

# Claim for New York City School Tax Credit



# NYC-210

|   |   |  |                                   |  |  |
|---|---|--|-----------------------------------|--|--|
| <b>Print or type</b>  | Your first name and middle initial                        | Your last name <i>(for a joint claim, enter spouse's name on line below)</i> | ▼ Your social security number     | <input style="width: 90%;" type="text"/>   |  |
|   | Spouse's first name and middle initial                    | Spouse's last name   | ▼ Spouse's social security number | <input style="width: 90%;" type="text"/>   |  |
|   | Mailing address <i>(number and street or rural route)</i> |  | Apartment number                  | <b>Important:</b> You <b>must</b> enter your social security number(s) in the boxes above. |  |
|   | City, village, or post office                             | State  | ZIP code                          | NYS county of residence while living in NY City  |  |
| Address of New York City residence that <b>qualifies</b> you for this credit, if different from above |   |  |                                   |  |  |
| City  |   | State  | ZIP code                          | Decedent information •   |  |
|   |   | <b>NY</b>  |                                   | Taxpayer's date of death •   |  |
|   |   |  |                                   | Spouse's date of death •   |  |

**Note:** Use this form only if you are not required to file a 2008 Form IT-150, IT-201, or IT-203, and you lived in New York City for any part of 2008. You lived in **New York City** if you lived in any of the following counties during 2008: **Kings County (Brooklyn), Bronx, New York County (Manhattan), Richmond County (Staten Island), and Queens.** If you did not live in any of these counties for all or part of the year, **stop**; you do not qualify for this credit.

- Type of claim — mark an X in one box** *(see instructions)*
- a**  Single *(complete lines 1, 2, and 5)*

**b**  Married filing a **combined** claim *(complete lines 1 through 5)*
  - c**  Married but filing a **separate** claim *(complete lines 1, 2, and 5)*

**d**  Qualifying widow(er) with dependent child *(complete lines 1, 2, and 5)*

- 1 Can you be claimed as a dependent on another taxpayer's 2008 federal return? ..... **1.** Yes  No   
 If you marked an **X** in box a, c, or d above, and marked the **Yes** box at line 1, **stop**; you do not qualify for the credit. All other filers continue with line 2.
- 2 Enter, in the box(es) to the right, the number of months during 2008 that you lived in **New York City** *(see Note above; also see instructions)*..... **2.**  months  
 If you marked an **X** in box b above, continue with line 3. All other filers continue with line 5.
- 3 Can your **spouse** be claimed as a dependent on another taxpayer's 2008 federal return? ..... **3.** Yes  No   
 If you marked an **X** in the **Yes** box at both lines 1 and 3, **stop**; you do not qualify for this credit. All other filers continue with line 4.
- 4 Enter, in the box(es) to the right, the number of months during 2008 your **spouse** lived in **New York City** *(see Note above; also see instructions)* ..... **4.**  months
- 5 **Direct deposit** Complete the following to have your refund deposited directly to your bank account *(see instructions)*.
  - 5a Routing number •
  - 5b Account type: •  Checking •  Savings
  - 5c Account number •

|  |                       |                             |  |
|--|-----------------------|-----------------------------|--|
| <b>Third-party designee?</b> <i>(see instr.)</i>         | Print designee's name | Designee's phone number ( ) | Personal identification number (PIN)     |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | E-mail:               |                             | <input style="width: 90%;" type="text"/> |

| ▼ Paid preparer's use only ▼                    |   |
|---|---|
| Preparer's signature                            | ▼ SSN or PTIN:                                      |
| Firm's name <i>(or yours, if self-employed)</i> | • Employer identification number                    |
| Address   | Mark an X if self-employed <input type="checkbox"/> |
|   | Date  |
| E-mail:   |   |

| ▼ Taxpayer(s) sign here ▼                                  |                        |
|--|------------------------|
| Your signature   |                        |
| Your occupation  |                        |
| Spouse's signature and occupation <i>(if joint return)</i> |                        |
| Date   | ▼ Daytime phone number |
| E-mail:  |                        |

File your claim as soon as you can after January 1, 2009. Mail your claim to:  
**STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.**

Please file this original scannable credit form with the Tax Department.



### Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your return and tax payment. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: State Processing Center, 101 Enterprise Drive, Kingston NY 12401.

### Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

### Need help?



**Internet access:** [www.nystax.gov](http://www.nystax.gov)

Access our Answer Center for answers to frequently asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.



**Fax-on-demand forms:** Forms are

available 24 hours a day,  
7 days a week.

1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Refund status: 1 800 443-3200

(Automated service for refund status is available 24 hours a day, 7 days a week.)

To order forms and publications: 1 800 462-8100

**Personal Income Tax** Information Center: 1 800 225-5829

From areas outside the U.S. and outside Canada: (518) 485-6800



**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at 1 800 634-2110. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

2102080094

