



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
1 Resident credit .....	<b>1</b> .00
2 Accumulation distribution credit (submit computation) .....	<b>2</b> .00

3a	Code	Amount	3b	Code	Amount
		.00			.00
Total other nonrefundable, non-carryover credits (add lines 3a and 3b) .....					
					<b>3</b> .00

Section B – New York State nonrefundable, carryover credits used	Whole dollars only
4 Long-term care insurance credit .....	<b>4</b> .00
5 Investment credit .....	<b>5</b> .00
6 Part-year solar energy system equipment credit .....	<b>6</b> .00
7 Other nonrefundable, carryover credits	

7a	Code	Amount	7h	Code	Amount
		.00			.00
7b		.00	7i		.00
7c		.00	7j		.00
7d		.00	7k		.00
7e		.00	7l		.00
7f		.00	7m		.00
7g		.00	7n		.00

Total other nonrefundable, carryover credits (add lines 7a through 7n) .....					
					<b>7</b> .00
<b>8 Total New York State nonrefundable credits used</b>					
(add lines 1 through 7; enter here and on Form IT-203, line 47) .....					
					<b>8</b> .00

Section C – New York State, New York City, Yonkers, and MCTMT refundable credits	Whole dollars only
9 Part-year resident refundable New York State child and dependent care credit.....	<b>9</b> .00
9a Part-year resident refundable New York City child and dependent care credit .....	<b>9a</b> .00
10 Part-year resident refundable New York State earned income credit .....	<b>10</b> .00
11 Part-year resident refundable New York City earned income credit .....	<b>11</b> .00
12 Other NY State refundable credits	

12a	Code	Amount	12g	Code	Amount
		.00			.00
12b		.00	12h		.00
12c		.00	12i		.00
12d		.00	12j		.00
12e		.00	12k		.00
12f		.00	12l		.00

Total other refundable credits (add lines 12a through 12l) .....					
					<b>12</b> .00
13 Add lines 9 through 12 .....					
					<b>13</b> .00
14 New York State claim of right credit .....					
					<b>14</b> .00
15 New York City claim of right credit .....					
					<b>15</b> .00
16 Yonkers claim of right credit .....					
					<b>16</b> .00
16a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit.....					
					<b>16a</b> .00
17 Total 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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Enter your Social Security number

**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> .00

**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**

**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

