



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, 2014, through December 31, 2014, or fiscal year beginning ...  
and ending ...

**14**

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (number and street or PO box)			Apartment number	New York State county of residence
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
Taxpayer's permanent home address (number and street or rural route)			Apartment number	School district code number
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
NY		Decedent information		

**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 2014 federal income tax return? Yes ☐ No ☐

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☐

**D1** Did you file an amended federal return (see instructions) Yes ☐ No ☐

**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze credit? Yes ☐ No ☐
- (2) If Yes, enter the amount:  00

**D3** Did you receive a family tax relief credit? Yes ☐ No ☐

**E** (1) Did you or your spouse maintain living quarters in NYC during 2014? Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2014 (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 2014
- (2) Number of months your spouse lived in NYC in 2014

**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	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

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For office use only

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 <b>X</b> in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	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	<b>Federal adjusted gross income</b> (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	<b>New York's</b> 529 college savings program distributions .....	22		00
23	Other (Form IT-225, line 9) .....	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	<b>New York's</b> 529 college savings program deduction/earnings .....	30		00
31	Other (Form IT-225, line 18) .....	31		00
32	Add lines 25 through 31 .....	32		00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33		00



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****35** Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....**36** Dependent exemptions (enter the number of dependents listed in item H) .....**37 Taxable income** (subtract line 36 from line 35) .....

<b>34</b>		00
<b>35</b>		00
<b>36</b>	<b>000</b>	<b>00</b>
<b>37</b>		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 .....	\$ 3,100
① Single and you marked item C No .....	7,800
② Married filing joint return .....	15,650
③ Married filing separate return .....	7,800
④ Head of household (with qualifying person) .....	10,950
⑤ Qualifying widow(er) with dependent child .....	15,650

- ① Single and you marked item C Yes ..... \$ 3,100
- ① Single and you marked item C No ..... 7,800
- ② Married filing joint return ..... 15,650
- ③ Married filing separate return ..... 7,800
- ④ Head of household (with qualifying person) ..... 10,950
- ⑤ Qualifying widow(er) with dependent child ..... 15,650

**New York State itemized deduction schedule**

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

(continued on page 4)



Your social security number								

**Tax computation, credits, and other taxes**

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

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

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

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

<b>60a</b>	<b>Return a Gift to Wildlife</b>	<b>60a</b>		00	
<b>60b</b>	<b>Missing/Exploited Children Fund</b>	<b>60b</b>		00	
<b>60c</b>	<b>Breast Cancer Research Fund</b>	<b>60c</b>		00	
<b>60d</b>	<b>Alzheimer's Fund</b>	<b>60d</b>		00	
<b>60e</b>	<b>Olympic Fund</b>	<b>60e</b>		00	
<b>60f</b>	<b>Prostate and Testicular Cancer Research and Education Fund</b>	<b>60f</b>		00	
<b>60g</b>	<b>9/11 Memorial</b>	<b>60g</b>		00	
<b>60h</b>	<b>Volunteer Firefighting &amp; EMS Recruitment Fund</b>	<b>60h</b>		00	
<b>60i</b>	<b>Teen Health Education</b>	<b>60i</b>		00	
<b>60j</b>	<b>Veterans Remembrance</b>	<b>60j</b>		00	
<b>60</b>	<b>Total voluntary contributions as reported on your original return</b> (or as adjusted by the Tax Department; see instructions)	<b>60</b>			00
<b>61</b>	<b>Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions</b> (add lines 46, 58, 59, and 60)	<b>61</b>			00



Name(s) as shown on page 1

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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  
 70a NYC enhanced real property tax credit ..... 70a 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  
 77 **Total payments** (add lines 63 through 76) ..... 77 00

**See Important information in the instructions.**78 **Overpayment**, if any, as shown on original return or previously adjusted by NY State (see instr.) ... 78 0078a 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** (fill in lines 82  
**deposit** through 82c) - or - ☐ **debit** - or - ☐ **paper**  
**card** **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

To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 82 through 82d. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

**Account information**

82 Account information for direct deposit or electronic funds withdrawal (see instructions)

If the funds for your payment (or refund) would come from (or 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 savings82b Routing number  82c Account number 82d Electronic funds withdrawal (see instructions) ..... Date  Amount  00

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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 (mmddyyyy) of the final federal determination  **85** Do you concede the federal audit changes? (If No, explain below.)..... Yes ☐ No ☐  
 (Explain) \_\_\_\_\_

**86** List federal changes

<b>86a</b>		<b>86a</b>		00
<b>86b</b>		<b>86b</b>		00
<b>86c</b>		<b>86c</b>		00
<b>86d</b>		<b>86d</b>		00
<b>86e</b>		<b>86e</b>		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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

<b>▼ Paid preparer must complete (see instr.) ▼</b>		Date
Preparer's signature	Preparer's NYTPRIN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
	NYTPRIN excl. code	
E-mail:		

<b>▼ Taxpayer(s) must sign here ▼</b>	
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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