IT-215



## New York State Department of Taxation and Finance Claim for Earned Income Credit New York State • New York City

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

Van	ne(s) as shown on	return								Your so	ocial sec	curity number	
1 2 3 4	Did you claim the federal earned income credit? If <i>No</i> , stop; you do not qualify for these credits.  Is your investment income (see instructions) greater than \$3,200? If <i>Yes</i> , stop; you do not qualify for these credits.  Have you already filed your New York State income tax return? If <i>Yes</i> , you must file an amended NYS return.  Did you claim qualifying children on your federal Schedule EIC? If <i>No</i> , continue with line 5.  If <i>Yes</i> , in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.  If you claimed more than three, see instructions.									3	Yes	No	
	First name and middle initial	Last name	Relationship	Number of months lived with you Full-time student*  Person with disability*		Social sec	Social security number			Date of birth (mm-dd-yyyy)			
	* Mark an <b>X</b> in	these boxes <b>only</b> if y	ou checked <b>Yes</b> in th	ne same box	on yo	our fe	deral	Schedu	lle EIC (box 4a or 4b).				
5	23, and 24 if you The Tax Departm credit for you. If <i>I</i> resident). New Yo	are a part-year New tent will compute yo No, complete lines 6 ork City residents m	v York State residen ur New York State a through 17 (and lin ust complete the <b>Ne</b>	at, and line 2 and, if applicates 18 through the York City	8 if y able gh 20 <b>/ ea</b> l	ou ar your if your	re a p New ou are incor	art-yea York C a part me cre	through 9 (also lines or New York City reside City earned income -year New York State dit Worksheet C on the back of this claim	ent).	5	Yes	No 🔲
_	\\/	:t- f 14/	drahaat Aliaa O		. 414 -			F-	IT 245 I		_	Whole dollars	
6	•	•							rm IT-215-I		. 6		.00
7	-			-			-		int as an inmate in a a nonqualified defe				
								-	(see instructions)		. 7		.00
8		_							orksheet B, lines 1e, 2				.00
•		fication number (se		,					, , , , , , , , , , , , , , , , , , , ,	.,,			100
9	Enter your federal	•	, -										
	(from Form IT-201	, line 19, or Form IT-	203, line 19, Federal	amount colu	mn)						. 9		.00
0	Amount of federa	al EIC claimed (fro	m federal Form 1040	DEZ, line 8a;	Form	1040	0A, Iin	e 38a;	or Form 1040, line 64a	)	. 10		.00
11	New York State ea	arned income cred	it (NYS EIC) rate 3	30% (.30)							. 11		.30
2	Tentative NYS EIG	C (multiply line 10 by	line 11; see instruction	ons)							. 12		.00
on	nplete Workshee	et B on the back	page before c	ontinuing									
3	Enter the amount	from Worksheet R	line 5 on the had	ek of this for	m			13		.00			
4	New York State ho		•							.00			
5											. 15		.00
6		inter the smaller of line 13 or line 14									.00		
17			•						ine 17. The NYS EI				
	-	an be divided between		• .									
			-	-					ross income below.		. 17		.00
	Federal adjust	ed gross income	(from federal Form 1	040EZ, line 4	<b>1</b> ;		-						
	Form 1040A, line	22; or Form 1040, lin	e 38)							.00			

Part-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.								
18	Enter your New York State earned income credit (from line 16 or line 17)	18		.00					
19	Enter the amount from Form IT-203, line 42	19		.00					
	- If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income cree	dit.							
	<ul> <li>If line 19 is less than line 18, continue on line 20 below.</li> </ul>								
20	Excess New York State earned income credit (subtract line 19 from line 18)	20		.00					
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		.00					
	<ul> <li>If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue</li> </ul>		-						
	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		.00					
23	Enter the amount from line 19, Column D, of the Part-year resident								
	income allocation worksheet in your Form IT-203 instruction booklet								
24	Enter the amount from line 19, Column A, of the <i>Part-year resident</i>	-							
	income allocation worksheet in your Form IT-203 instruction booklet	]							
25 26	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	25							
	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10.	26	T	.00					
	This is the refundable portion of your part-year New York State resident earned income credit	20		.00					
Nev	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-201, line 70, or Form IT-203-ATT, line 11.	27		.00					
	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		.00					
Wo	rksheet B								
1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1		.00					
2	Resident credit (see instructions)								
3	Accumulation distribution credit (see instructions)	1							
4	Add lines 2 and 3	4		.00					
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		.00					

