

#### New York State Department of Taxation and Finance

# Claim for New York City School Tax Credit

<b>NYC-21</b> (	0
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**			-								
Your first name and middle initial	Your last name (for a combined claim, enter spouse's name on line below				You	r date of birth (mm-d	d-yyyy)	Your social security number			
Spouse's first name and middle initial Spouse's last name					Spouse's date of birth (mm-dd-yyyy)			Spouse's social security number			
Mailing address (number and street or rural route)					Apartment number			You must enter your date(s) of birth and social security number(s) above.			
City, village, or post office State			ode	Country (if n	ot Ur	United States)		NYS county of residence while living in NY City			
Address of New York City residence t	hat <b>qualifies</b> you for thi	is credit, if	different from a	bove							
City		State ZIP code				Decedent information Taxpayer		r's date of death Spouse's date of death			
Type of claim – mark an X in one I (see instructions)  Can you be claimed as a If you marked an X in b you do not qualify for th Enter, in the box to the rig New York City (see Not If you marked an X in th credit. All other filers co New York City (see Not New York City (see Not New York City (see Not New York City (see Not) See Not New York City (see Not) New York City (see Not) New York City (see Not)	dependent on ano ox a, c, or d above the credit. All other fult, the number of the above; also see in ox b above, continued as a dependence Yes box at both intinue with line 4. Int, the number of the	ingle (complete (complete de larried fil (complete de larried fil (complete de larried filers commonths de larried filers commonths de larried filers and months de larried filers 1 and months de larried filers filer	lines 1, 2, aring a comb lines 1 throu payer's 2013 arked the Yestinue with liduring 2013 c)ine 3. All ottother taxpay and 3, stop;	Queens. If your spous out spous spou	urn e 1 ed i ntin ede qua	did not live in  c Marrie (comp d Qualify child ?, stop; n ue with line 5. ral return? alify for this	any of d but fill blete line ying wic (comple	these counting a separa s 1, 2, and 5) dow(er) with the lines 1, 2, and 1. Yes	es for all or  ate claim  dependent	No ths	
5 Mark one refund choice	(see instructions):	dir	ect deposit	: (fill in line 6)	-	or - de	ebit car	d - or -	paper	check	
6 Direct deposit (see instructi	ons): Complete the f	ollowing t	o have your r	efund deposi	ted						
Routing number		6b Acco type:		rsonal ecking - <b>or</b> -		Personal savings	or -	Business checking -	or - Bu	isiness vings	
<b>Note:</b> If the funds for your refund butside the U.S., mark an <b>X</b> in this			6	c Account number							
Third-party designee? (see instr.)	designee's name			Desig	gnee )	nee's phone number Personal identifica number (PIN)					
Yes No E-mail:											
▼ Paid preparer must con	nplete (see instr.)	Date				▼ Tax	payer(s	s) must sigr	n here ▼		
Preparer's signature			Preparer's NYTPRIN			Your signature					
Firm's name (or yours, if self-employed)			Preparer's PTIN or SSN			ur occupation					
Address		Emplo	Employer identification number			ouse's signature a	and occup	ation (if joint cla	on (if joint claim)		
			Mark an <b>X</b> if self-employed			Date Daytime phone number					
E-mail:					E-mail:						

File your claim as soon as you can after January 1, 2014. Mail your claim to:

NYS TAX PROCESSING, PO BOX 22017, ALBANY NY 12201-2017.



### Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed 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 form, contact that private delivery service for instructions on how to obtain written proof of the date your form 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, 30 Wall Street, Binghamton NY 13901-2718.

#### **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

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 Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

## Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. 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.



#### Telephone assistance

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431



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, call

the information center.



## **Change to Mailing Address for Certain Income Tax Credit Claim Forms**

Effective January 1, 2017, the mailing address for the following forms has changed:

IT-214, Claim for Real Property Tax Credit
NYC-208, Claim for New York City Enhanced Real Property Tax Credit
NYC-210, Claim for New York City School Tax Credit

You must use the new address below and not what was printed on the prior year forms. The 2016 forms were revised and already list the new address. The address change only applies to the above credit claim forms submitted **without** Form IT-201, *Resident Income Tax Return*, or Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*.

If you are mailing any of the above claim forms (without a return), mail them to:

NYS TAX PROCESSING PO BOX 15192 ALBANY NY 12212-5192

If you are not using U.S. Mail, see Publication 55, Designated Private Delivery Services.

**Note:** Claim forms that were mailed to the old address before January 1, 2017, will be forwarded.

If you are mailing any of the above claim forms **with** your return, follow the mailing instructions for that return.