



Amended Resident Income Tax Return

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

For the full year Jan. 1 — Dec. 31, 1998, or fiscal tax year beginning

, 1998, ending

, 19

For office use only

Form with fields for name, social security number, spouse's name, address, and ZIP code.

Your social security number grid

Spouse's social security number grid

- (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.

- (E) Is this return the result of federal audit changes? If yes: 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?

- (B) Can you be claimed as a dependent on another taxpayer's federal return? (C) Did you file an amended federal return? (D) Check this box if your original return was filed on Form IT-100.

- (F) Did you itemize your deductions on your 1998 federal income tax return? (G) City of New York residents only: (1) Were you 65 or older on 1/1/99? (2) Was your spouse 65 or older on 1/1/99?

Table with 3 columns: (A) Original Return, (B) Increase or Decrease, (C) Amended Return. Rows include Tax Computation (lines 1-8) and Credits/Other Taxes/Gifts/Totals (lines 9-27).

(continued on back)

Part I — Amending Your New York Return (continued)		(A) Original Return	(B) Increase or Decrease	(C) Amended Return
28	Amount from line 27 on the front page	28		
29	New York State child and dependent care credit (see instructions)	29		
30	New York State earned income credit (see instructions)	30		
31	Real property tax credit (if any qualified member of household is age 65 or older, check box)	31		
Payments	32 City of New York school tax credit (see instructions)	32		
	33 Other refundable credits (see instructions)	33		
	34 Total New York State tax withheld	34		
	35 Total city of New York tax withheld	35		
	36 Total city of Yonkers tax withheld	36		
	37 Total of estimated tax payments, and amount paid with extension Form IT-370	37		
38	Amount paid with original return, plus additional tax paid after your original return was filed (see instructions)	38		
39	Add lines 29 through 38, column (C)	39		
Refund/Owe	40 Overpayment, if any, as shown on original return (or previously adjusted by New York State) (see instructions)	40		
	41 Subtract line 40 from line 39	41		
	42 If line 41 is more than line 28, column (C), enter the difference; this is the amount to be refunded to you	42		
	43 If line 41 is less than line 28, column (C), enter the difference; this is the amount you owe	43		

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				
44a	List federal adjustments	44a		
b		b		
c		c		
d		d		
e		e		
45	Net federal adjustments — increase (decrease)	45		
46	Previously reported federal <input type="checkbox"/> adjusted gross income <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	46		
47	Corrected federal <input type="checkbox"/> adjusted gross income, <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	47		
48	Corrected federal tax	48		
49	Federal tax shown on return	49		
50	Increase (decrease) in federal tax	50		
51	Penalties	51		
52	Interest	52		
53	Total federal amount assessed (add lines 50, 51 and 52)	53		

If you did not concede the above changes and checked the *No* box in question 2 at item (E) 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