

Department of Taxation and Finance

## Claim for Earned Income Credit New York State • New York City Tax Law - Section 606(d)

IT-215

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

1 Did you claim the federal earned income credit?	Name(s) as shown on return Your So						our Social S	Social Security number		
1a   Dig you file a NYS Form IT-589?   If No, on lines 1 and 1a, stop; you do not qualify for these credits.   All others: See instructions.   2   Yes   No										
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If No, on lines 1 and 1a, stop; you do not qualify for these credits.   All others: See instructions   See	1 Did you claim the federal earned income credit?									
All others: See instructions:  2   syour investment income (see instructions) greater than \$3,550? If Yes, stop; you do not qualify for these credits	,							Yes	No	
2   Is your investment income (see instructions) greater than \$3,850? If Yes, stop; you do not qualify for these credits.										
Have you already filed your New York State income tax return? If Yes, you must file an amended NYS return									Na 🗆	
4 Did you claim qualifying children on your federal Schedule EIC?    Mo, 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 Yes    No					-				=	
If Yes, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.  4 Yes No  If you claimed more than three, see instructions.  First name    MI						S return.	3	Yes	No	
First name						-10		Voc 🗔	No 🗔	
First name	•			iren you ciaimed on led	erai Scriedule E		4	res	NO	
1 st Child No. of months   Full-time   Person with   Social Security number   Date of birth (mmddyyyy)    2 nd   No. of months   Full-time   Person with   Social Security number   Date of birth (mmddyyyy)    3 nd   First name   Mi   Last name   Suffix   Relationship    3 nd   First name   Mi   Last name   Suffix   Relationship    3 nd   Child   No. of months   Full-time   Person with   disability   Social Security number   Date of birth (mmddyyyy)    ** Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  5 Is the IRS figuring your federal earned income credit (EIC) for you? If Yes, complete lines 6 through 9 (also lines 21, 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 residents must complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year 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.	-		uctions.			0 %		D 1 // 11		
Child No. of months lived with you student   Person with disability   Social Security number   Date of birth (mmddyyyyy)      Person with   Social Security number   Date of birth (mmddyyyyy)		IVII		Last name		Sumix		Relationship		
Publishme   Publishme   Person with   Person				Casial Casurity number	Data of hinth	(	.			
Pirst name	No. of months   Full-time	$\neg 1$		Social Security number	Date of birth (	(mmaayyyy <sub>)</sub>	)			
2nd Child No. of months   Full-time   Person with   Social Security number   Date of birth (mmddyyyy)    3rd   First name   MI   Last name   Suffix   Relationship    **Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  5 Is the IRS figuring your federal earned income credit (EIC) for you? If Yes, complete lines 6 through 9 (also lines 21, 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.			disability*	Last name		Quffix		Polationship		
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First name	No. of months   Full-time			coolar coounty number	Bate of Birtin	ininaayyyy,				
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## 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) .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. ..... Amount from line 19, Column D, of Part-year resident income allocation worksheet, in Form IT-203-I. If you did not file NYS Form IT-558, enter this amount (see instructions) If you filed NYS Form IT-558, add to or subtract from this amount any amounts on line 2 and line 4 of Line 19a New York State amount column worksheet, in Form IT-203-I (that is related to your NYS resident period), and enter the result (see instructions) ..... 23 .00 .00 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) (see instr.) 25 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. ..... .00 New 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 27 .00 Form IT-215. Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11. Part-year New York City residents must also complete line 28 below. Part-year New York City adjusted gross income .00 Worksheet B New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) 1 .00 1 Resident credit (see instructions) Accumulation distribution credit (see instructions) 3 .00 Add lines 2 and 3 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

