

New York State Department of Taxation and Finance Amended Nonresident and Part-Year Resident IT-203-X

				For the year January 1						0	7
		Impo	Important: You must enter your social security number(s) in the boxes to the right.						and ending		
		Your first name and		Your last name (for a join					▼ Your social security	number	
				lour last hams (for a jo n	rerocarri, orner op	ouco o nan	10 011 11110 20101	,			
Drint or type	3 2	Spouse's first name	and middle initial	Spouse's last name					▼ Spouse's social sec	urity number	
5	5										
		Mailing address (nu	ımber and street or ru	ıral route)			Apartment n	umber	New York State coun	ty of residence	
٥	-								•		
		City, village, or post	t office		State	7	ZIP code		School district name		
									•		
P	erm	nanent home addres	ss (number and street	or rural route)			Apartment n	umber	School district		_
									code number		
C	ity,	village, or post office	•	State	7	ZIP code	Dec	edent	Taxpayer's date of deat	h Spouse's date of dea	ath
								rmation •			
(A)	F	Filing ①	Single	See the instruction	s on page 6 f					<u></u>	
	_	status —				(D)			ended federal	Yes No	
		mark an ②		oint return (enter both spou above, unless filing Form I		:)		,- 2g 0/ ·		110	
		Kin _	,	eparate return (enter both	,	, , , , , , , , , , , , , , , , , , ,	Nave-Ve 1	0:4	4	h.,	
	C	one box: ③		eparate return (enter both above, unless filing Form l'		(E)		, ,	t-year residents on	<i>_</i>	_
		, F	-				(1) Numb	er of mon	nths you lived in NY	City in 2007 •	
Stap or m	le che	eck order	Head of house	ehold (with qualifying per	son)		(2) Numb	er of mon	nths your spouse liv	red	_
here			٠				in NY	City in 2	2007	• <u> </u>	
		(5)	Qualifying wid	low(er) with dependent	cniia						
(B)		Did you itemize yo				(F)	•		special condition c		
	У	our 2007 federal i	ncome tax return	? Yes	No				page 6)		
(C)		can you be claim	•		П				enter your second 2	~ •	
		n another taxpaye		? Yes	No L		Special co	maillon cc	ode	<u>-</u>	_
Fe	de	ral income and	adjustments			Fed	leral amoun	t	New Yo	ork State amount	
Ente	er fe	deral amounts in the	left column and NY	S amounts in the right col	umn.	Do	llars	Cents	s D	ollars Cer	nts
1	Wa	ages, salaries, ti	ips, etc		1.				1.		
		-	-					٦.	2.		
3	Or	dinary dividends	S		3.				3.		
4	Ta	xable refunds, c	redits, or offsets	s of state and local							
		•		24)					4.		
		•							5.	•	
				deral Sch. C or C-EZ, Form				⊣•	6.	•	
				py of federal Sch. D, Form					7.	•	
_		-		y of federal Form 4797					8.		
9				eficiaries: mark X in box	9.				9.		
		· · · · · · · · · · · · · · · · · · ·		eficiaries: mark X in box	10.			•	10	•	
11				erships, S corporational Schedule E, Form 10					11.		
12		•		ai Scriedule E, Form 10 f federal Sch. F, Form 10	· -				12.		
								•	13.		
			•	nefits <i>(also enter on line</i>				1:	14.	•	
		her income Iden		(o on on min	15.			:	15.		
								┦:├──	16.		_
	Total federal adjustments to income								_		
		entify:			17.				17.		
18	Fe	deral adjusted g	gross income (s	subtract line 17 from line	16) 18.			٦. 🗆	18.		

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Page 2 of 6 IT-203-X (2007) ▼ Enter your s	ocial security number	'	Federal amount		New York State am	nount
			Dollars	Cents	Dollars	Cents
19 Federal adjusted gross income (from lin	ne 18 on front page)	19.		19.		
New York additions						
10 Interest income on state and local bond	s (but not those					
of New York State or its localities)		20.		20.		
Public employee 414(h) retirement con		21.	•	21.		\dashv ' \vdash
22 Other Identify:		22.	·	22.		\dashv ' \vdash
23 Add lines 19 through 22		23.	:	23.		
New York subtractions						
24 Taxable refunds, credits, or offsets of si	tate and					
local income taxes (from line 4)		24.		24.		
25 Pensions of NYS and local government		27.	•	27.		•
federal government		25.		25.		
26 Taxable amount of social security bene				26.		
•				27.		
Interest income on U.S. government bo		27.	·			⊣• ├─
Pension and annuity income exclusion.		28.		28.		
29 Other Identify:		29.		29.		⊣·
Add lines 24 through 29		30.		30.		⊣·
1 New York adjusted gross income (subtra	act line 30 from line 23)	31.		31.		
12. Enter the amount from line 24. Forders						
Enter the amount from line 31, Federal	amount column	•••••		32.		•
Subtract line 33 from line 32 (if line 33 is Dependent exemptions					0 0	0.00
86 New York taxable income (subtract line	35 from line 34)					
						•
New York State —	r •	New York S	State itemized	deduction v	worksheet	
standard deduction table						
	a Medical and de	ental expenses	(from federal Sch. A, I	ine 4) a.	,	•
	, '	*	hedule A, line 9)		,	•
Filing status Standard deduction (from the front page) (enter on line 33 above)	c Interest you pa	id (from federal S	Schedule A, line 15)	С.	,	•
(Iron the front page) (enter on line 33 above)	d Gifts to charity	(from federal Sch	nedule A, line 19)	d.		•
	e Casualty and the	neft losses (fron	n federal Sch. A, line 2	0) e.		
① Single and you	f Job expenses a	and most other	miscellaneous			
marked item C Yes \$ 3,000	deductions (f	from federal Sche	edule A, line 27)	f.		
	g Other miscellar	neous deductio	ns (from federal			
① Single and you	Schedule A, lin	ne 28)		g.		
marked item C No 7,500			chedule A, line 29.			
@ Mania 61 and and an	i State, local, and					, L
② Married filing joint return 15,000		· ·	nts	i.		
Mannia d Gliana annuata		•			 '	·
Married filing separate return	-					'
7,500			ction		f	·
Head of household					·	•
(with qualifying person) 10,500	m Add lines j, k, a					•
, , , , , , , , , , , , , , , , , , , ,	n Itemized deduc	tion adjustmen	ıt	n.		•
⑤ Qualifying widow(er) with	o New York State	e itemized ded	luction			
dependent child 15,000	(subtract line n	n from m; enter or	n line 33 above)	o.		•

Name(s) as shown on page 1			▼ Enter your social security number	IT-203-X (2007)	Page 3 of 6	
Та	x computation, credits, a	and other taxes			Dollars	Cents
37	New York taxable incom	e (from line 36 on page 2)		. 37.		
38	New York State tax on line	e 37 amount		38.		
39	New York State househole	d credit		. 39.		
40	Subtract line 39 from line	38 (if line 39 is more than line 38, leave bla	ank)	. 40.		
41	New York State child and	dependent care credit (attach Form IT-2	16)	. 41.		
42	Subtract line 41 from line	40 (if line 41 is more than line 40, leave bla	ank)	. 42.		
43	New York State earned in	come credit (attach Form IT-215)		. 43.		
44	Base tax (subtract line 43 fi	rom line 42; if line 43 is more than line 42, le	eave blank)	. 44.		
45	Income Ne	ew York State amount from line 31	Federal amount from line 31		Round result to 4 de	ecimal places
	percentage	. ÷	. =	45.		•
46	Allocated New York State	tax (multiply line 44 by the decimal on line	45)	. 46.		
		dable credits (from Form IT-203-ATT, line	•			
		46 (if line 47 is more than line 46, leave bla				
		taxes (from Form IT-203-ATT, line 33)	•			
		Kes (add lines 48 and 49)				<u> </u>
_						
Ne	ew York City and Yonkers	taxes and credits				
51	Part-vear New York City	resident tax (attach Form IT-360.1) 51				
	-	income tax (attach Form IT-220) 52	+			
			· · · · · · · · · · · · · · · · · · ·	_		
l .	b Part-year resident nonre		•			
-		care credit (attach Form IT-216) 52b				
520		52a 52c		-		
		rnings tax (attach Form Y-203) 53	 	_		
	Part-year Yonkers reside	·	•			
	•					
55	,	d Yonkers taxes (add lines 52c, 53, and		. 55.		
		(444 111100 020, 00, 4114	<i>3.7</i>	001		•
56	Sales or use tax as repor	rted on your original return (see page	e 6). Do not leave line 56 blank.	. 56.		
			,			
					. 1	
VC	oluntary contributions as	reported on your original return (or	as adjusted by the Tax Department	see pa	age 6)	
	57a Return a Gift to Wild	dlife57a	. 0	0		
	57b Missing/Exploited C	Children Fund57b		0		
		earch Fund57c		0		
	57d Alzheimer's Fund	570	 	0		
		r \$4)		0		
		esearch Fund		0		
		d	1	0		
	J	<u></u>	• •	_		
57	Total voluntary contribution	ons as reported on your				
	-	djusted by the Tax Department)		. 57.		. 0 0
	,				•	
58	Total New York State, Ne	ew York City, and Yonkers taxes, sale	es or use tax,			
		outions (add lines 50, 55, 56, and 57)		. 58.		
		· ·				



Pag	ge 4 of 6 IT-203-X (2007) ▼ Enter your social security number		
59	Total New York State, New York City and Yonkers taxes, sales or use tax,	Dollars	Cents
	and voluntary contributions (from line 58 on page 3)	59.	
Pa	yments and refundable credits		
60	Part-year NYC school tax credit (also complete (E) on front) 60.	Forms IT-2 and/or IT-1099	
	Other refundable credits (from Form IT-203-ATT, line 17) 61.	 must be completed and a to your return instead of 	attacned
	Total New York State tax withheld	federal Forms W-2 and/o	
	Total New York City tax withheld	Staple them to the back of	. •
	Total Yonkers tax withheld	Important: All credit clair or other applicable forms	m forms
	Total estimated tax payments / amount paid with Form IT-370 65.	you submitted with your	original
	Amount paid with original return, plus additional tax paid	return (see page 6) must completed and attached	also be
	after original return was filed (see page 6)	of page 5.	to the back
	1	_	
67	Total payments and refundable credits (add lines 60 through 66)	67.	
	Overpayment, if any, as shown on original return or previously adjusted by NY State (see page		
68a	Amount from original Form IT-203, line 69 (see page 6) 68a.		
	Subtract line 68 from line 67	69.	
_	 .		
Re	fund		
70	Refund amount — If line 69 is more than line 59, subtract line 59 from line 69		
	(For Direct deposit, complete lines 72, 72a, 72b, and 72c below.)	70.	
Γ.	maumt vau awa		
A	mount you owe		
71	Amount you owe — If line 69 is less than line 59, subtract line 69 from line 59 (see pg. 6)	71.	
	(Make your check or money order payable to NY State Income Tax; write your social security	-	
	number and 2007 Income Tax on it.)		
72	Direct deposit Mark an X in the box: ● Direct deposit	You can choose to have	your
		refund directly deposited	
	72a Routing number	your bank account. Fill in lines 72, 72a, 72b, and 72	
		, , , , , , , , ,	
	72b Account number ●		
	72c Account type • Checking Savings		
Δ.	Iditional information		
A	ditional information		
73	Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move	(mm-dd-yyyy) ▶	
	Mark an X in the box that describes your situation on the last day of the tax year:		
	73a Moved into New York State		
	73b Moved out of New York State; received income from NYS sources during nonresident period		
	73c Moved out of New York State; received no income from NYS sources during nonresident period	73c.	
74	Nonresidents: Did you or your spouse maintain living quarters in NYS in 2007? ▼	→ →	
	(If Yes, complete Form IT-203-B, Schedule B, and attach form.)Yes	s No No	
75	Original return filed as (mark an X in one box)		
	75a. Nonresident	75c. Resident	
70			
76	Amended return filed as (mark an X in one box)		
	76a. Nonresident		(continued)

Nam	e(s) as sl	hown on page 1		▼ Enter you	r social security number		IT-203-X (2007)	Page 5 of 6	
77	Reaso	n(s) for amending your return (mark an)	K in all applicable t	oxes; see pa	ge 6)				
	77c. C 77f. W 77i. C	Vages allocation	7d. Treaties/visa/ 7g. Worthless sto 7g. Worthless sto 77j. Credit claim	temporary stack/securities.	ay	77e. Volunt	'yary compliance initia ers' compensation	ative	
	771. To	o report adjustments to partnership or S corp Partnership	poration income, g	ain, loss or de S corporat		he following	g information:		
	Na	ame of partnership or S corporation	Identifying	number		Principal t	ousiness activity		
	Ad	ddress of partnership or S corporation							
7 8	Enter th	ryou marked an <i>X</i> in box 77a above, you have a second of the date (mm/dd/yyyy) of the federal determination ain)	l-party designee	question. Y	'ou must sign yo Do you concede	our amend the federa	ded return below.		
	List fed	deral changes				80a.	Dollars	Cents	
	80b _ 80c _ 80d					80b. 80c. 80d.		•	
	80e _					80e.		•	
32	Federa	deral changes (increase or decrease) Il taxable income (mark an X in one box) ted federal taxable income	Per return	Previou	sly adjusted	82.		•	
34	Federa	al credits disallowed Earned income Child care		nount disallow]		
		al penalties assessed	85b. Negligence	ə	85	c. Other (e	explain below)		
	ird –	Do you want to allow another person to dis	cuss this amended	d return with t	he Tax Dept?	Yes (complete the following) No 🔲	
party designee		Designee's name	Designee's p	hone number		Personal id number (P	dentification [IN]		
		▼ Paid preparer's use only	▼			▼ Taxpaye	er(s) sign here ▼		
•	parer's si		▼ SSN or PTIN: Your signature						
Firm's name (or yours, if self-employed)			Employer identification number Your occupation						
Address			self-e	an X if mployed		ure and occu	pation (if joint return)		
			Date		Date		▼ Daytime phone nu	umber	

Mail your completed amended return and any attachments to:

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

You must file pages 1 through 5 of this original scannable amended return with the Tax Department.



Instructions

New for 2007 — Form IT-203-X has been redesigned to more closely follow Form IT-203. When completing your Form IT-203-X, attach any credit claim form or other form that you submitted with your original return, unless you are amending that form. If you are amending any form, or using any form for the first time, write **Amended** across the top of the form and attach it to Form IT-203-X.

General information

If you realize you have made an error after filing your 2007 New York State income tax return, or if the Internal Revenue Service (IRS) makes changes to your federal return, you must file an amended New York State return to correct the error or report the changes. See the instructions for 2007 Form IT-203 (Form IT-203-I) to determine which amended return to file (Form IT-203-X, Form IT-201-X, or Form IT-150-X).

Caution: Do not file an amended return on Form IT-203-X to report a net operating loss carryback, to protest a paid assessment that was based on a statement of audit changes, or to file a protective claim; use Form IT-113-X, Claim for Credit or Refund of Personal Income Tax. However, if you are reporting any of the above and some other change to your state return, you must file Form IT-203-X or the appropriate amended return, showing all changes; do not use Form IT-113-X in this case. If you receive an assessment from the Tax Department, do not file an amended return strictly to protest the assessment. Follow the instructions you receive with the assessment.

To file an amended return, **complete pages 1 through 5 of Form IT-203-X**, using your original Form IT-203 as a guide, and make any necessary changes to income, deductions, and credits. Use the instructions for 2007 Form IT-203 and the specific instructions below to complete Form IT-203-X.

Generally, Form IT-203-X must be filed within three years of the date the original return was filed or within two years of the date the tax was paid, whichever is later. (A return filed early is considered filed on the due date.) Do not file Form IT-203-X unless you have already filed your original return.

If you file an amended federal return to make changes to your federal income, tax preference items, total taxable amount, capital gain or ordinary income portion of a lump-sum distribution, the amount of your earned income credit or credit for child and dependent care expenses, or the amount of your foreign tax credit affecting the computation of the resident credit for taxes paid to a province of Canada, you must also file an amended New York State return within 90 days of the date you amend your federal return. If the IRS changes any of these items, report these changes to the New York State Tax Department on an amended return within 90 days of the IRS final determination. If you do not agree with the IRS determination, you must still file an amended state return indicating your disagreement. To report changes for a tax year prior to 1988, use Form IT-115, Report of Federal Changes.

Specific instructions

Use the 2007 Form IT-203 instructions when completing Form IT-203-X, along with the following specific line instructions. If you are amending any credit claim form or other form, or are using any credit claim form or other form for the first time, write *Amended* across the top of that form and attach it to your amended return. Any other credit claim form or other form that you submitted with your original return must also be attached to your amended return.

Item (D) - You must mark an X in the Yes or No box.

Item (F) Special condition code – If you entered a special condition code(s) on your original return, enter the same code(s). In addition, enter code C7 if you now qualify for an extension of time to file and pay your tax due under the combat zone or contingency operation relief provisions. See Publication 361, New York State Income Tax Information for Military Personnel and Veterans.

Line 56 Sales or use tax – Enter the amount of New York State and local sales or use tax you reported on your original Form IT-203, line 56. You cannot change the amount of sales or use tax you owe using Form IT-203-X. If you need to increase the amount of sales

or use tax paid with your original return, you must file Form ST-140, *Individual Purchaser's Annual Report of Sales and Use Tax*. If you are entitled to a refund of any amount you originally paid, you must file Form AU-11, *Application for Credit or Refund of Sales or Use Tax*.

Line 57 Voluntary contributions – Enter the amount of each voluntary contribution you reported on your original Form IT-203, lines 57a through 57g, and the total as reported on line 57. If the voluntary contributions you reported on your original Form IT-203 were previously adjusted by the Tax Department, enter the adjusted amounts on the appropriate lines. You cannot change the amount of your contributions as reported or adjusted on your original return.

Line 66 Amount paid with original return, plus additional tax paid after your original return was filed – From Form IT-203, line 70. If you paid additional amounts since your original return was filed, also include these payments on line 66. If you did not pay the entire balance due shown on your original return, enter the actual amount that was paid. Do not include payments of interest or penalties.

Line 68 Overpayment, if any, as shown on original return From Form IT-203, line 67. If the overpayment claimed on your original return was previously adjusted by the Tax Department, enter the adjusted overpayment on this line. Do not include interest you received on any refund.

Line 68a Amount from original return – If you filed Form IT-201, enter the amount from Form IT-201, line 79; if you filed Form IT-150, enter the amount from Form IT-150, line 53.

Line 70 Refund – The Tax Department will not refund an amount of one dollar or less unless you attach to your return a signed statement asking for it.

Line 71 Amount you owe – If you owe more than one dollar, include full payment with your return. (You do not have to pay one dollar or less.) Make your check or money order payable to **NY State Income**Tax, and write your social security number and 2007 Income Tax on it.

Interest – If a balance due is shown on your amended return, do not include the interest amount on line 71. Compute the interest by accessing our Web site at www.nystax.gov and clicking on Online Tax Center, or call toll free (1 800 225-5829), and we will compute the interest for you. Include with your payment any interest computed.

Line 77 Reason for amending return – Mark the box(es) that apply. If you marked the *Other* box, include an explanation of the change on the explanation line at line 77k; for example, you are changing your New York State dependent exemption amount. If you need additional room, attach a separate sheet with your explanation. If you marked a box at line 77l, give the partnership or S corporation's name, identifying number, principal business activity, and address.

Lines 78 through 85 – If you marked an *X* in box 77a and are reporting changes made by the IRS, complete lines 78 through 85 by entering the information requested as it appears on your final federal report of examination changes. Use a minus sign (-) to show any decreases.

Note: Fully explain the changes you are making on Form IT-203-X. Attach any schedules or forms that apply, along with any available federal documentation. Documentation may include, but is not limited to, copies of: your federal Form 1040X; federal acceptance of your amended federal return (include copies of the refund check, if applicable); amended federal Schedule B, Schedule C, or Schedule D; revised federal Schedule K-1; and itemized deduction receipts. Failure to include this information when filing Form IT-203-X may delay the processing of your return or the issuance of your refund.

Third-party designee – Your authorization will end one year from the date you file this amended return. For more information see the Form IT-203 instructions.

