

Department of Taxation and Finance

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

IT-215

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

Name(s) as shown on return											Your social security number				
1 2 3 4	2 Is your investment income (see instructions) greater than \$3,500? If Yes , stop ; you do not qualify for these credits 2 Yes No Have you already filed your New York State income tax return? If Yes , you must file an amended NYS return 3 Yes No														
		First name		MI	MI Last name Suffix							R	elationship		
1	st														
Ch	nild	No. of months lived with you	Full-time student*		Person with disability*		Social security nun	nber	Date of birth	mmddyyy	y)				
		First nar	me	MI			Last name		1	Suffix	· ·	R	elationship		
2	nd														
Ch	nild	No. of months lived with you	Full-time student*		Person with disability*		Social security nun	nber	Date of birth	(mmddyyy	y)				
		First nar	me	MI			Last name			Suffix		R	elationship		
31	rd														
Cł	ild	No. of months lived with you					V)								
	23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If No , complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the New York City earned income credit Worksheet C on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form 5 Yes No Whole dollars only														
6	Wag	es, salaries, tips, et	tc., from Wo	rkshe	e t A line 3, o	on pag	e 2 of the instruction	s, Foi	m IT-215-I			6			.00
7	Earn	Wages, salaries, tips, etc., from <i>Worksheet A</i> line 3, on page 2 of the instructions, Form IT-215-I										7			.00
8	Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3								nd 3)	8			.00		
Employer identification number (see instructions)															
9		r your federal adjus	Ü									9			
40	(from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column)														.00
10		Amount of federal EIC claimed (from federal Form 1040, line 17a)													.00 .30
11		ew York State earned income credit (NYS EIC) rate 30% (.30)									I .	11			.00
12 Tentative NYS EIC (multiply line 10 by line 11; see instructions)														.00	
13	-	Enter the amount from <i>Worksheet B</i> , line 5, on the back of this form								00					
14							Form IT-203, line 39)				00				
15		Enter the smaller of line 13 or line 14										15			.00
16	Allowable New York State earned income credit (subtract line 15 from line 12; see instructions)										16			.00	
17	If yo	ur New York State	filing status	s is ③,	Married file	ing se _l	p <i>arate return</i> , comp	lete l	ine 17. The NY	S EIC o	n		<u></u>		
	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			.00
	Fe	deral adjusted are	oss income	(from f	ederal Form	1040, lir	ne 7)				00				

Part-year New York State resident earned income credit Lines 18 through 26 apply only to part-year New York State residents 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 Enter the amount from Form IT-203, line 42 .00 If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. If line 19 is less than line 18, continue on line 20 below. Excess New York State earned income credit (subtract line 19 from line 18) 20 .00 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 .00 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit. Enter the amount from line 19, Column D, of the Part-year resident .00 Enter the amount from line 19, Column A, of the Part-year resident .00 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. .00 This is the refundable portion of your part-year New York State resident earned income credit. New York City earned income credit (full-year and part-year New York City residents) From Worksheet C, New York City earned income credit, on page 3 of Form IT-215-I, Instructions for .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 700 28B .00 Worksheet B New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) 1 .00 2 Resident credit (see instructions) Accumulation distribution credit (see instructions) 3 Add lines 2 and 3 4 .00 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........ .00

