IT-215



## New York State Department of Taxation and Finance Claim for Earned Income Credit New York State • New York City

## Submit this form with Form IT-201 or IT-203.

Nan	ne(s) as shown on	return								Your so	ocial sed	2 Yes No				
1 2 3 4	Is your investment Have you already Did you claim qua If <b>Yes</b> , in the sp	federal earned inco income (see instruct filed your New Yor lifying children on y aces below, list up nore than three, se	tions) greater than \$ k State income ta: your <b>federal</b> Sche to three of the sai	\$3,200? If <b>Y</b> ex return? If dule EIC? I	es, s Yes f No	top; y , you , con	you o mus ntinue	lo not t file ar with l	qualify for the n amended N ne 5.	se credits YS return	3	=	=			
	First name and middle initial	Last name	Relationship	ship Number of months lived with you Full-time student*		9 /	erson with ability*	Social security numb		ber		Date of birth (mm-dd-yyyy)				
	* Mark an <b>X</b> in	these boxes <b>only</b> if y	ou checked Yes in th	ne same box	on yo	our fe	deral	Schedu	le EIC (box 4a	or 4b).						
5	23, and 24 if you The Tax Departm credit for you. If I resident). New Yo	your <b>federal</b> earned are a part-year New ment will compute you <b>Vo</b> , complete lines 6 ork City residents mo T-215-I. Part-year N	v York State residen ur New York State a through 17 (and lin ust complete the <b>Ne</b>	nt, and line 2 and, if applicates 18 through aw York City	8 if y able, gh 26 <b>/ ea</b> l	ou ar your if your	re a p New ou are incor	art-yea York C a part me cre	r New York Cit ity earned inco year New York dit Worksheet	y resident). ome < State • <b>C</b> on	5	Yes	No 🔲			
_	10/		destreet Albert O		. 41				IT 045 I			Whole dollar				
6	•	ips, etc., from <i>Wor</i>									. 6		.00			
7	If you received a t		· -	-			-									
	penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions)									. 7		.00				
8	Business income	_											.00			
٠		fication number (se		noti dotiono, E		Ja 1110	01110		ornorioot B, iiiio	10, 20, 4,14 0)	0 _		.00			
9	Enter your federal	•	, -													
	•	l, line 19, or Form IT-2		amount colu	mn)						. 9		.00			
10	Amount of federa	al EIC claimed (fro	m federal Form 1040	DEZ, line 8a;	Form	1040	0A, Iin	e 38a;	or Form 1040, I	ine 64a)	. 10		.00			
11	New York State earned income credit (NYS EIC) rate 30% (.30)							. 11		.30						
2	Tentative NYS EIG	C (multiply line 10 by	line 11; see instruction	ons)							. 12		.00			
on	nplete <i>Workshee</i>	et B on the back	page before c	ontinuina	١.											
			. •					40		00						
13	Enter the amount	ousehold credit (fro								.00						
4  5											. 15		.00			
6		nter the smaller of line 13 or line 14							<del>-</del>		.00					
17		State filing status	•						*		0		.00			
•	•	an be divided betwe														
		n line 16 you are cla		-							. 17		.00			
		ed gross income	•				,•	- 3								
	-	22; or Form 1040, lin	•							.00						

Part-year New York State resident earned income credit									
	es 18 through 26 apply only to part-year New York State esidents claiming the New York State earned income credit.								
18	Enter your New York State earned income credit (from line 16 or line 17)	18		.00					
19	Enter the amount from Form IT-203, line 42	19		.00					
	- If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income cree	dit.							
	<ul> <li>If line 19 is less than line 18, continue on line 20 below.</li> </ul>								
20	Excess New York State earned income credit (subtract line 19 from line 18)	20		.00					
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21		.00					
	<ul> <li>If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue</li> </ul>		-						
	with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32.								
	- If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on								
	Form IT-203-ATT, line 32, and continue on line 22 below.								
22	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit	22		.00					
23	Enter the amount from line 19, Column D, of the Part-year resident								
	income allocation worksheet in your Form IT-203 instruction booklet								
24	Enter the amount from line 19, Column A, of the <i>Part-year resident</i>	-							
	income allocation worksheet in your Form IT-203 instruction booklet	]							
25 26	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	25							
	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10.	26	T	.00					
	This is the refundable portion of your part-year New York State resident earned income credit	20		.00					
Nev	York City earned income credit (full-year and part-year New York City residents)								
27	From Worksheet C, New York City earned income credit, on page 3 of Form IT-215-I, Instructions for								
	Form IT-215. Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11.	27		.00					
	Part-year New York City residents must also complete line 28 below.								
28	Part-year New York City adjusted gross income								
	Enter the amounts from Worksheet C, lines 6 and 7	28B		.00					
Wo	rksheet B								
1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1		.00					
2	Resident credit (see instructions)								
3	Accumulation distribution credit (see instructions)	1							
4	Add lines 2 and 3	4		.00					
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form	5		.00					

