



Claim for Earned Income Credit

New York State • New York City
Tax Law - Section 606(d)

Submit this form with Form IT-201 or IT-203.

| | |
|----------------------------|-----------------------------|
| Name(s) as shown on return | Your Social Security number |
|----------------------------|-----------------------------|

- 1 Did you claim the federal earned income credit? If **No, stop; you do not qualify for these credits.** 1 Yes No
- 2 Is your investment income (see instructions) greater than \$3,600? If **Yes, stop; you do not qualify for these credits.** 2 Yes No
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return..... 3 Yes No
- 4 Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. 4 Yes No
If you claimed more than three, see instructions.

| | | | | | | | |
|-----------|------------------------------|---|--|------------------------|--------------------------|--------|--------------|
| 1st Child | First name | | MI | Last name | | Suffix | Relationship |
| | No. of months lived with you | Full-time student* <input type="checkbox"/> | Person with disability* <input type="checkbox"/> | Social Security number | Date of birth (mmddyyyy) | | |
| 2nd Child | First name | | MI | Last name | | Suffix | Relationship |
| | No. of months lived with you | Full-time student* <input type="checkbox"/> | Person with disability* <input type="checkbox"/> | Social Security number | Date of birth (mmddyyyy) | | |
| 3rd Child | First name | | MI | Last name | | Suffix | Relationship |
| | No. of months lived with you | Full-time student* <input type="checkbox"/> | Person with disability* <input type="checkbox"/> | Social Security number | Date of birth (mmddyyyy) | | |

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your 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 C** 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

Whole dollars only

| | | |
|---|--|-----|
| 6 Wages, salaries, tips, etc., from Worksheet A line 3, on page 2 of the instructions, Form IT-215-I. | 6 | .00 |
| 7 Earned income adjustments (see instructions) | 7 | .00 |
| 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) ... Employer identification number (see instructions)... <input style="width: 150px;" type="text"/> | 8 | .00 |
| 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) | 9 | .00 |
| 10 Amount of federal EIC claimed (from federal Form 1040, line 18a) | 10 | .00 |
| 11 New York State earned income credit (NYS EIC) rate 30% (.30) | 11 | .30 |
| 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) | 12 | .00 |

Complete Worksheet B on the back page before continuing.

| | | |
|---|--|-----|
| 13 Enter the amount from Worksheet B , line 5, on the back of this form..... | 13 | .00 |
| 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) .. | 14 | .00 |
| 15 Enter the smaller of line 13 or line 14 | 15 | .00 |
| 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) | 16 | .00 |
| 17 If your New York State filing status is ③, Married filing separate return , complete line 17. The NYS EIC on line 16 above 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 | .00 |
| Federal adjusted gross income (from federal Form 1040, line 8b) | <input style="width: 100px;" type="text"/> | .00 |



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 or line 17) | 18 | .00 |
| 19 | Enter the amount from Form IT-203, line 42 | 19 | .00 |
| | - 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 | .00 |
| 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 | .00 |
| | - 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 | .00 |
| 23 | Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet (see instructions) | 23 | .00 |
| 24 | Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet | 24 | .00 |
| 25 | Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) (see instr.) | 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 | .00 |

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

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| 27 | From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11 . | 27 | .00 |
| | Part-year New York City residents must also complete line 28 below. | | |
| 28 | Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7 | 28A | .00 |
| | | 28B | .00 |

Worksheet B

| | | | |
|---|---|---|-----|
| 1 | New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) | 1 | .00 |
| 2 | Resident credit (see instructions) | 2 | .00 |
| 3 | Accumulation distribution credit (see instructions) | 3 | .00 |
| 4 | Add lines 2 and 3 | 4 | .00 |
| 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 | .00 |

