



Amended Resident Income Tax Return

IT-201-X

New York State • City of New York • City of Yonkers

For the full year Jan. 1 — Dec. 31, 1997, or fiscal tax year beginning , 1997, ending , 19

For office use only

Print or type	Last name		First name and middle initial (if joint return, enter both names)		Your social security number	
	Mailing address (number and street or rural route)				Apartment number	Spouse's social security number
	City, village or post office		State	ZIP code		

- (A) Filing status — check one box:
- ① Single
 - ② Married filing joint return (enter spouse's social security number above)
 - ③ Married filing separate return (enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

- (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.)

- (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

- (E) Check this box if your original return was filed on Form IT-100 ..
- (F) Did you itemize your deductions on your 1997 federal income tax return? (see instructions, Form IT-201-X-1) .. Yes No

Part I — Amending Your New York Return (see instructions, Form IT-201-X-1)		(A) Original Return	(B) Increase or Decrease	(C) Amended Return
Tax Computation	1 Federal adjusted gross income (see instructions)	1		
	2 New York adjustments (see instructions)	2		
	3 New York adjusted gross income (line 1 and add or subtract line 2)	3		
	4 Check one <input type="checkbox"/> Standard deduction <input type="checkbox"/> Itemized deduction ..	4		
	5 Subtract line 4 from line 3	5		
	6 Dependent exemption (see instructions)	6	, 000 00	, 000 00
	7 Taxable income (subtract line 6 from line 5)	7		
	8 New York State tax on line 7 amount (see instructions)	8		
Credits/Other Taxes/Gifts/Totals	9 New York State household credit (see instructions)	9		
	10 Subtract line 9 from line 8 (if line 9 is more than line 8, enter "0")	10		
	11 Other New York State credits (see instructions)	11		
	12 Subtract line 11 from line 10 (if line 11 is more than line 10, enter "0") ..	12		
	13 Other New York State taxes (see instructions)	13		
	14 Total New York State taxes (add lines 12 and 13)	14		
	15 City of New York resident tax	15		
	16 City of New York household credit (see instructions)	16		
	17 Subtract line 16 from line 15 (if line 16 is more than line 15, enter "0") ..	17		
	18 Other city of New York taxes (see instructions)	18		
	19 Add lines 17 and 18	19		
	20 Full-year city of New York resident UBT credit (see instructions)	20		
	21 Subtract line 20 from line 19	21		
	22 City of New York nonresident earnings tax	22		
	23 City of Yonkers resident income tax surcharge	23		
24 City of Yonkers nonresident earnings tax	24			
25 Part-year city of Yonkers resident income tax surcharge	25			
26 Total gifts/contributions (amount from your original return)	26	00	00	
27 Total NY State, city of NY and city of Yonkers taxes and gifts/contributions (add lines 14 and 21 through 26) ..	27			
Payments	28 New York State child and dependent care credit (see instructions) ..	28		
	29 New York State earned income credit (see instructions)	29		
	30 Farmers' school tax credit (see instructions)	30		
	31 Real property tax credit (if any qualified member of household is age 65 or older, check box) <input type="checkbox"/>	31		
	32 Total New York State tax withheld	32		
	33 Total city of New York tax withheld	33		
	34 Total city of Yonkers tax withheld	34		
	35 Total of estimated tax payments, and amount paid with extension Form IT-370 ..	35		
	36 Amount paid with original return, plus additional tax paid after your original return was filed (see instructions)	36		
	37 Add lines 28 through 36, column (C)	37		
Refund/Owe	38 Overpayment, if any, as shown on original return (or previously adjusted by New York State) (see instructions)	38		
	39 Subtract line 38 from line 37	39		
	40 If line 39 is more than line 27, column (C), enter the difference; this is the amount to be refunded to you	40		
	41 If line 39 is less than line 27, column (C), enter the difference; this is the amount you owe	41		

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

42a List federal adjustments _____	42a			45 Corrected federal <input type="checkbox"/> adjusted gross income, <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)		
b	b			46 Corrected federal tax.....	45	
c	c			47 Federal tax shown on return	46	
d	d			48 Increase (decrease) in federal tax	47	
e	e			49 Penalties.....	48	
43 Net federal adjustments — increase (decrease)	43			50 Interest	49	
44 Previously reported federal <input type="checkbox"/> adjusted gross income <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	44			51 Total federal amount assessed (add lines 48, 49 and 50)	50	
					51	

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.

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**.

Paid Preparer's Use Only	Preparer's signature	Date	Mark "X" if self-employed <input type="checkbox"/>	Sign Here	Your signature	
	Firm's name (or yours, if self-employed)	Preparer's social security number			Spouse's signature (if joint claim)	
	Address	Employer identification number			Date	Daytime phone number (optional) ()

Mail your amended return to:
STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001