New York State Department of Taxation and Finance

		Cla	aim for City of New York School Tax Credit								NIV	C 010
1	Print or type		Important: You must enter your social security number(s) in the boxes to the right.							1	/ IN T (C-210
1			Your first name and middle initial		Your last name (for a combined claim, enter spouse's name on line below)				▼ Your soci	al security numb	er	
			Spouse's first name and	middle initial	Spouse's last name			▼ Spouse's social security number				
			Mailing address (number a	l route)	Apa	Apartment number		New York State county of residence while living in New York City				
i		<u> </u>	City, village, or post office)		State	ZIP co	ode		•	·	
			Address of New York C	ity residence	that quali t	fies you for this cred	it, if diffe	rent fro	m above			
			City	• City		ZIP code		If indivi	dual is dece	eased, enter fi i	rst name and da	ite of death.
					NY							
Vev the	v York C year, sto What ty	county (Manh op; you do no ope of claim a	lived in New York City nattan), Richmond Cost qualify for this cred are you filing box; see instructions):	ounty (Sta	-	nd), and Queens Single (complete	. If you Part I o	did no	ot live in	-		-
					b Married filing a combined claim (complete Part I and Part II) Married but filing a separate claim							
				•	c ∐	(complete Part I		arate	Ciaim			
Paı	rt I				d 📙	Surviving spous	e (comp	lete P	art I only)			
2	Can yo	u be claimed	as a dependent on a	nother taxp	payer's 2	004 federal returi	า?			2.	Yes	No
	If you marked an X in box a, c, or d at line 1, and marked the Yes box at line 2, stop ; you do not qualify for the credit. All other filers continue with line 3.											
3	Enter the number of months during 2004 that you lived in New York City											onths
	If you marked an X in box b at line 1, continue with line 4. All other filers continue with line 6.											
			vith line 4 only it claimed as a depen							4.	■ Yes □	■ No □
		Can your spouse be claimed as a dependent on another taxpayer's 2004 federal return?										
5	Enter th	ne number of	months during 2004	your spou s	se lived i	n New York City	see insti	ruction	ns)	5.	■	onths
	ect de		e your refund sent di	rectly to yo	ur bank a	account, complete	e the fol	llowin	g <i>(see ins</i>	structions):		
			a Routing number	•				b Ty	pe: •[Check	ing •	Savings
		•	c Account number	•								
Т	hird –	Do you want	to allow another persor	n to discuss t	his claim	with the Tax Dept?	(see instr	ructions	y Yes	(comp	lete the following	g) ■ No 🔲
	party signee	Designee's na	ame		Desig	gnee's phone numbe)	r			Personal ider number (PIN)		
	D-!-!	Preparer's signa	ature	▼ Preparer'	s SSN or P	TIN			Your signat	ture		
pre	Paid eparer's se only	Firm's name (or	yours, if self-employed)	Employe	r identifica	ation number	Sig		Spouse's s	signature (if con	mbined claim)	
	ress			Date		Mark X if self-employed	hei	re	Date	Dayti	me phone numbe	er (optional)
						oon omployed				1	1	



Filing your claim

File your claim as soon as you can after January 1, 2005. You must file your 2004 claim no later than April 15, 2008. Mail your claim to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* on the back page of the instructions for information on ordering forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use any private delivery service, whether it is a designated service or not, address your return to: State Processing Center, 101 Enterprise Drive, Kingston NY 12401.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.