

Your Social Security number

Department of Taxation and Finance



Claim for Noncustodial Parent New York State Earned Income Credit New York State Earned Income Credit • New York City Earned Income Credit

Tax Law - Section 606(d-1)

Submit 1	this fo	rm with	h Form	IT-201.
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Name(s) as shown on return

Part 1 – Eligibility If you answer No to any question on lines 1 through 6, you do not qualify for the noncustodial EIC. However, if you claimed a federal EIC, you								-	
may be eligible to claim the New York State earned income credit on Form IT-215, Claim for Earned Income Credit. See instructions. 1 Were you a full-year resident of New York State?	earne and r	ed income credit (ecomputed earne	NYS d inc	SEIC). If you claimed a federal earned income come), compute both the noncustodial EIC (So	credit (or co chedule A) ar	uld have based on the NYS EIC (on your NY re (Schedule B)	computed	FAGI
If you answer No to any question on lines 1 through 6, you do not qualify for the noncustodial EIC. However, if you claimed a federal EIC, you may be eligible to claim the New York State earned income credit on Form IT-215, Claim for Earned Income Credit. See instructions. 1 Were you a full-year resident of New York State?	Sch	edule A – Nor	cus	stodial parent New York State earno	ed income	credit (nonc	custodial E	EIC)	
may be eligible to claim the New York State earned income credit on Form IT-215, Claim for Earned Income Credit. See instructions. 1 Were you a full-year resident of New York State?	Part	1 – Eligibility	,						
If No, stop; you do not qualify for this credit. 2 Were you age 18 or older as of December 31?									EIC, you
2 Yes No If No, stop; you do not qualify for this credit. 3 Were you the parent of a child who did not reside with you and was under the age of 18 on December 31? 3 Yes No If No, stop; you do not qualify for this credit. If Yes, list up to three children who did not reside with you in the spaces below (see instructions). First name MI Last name Suffix Relationship Social Security number Date of birth (mmddyyyy) 4 Did you have a child support order payable through a New York State Support Collection Unit (SCU) for at least one-half of the tax year?	1 V	Vere you a full-yea	ar res	sident of New York State?			1	Yes	No 🗌
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First name Mi									
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4 Did you have a child support order payable through a New York State Support Collection Unit (SCU) for at least one-half of the tax year?		First name	MI	Last name	Suffix	Relationship			
Unit (SCU) for at least one-half of the tax year?							Hamber	(111	maayyyy)
Unit (SCU) for at least one-half of the tax year?									
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every order requiring you to make child support payments?	5 F				r more than t	he amount due f	or		
6 Is your NY recomputed federal AGI from Form IT-201, line 19a, less than \$41,756?		•	-					Yes	No
		If No, stop ; you	do n	ot qualify for this credit.					
If No, stop ; you do not qualify for this credit.	6 Is								
7 Do you (and your spouse if filing a joint return) have a Social Security number that allows you to	7 D		-	- · · · · · · · · · · · · · · · · · · ·		•		,	🖂
work or is valid for federal earned income tax purposes? (see instructions)							7_	Yes	No
If No, stop ; you do not qualify for this credit, the NYS EIC, or the NYC EIC.	Q I						0	Voc 🗌	No
If Yes, stop ; you do not qualify for this credit, the NYS EIC, or the NYC EIC.	0 18	8 Is your federal filing status <i>Married filing separately?</i>							
9 Are you filing federal Form 2555 (relating to foreign earned income)?	9 A						9	Yes 🗌	No
If Yes, stop ; you do not qualify for this credit, the NYS EIC, or the NYC EIC.			ω C					.55	. 10
10 Is your investment income greater than \$3,650? (see instructions)	• /	If Yes, stop : you	do r	not qualify for this credit, the NYS EIC, or the	NYC EIC.				
If Yes, stop ; you do not qualify for this credit, the NYS EIC, or the NYC EIC.							10	Yes	No

Pa	art 2 – Claiming the credit		
	Have you already filed your New York State income tax return?	11	Yes No
12	greater of the two? If Yes, complete lines 13 through 17 (also complete lines 33 and 34 if you claimed the federal EIC, and lines 46 and 47 if you are a New York City part-year resident). If No, complete lines 13 through 32 (also complete lines 33 through 43 if you claimed the federal E	12	Yes No
	and lines 44 through 47 if you are a New York City resident or part-year resident).		
Pa	art 3 – Earned income		Whole dollars only
	Wages, salaries, tips, etc. from Worksheet A , line 6, on page 2 of the instructions		.00
	Earned income adjustments (see instructions).		.00
15	Business income or loss from Worksheet B , line 4, on page 2 of the instructions Employer identification number (see instr.) The amount on line 15 is a (mark an X in one box):		.00.
16	Total earned income (If line 15 is a profit, subtract line 14 from line 13, and then add line 15. If line 15 is		
	a loss, subtract line 14 from line 13, and then subtract line 15.)	16	.00
	If line 16 is zero or less, stop ; you do not qualify for this credit.		
17	Enter your NY recomputed federal AGI from Form IT-201, line 19a	17	.00
Pa	art 4 – Credit computation		
Cr	edit computed at 20% of federal EIC with one qualifying child		
	Find the line 16 amount (<i>Total earned income</i>) in the noncustodial EIC tables		
	(beginning on page 4 of the instructions), and enter the amount from column a	18	.00
19	Are the amounts on lines 16 and 17 the same?	19	Yes No
	If Yes , skip lines 20 and 21, and enter the line 18 amount on line 22.		
20	If <i>No</i> , continue on line 20. Is the amount on line 17 less than \$19,350?	20	Yes No
20	If Yes, skip line 21, and enter the line 18 amount on line 22. If No, continue on line 21.	20	iesino
21	Find the line 17 amount in the noncustodial EIC tables (beginning on page 4 of the instructions),		
	and enter the amount from column a	21	.00
	Enter the amount from line 18 or line 21, whichever is less		.00
23	Noncustodial EIC rate 20% (.20)	23	.20
24	Noncustodial EIC (multiply line 22 by line 23)	24	.00
Cr	edit computed at 2.5 times the federal EIC without a qualifying child		
25	Find the line 16 amount (<i>Total earned income</i>) in the noncustodial EIC tables (beginning on page 4		
	of the instructions). (If your NYS filing status is ②, Married filing joint return, enter the amount from		
	column c. All other filing statuses, enter the amount from column b.)	25	.00
20	Are the amounts on lines 16 and 17 the same?	20	Van Na
∠ b	Are the amounts on lines 16 and 17 the same?	26	Yes No



							Your Social Sec	curity number		11-20	9 (2020)	Page 3 of 4
Part 4	- Credit comp	utation (cont	inued)								
28 Fir	the amount on line of the amount on line 28, If No, continue on line the line 17 amou (If your NYS filing statuses)	and enter tine 28. Int in the notice is ②, Mar	the lir oncus	ne 25 amou stodial EIC t ling joint retu	unt on tables urn, <i>en</i>	line 29. (beginning	on page 4 on	of the instruc	tions).		Yes	.00
29 En	ter the amount fron	n line 25 or	line	28, whichev	ver is	less				29		.00
30 No	oncustodial EIC fact	tor (2.5)								30		2.50
31 No	oncustodial EIC cald	culation (mu	ıltiply	line 29 by lin	ne 30) .					31		.00
32 No	oncustodial EIC (ent	er the greate	er of li	ne 24 or line	31; se	ee instruction	s)			32		.00
Sche	dule B – New	York Sta	ate (earned i	nco	me cred	it (NYS E	EIC)				
33a Did 34 Did	d you claim the fedd d you file a NYS Fo If <i>No</i> , on lines 33 an All others: See ins d you claim qualifyin If <i>No</i> , continue on lift If Yes , in the space Note: The childre	orm IT-558? nd 33a, sto structions. ng children ine 35. s below, lis	on y	ou do not quour federal o three of t	ualify i	for the NYS dule EIC?	EIC.	d on federal	Schedu	33a	Yes Yes Yes	No No No No
	First nam	ne	MI			Last na	ime		Suffix		Relationship)
1st Child	No. of months lived with you	Full-time student*		Person with disability*		Social Secu	irity number	Date of birth (mmddyyyy	()		
	First nam	ne	MI			Last na	me		Suffix	l .	Relationship	
2nd Child	No. of months lived with you	Full-time student*		Person with disability*		Social Secu	rity number	Date of birth (mmddyyyy)		
3rd Child	First nam No. of months lived with you	Full-time student*	MI	Person with disability*		Last na	rity number	Date of birth (Suffix		Relationship	
	n X in these boxes only	-								35		00
SS All	nount of federal EIC	olalified 0	riec	omputed le	ueral	LIC (See Ins	แนะแบกร)			[35]		.00
36 NY	'S EIC rate 30% (.3	30)								36		.30
37 To	ntative NVS FIC (m	ultinly line 2	5 hv l	ine 36)						37		00

Sc	chedule B – New York State earned income cred	dit (continued)			
38	Complete lines 38a through 38e, and enter the line 38e amount or	ı line 38		38	.00
	38a Amount from Form IT-201, line 39	38a	.00		
	38b Resident credit (see instructions)		.00		
	38c Accumulation distribution credit (see instructions)				
	38d Add lines 38b and 38c		.00		
	38e Subtract line 38d from line 38a (if line 38d is more than line 38a,		.00		
	enter 0; also enter this amount on line 38 above)		.00		
39	Enter the amount from line 38			39	.00
40	New York State household credit (from Form IT-201, line 40)			40	.00
41	Enter the amount from line 39 or line 40, whichever is less			41	.00.
42	Allowable NYS EIC (subtract line 41 from line 37)			42	.00
43	Noncustodial EIC (enter the amount from line 32)			43	.00
	You can only claim the NYS EIC from line 42 or the noncustodial E claim both.	EIC from line 43. You	cannot		
	If line 42 is greater than line 43, enter the line 42 amount on Form If line 43 is greater than line 42, enter the line 43 amount on Form				
Sc	chedule C – New York City earned income credit (N	YC EIC) for NYC	C full-year ar	nd part-y	/ear residents
Ca	ution: You must be a full-year or part-year New York City re claimed the federal EIC or could have based on your FAGI and recomputed earned income.				
44	Were you a resident of New York City?			44	Yes No
	If No, stop ; you do not qualify for the NYC EIC.				
45	New York City EIC: Enter amount from Worksheet C on page 3 in here and on Form IT-201, line 70. Part-year New York City resid				
	complete lines 46 and 47 below			45	.00
46	Part-year New York City AGI: Enter the amount from Worksheet C	;, line 7		46	.00
47	Part-year New York City AGI: Enter the amount from Worksheet C	line 6		47	00

