

New York State Department of Taxation and Finance

Claim for New York City School Tax Credit

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Your first name and middle initial	d claim, enter spouse's name on line below)		Your da	ur date of birth (mm-dd-yyyy)		Your social security number							
Spouse's first name and middle initial	Spouse's last name		Spouse's date of birth (mm-dd-yyyy)		n-dd-yyyy)	Spouse's social security number							
Mailing address (number and street or n		Apartment number You must enter y birth and social s above.											
City, village, or post office	State	ZIP code	IP code Country (if not Unite			Inited States)		NYS county of residence while living in NY City					
Address of New York City residence the	nat qualifies you for this cre	edit, if different from al	oove										
City	State ZIP code		Decedent information		Taxpayer'	r's date of death Spouse's date of death							
Note: Use this form only if you 2012. You lived in New York C York County (Manhattan), Ri the year, stop; you do not qua Type of claim – mark an X in one to (see instructions)	City if you lived in any ichmond County (Statisfier In Inc.) a Sing (cor) box Marr	of the following of taten Island), or (counties dur Queens. If y and 5) ined claim	ing 2	id not live in Marrie (comp	County any of a d but fill blete line ying wid	(Brooklyr	ties for all rate claim depende	, New I or part of				
1 Can you be claimed as a dependent on another taxpayer's 2012 federal return?													
5 Mark one refund choice 6 Direct deposit (see instruction 6a Routing number Note: If the funds for your refund v	ons): Complete the follo	owing to have your notes to have your notes and the count type:	refund deposit	ted dir	rectly to your I	bank acc	Business	or -	Business savings				
outside the U.S., mark an X in this	box (see instructions)		number	<u> </u>									
Third-party designee? (see instr.) Yes No E-mail:	ee's name	Desig	ignee's phone number Personal identification number (PIN)										
		Date			_	,							
▼ Paid preparer must com Preparer's signature	Preparer's NYTP	▼ Taxpayer(s) must sign here ▼ Your signature											
Firm's name (or yours, if self-employe	Preparer's PTIN or SS	Your occupation											
Address	Employer identification	Spou	Spouse's signature and occupation (if joint claim)										
	ı	Mark an 2 self-empl		Date			Daytime ph	one number					
E-mail:		1 : =:: :::/p.	-	E-ma	ail:								

File your claim as soon as you can after January 1, 2013. 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 mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, 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. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery. If you use any private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: State Processing Center, 30 Wall Street, Binghamton NY 13901-2718.

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 5-a, 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 Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?



Visit our Web site at www.tax.ny.gov

- · get information and manage your taxes online
- check for new online services and features



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



Telephone assistance

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

