2006

New York State Department of Taxation and Finance Amended Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

IT-203-X

e	· · ·	t enter your social security number(s) in the boxes to the right.						v Your social security number		
r typ	Your first name and middle initial	Your last name (for a joint re	<b>eturn</b> , enter s	Г	▼ Your sc	ocial security hur	nper			
Attach label, print, or type	Spouse's first name and middle initial	Spouse's last name					▼ Spouse's social security number			
oel, p	Mailing address (number and street or ru	ral route)			Apartment num	nber		Taxpayor	s date of dea	th
		,					ecedent	•	s date of dea	7
лтас	City, village, or post office	Sta	ate	Z	IP code		formation	Spouse's	date of deat	h_
								•		
	Filing ①			(C)				eral return? age 4)		No
		nt return (enter both spouses' so nless filing Form IT-203-C; see IT		(D)	New York C (see instruction			idents only		
		oarate return (enter both spouse above, unless filing Form IT-203-C		nstr)	(1) Number	of month	is you liv	red in NY Cit	y in 2006	
			,000 11 200 11	1011.)	(2) Number	of month	is your s	pouse lived		
	④ Head of house	hold (with qualifying person)	)		in NY Ci	ty in 2006	6			
	5 Qualifying wide	ow(er) with dependent ch	ild	(E)	Enter your 2	2-diait sp	ecial co	ndition cod	le number	
				(-)	if applicable					₅∟
	Can you be claimed as a dependen				If applicable					
	on another taxpayer's federal return?	? Yes 🛄	No		special conc					
					eral amount · lars	Cents		New Yor     Doll	k State am	ount
								Don	uio	
	Enter New York adjusted gross incon your original 2006 Form IT-203 return			Doi	1015	•				•
art	your original 2006 Form IT-203 return 1 — Federal income and adjus	n (see Form IT-203 instructio			ed federal am	•	An	nended Nev	v York State	 e amo
ert Ei th	your original 2006 Form IT-203 return <b>1 — Federal income and adjus</b> nter the new amounts for items that of e original amounts for unchanged ite	n (see Form IT-203 instructio stments changed, and ems.	ns)	Amende		•	An	nended Nev Dolla		e amo
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Ра	ge 2 of 4 IT-203-X (2006)  Enter your social security number					
			Amended federal amount	A	Mended New York State ar	mount
			Dollars Cents		Dollars	Cents
19	Enter the amount from line 18 on page 1	19.	•	19.		
N	ew York additions (see Form IT-203 instructions)					
20	Interest income on state and local bonds (but not those					
	of New York State or its localities)	20.	•	20.	•	
	Public employee 414(h) retirement contributions	21.	•	21.	•	
22	Other Identify:	22.	•	22.	•	
23	Add lines 19 through 22	23.	•	23.	•	
Ν	ew York subtractions (see Form IT-203 instructions)					
24	Taxable refunds, credits, or offsets of state and					
	local income taxes (from line 4)	24.	•	24.	•	
25	Pensions of NYS and local governments and the					
	federal government	25.	•	25.	•	
26	Taxable amount of social security benefits (from line 14)	26.	•	26.	•	
27	Interest income on U.S. government bonds	27.		27.	•	
28	Pension and annuity income exclusion	28.	•	28.	•	
	Other Identify:	29.	•	29.	•	
30	Add lines 24 through 29	30.		30.		
	New York adjusted gross income (subtract line 30 from line 23)					
	Enter here and next to line 44 (if zero or less, see Form IT-203 instr.).	31.	•	31.	•	
			Increase or decrease		Amended amount	
32	Enter the amount from line 31, Amended federal		Dollars Cents		Dollars	Cents
	<i>amount</i> column	32.		32.	•	
33	Mark an <b>X</b> in one box and attach amended federal Schedule A:					
	Standard deduction or      Itemized deduction	33.	•	33.	•	
34	Subtract line 33 from line 32 (if line 33 is more than					
	line 32, leave blank)	34.		34.	•	
35	Dependent exemptions (not the same as total federal					
	exemptions; see Form IT-203-X-I, page 2)	35.	000.00	35.	000.	0 0
36	New York taxable income (subtract line 35 from line 34)	36.		36.	•	
	NY State tax on line 36 amount (see IT-203-X-I, page 2)			37.	•	
	NY State household credit (see Form IT-203 instructions)	38.		38.		
	Subtract line 38 from line 37 (if line 38 is more than	LL				
	line 37, leave blank)	39.		39.		
40	New York State child and dependent care credit				, L	
	(attach Form IT-216)	40.		40.		
41	Subtract line 40 from line 39 (if line 40 is more than	LL				
	line 39, leave blank)	41.		41.		
42	NY State earned income credit (attach Form IT-215)	42.		42.		
	Base tax (subtract line 42 from line 41; if line 42 is more than		,•[,		• [	
	line 41, leave blank)	43.		43.		
44	Income percentage (see Form IT-203 instructions)				]♥[	
	Line 31, NYS amount					
	÷ Line 31, Federal amount	44.		44.		
45	Allocated NY State tax (multiply line 43 by the decimal on line 44)		•	45.	•	
	New York State nonrefundable credits (see IT-203-X-I, page 3)	46.		46.	• _	
	Subtract line 46 from line 45 (if line 46 is more than		•	-10.	•	
	line 45, leave blank)	47.		47.		
40		47.		47.	•	
<u>/</u>						
	Net other New York State taxes (see IT-203-X-I, page 3) Total New York State taxes (add lines 47 and 48)		*		•	
	Total New York State taxes (add lines 47 and 48)	49.		49.	•	

x Department.

Name(s) as shown on page 1:

▼ Enter your social security number

			Increase or decrease	e Cents	Amended amount ts Dollars Cent		
50	Enter the amount from line 49 on page 2	50.	Donars	Cents	50.	Donars	Cents
_	ew York City and Yonkers taxes						•
	Part-year New York City resident tax (attach Form IT-360.1)	51.			51.		•
	New York City minimum income tax (attach Form IT-220)		•		52.		•
	Yonkers nonresident earnings tax (attach Form Y-203)	53.	•		53.		•
54	Part-year Yonkers resident income tax surcharge					]	
L	(attach Form IT-360.1)	54.	•		54.		•
	Sales or use tax from original return (cannot be amended; see instr.)	55.			55.		•
	Voluntary contributions from original return (cannot be amended)	56.			56.		•
57	Total New York State, New York City and Yonkers taxes,						
	sales or use tax, and voluntary contributions (add						
	lines 50 through 56; also enter this amount on line 68)	57.			57.		•
Pa	ayments and refundable credits (see Form IT-203-X-I, page	e 3)					
58	Part-year New York City school tax credit	58.			58.		
59	Other refundable credits	59.			59.		
60	Total New York State tax withheld	60.			60.		
61	Total New York City tax withheld	61.			61.		
	Total <b>Yonkers</b> tax withheld				62.		
·	Total estimated tax payments/amount paid with Form IT-370	1 1			63.		
	Amount paid with original return (see IT-203-X-I, page 3)				64.		
	Total payments (add lines 58 through 64, Amended amount co				65.		
	Overpayment, if any, as shown on original return (or previo	ously	adjusted by New York Sta	ate)			
67	(see IT-203-X-I, page 3)				66.		•——
	Subtract line 66 from line 65 (if line 66 is more than line 65, se				67.		•
	Enter amount from line 57, <i>Amended amount</i> column				68.		•
	If line 68 is <b>less</b> than line 67, enter the difference here; this	-			69.		•
70	If line 68 is <b>more</b> than line 67, enter the difference here; th		-				
	(See IT-203-X-I, page 3. Make check or money order payable to				70		
	write your social security number and 2006 Income Tax on it.)				70.		•
Со	mplete all questions and parts below and on page 4 that ap	oply t	o your amended return.				
(G	) Is this return the result of <b>federal audit changes</b> ?		No 🗌 (H) 1. Origin	al return	filed a	is (mark an <b>X</b> in one box)	
	If Yes, complete items 1-3 below and Part 3 on page 4:			Г		Part-year	
	1. Enter the date of the final federal determination		Nonres	dent		resident Reside	nt
	2. Do you concede the federal audit changes?		2. Amen	ded retu	n filed	as (mark an <b>X</b> in one box)	
	(If No, explain why in Part 3 on page 4)		No	_	_		
	<b>3.</b> Do the changes involve a partnership or		Nonres	ident		Part-year resident	
	S corporation? (If <b>Yes</b> , complete Part 2 below)		No				
	rt 2 — Partnership or S corporation — If using this f S corporation income, gain, loss, or deduction, provide			partne	rship		
	ame of partnership or S corporation Income, gain, loss, or deduction, provide Identify		-	pal busi	ness a	ctivity	
Ac	dress of partnership or S corporation		I				



Part 3 — Federal changes — After completing Part 1, explain below the changes, if any, made by the Internal Revenue Service (IRS).

71	List federal adjustments				Corrected adjusted gross incom	e
а		71a.	•		federal taxable income	
b		71b.	•		and enter) tax table income	74.
С		71c.	•	75	Corrected federal tax	75.
d		71d.	•	76	Federal tax shown on return	76.
е		71e.		77	Increase (decrease) in federal tax	77.
72	Net federal adjustment —			78	Penalties	78.
	increase or (decrease)	72.		79	Interest	79.
73	Previously adjusted gross income			80	Total federal amount assessed	
	reported taxable income	I			(add lines 77, 78, and 79)	80.
	(mark one tax table income and enter)	73.	•	]		

If you did not concede the above changes and marked the No box in question 2 at item (G) on page 3, explain why.

Part 4 — Other changes — Explain any changes not shown in Part 3.

Give the item or line reference from pages 1, 2, and 3 and explain why each change was made. Attach any schedules or forms that apply, along with any available federal documentation (Form 1040-X, acceptance of your federal refund claim, or any other documentation). If you marked the *No* box at item (C) on the front page, explain why. If you need more space, attach a schedule marked *Part 4*.

## 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 and 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-I* and in a return and instructions packet with form number *IT-203-P*. Be sure that you have a copy of the **2006** IT-203 instructions before you begin to complete your 2006 IT-203-X amended return.

Instructions for both forms are available on the department's Internet Web site and on our fax-on-demand system. Also see *Need help*? in the instructions for Form IT-203 for information on how to obtain tax forms.

Third –	Do you want to allow another person to dis	Yes (	complete the following)	No 🗔					
party designee	Designee's name	Des (	ignee's phone number )	r Personal identification number (PIN)					
	Paid preparer's use only	•		▼ Taxpayer(s) sign here ▼					
Preparer's s ►	ignature	▼ SSN or PTIN:			Your signature ►				
Firm's name (or yours, if self-employed)			er identification number	Your occupation					
Address			Mark an <b>X</b> if self-employed		Spouse's signa	ture and occu	pation <i>(if joint return)</i>		
			Date		Date		<ul> <li>Daytime phone numb</li> </ul>	ber	

Mail your completed return and any attachments to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

