



Claim for Earned Income Credit New York State • New York City

IT-215

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

| Nan | ne(s) | as shown on return | | | | | | | | Yo | ur social | ocial security number | | | | |
|------------------|--|---|--|--|---|--|--|---|--|-----------------------------------|------------|-----------------------|-------------------------|--|-------------------|--|
| | | | | | | | | | | | | | | | | |
| 1 2 3 4 | Is yo Hav Did If | you claim the federa our investment income re you already filed y you claim qualifying Yes, in the spaces b you claimed more the | e (see instruct our New Yor children on y pelow, list up nan three, se | ions) g k Stat our f e to thre | greater than \$ e income tax ederal Schee ee of the sar | 3,450 retur dule E | ? If Yes , stop ; you do n? If Yes , you must EIC? If No , continue | not q file an with lir | ualify for thes amended NY: ne 5. | e credits. S return | | 1 2 3 4 | Yes Yes Yes Plationship | | No No No | |
| Cł | nild | No. of months lived with you | Full-time student* | | Person with disability* | | Social security nun Last name | nber | Date of birth | (mmddyyyy) | | Re | elationship | | | |
| | nd nild | No. of months lived with you | Full-time student* | <u> </u> | Person with disability* | | Social security nun | nber | Date of birth | | | | | | | |
| | rd nild | First nan No. of months lived with you | Full-time student* | | Person with disability* | | Last name Social security num | nber | Date of birth | Suffix (mmddyyyy) | | Re | elationship | | | |
| 5 | 23 Th cr re | e IRS figuring your fe 3, and 24 if you are a pe Tax Department will edit for you. If No , cor sident). New York Cityage 3 of Form IT-215-1 | oart-year New I compute you nplete lines 6 / residents mu | York or New throught the throug | State residen | t, and nd, if a es 18 w Yor | line 28 if you are a pa applicable, your New \through 26 if you are a the City earned incom | rt-year York Ci a part-y e cred | New York City ty earned incon ear New York it Worksheet C | resident). ne State C on | ı <u> </u> | 5 | Yes | | No | |
| 6 7 8 | Eari | ges, salaries, tips, et ned income adjustmo iness income or loss mployer identification | ents (see instr (from your fed | uction eral Fo | s) orm 1040 line ii | | | | | | | 6 7 8 | | | .00 | |
| 11 | (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 42a; or Form 1040, line 66a) | | | | | | | | | | 1 | 1 | | | .00 .00 .30 | |
| | n ple 1 Ente Nev | te Worksheet B of the amount from War York State householder the smaller of line | n the back Worksheet B, old credit (fro | page line 5 | e before co 5, on the bac on IT-201, line 4 | ontin k of th | uing . nis form | 13 | | .00. | | | | | .00 | |
| 16 17 | Allo If yo | owable New York St our New York State ne 16 above can be o | ate earned i filing status divided betwe | ncom is ③, en sp | ne credit (sub Married filin ouses in any | b <i>tract l</i> ng se manr | ine 15 from line 12; see p arate return, comp ner you wish. Enter o | instruc lete lii n line | ctions) ne 17. The NY 17 the amount | S EIC on | 1 | | | | .00 | |
| | F | NYS EIC from line 1 ederal adjusted gro orm 1040A, line 22; or l | oss income | from f | ederal Form 1 | 040EZ | , line 4; | Г | oss income be | .00 | _ | <i>t</i> | | | .00 | |

Part-year New York State resident earned income credit Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit. 18 Enter your New York State earned income credit (from line 16 or line 17)00 Enter the amount from Form IT-203, line 42 .00 If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. If line 19 is less than line 18, continue on line 20 below. Excess New York State earned income credit (subtract line 19 from line 18) 20 .00 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 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 .00 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit. Enter the amount from line 19, Column D, of the Part-year resident .00 Enter the amount from line 19, Column A, of the Part-year resident .00 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. .00 This is the refundable portion of your part-year New York State resident earned income credit. New York City earned income credit (full-year and part-year New York City residents) From Worksheet C, New York City earned income credit, on page 3 of Form IT-215-I, Instructions for .00 Part-year New York City residents must also complete line 28 below. 28 Part-year New York City adjusted gross income .00 28B Enter the amounts from Worksheet C, lines 6 and 700 Worksheet B New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) 1 .00 2 Resident credit (see instructions) Accumulation distribution credit (see instructions) 3 Add lines 2 and 3 4 .00 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........ .00

