





Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

Name(s) as shown on return	Identifying number as shown on return		
Submit this form with Form IT-201, IT-203, IT-204, or IT-205.			
Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries	S		
 1 Qualified long-term care insurance premiums paid for the current tax year	. 2 .20		
Fiduciaries: Include the amount from line 3 in the <i>Total</i> line of Schedule D, column C. All others: Enter the amount from line 3 on Schedule E, line 8.			
Schedule B – Partnership, S corporation, estate, and trust information (see instruction	ons)		
If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estong-term care insurance credit from that entity, complete the following information for each partnership, N For Type, enter P for partnership, S for S corporation, or FT for estate or trust			

Name of entity	Туре	Employer ID number

Schedule C - I	art	tner's, shareholder's, or beneficiary's share of credit		
Partner	4	Enter your share of the credit from your partnership (see instructions)	4	. 00
S corporation shareholder	5	Enter your share of the credit from your S corporation (see instructions)	5	.00
Danafialana	6	Enter your share of the credit from the fiduciary's Form IT-249, Schedule D,		
Beneficiary		column C	6	■00
	7	Totals (add lines 4, 5, and 6)	7	.00

Fiduciaries: Include the amount from line 7 in the *Total* line of Schedule D, column C.

All others: Enter the amount from line 7 on Schedule E, line 9.

A	В	С
Beneficiary's name (same as on	Identifying number	Share of qualified long-term
Form IT-205, Schedule C)		care insurance credit
Total (enter the amount from Schedule A, line 3, plus the		
amount from Schedule C, line 7)		.00
		.00
		.00
Fiduciary		.00

(continued on back)



Schedule E – Computation of credit available for the current year					
Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8	.00	
Partners, S corporation					
shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9	. 00	
Fiduciaries		Enter the amount from Schedule D, Fiduciary line, column C	10	■00	
	11	Total credit available for the current year (add lines 8, 9, and 10)	11	.00	

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H. Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.

Partnerships: Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of t	otal credit	
12 Enter the amount from line 11		.00
13 Enter the carryover credit from last year's Form IT-249		.00
14 Total credit (add lines 12 and 13; complete Schedule H)	14	.00
Schedule G – New York State nonresidents and part-year residen	ts computation of total credit	
15 Enter the amount from line 11		.00
16 Income percentage from this year's Form IT-203, line 45, or Form IT-205-A,	,	
percentage is more than 100% (1.0000), enter 1.0000)		
17 Nonresident and part-year resident credit (multiply line 15 by line 16)	17	.00
18 Enter the carryover credit from last year's Form IT-249	18	.00
19 Total credit (add lines 17 and 18; complete Schedule H)	19	.00
Schedule H – Computation of credit used and carried over		
20 Tax due before credits (see instructions)	20	.00
21 Credits applied against the tax before this credit (see instructions)	21	. 00
22 Net tax (subtract line 21 from line 20)	22	. 00
23 Credit used for the current tax year (see instructions)	23	. 00
24 Amount of credit available for carryover to next year. Full-year residents	: Subtract line 23	
from line 14. Nonresidents and part-year residents: Subtract line 23	from line 19 24	.00

