



Department of Taxation and Finance

Amended Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201-X

For the full year January 1, 2025, through December 31, 2025, or fiscal year beginning ...

25

and ending ...

For help completing your amended return, see Form IT-201-X-I, *Instructions for Form IT-201-X*.

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
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)
NY		Decedent information	Spouse's date of death (mmddyyyy)	

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 surviving spouse

B Did you itemize your deductions on your 2025 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 (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2025? ... Yes ☐ No ☐
If **Yes**:

(2) Number of months **you** lived in Yonkers in 2025

(3) Number of months **your spouse** lived in Yonkers in 2025

If **No**:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2025 Yes ☐ No ☐

E (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2025? Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2025 (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 2025

(2) Number of months **your spouse** lived in NYC in 2025

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

H Dependent 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, 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 ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X 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	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 (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	New York's 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	New York adjusted gross income (subtract line 32 from line 24)	33	.00



Names 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 Form IT-196)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, enter 0)**36** Dependent exemption amount (multiply the number of dependents listed in item H by 1,000)**37 Taxable income** (subtract line 36 from line 35)

34	.00
35	.00
36	.00
37	.00

**New York State
standard deduction table**

Filing status (from Page 1)	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	8,000
② Married filing joint return	16,050
③ Married filing separate return	8,000
④ Head of household (with qualifying person)	11,200
⑤ Qualifying surviving spouse	16,050

(continued)



Your Social Security number

Tax calculation, 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, enter 0)	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 surcharges and MCTMT


47	NYC taxable income	47	.00
47a	NYC resident tax on line 47 amount	47a	.00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, enter 0)	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, enter 0)	54	.00
54a	MCTMT net earnings base for Zone 1 ...	54a	.00
54b	MCTMT net earnings base for Zone 2 ...	54b	.00
54c	MCTMT for Zone 1	54c	.00
54d	MCTMT for Zone 2	54d	.00
54e	Total MCTMT (add lines 54c and 54d)	54e	.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 and MCTMT (add lines 54 and 54e 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
60	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, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	.00



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 (fixed amount) <i>(also complete F on page 1)</i>	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC income tax elimination credit	70a	.00
71 Other refundable credits <i>(Form IT-201-ATT, line 18)</i>	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 <i>(see instructions)</i>	76	.00
77 Total payments <i>(add lines 63 through 76)</i>	77	.00

 You must submit all required forms. Failure to do so will result in an adjustment to your return.

See Important information in the instructions.

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 lines 82 through 82c)* - 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

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 savings

82b Routing number 82c Account number

82d Electronic funds withdrawal *(see instructions)* Date Amount .00



Your Social Security number

83 Reasons 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 Report Social Security number (SSN) ☐ Prior identification number Date SSN was issued
83n Other. Mark an **X** in the box ... ☐ and explain: _____
83o 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

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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
Email:			

▼ Taxpayers must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
Email:	

See instructions for where to mail your return.

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