



Department of Taxation and Finance
Other Tax Credits and Taxes
 Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on your Form IT-203	Your Social Security number
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Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

A Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes No

Part 1 – Other tax credits (submit all applicable forms)

Section A – New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Resident credit	1	.00
2 Accumulation distribution credit (submit computation)	2	.00
3 Other nonrefundable, non-carryover credits		
Code Amount	Code Amount	
3a <input type="text"/> .00	3b <input type="text"/> .00	
Total other nonrefundable, non-carryover credits (add lines 3a and 3b)		3 .00

Section B – New York State nonrefundable, carryover credits used

4 Long-term care insurance credit	4	.00
5 Investment credit	5	.00
6 Part-year solar energy system equipment credit	6	.00
7 Other nonrefundable, carryover credits		
Code Amount	Code Amount	
7a <input type="text"/> .00	7h <input type="text"/> .00	
7b <input type="text"/> .00	7i <input type="text"/> .00	
7c <input type="text"/> .00	7j <input type="text"/> .00	
7d <input type="text"/> .00	7k <input type="text"/> .00	
7e <input type="text"/> .00	7l <input type="text"/> .00	
7f <input type="text"/> .00	7m <input type="text"/> .00	
7g <input type="text"/> .00	7n <input type="text"/> .00	
Total other nonrefundable, carryover credits (add lines 7a through 7n)		7 .00

8 Total New York State nonrefundable credits used
 (add lines 1 through 7; enter here and on Form IT-203, line 47)

8	8	.00
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Section C – New York State, New York City, Yonkers, and MCTMT refundable credits

9 Part-year resident refundable New York State child and dependent care credit.....	9	.00
9a Part-year resident refundable New York City child and dependent care credit	9a	.00
10 Part-year resident refundable New York State earned income credit	<input type="text"/>	.00
11 Part-year resident refundable New York City earned income credit	<input type="text"/>	.00
12 Other NY State refundable credits		

Code Amount	Code Amount	
12a <input type="text"/> .00	12g <input type="text"/> .00	
12b <input type="text"/> .00	12h <input type="text"/> .00	
12c <input type="text"/> .00	12i <input type="text"/> .00	
12d <input type="text"/> .00	12j <input type="text"/> .00	
12e <input type="text"/> .00	12k <input type="text"/> .00	
12f <input type="text"/> .00	12l <input type="text"/> .00	

Total other refundable credits (add lines 12a through 12l)		12 .00
13 Add lines 9 through 12	13	.00
14 New York State claim of right credit	14	.00
15 New York City claim of right credit	15	.00
16 Yonkers claim of right credit	16	.00
16a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit.....	16a	.00
17 Total New York State, New York City, Yonkers, and MCTMT refundable credits (add lines 13 through 16a; enter here and on Form IT-203, line 61)	17	.00

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Part 2 – Other New York State taxes (submit all applicable forms)

18 NY State tax on capital gain portion of lump-sum distributions (Form IT-230-I, worksheet C, line 7) 18 .00

19 Other New York State taxes

	Code	Amount		Code	Amount	
19a		.00	19g		.00	
19b		.00	19h		.00	
19c		.00	19i		.00	
19d		.00	19j		.00	
19e		.00	19k		.00	
19f		.00	19l		.00	
Total other New York State taxes (add lines 19a through 19l)						19 .00

20 Add lines 18 and 19

21 Enter amount from **Form IT-203**, line 47..... 21 .00

22 Enter amount from **Form IT-203**, line 46

23 Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank)..... 23 .00

24 Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank)..... 24 .00

25 New York State separate tax on lump-sum distributions (Form IT-230)

26 Resident credit against separate tax on lump-sum distributions

27 Subtract line 26 from line 25

28 This line intentionally left blank

29 Add lines 24 and 27

30 Excess child and dependent care credit

31 Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank).....

32 Excess New York State earned income credit

33 **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203**, line 49)

