

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)			Yc	our 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			for this	credit, if different from	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				

St	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?	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 (add lines 9 through 15; see instructions) If line 16 is more than \$18,000, stop; you do not qualify for this credit.	16	.00
17	Enter rate from Table 1 (see instructions)	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 your household paid during 2017. (<i>Do not include any subsidized part of your rental charge.</i>)	19	.00
	20	Adjusted rent - If line 19 includes charges for:Enter on line 20heat, gas, electricity, furnishings, and board50% (.5) of line 19heat, gas, electricity, and furnishings75% (.75) of line 19heat, gas, and electricity80% (.8) of line 19heat or heat and gas85% (.85) of line 19none of the above100% of line 19	20	.00
		Average monthly adjusted rent <i>(divide line 20 by the number of months you paid rent)</i> 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	23	Real property taxes paid during 2017 (see instructions)	23	.00
		Special assessments	24	.00
		Add lines 23 and 24 Exemption for homeowners 65 and over <i>(optional - see instructions)</i>	25 26	.00
		Add lines 25 and 26; enter here and on line 28	20	.00



Step 5 –	Compute	credit amount	t
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28	8 Renters: Enter amount from line 22. Homeowners: Enter amount from line 27 (see instructions) If line 28 is zero or less, stop; no credit is allowed.					28	.00		
29	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	0 Subtract line 29 from line 28						30	.00	
31	Multiply line 30 by 50% (.5) (Howeve	er, if you enter	ed an am	nount on line 26, i	multip	ly line 30 by 25% (.25).)	. 31	.00	
32	Credit limit (see instructions; enter am	ount from cha	rt)				32	.00	
33	Enter the amount from line 32 or 31 (If more than one member of your ho	,				,	33	.00	
	If you are filing this claim with y Enter the line 33 amount on Fo			e income tax re	eturn	:			
	• If you are not 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			
			·						
Ste	ep 6 – Enter account information f	or direct de	posit (se	ee instructions)					
	-								
lf tl	he funds for your refund would go to	an account	outside f	the U.S., mark	an X	in this box (see instructions)			
	Direct deposit (see instructions): Co					, ,			
	34a Account type: Personal ch	necking - or	-	Personal saving	s - o	r - Business checking	- or -	Business savings	
			1	Ū		Ŭ			
	34b Routing number]	34c Account	numbe	er			
	Third-party Print designee's name	<u>.</u>			Desi	gnee's phone number		Personal identification	
d	Third-party Print designee's name esignee? (see instr.)				()		number (PIN)	
Y	es No E-mail:								
▼	Paid preparer must complete V Pro (see instructions)	eparer's NYTPF	RIN	NYTPRIN excl. code		▼ Taxpayer(s)	must s	sign here ▼	
Pre	eparer's signature	Preparer's prir	nted name			Your signature			
Fir	m's name (or yours, if self-employed)	Preparer'	's PTIN or SSN		Your occupation				
Ad	Address Employer identification nu				ber	Spouse's signature and occupation (if joint claim)			
			L	Date	\neg	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.

