

# Amended Resident Income Tax Return (short form)

New York State • New York City • Yonkers



# IT-150-X

<b>Print or type</b>	<b>Important: You must enter your social security number(s) in the boxes to the right.</b>					
	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	School district name	
Permanent home address <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 2007? *(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-digit special condition code if applicable** (see page 4)  **If applicable, also enter your second 2-digit special condition code**

**(B)** Did you file an amended federal return? (see page 4) Yes  No

See the instructions on page 4 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..... <input type="checkbox"/>	5.		
6 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box... <input type="checkbox"/>	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 pages 1 through 3 of this original scannable amended return with the Tax Department.

▼ Enter your social security number

		Dollars	Cents
<b>26</b>	<b>Taxable income</b> (enter the amount from line 25 on the front page) .....	<b>26.</b>	
<b>27</b>	New York State tax on line 26 amount .....	<b>27.</b>	
<b>28</b>	New York State (NYS) household credit .....	<b>28.</b>	
<b>29</b>	Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank) .....	<b>29.</b>	
<b>30</b>	New York City (NYC) resident tax .....	<b>30.</b>	
<b>31</b>	NYC household credit .....	<b>31.</b>	
<b>32</b>	Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank) .....	<b>32.</b>	
<b>33</b>	Yonkers resident income tax surcharge .....	<b>33.</b>	
<b>34</b>	Yonkers <b>nonresident</b> earnings tax (attach Form Y-203) .....	<b>34.</b>	
<b>35</b>	Sales or use tax <b>as reported on your original return</b> (see page 4). Do not leave line 35 blank. ....	<b>35.</b>	
<b>36</b>	Voluntary contributions <b>as reported on your original return</b> (or as adjusted by the Tax Department; see page 4)		
	Return a Gift to Wildlife <b>36a.</b> <input type="text"/> . Missing/Exploited Children Fund <b>36b.</b> <input type="text"/> .		
	Breast Cancer Research Fund <b>36c.</b> <input type="text"/> . Prostate Cancer Research Fund <b>36d.</b> <input type="text"/> .		
	Alzheimer's Fund <b>36e.</b> <input type="text"/> . Olympic Fund <b>36f.</b> <input type="text"/> . WTC Memorial Fund <b>36g.</b> <input type="text"/> .		
	<b>Total</b> (or as adjusted by the Tax Department)	<b>36.</b>	<b>00</b>
<b>37</b>	<b>Add line 29 and lines 32 through 36</b> .....	<b>37.</b>	
<b>38</b>	Empire State child credit (attach Form IT-213) .....	<b>38.</b>	
<b>39</b>	NYS/NYC child and dependent care credit (attach Form IT-216) .....	<b>39.</b>	
<b>40</b>	NYS earned income credit (attach Form IT-215 or Form IT-209) .....	<b>40.</b>	
<b>41</b>	NYS noncustodial parent earned income credit (attach Form IT-209) .....	<b>41.</b>	
<b>42</b>	Real property tax credit (attach Form IT-214) .....	<b>42.</b>	
<b>43</b>	College tuition credit (attach Form IT-272) .....	<b>43.</b>	
<b>44</b>	NYC school tax credit .....	<b>44.</b>	
<b>45</b>	NYC earned income credit (attach Form IT-215 or Form IT-209) .....	<b>45.</b>	
<b>46</b>	Total <b>New York State</b> tax withheld .....	<b>46.</b>	
<b>47</b>	Total <b>New York City</b> tax withheld .....	<b>47.</b>	
<b>48</b>	Total <b>Yonkers</b> tax withheld .....	<b>48.</b>	
<b>49</b>	Total estimated tax payments / Amount paid with Form IT-370 .....	<b>49.</b>	
<b>50</b>	Amount paid with original return, plus additional tax paid after original return was filed (see page 4) .....	<b>50.</b>	
<b>51</b>	<b>Total payments</b> (add lines 38 through 50) .....	<b>51.</b>	
<b>52</b>	<b>Overpayment</b> , if any, as shown on original return or previously adjusted by New York State (see page 4) .....	<b>52.</b>	
<b>52a</b>	Amount from original <b>Form IT-150, line 53</b> (see page 4) .....	<b>52a.</b>	
<b>53</b>	Subtract line 52 from line 51 .....	<b>53.</b>	
<b>54</b>	<b>Refund amount</b> — If line 53 is <b>more than</b> line 37, subtract line 37 from line 53 (For Direct deposit, complete lines 56, 56a, 56b, and 56c below.) .....	<b>Refund 54.</b>	
<b>55</b>	<b>Amount you owe</b> — If line 53 is <b>less than</b> line 37, subtract line 53 from line 37 (see pg. 4).. (Make your check or money order payable to <b>NY State Income Tax</b> ; write your social security number and <b>2007 Income Tax</b> on it.) .....	<b>Owe 55.</b>	
<b>56</b>	<b>Direct deposit</b> — Mark an <b>X</b> in the box: • <input type="checkbox"/> Direct deposit		
<b>56a</b>	Routing number • <input type="text"/>		
<b>56b</b>	Account number • <input type="text"/>		
<b>56c</b>	Account type • <input type="checkbox"/> Checking • <input type="checkbox"/> Savings		

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of the wage and tax statements provided by your employer. Staple them to the back of page 3.

Important: All credit claim forms or other applicable forms that you submitted with your original return (see page 4) must also be completed and attached to the back of page 3.

◀ You can choose to have your refund directly deposited into your bank account. Fill in lines 56, 56a, 56b, and 56c.

(continued)

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Name(s) as shown on page 1

▼ Enter your social security number

57 Reason(s) for amending your return (mark an X in all applicable boxes; see page 4)

- 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
60a		
60b		
60c		
60d		
60e		

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>	Do you want to allow another person to discuss this amended return with the Tax Dept? 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"/>

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

▼ Taxpayer(s) sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	▼ Daytime phone number

Mail your completed amended return and any attachments to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

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