



Amended Nonresident and Part-Year Resident Income Tax Return

New York State • City of New York • City of Yonkers

For the year January 1, 1999, through December 31, 1999, or fiscal tax year beginning ... 9 9



Form with fields for name, spouse's name, mailing address, city, state, and ZIP code.

Form with fields for social security numbers and ending digits.

- (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.

\* For filing status 2 or 3, enter both spouses' social security numbers above, unless filing Form IT-203-C (see IT-203 instr.).

- (B) Can you be claimed as a dependent on another taxpayer's federal return? (C) Did you file an amended federal return? (D) Part-year city of New York residents only: (1) Were you 65 or older on 1/1/2000? (2) Was your spouse 65 or older on 1/1/2000?

(E) Enter New York adjusted gross income as reported on line 30 of your original 1999 Form IT-203 return. Federal amount and New York State amount.

Part I - Federal income and adjustments

Enter the new amounts for items that changed, and the original amounts for unchanged items.

Table with 3 columns: Description, Amended federal amount (Dollars/Cents), and Amended New York State amount (Dollars/Cents). Rows 1-18.

New York additions (see IT-203 instructions)

Table with 3 columns: Description, Amended federal amount, and Amended New York State amount. Rows 19-22.

New York subtractions (see IT-203 instructions)

Table with 3 columns: Description, Amended federal amount, and Amended New York State amount. Rows 23-29.

New York adjusted gross income

30 Subtract line 29 from line 22. This is your New York adjusted gross income. Enter here and next to line 43 (if zero or less, see IT-203 instructions) ...

	Increase or decrease		Amended amount	
	Dollars	Cents	Dollars	Cents
31 New York adjusted gross income from line 30, <b>Amended federal amount column</b> on the front page .....	31.		31.	
32 Check one: <input type="checkbox"/> Standard deduction or <input type="checkbox"/> Itemized deduction Amount = .....	32.		32.	
33 Subtract line 32 from line 31 (if line 32 is more than line 31, enter "0") .....	33.		33.	
34 Exemptions for dependents only (not the same as federal; see IT-203-X-1, page 2) ..	34.	0 0 0 . 0 0	34.	0 0 0 . 0 0
35 Subtract line 34 from line 33. This is your taxable income .....	35.		35.	
36 New York State tax on line 35 amount (see IT-203-X-1, page 2) .....	36.		36.	
37 New York State household credit (see page 26 of IT-203 instructions) .....	37.		37.	
38 Subtract line 37 from line 36 (if line 37 is more than line 36, enter "0") .....	38.		38.	
39 New York State child and dependent care credit (from Form IT-216; attach form) ...	39.		39.	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, enter "0") .....	40.		40.	
41 New York State earned income credit (from Form IT-215; attach form) .....	41.		41.	
42 Subtract line 41 from line 40 (if line 41 is more than line 40, enter "0") .....	42.		42.	
43 Income percentage (see IT-203 instructions)				
Amount from line 30, New York State amount      Amount from line 30, Federal amount <input type="text"/> . <input type="text"/> ÷ <input type="text"/> . <input type="text"/> =	43.		43.	
44 Multiply line 42 by the <b>decimal</b> on line 43. This is your allocated New York State tax	44.		44.	
45 New York State nonrefundable credits (see IT-203-X-1, page 3) .....	45.		45.	
46 Subtract line 45 from line 44 (if line 45 is more than line 44, enter "0") .....	46.		46.	
47 Net other New York State taxes (see IT-203-X-1, page 3) .....	47.		47.	
48 Add lines 46 and 47. This is the total of your New York State taxes ...	48.		48.	
49 City of New York <b>nonresident earnings tax</b> (attach Form NYC-203) .....	49.		49.	
50 Other city of New York taxes (from Form IT-203-ATT, line 40) .....	50.		50.	
51 City of Yonkers nonresident earnings tax (attach Form Y-203) .....	51.		51.	
52 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1) .....	52.		52.	
53 Gifts/Contributions from original return (cannot be amended) .....	53.		53.	0 0
54 Add lines 48 through 53. This is the total of your taxes and gifts. Also enter this amount on line 65 .....	54.		54.	
55 Part-year city of New York school tax credit (see IT-203-X-1, page 3) .....	55.		55.	
56 Other refundable credits (see IT-203-X-1, page 3) .....	56.		56.	
57 <b>Total NY State tax withheld</b> (see IT-203-X-1, page 3) .....	57.		57.	
58 Total city of New York tax withheld (see IT-203-X-1, page 3) .....	58.		58.	
59 Total city of Yonkers tax withheld (see IT-203-X-1, page 3) .....	59.		59.	
60 Total estimated tax payments and amount paid with extension Form IT-370	60.		60.	
61 Amount paid with original return (see IT-203-X-1, page 3) .....	61.		61.	
62 Add lines 55 through 61, <b>Amended amount</b> column. This is the total of your payments .....	62.		62.	
63 Overpayment, if any, as shown on original return (or previously adjusted by New York State) (see IT-203-X-1, page 3) ...	63.		63.	
64 Subtract line 63 from line 62 (see IT-203-X-1, page 3, if line 63 is more than line 62) .....	64.		64.	
65 Enter amount from line 54, <b>Amended amount</b> column .....	65.		65.	
66 If line 65 is <b>less</b> than line 64, enter the difference here; this is your <b>refund</b> amount .....	66.		66.	
67 If line 65 is <b>more</b> than line 64, enter the difference here; this is the <b>amount you owe</b> (see IT-203-X-1, page 3) .....	67.		67.	

Complete all questions and parts below and on page 3 that apply to your amended return.

**(F)** Is this return the result of **federal audit changes**? ..... Yes  No

If Yes, complete items 1-3 below and Part III on page 3:

1. Enter the date of the final federal determination ...
2. Do you concede the federal audit changes?  
(If No, explain why in Part III on page 3) ..... Yes  No
3. Do the changes involve a partnership or S corporation? (If Yes, complete Part II below) Yes  No

**(G)** Did you itemize your deductions on your 1999 federal income tax return or your amended federal return (1040X), if filed? (see IT-203-X-1, page 4) ..... Yes  No

- (H)** 1. Original return filed as: (check one)  
 Nonresident or  Part-year resident or  Resident
2. Amended return filed as:  Nonresident or  Part-year resident

**Part II – Partnership or S corporation - If this form is being used to report adjustments to partnership or S corporation income, gain, loss, or deduction, provide the following information:**

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

Name(s) as shown on page 1

Your social security number

**Part III – Federal changes** - After completing Part I, explain below the changes made by the Internal Revenue Service (IRS)

**68** List federal adjustments

a	68a.		.	
b	68b.		.	
c	68c.		.	
d	68d.		.	
e	68e.		.	
69	Net fed. adj. - increase or (decrease) ..	69.	.	
70	Previously reported federal (check one) <input type="checkbox"/> adjusted gross income, <input type="checkbox"/> taxable income, or <input type="checkbox"/> tax table income	70.	.	

**71** Corrected federal (check one and enter)  adjusted gross income,  taxable income, or  tax table income

71.		.	
72.	Corrected federal tax .....	.	
73.	Federal tax shown on return ...	.	
74.	Increase (decrease) in federal tax ..	.	
75.	Penalties .....	.	
76.	Interest .....	.	
77.	Total fed. amount assessed (add lines 74-76)	.	

If you did not concede the above changes and checked the **No** box in question 2 at item (F) on page two, explain why.

**Part IV – Other changes** - Explain any changes not shown in Part III.

Give the item or line reference from pages 1 and 2 and explain why each change was made. Attach any schedules or forms that apply. If you checked the **No** box at item (C) on the front page, explain why. If you need more space, attach a schedule marked **Part IV**.

<b>Paid preparer's use only</b>	Preparer's signature	Date	Mark "X" if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed)		Preparer's SSN or PTIN
	Address		Employer identification number

<b>Sign your return here</b>	Your signature	
	Spouse's signature (if joint return)	
	Date	Daytime phone number (optional) ( )

## Information on references to instructions made on this form

Form IT-203-X has its own instructions, Form IT-203-X-I, that should have been provided to you with Form IT-203-X. When you see a reference to *IT-203-X-I, page 2*, for example, you can find the information you need on page 2 of Form IT-203-X-I. This instruction is specific to the lines on the IT-203-X amended return that are not on Form IT-203, and to lines with special restrictions and computations.

You will also see many references to the instructions for Form IT-203. These instructions are printed in a booklet with form number *IT-203-I* and in a return and instructions packet with form number *IT-203-P*. Be sure that you have a copy of the **1999** IT-203 instructions before you begin to complete your 1999 IT-203-X amended return.

Both instructions are available on the Department's fax-on-demand system and Internet website. See **Need help?** below for complete information on how to get forms and assistance.

### Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. If you have used a designated private delivery service and need to establish the date of delivery, contact that private delivery service for instructions on how to obtain written proof of the date of delivery. If you use **any** private delivery service, whether it is a designated service or not, address your return to: **State Processing Center, 431C Broadway, Albany NY 12204-4836.**

The current designated private delivery services are:

- |  |  |
|--|--|
| <p>1. Airborne Express (Airborne):<br/>Overnight Air Express Service<br/>Next Afternoon Service<br/>Second Day Service</p> <p>2. DHL Worldwide Express (DHL):<br/>DHL Same Day Service<br/>DHL USA Overnight</p> | <p>3. Federal Express (FedEx):<br/>FedEx Priority Overnight<br/>FedEx Standard Overnight<br/>FedEx 2 Day</p> <p>4. United Parcel Service (UPS):<br/>UPS Next Day Air<br/>UPS Next Day Air Saver<br/>UPS 2nd Day Air<br/>UPS 2nd Day Air A.M.</p> |
|--|--|

## Need help?



**Telephone assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For tax information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

Refund status: (electronically filed) 1 800 353-0708  
(direct deposit) 1 800 321-3213  
(all others) 1 800 443-3200

(Automated service for refund status is available 24 hours a day, seven days a week.)

From areas outside the U.S. and outside Canada: (518) 485-6800



**Fax-on-demand forms:**

(available 24 hours a day, 7 days a week) 1 800 748-3676



**Internet access:** <http://www.tax.state.ny.us>  
(for forms, publications, your refund status, and other information)



**Hotline for the hearing and speech impaired:**

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



**If you need to write,** address your letter to:

NYS TAX DEPARTMENT  
TAXPAYER ASSISTANCE BUREAU  
TAXPAYER CORRESPONDENCE  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

