

# Claim for City of New York School Tax Credit



# NYC-210



<b>Print or type</b>	<b>Please enter your first name first. For a combined claim, use both name lines.</b>			
	Your first name and middle initial	Your last name <i>(for a combined claim, enter spouse's name on line below)</i>		▼ Your social security number
	Spouse's first name and middle initial	Spouse's last name		▼ Spouse's social security number
	Mailing address <i>(number and street or rural route)</i>		Apartment number	New York State county of residence while living in New York City
	City, village or post office	State	ZIP code	
Address of New York City residence that <b>qualifies</b> you for this credit, if different from above				
	City	State <b>NY</b>	ZIP code	If individual is deceased, enter <b>first name</b> and <b>date of death</b> .

### Do not file this form if you are required to file a 1999 Form IT-100, IT-200, IT-201, or IT-203.

Use this form if you lived in New York City for any part of 1999. You lived in New York City if you lived in any of the following counties during 1999: **Kings County (Brooklyn), Bronx, New York County (Manhattan), Richmond County (Staten Island), and Queens.** If you did not live in any of these counties for all or part of the year, **stop**; you do not qualify for this credit.

- 1 What type of claim are you filing (check only one box; see instructions):
- a  Single (complete Part I only)
  - b  Married filing a combined claim (complete Part I and Part II)
  - c  Married **but** filing a separate claim (complete Part I only)
  - d  Surviving spouse (complete Part I only)

### Part I

2 Can you be claimed as a dependent on another taxpayer's 1999 federal return? ..... **2**    Yes     No

If you checked box a, c, or d at line 1, and checked the Yes box at line 2, **stop**; you do not qualify for the credit. All others, continue with line 3.

3 Were you 65 or older on January 1, 2000? ..... **3**    Yes     No

4 Enter the number of months during 1999 that you lived in New York City ..... **4**     months

If you checked box b at line 1, continue with line 5. All other filers go to line 8

### Part II Continue with line 5 only if you checked box b at line 1.

5 Can your **spouse** be claimed as a dependent on another taxpayer's 1999 federal return? ..... **5**    Yes     No

If you checked Yes at both boxes 2 and 5, **stop**; you do not qualify for this credit. If you checked No at box 5, continue with line 6 below.

6 Was your **spouse** 65 or older on January 1, 2000? *(see instructions)* ..... **6**    Yes     No

7 Enter the number of months during 1999 your **spouse** lived in New York City *(see instructions)* ..... **7**     months

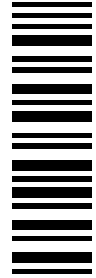
### Direct deposit

8 If you choose to have your refund sent directly to your bank account, complete the following *(see instructions)*:

a Routing number :       b Type:    •  Checking    •  Savings

c Account number :

<b>Paid preparer's use only</b>	Preparer's signature	Date	Mark "X" if self-employed <input type="checkbox"/>	<b>Sign here</b>	Your signature
	Firm's name <i>(or yours, if self-employed)</i>	Preparer's SSN or PTIN			Spouse's signature <i>(if combined claim)</i>
	Address	Employer identification number			Date      Daytime phone number (optional) (      )



**Filing your claim**

File your claim as soon as you can after January 1, 2000. You must file your 1999 claim no later than April 15, 2003. Mail your claim to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

**Private delivery services**

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. If you have used a designated private delivery service and need to establish the date of delivery, contact that private delivery service for instructions on how to obtain written proof of the date of delivery. If you use **any** private delivery service, whether it is a designated service or not, address your return to: **State Processing Center, 431C Broadway, Albany NY 12204-4836.**

The current designated private delivery services are:

1. Airborne Express (Airborne):  
Overnight Air Express Service  
Next Afternoon Service  
Second Day Service
2. DHL Worldwide Express (DHL):  
DHL Same Day Service  
DHL USA Overnight
3. Federal Express (FedEx):  
FedEx Priority Overnight  
FedEx Standard Overnight  
FedEx 2 Day
4. 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 uses this information primarily to determine and administer tax liabilities due the state and city of New York and the city of Yonkers. We 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 is 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 subject you to civil or criminal penalties, or both, under the Tax Law.

This information is 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.