

Department of Taxation and Finance

Amended Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ...

and ending ...

IT-201-X

19

Your first name M Your isst name (or a joint return, enter apouse a same on the below) Your docid Security number Spouse's first name M Spouse's last name Spouse's first name Spouse's first name New York State county of residence Mailing address (number and steed or PO box) Partment number New York State county of residence School dasht City, village, or post office State ZIP code Country if not dutied states) School dasht A Filing O Single State ZIP code Decodent Transper's gemanent home address (number advised or num (number) New York State county of residence A Filing O Single State ZIP code Decodent Transper's gemack state of decall return? Yes No Gity, village, or post office Single DI Did you instructional Transper's gemack state of decall return? Yes No Gity, village, or post office Married filing joint return Yes No DI Simone spouse Social Security number abovel, in your spouse analyse if sum counts, in one your 2019 federal return? Yes No Git decall microwe soure spouse Social Sec		e the instructions,			· ·											
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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 Country (if not United States) School district code number City, village, or post office State ZIP code Decedent Taxpayer's date of death (mmdbyyy) Spouse's date of death (mmdbyyy) A Filling () Single Decedent Taxpayer's date of death (mmdbyy) Spouse's date of death (mmdbyy) Status (mark an 2) Married filing separate returm (enter spouse's Social Security number above) Decedent Taxpayer's date of household (with qualifying person) D Yes (D) No B Did you itemize your deductions on your 2019 federal income tax return? Yes (D) No D C Can you be claimed as a dependent (cont any person's federal return? Yes (D) No C C Can you be claimed as a dependent (cont and the taxpayer's federal return? Yes (D) No C C Can you be claimed as a dependent (cont																
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H Dependent information									G		-	•				
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For office use only

Federal income and adjustments

Fe			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, 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	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	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		
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
	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 <i>Identify:</i>	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		
	New York adjusted gross income (subtract line 32 from line	33	.00		



Standard deduction or itemized deduction

Enter your standard deduction (from table below) or your itemized deduction (from Form IT-196)										
Mark an X in the appropriate box: Standard - or -	zed 34	.00								
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00								
36 Dependent exemptions (enter the number of dependents listed in item H)	36	000.00								
37 Taxable income (subtract line 36 from line 35)	37	.00								

New York State standard deduction table									
Filing status (from the front page)Standard deduction (enter on line 34 above)									
① Single and you marked item C Yes \$ 3,100									
① Single and you marked item C No 8,000									
② Married filing joint return 16,050									
③ Married filing separate return									
 ④ Head of household (with qualifying person) 11,200 									
S Qualifying widow(er) 16,050									

(continued on page 4)



Your Social Security number

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 3)	38	.00		
	NYS tax on line 38 amount			39	.00
	NYS household credit		.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, lea	44	.00		
45	5 Net other NYS taxes (Form IT-201-ATT, line 30)				.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 taxable income	47	.00		
47a	NYC resident tax on line 47 amount	47a	.00		
48	NYC household credit	48	.00		
49	Subtract line 48 from line 47a (if line 48 is more than				
	line 47a, 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		r		
	line 52, leave blank)	54	.00		
54a	MCTMT net				
	earnings base 54a .00		r		
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 M	ИСТИ	IT (add lines 54 and 54b through 57)	58	.00
59	Sales or use tax as reported on your original return (see	instru	ctions. Do not leave line 59 blank.)	59	.00
60	Voluntary contributions as reported on your original retu	urn (d	or as adjusted by the		
	Tax Department; see instructions)			60	.00
61	Total New York State, New York City, Yonkers, and sale				
	voluntary contributions (add lines 46, 58, 59, and 60)			61	.00



Nar	ne(s) as shown on page 1		Your Social Security number			IT-201-X (2019) Page 5 of 6
62	Enter amount from line 61				62	.00
					•-	
Pa	yments and refundable credits					
63	Empire State child credit	63		.00		You must submit all
	NYS/NYC child and dependent care credit	64		.00	1	C required forms. Failure to do so will result in an
65	NYS earned income credit (EIC)	65		.00		adjustment to your return.
66	NYS noncustodial parent EIC	66		.00		
67	Real property tax credit	67		.00		
68	College tuition credit	68		.00		See <i>Important information</i> in the instructions.
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69		.00		the instructions.
	NYC school tax credit (rate reduction amount)	69a		.00		
70	NYC earned income credit	70		.00		
	NYC enhanced real property tax credit	70a		.00		
71	Other refundable credits (Form IT-201-ATT, line 18)	71		.00		
72	Total New York State tax withheld	72		.00		
73		73		.00		
74		74		.00		
75		75		.00		
76	Amount paid with original return, plus additional tax paid				7	
	after your original return was filed (see instructions)			.00	-	
77	Total payments (add lines 63 through 76)				77	.00
78	Overpayment, if any, as shown on original return or previou	isly a	djusted by NY State (see inst	r.)	78	.00
78a	Amount from original Form IT-201, line 79 (see instructions)	78a		.00		
					-	
79	Subtract line 78 from line 77				79	.00
Yo	our refund					
	If line 79 is more than line 62, subtract line 62 from line 79) and	indicate how you want you	ır ref	und	
	direct (fill in lines 82	_	¬ paper			
	Mark one refund choice: deposit through 82c) - or	'-	check		80	.00
_						
An	nount you owe					
						Ţ]
81	If line 79 is less than line 62, subtract line 79 from line 62	· _			81	00
	To pay by electronic funds withdrawal, mark an X in the bo			gh 82	2d. If	you pay by check or money
	order you must complete Form IT-201-V and mail it with yo	our re	eturn.			
	count information					
82	Account information for direct deposit or electronic funds v	withd	rawal (see instructions)			
		,			~	
	If the funds for your payment (or refund) would come from mark an X in this box (see instructions)					
	82a Account type: Personal checking - or - Pers	ional s	savings - or - Busines	s che	ecking	g - or - Business savings
;	82b Routing number 820	c Aco	count number			
]			1
;	82d Electronic funds withdrawal (see instructions) Date		A	moui	nt	.00



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Your Social Security number

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

	83a 83c 83f 83i 83n 83m 83n 83o	Claim of Court ru Tax she Net oper Report S Other. M To report	f right ling Iter transaction rating loss <i>(see instru</i> Social Security num		3d Wag 3g Worl 83j Crec in the box Prior iden blain: rporation		r the year o	83 83 83 of the loss	Be Militar Bh Treati Bk Protec	less stock/securities y es/visa ctive claim <i>(see instructio</i>	
		Name of pa	artnership or S corpora	ation		Identifying number			Principal	business activity	
			partnership or S corp								
8 4	Enter fina	through the date al federal	91 and go direct (<i>mmddyyyy</i>) of the determination	tly to the <i>Third</i>	-party d	esignee question 85	. You mu Do you chan	u st sign yo I concede t	o ur amen he federa	ners may skip lines aded return below. al audit e/ow.)Yes	84 No
86	List fe	ederal ch	anges								
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									86c		.00
	86d								86d		.00
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87				,							.00
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90 91	Feder	ral penal	s disallowed ties assessed	Child care	credit	Amount disall Amount disall Amount disall	owed	91c	Other (]] explain below)	
	Third-p desigr		Print designee's na	ime		D (esignee's)	phone numbe	er		lentification er (PIN)
Yes		No 🗌	Email:								
			nust complete V	Preparer's NYTPF	RIN	NYTPRIN excl. code		▼ Tax	xpayer(s) must sign here	V
	see inst arer's sig	t <i>ructions)</i> gnature		Preparer's prir	nted name		Your	signature			
		-	f self-employed)			's PTIN or SSN		occupation			
Addr	ess				Emplove	r identification number	Spous	se's signature	and occup	ation (if joint return)	
						1		5			
						Date	Date			Daytime phone number	
Ema	il:					1	Email	:		•	

See instructions for where to mail your return.

