For office use only		partment of Taxation and		D	lant Vaan Daaid	۔ ا	1		2001	T-2	03	-X
_	Income Ta				Part-Year Resid				2001			
		For the year Janua	ary 1, 2001, thre	oug	h December 31, 2001, or fis	ca	l tax ye	ear be	ginning			0 1
		our first name first. F					- ()		ending			
	Your first name	and middle initial	Your last name (for a	joint return, enter spouse's name on lir	ne t	elow)	▼ YOU	r social security	number		
	Spouse's first n	ame and middle initial	Spouse's last na	me				▼ Snr	ouse's social sec	curity number		l
	Spouse s mach	ame and middle initial	Opouse s last lia	iiic			11	v ope	ouse o social sec	ourity Humber		
		(number and street or rura	al route)		Apartment nun	nh	er					I
	Mailing address	(nambor and direct or rare	arrouto)		, tpartmont nan		j.					
	City, village or po	ost office	State		ZIP code							
	July, image of p											
(A) ①	Single					_						
(A) ① L		* For filing status 2 or	3, enter (B	•	Can you be claimed as a c	•			., Г	¬		1
status –	Married filing joint return *	both spouses' social s numbers above, unles			another taxpayer's federal r				Yes L	No	э 🗀	J
mark 3	Married filing *	Form IT-203-C (see IT-		•	Did you file an amended fe				у. Г	¬ "	. \square	1
an Y	separate return	ld	(D		(If No , explain why in Part I					⊥ No		1
in one	Head of househo (with qualifying per		(D	,	City of New York part-year (1) Number of months you				•		_	
box: 5	Qualifying widow	(er)		,	(1) Number of months you (2) Number of months your				,		-	
	with dependent c	hild			•		Jouse	iveu ii			· · · · · · · · · · · · · · · · · · ·	_
(E) Enter New York	adjusted gross in	come as reported o	n line 30 of		Federal amount Dollars		Cents			ork State		Cents
		return <i>(see IT-203 ir.</i>										
See page 4 of this re												
Part I — Federal i	income and ad	justments			Amended federal amo	ou	nt		Amended N	New York	State ar	mount
Enter the new amounts for ite	ms that changed, and the	original amounts for unch	anged items.		Dollars		Cents			Dollars		Cents
1 Wages, salaries,	tips, etc.		' <u>L</u>	1.				1.				
2 Taxable interest in	ncome			2.				2.				
3 Ordinary dividend	ls ,		,	3.				3.				
4 Taxable refunds, credit	ts, or offsets of state and	d local income taxes (also el	nter on line 23) .	4.				4.				
5 Alimony received				5.				5.			•	
6 Business income of	or loss (attach copy of f	ederal Schedule C or C-EZ,	Form 1040)	6.		•		6.			•	
, ,		eral Schedule D, Form 10	· ·	7.		•		7.				
-		ederal Form 4797)		8.		•		8.			 • -	
			-	9.		•		9.			 •	
10 Taxable amount o	•		<u> </u>	10.		•		10.				
11 Rental real estate, royalties,			··· / · · · · /	11.		•		11.				
12 Farm income or lo			· · ·	12.		•		12.			 •	
13 Unemployment co	•		_	13.		•		13.				
14 Taxable amount of15 Other income (see				14. 15.		•		14. 15.				
16 Add lines 1 through				16.		ľ		16.				
17 Total federal adjust				10. 17.		•		17.				
18 Subtract line 17 fro				• • •		•			<u> </u>			
	· · · · · · · · · · · · · · · · · · ·			18.				18.				
New York addition					<u> </u>	•			ļ.			-
19 Interest income on s			s localities)	19.				19.				
20 Public employee				20.				20.				
21 Other (see IT-203 in	nstr.) Identify:		1	21.				21.				
22 Add lines 18 throu	ugh 21		2	22.				22.				
New York subtrac	tions (see IT-203	instructions)	_									
23 Taxable refunds, cred			m line 4 above)	23.				23.				
24 Pensions of New York	k State and local gover	nments and the federal go	overnment	24.		.[24.]•[
25 Taxable amount of	of social security be	nefits (from line 14 abo	ve)	25.		.[25.				
	_	bonds	⊢	26.		.		26.			•	
		on (see IT-203 instruction	ns) 2	27.		$ \cdot $		27.			•	
28 Other (see IT-20)	3 instr.) Identify:			28.				28.				
29 Add lines 23 throu	-	al of your New York su	btractions	29.		•		29.				
New York adjusted												
30 Subtract line 29 from	-	· -			1							
Enter here and	next to line 43 (If ze	ero or less, see IT-203 ins	structions)	30.		اءا		30.	1			

24	Name Vanta additional arrange in a company time 20. A manufact for darket	Increase or dec		Amended amount			
31	New York adjusted gross income from line 30 , <i>Amended federal</i> amount column on the front page	Dollars 31.	Cents	Dollars 31.	Cents		
	Check one: Standard deduction or Itemized deduction Amount =	32.	•	32.			
	Subtract line 32 from line 31 (if line 32 is more than line 31, enter "0")	33.	0 0 0 0	33.	0 0		
	Exemptions for dependents only (not the same as federal; see IT-203-X-I, page 2)		0 0 • 0 0		0 0		
	Subtract line 34 from line 33. This is your taxable income	35.		35.			
	(, , , , , , , , , , , , , , , , , , ,	36.		36.			
37	, , ,	37.		37.			
38	Subtract line 37 from line 36 (if line 37 is more than line 36, enter "0")	38.		38.			
39		39.	•	39.			
40	,	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 page 27 of IT-203 instructions)						
	Amount from line 30, New York State amount Amount from line 30, Federal amount						
	÷	43.		43.			
44	Multiply line 42 by the decimal on line 43. This is your allocated New York State tax	44.		44.			
45	New York State nonrefundable credits (see IT-203-X-I, 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-I, page 3)	47.		47.			
48	Add lines 46 and 47. This is the total of your New York State taxes	48.		48.			
49	Other city of New York taxes (from Form IT-203-B, line 26)	49.		49.			
50	City of Yonkers nonresident earnings tax (attach Form Y-203)	50.		50.			
51	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	51.		51.			
52	Gifts/Contributions from original return (cannot be amended)	52.		52.	0 0		
53	Add lines 48 through 52. This is the total of your taxes and gifts.			-			
	Also enter this amount on line 64	53.		53.			
54	Part-year city of New York school tax credit (see IT-203-X-I, page 3)	54.		54.			
55	Other refundable credits (see IT-203-X-I, page 3)	55.	-	55.			
	Total NY State tax withheld (see IT-203-X-I, page 3)	56.		56.			
57		57.		57.			
58		58.		58.			
59	Total estimated tax payments and amount paid with extension Form IT-370	59.		59.			
60							
61	Add lines 54 through 60, Amended amount column. This is the total of	your payments		61.			
62	Overpayment, if any, as shown on original return (or previously adjusted by	y New York State) (see IT-203-	-X-I, page 3)	62.			
63 Subtract line 62 from line 61 (see IT-203-X-I, page 3, if line 62 is more than line 61)							
64	Enter amount from line 53, Amended amount column		64.				
65	If line 64 is less than line 63, enter the difference here; this is your refu	und amount		65.			
	If line 64 is more than line 63, enter the difference here; this is the amo			66.			
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 Gamplete items 1-3 below and Part III on page 3: 1. Enter the date of the final federal determination							
	Address of partnership or S corporation						

Name(s) as shown on page	1		Yo	our social sec	curity number		
Part III – Federal chan	ges — After comp	eleting Part I, explain be	elow the chanc	es, if any, m	ade by the Inter	nal Revenue Servi	ce (IRS)
67 List federal adjustmen			70 Correcte		gross income,		
a	67a.		federal	tayable in			
b	67b.		(check o	one taxable in tax table			
c	67c.			cted federal			
d	67d.			l tax shown on r			
е	67e.			(decrease) in fed			
Net fed. adj increase or (decrease		•		ties			
69 Previously adjusted gross in	,	101		st			
reported toyohla income				amount assessed			
federal (check one) tax table income					, <u> </u>		
If you did not concede the	above changes and	d checked the <i>No</i> box i	n question 2 a	t item (F) on	page two, expl	ain why.	
							_
Part IV – Other change	s — Explain any	changes not shown	in Part III.				
Give the item or line referen- apply. If you checked the No							
_							
77 I authorize the Tax Depar	tment to discuss this re	eturn with the paid preparer	listed below. (Ma	ark the Yes or I	No box; see instruc	tions pg. 4.) Yes	No
Preparer's signatu	ire	▼ Preparer's SSN or PTIN		Cian	Your signature		
preparer's use only Firm's name (or you	ours, if self-employed)	Employer identification	n number	Sign your	Spouse's signature	(if joint return)	
Address			rk "X" if	return here	Date	Daytime phone number	(optional)
		sel	f-employed			()	

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 **2001** IT-203 instructions before you begin to complete your 2001 IT-203-X amended return.

Instructions for both forms are available on the department's fax-on-demand system and Internet Web site. 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 you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for 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:

- Airborne Express (Airborne):
 Overnight Air Express Service
 Next Afternoon Service
 Second Day Service
- DHL Worldwide Express (DHL):
 DHL Same Day Service
 DHL USA Overnight

- Federal Express (FedEx):
 FedEx Priority Overnight
 FedEx Standard Overnight
 FedEx 2 Day
- 4. United Parcel Service (UPS):
 UPS Next Day Air
 UPS Next Day Air Saver
 UPS 2nd Day Air
 UPS 2nd Day Air A.M.
 UPS Worldwide Express

UPS Worldwide Express Plus

Need help?



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

	,,		_		,
For tax informati	on:	1	800	225	-5829
To order forms a	nd publications:	1	800	462	-8100
Refund status:	(electronically file	ed) 1	800	353	-0708
	(direct depos	sit) 1	800	321	3213
	(all othe	rs) 1	800	443	3200
(Automated se					
	y, seven days a we				
From areas outs	ide the U.S. and				

outside Canada: (518) 485-6800

Fax-on-demand forms: Forms are

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



Internet access: www.tax.state.ny.us

(for forms, publications, your refund status, to check your estimated tax account, 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
W A HARRIMAN CAMPUS
ALBANY NY 12227

