## For office use only

New York State Department of Taxation and Finance

		<b>Claim</b>	for Ea	rned	Inco	me	e Cre	dit	<u>{</u>	3	<b>T-2</b>	15
		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)					line below)	Vour social	security num	ber		
	Print or type	Spouse's first name and middle initial Spouse's last name				▼ Spouse's social security number						
	Print 6	Mailing address (nu	mber and street or r	ural route)			Apartmen	it number	New York Sta	e county o	f residenc	ce
		City, village, or post office State ZIP code						(See instru		-orm IT-	-215-I,	
		<ol> <li>Did you claim the fet</li> </ol>	ideral earned income	credit for 20032	If No stop: y	ou do not	quality for th	e NVS credi	for assistar	, 	] 🔳 N	
											1	
2	Is your investment inco		-			-	-			Yes		
3 4	Have you already filed Did you claim qualifyir				-			ith a returr	1 <b>3.</b>	Yes	N	o 🔄
-	If <b>Yes</b> , in the space											
	Schedule EIC. If you	claimed more than	two, see instruc	ctions					4.	Yes	. <b>N</b>	0
	First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability <b>*</b>	*	Social se	curity number		Year o	f birth
I			•			•	•				•	
•			•			•					•	
	Is the IRS figuring you you are a part-year residen New York State earned inco Wages, salaries, tips, or <b>re completing lines 7</b> If you received a taxat penal institution for compensation plan	t) and attach this form to me credit for you. If <b>No</b> , etc. (from federal Form <b>and 8, see instruct</b> ole scholarship or fel work, or if you receiv	your New York Sta complete lines 6 thro 1040EZ, line 1, Fo tions. Ilowship grant, o ved an amount a	te income tax ref bugh 17 (and line orm 1040A, line r if you were j as a pension o	urn. The Tax s 18 through <i>7, or Form</i> paid any a pr annuity f	Departme 26 if you a 1 <i>040, line</i> mount as rom a no	ent will compu are a part-yea 7). See ins s an inmate onqualified	te your ar resident) . structions . e in a deferred	5. 1	Yes	] <b>I</b> N	• 🗌 • 📃
8	Business income or lo	SS (from your federal Fo	orm 1040 line instru	<i>ictions,</i> Earned I	ncome Cred	t Workshe	et B, lines 1	e, 2c, and 3,	) <b>8.</b>			•
	<ul> <li>Employer identificat</li> </ul>	ion number <i>(see inst</i>	ructions)	•								
9	<ul> <li>Mark an X in the a Enter your federal adju</li> </ul>	pplicable box		The amo	unt on line	8 is a <b>p</b> i	rofit	or I	oss 🛚 🗌			
Ŭ	(from federal Form 104	0	A, line 21; or Form	1040, line 34) .					9.			
10	Amount of federal El								10.			•
11	New York State EIC ra	te 30% (.30)							11.		,	3 0
12	Tentative New York Sta	ate earned income c	redit (multiply line	10 by line 11:	see instructi	ne)			12.			
	u are a Form IT-201 or					,					•	•
13	Form IT-200 filers, copy the		-									
	filers, copy the amount	from Worksheet A, line	e 5 on the back of	this form		13.						
14	New York State house or Form IT-203, line 37)	,				14.						
								• [_	 			
15	Enter the smaller of lir	e 13 or line 14							15.		!	•
16	Subtract line 15 from I	ine 12. This is your al	Iowable New York	State earned in	come credit.	See back	for further i	nstructions	16.			

This is a scannable form; please file this original with the Tax Department.

•	If your filing	status is 3,	Married filing	separate return,	, complete line 17.
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- Part-year residents must also complete lines 18 through 26.
- All claimants must sign this form below.

17	If your New York State filing status is ③, Married filing separate return, the credit on line 16 can be divided	Dollars	Cents	
	between spouses in any manner you wish. Enter on line 17 the amount of credit from line 16 you are			1
	claiming and enter your joint federal adjusted gross income below		•	
	federal adjusted gross income (from federal Form 1040EZ, line 4			
	Form 1040A line 21 or Form 1040 line 34)			

## Computation of part-year resident earned income credit

Lines 18 through 26 apply only to	part-year residents claiming
the earned income credit.	

18	Enter New York State earned income credit (from front page, line 16, or line 17 above)
19	Enter the amount from Form IT-203, line 40
20	Subtract line 19 from line 18. This is your excess earned income credit
21	<ul> <li>Enter the amount from Form IT-203-B, line 22 (If Form IT-203-B is not required to be filed, leave blank and continue on line 22 below.)</li> <li>If Form IT-215, line 21 is equal to or more than Form IT-215, line 20, stop. Do not continue with this worksheet. Enter the amount from line 20 above on Form IT-203-B, line 23.</li> </ul>
	<ul> <li>If Form IT-215, line 21 is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-B, line 23 and continue on line 22 below.</li> </ul>
22 23 24	Subtract line 21 from line 20. This is your remaining excess earned income credit
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) 25.
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-B, line 52. This is the refundable portion of your part-year resident earned income credit.

		Works	sheet A (For I	T-201 and IT-2	03 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-2 line 28)	, ,	, 	-	•	]	
	3	Accumulation distribution creation <i>Form IT-203-B, line 29</i>	l.			•	]	
	4	4 Add lines 2 and 3						
	5	Subtract line 4 from line 1. (If front of this form				3 on the	5.	
Paid	Prepar	rer's signature	▼ Preparer's SSN or	r PTIN		Your signature		
preparer's use only			Employer identification number		Sign here	Spouse's signature (if joint claim)		
Address			Date	Mark X if		Date	Daytime phone number (optional)	

self-employed

Daytime phone number (optional)