



Amended Resident Income Tax Return

IT-201-X

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

For the full year January 1, 2002, through December 31, 2002, or fiscal year beginning ... **0 2**



Print or type	Important: You must enter your social security number(s) in the boxes to the right.		
	Your first name and middle initial	Your last name <i>(for a joint return, enter spouse's name on line below)</i>	
	Spouse's first name and middle initial	Spouse's last name	
	Mailing address <i>(number and street or rural route)</i>		Apartment number
	City, village, or post office	State	ZIP code

and ending ... **0 2**

▼ Your social security number

▼ Spouse's social security number

- (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

- (E) Is this return the result of federal audit changes? ... Yes No
- If Yes:
1. What was the date of the final federal determination? ..
 2. Do you concede the federal audit changes? Yes No
(If No, explain why in Part III on back.)
 3. Do the changes involve a partnership or S corporation? .. Yes No
(If Yes, complete Part II on back.)

(B) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(C) Did you file an amended federal return? *(If no, explain why in Part IV on back.)* Yes No

(D) Mark an X in this box if your original return was filed on Form IT-100

(F) If you or your spouse maintained any living quarters in NY City during 2002, mark an X in the box *(see instructions)*

(G) City of New York residents and city of New York part-year residents only: *(see instructions, Form IT-201-X-1)*

(1) Number of months you lived in New York City in 2002

(2) Number of months your spouse lived in New York City in 2002

(H) Enter New York adjusted gross income as reported on your original 2002 return *(see instructions)* **H.**

Complete any parts that apply and sign your return on the back.

Part I — Amending your New York return		(A) Original return		(B) Increase or decrease		(C) Amended return	
Tax computation	1 Federal adjusted gross income <i>(see instructions)</i> .	1				1.	
	2 New York adjustments <i>(see instructions)</i>	2				2.	
	3 NY adjusted gross income <i>(line 1, plus or minus line 2)</i>	3				3.	
	4 Check one: <input type="checkbox"/> Standard <input type="checkbox"/> Itemized	4				4.	
	5 Subtract line 4 from line 3	5				5.	
	6 Dependent exemptions <i>(see instructions)</i>	6				6.	
	7 Taxable income <i>(subtract line 6 from line 5)</i>	7				7.	
	8 New York State tax on line 7 amount <i>(see instructions)</i>	8				8.	
9 New York State household credit <i>(see instructions)</i>	9				9.		
10 Line 8 minus line 9 <i>(if line 9 is more than line 8, enter "0")</i>	10				10.		
11 New York State nonrefundable credits <i>(see instructions)</i>	11				11.		
12 Line 10 minus line 11 <i>(if line 11 is more than line 10, enter "0")</i>	12				12.		
13 Net other New York State taxes <i>(see instructions)</i>	13				13.		
14 Total New York State taxes <i>(add lines 12 and 13)</i> .	14				14.		
15 City of New York resident tax	15				15.		
16 City of New York household credit <i>(see instructions)</i>	16				16.		
17 Line 15 minus line 16 <i>(if line 16 is more than line 15, enter "0")</i>	17				17.		
18 Net other city of New York taxes <i>(see instructions)</i>	18				18.		
19 Add lines 17 and 18	19				19.		
20 City of New York nonrefundable credits <i>(see instr.)</i>	20				20.		
21 Subtract line 20 from line 19	21				21.		
22 City of Yonkers resident income tax surcharge	22				22.		
23 City of Yonkers nonresident earnings tax	23				23.		
24 Part-year Yonkers resident income tax surcharge	24				24.		
25 Total gifts/contributions <i>(from original return)</i>	25		00		25.	0 0	
26 Total NYS, NYC, and Yonkers taxes and gifts <i>(add lines 14, and 21 through 25)</i>	26				26.		

Part I — Amending your New York return (cont'd)		(A) Original return	(B) Increase or decrease	(C) Amended return
Payments	27 Amount from line 26 on the front page	27		27.
	28 Child and dependent care credit (see instructions)	28		28.
	29 Earned income credit (see instructions)	29		29.
	30 Real property tax credit (if any qualified member of household is age 65 or older, check box) <input type="checkbox"/>	30		30.
	31 College tuition credit	31		31.
	32 City of New York school tax credit (see instructions) ...	32		32.
	33 Other refundable credits (see instructions)	33		33.
	34 Total New York State tax withheld	34		34.
	35 Total city of New York tax withheld	35		35.
	36 Total city of Yonkers tax withheld	36		36.
	37 Estimated tax payments/amount paid with Form IT-370 ..	37		37.
	38 Amount paid with original return, plus additional tax paid after your original return was filed (see instructions)	38		38.
	39 Add lines 28 through 38, column (C)	39		39.
Refund/owe	40 Overpayment, if any, as shown on original return (or previously adjusted by New York State) (see instructions)	40		40.
	41 Subtract line 40 from line 39	41		41.
	42 If line 41 is more than line 27, column (C), enter the difference; this is the amount to be refunded to you	42		42.
	43 If line 41 is less than line 27, column (C), enter the difference; this is the amount you owe	43		43.
	(Make check or money order payable to NY State Income Tax; write your SS# and 2002 Income Tax on it.)			

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		

Part III — Summary of federal changes

44a List federal adjustments	44a.	47 Corrected federal <input type="checkbox"/> adjusted gross income, <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	47.
b	b.	48 Corrected federal tax	48.
c	c.	49 Federal tax shown on return	49.
d	d.	50 Increase (decrease) in federal tax	50.
e	e.	51 Penalties	51.
45 Net federal adjustments — increase (decrease)	45.	52 Interest	52.
46 Previously reported federal <input type="checkbox"/> adjusted gross income <input type="checkbox"/> taxable income or <input type="checkbox"/> tax table income (check one)	46.	53 Total federal amount assessed (add lines 50, 51, and 52)	53.

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



Part IV — Other changes — Explain any changes not shown in Part III.

Give the item or line reference from the front page and explain why each change was made. Attach any schedules or forms that apply, along with any available federal documentation (Form 1040-X, acceptance of your federal refund claim, etc.). If you check the No box at item (C) on the front, explain why. If you need more space, attach a schedule marked **Part IV**.

54 I authorize the Tax Department to discuss this return with the paid preparer listed below. (Mark the Yes or No box; see instr.) Yes No

Paid preparer's use only	Preparer's signature	▼ Preparer's SSN or PTIN	Sign your return here	Your signature	
	Firm's name (or yours, if self-employed)	• Employer identification number		Spouse's signature (if joint return)	
	Address	Date		Mark X if self-employed <input type="checkbox"/>	Date

Mail to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001