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Street address of New York residence that qualifies you for this credit. If different from above			pe											-/	<u> </u>
Street address of New York residence that qualifies you for this credit. If different from above			r ty	Your fire	st name and middle	e initial	Your last name (for a jo	int claim, ente	er spouse's name o	n line below)	▼ Y	our social s	ecurity number		
Street address of New York residence that qualifies you for this credit. If different from above			<u>ii</u>	Cnouse	'a first name and mi	ddla initial	Chausa'a laat nama					nouse's so	cial cacurity number		
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Street address of New York residence that qualifies you for this credit. If different from above	Ē		∖ttach	City, villa	age, or post office		State		ZIP code		Qualify differe	ring socia	al security numb bove	er if	
NY No No New York State resident for all of 2003? 1, Yes No 1, Yes No 2 Did you occupy the same residence for at least six months during 2003? 2, Yes No 3 Did you own real property with a current market value of more than \$85,000 during 2003? 3, Yes No 4 Can you be claimed as a dependent on another taxpayer's 2003 federal return? 4 Yes No 1 Yes No 4 Can you be claimed as a dependent on another taxpayer's 2003 federal return? 4 Yes No 1	=			Street a	address of New Yo	ork residence	that qualifies you fo	r this credi	t, if different fr	om above	, ,				
NY				Oita vil	logo or post off		Ctoto		ZID anda						
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3 Did you own real property with a current market value of more than \$85,000 during 2003?		word you a red	W TOTAL C	Jidio 10	oldone for all of								100	_	
4 Can you be claimed as a dependent on another taxpayer's 2003 federal return? 14 Yes No 15 You checked No on lines 1 or 2, or Yes on lines 3 or 4, stop; you do not qualify for this credit. 5 Did you live in a nursing home, public housing, or other residence completely exempted from real property taxes in 2003? (If you checked Yes, you must attach an explanation to your real property tax credit relain; see instructions) 6 Including yourself, how many members of your household refiling Form IT-214? Enter number . 6 Including yourself, how many members of your household refiling Form IT-214? Enter number . 7 Were any of the household members included on line 6 (or your spouse, if this is a joint claim) 65 or older on January 1, 2004? (If you checked Yes, enter qualifying social security number in the box above line 1; see instructions) 8 Did you own or pay rent for your residence during 2003? 10 Did you enter an amount for the assemption on line 20 of this claim? 11 Enter household gross income from line 34 (If more than \$18,000, \$top; you do not qualify. If "0" or less, leave lines 12 and 13 blank). 12 Enter from the table below the rate that applies to your household gross income trom line 30,000 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,050 0,0	2	Did you occupy	the sar	me resi	dence for at lea	st six months	s during 2003?				····· >	2.	Yes		No
If you checked No on lines 1 or 2, or Yes on lines 3 or 4, stop; you do not qualify for this credit. 5	3	Did you own re	al prope	erty with	n a current mark	et value of n	nore than \$85,000 (during 200	03?			3.	Yes		No
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January 1, 2004? (If you checked Yes, enter qualifying social security number in the box above line 1; see instructions). 7. Yes No 8 Did you own or pay rent for your residence during 2003? Complete Schedule A or B, and Schedule C, on the back before continuing. 9 Did you enter an amount for the exemption on line 20 of this claim? 10 Homeowners: enter amount from line 21. Renters: enter amount from line 25. 11 Enter household gross income from line 34 (If more than \$18,000, stop; you do not qualify. If "0" or less, leave lines 12 and 13 blank.) 12 Enter from the table below the rate that applies to your household gross income 12 Enter from the table below the rate that applies to your household gross income 13 Sunt to \$3,000 0.35 \$9,001 to \$11,000 0.055 \$3,001 to \$7,000 0.45 \$11,001 to \$14,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,000 0.065 \$1,0	6	Including yours	elf, how	many	members of you	ır household	are filing Form IT-2	14? Ente	r number			6.		╛	
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sign and date this form. For direct deposit information, see 12								-					Re su	re to	•
this form. For direct deposit information, see lines 35a through 35c on \$3,001 to \$5,000 .035 \$9,001 to \$11,000 .055 \$5,001 to \$7,000 .045 \$11,001 to \$14,000 .065 \$5,001 to \$7,000 .045 \$14,001 to \$18,000 .065 \$1,001 to \$7,001 to \$9,000 .045 \$14,001 to \$18,000 .065 \$1,001 to \$		you do not d	qualify.	If "0" o	less, leave line	s 12 and 13	blank.)	11.			00				to.
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Multiply line 11 by line 12		\$5,001 to	o \$7,00	00		\$14	,001 to \$18,000	.(065				the ba	ack.	
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	13											13.			•
enter 50% of line 14	14	Subtract line 13	3 from lir	ne 10. (If line 13 is more to	han line 10, st e	op; no credit is allowed	d.)				14.			
16 Credit limitation (see instructions; enter amount from table) 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 instructions.) • Transfer the amount on line 17 of this form to Form IT-200, line 32, or to Form IT-201, line 61. Attach Form IT-214 to your return. • If you are not filing a New York State income tax return, mail this form to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001. Paid Preparer's signature Preparer's signature Firm's name (or yours, if self-employed) • Employer identification number Sign Spouse's signature (if joint claim)	15	If you entered an amount on line 20, enter 25% of line 14; or, if no entry was made on line 20,													
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 instructions.) • Transfer the amount on line 17 of this form to Form IT-200, line 32, or to Form IT-201, line 61. Attach Form IT-214 to your return. • If you are not filing a New York State income tax return, mail this form to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001. Paid Preparer's signature Preparer's signature Firm's name (or yours, if self-employed) • Employer identification number Sign Spouse's signature (if joint claim)		enter 50% of	line 14									15.			•
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Paid preparer's use only Firm's name (or yours, if self-employed) • Employer identification number • Employer identification number • Spouse's signature (if joint claim)	_				I										
use only Firm's name (or yours, it self-employed) Lamployer identification number Spouse's signature (it yout claim)		Paid	-												
			ame (or yo	ours, if se	lf-employed)	• Employer	identification numbe	er	Sign here	Spouse's	signatur	e (if joint o	claim)		
Address Date Mark X if self-employed Date Date Date Daytime phone number (optional) ()	Addre	ess				Date		yed 🗍	HOIG	Date		Daytim (e phone numbe	r (optic	onal)

IT-214 (2003) (back) Schedule A - To be completed by homeowners. Enter the amounts you and all qualified members of your household paid during 2003. Real property taxes (including school district taxes) Special assessments..... 19 20 The amount of taxes not paid due to the exemption for persons 65 or older under section 467 of the Schedule B - To be completed by renters. Enter the amount of rent constituting real property taxes paid during 2003. If your residence was 100% exempt from real property taxes, stop; you do not qualify for this credit. Enter the total rent you and all members of your household paid during 2003..... If line 22 includes charges for: heat, gas, and electricity..... 23. Enter 25% of line 24 here and on line 10. (If over \$1,350, stop; you do not qualify for this credit.) Schedule C - To be completed by homeowners and renters. Enter the household gross income of all household members. List below the name, social security number, and the year of birth of everyone, including yourself, who lived in your household in 2003. (Attach additional sheets if necessary.) Enter the total number of household members in the boxes ... Year of birth Your name Social security number Spouse's name (if married) Household member's name Household member's name Household member's name Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and the above household members received during 2003. 27 Federal adjusted gross income (from Form 1040A, line 21; Form 1040EZ, line 4; or Form 1040, line 34) If you do not have to file a federal return, see Household gross income on the front page of the instructions for this form Social security payments not included on line 27 29 30 Pensions and annuities not included on lines 27 through 30 32 Cash public assistance and relief 33 Other income 33.

a Routing number

b Type: • Checking

C Account number

Direct deposit: If you are not attaching this claim to your income tax return, and want your credit (from line 17)

Household gross income (add lines 27 through 33). Enter this amount here, and on line 11,

sent directly to your bank account, complete a, b, and c below (see instructions).