



New York State Department of Taxation and Finance

Personal Income Tax MeF Acceptance Testing System for Tax Year 2015

TEST ID: 1017

Forms Included: IT-201, IT-112-R (3), and NYC-208

Return specific information:

- Prime taxpayer: Penelope Pitstop born on 07-04-1976
- Filing Single; no dependents
- Full-year NYS & NYC resident
- Taxpayer chooses standard deduction
- Sales or use tax: \$35
- Voluntary contributions: \$10-Homeless Veterans, \$10 Mental Illness Anti-Stigma Fund, \$30 Women's Cancer Education and Prevention Fund.
- Total estimated tax payments and amount paid with form IT-370 - \$4295
- Taxpayer owns her residence and paid \$4500 real property taxes on it.
- Taxes paid to other states:
 - Alabama - \$382 tax imposed on \$4600 income
 - Conn. - \$131 tax imposed on \$5490 income
 - California - \$509 tax imposed on \$12400 income
- Fill lines 29 through 34 (Application of Credit) on form IT-112-R for California only. Leave them blank on the other two forms IT-112-R.

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



Department of Taxation and Finance

2nd DRAFT

Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ... 15

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, 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 (see instructions, page 13) (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)		School district name	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number		School district code number	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY	Decedent information				

- A Filing status**
(mark an **X** in one box):
- ① Single
 - ② Married filing joint return
(enter spouse's social security number above)
 - ③ Married filing separate return
(enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2015 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

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

D1 Did you have a financial account located in a foreign country? (see page 14) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze credit? (see page 14) Yes No

(2) If Yes, enter the amount:

E (1) Did you or your spouse maintain living quarters in NYC during 2015? (see page 14) Yes No

(2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 14):

(1) Number of months you lived in NYC in 2015

(2) Number of months your spouse lived in NYC in 2015

G Enter your 2-character special condition code(s) if applicable (see page 14)

H Dependent exemption information (see page 15)

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

If more than 7 dependents, mark an **X** in the box.



For office use only

Your social security number

2nd DRAFT

Federal income and adjustments (see page 15)

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 15) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17		00
18	Total federal adjustments to income (see page 15) Identify:	18		00
19	Federal adjusted gross income (subtract line 18 from line 17)	19		00

New York additions (see page 16)

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 16)	21		00
22	New York's 529 college savings program distributions (see page 16)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24		00

New York subtractions (see page 17)

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 17)	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 18)	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 20)

34	Enter your standard deduction (table on page 20) 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 20)	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

38 Taxable income (from line 37 on page 2)		38		00
39 NYS tax on line 38 amount (see page 21)		39		00
40 NYS household credit (page 21, table 1, 2, or 3)	40		00	
41 Resident credit (see page 22)	41		00	
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		00	
43 Add lines 40, 41, and 42		43		00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		44		00
45 Net other NYS taxes (Form IT-201-ATT, line 30)		45		00
46 Total New York State taxes (add lines 44 and 45)		46		00

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

47 NYC resident tax on line 38 amount (see page 22)	47		00
48 NYC household credit (page 22, table 4, 5, or 6)	48		00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49		00
50 Part-year NYC resident tax (Form IT-360.1)	50		00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52 Add lines 49, 50, and 51	52		00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		00
54a MCTMT net earnings base	54a		00
54b MCTMT	54b		00
55 Yonkers resident income tax surcharge (see page 25)	55		00
56 Yonkers nonresident earnings tax (Form Y-203)	56		00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58		00

See instructions on pages 22 through 25 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"

59 Sales or use tax (see page 26; do not leave line 59 blank)	59		00
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Voluntary contributions (see page 27)

60a Return a Gift to Wildlife	60a		00
60b Missing/Exploited Children Fund	60b		00
60c Breast Cancer Research Fund	60c		00
60d Alzheimer's Fund	60d		00
60e Olympic Fund (\$2 or \$4; see page 27)	60e		00
60f Prostate and Testicular Cancer Research and Education Fund	60f		00
60g 9/11 Memorial	60g		00
60h Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i Teen Health Education	60i		00
60j Veterans Remembrance	60j		00
60k Homeless Veterans	60k		00
60l Mental Illness Anti-Stigma Fund	60l		00
60m Women's Cancers Education and Prevention Fund	60m		00
60 Total voluntary contributions (add lines 60a through 60m)	60		00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61		00



Your social security number

62 Enter amount from line 61 62 00

Payments and refundable credits (see page 28)

Table with 3 columns: Line number, Description, Amount. Rows include Empire State child credit, Family tax relief credit, NYS/NYC child and dependent care credit, etc.

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 12).

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

Your refund, amount you owe, and account information (see pages 31 through 33)

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, 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 page 31 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. 80 00. See page 32 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) 81 00. See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32) 82 00

83 Account information for direct deposit or electronic funds withdrawal (see page 33). 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. 33)

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 33) Date Amount 00

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 NYTPRN NYTPRN 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:

See instructions for where to mail your return.

201004150099





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return	Identifying number as shown on return
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Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments <i>(see instructions)</i>		A Amount reported on New York State return	B Amount sourced to and taxed by other taxing authority
		Whole dollars only	Whole dollars only
1 Wages, salaries, tips, etc.	1	.00	.00
2 Taxable interest income.....	2	.00	.00
3 Ordinary dividends	3	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes.....	4	.00	.00
5 Alimony received.....	5	.00	.00
6 Business income or loss.....	6	.00	.00
7 Capital gain or loss.....	7	.00	.00
8 Other gains or losses	8	.00	.00
9 Taxable amount of IRA distributions.....	9	.00	.00
10 Taxable amount of pensions and annuities	10	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	.00	.00
12 Farm income or loss.....	12	.00	.00
13 Unemployment compensation.....	13	.00	.00
14 Taxable amount of social security benefits.....	14	.00	.00
15 Other income.....	15	.00	.00
16 Add lines 1 through 15	16	.00	.00
17 Total federal adjustments to income.....	17	.00	.00
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i>	18	.00	.00
19 New York adjustments <i>(see instructions)</i>	19	.00	
20 New York adjusted gross income <i>(line 18 and add or subtract line 19; see instructions)</i>	20	.00	.00
21 Capital gain portion of lump-sum distributions <i>(see instr.)</i> ..	21	.00	.00
22 Add lines 20 and 21.....	22	.00	.00

(continued on back)



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (<i>see instructions</i>).....	23		
	Also enter the locality name, if applicable <u>Locality name:</u>			
24	Enter the amount of income tax imposed on this year's return for the other state or local government (<i>see instructions</i>).....	24		.00
	If the taxes were paid on a group (composite) return, then mark an X in the box.....	<input type="checkbox"/>		
	Enter the group's EIN			
25	New York State tax payable (<i>see instructions</i>).....	25		.00
26	Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>) ...	26		
27	Multiply line 25 by line 26.....	27		.00
28	Enter amount from line 24 or line 27, whichever is less (<i>see instructions</i>).....	28		.00
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (<i>see instructions</i>)	29		.00
30	Add lines 28 and 29	30		.00

Part 3 – Application of Credit

31	Tax due before credits (<i>see instructions</i>)	31		.00
32	Other credits that you applied before this credit (<i>see instructions</i>)	32		.00
33	Subtract line 32 from line 31	33		.00
34	Enter the amount from line 30 or line 33, whichever is less (<i>see instructions</i>)	34		.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (<i>see instructions</i>).....	35		.00
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>).....	36		.00
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>).....	37		.00





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

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

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments <i>(see instructions)</i>		A Amount reported on New York State return	B Amount sourced to and taxed by other taxing authority
		Whole dollars only	Whole dollars only
1 Wages, salaries, tips, etc.	1	.00	.00
2 Taxable interest income.....	2	.00	.00
3 Ordinary dividends	3	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes.....	4	.00	.00
5 Alimony received.....	5	.00	.00
6 Business income or loss.....	6	.00	.00
7 Capital gain or loss.....	7	.00	.00
8 Other gains or losses	8	.00	.00
9 Taxable amount of IRA distributions.....	9	.00	.00
10 Taxable amount of pensions and annuities	10	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	.00	.00
12 Farm income or loss.....	12	.00	.00
13 Unemployment compensation.....	13	.00	.00
14 Taxable amount of social security benefits.....	14	.00	.00
15 Other income.....	15	.00	.00
16 Add lines 1 through 15	16	.00	.00
17 Total federal adjustments to income.....	17	.00	.00
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i>	18	.00	.00
19 New York adjustments <i>(see instructions)</i>	19	.00	
20 New York adjusted gross income <i>(line 18 and add or subtract line 19; see instructions)</i>	20	.00	.00
21 Capital gain portion of lump-sum distributions <i>(see instr.)</i> ..	21	.00	.00
22 Add lines 20 and 21.....	22	.00	.00

(continued on back)



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (<i>see instructions</i>).....	23	<input type="text"/>	
	Also enter the locality name, if applicable <i>Locality name:</i>		<input type="text"/>	
24	Enter the amount of income tax imposed on this year's return for the other state or local government (<i>see instructions</i>).....	24	<input type="text"/>	.00
	If the taxes were paid on a group (composite) return, then mark an X in the box.....		<input type="checkbox"/>	
	Enter the group's EIN <input type="text"/>			
25	New York State tax payable (<i>see instructions</i>).....	25	<input type="text"/>	.00
26	Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>) ...	26	<input type="text"/>	
27	Multiply line 25 by line 26.....	27	<input type="text"/>	.00
28	Enter amount from line 24 or line 27, whichever is less (<i>see instructions</i>).....	28	<input type="text"/>	.00
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (<i>see instructions</i>)	29	<input type="text"/>	.00
30	Add lines 28 and 29	30	<input type="text"/>	.00

Part 3 – Application of Credit

31	Tax due before credits (<i>see instructions</i>)	31	<input type="text"/>	.00
32	Other credits that you applied before this credit (<i>see instructions</i>)	32	<input type="text"/>	.00
33	Subtract line 32 from line 31	33	<input type="text"/>	.00
34	Enter the amount from line 30 or line 33, whichever is less (<i>see instructions</i>)	34	<input type="text"/>	.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (<i>see instructions</i>).....	35	<input type="text"/>	.00
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>).....	36	<input type="text"/>	.00
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>).....	37	<input type="text"/>	.00





New York State Resident Credit

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

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

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments <i>(see instructions)</i>	A Amount reported on New York State return	B Amount sourced to and taxed by other taxing authority
	Whole dollars only	Whole dollars only
1 Wages, salaries, tips, etc.	1 .00	1 .00
2 Taxable interest income.....	2 .00	2 .00
3 Ordinary dividends	3 .00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes.....	4 .00	4 .00
5 Alimony received.....	5 .00	5 .00
6 Business income or loss.....	6 .00	6 .00
7 Capital gain or loss.....	7 .00	7 .00
8 Other gains or losses	8 .00	8 .00
9 Taxable amount of IRA distributions.....	9 .00	9 .00
10 Taxable amount of pensions and annuities	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11 .00	11 .00
12 Farm income or loss.....	12 .00	12 .00
13 Unemployment compensation.....	13 .00	13 .00
14 Taxable amount of social security benefits.....	14 .00	14 .00
15 Other income.....	15 .00	15 .00
16 Add lines 1 through 15	16 .00	16 .00
17 Total federal adjustments to income.....	17 .00	17 .00
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i>	18 .00	18 .00
19 New York adjustments <i>(see instructions)</i>	19 .00	19
20 New York adjusted gross income <i>(line 18 and add or subtract line 19; see instructions)</i>	20 .00	20 .00
21 Capital gain portion of lump-sum distributions <i>(see instr.)</i> ..	21 .00	21 .00
22 Add lines 20 and 21.....	22 .00	22 .00

(continued on back)



Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (<i>see instructions</i>).....	23		
	Also enter the locality name, if applicable <u>Locality name:</u>			
24	Enter the amount of income tax imposed on this year's return for the other state or local government (<i>see instructions</i>).....	24		.00
	If the taxes were paid on a group (composite) return, then mark an X in the box.....	<input type="checkbox"/>		
	Enter the group's EIN			
25	New York State tax payable (<i>see instructions</i>).....	25		.00
26	Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>) ...	26		
27	Multiply line 25 by line 26	27		.00
28	Enter amount from line 24 or line 27, whichever is less (<i>see instructions</i>).....	28		.00
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (<i>see instructions</i>)	29		.00
30	Add lines 28 and 29	30		.00

Part 3 – Application of Credit

31	Tax due before credits (<i>see instructions</i>)	31		.00
32	Other credits that you applied before this credit (<i>see instructions</i>)	32		.00
33	Subtract line 32 from line 31	33		.00
34	Enter the amount from line 30 or line 33, whichever is less (<i>see instructions</i>)	34		.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (<i>see instructions</i>).....	35		.00
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>).....	36		.00
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>).....	37		.00





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



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

