## Step 1 - Enter identifying information



## Step 2 - Determine eligibility

1 Were you (and your spouse if filing a joint New York State return) New York State residents for all of 2006?

1. Yes

No
 If you marked an $\boldsymbol{X}$ in the No box, stop; you do not qualify for this credit.

2 Did you claim the federal child tax credit for 2006? $\qquad$
3 Is your federal adjusted gross income from Form IT-201, line 18, or Form IT-150, line 11

- $\$ 110,000$ or less and your filing status is (2) married filing joint return;
- $\$ 75,000$ or less and your filing status is (1) single, (4) head of household, or (5) qualifying widow(er); or
- $\$ 55,000$ or less and your filing status is (3) married filing separate return?


If you marked an $\boldsymbol{X}$ in the No box at both lines 2 and 3, stop; you do not qualify for this credit.
4 Enter the number of children who qualify or would qualify for the federal child tax credit (see instructions)
$4 . \quad \square$
5 Enter the number of children from line 4 that were at least four years of age on December 31, 2006
 If you entered $\boldsymbol{O}$ on line 5 , stop; you do not qualify for this credit.

## Step 3 - Enter child information

List below the name, social security number, and year of birth for each child included on line 4
(attach Form IT-213-ATT if you have additional children to report; see instructions)

| First name and middle initial | Last name | Social security number | Year of birth |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |

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## Step 4 - Compute credit

If you answered No to question 2, skip lines 6 through 12, and enter $\mathbf{0}$ on line 13; continue with line 14.

|  |  |  | Dollars | Cents |
| :---: | :---: | :---: | :---: | :---: |
| 6 | Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 53 .......................... | 6. |  |  |
| 7 | Enter your federal additional child tax credit from Form 1040A, line 41, or Form 1040, line 68 ............ | 7. |  |  |
| 8 | Add lines 6 and 7. | 8. |  |  |
| 9 | Enter the number of children from line 4 | 9. |  |  |
| 10 | Divide line 8 by line 9............................................................................................................ | 10. |  |  |
| 11 | Enter the number of children from line 5 | 11. |  |  |
| 12 | Multiply line 10 by line 11 ...................................................................................................... | 12. |  |  |
|  | Multiply line 12 by 33\% (.33) .................................................................................................. | 13. |  |  |

If you marked the No box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16. All others continue with line 14.

14 Enter the number of children from line 5
14. $\quad$
$\qquad$
16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)
15.


If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-150, line 38, or on Form IT-201, line 63.

## Step 5 - Spouses required to file separate New York State returns (see instructions)

17 Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank
17. $\quad . \square$ Enter here and on Form IT-150, line 38, or on Form IT-201, line 63.

18 Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank $\qquad$ .$\square$
Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.

## Step 6 - Finish your claim

| $\boldsymbol{\nabla}$ Paid preparer's use only |  |  | $\boldsymbol{\nabla}$ |
| :--- | :--- | :---: | :---: |
| Preparer's signature | $\boldsymbol{\nabla}$ SSN or PTIN: |  |  |
|  |  |  |  |
|  | $\bullet$ Employer identification number |  |  |
| Address | Mark an $\boldsymbol{X}$ if <br> self-employed |  |  |
|  | Date |  |  |


| $\boldsymbol{\nabla}$ Taxpayer(s) sign here $\boldsymbol{\nabla}$ |  |
| :--- | :--- |
| Your signature |  |
| Your occupation |  |
| Spouse's signature and occupation (if joint claim) |  |
| Date | $\mathbf{\nabla}$ Daytime phone number |

Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

