



Amended Nonresident and Part-Year Resident Income Tax Return

IT-203-X

New York State • New York City • Yonkers

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

1 1

Form with fields for birth date, social security number, mailing address, apartment number, city, state, ZIP code, and school district name.

- (A) Filing status - mark an X in 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.

(D) Did you file an amended federal return? (see instructions) Yes No

(E) New York City part-year residents only: (1) Number of months you lived in NY City in 2011, (2) Number of months your spouse lived in NY City in 2011.

(B) Did you itemize your deductions on your 2011 federal income tax return? Yes No
(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(F) Enter your 2-character special condition code if applicable (see instructions). If applicable, also enter your second 2-character special condition code.

Federal income and adjustments

Table with columns for Federal amount (Dollars, Cents) and New York State amount (Dollars, Cents). Rows include: 1 Wages, salaries, tips, etc.; 2 Taxable interest income; 3 Ordinary dividends; 4 Taxable refunds, credits, or offsets of state and local income taxes; 5 Alimony received; 6 Business income or loss; 7 Capital gain or loss; 8 Other gains or losses; 9 Taxable amount of IRA distributions; 10 Taxable amount of pensions/annuities; 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.; 12 Farm income or loss; 13 Unemployment compensation; 14 Taxable amount of social security benefits; 15 Other income; 16 Add lines 1 through 15; 17 Total federal adjustments to income; 18 Federal adjusted gross income.

You must file all five pages of this original scannable amended return with the Tax Department.



▼ Enter your social security number

Federal amount

Dollars Cents

New York State amount

Dollars Cents

19 Federal adjusted gross income (from line 18 on front page) **19.** **19.**

New York additions

20 Interest income on state and local bonds (but not those of New York State or its localities) **20.** **20.**

21 Public employee 414(h) retirement contributions **21.** **21.**

22 Other *Identify:* **22.** **22.**

23 Add lines **19** through **22** **23.** **23.**

New York subtractions

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.**

29 Other *Identify:* **29.** **29.**

30 Add lines 24 through 29 **30.** **30.**

31 New York adjusted gross income (subtract line 30 from line 23) **31.** **31.**

32 Enter the amount from line 31, **Federal amount** column **32.**

33 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an **X** in the appropriate box: **Standard** or **Itemized** **33.**

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) **34.**

35 Dependent exemptions **35.**

36 New York taxable income (subtract line 35 from line 34) **36.**

◀ or ▶

New York State standard deduction table

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a Medical and dental expenses (federal Sch. A, line 4)	a. <input type="text"/> <input type="text"/>
b Taxes you paid (federal Sch. A, line 9)	b. <input type="text"/> <input type="text"/>
c Interest you paid (federal Sch. A, line 15)	c. <input type="text"/> <input type="text"/>
d Gifts to charity (federal Sch. A, line 19)	d. <input type="text"/> <input type="text"/>
e Casualty and theft losses (federal Sch. A, line 20)	e. <input type="text"/> <input type="text"/>
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. <input type="text"/> <input type="text"/>
g Other misc. deductions (federal Sch. A, line 28)	g. <input type="text"/> <input type="text"/>
h Enter amount from federal Schedule A, line 29	h. <input type="text"/> <input type="text"/>
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	i. <input type="text"/> <input type="text"/>
j Subtract line i from line h	j. <input type="text"/> <input type="text"/>
k College tuition itemized deduction	k. <input type="text"/> <input type="text"/>
l Addition adjustments	l. <input type="text"/> <input type="text"/>
m Add lines j, k, and l	m. <input type="text"/> <input type="text"/>
n Itemized deduction adjustment	n. <input type="text"/> <input type="text"/>
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o. <input type="text"/> <input type="text"/>

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Name(s) as shown on page 1

▼ Enter your social security number

Tax computation, credits, and other taxes

	Dollars	Cents
37 New York taxable income (from line 36 on page 2)	37.	
38 New York State tax on line 37 amount	38.	
39 New York State household credit	39.	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	
41 New York State child and dependent care credit (attach Form IT-216)	41.	
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	
43 New York State earned income credit (attach Form IT-215)	43.	

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) **44.**

45 Income percentage New York State amount from line 31 Federal amount from line 31 = **45.** Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.	
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	47.	
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.	
49 Net other New York State taxes (from Form IT-203-ATT, line 33)	49.	
50 Total New York State taxes (add lines 48 and 49)	50.	

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (attach Form IT-360.1)	51.	
52 New York City minimum income tax (attach Form IT-220) ..	52.	
52a Add lines 51 and 52	52a.	
52b Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.	
52c Subtract line 52b from 52a	52c.	
53 Yonkers nonresident earnings tax (attach Form Y-203)	53.	
54 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.	
55 Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.	

56 Sales or use tax as reported on your original return (see instructions). Do not leave line 56 blank. **56.**

Voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instructions)

57a Return a Gift to Wildlife	57a.	0	0
57b Missing/Exploited Children Fund	57b.	0	0
57c Breast Cancer Research Fund	57c.	0	0
57d Alzheimer's Fund	57d.	0	0
57e Olympic Fund (\$2 or \$4)	57e.	0	0
57f Prostate Cancer Research Fund	57f.	0	0
57g 9/11 Memorial	57g.	0	0
57h Volunteer Firefighting & EMS Recruitment Fund	57h.	0	0

57 Total voluntary contributions as reported on your original return (or as adjusted by the Tax Department) **57.** **0 0**

58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) **58.**

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[Social Security Number Box]

59 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3) 59. [Dollars] [Cents]

Payments and refundable credits

Table with 3 columns: Line number, Description, and Amount. Rows include: 60 Part-year NYC school tax credit, 61 Other refundable credits, 62 Total New York State tax withheld, 63 Total New York City tax withheld, 64 Total Yonkers tax withheld, 65 Total estimated tax payments / amount paid with Form IT-370, 66 Amount paid with original return, plus additional tax paid after original return was filed.

See Important information in the instructions.

67 Total payments and refundable credits (add lines 60 through 66) 67. [Dollars] [Cents]
68 Overpayment, if any, as shown on original return or previously adjusted by NY State (see instr.) 68. [Dollars] [Cents]

68a Amount from original Form IT-203, line 69 (see instructions) 68a. [Dollars] [Cents]
69 Subtract line 68 from line 67 69. [Dollars] [Cents]

Refund

70 If line 69 is more than line 59, subtract line 59 from line 69 and indicate how you want your refund
Mark one refund choice: [] direct deposit (fill in line 72) - or - [] debit card - or - [] paper check 70. [Dollars] [Cents]

Amount you owe

71 If line 69 is less than line 59, subtract line 69 from line 59 (see instructions) 71. [Dollars] [Cents]

Direct deposit

72 Account information for direct deposit (see instructions)
Note: If the funds for your refund would go to an account outside the U.S., mark an X in this box (see instructions) []

72a Routing number []

72b Account number []

72c Account type [] Checking [] Savings

Additional 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 73a. []
73b Moved out of New York State; received income from NYS sources during nonresident period 73b. []
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 2011? (If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes [] No []

75 Original return filed as (mark an X in one box)
75a. Nonresident [] 75b. Part-year resident [] 75c. Resident []

76 Amended return filed as (mark an X in one box)
76a. Nonresident [] 76b. Part-year resident []

77 Reason(s) for amending your return (mark an **X** in all applicable boxes; see instructions)

- 77a. Federal audit change (complete lines 78 through 85 below) 77b. Military
 77c. Court ruling 77d. Treaties/visa 77e. Tax shelter transaction
 77f. Wages allocation 77g. Worthless stock/securities 77h. Workers' compensation
 77i. Claim of right 77j. Credit claim 77k. Protective claim (see instructions)
 77l. Net operating loss (see instructions). Mark an **X** in the box ... and enter the year of the loss

77m. Other. Mark an **X** in the box ... and explain: _____

77n. To report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information:

Partnership

S corporation

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		



If you marked an X in box 77a above, you must complete lines 78 through 85 below. All others may skip lines 78 through 85 and go directly to the Third-party designee question. You must sign your amended return below.

78 Enter the date (mm-dd-yyyy) of the final federal determination --
 (Explain) _____

79 Do you concede the federal audit changes? (If No, explain below.) Yes No

80 List federal changes

	Dollars	Cents
80a _____	80a.	• <input type="text"/>
80b _____	80b.	• <input type="text"/>
80c _____	80c.	• <input type="text"/>
80d _____	80d.	• <input type="text"/>
80e _____	80e.	• <input type="text"/>

81 Net federal changes (increase or decrease) **81.** •
82 Federal taxable income (mark an **X** in one box) Per return Previously adjusted **82.** •
83 Corrected federal taxable income **83.** •

84 Federal credits disallowed Earned income credit Amount disallowed
 Child care credit Amount disallowed

85 Federal penalties assessed
85a. Fraud **85b.** Negligence **85c.** Other (explain below)

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		<input type="text"/>

▼ Paid preparer must complete (see instr.) ▼ Preparer's signature ▶ <input type="text"/> Firm's name (or yours, if self-employed) Address E-mail:	Date: ▶ Preparer's NYTPRIN ▼ Preparer's PTIN or SSN ● Employer identification number Mark an X if self-employed <input type="checkbox"/>
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▼ Taxpayer(s) must sign here ▼ Your signature ▶ <input type="text"/> Your occupation ● <input type="text"/> Spouse's signature and occupation (if joint return) Date ▼ Daytime phone number E-mail:
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See instructions for where to mail your return.

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