



Claim for New York City Enhanced Real Property Tax Credit

For Homeowners and Renters

Step 1 – Enter identifying information

| | | | | |
|--|-------|---|----------------------------------|--|
| Your first name | MI | Your last name (for a joint claim , enter spouse's name on line below) | Your date of birth (mmdyyyy) | Your social security number |
| Spouse's first name | MI | Spouse's last name | Spouse's date of birth (mmdyyyy) | Spouse's social security number |
| Current mailing address (number and street or PO box) | | | Apartment number | County of residence while living in New York City (see instructions) |
| City, village, or post office | State | ZIP code | Country (if not United States) | |
| Street address of New York City residence that qualifies you for this credit, if different from above | | | Apartment number | You must enter date(s) of birth and social security number(s) above. |
| City | State | ZIP code | | |
| NY | | | | |

Step 2 – Determine eligibility (For lines 1 through 5, mark an **X** in the appropriate box.)

- 1 Were you a New York City resident for all of 2016? 1 Yes No
- 2 Did you occupy the same residence for at least six months during 2016?..... 2 Yes No
If you marked an **X** in the **No** box on line 1 or 2, **stop**; you do not qualify for this credit.
- 3 Can you be claimed as a dependent on another taxpayer's 2016 federal return? 3 Yes No
- 4 Did you reside in public housing, or other residence completely exempted from real property taxes in 2016? (see instr.) 4 Yes No
If you marked an **X** in the **Yes** box on line 3 or 4, **stop**; you do not qualify for this credit.
- 5 Did you live in a nursing home during 2016? (If you mark an **X** in the Yes box, see instructions.) 5 Yes No

6 Complete below for **all** household members (submit additional sheets if needed; see instructions).

| A – First name | Last name | B – Social security number |
|----------------|-----------|----------------------------|
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Step 3 – Determine household gross income

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2016.

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|-----------|--|-----------|--|-----|
| 7 | Federal adjusted gross income If any household members do not have to file a federal return, see instructions | 7 | | .00 |
| 8 | New York State additions to federal adjusted gross income | 8 | | .00 |
| 9 | Social security payments not included on line 7 | 9 | | .00 |
| 10 | Supplemental security income (SSI) payments | 10 | | .00 |
| 11 | Pensions and annuities (including railroad retirement benefits) not included on lines 7 through 10 | 11 | | .00 |
| 12 | Cash public assistance and relief | 12 | | .00 |
| 13 | Other income | 13 | | .00 |
| 14 | Household gross income (add lines 7 through 13; see instructions) | 14 | | .00 |
| | If line 14 is \$200,000 or more, stop ; you do not qualify for this credit. | | | |
| 15 | Enter rate from Table 1 (see instructions) | 15 | | |
| 16 | Multiply line 14 by line 15 | 16 | | .00 |

Step 4 – Compute real property tax

| | | | | | |
|------------------------|-----------|--|-----------|--|-----|
| Renters only | 17 | Enter the total amount of rent you and all members of your household paid during 2016. (Do not include any subsidized part of your rental charge.) | 17 | | .00 |
| | 18 | Adjusted rent – If line 17 includes charges for: Enter on line 18 heat, gas, electricity, furnishings, and board..... 80% (.8) of line 17 heat, gas, electricity, and furnishings..... 90% (.9) of line 17 heat, gas, and electricity 92% (.92) of line 17 heat or heat and gas 94% (.94) of line 17 none of the above 100% of line 17 | 18 | | .00 |
| | 19 | Multiply line 18 by 15.75% (.1575); enter here and on line 23 | 19 | | .00 |
| | 20 | Real property taxes paid during 2016 (see instructions)..... | 20 | | .00 |
| Homeowners only | 21 | Special assessments | 21 | | .00 |
| | 22 | Add lines 20 and 21; enter here and on line 23 | 22 | | .00 |



| |
|-----------------------------|
| Your social security number |
| |

Step 5 – Compute credit amount

| | | | |
|---|-----------|--|---------------|
| 23 Renters: Enter amount from line 19. Homeowners: Enter amount from line 22 (see instructions) | 23 | | .00 |
| If line 23 is zero or less, stop ; no credit is allowed. | | | |
| 24 Enter amount from line 16 | 24 | | .00 |
| If line 24 is equal to or more than line 23, stop ; you do not qualify for this credit. | | | |
| 25 Subtract line 24 from line 23 | 25 | | .00 |
| 26 Enter rate from Table 2 (see instructions) | 26 | | |
| 27 Multiply line 25 by the rate on line 26 | 27 | | .00 |
| 28 Credit limit | 28 | | 500.00 |
| 29 Enter the amount from line 28 or 27, whichever is less. This is the credit for your household. (If more than one member of your household is filing Form NYC-208, see instructions.) | 29 | | .00 |

- If you are **filing this claim with your New York State income tax return:**
Enter the line 29 amount on Form IT-201, line 70a.
- If you are **not filing this claim with a New York State income tax return** (see instructions):
Mark one refund choice: direct deposit (fill in line 30) - or - paper check

Step 6 – Enter account information for direct deposit (see instructions)

If the funds for your refund would go to an account outside the U.S., mark an **X** in this box (see instructions)

30 Direct deposit (see instructions): Complete the following to have your refund deposited directly to your bank account.

30a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

30b Routing number **30c** Account number

| | | | |
|---|-----------------------|--------------------------------|--------------------------------------|
| Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/> | Print designee's name | Designee's phone number () | Personal identification number (PIN) |
| | E-mail: | | |

| | | |
|--|--------------------------------|--------------------|
| ▼ Paid preparer must complete ▼ (see instructions) | Preparer's NYTPRIN | NYTPRIN excl. code |
| Preparer's signature | Preparer's printed name | |
| Firm's name (or yours, if self-employed) | Preparer's PTIN or SSN | |
| Address | Employer identification number | |
| | Date | |
| E-mail: | | |

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|--|-----------------------------|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation | |
| Spouse's signature and occupation (if joint claim) | |
| Date | Daytime phone number () |
| E-mail: | |

- If you **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:
NYS TAX PROCESSING, PO BOX 15192, ALBANY NY 12212-5192

