



New York State Department of Taxation and Finance Claim for Real Property Tax Credit For Homeowners and Renters

IT-214

Step 1 - Enter identifying information

Olc	p i – Eliter lacitarying in	ioiiiiatioii											
You	ur first name and middle initial	a joint claim, enter spouse's name on line below)				ur date of birth (mm-dd-yyyy)	Your social security number						
Spo	pouse's first name and middle initial Spouse's last name Spouse's					ouse's date of birth (mm-dd-yyyy)	Spouse's social security number						
Cur	rent mailing address (number and s	treet or rural route)					Apartment number	New	York S	tate cou	unty of r	esiden	се
City	y, village, or post office	State	ate ZIP code Country (if not			t United States)		You must enter date(s) of birth and social security number(s)					
Stre	eet address of New York residence	that qualifies you	for this cred	lit, if different from a	above			abo	ve.				
City	y, village, or post office		Sta	te	ZIP code								
			N'	Y									
Ste	p 2 – Determine eligibility	(For lines 1 thro	ough 6, ma	ark an X in the ap	propriate bo	x.)							
1	Were you a New York Stat	e resident for a	II of 2012	??					1	Yes		No	
	Did you occupy the same								2	Yes		No	一
	If you marked an X in the			-									
3	Did you own real property								3	Yes		No	
	Can you be claimed as a c								4	Yes		No	
5	Did you reside in public housir	ng, or other reside	ence comp	oletely exempted	from real pro	pe	rty taxes in 2012? (see in	nstr.)	5	Yes		No	
	If you marked an X in the	e Yes box on li	ne 3, 4, d	or 5, stop; you	do not qual	ify	for this credit.						
6	Did you live in a nursing ho	ome during 201	2? (If you	mark an X in the	e Yes box, se	ee ii	nstructions.)		6	Yes		No	
7	Complete below for the au	alifving househ	old mem	her 65 or older	(see instruc	tion	16)						
	Complete below for the qualifying household member 65 or older (see instructions). - First name Last name B - Social secur						B – Social security	ty number			C - Date of birth		
												n-dd-yy	
8	Complete below for all hou	usehold membe	ers not in	cluded on line	7 (submit ad	ditio	onal sheets if needed; se	ee ins	structio	ns).			
Α-	First name	Last name				B - Social security				C - Date of birth			
						+					(1111	n-dd-yy	'УУ)
						+				-			
Cto	n 2 Determine househo	ld areas inser											
Sie	p 3 – Determine househo Enter the total of all amo	ounts. even if not	taxable. th	nat vou. vour spo	use (if marrie	ed).	and all other household	l men	nbers r	eceive	d durin	a 201	2.
_	Federal adjusted gross in			, ,, ,	`								
9			e to file a	federal return	see instruc	ctio	ns		9				.00
10	If any household members do not have to file a federal return, see instructions										.00		
		ocial security payments not included on line 9								.00			
		pplemental security income (SSI) payments											.00
		s and annuities (including railroad retirement benefits) not included on lines 9 through 12 13							.00				
	·	-								.00			
	•												.00
	Other income								16				.00
	If line 16 is more than \$												•00
17	Enter rate from Table 1 (se								17				
• •	1 (30												
18	Multiply line 16 by line 17								18				.00

Step 4 – Comp	oute	real property tax						
Renters 19 Enter the total amount of rent you and all members of your ho during the year 2012. (Do not include any subsidized part of you					19	00		
only		during the year 2012. (Do no	t include any subsidized pa	art ot y	our rental charge.)	19	.00	
	20	Adjusted rent - If line 19 inc	ludes charges for:	Ente	er on line 20			
		heat, gas, electricity, furnish						
		heat, gas, electricity, and fur						
		heat, gas, and electricity						
		heat or heat and gas				20		
		none of the above					.00	
	Average monthly adjusted rent (divide line 20 by the number of months you paid rent) If line 21 is more than \$450, stop ; you do not qualify for this credit.						.00	
	22 Multiply line 20 by 25% (.25); enter here and on line 28					22	.00	
			_					
	23	Real property taxes paid durin	g the year 2012 (see inst	tructio	ns)	23	.00	
	l	Special assessments					.00	
Homeowners	l	Add lines 23 and 24		.00				
only	l	Exemption for homeowners 65						
Offig	l	Add lines 25 and 26; enter her		.00				
	21	Add lines 25 and 26, enter her	e and on line 26			21	.00	
Step 5 - Comp	oute	credit amount				<u> </u>		
28 Renters: E	nter	amount from line 22. Homeow	ners: Enter amount from	n line	27 (see instructions)	28	.00	
If line 28	is ze	ro or less, stop ; no credit is all	owed.					
29 Enter amou	ınt fr	om line 18				29	.00	
If line 29	is ec	ual to or more than line 28, sto	p; you do not qualify for	r this	credit.			
30 Subtract lin	e 29	from line 28				30	.00	
		by 50% (.5) (However, if you ente					.00	
		instructions; enter amount from cha					.00	
		nt from line 32 or 31, whichever						
	33	.00						
		ne member of your household is fili g this claim with your New Yo				[55]	100	
		ne 33 amount on Form IT-201,		ctuiii	•			
		filing this claim with a New Y		eturn	(see instructions):			
•		efund choice: direct depos			_	paper chec	ŀ	
Wark 0	110 10	erana choice. anect depos	31. (IIII III III III (18 34) - 01 -	ш	debit card - of -	paper criec	N.	
Step 6 - Enter	асс	ount information (see instruction	ns)					
34 Direct depos	sit (s	ee instructions): Complete the follo	wing to have your refund d	eposit	ed directly to your bank accor	unt.		
34a Routing		34b	Account Personal		Personal E	Business	Business	
number			type: L checking	- or -		hecking - or	r - savings	
Note: If the funds	s for v	our refund would go to an account	:	count				
		an X in this box (see instructions)		mber				
Third-party Print designee's name Des					gnee's phone number	P	ersonal identification	
designee? (see in	designee? (see instr.)						number (PIN)	
Yes No [E-mail:						
▼ Paid preparer must complete (see instr.) ▼ Date ▼ Taxpayer(s) must sign here ▼								
Preparer's signatu		must complete (see msu.)	Preparer's NYTPRIN	\dashv	Your signature			
Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation					Your occupation			
Address Employer identification number Spouse's signature and occu				Spouse's signature and occupa	upation (if joint claim)			
					, , ,			
				Daytime phone number (
E-mail:				\neg	E-mail:	, ,		

- $\bullet\,$ If you $\mbox{are filing}$ a NYS income tax return, submit this form with your return.
- If you are not filing a NYS income tax return, mail this form to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

