

Department of Taxation and Finance

## **NYC-208**

## Claim for New York City Enhanced Real Property Tax Credit For Homeowners and Renters

## Step 1 - Enter identifying information

	_					_				
Your first name	MI	Your last name (for	name (for a joint claim, enter spouse's name on line below)				ur date of birth (mmddyyyy)	Your social security number		
O A STATE OF THE S							and detection of the control of the			
Spouse's first name	MI	Spouse's last name	e's last name				ouse's date of birth (mmddyyyy)	/) Spouse's social security number		
Current mailing address (number		atrant as DO hass					Apartment number	County of residence while living		
Current mailing address (number and street or PO box)  Apartment number								in New York City (see instructions)		
City, village, or post office			Stato	ZIP code	Country (if	20t I I	nited States)			
City, village, or post office			State	ZIF Code	Country (# 1	101 01	Tilled States)			
Street address of New York Cit	v roci	dence that <b>qualifies</b>	you for	this credit if differe	ent from above		Apartment number			
Outcot address of New York Oil	y resid	acrice that <b>qualifies</b>	you loi	triis creart, ir amere	ciit ii oiii above		Apartment number	You must enter date(s) of birth		
City				State	ZIP code			and social security number(s) above.		
Oily				NY	211 0000					
Step 2 – Determine elig	ibilit	<b>y</b> (For lines 1 thr	ough 5	, mark an <b>X</b> in th	e appropriate b	ox.)				
1 Were you a New York	k City	resident for al	of 20	17?				1 Yes No		
2 Did you occupy the s	ame	residence for a	t least	t six months du	ring 2017?			<b>2</b> Yes No		
If you marked an <b>X</b> in the <b>No</b> box on line 1 or 2, <b>stop</b> ; you do not qualify for this credit.										
3 Can you be claimed as a dependent on another taxpayer's 2017 federal return?								3 Yes No		
4 Did you reside in public		-				-	•	nstr.) 4 Yes No		
If you marked an X in										
5 Did you live in a nurs	ing h	iome during 20	1 / ? (If	you mark an <b>X</b> ii	n the Yes box, s	ee ii	nstructions.)	5 Yes No		
6 Complete below for a	all ho	usehold memb	ers (sı	ıbmit additional s	sheets if needed	l· se	e instructions)			
6 Complete below for all household members (submit additional sheets if needed; see instructions).							D Continuous de la constitución			
A – First na	ıme		Last name					B – Social security number		

## Step 3 - Determine household gross income

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2017.

7 Fede	eral adju any hous	7	.00		
8 New	York St	8	.00		
9 Socia	al securi	9	.00		
<b>10</b> Supp	olementa	10	.00		
11 Pens	sions an	11	.00		
12 Cash	n public	12	.00		
13 Othe	er incom	13	.00		
	14 Household gross income (add lines 7 through 13; see instructions)				.00
15 Ente	r rate fro	15			
<b>16</b> Multi	6 Multiply line 14 by line 15				.00
Step 4 –	Compu	te	real property tax		
Renters only		17	Enter the <b>total</b> amount of rent you and all members of your household paid during 2017. (Do not include any subsidized part of your rental charge.)	17	.00
	1	18	Adjusted rent – If line 17 includes charges for:  heat, gas, electricity, furnishings, and board		
			none of the above	18	.00
	1	19	Multiply line 18 by 15.75% (.1575); enter here and on line 23	19	.00
	2	20	Real property taxes paid during 2017 (see instructions)	20	.00
Homeow only	<del>-</del>	21	Special assessments	21	.00
Oilly		22	Add lines 20 and 21; enter here and on line 23	22	.00

Your social security number						

Step 5 – Compute credit amount				
23 Renters: Enter amount from line 19. Homeov If line 23 is zero or less, stop; no credit is a	23 .00			
24 Enter amount from line 16		. 24	.00	
25 Subtract line 24 from line 23			. 25	.00
26 Enter rate from Table 2 (see instructions)			. 26	
27 Multiply line 25 by the rate on line 26	. 27	.00		
28 Credit limit			. 28	500.00
<ul> <li>29 Enter the amount from line 28 or 27, whicheve (If more than one member of your household is fit)</li> <li>If you are filing this claim with your New York</li> </ul>	. 29	.00		
Enter the line 29 amount on Form IT-201		1.		
If you are not filing this claim with a New	York State income tax retur	n (see instructions):		
Mark one refund choice: direct dep	osit (fill in line 30) - or -	paper check		
Step 6 – Enter account information for direct of	deposit (see instructions)			
If the funds for your refund would go to an accour <b>30 Direct deposit</b> (see instructions): Complete to				
30a Account type: Personal checking - 0	or - Personal savings - o	or - Business checking	- or - Business	s savings
<b>30b</b> Routing number	30c Account numb	ner		
- County Harrison				
Third-party designee? (see instr.)	ignee's phone number )	Personal ident number (P		
Yes No E-mail:				
▼ Paid preparer must complete ▼ Preparer's NYT (see instructions)	PRIN NYTPRIN excl. code	▼ Taxpayer(s)	must sign here ▼	
Preparer's signature Preparer's p	rinted name	Your signature		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	Your occupation		
Address	Employer identification number	Spouse's signature and occupation	on (if joint claim)	
	Date	Date [	Daytime phone number	
E-mail:		E-mail:		

- If you are filing a NYS income tax return, submit this form with your return.
- If you are not filing a NYS income tax return, mail this form to:

NYS TAX PROCESSING, PO BOX 15192, ALBANY NY 12212-5192

