



Department of Taxation and Finance

Amended Resident Income Tax Return

IT-201-X

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... 18
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)
	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)

B Did you itemize your deductions on your 2018 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 relief credit? (see Form IT-201-I, page 15) Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see Form IT-201-I, page 15) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2018? Yes No

(2) Enter the number of days spent in NYC in 2018 (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 2018

(2) Number of months your spouse lived in NYC in 2018

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

H Dependent 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 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 Form IT-196)

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

35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)

36 Dependent exemptions (enter the number of dependents listed in item H)

37 Taxable income (subtract line 36 from line 35)

34		.00
35		.00
36	000.00	
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 8,000
- ④ Head of household (with qualifying person) 11,200
- ⑤ Qualifying widow(er) 16,050

(continued on page 4)

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Your social security number

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 taxable income	47	.00
47a NYC resident tax on line 38 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 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	60o Veterans' Homes	60o	.00
60b Missing/Exploited Children	60b	.00	60p Love Your Library Fund	60p	.00
60c Breast Cancer Research	60c	.00	60q Lupus Fund	60q	.00
60d Alzheimer's Fund	60d	.00	60r Military Family Fund	60r	.00
60e Olympic Fund (\$2 or \$4)	60e	.00	60s CUNY Fund	60s	.00
60f Prostate Cancer	60f	.00			
60g 9/11 Memorial	60g	.00			
60h Volunteer Firefighting	60h	.00			
60i Teen Health Education	60i	.00			
60j Veterans Remembrance	60j	.00			
60k Homeless Veterans	60k	.00			
60l Mental Illness Anti-Stigma	60l	.00			
60m Women's Cancers Fund	60m	.00			
60n Autism Fund	60n	.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

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Name(s) as shown on page 1

Your social security number

62 Enter amount from line 61 6200

Payments and refundable credits

Table with 3 columns: Description, Line Number, Amount. Rows include Empire State child credit, NYS/NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit (fixed amount), NYC school tax credit (rate reduction amount), NYC earned income credit, NYC enhanced real property tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments, Amount paid with original return, Total payments, and Overpayment.

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.) ... 7800

78a Amount from original Form IT-201, line 79 (see instructions) 78a00

79 Subtract line 78 from line 77 7900

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 8000

Amount you owe

81 If line 79 is less than line 62, subtract line 79 from line 62 (see instructions) 8100

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

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 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
	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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