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.

Nan	ne(s) as shown o	n retu	irn												You	ur so	cial security number								
										1	1		1	ı											
1 2 3	Is your investmen	nt inco	eral earned income ome (see instructions d your New York St) greater than \$	3,350? If Y	es,	stop;	you d	o not	qual	ify fo	r the	se c	red	its.		2	<u>1</u> 2	Yes Yes Yes		ן ו	No No No			
4	Did you claim qualifying children on your federal Schedule EIC? If No , continue with line 5. If Yes , in the spaces below, list up to three of the same children you claimed on federal Schedule EIC										4	ı	Yes]	No									
	First name	МІ	Last name	Relationship	Number of months lived with you	Fu stu	II-tim ıdent	e Pe * disa	rson /ith bility*		Social security number						Date of birth (mmddyyyy)								
											<u> </u>			<u> </u>		<u></u>	<u> </u>								
	* Mark an Y	in thes	se boxes only if you ch	necked Yes in the	e same hov	On v	/OUT f	ederal 9	Schedu	ı — l	C (ho	<u> </u>	or 4h)											
5	23, and 24 if you The Tax Depart credit for you. resident). New	ou are tment If No , York (federal earned inco a part-year New Yor will compute your Ne complete lines 6 thro City residents must c 15-I. Part-year New Y	k State resident ew York State and ugh 17 (and line omplete the Ne	t, and line 2 nd, if applic es 18 throu w York Cit	28 if cable gh 2 t y e a	you a e, you 26 if y arned	are a pa ir New ou are	art-yea York C a part ne cree	ır Ne City e -yeaı dit И	w Yor arned r New /orks	k Cit d inco / Yorl heet	y resome k Sta	sidei ite n	nt).		Ę	5	Yes Who	le doll	•	No aly			
6	Wages, salaries	s, tips,	etc., from Worksh	eet A line 3, or	n page 2 o	f the	e inst	ruction	ns, Fo	rm I7	Г-215	5-l					. 6	6				_	00		
7	If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a																								
	penal institution for work, or a Medicaid waiver payment that you excluded on your federal return, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a																								
	nongovernmental section 457 plan, enter that amount here (see instructions)										. 7	7 0													
8	Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)									. 8	3					00									
	Employer ide	ntifica	tion number (see ins	structions)																					
9	•	-	justed gross income																				T		
40	(from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column)										_					00									
10 11	Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 42a; or Form 1040, line 66a)															.30									
12			nultiply line 10 by line	,	` '													-					00		
			3 on the back pa		•																				
			n <i>Worksheet B</i> , line						13	I					00	1									
13 14			ehold credit (from Fo	•											00	1									
15			ne 13 or line 14													_	. 15	5					00		
16		lowable New York State earned income credit (subtract line 15 from line 12; see instructions)									_	00													
17		f your New York State filing status is ③, Married filing separate return, complete line 17. The NYS EIC on																							
	line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount																								
	of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below										. 17	7					00								
	Federal adjusted gross income (from federal Form 1040EZ, line 4;																								
	Form 1040A, lin	ne 22;	or Form 1040, line 38)												00]									

Par	t-year New York State resident earned income credit		
	s 18 through 26 apply only to part-year New York State		
r	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 cre	dit.	
	- If line 19 is less than line 18, continue on line 20 below.		
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
	 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	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	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	00
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		
21	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.		[00]
28	Part-year New York City adjusted gross income		
	Enter the amounts from Worksheet C, lines 6 and 7	28B	00
	Enter the difficulty from Workenest S, lines o and 7	200	[00]
Wo	ksheet 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)	Ė	
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

