



Amended Resident Income Tax Return (long form)

IT-201-X

New York State • New York City • Yonkers

For the full year January 1, 2008, through December 31, 2008, or fiscal year beginning **0 8**
and ending

See the instructions, Form IT-201-X-1, for help completing your amended return.

| | | | | |
|--|---|---|--------------------------|------------------------------------|
| 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 | New York State county of residence |
| | City, village, or post office | | State | ZIP code |
| Permanent home address <i>(number and street or rural route)</i> | | | Apartment number | |
| City, village, or post office | | | State | |
| State | | | ZIP code | |
| Decedent information | | | Taxpayer's date of death | |
| NY | | | 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

(B) Did you itemize your deductions on your 2008 federal income tax return? Yes No

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

(D) Did you file an amended federal return? (see instructions) Yes No

(E) Did you or your spouse maintain living quarters in NYC during 2008? Yes No

(F) NYC residents and NYC part-year residents only:

(1) Number of months **you** lived in NY City in 2008 ●

(2) Number of months **your spouse** lived in NY City in 2008... ●

(G) Enter your 2-digit special condition code if applicable (see instructions)

If applicable, also enter your second 2-digit special condition code

Federal income and adjustments

| | Dollars | Cents |
|---|---------|-------|
| 1 Wages, salaries, tips, etc. | 1. | |
| 2 Taxable interest income | 2. | |
| 3 Ordinary dividends | 3. | |
| 4 Taxable refunds, credits, or offsets of state and local income taxes <i>(also enter on line 25)</i> | 4. | |
| 5 Alimony received | 5. | |
| 6 Business income or loss <i>(attach a copy of federal Schedule C or C-EZ, Form 1040)</i> | 6. | |
| 7 Capital gain or loss <i>(if required, attach a copy of federal Schedule D, Form 1040)</i> | 7. | |
| 8 Other gains or losses <i>(attach a copy of federal Form 4797)</i> | 8. | |
| 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 9. | |
| 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 10. | |
| 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. <i>(attach copy of federal Schedule E, Form 1040)</i> | 11. | |
| 12 Farm income or loss <i>(attach a copy of federal Schedule F, Form 1040)</i> | 12. | |
| 13 Unemployment compensation | 13. | |
| 14 Taxable amount of social security benefits <i>(also enter on line 27)</i> | 14. | |
| 15 Other income <i>Identify:</i> | 15. | |
| 16 Add lines 1 through 15 | 16. | |
| 17 Total federal adjustments to income <i>Identify:</i> | 17. | |
| 18 Subtract line 17 from line 16. This is your federal adjusted gross income. | 18. | |

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You must file all five pages of this original scannable amended return with the Tax Department.

▼ Enter your social security number

Dollars Cents

19 Enter the amount from line 18 on page 1. This is your federal adjusted gross income. 19. .

New York additions

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20. .
 21 Public employee 414(h) retirement contributions from your wage and tax statements 21. .
 22 New York's 529 college savings program distributions 22. .
 23 Other Identify: 23. .
 24 Add lines 19 through 23 24. .

New York subtractions

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25. .
 26 Pensions of NYS and local governments and the federal government 26. .
 27 Taxable amount of social security benefits (from line 14) 27. .
 28 Interest income on U.S. government bonds 28. .
 29 Pension and annuity income exclusion 29. .
 30 New York's 529 college savings program deduction/earnings 30. .
 31 Other Identify: 31. .
 32 Add lines 25 through 31 32. .
 33 Subtract line 32 from line 24. This is your New York adjusted gross income. 33. .

Standard deduction or itemized deduction

34 Enter your standard deduction (from the table below) or your itemized deduction (from the worksheet below). Mark an X in the appropriate box: ● Standard ... or ... ● Itemized 34. .
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. .
 36 Dependent exemptions 36. 0 0 0 . 0 0
 37 Subtract line 36 from line 35. This is your taxable income. 37. .

◀ OR ▶

| New York State standard deduction table | |
|--|--|
| Filing status (from the front page) | Standard deduction (enter on line 34 above) |
| ① Single and you marked item C Yes | \$ 3,000 |
| ① Single and you marked item C No | 7,500 |
| ② Married filing joint return | 15,000 |
| ③ Married filing separate return | 7,500 |
| ④ Head of household (with qualifying person) | 10,500 |
| ⑤ Qualifying widow(er) with dependent child | 15,000 |

New York State itemized deduction worksheet

| | | | | |
|--|----|----------------------|---|----------------------|
| a Medical and dental expenses (from federal Schedule A, line 4) | a. | <input type="text"/> | . | <input type="text"/> |
| b Taxes you paid (from federal Schedule A, line 9) | b. | <input type="text"/> | . | <input type="text"/> |
| c Interest you paid (from federal Schedule A, line 15) | c. | <input type="text"/> | . | <input type="text"/> |
| d Gifts to charity (from federal Schedule A, line 19) | d. | <input type="text"/> | . | <input type="text"/> |
| e Casualty and theft losses (from federal Schedule A, line 20) | e. | <input type="text"/> | . | <input type="text"/> |
| f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27) | f. | <input type="text"/> | . | <input type="text"/> |
| g Other miscellaneous deductions (from federal Schedule A, line 28) | g. | <input type="text"/> | . | <input type="text"/> |
| h Enter amount from federal Schedule A, line 29 | h. | <input type="text"/> | . | <input type="text"/> |
| i State, local, and foreign income taxes and other subtraction adjustments | i. | <input type="text"/> | . | <input type="text"/> |
| j Subtract line i from line h | j. | <input type="text"/> | . | <input type="text"/> |
| k Addition adjustments | k. | <input type="text"/> | . | <input type="text"/> |
| l Add lines j and k | l. | <input type="text"/> | . | <input type="text"/> |
| m Itemized deduction adjustment | m. | <input type="text"/> | . | <input type="text"/> |
| n Subtract line m from line l | n. | <input type="text"/> | . | <input type="text"/> |
| o College tuition itemized deduction (see Form IT-272) | o. | <input type="text"/> | . | <input type="text"/> |
| p Add lines n and o. This is your New York State itemized deduction; enter on line 34 above. | p. | <input type="text"/> | . | <input type="text"/> |

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Name(s) as shown on page 1

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Tax computation, credits, and other taxes

Table with columns for line number, description, and amounts in Dollars and Cents. Includes lines 38-46 for taxable income, New York State tax, and credits.

New York City and Yonkers taxes, credits, and tax surcharges

Table with columns for line number, description, and amounts in Dollars and Cents. Includes lines 47-57 for New York City and Yonkers taxes and surcharges.

New York City and Yonkers taxes, credits, and tax surcharges.

59 Sales or use tax as reported on your original return (see instructions). Do not leave line 59 blank. 59.

Voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instructions)

Table for voluntary contributions with lines 60a-60g and a total line 60. Includes descriptions like Return a Gift to Wildlife, Missing/Exploited Children Fund, etc.

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[Social Security Number Field]

62 Enter the amount from line 61 on page 3. This is your total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions. 62. [Dollars] [Cents]

Payments and refundable credits

Table with 3 columns: Line number, Description, and Amount. Rows include Empire State child credit, NYS/NYC child and dependent care credit, NY State earned income credit (EIC), NY State noncustodial parent EIC, Real property tax credit, College tuition credit, NY City school tax credit, NY City earned income credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments, Amount paid with original return, and Add lines 63 through 76.

Forms IT-2 and/or IT-1099-R must be completed and attached to your amended return instead of federal Forms W-2 and/or 1099-R. Staple them to the back of page 5.

Important: All credit claim forms and other applicable forms that you submitted with your original return (see instructions) must also be completed and attached to the back of page 5.

78 Overpayment, if any, as shown on original return or previously adjusted by NY State (see instr.) ... 78. [Dollars] [Cents]

78a Amount from original Form IT-201, line 79 (see instructions) 78a. [Dollars] [Cents]

79 Subtract line 78 from line 77. 79. [Dollars] [Cents]

Your refund

80 If line 79 is more than line 62, subtract line 62 from line 79. Complete line 82. Refund 80. [Dollars] [Cents]

Amount you owe

81 If line 79 is less than line 62, subtract line 79 from line 62 (see instructions) Owe 81. [Dollars] [Cents]

Direct deposit

82 Mark an X in the box: [] Refund - Direct deposit

82a Routing number [Routing Number Field]

82b Account number [Account Number Field]

82c Account type [] Checking [] Savings

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83 Reason(s) for amending your return (mark an X in all applicable boxes; see instructions)

- 83a. Federal audit change (complete lines 84 through 91 below)
83b. Worthless stock/securities
83c. Claim of right
83d. Wages
83e. Military
83f. Court ruling
83g. Workers' compensation
83h. Treaties/visa/temporary stay
83i. Voluntary compliance initiative
83j. Credit claim
83k. Other (Explain)

83l. To report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information:

Partnership S corporation

Table with 3 columns: Name of partnership or S corporation, Identifying number, Principal business activity. Row 2: Address of partnership or S corporation.



If you marked an X in box 83a above, you must complete lines 84 through 91 below. All others may skip lines 84 through 91 and go directly to the Third-party designee question. You must sign your amended return below.

84 Enter the date (mm-dd-yyyy) of the final federal determination

85 Do you concede the federal audit changes? (If No, explain below.) Yes No

86 List federal changes

Table with 3 columns: Description (86a-86e), Dollars, Cents

87 Net federal changes (increase or decrease)
88 Federal taxable income (mark an X in one box) Per return Previously adjusted
89 Corrected federal taxable income

Table with 3 columns: Description (87-89), Dollars, Cents

90 Federal credits disallowed..... Earned income credit Amount disallowed
Child care credit Amount disallowed

91 Federal penalties assessed
91a. Fraud
91b. Negligence
91c. Other (explain below)

Third-party designee? (see instr.) Print designee's name Designee's phone number Personal identification number (PIN) Yes No E-mail:

Paid preparer's use only Preparer's signature Firm's name (or yours, if self-employed) Address Date Mark an X if self-employed E-mail:

Taxpayer(s) sign here Your signature Your occupation Spouse's signature and occupation (if joint return) Date Daytime phone number E-mail:

Mail your completed amended return and any attachments to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001. For information about Private delivery services, see instructions.

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