			for Ear					<u>200</u> 1)	· 17	Г-215
		Please enter your first name first. For a joint claim, use both name lines. Your first name and middle initial Your last name (for a joint claim, enter spouse's name on line below)						▼ Your social secu	rity number	
	= 0				,	,	,			
	= \$\frac{1}{2}	Spouse's first name	and middle initial	Spouse's last na	ame			▼ Spouse's social	security nur	nber
	io i									
	Print or type	Mailing address (nu	Mailing address (number and street or rural route) Apartment number					New York State co ●	ounty of re	sidence
		City, village or post	office	State		ZIP Co	de	(See instruction	ns Fo	 rm IT-215-I
								for assistance		2 10 1,
		☐ 1 Did you claim the fo	ederal earned income cr	edit for 2001? If	No. stop: vou do i	not qualify	for the NYS cred	it 1. ■ Ye	,e	■ No □
					, , , , , , , , , , , , , , , , , , , ,	,				• NO
2	Is your investment inco	ome (see instructions)	greater than \$2,450	0? If Yes, stop	; you do not q	ualify for	the NYS cred	lit 2. Ye	es 🔛	No
3	Have you already file	ed vour 2001 New Yo	rk State income ta:	x return? If N	o . vou must file	this clair	m with a return	n 3. Ye	,c	No 🗌
	. iave yea ameaay ine				o, youaot				;5 <u> </u>	NO
4	Did you claim qualify	•							es	■ No
		n line 5. If Yes , fill in t	the following for the				Schedule EIC.			
	First name and middle initial	Last name	Relationship	months lived	Full-time Wit disabili	on h tv **	Social security nu			Year of birth
	madio mila		with you Student* disability*					_ _		
ı						_			•	
					•	_ _• [− •r	
	J.									
	* Place an X in	this box only if you	u checked Yes (on your 200	1 federal Sch	edule E	IC, line 4a.			
5								1 25 if		
Ŭ	5 Is the IRS figuring your federal earned income credit for you? If Yes, complete lines 6 through 10 (also lines 22, 24, and you are a part-year resident) and attach this form to your New York State income tax return. The Tax Department will compute your									
	New York State earned in	come credit for you. If No.	complete lines 6 throu	igh 18 (and lines	19 through 27 if	ou are a p	art-year resident)	5. I Ye	es	■ No □
_					_					
6 Rofe	Wages, salaries, tips, ore completing lines			m 1040A, line 7	, or Form 1040,	line 7). Se	e instructions	6.		
7	Nontaxable earned in			9b. Form 1040	A. line 39b or Fo	rm 1040. li	ne 61b)	7.		
8	If you received a taxa	· -					•			
	penal institution for	work, enter that amo	ount here (see instr	uctions)				■ 8.		
_										
9	Business income or le	OSS (from your federal F	orm 1040 line instruc	tions, Earned I	ncome Credit Wo	rksheet B,	line 4a)	<u>9.</u>		
	♠ Employer identific:	ation number <i>(see ins</i>	tructions)							
	, ,	box	,	The amour	nt on line 9 is a	profit	■ a or i	loss 🛮 🗌		
10	Enter your federal mo	, ,	•	,						
11	Amount of federal E	nimum tax filers - see in:						11.		
	r cacrar anomative mi	Till tax filers dee file	structions)							•
12	New York State EIC	rate 25% (.25)						12.		. 2 5
13	Tentative New York S									•
	ou are a Form IT-201 o					orm bet	ore continuin	g.		
14	Form IT-200 filers, co	copy the amount from								
15	New York State hous	ehold credit (from Fort	m IT-200, line 20, For	m IT-201, line 3	19					
	or Form IT-203, line 3	7)			15.					
40	Entor the accellent of the	ing 44 or line 45						40		
16	Enter the smaller of li	ine 14 of line 15		•••••				16.		•
										1 1

17 Subtract line 16 from line 13. This is your allowable New York State earned income credit. See back for further instructions.

- If your filing status is 3, Married filing separate return, complete line 18.
- Part-year residents must also complete lines 19-27.
- All claimants must sign this form below.

18	If your New York State filing status is ③, Married filing separate return, the credit on line 17 can be divided	Dollars	Cents	
	between spouses in any manner you wish. Enter on line 18 the amount of credit from line 17 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 19, or Form 1040, line 33)			

Computation of part-year resident earned income credit

Lines 19-27 apply only to part-year residents claiming the earned income credit.

19	Enter New York State earned income credit (from front page, line 17, or line 18 above)	19.	
20	Enter the amount from Form IT-203, line 40	20.	
	If line 20 is less than line 19, continue on line 21 below.		
21	Subtract line 20 from line 19. This is your excess earned income credit	21.	
22	Enter the amount from Form IT-203-B, line 21 (If Form IT-203-B is not required to be filed, leave blank and continue on line 23 below.)	22.	
22	• If Form IT-215, line 22 is equal to or more than Form IT-215, line 21, stop. Do not continue	•	
	with this worksheet. Enter the amount from line 21 above on Form IT-203-B, line 22.		
	• If Form IT-215, line 22 is less than Form IT-215, line 21, enter the amount from line 21 above on Form IT-203-B	5,	
	line 22 and continue on line 23 below.		
23	Subtract line 22 from line 21. This is your remaining excess earned income credit		
24	Enter amount from Part-year resident income allocation worksheet, Column B, line 18, from page 14 of your Form IT-203 instructions booklet		
25	Enter amount from Part-year resident income allocation worksheet.	<u>_</u>	
	Column A, line 18, from page 14 of your Form IT-203 instructions booklet		
26	Divide line 24 by line 25 (carry the result to four decimal places). This amount cannot exceed 100% (1.0000)	26.	
27	Multiply line 22 by line 26. Enter the regult here and an Earm IT 202 P. line 50		
27	Multiply line 23 by line 26. Enter the result here and on Form IT-203-B, line 50. This is the refundable portion of your part-year resident earned income credit.	■ 27.	
	The is the folding period of your part your resident same income strong manner income	•	
	Worksheet A (For IT-201 and IT-203 filers only)		
	· · · · · · · · · · · · · · · · · · ·		
	1 New York State tax (from Form IT-201, line 38, or Form IT-203, line 36)		
		1.	
	2 Resident credit (from Form IT-201-ATT, line 41, or Form IT-203-B,	, 	
	2 Resident credit (from Form IT-201-ATT, line 41, or Form IT-203-B, line 27)		
	2 Resident credit (from Form IT-201-ATT, line 41, or Form IT-203-B, line 27)	 	
	2 Resident credit (from Form IT-201-ATT, line 41, or Form IT-203-B, line 27)		
	line 27)	4.	
	5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter "0.") Enter here and on line 14 on the	4.	
	5 Subtract line 4 from line 1. (If line 4 is more than line 1, enter "0.") Enter here and on line 14 on the	4.	

Address

preparer's

use only

Firm's name (or yours, if self-employed)

Mark "X" if

self-employed

• Employer identification number

Date

Sign

here

Date

Spouse's signature (if joint claim)

Daytime phone number (optional)