

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

Nan	ne(s) as shown c	n retur	n								You	ur soci	al se	curity nu	umber		
1	Did you claim th	ne fedo	ral earned income	e credit? If No	ston: you	do n	not av	ualify fo	r ti	hasa cradite		Г	1	Yes		No	
	5	Did you claim the federal earned income credit? If No, stop; you do not qualify for these credits.								F	2	Yes	\square	No			
2	Is your investment income (see instructions) greater than \$3,350? If Yes, stop ; you do not qualify for these credits								Ē	_		\square					
3 4	Have you already filed your New York State income tax return? If Yes , you must file an amended NYS return 3 Yes No Did you claim gualifying children on your federal Schedule EIC? If No , continue with line 5.																
4	, ,		0								C.	Γ	4	Yes		No	
	If Yes , in the spaces below, list up to three of the same children you claimed on federal Schedule EIC If you claimed more than three, see instructions.											L	-	103		NO	
	First name MI Last name		Last name	Relationship	Number of months lived	Full-time		with		Social security number			Date of birth (mmddyyyy)				
				relationship	with you	student*		disability*				(//////////////////////////////////////			<i>УУУУ)</i>		
														1 1		1 1	I
							-										
							_										
																11	
	* Mark an ¥	in these	e boxes only if you c	hecked Ves in the	e same hov	on vo	our fed	eral Sch	edul	le FIC (box 4a or 4	lb)						
E																	
5	-		federal earned inco		-												
			a part-year New Yo			-				-							
			will compute your N				•			•							
	-		omplete lines 6 thro			-	-			-							
	resident). New York City residents must complete the New York City earned income credit Worksheet C on																
	page 3 of Forr	n IT-215	5-I. Part-year New `	York City resider	its must als	so cor	nplete	e line 28	on	the back of this cl	aim form.	L	5	Yes		No	
												Г		Whole	e dollar	s only	
6	-		etc., from Worksh									L	6				00
7	If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a																
			work, or a Medica		-			-			if you						
			as a pension or a	-								Г					
	-		ection 457 plan, er										7				00
8	Business incom	e or los	SS (from your federal	Form 1040 line ir	nstructions, I	Earne	d Inco	me Credi	it W	orksheet B, lines 10	e, 2c, and	3) [8				00
	1 3		on number (see in	,													
9	-	-	usted gross incom									Г	-				
			19, or Form IT-203,									F	9				00
10			C claimed (from fe										10				00
11			d income credit (N									F	11				.30
12	Tentative NYS	EIC (mι	ultiply line 10 by line	11; see instructio	ns)							L	12				00
Con	nplete Worksh	eet B	on the back pa	age before co	ontinuing	J .											
									•			1					
13			Worksheet B, line						_		00						
14			hold credit (from F								00	' г	45				00
15			e 13 or line 14									- F	15				00
16			State earned inco							-		····· [16				00
17	-	your New York State filing status is (3), Married filing separate return, complete line 17. The NYS EIC on															
	line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount											00					
		of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below.											17				00
		•	ross income (fror						ſ			1					
	Form 1040A, li	ne 22; o	r Form 1040, line 38	3)					[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 cre If line 19 is less than line 18, continue on line 20 below. 	dit.							
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						
	- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue	<u> </u>							
	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	7							
	income allocation worksheet in your Form IT-203 instruction booklet								
24	Enter the amount from line 19, Column A, of the Part-year resident	٦							
	income allocation worksheet in your Form IT-203 instruction booklet								
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	25							
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26	00						
Nev	v 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 28A 00	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)								
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						

