

Claim for Real Property Tax Credit for Homeowners and Renters



IT-214



Attach label, or print or type	Please enter your first name first. For a joint claim, use both name lines.		▼ Your social security number
	Your first name and middle initial	Your last name (for a <i>joint claim</i> , enter spouse's name on line below)	
	Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number
	Mailing address (number and street or rural route)		NY State county of residence
	Apartment number		•
	City, village or post office	State	ZIP code
	Address of New York residence that qualifies you for this credit, if different from above		Qualifying social security number if different from above
	City, village or post office	State	ZIP code
	NY		

1 Were you a New York State resident for all of 1999? 1 Yes ☐ No ☐

2 Did you occupy the same residence for at least six months during 1999? 2 Yes ☐ No ☐

3 If you owned real property, was the current market value of your real property more than \$85,000? 3 Yes ☐ No ☐

4 Can you be claimed as a dependent on another taxpayer's 1999 federal return? 4 Yes ☐ No ☐

If you checked No on lines 1 or 2, or Yes on lines 3 or 4, stop; you do not qualify for this credit.

5 Did you live in a nursing home, public housing, or other residence completely exempted from real property taxes in 1999?
(If you checked **Yes**, you **must** attach an explanation to your real property tax credit claim. See instructions.) 5 Yes ☐ No ☐

6 Including yourself, how many members of your household are filing Form IT-214? Enter number 6

7 Were any of the household members included on line 6 (or your spouse, if this is a joint claim) 65 or older on December 31, 1999? (If you checked **Yes**, enter qualifying social security number in the box above line 1.) 7 Yes ☐ No ☐

8 Did you own or pay rent for your residence during 1999? 8 Own ☐ Rent ☐

Complete Schedule A or B, and Schedule C, on the back before continuing.

9 Did you enter an amount for the exemption on line 20 of this claim? 9 Yes ☐ No ☐

10 **Homeowners:** enter amount from line 21. **Renters:** enter amount from line 25 10 .

11 Enter household gross income from line 34 (If more than \$18,000, **stop**;
you do not qualify. If "0" or less, leave lines 12 and 13 blank) 11 . 0 0

12 Enter from the table below the rate that applies to your household gross income 12 .

If the amount on line 11 is:	Your rate is:	If the amount on line 11 is:	Your rate is:
\$.01 to \$3,000	.035	\$9,001 to \$11,000	.055
\$3,001 to \$5,000	.040	\$11,001 to \$14,000	.060
\$5,001 to \$7,000	.045	\$14,001 to \$18,000	.065
\$7,001 to \$9,000	.050		

13 Multiply line 11 by line 12 13 .

14 Subtract line 13 from line 10. (If line 13 is more than line 10, **stop**; no credit is allowed.) 14 .

15 If you entered an amount on line 20, enter 25% of line 14 **or**, if no entry was made on line 20,
enter 50% of line 14 15 .

16 Credit limitation (see instructions; enter amount from table) 16 .

17 Enter the amount from line 15 or 16, whichever is **less**. This is the credit for your household. (If more
than one member of your household is filing Form IT-214, see instructions.) 17 .

• Transfer the amount on line 17 of this form to Form IT-200, line 36, or to Form IT-201, line 59. Attach Form IT-214 to your return.

• If you are not filing a New York State income tax return, mail this form to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

• For direct deposit information, see lines 35a through 35c on the back.

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

Schedule A - To be completed by homeowners. Enter the amounts you and all qualified members of your household paid during 1999.

18	Real property taxes (including school district taxes)	18	<input type="text"/>	.	<input type="text"/>
19	Special assessments	19	<input type="text"/>	.	<input type="text"/>
20	The amount of taxes not paid due to the exemption for persons 65 or older under section 467 of the Real Property Tax Law (veterans' tax exemption does not qualify). This entry is optional (see instructions)	20	<input type="text"/>	.	<input type="text"/>
21	Real property taxes paid (add lines 18 through 20). Enter here and on line 10	21	<input type="text"/>	.	<input type="text"/>

Schedule B - To be completed by renters. Enter the amount of rent constituting real property taxes paid during 1999.If your residence was 100% exempt from real property taxes, **stop**; you do not qualify for this credit.

22	Enter the total rent you and all members of your household paid during 1999	22	<input type="text"/>	.	<input type="text"/>
23	If line 22 includes charges for:	Enter:			
	heat, gas, electricity, furnishings and board	50% of line 22			
	heat, gas, electricity and furnishings	25% of line 22			
	heat, gas and electricity	20% of line 22			
	heat or heat and gas	15% of line 22			
	none of the above	0			
23		23	<input type="text"/>	.	<input type="text"/>
24	Adjusted rent (Subtract line 23 from line 22. If monthly average is over \$450, stop ; you do not qualify for this credit.)	24	<input type="text"/>	.	<input type="text"/>
25	Enter 25% of line 24 here and on line 10. (If over \$1,350, stop ; you do not qualify for this credit.)	25	<input type="text"/>	.	<input type="text"/>

Schedule C - To be completed by homeowners and renters. Enter the household gross income of all household members.

26	List below the name, social security number, and the year of birth of everyone, including yourself, who lived in your household in 1999. (Attach additional sheets if necessary.) Enter the total number of household members in the boxes ..	26	<input type="text"/>
----	---	----	----------------------

Your name	Social security number	Year of birth
	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 9
Spouse's name (if married)	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 9
Household member's name	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 9
Household member's name	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 9
Household member's name	<input type="text"/>	<input type="text"/> 1 <input type="text"/> 9

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and the above household members received during 1999.

27	Federal adjusted gross income (from Form 1040A, line 18; Form 1040EZ, line 4; or Form 1040, line 33) If you do not have to file a federal return, see <i>Household gross income</i> on the front page of the instructions for this form	27	<input type="text"/>	.	<input type="text"/>
28	New York State additions to federal adjusted gross income	28	<input type="text"/>	.	<input type="text"/>
29	Social security payments not included on line 27	29	<input type="text"/>	.	<input type="text"/>
30	Supplemental security income payments (SSI)	30	<input type="text"/>	.	<input type="text"/>
31	Pensions and annuities not included on lines 27 through 30	31	<input type="text"/>	.	<input type="text"/>
32	Cash public assistance and relief	32	<input type="text"/>	.	<input type="text"/>
33	Other income	33	<input type="text"/>	.	<input type="text"/>
34	Household gross income (add lines 27 through 33). Enter this amount here, and on line 11, rounded to the nearest whole dollar	34	<input type="text"/>	.	<input type="text"/>
35	Direct deposit: If you are not attaching this claim to your income tax return, and want your credit (from line 17) sent directly to your bank account, complete a, b, and c below (see instructions).				

a Routing number

b Type: ☐ Checking☐ Savings

c Account number