New York State Department of Taxation and Finance

Please enter your first name first. For a joint claim, use both name lines.



		Your first name and middle initial Your last name (for a joint claim, enter spouse's name on line below)						You	ir socia	I security n	number			٦						
Spouse's first name a b to ti H Mailing address (num			and middle initial Spouse's last name						-	Spc	use's s	social secu	rity num	ber		-				
		Mailing address (num	ber and street or n	ural route)					1	Араі	rtment numbe	er N	New York State county of residence					Э		
-	=		City, village, or post of	office		State	1			ZII	P co	ode	· ·			uctions ance.)	s, For	m IT-2	215-1	
2	Is your investmen	t incor	1 Did you claim the fed ne (see instructions) g										redit.	[	1.	<ul><li>Yes</li><li>Yes</li></ul>		No		]
3	Have you already	y filed	your 2002 New York	State income t	ax returi	n? If <b>/</b>	<b>lo</b> , you	mu	st file	this	cla	im with a ret	urn	[	3.	Yes		No		]
4			g children on your 20 line 5. If <b>Yes</b> , fill in the											[	4.	Yes		No		]
	First name and middle initial		Last name	Relationship	month	phor of Pe		Perso with disability	Person with ability**				ecurity number		÷r	Year of birth		_		
				•				]	•		•						] •[			
-				•				ן ר	•	٦	:						1 :			٦
	* Mark an 2	<b>X</b> in th	nis box <b>only</b> if you	checked Yes	on you	200	2 feder	rals	Sche	dule	e El	C, line 4a.								-
	** Mark an	<b>X</b> in	this box <b>only</b> if you	checked Yes	s on you	ur 200	02 fede	eral	Sche	edu	le E	EIC, line 4b								
5	Is the IRS figurin	g you	r <b>federal</b> earned inco	me credit for yo	ou? If <b>Yes</b>	s, comp	lete lines	s 6 tł	nrough	9 (al	so lir	nes 21, 23, and	d 24 if							
			t) and attach this form to y						•					г		Г				1
	New York State earn	ed inco	me credit for you. If No, co	omplete lines 6 thro	ugh 17 (a	nd lines	s 18 throu	ugh 2	26 if you	ı are	a pa	art-year residen	t)	L	5.	Yes		No	)	l
											_			_						
6			etc. (from federal Form 1		orm 1040/	A, line	7, or For	rm 1	040, lii	ie 7)	). Se	e instruction	1S		6.			•		
			and 8, see instruction		r if you y	voro n	aid an		ount		n ir	amoto in o								
'	-		le scholarship or fello		-		-						h		Г					_
	penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions)											7.								
			<u>j</u>		,				- (					_						_
8	Business income	e or los	SS (from your federal For	rm 1040 line instr	<i>uctions,</i> E	arned	Income	Cree	dit Wor	kshe	eet B	3, line 4a)			8.			•		
	<ul> <li>Employer ider</li> </ul>	ntificat	ion number <i>(see instru</i>	ictions)																
			pplicable box					ne 8	3 is a	pro	fit		or <b>los</b>	s 📕						
9	Enter your federa	al adju	isted gross income											г						٦
	(from federal Form 1040EZ, line 4; Form 1040A, line 21; or Form 1040, line 35)											9.			•					
10			C claimed (from federa											L	—					
	Federal alternativ	ve mini	mum tax filers - see instr	uctions)											10.			•		
11	New York State E	EIC ra	te 27½% (.275)											[	11.			. 2	7	5
12	Tentative New Yo	ork Sta	te earned income cre	edit <i>(multiplv line</i>	10 by line	e 11: s	ee instru	ctio	ns)						12.					
If you			Form IT-203 filer, co																	_
13	Form IT-200 filers, o	copy th	e amount from Form IT-	200, line 19. Forr	n IT-201 a	and Fo	rm IT-20	3 _												
	filers, copy the a	mount	from Worksheet A, line	5 on the back of t	his form				13.				•							
14	New York State h	nouseł	nold credit (from Form I	IT-200, line 20, Fo	orm IT-20	1, line 3	39,	Г												
	or Form IT-203, li	ine 37)						L	14.				•							
15	Enter the smaller	r of lin	e 13 or line 14											[	15.					
														···· L						
16	Subtract line 15	from I	ine 12. This is your allo	wable New York S	State earn	ed inc	ome cre	dit. S	See ba	ck fo	or fui	rther instruction	ons		16.			•		

This is a scannable form; please file this original with the Tax Department.

•	If your filing	g status is ③	, Married filing se	parate return, c	omplete line 17.
---	----------------	---------------	---------------------	------------------	------------------

- Part-year residents must also complete lines 18 through 26.
- All claimants must sign this form below.

17	If your New York State filing status is ③, Married filing separate return, the credit on line 16 can be divided	Dollars	Cents	
	between spouses in any manner you wish. Enter on line 17 the amount of credit from line 16 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 21, or Form 1040, line 35)			

## Computation of part-year resident earned income credit

Lines 18 through 26 apply	only to	part-year	residents	claiming
the earned income credit.				

18	Enter New York State earned income credit (from front page, line 16, or line 17 above)	
19	Enter the amount from Form IT-203, line 40	
15	If line 19 is equal to or more than line 18, stop. You do not have excess EIC.	_
	If line 19 is less than line 18, <b>continue on line 20 below.</b>	
		,
20	Subtract line 19 from line 18. This is your excess earned income credit	
		_
21	Enter the amount from Form IT-203-B, line 22 (If Form IT-203-B is not required to be filed, leave blank and continue on line 22 below.)	
	<ul> <li>If Form IT-215, line 21 is equal to or more than Form IT-215, line 20, stop. Do not continue</li> </ul>	
	with this worksheet. Enter the amount from line 20 above on Form IT-203-B, line 23.	
	If Form IT 015, line 01 is less than Form IT 015, line 00, onter the amount from line 00 above on Form IT 002 B	
	<ul> <li>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-B, line 23 and continue on line 22 below.</li> </ul>	
22	Subtract line 21 from line 20. This is your remaining excess earned income credit	
23	Enter amount from Part-year resident income allocation worksheet,	
	Column B, line 18, from page 14 of your Form IT-203 instructions booklet	
24	Inter amount from Part-year resident income allocation worksheet,	
	Column A, line 18, from page 14 of your Form IT-203 instructions booklet	
	Divide line 23 by line 24 (carry the result to four decimal places) This amount cannot exceed 100% (1,000)	
25	Divide line 23 by line 24 (carry the result to four decimal places). This amount cannot exceed 100% (1.0000) 25.	
26	Aultiply line 22 by line 25. Enter the result here and on Form IT-203-B, line 52.	_
20	This is the refundable portion of your part-year resident earned income credit	
	Worksheet A (For IT-201 and IT-203 filers only)	
	1 New York State tax (from Form IT-201, line 38, or Form IT-203, line 36)	
	2 Resident credit (from Form IT-201-ATT, line 42, or Form IT-203-B,	
	line 28)	
	3 Accumulation distribution credit (from Form IT-201-ATT, line 43, or	
	Form IT-203-B, line 29)	
	4 Add lines 2 and 3	
	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	
	Preparer's signature Vour signature	_
1	aid	
	parer's Firm's name (or yours, if self-employed) Employer identification number Sign Spouse's signature (if joint claim)	—
	only rims hame (or yours, it seit-employed)	
Add		

self-employed

ΠГ