



Claim for Real Property Tax Credit For Homeowners and Renters

IT-214

For office use only

Print or Type	Last name		First name and middle initial (if joint claim, enter both names)		Your social security number	
	Mailing address (number and street or rural route)			Apartment number		Spouse's social security number
	City, village or post office		State	ZIP code		New York State county of residence
	Address of New York residence that qualifies you for this credit, if different from above					Qualifying social security number if different from above (see instructions)
City, village or post office		State	ZIP code			

NY

1	Did you live in a nursing home or was your residence completely exempted from real property taxes in 1989? (If you checked Yes , you must attach an explanation to your real property tax credit claim. See Line 1 instructions.)	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
2	Including yourself, how many members of your household are filing Form IT-214? Enter number	2	<input type="text"/>																					
3	Were any of the household members included on line 2 (or your spouse, if this is a joint claim) 65 or older on December 31, 1989? (If you checked Yes , enter qualifying social security number in the box above line 1.)	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
4	Were you a New York State resident for all of 1989?	4	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																				
5	Did you occupy the same residence for at least six months during 1989?	5	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																				
6	If you owned real property, was the current market value of your real property more than \$85,000?	6	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																				
7	Can you be claimed as a dependent on another taxpayer's 1989 federal return? (If you checked a shaded box on line 4, 5, 6 or 7 stop ; you do not qualify for this credit.)	7	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																				
8	Did you own or pay rent for your residence during 1989?	8	<input type="checkbox"/> Own	<input type="checkbox"/> Rent																				
Complete Schedule A or B and Schedule C on the back before continuing																								
9	Did you enter an amount for exemption on line 20 of this claim?	9	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
10	Enter real property taxes paid or 25% of adjusted rent paid (from line 21 or 25)	10	<input type="text"/>																					
11	Enter household gross income from line 34. (If more than \$18,000, stop ; you do not qualify for this credit)	11	<input type="text"/>																					
12	Enter from the table below the rate that applies to your household gross income	12	<input type="text"/>																					
<table border="1" style="width: 100%;"> <thead> <tr> <th>If the amount on line 11 is:</th> <th>Your rate is:</th> <th>If the amount on line 11 is:</th> <th>Your rate is:</th> </tr> </thead> <tbody> <tr> <td>\$0 to \$3,000</td> <td>.035</td> <td>\$9,001 to \$11,000</td> <td>.055</td> </tr> <tr> <td>\$3,001 to \$5,000</td> <td>.040</td> <td>\$11,001 to \$14,000</td> <td>.060</td> </tr> <tr> <td>\$5,001 to \$7,000</td> <td>.045</td> <td>\$14,001 to \$18,000</td> <td>.065</td> </tr> <tr> <td>\$7,001 to \$9,000</td> <td>.050</td> <td></td> <td></td> </tr> </tbody> </table>					If the amount on line 11 is:	Your rate is:	If the amount on line 11 is:	Your rate is:	\$0 to \$3,000	.035	\$9,001 to \$11,000	.055	\$3,001 to \$5,000	.040	\$11,001 to \$14,000	.060	\$5,001 to \$7,000	.045	\$14,001 to \$18,000	.065	\$7,001 to \$9,000	.050		
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13	Multiply line 11 by line 12	13	<input type="text"/>																					
14	Subtract line 13 from line 10. (If line 13 is more than line 10, stop ; no credit is allowed)	14	<input type="text"/>																					
15	If you entered an amount on line 20, enter 25% of line 14 or, if no entry was made on line 20, enter 50% of line 14.	15	<input type="text"/>																					
16	Credit limitation (see line 16 instructions; enter amount from table)	16	<input type="text"/>																					
17	Enter the amount from line 15 or 16; whichever is less . This is the credit for your household. (If more than one member of your household is filing Form IT-214, see line 17 instructions.)	17	<input type="text"/>																					

Be sure to sign and date this form.

- If you are filing a New York State income tax return, transfer the amount on line 17 of this form to Form IT-200, line 32, or to Form IT-201, line 71, whichever you are filing. Attach Form IT-214 to your return.
- If you are not filing a return, mail this form to: NYS Income Tax, W. A. Harriman Campus — Refund '89, Albany, NY 12227-0125.

Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Sign Here	Your signature		Date	
	Firm's name (or yours, if self-employed)			Preparer's social security number		Spouse's signature (if joint claim)		Date	
	Firm's address			Employer identification number					

Schedule A - To be completed by homeowners. Enter the amounts you and all qualified members of your household paid during 1989.

18 Real property taxes (including school district taxes)	18		
19 Special assessments	19		
20 The amount of taxes not paid due to the exemption for persons 65 or older under section 467 of the Real Property Tax Law (veterans tax exemption does not qualify). This entry is optional (see instructions)	20		
21 Real property taxes paid (add lines 18 through 20). Enter here and on line 10	21		

Schedule B - To be completed by renters. Enter the amount of rent constituting real property taxes paid during 1989.

If your residence was 100% exempt from real property taxes, **stop**; you do not qualify for this credit

22 Enter the rent you and all members of your household paid during 1989	22		
23 If line 22 includes charges for:	Enter:		
heat, gas, electricity, furnishings and board	50% of line 22		
heat, gas, electricity and furnishings	25% of line 22		
heat, gas, and electricity	20% of line 22		
heat or heat and gas	15% of line 22		
none of the above	0	23	
24 Adjusted rent (subtract line 23 from line 22; if monthly average is over \$450, stop ; you do not qualify)	24		
25 Enter 25% of line 24 here and on line 10. (If over \$1,350, stop ; you do not qualify for this credit)	25		

Schedule C - To be completed by homeowners and renters. Enter the household gross income of all household members.

26 List below the name and social security number of everyone, including yourself, who lived in your household in 1989. Give the date of birth of any qualified household member who was 65 or older as of December 31, 1989. Enter total number of household members in the box on line 26	26	<input type="text"/>
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Name	Social Security Number	Date of Birth

Enter the total of all amounts, even if not taxable, that the above household members received during 1989.

27 Federal adjusted gross income (from Form 1040A, line 13, Form 1040EZ, line 3, or Form 1040, line 31) If you do not have to file a federal return, enter the amount that would be included in federal adjusted gross income if a federal return had been required	27		
28 New York State additions to federal adjusted gross income	28		
29 Social security payments not included on line 27	29		
30 Supplemental security income payments (SSI)	30		
31 Pensions and annuities not included on lines 27 through 30	31		
32 Cash public assistance and relief	32		
33 Other income	33		
34 Household gross income (add lines 27 through 33). Enter this amount here, then round to the nearest whole dollar and enter on line 11	34		