



Amended Resident Income Tax Return (long form)

IT-201-X

New York State • New York City • Yonkers

For the full year January 1, 2010, through December 31, 2010, or fiscal year beginning **1 0**
and ending

See the instructions, Form IT-201-X-I, 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 (for a joint return , enter spouse's name on line below)		▼ Your social security number	
	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	Country (if not United States)		School district name
Permanent home address (number and street or rural route)				Apartment number	School district code number.....	
City, village, or post office		State	ZIP code	Decedent information	Taxpayer's date of death	Spouse's date of death
		NY				

- (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 2010 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) (1) Did you or your spouse maintain living quarters in NYC during 2010?..... Yes No

(2) Enter the number of days spent in NYC in 2010 (any part of a day spent in NYC is considered a day)

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

(1) Number of months **you** lived in NY City in 2010

(2) Number of months **your spouse** lived in NY City in 2010

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

If applicable, also enter your **second 2-character 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	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 Federal adjusted gross income (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 (or general sales tax, if applicable) 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 (or general sales tax, if applicable) 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

▼ Enter your social security number

Tax computation, credits, and other taxes

Table with columns for line number, description, and amounts in Dollars and Cents. Rows include Taxable income (38), New York State tax (39), household credit (40), resident credit (41), nonrefundable credits (42), and total New York State taxes (46).

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

Table with columns for line number, description, and amounts in Dollars and Cents. Rows include New York City resident tax (47), household credit (48), part-year tax (50), other taxes (51), nonrefundable credits (53), Yonkers taxes (55-57), and total New York City and Yonkers taxes (58).

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

Table with columns for contribution type (60a-60h) and amounts in Dollars and Cents. All amounts are currently 00.

Summary rows for total voluntary contributions (60) and total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (61).



▼ Enter your social security number

[Social Security Number Field]

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 and indicate how you want your refund (mark one):
[] direct deposit (fill in line 82) or [] paper check refund 80. []

Amount you owe

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

Direct deposit

82 Account information for direct deposit (see instructions)

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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Name(s) as shown on page 1

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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. Protective claim
83l. Net operating loss
83m. Other
83n. 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.)

86 List federal changes

Table with columns: 86a-86e, Dollars, Cents

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

90 Federal credits disallowed (Earned income credit, Child care credit)

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

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

Paid preparer must complete (see instructions) Date, Preparer's signature, Firm's name, Address, E-mail, Mark an X if self-employed

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

See instructions for where to mail your return.

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

