

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

**IT-214** 

## Step 1 – Enter identifying information

Your first name	MI	Your last name (for a joint claim, enter spouse's name on line below)			Yo	ur date of birth (mmddyyyy)	Your social security number	
Spouse's first name	MI	Spouse's last name			Sp	ouse's date of birth (mmddyyyy)	Spouse's social security number	
Current mailing address (number	r and s	treet or PO box)				-	Apartment number	New York State county of residence
City, village, or post office			State	ZIP code	Country (if n	ot U	nited States)	
Street address of New York residence that qualifies you t			for this	credit, if different fron	n above		Apartment number	You must enter date(s) of birth
							and social security number(s) above.	
City, village, or rural route			State ZIP code					
				NY				

Ste	ep 2 – Determine eligibility (For lines 1 through 6, mark an X in the appropriate box.)			
1	Were you a New York State resident for all of 2017? 1	Yes	No	
2	Did you occupy the same residence for at least six months during 2017?	Yes	No	
3	If you marked an <i>X</i> in the <i>No</i> box on line 1 or 2, <b>stop;</b> you do not qualify for this credit. Did you own real property with a current market value of more than \$85,000 during 2017?	Yes	No	
4	Can you be claimed as a dependent on another taxpayer's 2017 federal return?	Yes	No	
5	Did you reside in public housing, or other residence completely exempted from real property taxes in 2017? (see instr.) 5	Yes	No	
6	If you marked an <b>X</b> in the <b>Yes</b> box on line 3, 4, or 5, <b>stop;</b> you do not qualify for this credit. Did you live in a nursing home during 2017? ( <i>If you mark an</i> <b>X</b> <i>in the</i> Yes <i>box, see instructions.</i> )	Yes	No	

7 Complete below for the qualifying household member 65 or older (see instructions).

A – First name	Last name	<b>B</b> – Social security number	C – Date of birth (mmddyyyy)

## 8 Complete below for all household members not included on line 7 (submit additional sheets if needed; see instructions).

A – First name	Last name	<b>B</b> – Social security number	C – Date of birth (mmddyyyy)



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Ste	p 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 me	mber	s received during 2017.
9	Federal adjusted gross income If any household members do not have to file a federal return, see instructions	9	.00
10	New York State additions to federal adjusted gross income	10	.00
11	Social security payments not included on line 9	11	.00
12	Supplemental security income (SSI) payments	12	.00
13	Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12	13	.00
14	Cash public assistance and relief	14	.00
15	Other income	15	.00
16	Household gross income <i>(add lines 9 through 15; see instructions)</i> If line 16 is more than \$18,000, <b>stop;</b> you do not qualify for this credit.	16	.00
17		17	
18	Multiply line 16 by line 17	18	.00

## Step 4 – Compute real property tax

Renters only	19	Enter the <b>total</b> amount of rent you and all members of during 2017. ( <i>Do not include any subsidized part of your</i>		19	.00
	20	Adjusted rent – If line 19 includes charges for: heat, gas, electricity, furnishings, and board heat, gas, electricity, and furnishings heat, gas, and electricity heat or heat and gas none of the above	75% (.75) of line 19 80% (.8) of line 19 85% (.85) of line 19	20	.00
	<ul> <li>Average monthly adjusted rent (divide line 20 by the number of months you paid rent)</li> <li>If line 21 is more than \$450, stop; you do not qualify for this credit.</li> <li>Multiply line 20 by 25% (.25); enter here and on line 28</li> </ul>				.00
Homeowners only		Real property taxes paid during 2017 (see instructions).		23 24	.00
	25 26	Add lines 23 and 24 Exemption for homeowners 65 and over <i>(optional - see instructions)</i>			.00 .00
	27	Add lines 25 and 26; enter here and on line 28		27	.00



Step 5 –	Compute	credit amount	
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	er amount from line 2: zero or less, <b>stop</b> ; no			ter amount fron	n line	27 (see instructions)	28	.00	
	9 Enter amount from line 18 If line 29 is equal to or more than line 28, <b>stop;</b> you do not qualify for this credit.						29	.00	
30 Subtract line	29 from line 28						30	.00	
31 Multiply line 3	0 by 50% (.5) <i>(Howev</i>	er, if you enter	ed an am	ount on line 26, i	nultip	ly line 30 by 25% (.25).)	31	.00	
32 Credit limit (se	e instructions; enter am	ount from cha	rt)				32	.00	
	ount from line 32 or 3 <sup>-</sup> one member of your ho	,				your household. )	33	.00	
•	ing this claim with y line 33 amount on Fo			e income tax re	eturn	:			
<ul> <li>If you are n</li> </ul>	ot filing this claim w	ith a New Yo	ork State	e income tax r	eturr	(see instructions):			
Mark one	refund choice:	direct depos	sit <i>(fill in li</i>	ine 34) - <b>or</b> -		paper check			
			,	,					
Step 6 – Enter a	count information f	or direct de	<b>posit</b> (se	e instructions)					
If the funds for vo	ur refund would go to	an account	outside t	hellS mark	an X	in this box (see instructions)			
,	0					deposited directly to your			
34a Account t	ne: Personal d	necking - <b>or</b>		Personal savings	0	r - Business checking	- or -	Business savings	
			- <u> </u>		5 - 0		- 01 -		
34b Routing n	umber			34c Account	numbe	er			
<b></b>									
Third-party designee? (see insti	Print designee's name	•			Desi	gnee's phone number )		Personal identification number (PIN)	
Yes No	E-mail:					,		-	
▼ Paid preparer must complete       ▼ Preparer's NYTPRIN       NYTPRIN         (see instructions)       ▼ Taxpayer(s) must sign here       ▼							ign here 🔻		
Preparer's signature		Preparer's prin	ited name			Your signature			
Firm's name (or yours, if self-employed) Preparer's PTIN or SSN						Your occupation			
Address	Address Employer identification number					Spouse's signature and occupation (if joint claim)			
				Date		Date Daytime phone number			
E-mail:					() 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.

