



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, 2016, through December 31, 2016, or fiscal year beginning ... 16  
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 (mmddyyyy)	Your social security number	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	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 (mmddyyyy)	Spouse's date of death (mmddyyyy)	
			<b>NY</b>	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 2016 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 or property tax relief credit? Yes  No
- (2) If Yes, enter the total amount ..... .00

**E** (1) Did you or your spouse maintain living quarters in NYC during 2016? Yes  No

(2) Enter the number of days spent in NYC in 2016 (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 2016 .....
- (2) Number of months your spouse lived in NYC in 2016 .....

**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 (mmddyyyy)

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 <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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	<b>Federal adjusted gross income</b> (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	<b>New York's</b> 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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (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 2 columns: Line number and Amount. Rows 34-37 showing calculations for standard deduction and taxable income.

< or >

New York State standard deduction table. Table with 2 columns: Filing status and Standard deduction.

New York State itemized deduction schedule. Table with 2 columns: Line number and Amount.

(continued on page 4)

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Your social security number

**Tax computation, credits, and other taxes**

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

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

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

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

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



Your social security number

**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** Report social security number (SSN)  Prior identification number  Date SSN was issued   
**83n** Other. Mark an **X** in the box ...  and explain: \_\_\_\_\_  
**83o** 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 (mmddyyyy) of the final federal determination  (Explain) \_\_\_\_\_  
**85** Do you concede the federal audit changes? (If No, explain below.)..... Yes  No

**86 List federal changes**

<b>86a</b> _____	<b>86a</b> _____ .00
<b>86b</b> _____	<b>86b</b> _____ .00
<b>86c</b> _____	<b>86c</b> _____ .00
<b>86d</b> _____	<b>86d</b> _____ .00
<b>86e</b> _____	<b>86e</b> _____ .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) .....

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

<b>▼ Paid preparer must complete ▼</b> (see instructions)	Preparer's NYTPRN	NYTPRN 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	
	Date	
E-mail:		

<b>▼ Taxpayer(s) must sign here ▼</b>	
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.**

