For office use only			New Yo	rk State	Departmen	t of Taxation a	and Fina	ance			{				
		Claim fo	or City	of N	New Y	ork Sc	cho	ol Tax	Cre	dit	<u></u>	98 ) N	۷C	-210	1
		Please enter your first		st. For a	combine	ed claim, us	e both	name line						<b>-</b> 2   (	J
	a	Your first name and midd	dle initial	Your las	st name (for	a combined claim	n, enter sp	ouse's name on lin	ne below)	▼ You	ur social	l security nu	mber	ПП	
	type	Spouse's first name and	middle initial	Spouse	's last nam	e			$\dashv$	▼ Sp	ouse's s	social securit	y numbe	er	
	٥			Opouso								ļ [ -			
	Print	Mailing address (number	r and street or	rural rout	e)		Ap	Apartment number				ate county o		nce while	ŧ
	P	Other cillana and att			To		IZID	ZIP code		II	iving in	New York C	ity		
		City, village or post office	ce		State		ZIP	code		•					
	<u> </u>	Address of New York C	ity residence	that qu	alifies you	for this cred	lit, if dif	fferent from a	above						_
		•													
		City		State <b>NY</b>		ZIP code	Э	If individual	l is dece	eased,	enter fir	rst name an	d date o	of death.	_
□:  a :  a :  t\ r  /  a :  a :  a :  a :  a :  a :  a :					- 4								<u> </u>	<u> </u>	_
		must answer the e, if you are married and				in New York	City f	for <b>anv nart</b>	of 199	87	1	Yes		No 🗌	
	•	No box, <b>stop</b> ; you c	•		•		Colly	or uny part	01 100	0.		100			
		Yes box, see What					comp	olete Part I	or Pa	rt II,	which	ever appli	es.		
Dani I. Manni	I <i>C</i> !I		-l -l-!												
2 Can you be d	lea III	ing a combine as a dependent on a	a claim	naver's	1008 fo	idarəl ratur	n?				2	■ Vos	l <b>=</b>	No 🗌	
Z Can you be c	Jaillieu	as a dependent on a	another tax	фауст	5 1330 16	uerai retui	11:			•••		163		NO	
3 Can your spo	use be	claimed as a depend	dent on an	other t	axpayer's	s 1998 fede	eral re	eturn?			3	Yes		No 🗌	
		oth boxes 2 and 3, <b>s</b>													
=		box, complete Part II	-			-									
		pendent (the other s		-	ualify for	the credit.	.) Also	o, see item	11.						
4 Were you or	oth <i>No</i> Vour sp	boxes, continue on li ouse 65 or older on	ine 4 beio\ January 1	<i>N</i> . . 1999?	) (see ins	tructions)					4	Yes		No 🗌	
yeu ei	)		• · · · · · · · · · · · · · · · · · · ·	,	(000 1110								_		
5 Enter the nur	nber of	months you lived in	New York	City in	1998 <i>(se</i>	e instruction	ns)				5	<b>■</b> m	onths		
C. Frataritha nom			live el im NI	V- #	l. City. in	1000 /	· •	- (' \			6	<b>-</b>	4		
<b>6</b> Enter the nur	nber or	months your spouse	livea in iv	ew yor	k City in	1998 (see	instruc	tions)		•••	0	<u> </u>	onths		
Part II Sin	ale. r	narried filing a	separa	te cla	aim. or	surviv	ina :	spouse					_		
		as a dependent on a									7	Yes		No	
If you chec	ked Ye	s, <b>stop</b> ; you do not q	ualify for th	his cred	dit.										
<b>9</b> Were very CF	مامام سم	lanuaru 4 4000	<b>10</b>								•	Yes	l <b>-</b>	No 🗌	
8 were you 65	or olde	r on January 1, 1999	9?							•••	0	res	ı <b>=</b>	NO	
9 Enter the nur	nber of	months you lived in	New York	City in	1998 <i>(se</i>	e instruction	ns)				9	<b>■</b>	onths		
		•			,		,						ı		
<b>10</b> Are you filing the	his claim	as a surviving spouse	?							• • •	10	Yes		No	
Direct Deno	<b>.i</b> 4														
Direct Depos  11 If you choose		e your refund sent di	rectly to vo	our bar	nk accou	nt. complet	te the	following (	(see ins	structi	ions)·				
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Preparer's			Burne	•	· Ш	Sign	Spor	ıse's signature	(if combi	ned cla	im)				_
Use Only Firm's	name (or )	ours, if self-employed)	Preparer's so	ocial secui	rity number	Here			, combii	ca ola					
Address			Employer ide	entification	number	11616	Date		Daytime p	phone \	number (	(optional)			



## Filing your claim

File your claim as soon as you can after January 1, 1999. You must file your 1998 claim no later than April 15, 2002. Mail your claim to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

## **Private Delivery Services**

The date recorded or marked by certain private delivery services, as designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance, will be treated as a postmark, and that date will be considered to be the date of delivery in determining whether your claim was filed on time. The private delivery service can tell you how to get written proof of this date. If you use a delivery service other than the U.S. Postal Service, address your return to: State Processing Center, 431C Broadway, Menands, NY 12204.

The current designated delivery services are:

Airborne Express (Airborne):
 Overnight Air Express Service
 Next Afternoon Service
 Second Day Service

- DHL Worldwide Express (DHL):
   DHL Same Day Service
   DHL USA Overnight
- Federal Express (FedEx):
   FedEx Priority Overnight
   FedEx Standard Overnight
   FedEx 2 Day
- United Parcel Service (UPS): UPS Next Day Air UPS Next Day Air Saver UPS 2nd Day Air UPS 2nd Day Air A.M.

## **Privacy Notification**

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 22, 26, 26-A, 26-B, 30, 30-A, and 30-B of the Tax Law; Article 2-E of the General City Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer tax liabilities due the state and city of New York and the city of Yonkers. We will also use this information for certain tax offset and exchange of tax information programs authorized by law, and for any other purpose authorized by law.

Information concerning quarterly wages paid to employees and identified by unique random identifying code numbers to preserve the privacy of the employees' names and social security numbers will be provided to certain state agencies for research purposes to evaluate the effectiveness of certain employment and training programs.

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

This information will be maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.