

Department of Taxation and Finance Claim for Real Property Tax Credit For Homeowners and Renters

IT-214

Step 1 – Enter identifying information

V. C. L.	1 8 41	W				DV: . data afficient ()	1	1 20	
Your first name MI Your last name (for a joint claim, enter spouse's name on line below)				Your date of birth (mmddyyyy)	Your socia	I security number			
	ļ.,,								
Spouse's first name	MI	Spouse's last name)			Spouse's date of birth (mmddyyyy)) Spouse's social security number		
Current mailing address (number	er and :	street or PO box)				Apartment number	New York State county of residence		
City, village, or post office			State	ZIP code	Country (if n	ot United States)	_		
Street address of New York res	sidence	e that qualifies you	for this cred	lit, if different from a	above	Apartment number		ist enter date(s) of bi cial security number(
							above.	cial security number	,3)
City, village, or rural route			Sta		ZIP code				
			N'	Y					
Step 2 – Determine elig	ibilit	y (For lines 1 thro	ough 6, ma	ark an X in the ap	opropriate bo	X.)			
1 Were you a New York	k Sta	te resident for a	II of 2015	5?			1	Yes No	
, , , , , , , , , , , , , , , , , , , ,									
2 Did you occupy the s	ame	residence for at	t least six	months during	2015?		2	Yes No	
If you marked an X in					•		<u>-</u>		
3 Did you own real prop							3	Yes No	
bid you own real prop	perty	with a carrent	nanct va		aπ ψου,σου	during 2010:		103 140	
4 Can you be claimed a	as a	dependent on a	nother ta	xpayer's 2015	federal retu	ırn?	4	Yes No	
								,	
5 Did you reside in public		•					instr.) 5	Yes No	
If you marked an X in								,	
6 Did you live in a nurs	ing h	ome during 201	5? (If you	mark an X in the	e Yes box, se	ee instructions.)	6	Yes No	
7 Complete below for the	he aı	ialifying househ	old mem	ber 65 or older	(see instruc	tions)			
•	90				(000 1110111110	T '		C - Date of birth	
A – First name			Las	t name		B – Social security num	nber	(mmddyyyy)	
		·							
8 Complete below for a	ıll ha	usobold mombo	are not in	cluded on line	7 (ouhmit ad	ditional abouta if nocedad: a	oo inatriist	iona)	
o Complete below for a	111 110		515 1101 1110	sidded on line	i (Subitili au	uilionai sneels ii needed, s	ee msnuci	C – Date of birth	
A – First name		Last name			B - Social security num	ber (mmddyyyy)			

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 2015.

9	Federal ad	. 9	00		
10	New York S	State	. 10	00	
11	Social secu	. 11	00		
12	Supplemen	ntals	security income (SSI) payments	. 12	00
13	Pensions a	. 13	00		
14	Cash publi	. 14	00		
15	Other income				00
16	Household If line 16	. 16	00		
17	' Enter rate from Table 1 (see instructions)				
18	Multiply line	. 18	00		
Ste	p 4 – Comp	ute	real property tax		
	Renters only	19	Enter the total amount of rent you and all members of your household paid during 2015. (Do not include any subsidized part of your rental charge.)	. 19	00
		20	Adjusted rent – If line 19 includes charges for: heat, gas, electricity, furnishings, and board	. 20	00
		21	Average monthly adjusted rent (divide line 20 by the number of months you paid rent) If line 21 is more than \$450, stop ; you do not qualify for this credit.	. 21	00
		22	Multiply line 20 by 25% (.25); enter here and on line 28	. 22	00
Но	meowners only	23	Real property taxes paid during 2015 (see instructions)	. 23	00
		24	Special assessments	. 24	00
		25	Add lines 23 and 24	. 25	00
		26	Exemption for homeowners 65 and over (optional - see instructions)	. 26	00
		27	Add lines 25 and 26: enter here and on line 28	27	00

	Y	our social security number		IT-214 (2015)	Page 3 of 3
Sto	p 5 – Compute credit amount				
28	Renters: Enter amount from line 22. Homeowne If line 28 is zero or less, stop; no credit is allow		77 (see instructions)	. 28	00
29	Enter amount from line 18	. 29	00		
30	Subtract line 29 from line 28			. 30	00
31	Multiply line 30 by 50% (.5) (However, if you entered	line 30 by 25% (.25).)	. 31	00	
32	Credit limit (see instructions; enter amount from chart,		. 32	00	
33	Enter the amount from line 32 or 31, whichever is (If more than one member of your household is filing) If you are filing this claim with your New York Enter the line 33 amount on Form IT-201, lin	. 33	00		
Sto	If you are not filing this claim with a New Yor Mark one refund choice: direct deposit p 6 – Enter account information for direct dep	(fill in line 34) - or -		aper check	
	ne funds for your refund would go to an account or Direct deposit (see instructions): Complete the fol 34a Account type: Personal checking - or -		leposited directly to your b	ank account.	siness savings
	34b Routing number	34c Account number			
d	Third-party esignee? (see instr.) Print designee's name	Design (nee's phone number		l identification ber (PIN)
	es No E-mail:				
	Paid preparer must complete ▼ Preparer's NYTPRIN	N NYTPRIN I	- Townsyar(s)	nuct sian bars	_

excl. code

Employer identification number

Date

Preparer's PTIN or SSN

Your signature

Your occupation

Date

E-mail:

Spouse's signature and occupation (if joint claim)

Daytime phone number

• If you are filing a NYS income tax return, submit this form with your return.

Preparer's printed name

• If you are not filing a NYS income tax return, mail this form to: NYS TAX PROCESSING, PO BOX 22017, ALBANY NY 12201-2017.



(see instructions)

Firm's name (or yours, if self-employed)

Preparer's signature

Address

E-mail: