



Department of Taxation and Finance  
**Other Tax Credits and Taxes**  
 Attachment to Form IT-203

**IT-203-ATT**

|                                      |                             |
|--------------------------------------|-----------------------------|
| Name(s) as shown on your Form IT-203 | Your social security number |
|--------------------------------------|-----------------------------|

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

A Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes  No

**Part 1 – Other tax credits** (submit all applicable forms)

**Section A – New York State nonrefundable, non-carryover credits used**

Whole dollars only

|  |  |       |
|--|--|-------|
| 1 Resident credit .....  | 1  | .00   |
| 2 Accumulation distribution credit (submit computation) .....                | 2  | .00   |
| 3 Other nonrefundable, non-carryover credits                                 |  |       |
| Code                      Amount   | Code                      Amount                 |       |
| 3a <input type="text"/> <input type="text"/> .00                             | 3b <input type="text"/> <input type="text"/> .00 |       |
| Total other nonrefundable, non-carryover credits (add lines 3a and 3b) ..... |  | 3 .00 |

**Section B – New York State nonrefundable, carryover credits used**

|  |  |       |
|--|--|-------|
| 4 Long-term care insurance credit .....                                      | 4  | .00   |
| 5 Investment credit .....  | 5  | .00   |
| 6 Part-year solar energy system equipment credit .....                       | 6  | .00   |
| 7 Other nonrefundable, carryover credits                                     |  |       |
| Code                      Amount   | Code                      Amount                 |       |
| 7a <input type="text"/> <input type="text"/> .00                             | 7h <input type="text"/> <input type="text"/> .00 |       |
| 7b <input type="text"/> <input type="text"/> .00                             | 7i <input type="text"/> <input type="text"/> .00 |       |
| 7c <input type="text"/> <input type="text"/> .00                             | 7j <input type="text"/> <input type="text"/> .00 |       |
| 7d <input type="text"/> <input type="text"/> .00                             | 7k <input type="text"/> <input type="text"/> .00 |       |
| 7e <input type="text"/> <input type="text"/> .00                             | 7l <input type="text"/> <input type="text"/> .00 |       |
| 7f <input type="text"/> <input type="text"/> .00                             | 7m <input type="text"/> <input type="text"/> .00 |       |
| 7g <input type="text"/> <input type="text"/> .00                             | 7n <input type="text"/> <input type="text"/> .00 |       |
| Total other nonrefundable, carryover credits (add lines 7a through 7n) ..... |  | 7 .00 |

**8 Total New York State nonrefundable credits used**

(add lines 1 through 7; enter here and on Form IT-203, line 47) .....

8 .00

**Section C – New York State, New York City, Yonkers, and MCTMT refundable credits**

|  |                      |     |
|--|----------------------|-----|
| 9 Part-year resident refundable New York State child and dependent care credit.....  | 9                    | .00 |
| 9a Part-year resident refundable New York City child and dependent care credit ..... | 9a                   | .00 |
| 10 Part-year resident refundable New York State earned income credit .....           | <input type="text"/> | .00 |
| 11 Part-year resident refundable New York City earned income credit .....            | <input type="text"/> | .00 |
| 12 Other NY State refundable credits   |                      |     |

|   |   |  |
|---|---|--|
| Code                      Amount                  | Code                      Amount                  |  |
| 12a <input type="text"/> <input type="text"/> .00 | 12g <input type="text"/> <input type="text"/> .00 |  |
| 12b <input type="text"/> <input type="text"/> .00 | 12h <input type="text"/> <input type="text"/> .00 |  |
| 12c <input type="text"/> <input type="text"/> .00 | 12i <input type="text"/> <input type="text"/> .00 |  |
| 12d <input type="text"/> <input type="text"/> .00 | 12j <input type="text"/> <input type="text"/> .00 |  |
| 12e <input type="text"/> <input type="text"/> .00 | 12k <input type="text"/> <input type="text"/> .00 |  |
| 12f <input type="text"/> <input type="text"/> .00 | 12l <input type="text"/> <input type="text"/> .00 |  |

Total other refundable credits (add lines 12a through 12l) .....

12 .00

|  |     |     |
|--|-----|-----|
| 13 Add lines 9 through 12 .....  | 13  | .00 |
| 14 New York State claim of right credit .....  | 14  | .00 |
| 15 New York City claim of right credit .....   | 15  | .00 |
| 16 Yonkers claim of right credit .....   | 16  | .00 |
| 16a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit..... | 16a | .00 |
| 17 Total New York State, New York City, Yonkers, and MCTMT refundable credits            |     |     |
| (add lines 13 through 16a; enter here and on Form IT-203, line 61) .....                 | 17  | .00 |

243001150094



**Part 2 – Other New York State taxes** (submit all applicable forms)

**18** NY State tax on capital gain portion of lump-sum distributions (Form IT-230-I, worksheet C, line 7) **18**  .00

**19** Other New York State taxes

| Code   |  | Amount | Code       |  | Amount                                      |
|--|--|--------|------------|--|---|
| <b>19a</b>   |  | .00    | <b>19g</b> |  | .00   |
| <b>19b</b>   |  | .00    | <b>19h</b> |  | .00   |
| <b>19c</b>   |  | .00    | <b>19i</b> |  | .00   |
| <b>19d</b>   |  | .00    | <b>19j</b> |  | .00   |
| <b>19e</b>   |  | .00    | <b>19k</b> |  | .00   |
| <b>19f</b>   |  | .00    | <b>19l</b> |  | .00   |
| Total other New York State taxes (add lines 19a through 19l) ..... |  |        |            |  | <b>19</b> <input type="text" value=""/> .00 |

**20** Add lines 18 and 19 ..... **20**  .00

**21** Enter amount from **Form IT-203**, line 47 ..... **21**  .00

**22** Enter amount from **Form IT-203**, line 46 ..... **22**  .00

**23** Subtract line 22 from line 21 (if line 22 is more than line 21, leave blank)..... **23**  .00

**24** Subtract line 23 from line 20 (if line 23 is more than line 20, leave blank)..... **24**  .00

**25** New York State separate tax on lump-sum distributions (Form IT-230) ..... **25**  .00

**26** Resident credit against separate tax on lump-sum distributions ..... **26**  .00

**27** Subtract line 26 from line 25 ..... **27**  .00

**28** This line intentionally left blank ..... **28**

**29** Add lines 24 and 27 ..... **29**  .00

**30** Excess child and dependent care credit ..... **30**  .00

**31** Subtract line 30 from line 29 (if line 30 is more than line 29, leave blank)..... **31**  .00

**32** Excess New York State earned income credit ..... **32**  .00

**33** **Net other New York State taxes** (subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203**, line 49) ..... **33**  .00

