

## Claim for Real Property Tax Credit For Homeowners and Renters

## Step 1 — Enter identifying information

	Your first name and middle initial	Your last name (for a joint	▼ Your social security number									
VDe	Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number									
Print or type	Current mailing address (number and stre	eet or rural route)		Apartment number	New York State county of residence				J			
"	City, village, or post office	State	Z	IP code	Important: You must enter your social security number(s) in the boxes above.							
Street address of New York residence that <b>qualifies</b> you for this credit, if different from above												
City, village, or post office State ZIP code												
Step 2 — Determine eligibility (For lines 1 through 6, mark an <b>X</b> in the appropriate box.)												
	Were you a New York State reside						1.	Yes	П	No	П	
	Did you occupy the same residence					· ·	2.	Yes	Ħ	No	Ħ	
	If you marked an <b>X</b> in the <b>No</b> bo											
3	Did you own real property with a c						3.	Yes		No		
	4 Can you be claimed as a dependent on another taxpayer's 2009 federal return?											
5 Did you reside in public housing, or other residence completely exempted from real property taxes in 2009? (see instr.) 5. Yes No												
If you marked an <b>X</b> in the <b>Yes</b> box on line 3, 4, or 5, <b>stop;</b> you do not qualify for this credit.												
6	Did you live in a nursing home dur	ing 2009? (If you ma	ark an <b>X</b> in the	Yes box,	see instructions.)		6.	Yes		No		
	Qualifying social security number											
8	List below the name, social securit	-										
Vou	A — Household member's name (attach r name	additional sheets if nece	ssary; see instrud	ctions)	<b>B</b> − So	cial security num	ber		C —Ye	ar of b	irth	
TOU	rname							$\neg \bot$				
Spo	use if married				<u> </u>							
Hou	sehold member							<b>二</b>				
Hou	sehold member							<b>-</b>				
Ste	p 3 — Determine household gro Enter the total of all amounts, e		ıt you, your spo	ouse (if m	arried), and all othe	er household m	embers	recei	ved du	ring 2	009.	
9	Federal adjusted gross income (fi	rom Form 1040A, line	22; Form 1040	OEZ, line 4	1; or Form 1040, lin	e 38).						
	If any household members do not have to file a federal return, see instructions								- -			
	1 Social security payments not included on line 9											
										-}-		
14	Cash public assistance and relief											
	Other income											
10	6 Household gross income (add lines 9 through 15; round to the nearest whole dollar)								• _			
17	Enter rate from Table 1 (see instruc		-				17.					
1Ω	Multiply line 16 by line 17					ĺ	18.					
10	widitiply life to by life 17						10.					

Step 4 — Com	pute	real property tax								
Renters only	19	Enter the <b>total</b> amount of rent during the year 2009. (Do no				19.				
	20	Adjusted rent – If line 19 incl heat, gas, electricity, furnish heat, gas, electricity, and fur heat, gas, and electricity heat or heat and gas none of the above	ings, and board	% % % %	(.75) of line 19 (.8) of line 19 (.85) of line 19	20.	•			
Average monthly adjusted rent (divide line 20 by the number of months you paid rent)  If line 21 is more than \$450, <b>stop;</b> you do not qualify for this credit.						21.				
22 Multiply line 20 by 25% (.25); enter here and on line 28							•			
Homeowners only	24 25 26	Real property taxes paid during the year 2009 (see instructions)				24. 25. 26.				
	27	Add lines 25 and 26; enter her	27.	•						
01 5 0						_				
		credit amount								
28 Renters: En If line 28 29 Enter amou										
If line 29 30 Subtract lin	30.									
<ul> <li>30 Subtract line 29 from line 28</li></ul>							•			
		instructions; enter amount from ch nt from line 32 or 31, whichevel				32.	•			
(If more th	33.	33.								
		g this claim with your New York rm IT-150, line 42, or Form IT-2		nte	er the line 33					
		count information (see instructi	-							
34 Direct dep	osit:	If you are <b>not</b> attaching this claproperty tax credit from line 33				have yo	our refund of real			
Note: If the funds for your refund would go to an account outside the U.S., mark an <i>X</i> in this box (see instructions) • 34a Routing number •										
34b Account type: ● Checking ● Savings 34c Account number ●										
Third-party designee's name Designee designee? (see instr.)				ignee's phone number )		Personal identification number (PIN)				
Yes No		E-mail:								
▼ Paid prepa	rer m	ust complete (see instructions) ▼	Date:	1 [	▼ Taxpayer(s)	must sign	here <b>V</b>			
Preparer's signa	ignature		▶ Preparer's NYTPRIN		Your signature					
Firm's name (or	(or yours, if self-employed)		▼ Preparer's SSN or PTIN		Your occupation					
Address   • Employer identification number Spouse's signature a				Spouse's signature and occupa	ccupation (if joint return)					
			Mark an <b>X</b> if self-employed		Date	▼ Daytime	phone number			
E-mail:				Ħ	E-mail:					

- If you are filing a NYS income tax return, attach this form to your return.
- If you are not filing a NYS income tax return, mail this form to:

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

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