

Claim for Real Property Tax Credit For Homeowners and Renters

IT-214

Tax Law - Article 22, Section 606(e)

Step 1 – Enter identifying information

| Your first name | MI | Your last name (for a | Your last name (for a joint claim , enter spouse's name on line below) | | | Your date of birth (mmddyyyy) | | Your Social Security number | | |
|--|--|-------------------------------|---|---------------------------|-------------------------|---------------------------------|---------------------------------|-----------------------------|---------------------------------------|---------|
| Spouse's first name MI Spouse's last name | | | | | Sn | ouse's date of birth (mmddyyyy) | Spouse's Social Security number | | | |
| operator morname | 1 | Species o last flame | | | | Op. | oude of birth (immedyyyy) | Орошоо | o o o o o o o o o o o o o o o o o o o | |
| Current mailing address (number | r and s | street or PO box) | | | | | Apartment number | New York | k State county of re | sidence |
| City village or nest office | | | Ctata | ZID anda | Country (if | -411 | pite d Otata a) | | | |
| City, village, or post office | | | State | ZIP code | Country (if r | iot U | nitea States) | | | |
| Street address of New York res | idence | e that qualifies you f | for this c | redit, if different fron | n above | | Apartment number | | ust enter date(s | |
| | | | | | | | | and Solution | ocial Security nu | mber(s) |
| City, village, or rural route State ZIP code | | | | | | | _ | | | |
| | | | | NY | | | | | | |
| | | | | | | | | | | |
| Step 2 – Determine eligi | ibilit | y (For lines 1 thro | ugh 6, i | mark an X in the a | appropriate bo | ox.) | | | | |
| 1 Were you a New York State resident for all of 2019? No | | | | | | | | No | | |
| 2 Did you account the co | | : | laast s | | ~~ 20102 | | | | V22 | No. |
| | 2 Did you occupy the same residence for at least six months during 2019? | | | | | | | | | NO |
| - | 3 Did you own real property with a current market value of more than \$85,000 during 2019? | | | | | | | | | No |
| | | | | | | | _ | | - | |
| 4 Can you be claimed a | as a o | dependent on ar | nother | taxpayer's 2019 | 9 federal reti | urn' | ? | 4 | Yes | No |
| 5 Did you reside in public l | housi | ng, or other reside | ence coi | mpletely exempte | ed from real pro | opei | rty taxes in 2019? (see i | nstr.) 5 | Yes | No |
| If you marked an X in | | - | | | | - | • | , <u> </u> | | |
| 6 Did you live in a nursing home during 2019? (If you mark an X in the Yes box, see instructions.) | | | | | | | No | | | |
| | | | | | | | | | | |
| 7 Complete below for the | ne qu | ıalifying househ∈ ⊤ | old me | ember 65 or olde | er (see instruc | tion | ns). | | C - Date of | hirth |
| A – First name | | | Last name | | | B – Social Security num | | nber (mmddyyyy) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 9 Complete below for a | II bo | usahald mamba | ro not | included on line | 7 /2 | 1-1:4:- | | ! | -4:\ | |
| 8 Complete below for a | II IIO | | | | e i (submit ad | laitic | | | C – Date of | birth |
| A – First name | | Last name | | | B – Social Security num | | nber (mmddyyyy) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |



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 2019.

| 9 | | | ed gross income | | |
|-----|--|-------------|---|----|-----|
| | | | hold members do not have to file a federal return, see instructions | | .00 |
| 10 | New York S | 10 | .00 | | |
| 11 | Social Sec | 11 | .00 | | |
| 12 | Supplemen | 12 | .00 | | |
| 13 | Pensions a | 13 | .00 | | |
| 14 | Cash publi | 14 | .00 | | |
| 15 | Other inco | 15 | .00 | | |
| 16 | Household | gro | ss income (add lines 9 through 15; see instructions) | 16 | .00 |
| | If line 16 | is n | nore than \$18,000, stop ; you do not qualify for this credit. | | |
| 17 | 7 Enter rate from Table 1 (see instructions) | | | | |
| 12 | Multiply line | م 16 | by line 17 | 18 | .00 |
| 10 | widitiply iiii | C 10 | by line 17 | 10 | .00 |
| Ste | p 4 – Comp | ute | real property tax | | |
| | Renters only | 19 | Enter the total amount of rent you and all members of your household paid during 2019. (Do not include any subsidized part of your rental charge.) | 19 | .00 |
| | | 20 | Adjusted rent – If line 19 includes charges for: heat, gas, electricity, furnishings, and board | | |
| | | | none of the above | 20 | .00 |
| | | 21 | | 21 | .00 |
| | | 22 | 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 | 22 | .00 |
| Но | omeowners only | 23 | Real property taxes paid during 2019 (see instructions) | 23 | .00 |
| | - | 24 | Special assessments | 24 | .00 |
| | | 25 | Add lines 23 and 24 | 25 | .00 |
| | | 26 | Exemption for homeowners 65 and over (optional - see instructions) | 26 | .00 |
| | | 27 | | 27 | -00 |
| | | | | | |

| | Your Social | Security number | | IT-214 (2019) |) Page 3 of 3 | |
|--|---|---------------------|------------------------|----------------------|-----------------------------------|--|
| Step 5 – Compute credit amount | | | | | | |
| 28 Renters: Enter amount from line 2 If line 28 is zero or less, stop; n | 28 | .00 | | | | |
| 29 Enter amount from line 18 | 29 | .00 | | | | |
| 30 Subtract line 29 from line 28 | 30 | .00 | | | | |
| 31 Multiply line 30 by 50% (.5) (Howel | 31 | .00 | | | | |
| 32 Credit limit (see instructions; enter ar | 32 Credit limit (see instructions; enter amount from chart) | | | | | |
| 33 Enter the amount from line 32 or 3 (If more than one member of your h | | | • | 33 | .00 | |
| If you are filing this claim with Enter the line 33 amount on F | - | income tax retui | n: | | | |
| If you are not filing this claim v | vith a New York State | income tax retu | rn (see instructions): | | | |
| Mark one refund choice: | direct deposit (fill in lin | e 34) - or - | paper check | | | |
| Step 6 – Enter account information | for direct deposit (see | e instructions) | | | | |
| If the funds for your refund would go to 34 Direct deposit (see instructions): C | | | | | | |
| 34a Account type: Personal of | checking - or - F | Personal savings - | or - Business checking | ng - or - B | Business savings | |
| 34b Routing number | | 34c Account num | ber | | | |
| Third-party designee? (see instr.) | e | De (| esignee's phone number | | nal identification umber (PIN) | |
| Yes No Email: | | | | | | |
| ▼ Paid preparer must complete ▼ (see instructions) | | NYTPRIN excl. code | ▼ Taxpayer(s | s) must sign her | e ▼ | |
| Preparer's signature | Preparer's printed name | | Your signature | | | |
| Firm's name (or yours, if self-employed) | Preparer's | PTIN or SSN | Your occupation | | | |

Employer identification number

Date

Spouse's signature and occupation (if joint claim)

Daytime phone number

Date

Email:

- 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.



Address

Email: