## New York State Department of Taxation and Finance Claim for City of New York School Tax Credit Important: You must enter your social security number(s) in the boxes to the right. Your first name and middle initial Your last name (for a combined claim, enter spouse's name on line below) ▼ Your social security number Print or type Spouse's first name and middle initial Spouse's last name Spouse's social security number Mailing address (number and street or rural route) 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 qualifies you for this credit, if different from above City ZIP code If individual is deceased, enter first name and date of death. State NY Use this form only if you are not required to file a 2003 Form IT-100, IT-200, IT-201, or IT-203, and you lived in New York City for any part of 2003. You lived in New York City if you lived in any of the following counties during 2003: 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. Single (complete Part I only) What type of claim are you filing (check only one box; see instructions): Married filing a combined claim (complete Part I and Part II) Married but filing a separate claim (complete Part I only) Part I 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 other filers continue with line 3. If you checked box b at line 1, continue with line 4. All other filers continue with line 6. Part II Continue with line 4 only if you checked box b at line 1. If you checked the Yes box at both lines 2 and 4, stop; you do not qualify for this credit. All other filers continue with line 5. **Direct deposit** 6 If you choose to have your refund sent directly to your bank account, complete the following (see instructions): a Routing number Checking Savings c Account number Do you want to allow another person to discuss this claim with the Tax Dept? (see instructions) Yes ■ No (complete the following) Third party Designee's name Designee's phone number Personal identification designee number (PIN)

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	Preparer's signature	▼ Preparer's SSN or I	PTIN
Paid			
preparer's	Firm's name (or yours, if self-employed)	Employer identific	ation number
use only			
Address		Date	Mark X if

Sign here	Your signature Spouse's signature	Your signature  Spouse's signature (if combined claim)	
	Date	Daytime phone number (optional)	



## Filing your claim

File your claim as soon as you can after January 1, 2004. You must file your 2003 claim no later than April 16, 2007. 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 and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, 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. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* on the back page of the instructions for information on ordering forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use any private delivery service, whether it is a designated service or not, address your return to: State Processing Center, 101 Enterprise Drive, Kingston NY 12401.

## **Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

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 Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.