



Department of Taxation and Finance

Claim for Real Property Tax Credit

For Homeowners and Renters

Tax Law – Article 22, Section 606(e)

IT-214**Step 1 – Enter identifying information**

Your first name	MI	Your last name (for a joint claim , enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number	
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number	
Current mailing address (number and street or PO box)			Apartment number	New York State county of residence	
City, village, or post office			State	ZIP code	
Country (if not United States)					
Street address of New York residence that qualifies you for this credit, if different from above			Apartment number	You must enter date(s) of birth and Social Security number(s) above.	
City, village, or rural route			State		ZIP code
NY					

Step 2 – Determine eligibility (For lines 1 through 6, mark an **X** in the appropriate box.)

- 1 Were you a New York State resident for all of 2019? **1** Yes ☐ No ☐
- 2 Did you occupy the same residence for at least six months during 2019? **2** Yes ☐ No ☐
If you marked an **X** in the **No** box on line 1 or 2, **stop**; you do not qualify for this credit.
- 3 Did you own real property with a current market value of more than \$85,000 during 2019? **3** Yes ☐ No ☐
- 4 Can you be claimed as a dependent on another taxpayer's 2019 federal return? **4** Yes ☐ No ☐
- 5 Did you reside in public housing, or other residence completely exempted from real property taxes in 2019? (see instr.) **5** Yes ☐ No ☐
If you marked an **X** in the **Yes** box on line 3, 4, or 5, **stop**; you do not qualify for this credit.
- 6 Did you live in a nursing home during 2019? (If you mark an **X** in the Yes box, see instructions.) **6** Yes ☐ No ☐

7 Complete below for the qualifying household member 65 or older (see instructions).

A – First name	Last name	B – Social Security number	C – Date of birth (mmddyyyy)

8 Complete below for **all** household members not included on line 7 (submit additional sheets if needed; see instructions).

A – First name	Last name	B – Social Security number	C – Date of birth (mmddyyyy)

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Step 3 – Determine household gross income

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2019.

9	Federal adjusted gross income If any household members do not have to file a federal return, see instructions	9		.00
10	New York State additions to federal adjusted gross income	10		.00
11	Social Security payments not included on line 9	11		.00
12	Supplemental Security Income (SSI) payments	12		.00
13	Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12	13		.00
14	Cash public assistance and relief	14		.00
15	Other income	15		.00
16	Household gross income (add lines 9 through 15; see instructions)	16		.00
If line 16 is more than \$18,000, stop ; you do not qualify for this credit.				
17	Enter rate from Table 1 (see instructions)	17		
18	Multiply line 16 by line 17	18		.00

Step 4 – Compute real property tax

Renters only	19	Enter the total amount of rent you and all members of your household paid during 2019. (Do not include any subsidized part of your rental charge.)	19		.00
	20	Adjusted rent – If line 19 includes charges for: Enter on line 20 heat, gas, electricity, furnishings, and board..... 50% (.5) of line 19 heat, gas, electricity, and furnishings..... 75% (.75) of line 19 heat, gas, and electricity 80% (.8) of line 19 heat or heat and gas 85% (.85) of line 19 none of the above 100% of line 19.....	20		.00
	21	Average monthly adjusted rent (divide line 20 by the number of months you paid rent)	21		.00
	If line 21 is more than \$450, stop ; you do not qualify for this credit.				
	22	Multiply line 20 by 25% (.25); enter here and on line 28	22		.00
Homeowners only	23	Real property taxes paid during 2019 (see instructions)	23		.00
	24	Special assessments	24		.00
	25	Add lines 23 and 24	25		.00
	26	Exemption for homeowners 65 and over (optional - see instructions)	26		.00
	27	Add lines 25 and 26; enter here and on line 28	27		.00



Step 5 – Compute credit amount

28 Renters: Enter amount from line 22. Homeowners: Enter amount from line 27 (see instructions)	28	.00
If line 28 is zero or less, stop ; no credit is allowed.		
29 Enter amount from line 18	29	.00
If line 29 is equal to or more than line 28, stop ; you do not qualify for this credit.		
30 Subtract line 29 from line 28	30	.00
31 Multiply line 30 by 50% (.5) (However, if you entered an amount on line 26, multiply line 30 by 25% (.25).)	31	.00
32 Credit limit (see instructions; enter amount from chart)	32	.00
33 Enter the amount from line 32 or 31, whichever is less. This is the credit for your household. (If more than one member of your household is filing Form IT-214, see instructions.)	33	.00

- If you are **filing this claim with your New York State income tax return**:
Enter the line 33 amount on Form IT-201, line 67.
- If you are **not filing this claim with a New York State income tax return** (see instructions):
Mark one refund choice: ☐ direct deposit (fill in line 34) - or - ☐ paper check

Step 6 – Enter account information for direct deposit (see instructions)

If the funds for your refund would go to an account outside the U.S., mark an **X** in this box (see instructions) ☐

34 Direct deposit (see instructions): Complete the following to have your refund deposited directly to your bank account.

34a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

34b Routing number

34c Account number

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
Email:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint claim)	
Date	Daytime phone number ()
Email:	

- If you **are filing** a NYS income tax return, submit this form with your return.
- If you **are not filing** a NYS income tax return, mail this form to:

NYS TAX PROCESSING, PO BOX 15192, ALBANY NY 12212-5192.

