

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

Attach t	this	form	to	Form	IT-150	, IT-201,	or	IT-203.
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Nan	ne(s) as shown on re	eturn	<u> </u>						▼ You	r social secur	ity number	
1	Did you claim the f	ederal earned inc	come credit for 200	9? If No, s	stop; you	do n	ot qu	alify	for these credits	1.	Yes	No
2	Is your investment in	ncome (see instruc	tions) greater than S	3,100? If Y	es, stop; y	ou d	o not	qual	ify for these credits	2.	Yes	No
3	,	,				, ,			an amended NYS return	3.	Yes	No
4	Did you claim qual	, ,	•									🖂
				me childre	n you clair	med	on ted	deral	Schedule EIC	4.	Yes	No
	ii you ciaimed m	ore than three, so	e instructions.	1	1			1				
	First name and	Last name	Relationship	Number of months lived	Full-time	١ ،	erson vith		Social security num	her	Year	of birth
	middle initial	Lactrianio	Tiolationomp	with you	student*	disa	bility*	_			7	01 211 111
			•			•		$ \bullet $				
			•			:	$\overline{\Box}$:				
			•		$\vdash \vdash \vdash$		H	•				
						•						
	* Mark an X in the	hese boxes only if y	ou checked Yes in the	ne same box	on your 20	09 fe	deral S	Sched	dule EIC (box 4a or 4b).			
5	Is the IRS figuring yo	our federal earned	income credit (EIC)	for you? If	Yes, comp	lete	lines 6	thro	ugh 9 (also lines 21,			
		' '		,	,		,		ew York City resident).			
			our New York State									
			6 through 17 (and lin		-							
			ust complete the N								V 🗖	NI-
	page 3 of Form 11	-215-1. Paπ-year N	iew York City reside	nts must als	so complet	e iine	28 Of	1 the	back of this claim form	5.	Yes	No Cents
6	Wages, salaries, tir	os. etc from Wo	rksheet A line 3. o	n page 2 d	of the instr	uctio	ns. Fo	orm	IT-215-I	6.		7.
7	If you received a ta									<u> </u>		
			· -						nonqualified deferred			
	compensation p	lan or a nongove	rnmental section 4	57 plan, er	nter that ar	nou	nt here	e (se	e instructions)	7.		
8	Business income or	loss (from your fed	eral Form 1040 line ins	tructions, Ear	rned Income	Cred	lit Work	shee	t B, lines 1e, 2c, and 3)	8.		
	Employer identification	ation number (see ii	nstructions) •									
9	Enter your federal	,										
40												
10 11		,							orm 1040, line 64a)			3 0
12			,	` '						-		
									s page before continu			•
	Form IT-150 filers,		_					uoi	r pago bololo contillo	9.		
13	·	. ,	om <i>Worksheet B,</i> line									
14	New York State ho						10.		•			
-		,					14.					
15										15.		
16	Allowable New Yo	ork State earned	income credit (su	ıbtract line 1	5 from line	12; s	ee inst	ructio	ons)	16.].
17	If your New York S	State filing status	s is ③, <i>Married filii</i>	ng separat	e return,	com	plete	line	17. The NYS EIC on			
			een spouses in an									
		•	•			adju	ısted (gross	s income below	17.		
	=	_	(from federal Form 1									
	Form 1040A, line 2	z; or Form 1040, lir	ne 38)				•		•			

Par	t-year New York State resident earned income credit				
	es 18 through 26 apply only to part-year New York State esidents claiming the New York State earned income credit.		Dollars	Ce	nts
18	Enter your New York State earned income credit (from line 16 or line 17)	18.		1.	
19	Enter the amount from Form IT-203, line 42	19.			
	 If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income cree If line 19 is less than line 18, continue on line 20 below. 	edit.			
20	Excess New York State earned income credit (subtract line 19 from line 18)	20.		-	
21	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.			
	 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	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit	22.		\neg .	
23	Enter the amount from line 18, Column D, of the Part-year resident				
	income allocation worksheet in your Form IT-203 instruction booklet				
24	Enter the amount from line 18, Column A, of the Part-year resident	-			
	income allocation worksheet in your Form IT-203 instruction booklet				
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	25.			
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10.				
	This is the refundable portion of your part-year New York State resident earned income credit	26.			
Nev	v York City earned income credit (full-year and part-year New York City residents)				
27	From Worksheet C, New York City earned income credit, on page 3 of Form IT-215-I, Instructions for				
	Form IT-215. Enter here and on Form IT-150, line 45; Form IT-201, line 70; or Form IT-203-ATT, line 11	27.			
	Part-year New York City residents must also complete line 28 below.				
28	Part-year New York City adjusted gross income				
	Enter the amounts from Worksheet C, lines 6 and 7	28B.			
Wo	rksheet B (for Form IT-201 and Form IT-203 filers only)	_			
1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1.			
2	Resident credit (from Form IT-201, line 41, or Form IT-203-ATT, line 1)				
3	Accumulation distribution credit (from Form IT-201-ATT, line 1, or Form IT-203-ATT, line 2) 3.	1			
4	Add lines 2 and 3	4.		\neg . \Box	
5	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	5.			

