Claim for New York City School Tax Credit



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	Important: You must enter your social security number(s) in the boxes to the right.				
	Your first name and middle initial	Your last name (for a joint claim, enter spouse's name on line below)			 Your social security number
þe					
tyl	Spouse's first name and middle initial	Spouse's last name			Spouse's social security number
or					
nt	Mailing address (number and street or rural route)			Apartment number	NYS county of residence while living in NY City
Pri				•	
	City, village, or post office		State	ZIP code	
Addr	ess of New York City residence that qua	lifies you for this credit, if	different from above		
:					
City		State	ZIP code		Taxpayer's date of death Spouse's date of death

Note: Use this form only if you are not required to file a 2006 Form IT-150, IT-201, or IT-203, and you lived in New York City for any part of 2006. You lived in New York City if you lived in any of the following counties during 2006: Kings County (Brooklyn), Bronx, New York County (Manhattan), Richmond County (Staten Island), and Queens. If you did not live in any of these counties for all or part of the year, stop; you do not qualify for this credit.

NY

Decedent

information

Information

Type of claim — mark an <i>X</i> in one box	a Single (complete Part 1 only)	c Married but filing a separate claim (complete Part 1 only)					
(see instructions) Part 1	b Married filing a combined claim <i>(complete Part 1 and Part 2)</i>	d Qualifying widow(er) with dependent child (complete Part 1 only)					
 Can you be claimed as a dependent on another taxpayer's 2006 federal return?							
 2 Enter, in the box(es) to the right, the number of months during 2006 that you lived in New York City (see Note above; also see instructions)							
Part 2 Continue with line 3 only if you marked an <i>X</i> in box b above.							
 3 Can your spouse be claimed as a dependent on another taxpayer's 2006 federal return?							
A Enter, in the box(es) to the right, the number of months during 2000 your spouse lived in New York City (see Note above; also see instructions)							
5 Direct deposit If you choose to have your refund sent directly to your bank account, complete the following (see instructions):							
a Routing number							
c Account number							
Third – Do you want to allow another	ird – Do you want to allow another person to discuss this claim with the Tax Dept? (see instr.) Yes (complete the following) No						
party Designee's name designee	Designee's phone number ()	Personal identification number (PIN)					
▼ Paid prepar		▼ Taxpayer(s) sign here ▼					
Preparer's signature	▼ SSN or PTIN:	Your signature ►					
Firm's name (or yours, if self-employed)	Employer identification number	Your occupation ●					
Address	Mark an X if self-employed	Spouse's signature and occupation (if joint claim)					
	Date	Date					

File your claim as soon as you can after January 1, 2007. You must file your 2006 claim no later than April 15, 2010.

Mail your claim to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.



Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your return and tax payment. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Services. See Need help? below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: State Processing Center, 101 Enterprise Drive, Kingston, NY 12401.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.





Hotline for the hearing and speech impaired: If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

