<u>}</u> 2	Amended Nonresident Income Tax Return New York State Department of T New York State Department of T New York State Department of T	t and F	Par			lent IT-2	203-X	
	page 4 of this return nformation about instructions. For the year January 1, 200	05 through De	comb	er 31 2005 or f	iscal voar k		0 5	
	Important: You must enter your social security number(s) in the b			er 31, 2003, 01 1		nd ending	0 5	
	Your first name and middle initial Your last name (for a joint return	0		e below)		Your social security number		
	Spouse's first name and middle initial Spouse's last name				▼ :	Spouse's social security num	ber	
2	5							
Drint or tune	Mailing address (number and street or rural route)			Apartment numb	er	Taxpayer's dat	e of death	
ā	:				Deve			
	City, village, or post office Stat	ite	Z	ZIP code	Dece inform	nation Spouse's date	of death	
						•		
(A)	Filing ① Single		(C)			I federal return? on page 4) Yes	No	
	mark an (2) Married filing joint return (enter both spouses' soc numbers above, unless filing Form IT-203-C; see IT-2 X in		(D)	New York Cit (see instruction		r residents only		
	one box: (3) Married filing separate return (enter both spouses security numbers above, unless filing Form IT-203-C; s			(1) Number o	f months ye	ou lived in NY City in	2005 •	
				(2) Number o	f months your spouse lived			
	(4) Head of household (with qualifying person)			in New Yo	rk City in 2	005	:	
	_							
	5 Qualifying widow(er) with dependent child	d	(E)	-		al condition code nu		
				if applicable	(see instruct	tions, page 2)	•••••	
(B)						your second 2-digit		
	on another taxpayer's federal return? Yes	No		special condit	ion code n	umber	••••••••••••	
			- Fede	eral amount –	Cents	— New York Sta Dollars	ate amount Cents	
(F)			Doli		Cents	Donars		
	your original 2005 Form IT-203 return (see Form IT-203 instructions	is)		•			•	
Pa	rt 1 — Federal income and adjustments							
	Enter the new amounts for items that changed, and	Ame	ended	l federal amou	nt	Amended New Yo	rk State amoun	
	the original amounts for unchanged items.		Doll	ars	Cents	Dollars	Cents	
1	Wages, salaries, tips, etc	1.			1	1.		
	Taxable interest income			•	2	2.	•	
3	Ordinary dividends	3.				3.	•	
4	Taxable refunds, credits, or offsets of state and local							
	income taxes (also enter on line 24)			•		4.	•	
	Alimony received			•		5.	•	
	Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)			•		6. -	•	
	Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)			•		7.	•	
	Other gains or losses (attach a copy of federal Form 4797)			•		3.	•	
	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9.		•		9.	•	
	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10.		•	10	J.	•	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)				11	1		
12	Farm income or loss (attach a copy of federal Schedule E, Form 1040)			•	12		•	
	Unemployment compensation	13.			13		•	
	Taxable amount of social security benefits (also enter on line 26)				14		•	
	Other income (see IT-203 instr.) Identify:	15.		•	15			
	Add lines 1 through 15	16.			16			
	Total federal adjustments to income (see Form IT-203 instr.)]•[[I] • [
	Identify:	17.			17	7.		
18	Amended federal adjusted gross income	18.			18	3.	•	
	(subtract line 17 from line 16)							



Amended federal amount A	ded New York State amount Dollars Cents
19 Enter the amount from line 18 on page 1 19. 19. New York additions (see Form IT-203 instructions) 20 Interest income on state and local bonds (but not those of New York State or its localities) 20. 20. 21 Public employee 414(h) retirement contributions 21. 21. 21. 22 Other Identify: 22. 23. 23. 23 Add lines 19 through 22 23. 23. 23. New York subtractions (see Form IT-203 instructions) 24. 24. 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 24. 24. 25 Pensions of NYS and local governments and the federal government 25. . 25. .	Dollars Cents • • • • • • • • • • • • • • • • • • • •
New York additions (see Form IT-203 instructions) 20 Interest income on state and local bonds (but not those of New York State or its localities)	
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21 Public employee 414(h) retirement contributions 21. 21. 22 Other Identify: 22. 23 Add lines 19 through 22 23. 23. Image: New York subtractions (see Form IT-203 instructions) 23. 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 24. 25 Pensions of NYS and local governments and the federal government 25. 25.	
22 Other Identify: 22. 22. 23 Add lines 19 through 22 23. 23. 23. New York subtractions (see Form IT-203 instructions) 23. 23. 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 24. 25 Pensions of NYS and local governments and the federal government	
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local income taxes (from line 4) 24. 25 Pensions of NYS and local governments and the federal government 25. 26. 25.	.
25 Pensions of NYS and local governments and the federal government	•
federal government	
26 Taxable amount of social security benefits (from line 14) 26.	•
	•
27 Interest income on U.S. government bonds 27. 27.	•
28 Pension and annuity income exclusion	•
29 Other <i>Identify:</i> 29. 29.	•
30 Add lines 24 through 29 30. 30.	•
31 New York adjusted gross income (subtract line 30 from line 23)	
Enter here and next to line 44 (if zero or less, see Form IT-203 instr.) 31. 31.	•
	A manual ad a manual
Increase or decrease	Amended amount
32 Enter the amount from line 31, Amended federal Dollars Cents	Dollars Cents
<i>amount</i> column	•
33 Mark an X in one box and attach amended federal Schedule A:	
Standard deduction or Itemized deduction 33.	
Standard deduction or Itemized deduction 33. Subtract line 33 from line 32 (if line 33 is more than	
Standard deduction or Itemized deduction 33. Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	
 Standard deduction or Itemized deduction 33. 34 Subtract line 33 from line 32 (<i>if line 33 is more than line 32, leave blank</i>)	
 Standard deduction or Itemized deduction 33. 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	000.00
 Standard deduction or Itemized deduction 33. Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	
 Standard deduction or I Itemized deduction 33. 34 Subtract line 33 from line 32 (<i>if line 33 is more than line 32, leave blank</i>)	
 Standard deduction or Litemized deduction 33. 34 Subtract line 33 from line 32 (<i>if line 33 is more than line 32, leave blank</i>)	
 Standard deduction or Litemized deduction 33. 33. 34. 35. 35. 36. 36. 37. NY State tax on line 36 amount (see IT-203-X-I, page 2) 38. NY State household credit (see Form IT-203 instructions) 38. 39. Subtract line 38 from line 37 (if line 38 is more than 	
 Standard deduction or image: Itemized deduction 33. 33. 33. 33. 33. 33. 33. 33. 33. 33.	
 Standard deduction or I Itemized deduction 33. 34 Subtract line 33 from line 32 (<i>if line 33 is more than line 32, leave blank</i>)	
 Standard deduction or in Itemized deduction 33. 33. 34. 35. 35. 36. 36. 37. 38. 39. 39. 40. 40. 40. 	
 Standard deduction or i Itemized deduction 33. Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	
 Standard deduction or initial Itemized deduction in the same as total federal and the s	
 Standard deduction or Limited deduction 33. 33. 34. Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	
 Standard deduction or Litemized deduction 33. 33. 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	
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 Standard deduction or Litemized deduction 33. 33. 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	
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 Standard deduction or Control Itemized deduction 33. Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	
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 Standard deduction or : Itemized deduction 33. 33. 34 Subtract line 33 from line 32 (<i>if line 33 is more than line 32, leave blank</i>)	
 Standard deduction or : temized deduction 33. 33. 34. Subtract line 33 from line 32 (<i>if line 33 is more than line 32, leave blank</i>)	



File all four pages of this original scannable return with the Tax Department.

Name(s) as shown on page one:

▼ Enter your social security number

			or decrease	Amended a	
50	Enter the amount from line 49 on page 2	Dollars	Cents	Dollars	Cents
	ew York City and Yonkers taxes		•] • []
51	Part-year New York City resident tax (attach Form IT-360.1)	51.	•	51.	•
52	New York City minimum income tax (attach Form IT-220)	. 52.	•	52.	•
53	Yonkers nonresident earnings tax (attach Form Y-203)	. 53.	•	53.	•
	Part-year Yonkers resident income tax surcharge				
	(attach Form IT-360.1)	. 54.	•	54.	•
55	Sales or use tax from original return (cannot be amended; see instr.			55.	
	Voluntary contributions from original return (cannot be amended)			56.	
	Total New York State, New York City and Yonkers taxes				
-	sales or use tax, and voluntary contributions (add				
	lines 50 through 56; also enter this amount on line 68)	57.		57.	
]•[]
Pa	yments and refundable credits (see Form IT-203-X-I, page	ge 3)			
58	Part-year New York City school tax credit	. 58.	•	58.	•
59	Other refundable credits	. 59 .	•	59.	•
60	Total New York State tax withheld	. 60.	•	60.	•
61	Total New York City tax withheld	. 61.	•	61.	•
	Total Yonkers tax withheld			62.	
	Total estimated tax payments/amount paid with Form IT-370			63.	
	Amount paid with original return (see IT-203-X-I, page 3)			64.	
	Total payments (add lines 58 through 64, Amended amount of			65.	
	Overpayment, if any, as shown on original return (or prev]•[]
•••	(see IT-203-X-I, page 3)			66.	
67	Subtract line 66 from line 65 (<i>if line 66 is more than line 65</i> , s			67.	
	Enter amount from line 57, <i>Amended amount</i> column			68.	!
	If line 68 is less than line 67, enter the difference here; th			69.	!
	If line 68 is more than line 67, enter the difference here; the	-		05.]•[]
10	(See IT-203-X-I, page 3. Make check or money order payable	-			
				70.	
	write your social security number and 2005 Income Tax on it.	.)		70.	•
Cor	mplete all questions and parts below and on page 4 that a	apply to your amende	d return.		
	Is this return the result of federal audit changes?		1 Original return	filed as <i>(mark an X in on</i>	e hov)
(G)					e box)
	If <i>Yes</i> , complete items 1-3 below and Part 3 on page 4:		Namuaidant	Part-year resident	Desident
	1. Enter the data of the final foderal datarmination		Nonresident	resident	Resident
	Enter the date of the final federal determination		2 Amondod rotu	rn filad aa <i>(mark an</i> V in a	na havi
	2. Do you concede the federal audit changes?		Z. Amendeu retui	rn filed as <i>(mark an X in o</i>	ine box)
	(If No, explain why in Part 3 on page 4) Yes	No No	Г	Part-year	
	3. Do the changes involve a partnership or		Nonresident	resident	
	S corporation? (If Yes, complete Part 2 below) Yes	No No			
	rt 2 — Partnership or S corporation — If using this S corporation income, gain, loss, or deduction, provide			rship	
		fying number	Principal busi	ness activity	
Ad	dress of partnership or S corporation				



Part 3 — Federal changes — After completing Part 1, explain below the changes, if any, made by the Internal Revenue Service (IRS).

71	List federal adjustments			74	Corrected adjusted gross incom	e	
а		71a.	•		federal taxable income		
b		71b.	•		and enter) tax table income	74.	
С		71c.	•	75	Corrected federal tax	75.	
d		71d.		76	Federal tax shown on return	76.	
е		71e.	•	77	Increase (decrease) in federal tax	77.	
72	Net federal adjustment —			78	Penalties	78.	
	increase or (decrease)	72.	•	79	Interest	79.	
73	Previously adjusted gross income			80	Total federal amount assessed		
	reported taxable income				(add lines 77, 78, and 79)	80.	
	(mark one) tax table income	73.	•				

If you did not concede the above changes and marked the No box in question 2 at item (G) on page 3, explain why.

Part 4 — Other changes — Explain any changes not shown in Part 3.

Give the item or line reference from pages 1, 2, and 3 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, or any other documentation). If you marked the *No* box at item (C) on the front page, explain why. If you need more space, attach a schedule marked *Part 4*.

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 **2005** IT-203 instructions before you begin to complete your 2005 IT-203-X amended return.

Instructions for both forms are available on the department's Internet Web site and on our fax-on-demand system. Also see *Need help*? in the instructions for Form IT-203 for information on how to obtain tax forms.

Third –	Do you want to allow another person to discuss this return with the Tax Dept? (see IT-203-X-I, pg. 4) Yes (complete the following) No							
party designee	Designee's name Designee's phone number			ber	Personal identification number (PIN)			
Paid preparer's use only						Taxpayer(s) sign here ▼		
Preparer's signature SSN or F			SSN or PTIN:		Your signature			
		•						
Firm's name (or yours, if self-employed) Employer id			ication number		Your occupation			
Address			Mark an X if self-employed		Spouse's signature	e and occupation (if joint return)		
			Date		Date	Daytime phone number (o	optional)	

Mail your completed return and any attachments to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

