New York State Department of Taxation and Finance

Amended Resident Income Tax Return

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

2004

IT-201-X

For the full year January 1, 2004, through December 31, 2004, or fiscal year beginning 0 4

and ending ....

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 *(for a **joint return,** enter spouse's name on line below)*	▼ Your social security number
Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number
Mailing address *(number and street or rural route)*	Apartment number	
City, village, or post office	State / ZIP code	

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

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

(D) 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.)*

(E) If you or your spouse **maintained any living quarters in New York City** during 2004, mark an ***X*** in the box *(see instructions)*. .. ☐

(F) New York City residents and **New York City** part-year residents **only** *(see instructions,* Form IT-201-X-I, *for assistance)*:

1. Number of months **you** lived in New York City in 2004 .....
2. Number of months **your spouse** lived in New York City in 2004 .....

(G) Enter New York adjusted gross income as reported on your original 2004 return *(see instructions)*. ..... G.

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 *(see instructions)* .	1					1.	
	2	New York adjustments *(see instructions)*	2					2.	
	3	NY adjusted gross income *(line 1, plus or minus line 2)*	3					3.	
	4	Mark one: ☐ Standard ☐ Itemized	4					4.	
	5	Subtract line 4 from line 3	5					5.	
	6	Dependent exemptions *(see instructions)*	6	, 000	00	, 000	00	6. 0 0 0	0 0
	7	Taxable income *(subtract line 6 from line 5)*	7					7.	
	8	New York State tax on line 7 amount *(see instructions)*	8					► 8.	
	9	New York State household credit *(see instructions)*	9					9.	
	10	Line 8 minus line 9 *(if line 9 is more than line 8, enter **0**)* ...	10					10.	
	11	New York State nonrefundable credits *(see instructions)*	11					11.	
Credits/other taxes/gifts/totals	12	Line 10 minus line 11 *(if line 11 is more than line 10, enter **0**)* .	12					12.	
	13	Net other New York State taxes *(see instructions)*	13					13.	
	14	Total New York State taxes *(add lines 12 and 13)* .	14					14.	
	15	City of New York resident tax	15					15.	
	16	City of New York household credit *(see instructions)*	16					16.	
	17	Line 15 minus line 16 *(if line 16 is more than line 15, enter **0**)*	17					17.	
	18	Net other city of New York taxes *(see instructions)*	18					18.	
	19	Add lines 17 and 18	19					19.	
	20	City of New York nonrefundable credits *(see instr.)*	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 *(from original return)*	25		00			25.	0 0
	26	Sales or use tax *(see instructions)*	26					26.	
	27	Total NYS, NYC, and Yonkers taxes and gifts *(add lines **14**, and **21 through 26**)*	27					27.	

Part I — Amending your New York return *(cont'd)*

			(A) Original return	(B) Increase or decrease	(C) Amended return
	28	Amount from line 27 on the front page	28		28.
	29	Child and dependent care credit *(see instructions)*	29		29.
	30	NY State earned income credit *(see instructions)*	30		30.
	31	Real property tax credit *(if any qualified member of household is age 65 or older, mark box)* ☐	31		31.
	32	College tuition credit	32		32.
Payments	33	City of New York school tax credit *(see instructions)*	33		33.
Payments	34	City of New York earned income credit *(see instructions)*	34		34.
Payments	35	Other refundable credits *(see instructions)*	35		35.
Payments	36	Total New York State tax withheld	36		36.
Payments	37	Total city of New York tax withheld	37		37.
Payments	38	Total city of Yonkers tax withheld	38		38.
Payments	39	Estimated tax payments/amount paid with Form IT-370	39		39.
	40	Amount paid with original return, plus additional tax paid after your original return was filed *(see instructions)*			40.
	41	Add lines 29 through 40, column (C)			41.
Refund/owe	42	Overpayment, if any, as shown on original return (or previously adjusted by New York State) *(see instructions)*			42.
Refund/owe	43	Subtract line 42 from line 41			43.
Refund/owe	44	If line 43 is more than line 28, column (C), enter the difference; this is the amount to be **refunded to you**			44.
Refund/owe	45	If line 43 is less than line 28, column (C), enter the difference; this is the **amount you owe** *(Make check or money order payable to* **NY State Income Tax***; write your SS# and* **2004 Income Tax** *on it.)*			45.

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

46a	List federal adjustments	46a.		49	Corrected federal ☐ adjusted gross income, ☐ taxable income or ☐ tax table income *(mark one)*	49.
b		b.		50	Corrected federal tax	50.
c		c.		51	Federal tax shown on return	51.
d		d.		52	Increase (decrease) in federal tax	52.
e		e.		53	Penalties	53.
47	Net federal adjustments – increase (decrease) ▶	47.		54	Interest	54.
48	Previously reported federal ☐ adjusted gross income ☐ taxable income or ☐ tax table income *(mark one)*	48.		55	Total federal amount assessed *(add lines 52, 53, and 54)*	55.

If you did not concede the above changes and marked the *No* box in question 2 at item **(D)** 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 marked the *No* box at item **(C)** on the front, explain why. If you need more space, attach a schedule marked ***Part IV.***

56 *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**
	Firm's name *(or yours, if self-employed)*	● **Employer identification number**
Address		**Date** / **Mark *X* if self-employed** ☐

Sign your return here	Your signature	
	Spouse's signature *(if joint return)*	
	Date	Daytime phone number (optional) ( )

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