			Please enter your first name first. For a joint claim, use both name lines.									· ·		IT-		
		4	Your first name and middle initial Your last name (for a joint claim, enter spouse's name on line below)							🔻	Your social se	ecurity nu	mber			
		or type	Spouse's first name and middle initial Spouse's last name							V	Spouse's soci	ial securit	y number	•	\dashv	
		Print or	Mailing address (number and street or rural route) Apartment number						Nev	w York State	county	of reside	ence			
			City, village or post of	ffice		State	Э		ZIP (Code						
						•					•			_		
			1 Did you claim the fee	deral earned income	e credit fo	r 2000?	If No, stop;	you do n	ot qua	lify for the NYS cre	edit		Yes	」 ■ -	No	
2	Is your investment i	ncon	ne (see instructions) (reater than \$2,4	100? If Y	<i>es</i> , sto	op; you do	not qu	alify f	or the NYS cred	lit	. 2	Yes	╛	No	
3	Have you already	filed	your 2000 New York	State income t	tax retur	n? If I	<i>No</i> , you m	ust file t	his cl	aim with a retur	n	. 3	Yes		No	
4		-	g children on your 20 ine 5. If Yes , fill in th									. 4	Yes]	No	
	First name and middle initial		Last name	Relationship	mont	nber of hs lived h you	Full-time student*	Person with disability	1 **	Social se	ecurit	y number		Yea	ır of	birth
I								•] •					•		
								·•	1 :							
	* Place an X	in tl	nis box only if you	checked <i>Yes</i>	on you	ur 200	00 federa	l Sche	dule	EIC, line 4a.				- 		
7	re completing line Nontaxable earned	s 7,	etc. (from federal Form 8, and 9, see instru ome (from your federal	ictions Form 1040EZ, lir	ne 8b, Fo	rm 104	10A, line 38l	or Form	1040	, line 60b)		. 6].[].[
8	•		le scholarship or fell vork, enter that amo	. •	-		•					. 8].[
9			S (from your federal Fo													
	Worksheet B, line	+a) .		•••••						 ¬		. 🛮 9			_ •∟	
			tion Number <i>(see in</i> ox			amoi	unt on line	9 is a r	rofit	」 ■ : □ or	loss					
10			lified adjusted gross					10								
11	•		claimed (from feder	,		•	_		rm 10	• ∟ 40, line 60a.					7 [
	Federal alternative	mini	mum tax filers - see inst	ructions)								. 🛮 11			_].[
12	New York State El	C ra	te 22.5% (.225)									. 12			2	2 5
13	Tentative New Yor	k Sta	ate earned income cr	edit <i>(multiply line</i>	11 by 12	2; see ii	nstructions)					. 13].[
-			Form IT-203 filer, c	-				this fo	rm b	efore continuin	ıg.					
14	Form IT-203 file	rs, c	y the amount from F opy the amount from	Worksheet A, I	line 5 or	n the b	oack									
15	New York State ho	usel	nold credit (from Form	IT-200, line 20, F	orm IT-20	01, line	37	14		•_						
		ĺ						15		• _					7 [
16	Enter the smaller of	of line	e 14 or line 15									16			<u> </u> •	
17	Subtract line 16 fro	m liı	ne 13. This is your allo	wable New York S	State eari	ned inc	ome credit.	See bac	k for f	urther instructions	S	1 7				

- If your filing status is ③, married filing separate return, complete line 18.
- Part-year residents must also complete lines 19-27.
- All claimants must sign this form below.

18	If your New York State filing status is ③, married filing separate return, the credit on line 17 can be divided	Dollars	Cents
	between spouses in any manner you wish. Enter on line 18 the amount of credit from line 17 you are		
	claiming and enter your joint federal adjusted gross income below		
	• federal adjusted gross income (from federal Form 1040EZ, line 4		
	Form 1040A, line 19, or Form 1040, line 33)		

Computation of part-year resident earned income credit

Lines 19-27 apply only to part-year residents claiming the earned income credit.

19	Enter New York State earned income credit (from front page, line 17, or line 18 above)	19						
20	Enter the amount from Form IT-203, line 40	20						
	If line 20 is equal to or more than line 19, stop. You do not have excess EIC.							
	If line 20 is less than line 19, continue on line 21 below.							
21	Subtract line 20 from line 19. This is your excess income credit	21						
22	Enter the amount from Form IT-203-B, line 21, (if Form IT-203-B is not required to be filed; enter "0" and continue on line 23 below)	22						
	If Form IT-215, line 22 is equal to or more than Form IT-215, line 21, stop. Do not continue							
	with this worksheet. Enter the line 21 amount on Form IT-203-B, line 22.							
	If line 22 is less than line 21, enter the line 21 amount on Form IT-203-B,							
	line 22 and continue on line 23 below.							
	inic 22 and continue on line 23 below.							
23	Subtract line 22 from line 21. This is your remaining excess earned income credit	23						
	Enter amount from Part-Year Resident Income Allocation Worksheet,							
24	Column B, line 18, from page 14 of your Form IT-203 instructions booklet							
25	Enter amount from Part-Year Resident Income Allocation Worksheet.							
23								
	Column A, line 18, from page 14 of your Form IT-203 instructions booklet							
26	Divide line 24 by line 25 (carry the result to four decimal places). This amount cannot exceed 100% (1.0000)	26						
26	Divide line 24 by line 23 (carry the result to rour decimal places). This amount cannot exceed 100 % (1.0000)							
27	Multiply line 23 by line 26. Enter the result here and on Form IT-203-B, line 45.							
21	This is the refundable portion of your part-year resident earned income credit.	■ 27						
	This is the returnable portion of your part-year resident earned income credit.	•						
	Model of A /For IT 004 and IT 000 files only							
	Worksheet A (For IT-201 and IT-203 filers only)							
	1 New York State tax (from Form IT-201, line 36, or Form IT-203, line 36)							
	1 New York State tax (from Form IT-201, line 36, or Form IT-203, line 36) 2 Resident credit (from Form IT-201-ATT, line 39, or Form IT-203-B,	•						
	2 Resident credit (from Form IT-201-ATT, line 39, or Form IT-203-B, line 27)							
	line 27)							
	3 Accumulation distribution credit (from Form IT-201-ATT, line 40, or Form IT-203-B, line 28)							
	Form IT-203-B, line 28)	-						
	4 4 115 0 10							
	4 Add lines 2 and 3	4						
	Substact line 1. (If time 4.5 more than time 1, effect 6.) Effect for each of time 14 of the							
	front of this form	5						
	Preparer's signature Date Mark "X" if self- Your signature							
P	Paid employed [
prep	parer's Sign Spouse's signature (if joint claim)							
	e only Firm's name (or yours, if self-employed) Preparer's SSN or PTIN Preparer's SSN or PTIN here							
Addre	Data Destruction	ne number (optional)						
)						