



Department of Taxation and Finance

Amended Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201-X

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ... 15
and ending ...

See the instructions, Form IT-201-X-1, for help completing your amended return.

| | | | | | | | |
|--|--|----|--|----------------------|------------------------------------|------------------------------------|--|
| Your first name | | MI | Your last name (for a joint return, enter spouse's name on line below) | | Your date of birth (mmdyyyy) | Your social security number | |
| Spouse's first name | | MI | Spouse's last name | | Spouse's date of birth (mmdyyyy) | Spouse's social security number | |
| Mailing address (number and street or PO box) | | | | | Apartment number | New York State county of residence | |
| City, village, or post office | | | State | ZIP code | Country (if not United States) | School district name | |
| Taxpayer's permanent home address (number and street or rural route) | | | | | Apartment number | School district code number | |
| City, village, or post office | | | State | ZIP code | Taxpayer's date of death (mmdyyyy) | Spouse's date of death (mmdyyyy) | |
| | | | NY | Decedent information | | | |

- A Filing status** (mark an **X** in 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 Did you itemize your deductions on your 2015 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you file an **amended federal return** (see instructions) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze credit? Yes No

(2) If Yes, enter the amount..... 00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2015? Yes No

(2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only:

(1) Number of months **you** lived in NYC in 2015

(2) Number of months **your spouse** lived in NYC in 2015

G Enter your **2-character special condition code(s) if applicable** (see instructions)

H Dependent exemption information

| First name | MI | Last name | Relationship | Social security number | Date of birth (mmdyyyy) |
|------------|----|-----------|--------------|------------------------|-------------------------|
| | | | | | |
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| | | | | | |

If more than 7 dependents, mark an **X** in the box.



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For office use only

| |
|-----------------------------|
| Your social security number |
| |

Federal income and adjustments

Whole dollars only

| | | | | |
|----|--|----|--|----|
| 1 | Wages, salaries, tips, etc. | 1 | | 00 |
| 2 | Taxable interest income | 2 | | 00 |
| 3 | Ordinary dividends | 3 | | 00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | 4 | | 00 |
| 5 | Alimony received | 5 | | 00 |
| 6 | Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) | 6 | | 00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) | 7 | | 00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | | 00 |
| 9 | Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/> | 9 | | 00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 10 | | 00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) | 11 | | 00 |
| 12 | Rental real estate included in line 11 | 12 | | 00 |
| 13 | Farm income or loss (submit a copy of federal Schedule F, Form 1040) | 13 | | 00 |
| 14 | Unemployment compensation | 14 | | 00 |
| 15 | Taxable amount of social security benefits (also enter on line 27) | 15 | | 00 |
| 16 | Other income Identify: | 16 | | 00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | | 00 |
| 18 | Total federal adjustments to income Identify: | 18 | | 00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | | 00 |

New York additions

| | | | | |
|----|--|----|--|----|
| 20 | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | 20 | | 00 |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements | 21 | | 00 |
| 22 | New York's 529 college savings program distributions | 22 | | 00 |
| 23 | Other (Form IT-225, line 9) | 23 | | 00 |
| 24 | Add lines 19 through 23 | 24 | | 00 |

New York subtractions

| | | | | |
|----|--|----|--|----|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | | 00 |
| 26 | Pensions of NYS and local governments and the federal government | 26 | | 00 |
| 27 | Taxable amount of social security benefits (from line 15) | 27 | | 00 |
| 28 | Interest income on U.S. government bonds | 28 | | 00 |
| 29 | Pension and annuity income exclusion | 29 | | 00 |
| 30 | New York's 529 college savings program deduction/earnings | 30 | | 00 |
| 31 | Other (Form IT-225, line 18) | 31 | | 00 |
| 32 | Add lines 25 through 31 | 32 | | 00 |
| 33 | New York adjusted gross income (subtract line 32 from line 24) | 33 | | 00 |



Name(s) as shown on page 1

Your social security number

Standard deduction or itemized deduction

34 Enter your standard deduction (from table below) or your itemized deduction (from schedule below)

Mark an X in the appropriate box: [] Standard - or - [] Itemized

Table with 4 rows (34-37) and 2 columns (Amount, 00). Row 36 shows 000 00.

< or >

New York State standard deduction table. Table with 2 columns: Filing status, Standard deduction. Rows include Single and you marked item C Yes/No, Married filing joint return, Married filing separate return, Head of household, Qualifying widow(er) with dependent child.

New York State itemized deduction schedule. Table with 3 columns: Line number, Description, Amount. Rows 1-16 include Medical and dental expenses, Taxes you paid, Interest you paid, Gifts to charity, Casualty and theft losses, Job expenses/misc. deductions, Other misc. deductions, Enter amount from federal Schedule A, line 29, State, local, and foreign income taxes, Subtract line 9 from line 8, Addition adjustments, Add lines 10 and 11, Itemized deduction adjustment, Subtract line 13 from line 12, College tuition itemized deduction, New York State itemized deduction.

(continued on page 4)

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| Your social security number |
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Tax computation, credits, and other taxes

| | | | | |
|--|-----------|-----------|----|----|
| 38 Taxable income (from line 37 on page 3) | | 38 | | 00 |
| 39 NYS tax on line 38 amount | | 39 | | 00 |
| 40 NYS household credit | 40 | | 00 | |
| 41 Resident credit | 41 | | 00 | |
| 42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) | 42 | | 00 | |
| 43 Add lines 40, 41, and 42 | | 43 | | 00 |
| 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | | 44 | | 00 |
| 45 Net other NYS taxes (Form IT-201-ATT, line 30) | | 45 | | 00 |
| 46 Total New York State taxes (add lines 44 and 45) | | 46 | | 00 |

New York City and Yonkers taxes, credits, and surcharges and MCTMT

| | | | |
|--|------------|--|----|
| 47 NYC resident tax on line 38 amount | 47 | | 00 |
| 48 NYC household credit | 48 | | 00 |
| 49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) | 49 | | 00 |
| 50 Part-year NYC resident tax (Form IT-360.1) | 50 | | 00 |
| 51 Other NYC taxes (Form IT-201-ATT, line 34) | 51 | | 00 |
| 52 Add lines 49, 50, and 51 | 52 | | 00 |
| 53 NYC nonrefundable credits (Form IT-201-ATT, line 10) | 53 | | 00 |
| 54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) | 54 | | 00 |
| 54a MCTMT net earnings base | 54a | | 00 |
| 54b MCTMT | 54b | | 00 |
| 55 Yonkers resident income tax surcharge | 55 | | 00 |
| 56 Yonkers nonresident earnings tax (Form Y-203) | 56 | | 00 |
| 57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 57 | | 00 |
| 58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) | 58 | | 00 |
| 59 Sales or use tax as reported on your original return (see instructions. Do not leave line 59 blank.) | 59 | | 00 |

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

| | | | |
|---|------------|--|----|
| 60a Return a Gift to Wildlife | 60a | | 00 |
| 60b Missing/Exploited Children Fund | 60b | | 00 |
| 60c Breast Cancer Research Fund | 60c | | 00 |
| 60d Alzheimer's Fund | 60d | | 00 |
| 60e Olympic Fund | 60e | | 00 |
| 60f Prostate and Testicular Cancer Research and Education Fund | 60f | | 00 |
| 60g 9/11 Memorial | 60g | | 00 |
| 60h Volunteer Firefighting & EMS Recruitment Fund | 60h | | 00 |
| 60i Teen Health Education | 60i | | 00 |
| 60j Veterans Remembrance | 60j | | 00 |
| 60k Homeless Veterans | 60k | | 00 |
| 60l Mental Illness Anti-Stigma Fund | 60l | | 00 |
| 60m Women's Cancers Education and Prevention Fund | 60m | | 00 |
| 60 Total voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instructions) | 60 | | 00 |
| 61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) | 61 | | 00 |



Name(s) as shown on page 1

Your social security number

62 Enter amount from line 61 62 00

Payments and refundable credits

Table with 3 columns: Line number, Description, and Amount. Rows include Empire State child credit, Family tax relief credit, NYS/NYC child and dependent care credit, etc.

Warning icon: You must submit all required forms. Failure to do so will result in an adjustment to your return.

See Important information in the instructions.

78 Overpayment, if any, as shown on original return or previously adjusted by NY State (see instr.) ... 78 00

78a Amount from original Form IT-201, line 79 (see instructions) 78a 00

79 Subtract line 78 from line 77 79 00

Your refund

80 If line 79 is more than line 62, subtract line 62 from line 79 and indicate how you want your refund

Mark one refund choice: [] direct deposit (fill in lines 82 through 82c) - or - [] debit card - or - [] paper check 80 00

Amount you owe

81 If line 79 is less than line 62, subtract line 79 from line 62 (see instructions) 81 00

To pay by electronic funds withdrawal, mark an X in the box [] and fill in lines 82 through 82d. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see instructions)

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instructions) []

82a Account type: [] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

82b Routing number [] 82c Account number []

82d Electronic funds withdrawal (see instructions) Date [] Amount [] 00



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|-----------------------------|
| Your social security number |
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83 Reason(s) for amending your return (mark an **X** in all applicable boxes; see instructions)

- 83a Federal audit change (complete lines 84 through 91 below)
- 83b Worthless stock/securities
- 83c Claim of right
- 83d Wages
- 83e Military
- 83f Court ruling
- 83g Workers' compensation
- 83h Treaties/visa
- 83i Tax shelter transaction
- 83j Credit claim.....
- 83k Protective claim (see instructions)
- 83l Net operating loss (see instructions). Mark an **X** in the box and enter the year of the loss
- 83m Other. Mark an **X** in the box ... and explain: _____
- 83n 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 83a above, you must complete lines 84 through 91 below. All others may skip lines 84 through 91 and go directly to the Third-party designee question. You must sign your amended return below.

- 84 Enter the date (mmdyyyy) of the final federal determination (Explain) _____
- 85 Do you concede the federal audit changes? (If No, explain below.)..... Yes No

86 List federal changes

| | | | |
|-----|-------|-----|----|
| 86a | _____ | 86a | 00 |
| 86b | _____ | 86b | 00 |
| 86c | _____ | 86c | 00 |
| 86d | _____ | 86d | 00 |
| 86e | _____ | 86e | 00 |

- 87 Net federal changes (increase or decrease) **87** 00
- 88 Federal taxable income (mark an **X** in one box) Per return Previously adjusted **88** 00
- 89 Corrected federal taxable income **89** 00

- 90 Federal credits disallowed Earned income credit Amount disallowed
 Child care credit Amount disallowed

- 91 Federal penalties assessed
- 91a Fraud 91b Negligence 91c Other (explain below)

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

| | | |
|---|--|--------------------------------|
| ▼ Paid preparer must complete ▼ (see instructions) | Preparer's NYTPRIN | NYTPRIN excl. code |
| | Preparer's signature | Preparer's printed name |
| | Firm's name (or yours, if self-employed) | Preparer's PTIN or SSN |
| | Address | Employer identification number |
| | E-mail: | Date |

| | |
|---|-----------------------------|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number () |
| E-mail: | |

See instructions for where to mail your return.

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