



Department of Taxation and Finance  
**Other Tax Credits and Taxes**  
 Attachment to Form IT-203

**IT-203-ATT**

Name(s) as shown on your Form IT-203	Your social security number
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Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

**A** Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes  No

**Part 1 – Other tax credits** (submit all applicable forms)

**Section A – New York State nonrefundable, non-carryover credits used**

Whole dollars only

<b>1</b>	Resident credit .....	<b>1</b>	.00
<b>2</b>	Accumulation distribution credit (submit computation) .....	<b>2</b>	.00
<b>3</b>	Other nonrefundable, non-carryover credits		
	Code                      Amount		
<b>3a</b>		<b>3b</b>	
	Total other nonrefundable, non-carryover credits (add lines 3a and 3b) .....	<b>3</b>	.00

**Section B – New York State nonrefundable, carryover credits used**

<b>4</b>	Long-term care insurance credit .....	<b>4</b>	.00
<b>5</b>	Investment credit .....	<b>5</b>	.00
<b>6</b>	Part-year solar energy system equipment credit .....	<b>6</b>	.00
<b>7</b>	Other nonrefundable, carryover credits		
	Code                      Amount		
<b>7a</b>		<b>7h</b>	
<b>7b</b>		<b>7i</b>	
<b>7c</b>		<b>7j</b>	
<b>7d</b>		<b>7k</b>	
<b>7e</b>		<b>7l</b>	
<b>7f</b>		<b>7m</b>	
<b>7g</b>		<b>7n</b>	
	Total other nonrefundable, carryover credits (add lines 7a through 7n) .....	<b>7</b>	.00

**8 Total New York State nonrefundable credits used**

(add lines 1 through 7; enter here and on Form IT-203, line 47) .....

<b>8</b>		<b>8</b>	.00
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**Section C – New York State, New York City, Yonkers, and MCTMT refundable credits**

<b>9</b>	Part-year resident refundable New York State child and dependent care credit.....	<b>9</b>	.00
<b>9a</b>	Part-year resident refundable New York City child and dependent care credit .....	<b>9a</b>	.00
<b>10</b>	Part-year resident refundable New York State earned income credit .....	<b>10</b>	.00
<b>11</b>	Part-year resident refundable New York City earned income credit .....	<b>11</b>	.00
<b>12</b>	Other NY State refundable credits		

	Code                      Amount		
<b>12a</b>		<b>12g</b>	
<b>12b</b>		<b>12h</b>	
<b>12c</b>		<b>12i</b>	
<b>12d</b>		<b>12j</b>	
<b>12e</b>		<b>12k</b>	
<b>12f</b>		<b>12l</b>	

Total other refundable credits (add lines 12a through 12l) .....

<b>12</b>		<b>12</b>	.00
<b>13</b>	Add lines 9 through 12 .....	<b>13</b>	.00
<b>14</b>	<b>New York State</b> claim of right credit .....	<b>14</b>	.00
<b>15</b>	<b>New York City</b> claim of right credit .....	<b>15</b>	.00
<b>16</b>	<b>Yonkers</b> claim of right credit .....	<b>16</b>	.00
<b>16a</b>	<b>MCTMT</b> (metropolitan commuter transportation mobility tax) claim of right credit.....	<b>16a</b>	.00
<b>17</b>	<b>Total</b> New York State, New York City, Yonkers, and MCTMT refundable credits (add lines 13 through 16a; enter here and on Form IT-203, line 61) .....	<b>17</b>	.00

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**Part 2 – Other New York State taxes** (submit all applicable forms)

**18** NY State tax on capital gain portion of lump-sum distributions (Form IT-230-I, worksheet C, line 7) 18 .00

**19** Other New York State taxes

	Code	Amount		Code	Amount	
<b>19a</b>		.00	<b>19g</b>		.00	
<b>19b</b>		.00	<b>19h</b>		.00	
<b>19c</b>		.00	<b>19i</b>		.00	
<b>19d</b>		.00	<b>19j</b>		.00	
<b>19e</b>		.00	<b>19k</b>		.00	
<b>19f</b>		.00	<b>19l</b>		.00	
Total other New York State taxes (add lines 19a through 19l) .....						<b>19</b> <span style="border: 1px solid black; padding: 2px;">.00</span>

**20** Add lines 18 and 19 ..... 20 .00

**21** Enter amount from **Form IT-203**, line 47 ..... 21 .00

**22** Enter amount from **Form IT-203**, line 46 ..... 22 .00

**23** Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank)..... 23 .00

**24** Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank)..... 24 .00

**25** New York State separate tax on lump-sum distributions (Form IT-230) ..... 25 .00

**26** Resident credit against separate tax on lump-sum distributions ..... 26 .00

**27** Subtract line 26 from line 25 ..... 27 .00

**28** This line intentionally left blank ..... 28 .00

**29** Add lines 24 and 27 ..... 29 .00

**30** Excess child and dependent care credit ..... 30 .00

**31** Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank)..... 31 .00

**32** Excess New York State earned income credit ..... 32 .00

**33** **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203**, line 49) ..... 33 .00

