

Claim for Earned Income Credit

• New York State • City of New York



IT-215



Print or type	Please enter your first name first. For a joint claim, use both name lines.		
	Your first name and middle initial	Your last name <i>(for a joint claim, enter spouse's name on line below)</i>	▼ Your social security number
	Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number
	Mailing address <i>(number and street or rural route)</i>	Apartment number	New York State county of residence
	City, village, or post office	State	ZIP code

(See instructions, Form IT-215-I, for assistance.)

- 1 Did you claim the federal earned income credit for 2004? If **No**, stop; you do not qualify for these credits. 1. Yes No
- 2 Is your investment income (see instructions) greater than \$2,650? If **Yes**, stop; you do not qualify for these credits. ... 2. Yes No
- 3 Have you already filed your 2004 New York State income tax return? If **No**, you must file this claim with a return. ... 3. Yes No
- 4 Did you claim qualifying children on your 2004 federal Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to two of the same children you claimed on federal Schedule EIC. If you claimed more than two, see instructions. 4. Yes No

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability**	Social security number	Year of birth
		•		<input type="checkbox"/>	• <input type="checkbox"/>		
		•		<input type="checkbox"/>	• <input type="checkbox"/>		

* Mark an **X** in this box **only** if you checked **Yes** on your 2004 federal Schedule EIC, line 4a.

** Mark an **X** in this box **only** if you checked **Yes** on your 2004 federal Schedule EIC, line 4b.

- 5 Is the IRS figuring your federal earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year NY State resident, and line 28 if you are a part-year city of NY resident). The Tax Department will compute your New York State and, if applicable, your city of New York earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year NY State resident). City of NY residents must complete the **City of New York Earned Income Credit Worksheet** on page 3 of Form IT-215-I. Part-year city of NY residents must also complete line 28 on the back of this claim form. 5. Yes No
- 6 Wages, salaries, tips, etc., from **Worksheet A**, line 3, on page 2 of the instructions, Form IT-215-I 6. .
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a 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. .
- 8 Business income or loss *(from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3)* ... 8. .
- Employer identification number *(see instructions)*
- Mark an **X** in the applicable box. The amount on line 8 above is a profit or .. loss
- 9 Enter your federal adjusted gross income *(from federal Form 1040EZ, line 4; Form 1040A, line 21; or Form 1040, line 36)* 9. .
- 10 **Amount of federal EIC claimed** *(from federal Form 1040EZ, line 8a; Form 1040A, line 41a; or Form 1040, line 65a. Federal alternative minimum tax filers - see instructions)* 10. .
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11. . **3 0**
- 12 Tentative New York State EIC *(multiply line 10 by line 11; see instructions)* 12. .

If you are a Form IT-201 or Form IT-203 filer, complete **Worksheet B** on the back page before continuing.

- 13 Form IT-200 filers, copy the amount from Form IT-200, line 19. Form IT-201 and Form IT-203 filers, copy the amount from **Worksheet B**, line 5, on the back of this form ... 13. .
- 14 New York State household credit *(from Form IT-200, line 20; Form IT-201, line 39; or Form IT-203, line 37)* 14. .
- 15 Enter the smaller of line 13 or line 14 15. .
- 16 Subtract line 15 from line 12. **This is your allowable New York State earned income credit. Continue on the back page.** 16. .

17 If your New York State filing status is **Q**, **Married filing separate return**, complete line 17. The NYS EIC on line 16 on the front page can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. **17.** Dollars Cents

- **federal adjusted gross income** (from federal Form 1040EZ, line 4; Form 1040A, line 21; or Form 1040, line 36) **1.** Dollars Cents

Part-year New York State resident earned income credit

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

18 Enter your New York State earned income credit (from line 16 on the front page, or from line 17 above) **18.** Dollars Cents

19 Enter the amount from Form IT-203, line 40 **19.** Dollars Cents

- If line 19 is equal to or more than line 18, **stop. You do not have excess New York State earned income credit.**
- If line 19 is less than line 18, **continue on line 20 below.**

20 Subtract line 19 from line 18. **This is your excess New York State earned income credit** **20.** Dollars Cents

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.) **21.** Dollars Cents

- If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, **stop. Do not continue with this computation.** Enter the amount from line 20 above on Form IT-203-B, line 23.
- 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.

22 Subtract line 21 from line 20. **This is your remaining excess New York State earned income credit** **22.** Dollars Cents

23 Enter the amount from line 18, Column B, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet **23.** Dollars Cents

24 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in your Form IT-203 instruction booklet **24.** Dollars Cents

25 Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) **25.** Dollars Cents

26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-B, line 52. **This is the refundable portion of your part-year New York State resident earned income credit.** **26.** Dollars Cents

27 **City of New York earned income credit** (full-year and part-year NY City residents)
From *Worksheet C, City of New York earned income credit*, on page 3 of Form IT-215-1, *Instructions for Form IT-215*. Enter here and on **Form IT-200, line 35; Form IT-201, line 64; or Form IT-203-B, line 67.** **27.** Dollars Cents

Part-year city of New York residents must also complete line 28 below.

28 **Part-year city of New York adjusted gross income:**
Enter the amounts from **Form IT-360.1, line 20**, columns A and B **28A.** Dollars Cents **28B.** Dollars Cents

Worksheet B (for Form IT-201 and Form IT-203 filers only)

1 New York State tax (from Form IT-201, line 38, or Form IT-203, line 36) **1.** Dollars Cents

2 Resident credit (from Form IT-201-ATT, line 42, or Form IT-203-B, line 28) **2.** Dollars Cents

3 Accumulation distribution credit (from Form IT-201-ATT, line 43, or Form IT-203-B, line 29) **3.** Dollars Cents

4 Add lines 2 and 3 **4.** Dollars Cents

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 page of this form **5.** Dollars Cents

Paid preparer's use only	Preparer's signature		▼ Preparer's SSN or PTIN	
	Firm's name (or yours, if self-employed)		• Employer identification number	
	Address		Date	Mark X if self-employed <input type="checkbox"/>

Sign here	Your signature	
	Spouse's signature (if joint claim)	
	Date	Daytime phone number (optional)
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