For office use only

New York State Department of Taxation and Finance

Claim for Earned Income Credit

1996

IT-215

Read instructions carefully.
This is a scannable form.
Please file this original with the Tax Department.

Print or Type

Last name	First name and middle initial *(if joint claim, enter both names)*	▼ Your social security number
Mailing address *(number and street or rural route)*	Apartment number	▼ Spouse's social security number
City, village or post office	State / ZIP code	New York State county of residence

You must have claimed the federal earned income credit for 1996 in order to claim the New York State earned income credit.

1 Have you already filed your 1996 New York State income tax return? . . . . . Yes ☐ No ☐

If ***No***, you must file this claim with a return.

2 Did you claim qualifying children on your 1996 **federal** Schedule EIC? . . . . . Yes ☐ No ☐

If ***No,*** go directly to line 3.

If ***Yes,*** fill in the following for the **same** children claimed on federal Schedule EIC.

Child	Last name, first name and middle initial	Relationship	Number of months lived with you	Person with disability *	Social security number	Year of birth
1				☐		19
2				☐		19

* Place an **X** in this box **only** if you checked ***Yes*** on your 1996 federal Schedule EIC, line 3b.

3 Is the IRS figuring your **federal** earned income credit for you? . . . . . Yes ☐ No ☐

If ***Yes***, complete lines 4 through 7 (and lines 19, 21 and 22 if you are a part-year resident) and attach this form to your New York State income tax return. The Tax Department will compute your New York State earned income credit for you.

If ***No***, complete lines 4 through 15 (and lines 16 through 24 if you are a part-year resident). See instructions.

		Dollars	Cents
4 Wages, salaries, tips, etc. *(from federal Form 1040EZ, line 1 or 1040A, line 7 or 1040, line 7)*	4		

Before completing lines 5, 6, and 7, see instructions

5 If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here *(from your federal* Earned Income Credit **Worksheet**, *line 2)*	5		
6 Nontaxable earned income *(from your federal* Earned Income Credit **Worksheet,** *line 4)*	6		
7 Business income or loss *(from your federal Form 1040 Instructions, Earned Income Credit* **Worksheet,** *line 5)*	7		

- Employer Identification Number *(see instructions)* ☐
- Check applicable box . . . . . The amount on line 7 is a profit ☐ or loss ☐

8 Amount of **federal** EIC claimed *(from federal Form 1040EZ, line 8 or 1040A, line 29c or 1040, line 54. Federal alternative minimum tax filers - see instructions)*	8		
9 New York State EIC rate 20% (.20)	9		20
10 Tentative New York State earned income credit *(multiply line 8 by line 9; see instructions)*	10		

If you are a IT-201 or IT-203 filer, complete Worksheet A on the back of this form before continuing.

11 IT-200 filers, copy the amount from Form IT-200, line 19. IT-201 and IT-203 filers, copy the amount from Worksheet A, line 5 on the back of this form.	11		
12 New York State household credit *(from Form IT-200, line 20, IT-201, line 37 or IT-203, line 37)*	12		
13 Enter the smaller of line 11 or line 12	13		
14 Subtract line 13 from line 10. **This is your allowable New York State earned income credit**	14		

- **If your filing status is ③, *married filing separate return*, complete line 15 on the back.**
- **Part-year residents must complete lines 16-24 on the back.**
- **All claimants must sign this form on the back.**

	Dollars	Cents

15 If your New York State filing status is ③, *married filing separate return,* the credit on line 14 can be divided between spouses in any manner you wish. Enter on line 15 the amount of credit from line 14 you are claiming and enter your joint federal adjusted gross income below . . . . . **15** . .

- federal adjusted gross income *(from federal form 1040EZ, line 4 or 1040A, line 16 or 1040, line 31)* . . . . . ● , .

Computation of Part-Year Resident Earned Income Credit

Lines 16-24 apply only to part-year residents claiming the earned income credit.

16 Enter New York State earned income credit *(from page 1, line 14 or line 15 above)* . . . . . **16** . .

17 Enter the amount from Form IT-203, line 40 . . . . . **17** , .

If line 17 is equal to or more than line 16, **stop! You do not have excess EIC.**
If line 17 is less than line 16, **continue on line 18 below.**

18 Subtract line 17 from line 16. **This is your excess earned income credit** . . . . . **18** . .

19 Enter the amount from Form IT-203-ATT, line 36 . . . . . **19** , .

If Form IT-215, line 19 is equal to or more than Form IT-215, line 18, **stop! Do not continue with this worksheet.** Enter the line 18 amount on Form IT-203-ATT, line 37.
If line 19 is less than line 18, enter the line 18 amount on Form IT-203-ATT, line 37 and continue on line 20 below.

20 Subtract line 19 from line 18. **This is your remaining excess earned income credit** . . . . . **20** . .

21 Enter amount from *Part-Year Resident Income Allocation Worksheet,* Column B, line 18, from page 14 of your Form IT-203 instructions booklet . . **21** , .

22 Enter amount from *Part-Year Resident Income Allocation Worksheet,* Column A, line 18, from page 14 of your Form IT-203 instructions booklet . . **22** , .

23 Divide line 21 by line 22 *(carry the result to four decimal places)* This amount cannot exceed 100% (1.0000) . . . . . **23** .

24 Multiply line 20 by line 23. Enter the result here and on Form IT-203, line 57 (payment section). **This is the refundable portion of your part-year resident earned income credit** . . . . . **24** . .

Worksheet A (For IT-201 and IT-203 Filers Only)

1 New York State tax *(from Form IT-201, line 36 or IT-203, line 36)* . . . . . **1** , .

2 Resident credit *(from Form IT-201-ATT, line 15 or IT-203-ATT, line 15)* . . . . . **2** , .

3 Accumulated distribution credit *(from Form IT-201-ATT, line 16 or IT-203-ATT, line 16)* . . **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 11 on the front of this form . . **5** , .

Paid Preparer's Use Only	Preparer's signature	Date	Mark "X" if self-employed ☐	**Sign Here**	Your signature	
	Firm's name *(or yours, if self-employed)*	Preparer's social security number			Spouse's signature *(if joint claim)*	
	Address	Employer identification number			Date	Daytime phone number (optional) ( )