



# Amended Resident Income Tax Return (long form)

# IT-201-X

New York State • New York City • Yonkers

For the full year January 1, 2009, through December 31, 2009, or fiscal year beginning ... **09**  
and ending ...

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

<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 social security number
	Your first name and middle initial	Your last name (for a <b>joint return</b> , enter spouse's name on line below)		<input type="text"/>
	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	New York State county of residence
	City, village, or post office		State	ZIP code
<b>Permanent home address</b> (number and street or rural route)			Apartment number	School district code number..... <input type="text"/>
City, village, or post office		State	ZIP code	Taxpayer's date of death Spouse's date of death
		<b>NY</b>	Decedent information ● <input type="text"/>	● <input 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

**(B) Did you itemize** your deductions on your 2009 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 2009? ..... Yes  No

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

(1) Number of months **you** lived in NY City in 2009 ..... ●

(2) Number of months **your spouse** lived in NY City in 2009 .. ●

**(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 (also enter on line 25) .....	4.	
5 Alimony received .....	5.	
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040) .....	6.	
7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040) .....	7.	
8 Other gains or losses (attach a copy of federal Form 4797) .....	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. (attach copy of federal Schedule E, Form 1040) .....	11.	
12 Farm income or loss (attach a copy of federal Schedule F, Form 1040) .....	12.	
13 Unemployment compensation in excess of \$2,400 per recipient .....	13.	
14 Taxable amount of social security benefits (also enter on line 27) .....	14.	
15 Other income ..... Identify: <input type="text"/>	15.	
16 Add lines 1 through 15 .....	16.	
17 Total federal adjustments to income ..... Identify: <input type="text"/>	17.	
18 <b>Federal adjusted gross income</b> (subtract line 17 from line 16) .....	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 Federal adjusted gross income** (from line 18 on the front page) ..... **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 New York adjusted gross income** (subtract line 32 from line 24) ..... **33.**

**Standard deduction or itemized deduction**

**34** Enter your **standard deduction** (from the table below) or your **itemized deduction** (from 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.**          
**37 Taxable income** (subtract line 36 from line 35) ..... **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 (federal Sch. A, line 4) ..... **a.**    
**b** Taxes you paid (federal Sch. A, line 9) ..... **b.**    
**b1** State, local, and foreign **income taxes** included in line b above ..... **b1.**    
**c** Interest you paid (federal Sch. A, line 15) ..... **c.**    
**d** Gifts to charity (federal Sch. A, line 19) ..... **d.**    
**e** Casualty and theft losses (federal Sch. A, line 20) ..... **e.**    
**f** Job expenses/misc. deductions (federal Sch. A, line 27) ..... **f.**    
**g** Other misc. deductions (federal Sch. A, line 28) ..... **g.**    
**h** Enter amount from **federal Schedule A, line 29** ..... **h.**    
**i** State, local, and foreign **income taxes** and other subtraction adjustments ..... **i.**    
**j** Subtract line i from line h ..... **j.**    
**k** Addition adjustments ..... **k.**    
**l** Add lines j and k ..... **l.**    
**m** Itemized deduction adjustment ..... **m.**    
**n** Subtract line m from line l ..... **n.**    
**o** College tuition itemized deduction (see Form IT-272) .... **o.**    
**p New York State itemized deduction** (add lines n and o; enter on line 34 above) ..... **p.**

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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, Dollars, and Cents. Rows include Taxable income (38), New York State tax on line 38 amount (39), New York State household credit (40), Resident credit (41), Other New York State nonrefundable credits (42), Add lines 40, 41, and 42 (43), Subtract line 43 from line 39 (44), Net other New York State taxes (45), and Total New York State taxes (46).

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

Table with columns for line number, description, Dollars, and Cents. Rows include New York City resident tax on line 38 amount (47), New York City household credit (48), Subtract line 48 from line 47 (49), Part-year New York City resident tax (50), Other New York City taxes (51), Add lines 49, 50, and 51 (52), NY City nonrefundable credits (53), Subtract line 53 from line 52 (54), Yonkers resident income tax surcharge (55), Yonkers nonresident earnings tax (56), Part-year Yonkers resident income tax surcharge (57), and Total New York City and Yonkers taxes / surcharges (58).

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 with columns for line number, description, Dollars, and Cents. Rows include 60a Return a Gift to Wildlife, 60b Missing/Exploited Children Fund, 60c Breast Cancer Research Fund, 60d Alzheimer's Fund, 60e Olympic Fund (\$2 or \$4), 60f Prostate Cancer Research Fund, 60g 9/11 Memorial, 60 Total voluntary contributions as reported on your original return, and 61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions.

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[ ]

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) ..... 62. [ ] Dollars [ ] Cents

**Payments and refundable credits**

63	Empire State child credit (attach Form IT-213) .....	63.	[ ]	.	[ ]
64	NYS/NYC child and dependent care credit (attach Form IT-216) .....	64.	[ ]	.	[ ]
65	NYS earned income credit (EIC) (attach Form IT-215 or IT-209) .....	65.	[ ]	.	[ ]
66	NYS noncustodial parent EIC (attach Form IT-209) .....	66.	[ ]	.	[ ]
67	Real property tax credit (attach Form IT-214) .....	67.	[ ]	.	[ ]
68	College tuition credit (attach Form IT-272) .....	68.	[ ]	.	[ ]
69	NYC school tax credit (also complete (F) on page 1) .....	69.	[ ]	.	[ ]
70	NYC earned income credit (attach Form IT-215 or IT-209) .....	70.	[ ]	.	[ ]
71	Other refundable credits (from Form IT-201-ATT, line 18; attach form) .....	71.	[ ]	.	[ ]
72	Total New York State tax withheld .....	72.	[ ]	.	[ ]
73	Total New York City tax withheld .....	73.	[ ]	.	[ ]
74	Total Yonkers tax withheld .....	74.	[ ]	.	[ ]
75	Total estimated tax payments / Amount paid with Form IT-370 .....	75.	[ ]	.	[ ]
76	Amount paid with original return, plus additional tax paid after your original return was filed (see instructions).....	76.	[ ]	.	[ ]
77	Total payments (add lines 63 through 76) .....	77.	[ ]	.	[ ]

See Important information in the instructions.

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

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

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

**Your refund**

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

**Amount you owe**

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

**Direct deposit**

82 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) .... •

82a Routing number • [ ]

82b Account number • [ ]

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
83i. Tax shelter transaction
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

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 must complete (see instructions) Date: Preparer's signature Preparer's NYTPRIN Firm's name (or yours, if self-employed) Preparer's SSN or PTIN Address Employer identification number Mark an X if self-employed E-mail:

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

See instructions for where to mail your return.

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