New York State Department of Taxation and Finance

Amended Resident Income Tax Return (long form) IT-201-X

New York State • New York City • Yonkers

2010

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)*
Spouse's first name and middle initial	Spouse's last name

▼ Your social security number

▼ 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 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 ☐	9.		
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	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:*	15.		
16	Add lines 1 through 15	16.		
17	Total federal adjustments to income ..... *Identify:*	17.		
18	**Federal adjusted gross income** *(subtract line 17 from line 16)*	18.		

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		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.**	
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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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 82)*	**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.**	

See *Important information* in the instructions.

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

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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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

		Dollars	Cents
86a	**86a.**		
86b	**86b.**		
86c	**86c.**		
86d	**86d.**		
86e	**86e.**		

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

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 instructions)* ▼	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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