

# Amended Resident Income Tax Return (short form)

New York State • New York City • Yonkers



# IT-150-X

|   |   |   |           |                                       |                                    |   |
|---|---|---|-----------|---------------------------------------|------------------------------------|---|
| <b>Print or type</b>  | <b>Important:</b> You <b>must</b> enter your social security number(s) in the boxes to the right. |   |           |                                       |                                    |   |
|   | Your first name and middle initial  | Your last name <i>(for a joint return, enter spouse's name on line below)</i> |           |                                       | ▼ Your social security number      |   |
|   | Spouse's first name and middle initial  | Spouse's last name  |           |                                       | ▼ Spouse's social security number  |   |
|   | Mailing address <i>(number and street or rural route)</i>   |   |           | Apartment number                      | New York State county of residence |   |
|   | City, village, or post office   | State   | ZIP code  | Country <i>(if not United States)</i> |                                    | School district name                            |
| <b>Permanent home address</b> <i>(number and street or rural route)</i> |   |   |           | Apartment number                      | School district code number.....   |   |
| City, village, or post office   |   |   | State     | ZIP code                              | Decedent information ●             | Taxpayer's date of death Spouse's date of death |
|   |   |   | <b>NY</b> |                                       |                                    |   |

- (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

**(C)** Were you a **New York City** resident for all of 2010? *(Part-year residents must file Form IT-201-X.)* ..... Yes  No

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

**(E)** Enter your **2-character special condition code if applicable** *(see instructions)* ..... ●   
**If applicable, also enter your second 2-character special condition code** ..... ●

**(B)** Did you file an amended federal return? *(see instructions)* ..... Yes  No

See the instructions, Form IT-150-X-I, for help completing your amended return.

|  |     | Dollars | Cents |
|--|-----|---------|-------|
| 1 Wages, salaries, tips, etc. ....   | 1.  |         |       |
| 2 Taxable interest income .....  | 2.  |         |       |
| 3 Ordinary dividends .....   | 3.  |         |       |
| 4 Capital gain distributions .....   | 4.  |         |       |
| 5 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .....                          | 5.  |         |       |
| 6 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box ....                      | 6.  |         |       |
| 7 Unemployment compensation .....  | 7.  |         |       |
| 8 Taxable amount of social security benefits <i>(also enter on line 17 below)</i> .....                                  | 8.  |         |       |
| 9 <b>Add lines 1 through 8</b> .....   | 9.  |         |       |
| 10 Total federal adjustments to income <i>Identify:</i> .....  | 10. |         |       |
| 11 <b>Federal adjusted gross income</b> <i>(subtract line 10 from line 9)</i> .....                                      | 11. |         |       |
| 12 Interest income on state and local bonds and obligations <i>(but not those of NYS or its local governments)</i> ..... | 12. |         |       |
| 13 Public employee 414(h) retirement contributions from your wage and tax statements .....                               | 13. |         |       |
| 14 Other <i>Identify:</i> .....  | 14. |         |       |
| 15 <b>Add lines 11 through 14</b> .....  | 15. |         |       |
| 16 Pensions of NYS and local governments and federal government ....   | 16. |         |       |
| 17 Taxable amount of social security benefits <i>(from line 8 above)</i> .....   | 17. |         |       |
| 18 Pension and annuity income exclusion .....  | 18. |         |       |
| 19 Other <i>Identify:</i> .....  | 19. |         |       |
| 20 Add lines 16 through 19 .....   | 20. |         |       |
| 21 <b>New York adjusted gross income</b> <i>(subtract line 20 from line 15)</i> .....                                    | 21. |         |       |
| 22 New York standard deduction .....   | 22. | 0 0     | . 0 0 |
| 23 Dependent exemptions .....  | 23. | 0 0 0   | . 0 0 |
| 24 Add lines 22 and 23 .....   | 24. | 0 0     | . 0 0 |
| 25 <b>Taxable income</b> <i>(subtract line 24 from line 21)</i> .....  | 25. |         |       |

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

▼ Enter your social security number

[Social Security Number Box]

Dollars Cents

|    |  |             |             |   |   |  |
|----|--|-------------|-------------|---|---|--|
| 26 | Taxable income (enter the amount from line 25 on the front page)   |             | 26.         |   | . |  |
| 27 | New York State tax on line 26 amount   |             | 27.         |   | . |  |
| 28 | New York State (NYS) household credit  |             | 28.         |   | . |  |
| 29 | Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank)                                   |             | 29.         |   | . |  |
| 30 | New York City (NYC) resident tax   | 30.         |             | . |   |  |
| 31 | NYC household credit   | 31.         |             | . |   |  |
| 32 | Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank)                                   |             | 32.         |   | . |  |
| 33 | Yonkers resident income tax surcharge  |             | 33.         |   | . |  |
| 34 | Yonkers nonresident earnings tax (attach Form Y-203)   |             | 34.         |   | . |  |
| 35 | Sales or use tax as reported on your original return (see instructions). Do not leave line 35 blank.           |             | 35.         |   | . |  |
| 36 | Voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instr.) |             |             |   |   |  |
|    | Fund a 36a.  | Fund b 36b. | Fund c 36c. |   |   |  |
|    | Fund d 36d.  | Fund e 36e. | Fund f 36f. |   |   |  |
|    | Fund g 36g.  | Fund h 36h. |             |   |   |  |

Total (or as adjusted by the Tax Department) 36. [ ] . 0 0

37. [ ] . [ ]

|     |   |      |     |   |   |  |
|-----|---|------|-----|---|---|--|
| 37  | Add line 29 and lines 32 through 36   |      | 37. |   | . |  |
| 38  | Empire State child credit (attach Form IT-213)  | 38.  |     | . |   |  |
| 39  | NYS/ NYC child and dependent care credit (attach Form IT-216)   | 39.  |     | . |   |  |
| 40  | NYS earned income credit (attach Form IT-215 or Form IT-209)  | 40.  |     | . |   |  |
| 41  | NYS noncustodial parent earned income credit (attach Form IT-209)   | 41.  |     | . |   |  |
| 42  | Real property tax credit (attach Form IT-214)   | 42.  |     | . |   |  |
| 43  | College tuition credit (attach Form IT-272)   | 43.  |     | . |   |  |
| 44  | NYC school tax credit   | 44.  |     | . |   |  |
| 45  | NYC earned income credit (attach Form IT-215 or Form IT-209)  | 45.  |     | . |   |  |
| 46  | Total New York State tax withheld   | 46.  |     | . |   |  |
| 47  | Total New York City tax withheld  | 47.  |     | . |   |  |
| 48  | Total Yonkers tax withheld  | 48.  |     | . |   |  |
| 49  | Total estimated tax payments / Amount paid with Form IT-370   | 49.  |     | . |   |  |
| 50  | Amount paid with original return, plus additional tax paid after original return was filed (see instructions) | 50.  |     | . |   |  |
| 51  | Total payments (add lines 38 through 50)  |      | 51. |   | . |  |
| 52  | Overpayment, if any, as shown on original return or previously adjusted by New York State (see instructions)  |      | 52. |   | . |  |
| 52a | Amount from original Form IT-150, line 53 (see instructions)  | 52a. |     | . |   |  |
| 53  | Subtract line 52 from line 51   |      | 53. |   | . |  |

See Important information in the instructions.

54 If line 53 is more than line 37, subtract line 37 from line 53 and indicate how you want your refund (mark one):  
 direct deposit (fill in line 56) ..... or .....  paper check refund ..... 54. [ ] . [ ]

55 Amount you owe (if line 53 is less than line 37, subtract line 53 from line 37; see instructions) ..... 55. [ ] . [ ]

56 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) .....

56a Routing number • [ ]

56b Account number • [ ]

56c Account type •  Checking •  Savings

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**57** Reason(s) for amending your return (mark an X in all applicable boxes; see instructions)

- 57a.** Federal audit change (complete lines 58 through 65 below)       **57b.** Workers' compensation       **57c.** Court ruling .....
- 57d.** Wages .....       **57e.** Military .....       **57f.** Credit claim .....
- 57g.** Other .....  (Explain) \_\_\_\_\_



If you marked an X in box 57a above, you must complete lines 58 through 65 below. All others may skip lines 58 through 65 and go directly to the *Third-party designee* question. You must sign your amended return below.

**58** Enter the date (mm-dd-yyyy) of the final federal determination    (Explain) \_\_\_\_\_

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

**60** List federal changes

|                   | Dollars              | Cents                |
|-------------------|----------------------|----------------------|
| <b>60a.</b> _____ | <input type="text"/> | <input type="text"/> |
| <b>60b.</b> _____ | <input type="text"/> | <input type="text"/> |
| <b>60c.</b> _____ | <input type="text"/> | <input type="text"/> |
| <b>60d.</b> _____ | <input type="text"/> | <input type="text"/> |
| <b>60e.</b> _____ | <input type="text"/> | <input type="text"/> |

**61** Net federal changes (increase or decrease) ..... **61.**

**62** Federal taxable income (mark an X in one box) ..... Per return  Previously adjusted  **62.**

**63** Corrected federal taxable income ..... **63.**

**64** Federal credits disallowed ..... Earned income credit  Amount disallowed   
 Child care credit  Amount disallowed

**65** Federal penalties assessed

**65a.** Fraud .....       **65b.** Negligence .....       **65c.** Other (explain below) .....

|   |                       |                             |                                      |
|---|-----------------------|-----------------------------|--------------------------------------|
| <b>Third-party designee?</b> (see instr.)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Print designee's name | Designee's phone number ( ) | Personal identification number (PIN) |
|   | E-mail:               |                             | <input type="text"/>                 |

| ▼ Paid preparer must complete (see instructions) ▼ |   | Date:                |
|--|---|----------------------|
| Preparer's signature                               | ▶ Preparer's NYTPRIN                                | <input type="text"/> |
| Firm's name (or yours, if self-employed)           | ▼ Preparer's PTIN or SSN                            | <input type="text"/> |
| Address  | ● Employer identification number                    | <input type="text"/> |
| E-mail:  | Mark an X if self-employed <input type="checkbox"/> |                      |

| ▼ 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.

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

