

Department of Taxation and Finance

Claim for Earned Income Credit
New York State • New York City
Tax Law - Section 606(d)

IT-215

## Submit this form with Form IT-201 or IT-203.

1 Did you claim the federal earned income credit?	Nan	Name(s) as shown on return Your Soc										cial Security number		
1a Did you file a NYS Form IT-558?		,												
1a Did you file a NYS Form IT-558?														
If No. on lines 1 and 1a, stop; you do not qualify for these credits.   All others: See instructions   See	1	-										1	Yes	No
All others: See instructions) 2 Is your investment income (see instructions) greater than \$3,650? If Yes, stop; you do not qualify for these credits	1a	· L									······· _ ·	1a	Yes	No
2 Is your investment income (see instructions) greater than \$3,650? If Yes, stop; you do not qualify for these credits					ı do r	ot qualify for the	ese credits.							
3 Have you already filed your New York State income tax return? If Yes, you must file an amended NYS return											_	_	—	
4 Did you claim qualifying children on your federal Schedule EIC? If No, continue with line 5.  If Yes, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC	2	-	, , , , , , , , , , , , , , , , , , , ,											No
If Yes, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC	3											3	Yes	No
First name	4												·	—
First name							ildren you claimed o	n tede	eral Schedule E	IC		4	Yes	No
1 st Child   No. of months lived with you   First name		11 )	,	· · · · · · · · · · · · · · · · · · ·										
Child No. of months lived with you   Full-time student*   Person with disability*   Social Security number   Date of birth (mmddyyyy)      Person with disability*   Social Security number   Date of birth (mmddyyyy)			First name		MI	Last name				Suffix		Re	elationship	
No. of months   Full-time   Person with   disability*   Last name   Suffix   Relationship	1				1									
First name	Cr	nild	No. of months	Full-time	_	Person with	Social Security nur	number Date of birth		mmddyyyy)				
2nd Child No. of months   Full-time   Person with   disability*   Last name   Suffix   Relationship    3rd Child No. of months   Full-time   Person with   Social Security number   Date of birth (mmddyyyy)    * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  5 Is the IRS figuring your federal earned income credit (EIC) for you? If Yes, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).  The Tax Department will compute your New York State raid, if applicable, your New York City earned income credit for you. If No, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the New York City earned income credit Worksheet C on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form.    Whole dollars only  6 Wages, salaries, tips, etc., from Worksheet A line 4, on page 2 of the instructions, Form IT-215-I.    5 Yes  No  Whole dollars only  6 Wages, salaries, tips, etc., from Worksheet A line 4, on page 2 of the instructions, Form IT-215-I.    600  7 Earned income adjustments (see instructions).    8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)    8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)    8 Denter your recomputed federal adjusted gross income (from Form IT-201, line 19a, or Form IT-203, line 19a, Federal amount column)    9 Enter your recomputed federal EIC (see instructions).    10 Amount of federal EIC claimed or recomputed federal EIC (see instructions).    10			,		<u> </u>	disability*								
Child No. of months   Full-time   Person with   disability*   Last name   Suffix   Relationship    First name   MI   Last name   Suffix   Relationship    First name   MI   Last name   Suffix   Relationship    ** Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  ** Is the IRS figuring your federal earned income credit (EIC) for you? If Yes, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).  The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If No, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the New York City earned income credit Worksheet C on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form.  **Owned to be a suffix of the No of the			First nam	ne	MI		Last name			Suffix		Re	elationship	
No. of months   Ived with you   Full-time   Greson with   Gisability*	l	- 1									_			
Social Security number   Date of birth (mmddyyyy)	Cr	ılla			$\neg$ $ $		Social Security nur	nber	Date of birth (	mmaayyyy)	$\dashv$			
And thild thild this person with this pe			-			disability*	Last name			Cffix			alatianahin	
Child No. of months lived with you student* Social Security number Date of birth (mmddyyyy)  * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal EIC (box 4a or 4b).  * Mark an X in these boxes only if you checked Yes in the same box on your federal EIC (box 4a or 4b).  * Mark an X in these boxes only if yes, complete lines 6 through 9 .00  * Month of federal EIC claimed or recomputed federal EIC (see instructions)			FIISUIIdii	ie	IVII		Last name			Sullix		T.	elationship	
No. of months	_						Social Security pur	nhar	Date of hirth /	mmddyggg				
* Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).  1 Is the IRS figuring your federal earned income credit (EIC) for you? If Yes, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident).  The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If No, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the New York City earned income credit Worksheet C on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form 5 Yes No Whole dollars only  6 Wages, salaries, tips, etc., from Worksheet A line 4, on page 2 of the instructions, Form IT-215-I 6 6	Ci		No. of months   Full-time			Person with				illillaayyyy)	-			
Whole dollars only  Wages, salaries, tips, etc., from Worksheet A line 4, on page 2 of the instructions, Form IT-215-I. 6 .00  Earned income adjustments (see instructions) 7 .00  Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 8 .00  Employer identification number (see instructions)  Enter your recomputed federal adjusted gross income (from Form IT-201, line 19a, or Form IT-203, line 19a, Federal amount column)  Amount of federal EIC claimed or recomputed federal EIC (see instructions) 10 .00	5	23 Th cre res	, and 24 if you are a pe Tax Department wil edit for you. If <b>No</b> , consident). New York City	part-year New I compute you nplete lines 6 residents mu	York ur Nev througust cou	State resident, and v York State and, if gh 17 (and lines 18 mplete the <b>New Yo</b> u	line 28 if you are a pa applicable, your New through 26 if you are the City earned incom	art-yea York C a part- ne <i>cred</i>	r New York City City earned incom -year New York S dit Worksheet C	resident). ne State con		5	Yes 🗔	No
Farned income adjustments (see instructions)		P	9000			n ony roomanie ini								
Farned income adjustments (see instructions)	6	6 Wages, salaries, tips, etc., from <i>Worksheet A</i> line 4, on page 2 of the instructions, Form IT-215-I.									6		.00	
Employer identification number (see instructions)  9 Enter your recomputed federal adjusted gross income (from Form IT-201, line 19a, or Form IT-203, line 19a, Federal amount column)  9 .00  Amount of federal EIC claimed or recomputed federal EIC (see instructions)	7										7			
9 Enter your recomputed federal adjusted gross income (from Form IT-201, line 19a, or Form IT-203, line 19a, Federal amount column)  10 Amount of federal EIC claimed or recomputed federal EIC (see instructions) 10 .00	8	Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)									d 3)	8		.00
10 Amount of federal EIC claimed or recomputed federal EIC (see instructions)		En	nployer identificatior	n number (se	e instr	uctions)					_			
• ' ' '	9	Enter your recomputed federal adjusted gross income (from Form IT-201, line 19a, or Form IT-203, line 19a, Federal amount column									column)	9		.00
11 New York State earned income credit (NYS EIC) rate 30% (.30)	10	Amo	•									10		.00
	11	New	New York State earned income credit (NYS EIC) rate 30% (.30)									11		.30
12 Tentative NYS EIC (multiply line 10 by line 11; see instructions)	12	Tenta	ative NYS EIC (multi	iply line 10 by l	line 11	; see instructions)						12		.00
Complete <i>Worksheet B</i> on the back page before continuing.	Con	plet	e <i>Worksheet B</i> o	n the back	pag	e before contin	uing.				_			
13 Enter the amount from Worksheet B, line 5, on the back of this form	13					-				.0	0			
	14	New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14 .00												
15 Enter the smaller of line 13 or line 14														
16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions)										_	16		.00	
17 If your New York State filing status is ③, Married filing separate return, complete line 17. The NYS EIC on	17													
			ne 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC							> =IC _				
from line 16 you are claiming, and also enter your joint recomputed federal adjusted gross income below		£	m lina 16 vav ar	laiming and	oloo	ontor vour laint	computed federal	احماما		a a lave		17		00

## Part-year New York State resident earned income credit Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit. 18 Enter your New York State earned income credit (from line 16 or line 17) .00 Enter the amount from Form IT-203, line 42 .00 If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit. If line 19 is less than line 18, continue on line 20 below. Excess New York State earned income credit (subtract line 19 from line 18) 20 .00 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 .00 If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32. 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-ATT, line 32, and continue on line 22 below. 22 .00 Subtract line 21 from line 20. This is your remaining excess New York State earned income credit. ..... Amount from line 19, Column D, of Part-year resident income allocation worksheet, in Form IT-203-I. If you did not file NYS Form IT-558, enter this amount (see instructions) If you filed NYS Form IT-558, add to or subtract from this amount any amounts on line 2 and line 4 of Line 19a New York State amount column worksheet, in Form IT-203-I (that is related to your NYS resident period), and enter the result (see instructions) ..... 23 .00 .00 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) (see instr.) 25 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. ..... .00 New 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 27 .00 Form IT-215. Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11. Part-year New York City residents must also complete line 28 below. Part-year New York City adjusted gross income .00 Worksheet B New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) 1 .00 1 Resident credit (see instructions) Accumulation distribution credit (see instructions) 3 .00 Add lines 2 and 3 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. ........ .00

