



Amended Resident Income Tax Return

New York State • New York City • Yonkers

IT-201-X

For the full year January 1, 2005, through December 31, 2005, or fiscal year beginning **0 5**
and ending

See the instructions, Form IT-201-X-1, for help in preparing your amended income tax return.

Print or type	Important: You must enter your social security number(s) in the boxes to the right.			▼ Your social security number		
	Your first name and middle initial	Your last name (for a joint return, enter spouse's name on line below)		[]		
	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	Decedent information: (see instructions)		
City, village, or post office		State	ZIP code	Taxpayer's date of death		
				Spouse's date of death		

- (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?
 3. Do the changes involve a partnership or S corporation?

(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 4 on page 4.) Yes No

(D) Enter your 2-digit special condition number if applicable (see instructions)..... []
If applicable, also enter your second 2-digit special condition code number []

(F) If you or your spouse maintained any living quarters in New York City during 2005, mark an X in the box (see instructions)....

(G) New York City residents and New York City part-year residents only (see instructions):

1. Number of months you lived in New York City in 2005 []
2. Number of months your spouse lived in New York City in 2005

(H) Enter New York adjusted gross income as reported on your original 2005 return (see instructions).... H. [] . []

Part 1 — Amending your New York State income tax return (see instructions)

Complete any parts that apply and sign your return on page 4.

Tax computation: deduction / nonrefundable credits / other taxes

	(A) Original return		(B) Increase or decrease		(C) Amended return	
					Dollars	Cents
1 Federal adjusted gross income	1				1.	
2 New York adjustments	2				2.	
3 NY adjusted gross income (line 1, plus or minus line 2)	3				3.	
4 Mark one: • <input type="checkbox"/> Standard • <input type="checkbox"/> Itemized	4				4.	
5 Subtract line 4 from line 3.....	5				5.	
6 Dependent exemptions (see instructions)	6		,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	8				8.	
9 New York State household credit.....	9				9.	
10 Resident credit (see instructions)	10				10.	
11 New York State nonrefundable credits.....	11				11.	
12 Add lines 9, 10, and 11.....	12				12.	
13 Line 8 minus line 12 (if line 12 is more than line 8, enter 0)	13				13.	
14 Net other New York State taxes (see instr.)....	14				14.	
15 Total New York State taxes (add lines 13 and 14)	15				15.	

(continued on page 2)



▼ Enter your social security number

Part 1 — Amending your New York State income tax return (continued)

Other taxes, credits, tax surcharges, gifts, totals

	(A) Original return	(B) Increase or decrease	(C) Amended return	
			Dollars	Cents
16 Enter amounts from line 15 on page 1.....	16		16.	
17 New York City resident tax.....	17		17.	
18 New York City household credit (see instructions) ...	18		18.	
19 Line 17 minus line 18 (if line 18 is more than line 17, leave blank)..	19		19.	
20 Part-year New York City resident tax (see instructions).	20		20.	
21 Net other New York City taxes (see instructions) ...	21		21.	
22 Add lines 19, 20, and 21.....	22		22.	
23 New York City nonrefundable credits (see instrs.)	23		23.	
24 Subtract line 23 from line 22.....	24		24.	
25 Yonkers resident income tax surcharge	25		25.	
26 Yonkers nonresident earnings tax.....	26		26.	
27 Part-year Yonkers resident income tax surcharge ..	27		27.	
28 Total voluntary contributions (from original return)	28	00	28.	00
29 Sales or use tax (see instructions).....	29		29.	
30 Total NYS, NYC, and Yonkers taxes, sales or use tax, and contributions (add lines 16, and 24 through 29)	30		30.	

Payments and refundable credits

	(A) Original return	(B) Increase or decrease	(C) Amended return	
			Dollars	Cents
31 Child and dependent care credit (see instrs.).....	31		31.	
32 NY State earned income credit (see instrs.).....	32		32.	
33 Real property tax credit (if any qualified member of household is age 65 or older, mark the box) <input type="checkbox"/> ...	33		33.	
34 College tuition credit.....	34		34.	
35 New York City school tax credit (see instructions)	35		35.	
36 New York City earned income credit (see instrs.)	36		36.	
37 Other refundable credits (see instructions).....	37		37.	
38 Total New York State tax withheld.....	38.		38.	
39 Total New York City tax withheld.....	39.		39.	
40 Total Yonkers tax withheld	40.		40.	
41 Estimated tax payments/ Amount paid with Form IT-370.....	41.		41.	
42 Amount paid with original return, plus additional tax paid after your original return was filed.....	42.		42.	
43 Add lines 31 through 42, column (C).....	43.		43.	

Your refund ... or ... Amount you owe

	(C) Amended return
44 Overpayment, if any, as shown on original return (or previously adjusted by New York State) (see instructions)	44.
45 Subtract line 44 from line 43.....	45.
46 If line 45 is more than line 30, column (C), enter the difference; this is the amount to be refunded to you	46.
47 If line 45 is less than line 30, column (C), enter the difference; this is the amount you owe	47.

(continued on page 3)



Name(s) as shown on page 1:

▼ Enter your social security number

Part 2 — Partnership or S corporation information (see instructions)

- 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 3 — Summary of your federal changes (see instructions)

	Dollars	Cents
48 List federal adjustments: a	48a.	
b	48b.	
c	48c.	
d	48d.	
e	48e.	
49 Net federal adjustments – increase or (decrease)	49.	
50 Previously reported federal (mark one) a. <input type="checkbox"/> adjusted gross income <input type="checkbox"/> b. taxable income, or		
c. <input type="checkbox"/> tax table income	50.	
51 Corrected federal (mark one)		
a. <input type="checkbox"/> adjusted gross income <input type="checkbox"/> b. taxable income, or		
c. <input type="checkbox"/> tax table income	51.	
52 Corrected federal tax	52.	
53 Federal tax shown on return	53.	
54 Increase or (decrease) in federal tax	54.	
55 Penalties	55.	
56 Interest	56.	
57 Total federal amount assessed (add lines 54, 55, and 56)	57.	

- If you did not concede the above changes and marked the No box in question 2 at item (E) on page 1, explain why.

(continued on page 4)



▼ Enter your social security number

Part 4 — Other changes not shown in Part 3 (see instructions)

- Explain below any changes not shown in Part 3 on page 3.

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, 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 page 1, explain why. If you need more space, attach a schedule marked **Part 4**.

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>

Sign your return below

Paid preparer's use only	Preparer's signature		Date
	SSN or PTIN: ●		Mark an X if self-employed: <input type="checkbox"/>
	Firm's name (or yours, if self-employed)		Employer identification number ●
	Mailing address (number and street or rural route)		
	City, village, or post office	State	ZIP code

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

Mail your completed return and any attachments to:

**STATE PROCESSING CENTER
P O BOX 61000
ALBANY NY 12261-0001**

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