| | Important: You must e | enter vour so | your social security number(s) in the boxes to the right. ial Your last name (for a joint claim, enter spouse's name on line below) | | | | 2004 | | -2 | <u>′</u> ▮ |
|---|--|--|--|---|---|---|--|---|-----------------------------------|----------------|
| | Your first name and midd | | | | | | ur social secu | | | |
| tach lahel or print or tyne | Spouse's first name and m | niddle initial | Spouse's last name | | | ▼ Sp | ouse's social | I security number | | |
| | 5 | /har and atr | | Г | * numbe | NIV Cto | | C!dames | | |
| de | Current mailing address (| (number and stre | et or rural route) | ' | Apartment numbe | r NY Sta ● | ite county | of residence | ; | |
| Attach Jahel | City, village, or post office | | State | ZI | IP code | Qualifyi differen | ing social s t from abo | security number | er if | |
| | , | York residence | ce that qualifies you for | this credit, if o | different from at | ove | | | | |
| | City, village, or post of | ffice | State | ZI | IP code | | | | | |
| | | | NY | | | | | | | |
| ere you a N | ew York State resident for | all of 2004 (| (mark an X in the appropi | riate box)? | | | 1. | Yes | N | lo |
| ייייי סטטווי | by the same residence for | -+ locat civ | and during 2004? | | | _[| 2. | Voc |] _N | [|
| - | by the same residence for n X in the No box on I | | _ | | | ▶[| 2. | Yes | N | 10 |
| | eal property with a curren | | | | | <u> </u> | 3. | Yes | N | lo |
| | | | | | | - | | | · ¬ | |
| | aimed as a dependent on | | | | | | 4. | Yes | N | lo |
| | n X in the Yes box on a nursing home, public he | | | | | orti | | | | |
| - | n a nursing home, public h 04? <i>(If you marked Yes, you</i> m | • | • | | | г | 5. | Yes | N | l۵ |
| tance | 04: (II you mamos,, | IUS: anno | explanation to you | Sporty was e | Glaini, 505 m.c. | 10110./ | | | _ | |
| ncluding your | rself, how many members | of your hou | sehold are filing Form | ı IT-214? Ento | er number | | 6. | |] | |
| | | - | | | | | | | - | |
| ,, | he household members in | cluded on li | ne 6 (or your spouse, | if this is a joi | nt claim) 65 or | older on | | | | |
| - | he household members in 2005? <i>(If you marked</i> Yes , <i>en</i> | | | | | Г | 7. | Yes | N | lo |
| January 1, 2 | 2005? (If you marked Yes , en | nter qualifying | social security number in | n the box above | e line 1; see instru | actions.) | | | - - | |
| January 1, 2 | 2005? (If you marked Yes, en | nter qualifying | social security number in | the box above | e line 1; see instru | actions.) | | Yes | N Rer | |
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IT-214 (2004) (back)

| SCII | edule A — To be completed by homeowners. Enter the amounts you and all | | |
|--------|--|-----------------------|------------------|
| 18 | qualified members of your household paid during 2004. Real property taxes (including school district taxes) | 18. | • |
| 10 | Special assessments | 19. | |
| | The amount of taxes not paid due to the exemption for persons 65 or older under section 467 of the | 13. | |
| | 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. | • |
| | edule B — To be completed by renters. Enter the amount of rent constituting re | | aid during 2004 |
| f you | ur residence was 100% exempt from real property taxes, stop ; you do not qualify for this c | credit. | |
| 22 | Enter the total rent you and all members of your household paid during 2004 | 22. | |
| | If line 22 includes charges for: Enter on line 23: | | • |
| | heat, gas, electricity, furnishings, and board | | |
| | heat, gas, and electricity | 23. | |
| | heat or heat and gas | 20. | • |
| 24 | Adjusted rent (Subtract line 23 from line 22. If monthly average is over \$450, stop; you do not qualify for this credit.) | 24. | |
| | | | |
| | Enter 25% of line 24 here and on line 10. (If over \$1,350, stop; you do not qualify for this credit.) | , | |
| Sch | edule C — To be completed by homeowners and renters. Enter the household gros | ss income of all hou | sehold members |
| 26 | List below the name, social security number, and the year of birth of everyone, including yourself, who I | ived in your | |
| | household in 2004. (Attach additional sheets if necessary.) Enter the total number of household members in the | · - | |
| ⁄our n | | ocial security number | Year of birth |
| | | | |
| Spous | se's name (if married) | | 1 |
| | | | |
| House | ehold member's name | | 1 |
| | | |] |
| House | ehold member's name | | 1 [|
| Jamas | ehold member's name | | <u> </u> |
| 10056 | eriola members name | | 1 |
| Enter | r the total of all amounts, even if not taxable, that you, your spouse (if married), and the above ho | nusehold members rec | ived during 2004 |
| | 27 Federal adjusted gross income | | |
| | (from Form 1040A, line 21; Form 1040EZ, line 4; or Form 1040, line 36) If you do not have to file | a | |
| | federal return, see Household gross income on the front page of the instructions for this | | |
| | 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, and on line 11, rounded to the nearest whole dollar | 34. | |
| 25 | | | • |
| 35 | Direct deposit: If you are not attaching this claim to your income tax return, and want your credit (from line 17) sent directly to your bank account, complete a, b, and c below (see instructions) | 5). | |
| | ■ a Routing number ■ Checking | Savings | |
| | | | |