

# Amended Resident Income Tax Return (short form)

New York State • New York City • Yonkers



# IT-150-X

<b>Print or type</b>	<b>Important:</b> You <b>must</b> 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>		▼ Your social security number <input style="width: 100%;" type="text"/>
	Spouse's first name and middle initial	Spouse's last name		▼ Spouse's social security number <input style="width: 100%;" type="text"/>
	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	School district name ● ●
Permanent home address <i>(number and street or rural route)</i>			Apartment number	School district code number..... <input style="width: 50px;" type="text"/>
City, village, or post office		State <b>NY</b>	ZIP code	Decedent information ● Taxpayer's date of death Spouse's date of death ● <input style="width: 50px;" type="text"/> ● <input style="width: 50px;" type="text"/>

- (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

- (C)** Were you a **New York City** resident for all of 2009? *(Part-year residents must file Form IT-201-X.)* ..... Yes  No
- (D)** Can you be claimed as a dependent on another taxpayer's federal return? ..... Yes  No
- (E)** Enter your **2-digit special condition code if applicable** *(see instructions)* ..... ●   
**If applicable, also enter your second 2-digit special condition code** ..... ●

**(B)** Did you file an amended federal return? *(see instructions)* ..... Yes  No

See the instructions, Form IT-150-X-I, for help completing your amended return.

		Dollars	Cents
1 Wages, salaries, tips, etc. ....	1.		
2 Taxable interest income .....	2.		
3 Ordinary dividends .....	3.		
4 Capital gain distributions .....	4.		
5 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .....	5.		
6 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box ....	6.		
7 Unemployment compensation in excess of \$2,400 per recipient .....	7.		
8 Taxable amount of social security benefits <i>(also enter on line 17 below)</i> .....	8.		
9 <b>Add lines 1 through 8</b> .....	9.		
10 Total federal adjustments to income <i>Identify:</i> .....	10.		
11 <b>Federal adjusted gross income</b> <i>(subtract line 10 from line 9)</i> .....	11.		
12 Interest income on state and local bonds and obligations <i>(but not those of NYS or its local governments)</i> .....	12.		
13 Public employee 414(h) retirement contributions from your wage and tax statements .....	13.		
14 Other <i>Identify:</i> .....	14.		
15 <b>Add lines 11 through 14</b> .....	15.		
16 Pensions of NYS and local governments and federal government ....	16.		
17 Taxable amount of social security benefits <i>(from line 8 above)</i> .....	17.		
18 Pension and annuity income exclusion .....	18.		
19 Other <i>Identify:</i> .....	19.		
20 Add lines 16 through 19 .....	20.		
21 <b>New York adjusted gross income</b> <i>(subtract line 20 from line 15)</i> .....	21.		
22 New York standard deduction .....	22.	0 0	. 0 0
23 Dependent exemptions .....	23.	0 0 0	. 0 0
24 Add lines 22 and 23 .....	24.	0 0	. 0 0
25 <b>Taxable income</b> <i>(subtract line 24 from line 21)</i> .....	25.		

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

▼ Enter your social security number

[Social Security Number Input Box]

Dollars Cents

26	Taxable income (enter the amount from line 25 on the front page)	26.		.	
27	New York State tax on line 26 amount	27.		.	
28	New York State (NYS) household credit	28.		.	
29	Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank)	29.		.	

30	New York City (NYC) resident tax	30.		.	
31	NYC household credit	31.		.	
32	Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank)	32.		.	
33	Yonkers resident income tax surcharge	33.		.	
34	Yonkers nonresident earnings tax (attach Form Y-203)	34.		.	
35	Sales or use tax as reported on your original return (see instructions). Do not leave line 35 blank.	35.		.	

36	Voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instr.)	36.		.	
	Return a Gift to Wildlife <b>36a.</b> [ ] . Missing/Exploited Children Fund <b>36b.</b> [ ] .				
	Breast Cancer Research Fund <b>36c.</b> [ ] . Prostate Cancer Research Fund <b>36d.</b> [ ] .				
	Alzheimer's Fund <b>36e.</b> [ ] . Olympic Fund <b>36f.</b> [ ] . 9/11 Memorial <b>36g.</b> [ ] .				
	<b>Total</b> (or as adjusted by the Tax Department)	36.		.	00

37	Add line 29 and lines 32 through 36	37.		.	
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38	Empire State child credit (attach Form IT-213)	38.		.	
39	NYS/ NYC child and dependent care credit (attach Form IT-216)	39.		.	
40	NYS earned income credit (attach Form IT-215 or Form IT-209) [ ]	40.		.	
41	NYS noncustodial parent earned income credit (attach Form IT-209) ...	41.		.	
42	Real property tax credit (attach Form IT-214)	42.		.	
43	College tuition credit (attach Form IT-272)	43.		.	
44	NYC school tax credit	44.		.	
45	NYC earned income credit (attach Form IT-215 or Form IT-209) [ ]	45.		.	
46	Total New York State tax withheld	46.		.	
47	Total New York City tax withheld	47.		.	
48	Total Yonkers tax withheld	48.		.	
49	Total estimated tax payments / Amount paid with Form IT-370	49.		.	

See Important information in the instructions.

50	Amount paid with original return, plus additional tax paid after original return was filed (see instructions)	50.		.	
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51	Total payments (add lines 38 through 50)	51.		.	
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52	Overpayment, if any, as shown on original return or previously adjusted by New York State (see instructions)	52.		.	
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52a	Amount from original Form IT-150, line 53 (see instructions)	52a.		.	
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53	Subtract line 52 from line 51	53.		.	
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54	If line 53 is more than line 37, subtract line 37 from line 53. Complete line 56. Refund	54.		.	
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55	If line 53 is less than line 37, subtract line 53 from line 37 (see instructions) Owe	55.		.	
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56 Direct deposit — Mark an X in the box:  Refund — Direct deposit

Note: If the funds for your refund would go to an account outside the U.S., mark an X in this box (see instructions) ....

56a Routing number • [ ]

56b Account number • [ ]

56c Account type •  Checking •  Savings

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

- 57a. Federal audit change (complete lines 58 through 65 below)       57b. Workers' compensation       57c. Court ruling .....
- 57d. Wages .....       57e. Military .....       57f. Credit claim .....
- 57g. Other .....  (Explain) \_\_\_\_\_



If you marked an X in box 57a above, you must complete lines 58 through 65 below. All others may skip lines 58 through 65 and go directly to the Third-party designee question. You must sign your amended return below.

58 Enter the date (mm-dd-yyyy) of the final federal determination    (Explain) \_\_\_\_\_

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

60 List federal changes

	Dollars	Cents
60a _____	60a. _____	_____
60b _____	60b. _____	_____
60c _____	60c. _____	_____
60d _____	60d. _____	_____
60e _____	60e. _____	_____

61 Net federal changes (increase or decrease) ..... 61. \_\_\_\_\_

62 Federal taxable income (mark an X in one box) ..... Per return  Previously adjusted  62. \_\_\_\_\_

63 Corrected federal taxable income ..... 63. \_\_\_\_\_

64 Federal credits disallowed ..... Earned income credit  Amount disallowed \_\_\_\_\_  
 Child care credit  Amount disallowed \_\_\_\_\_

65 Federal penalties assessed

65a. Fraud .....       65b. Negligence .....       65c. Other (explain below) .....

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		<input type="text"/>

▼ <b>Paid preparer must complete</b> (see instructions) ▼ Preparer's signature Firm's name (or yours, if self-employed) Address E-mail:	Date: ▶ Preparer's NYTPRIN ▼ Preparer's SSN or PTIN ● Employer identification number Mark an X if self-employed <input type="checkbox"/>
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▼ <b>Taxpayer(s) must sign here</b> ▼ Your signature Your occupation ● Spouse's signature and occupation (if joint return) Date E-mail:	▼ Daytime phone number <input type="text"/>
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See instructions for where to mail your return.

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