



Amended Resident Income Tax Return

IT-201-X

New York State Department of Taxation and Finance

New York State • New York City • Yonkers

For the full year January 1, 2006, through December 31, 2006, or fiscal year beginning **0 6**
and ending

See the instructions, Form IT-201-X-1, for help in preparing your amended income tax return.

Print or type	Important: You must enter your social security number(s) in the boxes to the right.			▼ Your social security number		
	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		▼ Spouse's social security number		
	Mailing address (number and street or rural route)			Apartment number	Decedent information: (see instructions)	
	City, village, or post office		State	ZIP code	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

- (E) Is this return the result of federal audit changes?** Yes No
- If Yes:**
1. What was the date of the final federal determination? []
 2. Do you concede the federal audit changes?
 3. Do the changes involve a partnership or S corporation?

(B) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(C) Did you file an amended federal return? (If No, explain why in Part 4 on page 4.) Yes No

(D) Enter your 2-digit special condition number if applicable (see instructions) • []
If applicable, also enter your **second 2-digit special condition code number** • []

(F) Did you or your spouse maintain living quarters in NYC during 2006 (see instructions)?

(G) NYC residents and NYC part-year residents only (see instructions):

1. Number of months you lived in NY City in 2006 • []
2. Number of months your spouse lived in NY City in 2006 • []

(H) Enter New York adjusted gross income as reported on your original 2006 return (see instructions).... **H.** [] . []

Part 1 — Amending your New York State income tax return (see instructions)

Complete any parts that apply and sign your return on page 4.

Tax computation: deduction / nonrefundable credits / other taxes

	(A) Original return		(B) Increase or decrease		(C) Amended return	
	Dollars	Cents	Dollars	Cents	Dollars	Cents
1 Federal adjusted gross income	1				1.	
2 New York adjustments	2				2.	
3 NY adjusted gross income (line 1, plus or minus line 2)	3				3.	
4 Mark one: • <input type="checkbox"/> Standard • <input type="checkbox"/> Itemized	4				4.	
5 Subtract line 4 from line 3.....	5				5.	
6 Dependent exemptions (see instructions)	6	,000	00	,000	00	00
7 Taxable income (subtract line 6 from line 5)	7				7.	
8 New York State tax on line 7 amount	8				8.	
9 New York State household credit.....	9				9.	
10 Resident credit (see instructions)	10				10.	
11 New York State nonrefundable credits.....	11				11.	
12 Add lines 9, 10, and 11.....	12				12.	
13 Line 8 minus line 12 (if line 12 is more than line 8, enter 0)	13				13.	
14 Net other New York State taxes (see instr.)....	14				14.	
15 Total New York State taxes (add lines 13 and 14)	15				15.	

(continued on page 2)

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You must file all four pages of this original scannable amended return with the Tax Department.

▼ Enter your social security number

Part 1 — Amending your New York State income tax return (continued)

Other taxes, credits, tax surcharges, gifts, totals

		(A) Original return		(B) Increase or decrease	(C) Amended return	
					Dollars	Cents
16	Enter amounts from line 15 on page 1.....	16			16.	
17	New York City resident tax.....	17			17.	
18	New York City household credit (see instructions)	18			18.	
19	Line 17 minus line 18 (if line 18 is more than line 17, leave blank)...	19			19.	
20	Part-year New York City resident tax (see instructions) .	20			20.	
21	Net other New York City taxes (see instructions)	21			21.	
22	Add lines 19, 20, and 21.....	22			22.	
23	New York City nonrefundable credits (see instrs.)	23			23.	
24	Subtract line 23 from line 22.....	24			24.	
25	Yonkers resident income tax surcharge	25			25.	
26	Yonkers nonresident earnings tax.....	26			26.	
27	Part-year Yonkers resident income tax surcharge ...	27			27.	
28	Total voluntary contributions (from original return)	28		00	28.	00
29	Sales or use tax (see instructions).....	29			29.	
30	Total NYS, NYC, and Yonkers taxes, sales or use tax, and contributions (add lines 16, and 24 through 29)	30			30.	

Payments and refundable credits

		(A) Original return		(B) Increase or decrease	(C) Amended return	
					Dollars	Cents
31	Empire State child credit (see instructions)	31			31.	
32	NYS child and dependent care credit (see instrs.)	32			32.	
33	NYS earned income credit (EIC) (see instructions)	33			33.	
34	NYS noncustodial parent EIC (see instructions)	34			34.	
35	Real property tax credit (if any qualified member of household is age 65 or older, mark the box) <input type="checkbox"/>	35			35.	
36	College tuition credit.....	36			36.	
37	New York City school tax credit (see instructions)	37			37.	
38	New York City earned income credit (see instrs.) .	38			38.	
39	Other refundable credits (see instructions).....	39			39.	
40	Total New York State tax withheld.....	40.			40.	
41	Total New York City tax withheld.....	41.			41.	
42	Total Yonkers tax withheld	42.			42.	
43	Estimated tax payments/ Amount paid with Form IT-370	43.			43.	
44	Amount paid with original return, plus additional tax paid after your original return was filed.....	44.			44.	
45	Add lines 31 through 44, column (C).....	45.			45.	

Your refund ... or ... Amount you owe

		(C) Amended return	
		Dollars	Cents
46	Overpayment, if any, as shown on original return (or previously adjusted by New York State) (see instructions)	46.	
47	Subtract line 46 from line 45.....	47.	
48	If line 47 is more than line 30, column (C), enter the difference; this is the amount to be refunded to you	48.	
49	If line 47 is less than line 30, column (C), enter the difference; this is the amount you owe	49.	

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Name(s) as shown on page 1:

▼ Enter your social security number

Part 2 — Partnership or S corporation information (see instructions)

- If this form is being used to report adjustments to partnership or S corporation income, gain, loss, or deduction, provide the following information.

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		

Part 3 — Summary of your federal changes (see instructions)

	Dollars	Cents
50 List federal adjustments: a _____	50a.	
b _____	50b.	
c _____	50c.	
d _____	50d.	
e _____	50e.	
51 Net federal adjustments – increase or decrease (enter a minus sign (-) if a decrease).....	51.	
52 Previously reported federal a. <input type="checkbox"/> adjusted gross income <input type="checkbox"/> b. taxable income (mark one box only and enter amount) c. <input type="checkbox"/> tax table income	52.	
53 Corrected federal..... a. <input type="checkbox"/> adjusted gross income <input type="checkbox"/> b. taxable income (mark one box only and enter amount) c. <input type="checkbox"/> tax table income	53.	
54 Corrected federal tax.....	54.	
55 Federal tax shown on return.....	55.	
56 Increase or decrease in federal tax (enter a minus sign (-) if a decrease).....	56.	
57 Penalties.....	57.	
58 Interest	58.	
59 Total federal amount assessed (add lines 56, 57, and 58)	59.	

- If you did not concede the above changes and marked the No box in question 2 at item (E) on page 1, explain why.

(continued on page 4)

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▼ Enter your social security number

Part 4 — Other changes not shown in Part 3 (see instructions)

- Explain below any changes not shown in Part 3 on page 3.

Give the item or line reference from pages 1 and 2 and explain why each change was made. **Attach any schedules or forms that apply with any available federal documentation** (Form 1040-X, acceptance of your federal refund claim, etc.). If you marked the *No* box at item (C) on page 1, explain why. If you need more space, attach a schedule marked **Part 4**.

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN)..... <input type="text"/>

Sign your return below

Paid preparer's use only	Preparer's signature	Date
	▼ Preparer's SSN or PTIN	● Employer identification number
	Firm's name (or yours, if self-employed)	Mark an X if self-employed: <input type="checkbox"/>
	Address	

Sign your return here	Your signature
	Your occupation: ●
	Spouse's signature (if joint return)
	Spouse's occupation (if joint return):
	Date
	▼ Daytime phone number

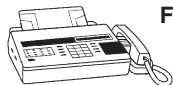
Mail your completed amended return and any attachments to:

**STATE PROCESSING CENTER
P O BOX 61000
ALBANY NY 12261-0001**

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 Access our Answer Center for answers to frequently asked questions; check your refund status; check your estimated tax account; download forms and publications; get tax updates and other information.



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.
 To order forms and publications: 1 800 462-8100
 Refund status: 1 800 443-3200
Personal Income Tax Information Center: 1 800 225-5829
 From areas outside the U.S. and outside Canada: (518) 485-6800
Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only) 1 800 634-2110

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