Form Y-203)			 ∤				- •	51		- ;	-	+	<u> </u>		•		-
52				٠,	1 1	, '			52		-		+	<u> </u>	\Box		0	0
	Gifts/Contributions from original return (cannot be amended)	. 53.	•						53	•	,	-	ļ	,		•	l O I	U
54	Add lines 48 through 53 . This is the total of your taxes and gifts.	EA							54		П	Т		П		_		
	Also enter this amount on line 65								54 55		,		-	<u>i</u>	\sqcap	—	H	
	Part-year resident refundable child and dependent care credit (see IT-203-X-I, page 3).					\vdash		-1	55 56					H	\sqcap	—	H	
56 57	Part-year resident refundable earned income credit (see IT-203-X-I, page 3)			l 1	П			-1	57		Ιı		1	H	\sqcap	—	H	\vdash
				<u> </u>				-1-	5 <i>1</i>		<u> </u>	+	+	! —		—	H	\vdash
58	Total New York City tax withheld (see IT-203-X-I, page 3)			<u> </u>				-1-	59		<u> </u>	+	+	! —		—	H	\vdash
59	Total Yonkers tax withheld (see IT-203-X-I, page 3)			<u> </u>				-1-	60		<u> </u>	+	+	! —		—	H	\vdash
60	Total estimated tax payments and amount paid with extension Form IT-370			∟ ;_		_ •		•	60 61		<u>-</u> ا		+	!			H	\vdash
61	Amount paid with original return (see IT-203-X-I, page 3)									_	⊢†	+	+	<u>'</u>		—		_
	-	-		-					63		٠,		+	!			H	\vdash
	Overpayment, if any, as shown on original return (or previously adjusted to Subtract line 63 from line 62 (see IT-203-X-1, page 3 if line 63 is more than	•			, .		-				─		+	<u>'</u>		—[H	\vdash
65	Enter amount from line 54, Amended Amount column										<u>ا</u> ا		+	<u>'</u>		—ː		
66	If line 65 is less than line 64, enter the difference here; this is your re										<u>⊢</u> 'n	-	+	i-		—ː	Н	
	If line 65 is more than line 64, enter the difference here; this is the all										<u>ا</u> ا		+	<u>'</u>		—ː		
									01	•	<u> </u>		<u> </u>	<u>, </u>		_		_
Cor	nplete all questions and parts below and on page 3 tha	t ap	oly t	to you	ur ar	nenc	ded	return.										
/E\	Is this return the result of federal audit changes ? Yes No		((F) D	id you	ı itemiz	ze you	ır deductio	ons on	your								
(E)	Is this return the result of federal audit changes? Yes No If Yes, complete items 1-3 below and Part III on page 3:		•	1	996 fe	deral i	income	e tax retui turn (1040	rn or yo	ur								
								10111 (1040 1)				Yes		1	Ν	0		
	Enter the date of the final federal determination	<u> </u>	_ ((G) 1	. Orio	inal re	eturn fi	iled as: (c	heck or	ne)		100	, <u> </u>	_				
	2. Do you concede the federal audit changes? (If No, explain why in Part III on page 3) Yes No		•	` ,	Ī	_		ent or		´ Part-y	ear re	eside	ent d	or		Res	siden	nt
	3. Do the changes involve a partnership or							o 0.		· u.· ,	oui i	Joido		٠. ر		110	,idoi	
=	S corporation? (If Yes, complete Part II below.) Yes No			2	. Ame	ended	return	filed as:		Vonres	sident	0	r		⊃art-	vear	resid	den
													-		۵. ۲	, ca.		
	Part II – Partnership or S corporation - If this fo	orm i	is h	eina	Hee	d to	ran	ort ad	iuetn	neni	ts tr	n	artn	ere	hii) O	r	
	S corporation income, gain, loss or de			_			-		-			-	ai tii	U13	,, 111 þ	<i>-</i> 01		
\equiv	Name of partnership or S corporation Identifying num			, p. o	40			business										
\equiv	Traine or partite strip or 3 corporation	IDEI				FIIII	Jipai I	ousii iess	aulivii	y								
_	Address of partnership or S corporation																	_

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IT-203-X (1996) 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) 68 List federal adjustments 71 Corrected adjusted gross income, 68a. federal taxable income, or (check one 68b. b 71. and enter) tax table income 68c. 72. **72** Corrected federal tax 68d. d 73. Federal tax shown on return 68e. 74 Increase (decrease) in federal tax ... 74. е Net fed. adj.- increase or (decrease) . . 75. 69 75 Penalties Previously Interest 76. adjusted gross income, 76 reported 77. taxable income, or Total fed. amount assessed (add lines 74-76) federal 70. (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		_	ırk "X" i f-emplo		
Preparer's Use Only	Firm's name (or yours, if self-employed)		Prepare	r's s	ocial se	curity	number
Address			Employe	er ide	entificat	ion nu	mber

Cian	Your signature									
Sign										
Your	Spouse's signature (if joint return)									
Return										
Here	Date	Daytime phone number (optional)								
11616		()								

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-P*. Be sure that you have a copy of the **1996** IT-203 instructions before you begin to complete your 1996 IT-203-X amended return.

Both 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. (eastern time), 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 outside 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. (eastern time), 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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