New York State Department of Taxation and Finance

Amended Resident Income Tax Return

IT-201-X

New York State • New York City • Yonkers

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning 12

and ending ....

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

Your first name and middle initial	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mm-dd-yyyy)*	Your social security number
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mm-dd-yyyy)*	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 **NY** / ZIP code	Decedent information: Taxpayer's date of death	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 2012 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 2012? ..... Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2012 *(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 NYC in 2012 .....

(2) Number of months **your spouse** lived in NYC in 2012 .....

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

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

H Dependent exemption information

First name and middle initial	Last name	Relationship	Social security number	Date of birth *(mm-dd-yyyy)*

If more than 9 dependents, mark an ***X*** in the box. ☐

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Your social security number

Federal income and adjustments

			Whole dollars only
1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C or C-EZ, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00
12	Rental real estate included in line 11 — 12 .00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits *(also enter on line 27)*	15	.00
16	Other income *Identify:*	16	.00
17	Add lines **1 through 11** and **13 through 16**	17	.00
18	Total federal adjustments to income *Identify:*	18	.00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	**New York's** 529 college savings program distributions	22	.00
23	Other *Identify:*	23	.00
24	Add lines **19** through **23**	24	.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of social security benefits *(from line 15)*	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	**New York's** 529 college savings program deduction/earnings	30	.00
31	Other *Identify:*	31	.00
32	Add lines 25 through 31	32	.00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	33	.00

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Name(s) as shown on page 1	Your social security number

Standard deduction or itemized deduction

34 Enter your **standard deduction** *(from table below)* **or** your **itemized deduction** *(from schedule below)*
Mark an ***X*** in the appropriate box: ☐ **Standard** - **or** - ☐ **Itemized**

34		.00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	.00
36	Dependent exemptions	**000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	.00

◀ **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 schedule

1	Medical and dental expenses *(federal Sch. A, line 4)*	**1**	.00
2	Taxes you paid *(federal Sch. A, line 9)*	**2**	.00
3	Interest you paid *(federal Sch. A, line 15)*	**3**	.00
4	Gifts to charity *(federal Sch. A, line 19)*	**4**	.00
5	Casualty and theft losses *(federal Sch. A, line 20)*	**5**	.00
6	Job expenses / misc. deductions *(federal Sch. A, line 27)*	**6**	.00
7	Other misc. deductions *(federal Sch. A, line 28)*	**7**	.00
8	Enter amount **from federal Schedule A, line 29**	**8**	.00
9	State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments	**9**	.00
10	Subtract line 9 from line 8	**10**	.00
11	Addition adjustments	**11**	.00
12	Add lines 10 and 11	**12**	.00
13	Itemized deduction adjustment	**13**	.00
14	Subtract line 13 from line 12	**14**	.00
15	College tuition itemized deduction *(see Form IT-272)*	**15**	.00
16	**New York State itemized deduction** *(add lines 14 and 15; enter on line 34 above)*	**16**	.00

(continued on page 4)

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Your social security number

Tax computation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 3)*			**38**	.00
39	NYS tax on line 38 amount			**39**	.00
40	NYS household credit	**40**	.00		
41	Resident credit	**41**	.00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42**	.00		
43	Add lines 40, 41, and 42			**43**	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			**44**	.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*			**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*			**46**	.00

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

47	NYC resident tax on line 38 amount	**47**	.00		
48	NYC household credit	**48**	.00		
49	Subtract line 48 from line 47 *(if line 48 is more than line 47, leave blank)*	**49**	.00		
50	Part-year NYC resident tax *(Form IT-360.1)*	**50**	.00		
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51**	.00		
52	Add lines 49, 50, and 51	**52**	.00		
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53**	.00		
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	**54**	.00		
55	Yonkers resident income tax surcharge	**55**	.00		
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56**	.00		
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57**	.00		
58	**Total New York City and Yonkers taxes / surcharges** *(add lines 54 through 57)*			**58**	.00
59	Sales or use tax **as reported on your original return** *(see instructions. **Do not leave line 59 blank.**)*			**59**	.00

Voluntary contributions as reported on your original return

(or as adjusted by the Tax Department; see instructions)

60a	Return a Gift to Wildlife	**60a**	.00
60b	Missing/Exploited Children Fund	**60b**	.00
60c	Breast Cancer Research Fund	**60c**	.00
60d	Alzheimer's Fund	**60d**	.00
60e	Olympic Fund	**60e**	.00
60f	Prostate Cancer Research Fund	**60f**	.00
60g	9/11 Memorial	**60g**	.00
60h	Volunteer Firefighting & EMS Recruitment Fund	**60h**	.00

60	Total voluntary contributions **as reported on your original return** *(or as adjusted by the Tax Department; see instructions)*	**60**	.00
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**	.00

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62 Enter amount from line 61 ..... **62** .00

Payments and refundable credits

63	Empire State child credit	**63**	.00
64	NYS/NYC child and dependent care credit	**64**	.00
65	NYS earned income credit (EIC)	**65**	.00
66	NYS noncustodial parent EIC	**66**	.00
67	Real property tax credit	**67**	.00
68	College tuition credit	**68**	.00
69	NYC school tax credit ***(also complete F on page 1)***	**69**	.00
70	NYC earned income credit	**70**	.00
71	Other refundable credits *(Form IT-201-ATT, line 18)*	**71**	.00
72	Total **New York State** tax withheld	**72**	.00
73	Total **New York City** tax withheld	**73**	.00
74	Total **Yonkers** tax withheld	**74**	.00
75	Total estimated tax payments / Amount paid with Form IT-370	**75**	.00
76	Amount paid with original return, plus additional tax paid after your original return was filed *(see instructions)*	**76**	.00

See *Important information* in the instructions.

77 **Total payments** *(add lines 63 through 76)* ..... **77** .00

78 **Overpayment**, if any, as shown on original return or previously adjusted by NY State *(see instr.)* ... **78** .00

78a Amount from original **Form IT-201, line 79** *(see instructions)* **78a** .00

79 Subtract line 78 from line 77 ..... **79** .00

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** .00

Amount you owe

81 If line 79 is **less than** line 62, subtract line 79 from line 62 *(see instructions)* ..... **81** .00

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 Account type: ☐ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

82b Routing number _____ **82c** Account number _____

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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 *(see instructions)* ☐
83l Net operating loss *(see instructions)*. Mark an **X** in the box ☐ and enter the year of the loss
83m Other. Mark an **X** in the box ☐ and explain:
83n To report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information:

Partnership ☐ S corporation ☐

Name of partnership or S corporation	Identifying number	Principal business activity
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
(Explain)

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

86 List federal changes

86a		**86a**	.00
86b		**86b**	.00
86c		**86c**	.00
86d		**86d**	.00
86e		**86e**	.00

87	Net federal changes (increase or decrease)	**87**	.00
88	Federal taxable income *(mark an **X** in one box)* Per return ☐ Previously adjusted ☐	**88**	.00
89	Corrected federal taxable income	**89**	.00

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.)* Yes ☐ No ☐	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

▼ **Paid preparer must complete** *(see instr.)* ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name *(or yours, if self-employed)*	Preparer's PTIN or SSN
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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