



New York State Department of Taxation and Finance

Personal Income Tax MeF Acceptance Testing System for Tax Year 2015

TEST ID: 1009

Forms Included: IT-201, IT-201-ATT, IT-225, NYC-208, IT-213, IT-214, IT-215, IT-216, IT-217, and W-2.

Test Notes: Not eligible for Family Tax Relief Credit

Return specific information:

- Prime taxpayer: Ivy B Irving born on 10-24-1978
- Filing Head of Household with 3 dependent children and one dependent parent
- Full-year New York City resident
- Sales and use tax- \$15
- Dependent Care expenses and caregiver information is on IT-216 form
- Household pays \$5,200 rent Over 12 months; it does not include any utilities.
- IT-217 (Farmer's School Tax Credit) Part 3 information is as follows:

Name of entity	Type	EIN	Location of property
IRVING SISTERS	P	001401009	ROCKY POINT, NY
IRVING CORP	S	002401009	ROCKY POINT, NY
IRVING TRUST	ET	003401009	ROCKY POINT, NY

- Also, form IT-217 line 15 amount = form IT-201 line 33 amount (no adjustments)

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

		a Employee's social security number		OMB No. 1545-0008								
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld							
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld							
			5 Medicare wages and tips		6 Medicare tax withheld							
			7 Social security tips		8 Allocated tips							
d Control number			9		10 Dependent care benefits							
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C o d e				
f Employee's address and ZIP code						13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e				
						14 Other		12c C o d e				
								12d C o d e				
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name
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Form **W-2** Wage and Tax Statement

2015

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

Your social security number

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1		00
2	Taxable interest income	2		00
3	Ordinary dividends	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4		00
5	Alimony received	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7		00
8	Other gains or losses (submit a copy of federal Form 4797)	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits (also enter on line 27)	15		00
16	Other income (see page 14) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17		00
18	Total federal adjustments to income (see page 14) Identify:	18		00
19	Federal adjusted gross income (subtract line 18 from line 17)	19		00

New York additions (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21		00
22	New York's 529 college savings program distributions (see page 15)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24		00

New York subtractions (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 16)	26		00
27	Taxable amount of social security benefits (from line 15)	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion (see page 16)	29		00
30	New York's 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18).....	31		00
32	Add lines 25 through 31	32		00
33	New York adjusted gross income (subtract line 32 from line 24)	33		00

2D barcode clear area
approximate size
1 3/4" X 1 1/4"

Standard deduction or itemized deduction (see page 18)

34	Enter your standard deduction (table on page 18) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34		00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35		00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 18)	36		000 00
37	Taxable income (subtract line 36 from line 35)	37		00



Name(s) as shown on page 1

Your social security number

Tax computation, credits, and other taxes

Table with 3 columns: Line number, Description, and Amount. Rows include Taxable income (38), NYS tax on line 38 amount (39), NYS household credit (40), Resident credit (41), Other NYS nonrefundable credits (42), Add lines 40, 41, and 42 (43), Subtract line 43 from line 39 (44), Net other NYS taxes (45), and Total New York State taxes (46).

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

Table with 3 columns: Line number, Description, and Amount. Rows include NYC resident tax on line 38 amount (47), NYC household credit (48), Subtract line 48 from line 47 (49), Part-year NYC resident tax (50), Other NYC taxes (51), Add lines 49, 50, and 51 (52), NYC nonrefundable credits (53), Subtract line 53 from line 52 (54), MCTMT net earnings base (54a), MCTMT (54b), Yonkers resident income tax surcharge (55), Yonkers nonresident earnings tax (56), Part-year Yonkers resident income tax surcharge (57), Total New York City and Yonkers, taxes / surcharges and MCTMT (58), and Sales or use tax (59).

See instructions on pages 20, 21, and 22 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

2D barcode clear area approximate size 1 3/4" X 1 1/4"

Voluntary contributions (see page 24)

Table with 3 columns: Line number, Description, and Amount. Rows include 60a Return a Gift to Wildlife, 60b Missing/Exploited Children Fund, 60c Breast Cancer Research Fund, 60d Alzheimer's Fund, 60e Olympic Fund (\$2 or \$4; see page 24), 60f Prostate and Testicular Cancer Research and Education Fund, 60g 9/11 Memorial, 60h Volunteer Firefighting & EMS Recruitment Fund, 60i Teen Health Education, 60j Veterans Remembrance, 60k Homeless Veterans, Total voluntary contributions (60), and Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (61).

201003150099



Your social security number

62 Enter amount from line 61 **62** 00

Payments and refundable credits (see page 25)

63	Empire State child credit	63	00
63a	Family tax relief credit	63a	00
64	NYS/NYC child and dependent care credit	64	00
65	NYS earned income credit (EIC)	65	00
66	NYS noncustodial parent EIC	66	00
67	Real property tax credit	67	00
68	College tuition credit	68	00
69	NYC school tax credit (also complete F on page 1; see page 25)	69	00
70	NYC earned income credit	70	00
70a	NYC enhanced real property tax credit	70a	00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	00
72	Total New York State tax withheld	72	00
73	Total New York City tax withheld	73	00
74	Total Yonkers tax withheld	74	00
75	Total estimated tax payments and amount paid with Form IT-370	75	00

2D barcode clear area
approximate size
1 3/4" X 1 1/4"

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page XX).

76 Total payments (add lines 63 through 75) **76** 00

Your refund, amount you owe, and account information (see pages 27 through 30)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) **77** 00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check ... **78** 00

79 Amount of line 77 that you want applied to your 2016 estimated tax (see instructions) **79** 00

See pages 27 and 28 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

See page 29 for payment options.

80 00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 28) **81** 00

See page 31 for the proper assembly of your return.

82 Other penalties and interest (see page 29) **82** 00

83 Account information for direct deposit or electronic funds withdrawal (see page 29).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 29)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 30) Date Amount 00

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	
E-mail:		Date	

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

See instructions for where to mail your return.





Name(s) as shown on return
Identifying number as shown on return

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201 IT-203 IT-204 IT-205

Schedule A - New York State additions (enter whole dollars only)

Part 1 - Individuals, partnerships, and estates or trusts

1 New York State additions

Table with 4 columns: Line item (1a-1g), Number (A-), A - Total amount, B - NYS allocated amount. All values are 00.

Summary lines 2, 3, and 4 with totals and carryover amounts.

Part 2 - Partners, shareholders, and beneficiaries



Form IT-201 filers: do not enter EA-103 or EA-113
Form IT-203 filers: do not enter EA-113
Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

Table with 4 columns: Line item (5a-5g), Number (EA-), A - Total amount, B - NYS allocated amount. All values are 00.

Summary lines 6, 7, 8, and 9 with totals and carryover amounts.

(continued)



Schedule B – New York State subtractions *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

10 New York State subtractions

	Number	A - Total amount		B - NYS allocated amount	
10a	S -		00		00
10b	S -		00		00
10c	S -		00		00
10d	S -		00		00
10e	S -		00		00
10f	S -		00		00
10g	S -		00		00

11	Total (add column A, lines 10a through 10g)	11		00
12	Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any	12		00
13	Add lines 11 and 12	13		00

Part 2 – Partners, shareholders, and beneficiaries



Form IT-201 filers: do not enter ES-103, ES-104, ES-106, ES-107, ES-125, or ES-217
 Form IT-203 filers: do not enter ES-106, ES-107, ES-125, or ES-217
 Form IT-205 filers: do not enter ES-125

14 New York State subtractions

	Number	A - Total amount		B - NYS allocated amount	
14a	ES -		00		00
14b	ES -		00		00
14c	ES -		00		00
14d	ES -		00		00
14e	ES -		00		00
14f	ES -		00		00
14g	ES -		00		00

15	Total (add column A, lines 14a through 14g)	15		00
16	Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any	16		00
17	Add lines 15 and 16	17		00
18	Total subtractions (add lines 13 and 17; see instructions)	18		00





Department of Taxation and Finance
Other Tax Credits and Taxes
Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. Submit this form with your Form IT-201.

Name(s) as shown on your Form IT-201
Your social security number

A Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions) Yes No

Part 1 - Other New York State, New York City, and Yonkers tax credits

Section A - New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Accumulation distribution credit (submit computation)
2 Other nonrefundable, non-carryover credits
2a Code Amount
2b Code Amount
Total other nonrefundable, non-carryover credits (add lines 2a and 2b)

Section B - New York State nonrefundable, carryover credits used

3 Long-term care insurance credit
4 Investment credit
5 Solar energy system equipment credit
6 Other nonrefundable, carryover credits
6a Code Amount
6b Code Amount
6c Code Amount
6d Code Amount
6e Code Amount
6f Code Amount
6g Code Amount
6h Code Amount
6i Code Amount
6j Code Amount
6k Code Amount
6l Code Amount
6m Code Amount
6n Code Amount
Total other nonrefundable, carryover credits (add lines 6a through 6n)
7 Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42)

Section C - New York City nonrefundable, non-carryover credits used

8 New York City resident UBT credit
8a New York City resident GCT credit
9 New York City accumulation distribution credit (submit computation)
9a Part-year resident nonrefundable NYC child and dependent care credit
10 Total other New York City nonrefundable credits used (add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53)

Section D - New York State, New York City, Yonkers, and MCTMT refundable credits

11 Farmers' school tax credit
12 Other refundable credits
12a Code Amount
12b Code Amount
12c Code Amount
12d Code Amount
12e Code Amount
12f Code Amount
12g Code Amount
12h Code Amount
12i Code Amount
12j Code Amount
12k Code Amount
12l Code Amount
Total other refundable credits (add lines 12a through 12l)
13 Add lines 11 and 12

(continued on back)



Your social security number

Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits (continued)

14 Enter amount from line 13 on the front page	14	00
15 New York State claim of right credit	15	00
16 New York City claim of right credit	16	00
17 Yonkers claim of right credit	17	00
17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit	17a	00
18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on Form IT-201, line 71)	18	00

Part 2 – Other New York State taxes (submit all applicable forms)

If you are subject to other New York State taxes, **complete Part 2.**

19 New York State tax on capital gain portion of lump-sum distributions (Form IT-230)	19	00
20 Other New York State taxes		

Code	Amount	Code	Amount
20a	00	20g	00
20b	00	20h	00
20c	00	20i	00
20d	00	20j	00
20e	00	20k	00
20f	00	20l	00

Total other New York State taxes (add lines 20a through 20l)	20	00
21 Add lines 19 and 20	21	00
22 See instructions for line 22	22	00
23 Enter amount from Form IT-201 , line 39	23	00
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)	24	00
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)	25	00
26 New York State separate tax on lump-sum distributions (Form IT-230)	26	00
27 Resident credit against separate tax on lump-sum distributions	27	00
28 Subtract line 27 from line 26	28	00
29 This line intentionally left blank	29	
30 Net other New York State taxes (add lines 25 and 28; enter here and on Form IT-201, line 45)	30	00

Part 3 – Other New York City taxes (submit all applicable forms)

31 This line intentionally left blank	31	
32 New York City resident separate tax on lump-sum distributions (Form IT-230)	32	00
33 New York City tax on capital gain portion of lump-sum distributions (Form IT-230)	33	00
34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51)	34	00





Claim for Empire State Child Credit

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

Step 1 – Enter identifying information

Your name as shown on return	Your social security number
Spouse's name	Spouse's social security number

Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2015? 1 Yes No
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit or additional child tax credit for 2015? 2 Yes No
- 3 Is your federal adjusted gross income (*see instructions*)
 - \$110,000 or less and your filing status is ② married filing joint return;
 - \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**
 - \$55,000 or less and your filing status is ③ married filing separate return? 3 Yes No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit (*see instructions*) 4
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2015.. 5
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

Step 3 – Enter child information

List below the name, social security number, and date of birth for each child included on line 4.

First name	MI	Last name	Social security number	Date of birth (mmddyyyy)

Use Form IT-213-ATT if you have additional children to report (*see instructions*).



Step 4 – Compute credit

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

- 6 Enter your federal child tax credit from Form 1040A, line 35, or Form 1040, line 52 6 00
- 7 Enter your federal additional child tax credit from Form 1040A, line 43, or Form 1040, line 67..... 7 00
- 8 Add lines 6 and 7..... 8 00
- 9 Enter the number of children from line 4 9
- 10 Divide line 8 by line 9 10 00
- 11 Enter the number of children from line 5 11
- 12 Multiply line 10 by line 11..... 12 00
- 13 Multiply line 12 by 33% (.33) 13 00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.
All others continue with line 14.

- 14 Enter the number of children from line 5 14
- 15 Multiply line 14 by 100..... 15 00
- 16 Empire State child credit (*enter the amount from line 13 or line 15, whichever is greater*) 16 00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns (*see instructions*)

- 17 Enter the full-year resident spouse's share of the line 16 amount; **do not leave line 17 blank** 17 00
 Enter here and on Form IT-201, line 63.
- 18 Enter the part-year resident or nonresident spouse's share of the line 16 amount;
do not leave line 18 blank 18 00
 Enter the line 18 amount and code **213** on Form IT-203-ATT, line 12.





Claim for Real Property Tax Credit For Homeowners and Renters

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 2015? 1 Yes No
- 2 Did you occupy the same residence for at least six months during 2015? 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 2015? 3 Yes No
- 4 Can you be claimed as a dependent on another taxpayer's 2015 federal return? 4 Yes No
- 5 Did you reside in public housing, or other residence completely exempted from real property taxes in 2015? (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 2015? (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)



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 2015.

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)..... If line 16 is more than \$18,000, stop ; you do not qualify for this credit.	16		00
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 2015. (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) If line 21 is more than \$450, stop ; you do not qualify for this credit.	21		00
	22	Multiply line 20 by 25% (.25); enter here and on line 28	22		00
	Homeowners only	23	Real property taxes paid during 2015 (see instructions).....	23	
	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



Your social security number

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 - [] debit card - 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 [] No []
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 return)
Date Daytime phone number ()
E-mail:

- 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 22017, ALBANY NY 12201-2017.





Claim for New York City Enhanced Real Property Tax Credit

For Homeowners and Renters

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 (mmdyyyy)	Your social security number
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmdyyyy)	Spouse's social security number
Current mailing address (number and street or PO box)			Apartment number	County of residence while living in New York City (see instructions)
City, village, or post office	State	ZIP code	Country (if not United States)	
Street address of New York City 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	State	ZIP code		
NY				

Step 2 – Determine eligibility (For lines 1 through 5, mark an **X** in the appropriate box.)

- 1 Were you a New York City resident for all of 2015? 1 Yes No
- 2 Did you occupy the same residence for at least six months during 2015? 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 Can you be claimed as a dependent on another taxpayer's 2015 federal return? 3 Yes No
- 4 Did you reside in public housing, or other residence completely exempted from real property taxes in 2015? (see instr.) 4 Yes No
If you marked an **X** in the **Yes** box on line 3 or 4, **stop**; you do not qualify for this credit.
- 5 Did you live in a nursing home during 2015? (If you mark an **X** in the Yes box, see instructions.) 5 Yes No

6 Complete below for **all** household members (submit additional sheets if needed; see instructions).

A – First name	Last name	B – Social security number



For office use only

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 2015.

7	Federal adjusted gross income If any household members do not have to file a federal return, see instructions	7		00
8	New York State additions to federal adjusted gross income	8		00
9	Social security payments not included on line 7	9		00
10	Supplemental security income (SSI) payments	10		00
11	Pensions and annuities (including railroad retirement benefits) not included on lines 7 through 10	11		00
12	Cash public assistance and relief	12		00
13	Other income	13		00
14	Household gross income (add lines 7 through 13; see instructions)	14		00
	If line 14 is \$200,000 or more, stop ; you do not qualify for this credit.			
15	Enter rate from Table 1 (see instructions)	15		
16	Multiply line 14 by line 15	16		00

Step 4 – Compute real property tax

Renters only	17	Enter the total amount of rent you and all members of your household paid during 2015. (Do not include any subsidized part of your rental charge.)	17		00
	18	Adjusted rent – If line 17 includes charges for: Enter on line 18 heat, gas, electricity, furnishings, and board..... 80% (.8) of line 17 heat, gas, electricity, and furnishings..... 90% (.9) of line 17 heat, gas, and electricity 92% (.92) of line 17 heat or heat and gas 94% (.94) of line 17 none of the above 100% of line 17	18		00
	19	Multiply line 18 by 15.75% (.1575); enter here and on line 23	19		00
	20	Real property taxes paid during 2015 (see instructions).....	20		00
Homeowners only	21	Special assessments	21		00
	22	Add lines 20 and 21; enter here and on line 23	22		00



Your social security number

Step 5 – Compute credit amount

23 Renters: Enter amount from line 19. Homeowners: Enter amount from line 22 (see instructions)	23		00
If line 23 is zero or less, stop ; no credit is allowed.			
24 Enter amount from line 16	24		00
If line 24 is equal to or more than line 23, stop ; you do not qualify for this credit.			
25 Subtract line 24 from line 23	25		00
26 Enter rate from Table 2 (see instructions)	26		
27 Multiply line 25 by the rate on line 26	27		00
28 Credit limit	28	500	00
29 Enter the amount from line 28 or 27, whichever is less. This is the credit for your household. (If more than one member of your household is filing Form NYC-208, see instructions.)	29		00

- If you are **filing this claim with your New York State income tax return:**
Enter the line 29 amount on Form IT-201, line 70a.
- 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 30) - or - debit card - 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)

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

30a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

30b Routing number **30c** 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 return)	
Date	Daytime phone number ()
E-mail:	

- 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 22017, ALBANY NY 12201-2017





Claim for Earned Income Credit

New York State • New York City

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

Name(s) as shown on return	Your social security number

- 1 Did you claim the federal earned income credit? If **No, stop; you do not qualify for these credits.** 1 Yes No
- 2 Is your investment income (see instructions) greater than \$3,400? If **Yes, stop; you do not qualify for these credits.** 2 Yes No
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return..... 3 Yes No
- 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. 4 Yes No
If you claimed more than three, see instructions.

First name	MI	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mmddyyyy)
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

* 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 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 3, on page 2 of the instructions, Form IT-215-I. 6 00
- 7 Earned income adjustments (see instructions) 7 00
- 8 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)...
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) 9 00
- 10 **Amount of federal EIC claimed** (from federal Form 1040EZ, line 8a; Form 1040A, line 42a; or Form 1040, line 66a) 10 00
- 11 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 00

Complete **Worksheet B** on the back page before continuing.

- 13 Enter the amount from **Worksheet B**, line 5, on the back of this form..... 13 00
- 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 15 00
- 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 line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. 17 00
Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) 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)	18		00
19	Enter the amount from Form IT-203, line 42	19		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.			
20	Excess New York State earned income credit (subtract line 19 from line 18)	20		00
21	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	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22		00
23	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	23		00
24	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24		00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25		
26	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.	26		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, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11	27		00
	Part-year New York City residents must also complete line 28 below.			
28	Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A		00
		28B		00

Worksheet B

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1		00
2	Resident credit (see instructions)	2		00
3	Accumulation distribution credit (see instructions)	3		00
4	Add lines 2 and 3	4		00
5	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.	5		00





Claim for Child and Dependent Care Credit

New York State • New York City

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

Name(s) as shown on return	Your social security number

- 1 Have you already filed your New York State income tax return? Yes No
 If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A – Care provider's first name, middle initial, and last name	B – Address	C – Identifying number (SSN or EIN)	D – Amount paid (see instructions)
			00
			00

3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A – First name	MI	B – Last name	C – Qualified expenses paid	D – Person with disability (see instr.)	E – Social security number	F – Date of birth (mmddyyyy)
			00	<input type="checkbox"/>		
			00	<input type="checkbox"/>		
			00	<input type="checkbox"/>		
			00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?.....Yes No

5 Enter the **smallest** of:

- line 3a above; **or**
- federal Form 2441, line 3; **or**
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons **5** 00

Whole dollars only

6 Enter your earned income (see instructions) **6** 00

7 If your filing status is **2** Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) **7** 00

8 Enter the smallest of line 5, 6, or 7 **8** 00

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 **9** 00

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions **10**

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) **11** 00



- 12 Amount from line 11 **12** 00
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) 00
 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line **13**
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State child and dependent care credit** (see instructions) **14** 00

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 **15** 00
 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
 If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** **16** 00
- 17 Enter the amount from Form IT-203-ATT, line 29 (If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.) **17** 00
 If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
 If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** **18** 00
- 19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **19** 00
- 20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **20** 00
- 21 Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) **21**
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22** 00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (see *Note* under *New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old **23** 00

IT-201 filers:

- 24 Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13) **24** 00
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 **25** 00
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT, line 9a **26** 00

IT-203 filers:

- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52 **27** 00
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a **28** 00

Part-year New York City resident filers only:

- 29 Enter the amount from Worksheet 1, line 10 **29** 00
- 30 Enter the amount from Worksheet 1, line 11 **30** 00





Claim for Farmers' School Tax Credit

Submit this form with Form IT-201, IT-203, or IT-205.

Name(s) as shown on return	Identifying number as shown on return
----------------------------	---------------------------------------

Note: Before completing this form, complete Form IT-201 through line 33, Form IT-203 through line 32, or Form IT-205 through line B.

Part 1 – Eligibility (see instructions)

If you mark an **X** in a *No* box for item A, B, C, or D, **stop**; you do not qualify for this credit.

- A** Did you have qualified agricultural property for tax year 2015? (see instr., Form IT-217-I) Yes No
- B** Were eligible school district property taxes paid on that property during tax year 2015? (see instructions) Yes No
- C** Complete Worksheet A on page 3 of the instructions. Is the amount shown on line 6 of Worksheet A less than \$300,000? Yes No

- D** Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete Worksheet D on page 9 of the instructions. Is the percentage shown on line 28 of Worksheet C or line 28 of Worksheet D at least 0.6667 (66.67%)? (see instructions) Yes No
- E** If you and one or more related persons (see instructions) each owned qualified agricultural property on March 1, 2015, mark an **X** here and see the instructions for Part 2, line 5
- F** If all or part of your qualified agricultural property was converted to nonqualified use during tax year 2015, mark an **X** here (see instructions)

Part 2 – Computation of credit (see instructions)

1 Individuals: Enter the total acres of qualified agricultural property owned by you during tax year 2015 (see instructions)	1	
2 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column A	2	
3 Fiduciaries: Enter fiduciary's share of qualified agricultural property from Part 5, column C	3	
4 Add lines 1, 2, and 3	4	
5 Enter total base acreage amount (see instructions)	5	
6 Subtract line 5 from line 4 (if zero or less, skip lines 7 and 8, enter 1.0000 (100%) on line 9, and continue on line 10) ...	6	
7 Multiply line 6 by 50% (.5)	7	
8 Add lines 5 and 7	8	
9 Divide line 8 by line 4 and round the result to the fourth decimal place	9	
10 Individuals: Enter the eligible school taxes you paid during 2015 (see instr.)	10	.00
11 Partners, S corporation shareholders, and beneficiaries of estates and trusts: Enter the amount from Part 4, line 7, column B	11	.00
12 Fiduciaries: Enter fiduciary's share of eligible taxes from Part 5, column D	12	.00
13 Add lines 10, 11, and 12	13	.00
14 Multiply line 13 by line 9	14	.00
15 Enter amount from Worksheet A, line 6, on page 3 of the instructions (if line 15 amount is \$200,000 or less, skip lines 16, 17, and 18, and enter the line 14 amount on line 19; see instr.)	15	.00
16 Enter the excess of line 15 over \$200,000 (cannot exceed \$100,000)	16	.00
17 Divide line 16 by \$100,000, and round the result to the fourth decimal place (cannot exceed 1.0000 (100%))	17	
18 Multiply line 14 by line 17	18	.00
19 Farmers' school tax credit (subtract line 18 from line 14; see instructions)	19	.00



Part 3 – Partnership, S corporation, and estate or trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or the beneficiary of an estate or trust that **owned** qualified agricultural property during 2015, complete the following information for each partnership, S corporation, or estate or trust. For *Type* column, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer ID number	Location of property

Part 4 – Partner’s, shareholder’s, or beneficiary’s share of qualified agricultural property and eligible taxes (see instr.)		A – Acres of qualified agricultural property	B – Eligible taxes
Partner	1	Enter your share of acres of qualified agricultural property from your partnership	
	2	Enter your share of eligible taxes from your partnership00
S corporation shareholder	3	Enter your share of acres of qualified agricultural property from your S corporation	
	4	Enter your share of eligible taxes from your S corporation00
Beneficiary	5	Enter your share of acres of qualified agricultural property from the estate or trust	
	6	Enter your share of eligible taxes from the estate or trust00
	7	Totals00

Fiduciaries: Include the line 7, column A amount, on Part 5, column C, and include the line 7, column B amount, on Part 5, column D.
All others: Enter the line 7, column A amount, on Part 2, line 2, and enter the line 7, column B amount, on line 11.

Part 5 – Beneficiary’s and fiduciary’s share of acres of qualified agricultural property and eligible taxes (see instr.)

A – Beneficiary’s name	B – Identifying number	C – Acres of qualified agricultural property (see instructions)	D – Eligible taxes (see instructions)	E – Acres of qualified agricultural property converted to nonqualified use (see instructions)
Totals			.00	
			.00	
			.00	
Fiduciary			.00	

Part 6 – Credit recapture on qualified agricultural property converted to nonqualified use

(Complete this part only if you first claimed a credit for 2013 or 2014. See instructions.)

A – Total acres of qualified agricultural property converted to nonqualified use (see instructions)	B – Total acres of qualified agricultural property before conversion (see instructions)	C – Column A ÷ column B	D – Total credit claimed for 2013 and 2014 (see instructions)	E – Total amount of 2013 and 2014 credit to be recaptured (column C × column D; see instr.)
			.00	E .00

