



New York State Department of Taxation and Finance
Amended Resident Income Tax Return
New York State • New York City • Yonkers

IT-201-X

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning ... 1 1
and ending ...

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

Form with sections for personal information, mailing address, permanent home address, and decedent information. Includes fields for name, birth date, social security number, address, and state (NY).

- (A) Filing status - mark an X in one box:
1 Single
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 2011 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? Yes No

(E) (1) Did you or your spouse maintain living quarters in NYC during 2011? Yes No
(2) Enter the number of days spent in NYC in 2011

(F) NYC residents and NYC part-year residents only:
(1) Number of months you lived in NY City in 2011

(2) Number of months your spouse lived in NY City in 2011

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

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

Federal income and adjustments

Table with 18 rows for federal income and adjustments, columns for Dollars and Cents. Rows include Wages, interest, dividends, business income, capital gain, etc.

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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.** **0 0 0** . **0 0**
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. <input type="text"/> . <input type="text"/>
b Taxes you paid (federal Sch. A, line 9)	b. <input type="text"/> . <input type="text"/>
c Interest you paid (federal Sch. A, line 15)	c. <input type="text"/> . <input type="text"/>
d Gifts to charity (federal Sch. A, line 19)	d. <input type="text"/> . <input type="text"/>
e Casualty and theft losses (federal Sch. A, line 20)	e. <input type="text"/> . <input type="text"/>
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. <input type="text"/> . <input type="text"/>
g Other misc. deductions (federal Sch. 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 (or general sales tax, if applicable) 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 New York State itemized deduction (add lines n and o; enter on line 34 above).....	p. <input type="text"/> . <input type="text"/>

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Name(s) as shown on page 1

▼ Enter your social security number

Tax computation, credits, and other taxes

		Dollars	Cents
38 Taxable income (from line 37 on page 2).....	38.		
39 New York State tax on line 38 amount	39.		
40 New York State household credit	40.		
41 Resident credit (attach Form IT-112-R or IT-112-C, or both)	41.		
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.		
43 Add lines 40, 41, and 42	43.		
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.		
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.		
46 Total New York State taxes (add lines 44 and 45)	46.		

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

47 New York City resident tax on line 38 amount	47.		
48 New York City household credit	48.		
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		
50 Part-year New York City resident tax (attach Form IT-360.1)	50.		
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52 Add lines 49, 50, and 51	52.		
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		
55 Yonkers resident income tax surcharge	55.		
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	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)

60a Return a Gift to Wildlife	60a.		0	0
60b Missing/Exploited Children Fund	60b.		0	0
60c Breast Cancer Research Fund	60c.		0	0
60d Alzheimer's Fund	60d.		0	0
60e Olympic Fund (\$2 or \$4; see page 34)	60e.		0	0
60f Prostate Cancer Research Fund	60f.		0	0
60g 9/11 Memorial	60g.		0	0
60h Volunteer Firefighting & EMS Recruitment Fund	60h.		0	0
60 Total voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instructions)	60.		0	0
61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61.			

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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 and indicate how you want your refund
Mark one refund choice: direct deposit (fill in line 82) - or - debit card - or - paper check 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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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 3 columns: Label (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.) Print designee's name, Designee's phone number, Personal identification number (PIN)

Paid preparer must complete (see instr.) Preparer's signature, Firm's name, Address, Date, Preparer's NYTPRIN, Preparer's PTIN or SSN, Employer identification number, Mark an X if self-employed

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.

