New York State Department of Taxation and Finance Claim for Real Property Tax Credit for Homeowners and Renters 2005 Important: You must enter your social security number(s) in the boxes to the right. or type ▼ Your social security number Your first name and middle initial Your last name (for a joint claim, enter spouse's name on line below) print (Spouse's first name and middle initial Spouse's social security number Spouse's last name ō Attach label, Current mailing address (number and street or rural route) New York State county of residence Apartment number Qualifying social security number if different from above ZIP code State City, village, or post office Street address of New York residence that qualifies you for this credit, if different from above City, village, or post office State ZIP code NY 1 Were you a New York State resident for all of 2005 (mark an X in the appropriate box)?..... 2 Did you occupy the same residence for at least six months during 2005?..... If you marked an X in the No box on line 1 or 2, stop; you do not qualify for this credit. 3 Did you own real property with a current market value of more than \$85,000 during 2005? 4 Can you be claimed as a dependent on another taxpayer's 2005 federal return? If you marked an X in the Yes box on line 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 2005? (If you marked Yes, you must attach an explanation to your real property tax credit claim; see instructions.) 6 Including yourself, how many members of your household are filing 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, 2006? (If you marked Yes, enter qualifying social security number in the box above line 1; see instructions.)............ 7. 8. 8 Did you own or pay rent for your residence during 2005? Own 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......

If the amo	unt or	line 11 is:	Your rate is:	If the amou	Your rate is:		
\$.01	to	\$3,000	.035	\$9,001	to	\$11,000	.055
\$3,001	to	\$5,000	.040	\$11,001	to	\$14,000	.060
\$5,001	to	\$7,000	.045	\$14,001	to	\$18,000	.065
\$7.001	to	\$9.000	.050				

	\$7,001	to	\$9,000	.050				
13	Multiply line	13.].				
14	Subtract line	Subtract line 13 from line 10. (If line 13 is more than line 10, stop; no credit is allowed.)].
15	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							
16	Credit limita	tion (s	ee instructions; e	nter amount from table)		16.]
17	17 Enter the amount from line 15 or 16, whichever is less. This is the credit for your household. (If more							
	than one m	emher	of your househol	d is filing Form IT-214 see	e instructions. See line 35 for direct deposit information.)	17.		

Transfer the amount on line 17 of this form to Form IT-150, line 40, or to Form IT-201, line 65.

- Please be sure to sign and date the back of this form.
- If you are filing a NYS income tax return, attach this form to your return.

11 Enter household gross income from line 34 (If more than \$18,000, stop;

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.



Scl	hedule A — Homeowners: Enter the a	mounts you	and all qualified m	em	nbers of your househo	old paid durii	ng 2005.		
18	Real property taxes (including school district taxes))				18.			
19									
	The amount of taxes not paid due to the exempt								
	·	•				20.			
Real Property Tax Law (veterans' tax exemption does not qualify). This entry is optional (see instructions) 21 Real property taxes paid (add lines 18 through 20). Enter here and on line 10									
۷.	Tiedi property taxes paid (add iiies to iiiisagi. 20).	. Lintor rioro arra	, OIT III IC 10			21.	•		
	hedule B — Renters: <i>Enter the amount</i>					05.			
lf	your residence was 100% exempt from real prop	erty taxes, sto	p; you do not qualify fo	r th	nis credit.				
22	Enter the total rent you and all members of your	r household pai	d during 2005			22.			
23	If line 22 includes charges for: heat, gas, electricity, furnishings, and board heat, gas, electricity, and furnishings heat, gas, and electricity heat or heat and gas none of the above	23.	•						
24	Adjusted rent (Subtract line 23 from line 22. If month	nly average is ove	r \$450, stop ; you do not c	qual	lify for this credit.)	24.	. 24.		
	Enter 25% of line 24 here and on line 10. (If over								
							J = [
Scl	hedule C — Homeowners and renters	s: Enter the	household gross ir	ncc	ome of all household	members.			
26	List below the name, social security number, an	d the year of bi	rth of everyone, includ	ling	yourself, who lived in you	r			
	household in 2005. (Attach additional sheets if neces	•	•	_]		
You	ır name				Social security nu	mber	Year of birth		
Spo	ouse's name (if married)						T _i		
Hou	usehold member's name								
Ног	usehold member's name			1	-		1		
Ente	er the total of all amounts, even if not taxable,	. that you, you	r spouse (if married),	an	d the above household	members rece	ived during 2005.		
	Federal adjusted gross income (from Form 1040A,	, line 22; Form 10	40EZ, line 4; or Form 104	O, lii	ne 38). If you do not				
	have to file a federal return, see Household gr								
28	New York State additions to federal adjusted gro						•		
29	, , ,						•		
	Supplemental security income (SSI) payments								
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 here, ar	nd on line 11, rounded	to t	the nearest whole dollar	34.	. 0 0		
	Direct deposit: If you are not attaching this cla and want your credit (from line 17) sent direct bank account, complete a, b, and c (see instruc- b Account type: • Checking	aim to your incor	•		•				
_	T Date and a second	 		_	— T	() L = L = =			
Dro	▼ Paid preparer's use o			Va	· •	r(s) sign here	V		
Pre	eparer's signature	SSN or PTIN:		Yo	our signature				
Firr	m's name (or yours, if self-employed)	Employer identif	ication number	Yo	our occupation				
Address Mark an X if Spouse's signature and occupation						tion (if joint claim)	\		
Auc	.1000		self-employed	l or	oouse's signature and occupa	mori (ii joilit Galffi	,		
			Date	Da	ate	Daytime phone nu	umber (optional)		

