NEW YORK STATE 2023

Other Tax Credits and Taxes
Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on your Form IT-203	Your Social Security number

Complete all parts that apply to you; see instructions (Form IT-203-I). Submit this form with your Form IT-203.

A Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government*, or *Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? *(see instructions)* .... Yes ☐ No ☐

Part 1 – Other tax credits *(submit all applicable forms)*

Section A – New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Resident credit	**1**	.00
2 Accumulation distribution credit *(submit computation)*	**2**	.00
3 Other nonrefundable, non-carryover credits		

	Code	Amount		Code	Amount
3a		.00	**3b**		.00

Total other nonrefundable, non-carryover credits *(add lines 3a and 3b)*	**3**	.00

Section B – New York State nonrefundable, carryover credits used

4 Long-term care insurance credit	**4**	.00
5 Investment credit	**5**	.00
6 Part-year solar energy system equipment credit	**6**	.00
7 Other nonrefundable, carryover credits		

	Code	Amount		Code	Amount
7a		.00	**7h**		.00
7b		.00	**7i**		.00
7c		.00	**7j**		.00
7d		.00	**7k**		.00
7e		.00	**7l**		.00
7f		.00	**7m**		.00
7g		.00	**7n**		.00

Total other nonrefundable, carryover credits *(add lines 7a through 7n)*	**7**	.00
8 **Total New York State nonrefundable credits used** *(add lines 1 through 7; enter here and on Form IT-203, line 47)*	**8**	.00

Section C – New York State, New York City, Yonkers, and MCTMT refundable credits

9 Part-year resident refundable New York State child and dependent care credit.........................	**9**	.00
9a Part-year resident refundable New York City child and dependent care credit	**9a**	.00
10 Part-year resident refundable New York State earned income credit .... [ ]	**10**	.00
11 Part-year resident refundable New York City earned income credit .... [ ]	**11**	.00
12 Other NY State refundable credits		

	Code	Amount		Code	Amount
12a		.00	**12g**		.00
12b		.00	**12h**		.00
12c		.00	**12i**		.00
12d		.00	**12j**		.00
12e		.00	**12k**		.00
12f		.00	**12l**		.00

Total other refundable credits *(add lines 12a through 12l)*	**12**	.00
13 Add lines 9 through 12	**13**	.00
14 **New York State** claim of right credit...	**14**	.00
15 **New York City** claim of right credit..	**15**	.00
16 **Yonkers** claim of right credit..	**16**	.00
16a **MCTMT** (metropolitan commuter transportation mobility tax) claim of right credit.....................	**16a**	.00
17 **Total** New York State, New York City, Yonkers, and MCTMT refundable credits *(add lines 13 through 16a; enter here and on Form IT-203, line 61)*	**17**	.00

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Enter your Social Security number

Part 2 – Other New York State taxes *(submit all applicable forms)*

18 NY State tax on capital gain portion of lump-sum distributions *(Form IT-230-I, worksheet C, line 7)* **18** |_____.00

19 Other New York State taxes

	Code	Amount		Code	Amount
19a		.00	**19g**		.00
19b		.00	**19h**		.00
19c		.00	**19i**		.00
19d		.00	**19j**		.00
19e		.00	**19k**		.00
19f		.00	**19l**		.00

Total other New York State taxes *(add lines 19a through 19l)* .... **19** |_____.00

20 Add lines 18 and 19 .... **20** |_____.00

21 Enter amount from **Form IT-203**, line 47.......................... **21** |_____.00

22 Enter amount from **Form IT-203**, line 46 .... **22** |_____.00

23 Subtract line 22 from line 21 *(if line 22 is more than line 21, leave blank)*......................... **23** |_____.00

24 Subtract line 23 from line 20 *(if line 23 is more than line 20, leave blank)*......................... **24** |_____.00

25 New York State separate tax on lump-sum distributions
   (Form IT-230) .... **25** |_____.00

26 Resident credit against separate tax on lump-sum
   distributions .... **26** |_____.00

27 Subtract line 26 from line 25 .... **27** |_____.00

28 This line intentionally left blank .... **28** |_____|

29 Add lines 24 and 27 .... **29** |_____.00

30 Excess child and dependent care credit .... **30** |_____.00

31 Subtract line 30 from line 29 *(if line 30 is more than line 29, leave blank)*......................... **31** |_____.00

32 Excess New York State earned income credit .... **32** |_____.00

33 **Net other New York State taxes** *(subtract line 32 from line 31; if line 32 is more than line 31, leave blank; otherwise, enter the result here and on **Form IT-203, line 49**)* .... **33** |_____.00