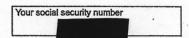


### New York State Department of Taxation and Finance

## Amended Resident Income Tax Return

IT-201-X

		For the full year Ja	nuary,		gh Decemb		31, 2013, or fiscal year	beginning		13
	ne instructions, Form IT-2					-		1		
Autu	first name and middle initial mn A	Your last name (for a joint re Hargrave	eturn, en	ter spouse's name	on line below)	You	ur date of birth (mm-dd-yyyy) 12-31-1981	Your social se	curity num	nber
Spouse's first name and middle initial Spouse's last name						Spi	ouse's date of birth (mm-dd-yyyy)	Spouse's	or occurry.	nber
Mailin	g address (number and street or pute 414	rural route)					Apartment number	New York Sta	te county o	of residence
Lodi State ZIP code NY 14860			de 14860	Country (if no	ot U	nited States)	School district			
	yer's permanent home address	ess (number and street or run	al route)		,	Apa	rtment number	School distric	ı	607
City, v	illage, or post office		State	<del></del>	ZIP code	-	Taxpave	code number r's date of death		
Lodi			NY		14860		Decedent information	o date of dods	Cpouse	o date of death
B Di yo	tatus  mark an	ed filing joint return pouse's social security numb ed filing separate return pouse's social security numb of household (with qualify ying widow(er) with deper ions on return?	er above ing pers	son) child	retum?  (1) Did y quar  (2) Ente (any)  NYC res residen  (1) Num  (2) Num lived  G Enter you if applied	(see	an amended federal instructions) or your spouse maintai is in NYC during 2013? e number of days spen of a day spent in NYC is of ents and NYC part-yea only: of months you lived in of months your spouse NYC in 2013	t in NYC in 20 considered a day ar  NYC in 2013 condition code	Yes	0 No X
	ependent exemption in	Last name		Relation	nehin	_	Social socurity number	nor I Do	to of high	
1 1100	Than to and thiddle fittial	Last Hallie		Relation	iship		Social security number	ber Da	te of birti	(mm-dd-yyyy)
						_				
						If	more than 9 depend	ents, mark a	ın <b>X</b> in th	ne box.



Federal income and adjustments				Whole dollars only
1 Wages, salaries, tips, etc.			1	0.00
2 Taxable interest income			2	0_00
3 Ordinary dividends			3	0.00
4 Taxable refunds, credits, or offsets of state and local inco	me ta	xes (also enter on line 25)	4	0.00
5 Alimony received			5	0.00
6 Business income or loss (submit a copy of federal Schedule			6	0_00
7 Capital gain or loss (if required, submit a copy of federal Sche	dule D	, Form 1040)	7	0,00
8 Other gains or losses (submit a copy of federal Form 4797)			8	0.00
9 Taxable amount of IRA distributions. If received as a bene	eficiar	y, mark an X in the box	9	0.00
10 Taxable amount of pensions and annuities. If received as a	benefi	ciary, mark an X in the box	10	0.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	c. (subm	it copy of federal Schedule E, Form 1040)	11	00
12 Rental real estate included in line 11	12	0.00	1	
13 Farm income or loss (submit a copy of federal Schedule F, Fo			13	0.00
14 Unemployment compensation			14	0,00
15 Taxable amount of social security benefits (also enter on lin	ne 27)	<u></u>	15	
16 Other income Identify:			16	0,00
17 Add lines 1 through 11 and 13 through 16			17	0.00
18 Total federal adjustments to income Identify: standard deduction	on/exe	motion	18	10000,00
19 Federal adjusted gross income (subtract line 18 from line			19	0.00
New York additions  20 Interest income on state and local bonds and obligations (but Public employee 414(h) retirement contributions from you	ır waq	e and tax statements	20 21	0.00
New York's 529 college savings program distributions			22	0.00
23 Other Identify:			23	0.00
24 Add lines 19 through 23			24	0_00
New York subtractions  Taxable refunds, credits, or offsets of state and local income taxes (from line 426 Pensions of NYS and local governments and the federal government.  Taxable amount of social security benefits (from line 15)	at 26 27 28 29	0.00 0.00 0.00 0.00 0.00		
32 Add lines 25 through 31			32	0.00
33 New York adjusted gross income (subtract line 32 from line)			33	0.00

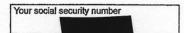
## Standard deduction or itemized deduction

34 Fnt	er your standard deduction (from table below) or your itemized deduction (from schedule below)		
O4 Line	Mark an X in the appropriate box: Standard - or - Itemized		.00
35 Sub	otract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
	pendent exemptions	36	000.00
37 Tax	rable income (subtract line 36 from line 35)	37	.00

## 4OF New York State standard deduction table Filing status (from the front page) Standard deduction (enter on line 34 above) ① Single and you marked item C Yes ...... \$ 3,050 1 Single and you marked item C No ...... 7,700 ② Married filing joint return ....... 15,400 3 Married filing separate return ...... 7,700 Head of household (with qualifying person) ...... 10,800 (5) Qualifying widow(er) with dependent child ...... 15,400

1	Medical and dental expenses (federal Sch. A, line 4)	1	.00
2	Taxes you paid (federal Sch. A, line 9)	2	.00
	Interest you paid (federal Sch. A, line 15)	3	-00
	Gifts to charity (federal Sch. A, line 19)	4	.00
	Casualty and theft losses (federal Sch. A, line 20)	5	.00
	Job expenses/misc. deductions (federal Sch. A, line 27)	6	.00
	Other misc. deductions (federal Sch. A, line 28)	7	.00
	Enter amount from federal Schedule A, line 29	8	.00
	State, local, and foreign income taxes (or general sales tax,		
	if applicable) and other subtraction adjustments	9	.00
	Subtract line 9 from line 8	10	.00
	Addition adjustments	11	.00
	Add lines 10 and 11	12	.00
	Itemized deduction adjustment	13	.00
	Subtract line 13 from line 12	14	.00
	College tuition itemized deduction (see Form IT-272)	15	.00
	New York State itemized deduction		
	(add lines 14 and 15; enter on line 34 above)	16	.00

(continued on page 4)



Ta	x computation, credits, and other taxes				•	
38	Taxable income (from line 37 on page 3)		***************************************	38		0.00
39	NYS tax on line 38 amount			39		0.00
0	NYS household credit	40	0.00			
1	Resident credit	41	0.00			
2	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	0.00			
3	Add lines 40, 41, and 42			43		0,00
4	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ave bla	ank)	44		0.00
5	Net other NYS taxes (Form IT-201-ATT, line 30)			45		0.00
16	Total New York State taxes (add lines 44 and 45)			46		0.00
8		_	0.00			
		_	0.00			
19		40	0.00			
	line 47, leave blank)	49	0.00	1		
0	Part-year NYC resident tax (Form IT-360.1)	-	0.00			
1	Other NYC taxes (Form IT-201-ATT, line 34)	-	0.00			
52	Add lines 49, 50, and 51		0.00			
3			0.00			
4	Subtract line 53 from line 52 (if line 53 is more than					
	line 52, leave blank)	54	0.00			
55	Yonkers resident income tax surcharge		0.00			
6	Yonkers nonresident earnings tax (Form Y-203)	56	0.00			
-	B. (					

59 Sales or use tax as reported on your original return (s	see instructions. Do not leave line 59 blank.) 59	0.00
Voluntary contributions as reported on your original ref	turn (or as adjusted by the Tax Department; see instructions,	)
60a Return a Gift to Wildlife	602 0.00	

0.00

60a	Return a Gift to Wildlife	60a	0.00
60b	Missing/Exploited Children Fund	60b	0.00
60c	Breast Cancer Research Fund	60c	0.00
60d	Alzheimer's Fund	60d	0.00
60e	Olympic Fund	60e	0.00
60f	Prostate Cancer Research Fund	60f	0.00
60g	9/11 Memorial	60g	0.00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	0.00
60i	Teen Health Education	60i	0.00
60j	Veterans Remembrance	60j	0.00

57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) 57

0,00
0.00



0.00

Name(s) as shown on page 1 Autumn A. Hargrave		Your social security number		IT-201-X (2013) Page 5 of 6
		1		
62 Enter amount from line 61			62	0.00
Payments and refundable credits				
S3 Empire State child credit	63	0.00		
4 NYS/NYC child and dependent care credit	64	0.00		
5 NYS earned income credit (EIC)	65	0.00		See Important information in
6 NYS noncustodial parent EIC	66	0.00	3	he instructions.
7 Real property tax credit	67	0.00		
8 College tuition credit	68	0.00		
NYC school tax credit (also complete F on page 1)	69	0.00		
NYC earned income credit	70	0.00		
1 Other refundable credits (Form IT-201-ATT, line 18)	71	0.00		
2 Total New York State tax withheld	-	1160.00		
3 Total New York City tax withheld		0.00		
4 Total Yonkers tax withheld		0.00		
5 Total estimated tax payments / Amount paid with Form IT-370	75	0.00		
6 Amount paid with original return, plus additional tax paid				
after your original return was filed (see instructions)	76	0.00		
7 Total payments (add lines 63 through 76)	•••••	***************************************	77	1160.00
8 Overpayment, if any, as shown on original return or previous	ısly adjı	usted by NY State (see instr.)	78	0,00
8a Amount from original Form IT-201, line 79 (see instructions)	78a	0.00		
9 Subtract line 78 from line 77			79	1160.00
Manus referred				
Your refund  O If line 79 is more than line 62, subtract line 62 from line 79	9 and ir	ndicate how you want your refu	ınd	
direct		debit paper		
Mark one refund choice: deposit (fill in line 82) - or	r- 🗀	card -or - X check	80	1160.00
Amount you owe				
1 If line 79 is less than line 62, subtract line 79 from line 62	) (ass in	otra ratio no l	81	0.00
ti line 79 is less than line 62, subtract line 79 horit line 62	. (See m	structions)	01	0,00
Direct deposit )				
2 Account information for direct deposit (see instructions)				
Note: If the funds for your refund would go to an account		e the U.S. mark an Yin this ho	) / (se	e instructions)
		vings - or - Business che	cking	- or - Business savings
82b Routing number 82c	c Acco	unt number		

Page 6 of 6 IT-201-X (2013) Your social s	security number	
83 Reason(s) for amending your return (mar	k an X in all applicable boxes; see instructions)	
83a Federal audit change (complete lines 84 ti 83c Claim of right	83d Wages X 83g Workers' compensation And any and enter the year of the los	
Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		
Enter the date (mm-dd-yyyy) of the final federal determination (Explain)	ve, you must complete lines 84 through 91 be Third-party designee question. You must sign 85 Do you conced changes? (If	your amended return below.
86 List federal changes		
		86a .00
		86b .00
		86c .00
86e		860 .00 86e .00
Ret federal changes (increase or decreas	e)	87
38 Federal taxable income (mark an X in one b	ox) Per return Previously adjusted	88 .00
39 Corrected federal taxable income		89
90 Federal credits disallowed Earned inc Child 91 Federal penalties assessed 91a Fraud	care credit Amount disallowed	Ofter (explain below)
Third-party designee? (see instr.)	Designee's phone nu	mber . Personal identification number (PIN)
Yes No E-mail:		
▼ Paid preparer must complete (see instr.)	▼ Date · •	Taxpayer(s) must sign here ▼
Preparer's signature	Preparer's NYTPRIN Your signature	Intum Darmore
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN Your occupation Potter	- July and -
Address	Employer identification number Spouse's signat	ure and occupation (if joint return)
	Mark an X if Date 9-14	1-2016 Daytime phone number
F-mail·		

See instructions for where to mail your return.



(Rev. September 2014)

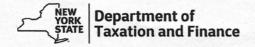
# Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB-No. 1545-0074

Department of the Treasury

► Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

		ne(s) shown on return		Care	able at www.us.gov/to		soc	ial s	ecu	rity number	
3	Add				The Control of the Co						
		414 Lodi, NY 14860									
4	EIII	er year in space provided and check	one box. For the tax	ye	ar ending December:	31, 201	3	,			
	Ina	ve been unable to obtain (or have received herified the IRS of this fact. The amo	unts shown on line 7	7 01	line 8 are my best es	m 1099-R timates fo	oral	l war	aes	or payments	
	mac	te to me and tax withheld by my employ	yer or payer named o	on I	ine 5.						
Pau	Emp	oloyer's or payer's name, address, and 2 Narcellus 701 North Franklin Street Wath	ZIP code dins Glen, NY 14891					6 Er	mplo lentif	oyer's or payer's fication number	(if known)
										16-1520016	
7	Fo	orm W-2. Enter wages, tips, other comp									
	a	Wages, tips, and other compensation	0.00	f	State income tax wi	thheld .					1,160.10
		Social security wages	0.00		(Name of state) .	NY				_	
		Medicare wages and tips	0.00	g	Local income tax w	ithheld .					
	d	Social security tips	0.00		(Name of locality)					_	
	e	Federal income tax withheld	3,380.80	h	Social security tax v						1,934.40
				i	Medicare tax withhe	eld					402.40
5 Emp Paul N. II 7 Fo a b c d e 8 Fo a b c d e	orm 1099-R. Enter distributions from per	nsions, annuities, ret	tire	ment/profit-sharing pl	ans, IRAs	, ins	surar	nce :	contracts, et	c.	
	a	Gross distribution		f	Federal income tax	withheld					
	b	Taxable amount		g	State income tax wi	thheld .					
	C	Taxable amount not determined .		h	Local income tax w						
	d	Total distribution		i	Employee contribut						
	9	Capital gain (included in line 8b) .		j	Distribution codes .						
Pay	er pro	or did you determine the amounts on line ovided w-2 that erroneously alleged pay no such wages, the withheld amounts a	ments of IRC section re correct however.							y disputed.	ı
Nor	Expl	lain your efforts to obtain Form W-2, Fo	m 1099-R, or Form	W-	2c, Corrected Wage a	and Tax S	tate	men	t.		



## Account Adjustment Notice - Personal Income Tax

Taxpayer ID: XX

Tax form filed: IT-201-X

Tax period ended: 12/31/2013

## **Explanation**

Numbers to the left of the explanation paragraphs correspond to specific lines in the Computation section.

- 1 We computed interest on the amount of your overpayment of tax from the effective date of the refund.
- 2 Our computation may include amounts we previously refunded to you or that we're in the process of refunding to you.
- 3 We adjusted your refund to reflect the computation as indicated in the Computation Details.

## Computation

Any numbers to the right of Computed by NYS amounts below correspond to paragraphs in the Explanation section.

Description	Line number	Computed by NYS	
Federal adjusted gross income	19 +	\$ 0.00	
New York adjusted gross income	33	\$ 0.00	
Standard or itemized deduction	34 -	7,700.00	
Taxable income	37	\$ -7,700.00	
Total New York State taxes	46	\$ 0.00	
Total amount due		\$ 0.00	
Total payments and refundable credits		\$ 1,160.00	
Overpayment **		\$ 1,160.00	
Interest due taxpayer	+	59.16	1
Previously refunded amount		71.00	2
Refund	80	\$ 1,148.16	3

<sup>\*\*</sup> Overpayment equals Total payments and refundable credits minus Total amount due