



# Amended Resident Income Tax Return

# IT-201-X

For office use only

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

For the full year Jan. 1 — Dec. 31, 1999, or fiscal tax year beginning  99, ending

Print or type	<b>Please enter your first name first. For a joint return, use both name lines.</b>		
	Your first name and middle initial	Your last name <i>(for a joint return, enter spouse's name on line below)</i>	
	Spouse's first name and middle initial	Spouse's last name	
	Mailing address <i>(number and street or rural route)</i>		Apartment number
	City, village or post office	State	ZIP code

▼ Your social security number

▼ Spouse's social security number

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

- (E) 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.)*
- (F) Did you itemize your deductions on your 1999 federal income tax return? *(see instructions, Form IT-201-X-1)* . Yes  No
- (G) City of New York residents only: *(see instructions)*
- (1) Were you 65 or older on 1/1/2000? ..... Yes  No
  - (2) Was your spouse 65 or older on 1/1/2000? ..... Yes  No

Part I — Amending your New York return <i>(see instructions, Form IT-201-X-1)</i>		(A) Original return	(B) Increase or decrease	(C) Amended return
Tax computation	1 Federal adjusted gross income <i>(see instructions)</i> .....	1		
	2 New York adjustments <i>(see instructions)</i> .....	2		
	3 New York adjusted gross income <i>(line 1 and add or subtract line 2)</i> .....	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 exemptions <i>(see instructions)</i> .....	6	, 000 00	, 000 00
	7 Taxable income <i>(subtract line 6 from line 5)</i> .....	7		
	8 New York State tax on line 7 amount <i>(see instructions)</i> .....	8		
Credits/other taxes/gifts/totals	9 New York State household credit <i>(see instructions)</i> .....	9		
	10 Subtract line 9 from line 8 <i>(if line 9 is more than line 8, enter "0")</i> .....	10		
	11 New York State nonrefundable credits <i>(see instructions)</i> .....	11		
	12 Subtract line 11 from line 10 <i>(if line 11 is more than line 10, enter "0")</i> .....	12		
	13 Net other New York State taxes <i>(see instructions)</i> .....	13		
	14 Total New York State taxes <i>(add lines 12 and 13)</i> .....	14		
	15 City of New York resident tax .....	15		
	16 City of New York household credit <i>(see instructions)</i> .....	16		
	17 Subtract line 16 from line 15 <i>(if line 16 is more than line 15, enter "0")</i> .....	17		
	18 Net other city of New York taxes <i>(see instructions)</i> .....	18		
	19 Add lines 17 and 18 .....	19		
	20 City of New York nonrefundable credits <i>(see instructions)</i> .....	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 <i>(amount from your original return)</i> .....	26	00	00
	27 Total New York State, city of NY and city of Yonkers taxes, and gifts/contributions <i>(add lines 14 and 21 through 26). Enter here and on line 28 on the back page ..</i>	27		

*(continued on back)*

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

**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**

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

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.

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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 here</b>	Your signature	
	Firm's name (or yours, if self-employed)	Preparer's SSN or PTIN			Spouse's signature (if joint claim)	
	Address	Employer identification number			Date	Daytime phone number (optional) ( )