

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, stop; 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 X in the Yes box on line 3, 4, or 5, stop; you do not qualify for this credit. Did you live in a nursing home during 2017? (<i>If you mark an</i> X <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 – 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 – 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, stop; 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 total 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 |
| | 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. Multiply line 20 by 25% (.25); enter here and on line 28 | | | | .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 | |
|----------|---------|---------------|--|
|----------|---------|---------------|--|

| | er amount from line 2: zero or less, stop ; 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, stop; 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 ⁻ one member of your ho | , | | | | your household.) | 33 | .00 | |
| • | ing this claim with y line 33 amount on Fo | | | e income tax re | eturn | : | | | |
| If you are n | 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) - or - | | paper check | | | |
| | | | , | , | | | | | |
| Step 6 – Enter a | count information f | or direct de | posit (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 - or | | Personal savings | 0 | r - Business checking | - or - | Business savings | |
| | | | - <u> </u> | | 5 - 0 | | - 01 - | | |
| 34b Routing n | umber | | | 34c Account | numbe | er | | | |
| | | | | | | | | | |
| 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.

