For of	fice use	anly		State Departmen			dit for l	Homeow	ners and	Rente	rs ,	1999	17	2	4 4
	_	۵ ۵	Please e	enter your first	name first.	For a joint	claim, us	e both nam	e lines.		<u> </u>			-2′	14
		print or type		t name and middl					spouse's name on lin	e below)	▼ Yo	our social s	ecurity number		
		o.													
	Attach label, or print or typ		Spouse'	s first name and m	iddle initial	Spouse's la	Spouse's last name			▼ Sp	ouse's so	cial security number			
										Г					
		j, o	Mailing a	address (number an	d street or rura	l route)			Apartment nun	bor	NV St		nty of residence		
		abe	Maining a			Toule)			Apartment nun	ibei	•		ity of residence		
	_	Attach label, or	011			0								.,	
		ttac	City, villa	ige or post office		State	e		ZIP code		differer	ing soci nt from a	al security number bove	IT	
		Ā													
			Address	of New York res	sidence that	qualifies yo	ou for this	credit, if diff	erent from abov	е	г				
			•												
			City, vill	age or post offi	ce		State		ZIP code						
							NY								
1	Moro	ou a New York	State reg	sident for all of	10002							1	Yes	No	
•	were		State let		1999 :						••••••			NU	
•	D . 1												v 🗔		
2	Did yo	u occupy the sa	ame resid	sence for at leas	st six montl	ns during 19	999?				••••• ►	2	Yes	No	
													[]		
3	If you o	owned real prop	perty, was	s the current m	arket value	of your rea	l property	y more thar	n \$85,000?		►	3	Yes	No	
4	Can yo	ou be claimed a	is a depe	endent on anoth	er taxpaye	r's 1999 fed	leral retui	rn?				4	Yes	No)
If vo	-	cked No on									_	it.			
5		live in a nursing													
5	•	•		•			•					5	Vac	No	
	(11 90	ou checked Yes , ye	ou must a	illach an explanal	ion lo your re	ai property ta	ax creail cia	aini. See insi	rucuons.)		•••••	5	Yes	INO	
-															
6		ng yourself, how	-	-		-						6			
7	Were a	any of the house	ehold me	embers included	d on line 6 ((or your spo	ouse, if th	nis is a joint	claim) 65 or ol	der on					
	Doc	amhar 21 1000	a						,						
	Deci	ember 31, 1999	? (If you c	checked Yes , ente	er qualifying s	social security	y number i	in the box abo	ove line 1.)			7	Yes	No	
	Deci	ember 31, 1999)? (If you c	checked Yes , ente	er qualifying s	social security	y number i	in the box abo			-		Yes	No	
8		u own or pay re				-			ove line 1.)		-	7	Yes	No Rent	
	Did yo	·	ent for you	ur residence du	ıring 1999?				ove line 1.)		-				
	Did yo plete	u own or pay re Schedule A	ent for you or B, a	ur residence du and Schedu	iring 1999? I le C, on	the back	before	e continu	ove line 1.)			8			:
Com	Did yo plete	u own or pay re	ent for you or B, a	ur residence du and Schedu	iring 1999? I le C, on	the back	before	e continu	ove line 1.)				Own	Rent	:
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	14 (1999) (back)						
Sch	edule A - To be completed by homeow						
	qualified members of your he						
18	Real property taxes (including school district taxes)			18			
19	Special assessments			19			
20		The amount of taxes not paid due to the exemption for persons 65 or older under section 467 of the					
	Real Property Tax Law (veterans' tax exemption doe	es not qualify). This entry is optional (see instruction	ons)	20			
21	Real property taxes paid (add lines 18 through 20). Er	·····•	21		•		
Sch	edule B - To be completed by renters. E	Enter the amount of rent constitutir	ng real property	, taxes p	aid durin	ng 19	999.
lf yo	our residence was 100% exempt from real	property taxes, stop; you do not qual	lify for this credit				
			•				
22	Enter the total rent you and all members of your he			22		•	
23	If line 22 includes charges for:	Enter:	00				
	heat, gas, electricity, furnishings and board heat, gas, electricity and furnishings						
	heat, gas and electricity						
	heat or heat and gas						
	none of the above			23			
24	Adjusted rent (Subtract line 23 from line 22. If monthly a	verage is over \$450, stop ; you do not qualify for this	credit.)	24			
	, , , , , , , , , , , , , , , , , , , ,		,				
25	Enter 25% of line 24 here and on line 10. (If over \$1	350 stop : you do not qualify for this credit)		25			
			-	•			
Sch	edule C - To be completed by homeowne	ers and renters. Enter the household	l gross income	of all ho	usehold r	mem	bers.
26	List below the name, appiel acquirity number, and t	be year of hirth of everyone including vource	f who lived in your				
26	List below the name, social security number, and t						
	household in 1999. (Attach additional sheets if necessa	ry.) Enter the total number of household memb	ers in the boxes	26			
Your I	name	г	Social secur	ty number			of birth
					1	9	
Spous	se's name (if married)	F			— _C		
					1	9	
House	ehold member's name						
					1	9	
House	ehold member's name	E					
					1	9	
House	ehold member's name						
					1 1	9	
	n the total of all amounts around the state toughts the				ا ا ا	- 400	
Enter	r the total of all amounts, even if not taxable, tha			nders rece	eivea aurin	g 199	99.
		m Form 1040A, line 18; Form 1040EZ, line 4; or Form	1040, line 33)				
	-	l return, see Household gross income					
		ons for this form		27		•	
	28 New York State additions to federal	l adjusted gross income		28		•	
_							
	29 Social security payments not includ	led on line 27		29			
	30 Supplemental security income payr	nents (SSI)		30			
_	31 Pensions and annuities not include	d on lines 27 through 30		31			
	32 Cash public assistance and relief			32			
						_'	
	22 Other is some			22			
				33			
34	Household gross income (add lines 27 through 33). E						
	rounded to the nearest whole dollar		•	34		•	
35	Direct deposit: If you are not attaching this claim	to your income tax return, and want your cred	lit (from line 17)				
	sent directly to your bank account, complete a, b), and c below (see instructions).					
	•						
	a Routing number	b Type: •	Checking	Savings			
				5			
	c Account number						
		army places file this original with the T					

This is a scannable form; please file this original with the Tax Department.