

# Claim for City of New York School Tax Credit



# NYC-210



<b>Print or type</b>	<b>Important:</b> You <b>must</b> enter your social security number(s) in the boxes to the right.			
	Your first name and middle initial	Your last name <i>(for a combined claim, enter spouse's name on line below)</i>		
	Spouse's first name and middle initial	Spouse's last name		
	Mailing address <i>(number and street or rural route)</i>		Apartment number	New York State county of residence while living in New York City
	City, village or post office	State	ZIP code	
Address of New York City residence that <b>qualifies</b> you for this credit, if different from above			If individual is deceased, enter <b>first name</b> and <b>date of death</b> .	
City	State <b>NY</b>	ZIP code		

**Use this form only if you are not required to file a 2001 Form IT-100, IT-200, IT-201, or IT-203, and you lived in New York City for any part of 2001. You lived in New York City if you lived in any of the following counties during 2001: Kings County (Brooklyn), Bronx, New York County (Manhattan), Richmond County (Staten Island), and Queens. If you did not live in any of these counties for all or part of the year, stop; you do not qualify for this credit.**

- 1 What type of claim are you filing (check only one box; see instructions):
- a  Single (complete Part I only)
  - b  Married filing a **combined** claim (complete Part I and Part II)
  - c  Married but filing a **separate** claim (complete Part I only)
  - d  Surviving spouse (complete Part I only)

## Part I

2 Can you be claimed as a dependent on another taxpayer's 2001 federal return? ..... **2**  Yes  No

If you checked box a, c, or d at line 1, and checked the Yes box at line 2, **stop**; you do not qualify for the credit.

All other filers continue with line 3.

3 Enter the number of months during 2001 that you lived in New York City ..... **3**  months

If you checked box b at line 1, continue with line 4.  
All other filers continue with line 6.

## Part II Continue with line 4 only if you checked box b at line 1.

4 Can your **spouse** be claimed as a dependent on another taxpayer's 2001 federal return? ..... **4**  Yes  No

If you checked the Yes box at both lines 2 and 4, **stop**; you do not qualify for this credit.

All other filers continue with line 5.

5 Enter the number of months during 2001 your **spouse** lived in New York City *(see instructions)* ..... **5**  months

## Direct deposit

6 If you choose to have your refund sent directly to your bank account, complete the following *(see instructions)*:

a Routing number :       b Type:  Checking       Savings

c Account number :

7 I authorize the Tax Department to discuss this claim with the paid preparer listed below. (Mark the Yes or No box) **7**  Yes  No

<b>Paid preparer's use only</b>	Preparer's signature	▼ Preparer's SSN or PTIN	<b>Sign here</b>	Your signature
	Firm's name <i>(or yours, if self-employed)</i>	• Employer identification number		Spouse's signature <i>(if combined claim)</i>
	Address	Date      Mark "X" if self-employed <input type="checkbox"/>		Date      Daytime phone number (optional) ( )



**Filing your claim**

File your claim as soon as you can after January 1, 2002. You must file your 2001 claim no later than April 15, 2005.  
 Mail your claim to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

**Private delivery services**

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, address your return to: **State Processing Center, 431C Broadway, Albany NY 12204-4836.**

The current designated private delivery services are:

1. Airborne Express (Airborne):  
 Overnight Air Express Service  
 Next Afternoon Service  
 Second Day Service
2. DHL Worldwide Express (DHL):  
 DHL Same Day Service  
 DHL USA Overnight
3. Federal Express (FedEx):  
 FedEx Priority Overnight  
 FedEx Standard Overnight  
 FedEx 2 Day
4. United Parcel Service (UPS):  
 UPS Next Day Air  
 UPS Next Day Air Saver  
 UPS 2nd Day Air  
 UPS 2nd Day Air A.M.

**Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8, Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and Canada, call (518) 485-6800.