

New York State Department of Taxation and Finance Other Tax Credits and Taxes

Attachment to Form IT-203

Name(s) as shown on Form IT-203 Your social security number Complete all parts that apply to you; see instructions. Attach this form to your Form IT-203. Part 1 – Other tax credits (see page 52). Attach all applicable forms. Section A — New York State nonrefundable/non-carryover credits Dollars Cents 1 Resident credit (attach Form(s) IT-112-R and/or IT-112-C) 1. 2 Accumulation distribution credit (attach computation) 2. 3 Other nonrefundable/non-carryover credits (from the chart beginning on page 53; attach all applicable forms) Dollars Dollars Code Cents Code Cents 3a. 3b. Total other nonrefundable/non-carryover credits (add lines 3a and 3b) 3. Section B — New York State nonrefundable/carryover credits 4 Long-term care insurance credit (attach Form IT-249) 4. 5 Investment credit (attach Form IT-212) 5. 6 Part-year solar energy system equipment credit (attach Form IT-255)..... 6. 7 Other nonrefundable/carryover credits (from the chart beginning on page 53; attach all applicable forms) Code Dollars Cents Dollars Code Cents 7a. 7h. 7b. 7i. 7j. 7c. 7d. 7k. 7e. 71. 7f. 7m. 7g. 7n. Total other nonrefundable/carryover credits (add lines 7a through 7n) 7. 8 Total New York State nonrefundable credits (see page 52, Section B instructions) 8. (add lines 1 through 7; enter here and on Form IT-203, line 47) Section C — New York State, New York City, and Yonkers refundable credits 9 Part-year resident refundable child and dependent care credit (attach Form IT-216) 9. 10 Part-year resident refundable New York State earned income credit (attach Form IT-215) 10. 11 Part-year resident refundable New York City earned income credit (attach Form IT-215) 11. 12 Other refundable credits (from the chart beginning on page 53; attach all applicable forms) Code Dollars Cents Code Dollars Cents 12a. 12g. 12b. 12h. 12c. 12i. 12j. 12d. 12e. 12k. 12f. 12I. 12. Total other refundable credits (add lines 12a through 12I) 13 Add lines 9 through 12 13. 14 New York State claim of right credit (attach Form IT-257) 14. 15 New York City claim of right credit (attach Form IT-257) 15. 16 Yonkers claim of right credit (attach Form IT-257) 16. 17 Total New York State, New York City and Yonkers refundable credits (add lines 13 through 16; enter here and on Form IT-203, line 61) 17. (continued on back) 2431060094



IT-203-ATT

Please file this original scannable attachment with your return.

Pa	rt 2 – Othe	er New York Stat	te taxes (see page 5	52) Attach	all applicable f	forms.				
										Dollars	Cents
18	New York Sta	te tax on capital gain p	portion of lum	p-sum dist	ributions (fro	om Form IT-230-I, w	vorksheet C, li	ne 7)	18.		•
19	Other New Y	York State taxes (from	n the chart b	eginning on	page 53; a	ttach all applicab	le forms)				
	Code	Dollars	Cents		Code	Dollars		Cents			
19a			•	19g.			•				
19b			•	19h.			•				
19c			•	19i.			•				
19d				19j.			•				
19e			•	19k.							
19f			•	191.							
Total other New York State taxes (add lines 19a through 19I)									19.		•
				-							
20	0 Add lines 18 and 19								20.		•
21	Enter amou	nt from Form IT-203	, line 47		21.						
22	Enter amou	nt from Form IT-203	, line 46		22.						
23	3 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank)								23.		
	Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank)								24.		
	5 New York State separate tax on lump-sum distributions										•
		rm IT-230)	•								
26		edit against separate				I					
		ns (attach Form IT-112			26.						
27									27.		
	Subtract line 26 from line 25 New York State minimum income tax (attach Form IT-220)								28.		
29									29.		
-	Excess child and dependent care credit (attach Form IT-216)								30.		
	Subtract line 30 from line 29 (<i>if line 30 is more than line 29, leave blank</i>)								31.		
	Excess New York State earned income credit (attach Form IT-215)								32.		•
	Net other New York State taxes (subtract line 32 from line 31; if line 32 is more than line 31, leave										•
55								1	33.		
blank; otherwise, enter the result here and on Form IT-203, line 49)											•

