For office use only

1994

New York State Department of Taxation and Finance

Amended Resident Income Tax Return

IT-201-X

New York State • City of New York • City of Yonkers

For Jan. 1 — Dec. 31, 1994, or fiscal tax year beginning , 1994, ending , 19 .

Print or type		
Last name	First name and middle initial *(if joint return, enter both names)*	Your social security number
Mailing address *(number and street or rural route)*	Apartment number	Spouse's social security number
City, village or post office	State / ZIP code	

(A) Filing status — check 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) 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 IV on back)* ..... Yes ☐ No ☐

(D) 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? ..... Yes ☐ No ☐ *(if no, explain why in Part III on back)*
3. Do the changes involve a partnership or S corporation? Yes ☐ No ☐ *(if yes, complete Part II on back)*

(E) Check this box if your original return was filed on **Form IT-100** ..... ☐

(F) Did you **itemize your deductions** on your **1994 federal income tax return?** *(See instructions, Form IT-201-X-I.)* .... Yes ☐ No ☐

(G) Enter the number of exemptions claimed on your **federal** return ..... ☐

Part I — Amending Your New York Return

			(A) Original Return *(see instructions)*	(B) Increase or Decrease *(explain in Part III or IV)*	(C) Amended Return
Tax Computation	1 Federal adjusted gross income *(see instructions)*	1			
	2 New York adjustments *(see instructions)*	2			
	3 New York adjusted gross income *(line 1 and add or subtract line 2)*	3			
	4 Check one ☐ Standard deduction ☐ Itemized deduction	4			
	5 Subtract line 4 from line 3	5			
	6 Dependent exemptions *(see instructions)*	6	,000 00	,000 00	,000 00
	7 Taxable income *(subtract line 6 from line 5)*	7			
	8 New York State tax on line 7 amount *(see instructions)*	8			
	9 New York State child and dependent care credit *(see instructions)*	9			
	10 Subtract line 9 from line 8 *(if line 9 is more than line 8, enter "0")*	10			
	11 New York State household credit *(see instructions)*	11			
Credits/Other Taxes/Gift/Totals	12 Subtract line 11 from line 10 *(if line 11 is more than line 10, enter "0")*	12			
	13 Other New York State credits *(see instructions)*	13			
	14 Subtract line 13 from line 12 *(if line 13 is more than line 12, enter "0")*	14			
	15 Other New York State taxes *(see instructions)*	15			
	16 Total New York State taxes *(add lines 14 and 15)*	16			
	17 City of New York resident tax	17			
	18 City of New York household credit *(see instructions)*	18			
	19 Subtract line 18 from line 17 *(if line 18 is more than line 17, enter "0")*	19			
	20 City of New York **nonresident** earnings tax	20			
	21 Other city of New York taxes *(see instructions)*	21			
	22 City of Yonkers resident income tax surcharge	22			
	23 City of Yonkers **nonresident** earnings tax	23			
	24 Part-year city of Yonkers resident income tax surcharge	24			
	25 Gift to Wildlife *(you cannot change the amount you gave)*	25	00		00
	26 Total NY State, city of NY and city of Yonkers taxes and Gift to Wildlife *(add lines 16 and 19 through 25)*	26			
	27 New York State earned income credit *(see instructions)*	27			
	28 Real property tax credit *(if any qualified member of household is age 65 or older, check box)* ☐	28			
Payments	29 Total New York State tax withheld	29			
	30 Total city of New York tax withheld	30			
	31 Total city of Yonkers tax withheld	31			
	32 Estimated tax paid/Amount paid with Form IT-370	32			
	33 Amount paid with original return plus additional tax paid after your original return was filed *(see instructions)*	33			
	34 Add lines 27 through 33, column (C)	34			
Refund/Owe	35 Overpayment, if any, as shown on original return (or previously adjusted by New York State) *(see instructions)*	35			
	36 Subtract line 35 from line 34	36			
	37 If line 36 is more than line 26, column (C), enter the difference; this is the amount to be **refunded to you**	37			
	38 If line 36 is less than line 26, column (C), enter the difference; this is the **amount you owe** *(Do not send cash; attach check or money order payable to* **NY State Income Tax;** *write your soc. sec. number on it — see instructions)*	38			

Important: You must complete any parts that apply and sign your return on the back.

Part II — Partnership or S Corporation — 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 III — Federal Changes — After completing Part I on the front page, explain the changes made by the Internal Revenue Service (IRS) here.

39a List federal adjustments	**39a**			**42** Corrected federal ☐ adjusted gross income, ☐ taxable income or ☐ tax table income *(check one)*	**42**		
b	**b**			**43** Corrected federal tax	**43**		
c	**c**			**44** Federal tax shown on return	**44**		
d	**d**			**45** Increase (decrease) in federal tax	**45**		
e	**e**			**46** Penalties	**46**		
40 Net federal adjustments — increase (decrease)	**40**			**47** Interest	**47**		
41 Previously reported federal ☐ adjusted gross income ☐ taxable income or ☐ tax table income *(check one)*	**41**			**48** Total federal amount assessed *(add lines 45, 46 and 47)*	**48**		

If you did not concede the above changes and checked the *No* box in question 2 at item **(D)** on the front page, explain why.

Part IV — Other Changes — Explain any changes not shown in Part III.

Give the item or line reference from the front page and explain why each change was made. Attach any schedules or forms that apply. If you checked the *No* box at item **(C)** on the front, explain why. If you need more space, attach a schedule marked ***Part IV***.

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Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	**Sign Your Return**	Your signature	Date
	Firm's name *(or yours, if self-employed)*	Preparer's social security number			Spouse's signature *(if joint return)*	Date
Address		Employer identification number				

Mail your amended return to:
STATE PROCESSING CENTER, ONE WATERVLIET AVE EXT, ALBANY NY 12261-0001