New York State Department of Taxation and Finance

			Claim for Ea	arned	Inco	Dr	ne	e C	Cre	di	t	5	97		IT_	2'	15
				ad instruction		-						<b>!</b> /	Ĵ	*			
Ξ		ЭС	Please file th	his is a scanı is original wit			epai	rtmer	nt.								
		r Type		name and middle			-			nes)	•	Your so	ocial s	ecurity nu	Imber		
		nt or	Mailing address (number and stree	et or rural route)			Ap	artme	ent num	ber		Spouse	e's soc	tial secur	ty numt	ber	
		Print												-	-		
=			City, village or post office	Sta	te			ZIP	code		N		State	e county	of resid	lence	
1	Did you claim the	feder	al earned income credit for 199	07? If <b>No, <i>stop</i></b> ; <u>;</u>	you do not	qu	alify f	or this	s credit			1	<b>.</b>	Yes	]	No	
2	ls your investmer	nt inco	me (see instructions) greater th	an \$2,250? If <b>Ye</b>	es, <i>stop</i> ; y	ou	do no	t qual	lify for t	this cr	edit	2	]∎ ·	Yes		No	
3	3 Have you already filed your 1997 New York State income tax return? If <i>No</i> , you must file this claim with a return 3 Yes No																
4	<ul> <li>4 Did you claim qualifying children on your 1997 federal Schedule EIC?</li></ul>																
			irst name and middle initial	Relationship Number with yo		of Person ived with *						urity number			Year of birth		
						•		•							1	9	
												<u>†                                    </u>					
						•		•			+	+			1	9	
6 Bof	income credit for you. If <i>No</i> , complete lines 6 through 17 (and lines 18 through 26 if you are a part-year resident). See instructions. Dollars Cents 6 Wages, salaries, tips, etc. (from federal Form 1040EZ, line 1, Form 1040A, line 7, or Form 1040, line 7)																
Bef 7			8, and 9, see instructions le scholarship or fellowship gran	nt that wasn't rer	ported on a	a W	-2 for	m. en	iter					1 1	<u> </u>		
	-		<i>m your federal</i> Earned Income Cred									7		<b></b> ,			
8	Nontaxable earne	ed inco	ome (from your federal Earned Inco	me Credit <b>Worksh</b>	neet, line 4)			•••••				. 8		<b></b> ,			
9	Business income	or los	s (from your federal Form 1040 Inst	tructions, Earned I	ncome Crec	dit <b>W</b>	orksh	eet, lir	ne 5)			9		<u> </u>			
	<ul> <li>Employer I</li> </ul>	dentifi	cation Number (see instructions	5)									_				
10	<ul> <li>Check app</li> <li>Amount of federa</li> </ul>	licable	box claimed (from federal Form 1040E	The amo	ount on line	e 9	is a <b>p</b> or For	orofit	line 5		or loss	:∎	」 				
10			num tax filers - see instructions)									. 10		∟,_			
11	New York State F	IC rat	e 20% (.20)									11	٦				2 0
			0 2070 (.20)													 	
12 If yr			te earned income credit <i>(multipl)</i> • Form IT-203 filer, complete V	-								12					
	Form IT-200 filers	s, copy	the amount from Form IT-200, ppy the amount from Worksheet	line 19. Form IT	-201 and	01	шы н Г			conti							
	of this form						13		<u>,</u>								
14			old credit (from Form IT-200, line 2				14		$\Box$								
15			e 13 or line 14									15	٦			$\neg [$	
15													_			┙・┕ ヿヿ	
16 See	Subtract line 15 f		ne 12. This is your allowable I structions.	New York State	earned in	ICOI	ne cr	edit				16					

IT-2	215 (1997) (back)						
• F • /	f your filing status is ③, <i>married filing separate return</i> , complete line 17. Part-year residents must complete lines 18-26. All claimants must sign this form below. If your New York State filing status is ③, <i>married filing separate return</i> , the credit on line 16 can be divided <b>Dollars Cents</b>						
	between spouses in any manner you wish. Enter on line 17 the amount of credit from line 16 you are						
	claiming and enter your joint federal adjusted gross income below						
	federal adjusted gross income (from federal Form 1040EZ, line 4,						
	Form 1040A, line 16, or Form 1040, line 32)						
	Computation of Part-Year Resident Earned Income Credit						
	nes 18-26 apply only to part-year residents claiming the						
ea	arned income credit.						
18	Enter New York State earned income credit (from front page, line 16, or line 17 above)						
10							
19	Enter the amount from Form IT-203, line 40						
	If line 19 is equal to or more than line 18, stop. You do not have excess EIC.						
	If line 19 is less than line 18, continue on line 20 below.						
~~							
20	Subtract line 19 from line 18. This is your excess earned income credit						
21	Enter the amount from Form IT-203-ATT, line 36 (if Form IT-203-ATT is not required to be filed, enter "0" and continue on line 22 below)						
	If Form IT-215, line 21 is equal to or more than Form IT-215, line 20, stop. Do not continue						
	with this worksheet. Enter the line 20 amount on Form IT-203-ATT, line 37.						
	If line 21 is less than line 20, enter the line 20 amount on Form IT-203-ATT,						
	line 37 and continue on line 22 below.						
22	Subtract line 21 from line 20. This is your remaining excess earned income credit						
23	Enter amount from Part-Year Resident Income Allocation Worksheet,						
-	Column B, line 18, from page 12 of your Form IT-203 instructions booklet						
24	· · · · · · · · · · · · · · · · · · ·						
	Column A, line 18, from page 12 of your Form IT-203 instructions booklet						
05							
25	Divide line 23 by line 24 (carry the result to four decimal places) This amount cannot exceed 100% (1.0000) 25						
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203, line 57 (payment section).						
	This is the refundable portion of your part-year resident earned income credit						
	Worksheet A (For IT-201 and IT-203 Filers Only)						
	1 Enter your modified adjusted gross income (from your Form 1040						
=							
=							
	2 New York State tax (from Form IT-201, line 36, or Form IT-203, line 36)						
	<ul> <li><i>instructions, Earned Income Credit Worksheet</i>, line 8)</li></ul>						
-	line 15)						
	Accumulation distribution credit (from Form IT-201-ATT, line 16, or     Form IT-203-ATT, line 16)						
	Form IT-203-ATT, line 16)						

Paid	Preparer's signature	Date	Mark "X" if self-		Your signature					
Preparer's Use Only	Eirm's name (or yours if calf amployed)		Preparer's social security number		Spouse's signature (if joint claim)					
Address		Employer identi	fication number	Here	Date	Daytime phone number (optional)				

This is a scannable form; please file this original with the Tax Department.