



New York State Department of Taxation and Finance

Personal Income Tax MeF Acceptance Testing System for Tax Year 2015

TEST ID: 1006

Forms Included: NYC-210 Standalone

Return specific information:

- Prime taxpayer: Frank Fraser born on 02-10-1960
- Spouse: Frances Fraser born 11-12-1972 died 08-01-2015
- All other necessary information is on form.

Address any questions via e-mail to NYSPLITMEF@tax.ny.gov

Personal Income Tax MeF publications and forms: http://www.tax.ny.gov/pit/efile/pit_mef_publications_2014.htm

Current Schema and State Spreadsheet available at: http://www.tax.ny.gov/bus/efile/swd_income.htm



Claim for New York City School Tax Credit

NYC-210

Your first name		MI	Your last name (for a combined 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
Mailing address (number and street or PO box)					Apartment number	You must enter your date(s) of birth and social security number(s) above.
City, village, or post office		State	ZIP code	Country (if not United States)	NYS county of residence while living in NY City	
Address of New York City residence that qualifies you for this credit, if different from above						Apartment number
City		State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY				

Note: Use this form only if you are not required to file a 2015 Form IT-201 or IT-203, and you lived in New York City for any part of 2015. You lived in **New York City** if you lived in any of the following counties during 2015: **Kings County (Brooklyn), Bronx, New York County (Manhattan), Richmond County (Staten Island), or Queens**. If you did not live in any of these counties for all or part of the year, **stop**; you do not qualify for this credit.

Type of claim – mark an X in one box (see instructions)

a Single (complete lines 1, 2, and 5)
 c Married but filing a **separate** claim (complete lines 1, 2, and 5)
 b Married filing a **combined** claim (complete lines 1 through 5)
 d Qualifying widow(er) with dependent child (complete lines 1, 2, and 5)

- Can you be claimed as a dependent on another taxpayer's 2015 federal return? **1** Yes No
If you marked an **X** in box a, c, or d above, and marked the Yes box at line 1, **stop**; you do not qualify for the credit. All other filers continue with line 2.
 - Enter, in the box to the right, the number of months during 2015 that you lived in **New York City** (see Note above; also see instructions) **2** months
If you marked an **X** in box b above, continue with line 3. All other filers continue with line 5.
 - Can your **spouse** be claimed as a dependent on another taxpayer's 2015 federal return? **3** Yes No
If you marked an **X** in the Yes box at both lines 1 and 3, **stop**; you do not qualify for this credit. All other filers continue with line 4.
 - Enter, in the box to the right, the number of months during 2015 your **spouse** lived in **New York City** (see Note above; also see instructions) **4** months
 - Mark one refund choice (see instructions): **direct deposit** (fill in line 6) - or - **debit card** - or - **paper check**
 - Direct deposit** (see instructions): Complete the following to have your refund deposited directly to your bank account. If the funds for your refund would go to an account outside the U.S., mark an **X** in this box (see instructions)
- 6a** Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings
- 6b** Routing number **6c** 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)
	E-mail:		

▼ 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	
E-mail:			

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

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