

## Department of Taxation and Finance Claim for Real Property Tax Credit For Homeowners and Renters

**IT-214** 

Tax Law – Section 606(e)

## Step 1 – Enter identifying information

Your first name	MI	Your last name (for a joint claim, enter spouse's name on line below)			Υοι	ur date of birth <i>(mmddyyyy)</i>	Your Social Security number
Spouse's first name	MI	Spouse's last name			Spc	ouse's date of birth (mmddyyyy)	Spouse's Social Security number
Current mailing address (number	r and s	treet or PO Box)				Apartment number	New York State county of residence
City, village, or post office		State	e ZIP code	Country			
Street address of New York resi	dence	e that qualifies you for this	s credit, if different fre	om above		Apartment number	You must enter date(s) of birth
							and Social Security number(s) above.
City, village, or rural route			State ZIP code				
			NY				

St	ep 2 – Determine eligibility (For lines 1 through 6, mark an X in the appropriate box.)				
1	Were you a New York State resident for all of 2023	1	Yes	No	
2	Did you occupy the same residence for at least six months during 2023?	2	Yes	No	
3	If you marked an <b>X</b> in the <b>No</b> box on line 1 or 2, <b>stop;</b> you do not qualify for this credit. Did you own real property with a current market value of more than \$85,000 during 2023?	3	Yes	No	
4	Can you be claimed as a dependent on another taxpayer's 2023 federal return?	4	Yes	No	
5	Did you reside in public housing, or other residence completely exempted from real property taxes in 2023? (see instr.)	5	Yes	No	
6	If you marked an <b>X</b> in the <b>Yes</b> box on line 3, 4, or 5, <b>stop;</b> you do not qualify for this credit. Did you live in a nursing home during 2023? ( <i>If you mark an X in the</i> Yes <i>box, see instructions.</i> )	6	Yes	No	

7 Complete below for the qualifying household member 65 or older (see instructions).

A – First name	Last name	<b>B –</b> Social Security number	<b>C</b> – Date of birth (mmddyyyy)

## 8 Complete below for all household members not included on line 7 (submit additional forms if needed; see instructions).

A – First name	Last name	<b>B –</b> Social Security number	<b>C</b> – Date of birth <i>(mmddyyyy)</i>



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Ste			e household gross income tal of all amounts, even if not taxable, that you, your spouse (if married), and all other household me	mber	s received during 2023.
9	Federal ac	ljuste	ed gross income (FAGI) <i>(see instructions)</i>	9	.00
10	New York	State	e additions to FAGI	10	.00
11	Social Sec	urity	payments not included on line 9	11	.00
12	Suppleme	ntal	Security Income payments	12	.00
13	Pensions a	and a	annuities (including railroad retirement benefits) not included on lines 9 through 12	13	.00
14	Cash publ	ic as	sistance and relief	14	.00
15	Other inco	me.		15	.00
16		-	ss income <i>(add lines 9 through 15; see instructions)</i> nore than \$18,000, <b>stop;</b> you do not qualify for this credit.	16	.00
17	7 Enter rate from Table 1 (see instructions)				
18	18 Multiply line 16 by line 17				.00
Ste	p 4 – Com	oute	real property tax		
	Renters only	19	Enter the <b>total</b> amount of rent you and all members of your household paid during 2023. (Do not include any subsidized part of your rental charge.)	19	.00
		20	Adjusted rent – If line 19 includes charges for:Enter on line 20heat, gas, electricity, furnishings, and board50% (0.5) of line 19heat, gas, electricity, and furnishings75% (0.75) of line 19heat, gas, and electricity80% (0.8) of line 19		

		heat or heat and gas         85% (0.85) of line 19           none of the above         100% of line 19	20	.00
	21	Average monthly adjusted rent <i>(divide line 20 by the number of months you paid rent)</i> If line 21 is more than \$450, <b>stop;</b> you do not qualify for this credit.	21	.00
	22	Multiply line 20 by 25% (0.25); enter here and on line 28	22	.00
Homeowners only	23	Real property taxes paid during 2023 (see instructions)	23	.00
	24	Special assessments	24	.00
	25	Add lines 23 and 24	25	.00
	26	Exemption for homeowners 65 and over (optional - see instructions)	26	.00
	27	Add lines 25 and 26; enter here and on line 28	27	.00



Step 5	– Com	pute cr	edit a	amount
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<b>28 Renters:</b> Enter amount from line 22. <b>Homeowners:</b> Enter amoun	t from line 27 (see instructions)					
If line 28 is zero or less, <b>stop</b> ; no credit is allowed.						
<b>29</b> Enter amount from line 18 If line 29 is equal to or more than line 28, <b>stop;</b> you do not qual						
<b>30</b> Subtract line 29 from line 28						
<b>31</b> Multiply line 30 by 50% (0.5) (However, if you entered an amount on li	ne 26, multiply line 30 by 25% (0.25).) <b>31</b> .00					
32 Credit limit (see instructions; enter amount from chart)						
<b>33</b> Enter the amount from line 32 or 31, whichever is less. This is the ( <i>If more than one member of your household is filing Form IT-214, see a</i> )	5					
<ul> <li>If you are filing this claim with your New York State income Enter the line 33 amount on Form IT-201, line 67.</li> </ul>	tax return:					
<ul> <li>If you are not filing this claim with a New York State income</li> </ul>	tax return (see instructions):					
Mark one refund choice: direct deposit (fill in line 34) -	or - 🗌 paper check					
Step 6 – Enter account information for direct deposit (see instruction	ons)					
If the funds for your refund would go to an account outside the U.S., r	mark an $\boldsymbol{X}$ in this box (see instructions)					
34 Direct deposit (see instructions): Complete the following to have ye						
34a Account type: Personal checking - or - Personal s	avings - or - Business checking - or - Business savings					
34b Routing number 34c Account number						
Third-party         Print designee's name           designee? (see instr.)	Designee's phone number Personal identification ( ) Personal identification number (PIN)					
▼ Paid preparer must complete ▼ Preparer's NYTPRIN (see instructions) NYTPRIN excl. code						
Preparer's signature Preparer's printed name	Your signature					
Firm's name (or yours, if self-employed) Preparer's PTIN or SS	SN Your occupation					
Address Employer identification	n number Spouse's signature and occupation ( <i>if joint claim</i> )					
Date	Date Daytime phone number					
Email:	Email:					

• If you are filing a NYS income tax return, submit this form with your return.

 If you are not filing a NYS income tax return, mail this form to: NYS TAX PROCESSING, PO BOX 15192, ALBANY NY 12212-5192.

