

IT-215



## Claim for Earned Income Credit New York State • New York City

Attach this form to Form IT-201 or IT-203.

| Nan                        | ne(s) as shown on re   | eturn  |   |  |  |  |   |                                     | ▼ Yo  | ur social sec | urity number |            |
|----------------------------|--|--|---|--|--|--|---|-------------------------------------|---|---------------|--------------|------------|
|                            |  |  |   |  |  |  |   |                                     |   |               |              |            |
| 1<br>2<br>3<br>4           | Is your investment in<br>Have you already to<br>Did you claim qual<br>If <b>Yes</b> , in the spa | ncome (see instruc<br>filed your 2011 Ne<br>lifying children on  | tions) greater than sew York State inco<br>your 2011 federa<br>to to three of the sa            | \$3,150? If <b>Y</b><br>me tax retu<br>I Schedule              | <b>'es, stop;</b><br>urn? If <b>Ye</b><br>EIC? If <b>N</b>     | <b>you</b> (<br><b>s</b> , yo<br><b>lo</b> , c | do not<br>u mus<br>ontinue              | <b>qua</b><br>t file<br>e wit       | r for these credits<br>lify for these credits<br>e an amended NYS return<br>th line 5.<br>Il Schedule EIC | 2.<br>1. 3.   | Yes          | No No No   |
|                            | First name and middle initial  | Last name  | Relationship  | Number of<br>months lived<br>with you                          | Full-time  | e l  | erson<br>with<br>ability*               |                                     | Social security nun   | nber          | Yea          | r of birth |
|                            |  |  | •   |  |  | •  |   | •                                   |   |               | <b>1</b> •   |            |
|                            |  |  | •   |  |  | :  | 一                                       | :                                   |   |               |              |            |
|                            |  |  | •   |  |  | •  | П                                       | •                                   |   |               | <b>-</b>     |            |
|                            | * Mark an <b>X</b> in t  | hese boxes <b>only</b> if w  | ou checked <b>Yes</b> in the  | he same box  | on your 2  | 011 f  | ederal s                                | . L<br>Sche                         | dule EIC (box 4a or 4b).  |               |              |            |
| 5                          | 23, and 24 if you<br>The Tax Departme<br>credit for you. If <b>N</b><br>resident). New Yo        | are a part-year Nevent will compute your will compute your work of the complete lines of | w York State resider<br>our New York State<br>6 through 17 (and li<br>ust complete the <b>N</b> | nt, and line 2<br>and, if appli<br>nes 18 throu<br>lew York Ci | 28 if you a<br>cable, you<br>ugh 26 if y<br><b>ity earne</b> d | ire a lur Ne<br>rou al                         | oart-ye<br>w York<br>e a par<br>ome cre | ar N<br>City<br>t-ye<br><b>edit</b> | ar New York State   | 5.            | Yes Dollars  | No Cents   |
| 6                          | Wages, salaries, ti  | ps, etc., from <i>Wol</i>  | rksheet A line 3, c   | on page 2 c  | of the inst  | ructi  | ons, Fo                                 | orm                                 | IT-215-I  | 6.            |              |            |
| 7                          | If you received a tapenal institution  |  |   |  |  |  |   |                                     | as an inmate in a<br>nonqualified deferred  |               |              |            |
| 8                          |  | _  |   |  |  |  |   |                                     | ee instructions)<br>et B, lines 1e, 2c, and 3)  |               |              |            |
| Ū                          |  | ation number (see in   | _   | tractions, La  | THEO INCOM   | 010  |   | (SI ICC                             | b, iiiic3 re, 20, and 07  | 0.            |              |            |
| 9                          | Enter your federal   | , ,  |   |  |  |  |   |                                     |   |               |              |            |
| 10                         |  |  |   |  |  |  |   |                                     | orm 1040, line 64a)   |               |              | -          |
| 11                         |  | ,  |   |  |  |  |   |                                     |   |               |              | 3 0        |
| 12                         | Tentative NYS EIC  | (multiply line 10 by   | line 11; see instructi  | ons)   |  |  |   |                                     |   | 12.           |              | •          |
| Con                        | nplete <i>Workshee</i>   | t B on the bac   | k page before o   | ontinuin   | g.   |  |   |                                     |   |               |              |            |
| 13<br>14<br>15<br>16<br>17 | Allowable New York S   | ousehold credit (from 14 or line 13 or line 14 or line 14 ork State earned State filing status   | om Form IT-201, line  income credit (so is is 3, Married fili                                   | 40, or Form  ubtract line 1  ng separat                        | IT-203, lin  | e 39)<br><br>e 12;<br>con                      | 14.<br>see inst                         | ructi<br>line                       | ons)  | _             |              | •          |
|                            |  |  | een spouses in an<br>aiming, and also e   |  |  |  |   |                                     | ' the amount<br>s income below  | 17.           |              |            |
|                            |  | •  | (from federal Form 1  |  |  |  |   |                                     |   | [ - 4 4 ]     |              |            |
|                            | Form 1040A, line 2   | 22; or Form 1040, lin  | e 38)   |  |  |  | •                                       |                                     |   |               |              |            |

| Part-year New York State resident earned income credit |   |          |         |           |  |  |  |  |  |
|--|---|----------|---------|-----------|--|--|--|--|--|
|  | es 18 through 26 apply only to part-year New York State esidents claiming the New York State earned income credit.  |          | Dollars | Cents     |  |  |  |  |  |
| 18   | Enter your New York State earned income credit (from line 16 or line 17)  | 18.      |         | ].        |  |  |  |  |  |
| 19   | Enter the amount from Form IT-203, line 42  | 19.      |         | ].        |  |  |  |  |  |
|  | <ul> <li>If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income cre</li> <li>If line 19 is less than line 18, continue on line 20 below.</li> </ul> | edit.    |         |           |  |  |  |  |  |
| 20   | Excess New York State earned income credit (subtract line 19 from line 18)  | 20.      |         | 1.        |  |  |  |  |  |
| 21   | Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.  | 21.      |         | 1.        |  |  |  |  |  |
|  | <ul> <li>If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue</li> </ul>   |          |         |           |  |  |  |  |  |
|  | with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32.   |          |         |           |  |  |  |  |  |
|  | <ul> <li>If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on</li> </ul>  |          |         |           |  |  |  |  |  |
|  | Form IT-203-ATT, line 32, and continue on line 22 below.  |          |         |           |  |  |  |  |  |
| 22   | Subtract line 21 from line 20. This is your remaining excess New York State earned income credit  | 22.      |         | <b>].</b> |  |  |  |  |  |
| 23   | Enter the amount from line 18, Column D, of the <i>Part-year resident</i> income allocation worksheet in your Form IT-203 instruction booklet   | 1        |         |           |  |  |  |  |  |
| 24   | Enter the amount from line 18, Column A, of the Part-year resident  | _        |         |           |  |  |  |  |  |
|  | income allocation worksheet in your Form IT-203 instruction booklet   |          |         |           |  |  |  |  |  |
| 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-ATT, line 10.  This is the refundable portion of your part-year New York State resident earned income credit                  | 26.      |         |           |  |  |  |  |  |
| Nev  | v York City earned income credit (full-year and part-year New York City residents)  |          |         |           |  |  |  |  |  |
| 27   | From Worksheet C, New York City earned income credit, on page 3 of Form IT-215-I, Instructions for  |          |         | - ——      |  |  |  |  |  |
|  | Form IT-215. Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11.   | 27.      |         | <b>_</b>  |  |  |  |  |  |
|  | Part-year New York City residents must also complete line 28 below.   |          |         |           |  |  |  |  |  |
| 28   | Part-year New York City adjusted gross income   |          |         |           |  |  |  |  |  |
|  | Enter the amounts from Worksheet C, lines 6 and 7   | 28B.     |         |           |  |  |  |  |  |
| Wo   | rksheet B   | _        |         |           |  |  |  |  |  |
| 1  | New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)   | 1.       |         | •         |  |  |  |  |  |
| 2  | Resident credit (see instructions)  |          |         |           |  |  |  |  |  |
| 3  | Accumulation distribution credit (see instructions)   | <u> </u> |         | - ——      |  |  |  |  |  |
| 4  | Add lines 2 and 3   | 4.       |         | <u> </u>  |  |  |  |  |  |
| 5  | Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form  | 5.       |         | J•[       |  |  |  |  |  |

