

Claim for Earned Income Credit

New York State • New York City



IT-215

Print or type	Important: You must enter your social security number(s) in the boxes to the right.		
	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 <input style="width: 90%;" type="text"/>
	Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number <input style="width: 90%;" type="text"/>
	Mailing address <i>(number and street or rural route)</i>		Apartment number
	City, village, or post office		State
		ZIP code	New York State county of residence ● <input style="width: 100%;" type="text"/>

- 1 Did you claim the federal earned income credit for 2006? If **No, stop; you do not qualify for these credits** 1. Yes No
- 2 Is your investment income (see instructions) greater than \$2,800? If **Yes, stop; you do not qualify for these credits** 2. Yes No
- 3 Have you already filed your 2006 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 2006 **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..... 4. Yes No
If you claimed more than two, see instructions.

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 style="width: 100%;" type="text"/>	● <input style="width: 100%;" type="text"/>
		●		<input type="checkbox"/>	● <input type="checkbox"/>	● <input style="width: 100%;" type="text"/>	● <input style="width: 100%;" type="text"/>

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your 2006 federal Schedule EIC (box 4a or 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 New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City Earned Income Credit Worksheet** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on the back of this claim form 5. Yes No
Dollars Cents
- 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 22; or Form 1040, line 38) 9. .
- 10 **Amount of federal EIC claimed** (from federal Form 1040EZ, line 8a; Form 1040A, line 40a; or Form 1040, line 66a. 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 NYS 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-150 filers, copy the amount from Form IT-150, line 27. 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-150, line 28; Form IT-201, line 40; or Form IT-203, line 39) 14. .
- 15 Enter the smaller of line 13 or line 14..... 15. .
- 16 **Allowable New York State earned income credit** (subtract line 15 from line 12) 16. .

Continue on the back page.

Please file this original scannable form with the Tax Department.

2151060094



17 If your New York State filing status is $\text{\textcircled{3}}$, **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 22; or Form 1040, line 38) •

--	--

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.**

--	--

19 Enter the amount from Form IT-203, line 42 **19.**

--	--

- 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 **Excess New York State earned income credit** (subtract line 19 from line 18) **20.**

--	--

21 Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.) **21.**

--	--

- 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-ATT, line 32.
- 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-ATT, line 32, 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.**

--	--

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

--	--

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.**

--	--

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

--	--

26 Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. **This is the refundable portion of your part-year New York State resident earned income credit.** **26.**

--	--

New York City earned income credit (full-year and part-year New York City residents)

27 From **Worksheet C, New York City earned income credit**, on page 3 of Form IT-215-I, *Instructions for Form IT-215*. Enter here and on **Form IT-150, line 45; Form IT-201, line 70; or Form IT-203-ATT, line 11.** **27.**

--	--

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

28 **Part-year New York City adjusted gross income:** (see instructions) Enter the amounts from **Form IT-360.1, line 20**, columns A and B..... **28A.**

--	--

28B.

--	--

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

1 New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) **1.**

--	--

2 Resident credit (from Form IT-201, line 41, or Form IT-203-ATT, line 1) **2.**

--	--

3 Accumulation distribution credit (from Form IT-201-ATT, line 1, or Form IT-203-ATT, line 2) **3.**

--	--

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

--	--

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..... **5.**

--	--

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

▼ Taxpayer(s) sign here ▼	
Your signature	
Your occupation	
• Spouse's signature and occupation (if joint claim)	
Date	▼ Daytime phone number

