



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers

For the full year January 1, 2014, through December 31, 2014, or fiscal year beginning ... 14  
and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name CHARLES		MI E	Your last name (for a joint return, enter spouse's name on line below) SCHUMER		Your date of birth (mmddyyyy) 1   1   2   3   1   9   5   0		Your social security number [REDACTED]	
Spouse's first name IRIS		MI	Spouse's last name SCHUMER		Spouse's date of birth (mmddyyyy) 0   9   0   5   1   9   5   3		Spouse's social security number [REDACTED]	
Mailing address (see instructions, page 12) (number and street or PO box) [REDACTED]					Apartment number [REDACTED]		New York State county of residence BROO	
City, village, or post office BROOKLYN			State NY	ZIP code [REDACTED]	Country (if not United States)		School district name KINGS	
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route) [REDACTED]					Apartment number		School district code number ..... 071	
City, village, or post office			State NY	ZIP code	Decedent Information		Taxpayer's date of death (mmddyyyy) [REDACTED]	
							Spouse's date of death (mmddyyyy) [REDACTED]	

- A Filing status** (mark an X in one box):
- ①  Single
  - ②  Married filing joint return (enter spouse's social security number above)
  - ③  Married filing separate return (enter spouse's social security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er) with dependent child
- B** Did you itemize your deductions on your 2014 federal income tax return? ..... Yes  No
- C** Can you be claimed as a dependent on another taxpayer's federal return? ..... Yes  No
- D1** Did you have a financial account located in a foreign country? (see page 13) ..... Yes  No

- D2 Yonkers residents and Yonkers part-year residents only:**
- (1) Did you receive a property tax freeze credit? (see page 13) ..... Yes  No
- (2) If Yes, enter the amount..... 00
- D3** Did you receive a family tax relief credit? (see page 13) ..... Yes  No
- E** (1) Did you or your spouse maintain living quarters in NYC during 2014? (see page 13) .. Yes  No
- (2) Enter the number of days spent in NYC in 2014 (any part of a day spent in NYC is considered a day)..... [REDACTED]
- F NYC residents and NYC part-year residents only (see page 13):**
- (1) Number of months you lived in NYC in 2014 ..... 12
- (2) Number of months your spouse lived in NYC in 2014 ..... 12
- G** Enter your 2-character special condition code if applicable (see page 13) ..... [REDACTED]
- If applicable, also enter your second 2-character special condition code ..... [REDACTED]

**H Dependent exemption information (see page 14)**

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box.



Your social security number  
XXXXXXXXXX

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	473,056	00
2	Taxable interest income .....	2	228	00
3	Ordinary dividends .....	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	2,656	00
5	Alimony received .....	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7		00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11		00
12	Rental real estate included in line 11 .....	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13		00
14	Unemployment compensation .....	14		00
15	Taxable amount of social security benefits (also enter on line 27) .....	15		00
16	Other income (see page 14) Identify: .....	16		00
17	Add lines 1 through 11 and 13 through 16 .....	17	475,940	00
18	Total federal adjustments to income (see page 14) Identify: .....	18		00
19	Federal adjusted gross income (subtract line 18 from line 17) .....	19	475,940	00

**New York additions** (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15) .....	21	7,752	00
22	New York's 529 college savings program distributions (see page 15) .....	22		00
23	Other (Form IT-225, line 9) .....	23		00
24	Add lines 19 through 23 .....	24	483,692	00

**New York subtractions** (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	2,656	00
26	Pensions of NYS and local governments and the federal government (see page 16) .....	26		00
27	Taxable amount of social security benefits (from line 15) .....	27		00
28	Interest income on U.S. government bonds .....	28		00
29	Pension and annuity income exclusion (see page 16) .....	29		00
30	New York's 529 college savings program deduction/earnings .....	30		00
31	Other (Form IT-225, line 18) .....	31		00
32	Add lines 25 through 31 .....	32	2,656	00
33	New York adjusted gross income (subtract line 32 from line 24) .....	33	481,036	00

**Standard deduction or itemized deduction** (see page 18)

34	Enter your standard deduction (table on page 18) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	15,934	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	465,102	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 18) .....	36	000	00
37	Taxable income (subtract line 36 from line 35) .....	37	465,102	00



Name(s) as shown on page 1  
 CHARLES E AND IRIS SCHUMER

Your social security number  
 [REDACTED]

**Tax computation, credits, and other taxes** (see page 19)

38	Taxable income (from line 37 on page 2)	38	465,102	00
39	NYS tax on line 38 amount (see page 19 and Tax computation on pages 51, 52, and 53)	39	31,859	00
40	NYS household credit (page 19, table 1, 2, or 3)	40		00
41	Resident credit (see page 20)	41		00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	281	00
43	Add lines 40, 41, and 42	43	281	00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	31,578	00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45		00
46	Total New York State taxes (add lines 44 and 45)	46	31,578	00

**New York City and Yonkers taxes, credits, and tax surcharges**

47	NYC resident tax on line 38 amount (see page 20)	47	16,755	00
48	NYC household credit (page 20, table 4, 5, or 6)	48		00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	16,755	00
50	Part-year NYC resident tax (Form IT-360.1)	50		00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52	Add lines 49, 50, and 51	52	16,755	00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	16,755	00
55	Yonkers resident income tax surcharge (see page 22)	55		00
56	Yonkers nonresident earnings tax (Form Y-203)	56		00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58	Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58	16,755	00
59	Sales or use tax (see page 23; do not leave line 59 blank)	59	0	00

See instructions on pages 20, 21, and 22 to compute New York City and Yonkers taxes, credits, and tax surcharges.

**Voluntary contributions** (see page 24)

60a	Return a Gift to Wildlife	60a		00
60b	Missing/Exploited Children Fund	60b		00
60c	Breast Cancer Research Fund	60c		00
60d	Alzheimer's Fund	60d		00
60e	Olympic Fund (\$2 or \$4; see page 24)	60e		00
60f	Prostate and Testicular Cancer Research and Education Fund	60f		00
60g	9/11 Memorial	60g		00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i	Teen Health Education	60i		00
60j	Veterans Remembrance	60j		00
60	Total voluntary contributions (add lines 60a through 60j)	60		00
61	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61	48,333	00



Your social security number  
[REDACTED]

62 Enter amount from line 61 ..... 62 48,333 00

Payments and refundable credits (see page 25)

63 Empire State child credit .....	63		00
64 NYS/NYC child and dependent care credit .....	64		00
65 NYS earned income credit (EIC) .....	65		00
66 NYS noncustodial parent EIC .....	66		00
67 Real property tax credit .....	67		00
68 College tuition credit .....	68		00
69 NYC school tax credit (also complete F on page 1; see page 25) .....	69		00
70 NYC earned income credit .....	70		00
70a NYC enhanced real property tax credit .....	70a		00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	71		00
72 Total New York State tax withheld .....	72	40,184	00
73 Total New York City tax withheld .....	73	12,396	00
74 Total Yonkers tax withheld .....	74		00
75 Total estimated tax payments and amount paid with Form IT-370 .....	75		00

Submit your wage and tax statements with your return (see page 27).

76 Total payments (add lines 63 through 75) ..... 76 52,580 00

Your refund, amount you owe, and account information (see pages 27 through 30)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... 77 4,247 00

78 Amount of line 77 to be refunded  
Mark one refund choice:  direct deposit (fill in line 83) - or -  debit card - or -  paper check ... 78 4,247 00

79 Amount of line 77 that you want applied to your 2015 estimated tax (see instructions) ..... 79 00  
See pages 27 and 28 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .... 80 00  
See page 29 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 28) ..... 81 00  
See page 31 for the proper assembly of your return.

82 Other penalties and interest (see page 29) ..... 82 00

83 Account information for direct deposit or electronic funds withdrawal (see page 29).  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 29)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number [REDACTED] 83c Account number [REDACTED]

84 Electronic funds withdrawal (see page 30) ..... Date [REDACTED] Amount [REDACTED] 00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name [REDACTED] E-mail: [REDACTED]	Designee's phone number [REDACTED]	Personal identification number (PIN)
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Paid preparer must complete (see instr.)		Date 02-20-2015
Preparer's signature [REDACTED]	Preparer's NYTPRN	
Firm's name (or yours, if self-employed) [REDACTED]	Preparer's PTIN or SSN [REDACTED]	
Address [REDACTED]	Employer identification number [REDACTED]	
E-mail: [REDACTED]	NYTPRN excl. code 0   3	

Taxpayer(s) must sign here	
Your signature	
Your occupation U.S. SENATOR	
Spouse's signature and occupation (if joint return) ADMINISTRATOR	
Date	Daytime phone number
E-mail:	

See instructions for where to mail your return.





# Resident Itemized Deduction Schedule

# IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
CHARLES E AND IRIS SCHUMER	[REDACTED]

Whole dollars only

1	Medical and dental expenses (federal Schedule A, line 4)		00
2	Taxes you paid (federal Schedule A, line 9)	62,122	00
3	Interest you paid (federal Schedule A, line 15)	6,613	00
4	Gifts to charity (federal Schedule A, line 19)	7,575	00
5	Casualty and theft losses (federal Schedule A, line 20)		00
6	Job expenses/miscellaneous deductions (federal Schedule A, line 27)		00
7	Other miscellaneous deductions (federal Schedule A, line 28)		00
8	Enter amount from federal Schedule A, line 29	71,183	00
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	49,047	00
10	Subtract line 9 from line 8	22,136	00
11	Addition adjustments (see instructions)		00
12	Add lines 10 and 11	22,136	00
13	Itemized deduction adjustment (see instructions)	6,202	00
14	Subtract line 13 from line 12	15,934	00
15	College tuition itemized deduction (see Form IT-272)		00
16	New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	15,934	00

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New York State Department of Taxation and Finance  
**Other Tax Credits and Taxes**  
 Attachment to Form IT-201

**IT-201-ATT**

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. Submit this form with your Form IT-201.

Name(s) as shown on your Form IT-201 CHARLES E AND IRIS SCHUMER	Your social security number [REDACTED]
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A Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes  No

**Part 1 – Other New York State, New York City, and Yonkers tax credits**

**Section A – New York State nonrefundable, non-carryover credits used** Whole dollars only

1 Accumulation distribution credit (submit computation) .....	1	00								
2 Other nonrefundable, non-carryover credits										
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Total other nonrefundable, non-carryover credits (add lines 2a and 2b) .....	2	00								

**Section B – New York State nonrefundable, carryover credits used**

3 Long-term care insurance credit .....	3	281	00								
4 Investment credit .....	4		00								
5 Solar energy system equipment credit .....	5		00								
6 Other nonrefundable, carryover credits											
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Total other nonrefundable, carryover credits (add lines 6a through 6n) .....	6		00								
7 Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42) .....	7	281	00								

**Section C – New York City nonrefundable, non-carryover credits used**

8 New York City resident UBT credit .....	8		00
8a New York City resident GCT credit .....	8a		00
9 New York City accumulation distribution credit (submit computation) .....	9		00
9a Part-year resident nonrefundable NYC child and dependent care credit .....	9a		00
10 Total other New York City nonrefundable credits used (add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53) .....	10		00

**Section D – New York State, New York City, and Yonkers refundable credits**

11 Farmers' school tax credit .....	11		00								
12 Other refundable credits											
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Total other refundable credits (add lines 12a through 12l) .....	12		00								
13 Add lines 11 and 12 .....	13		00								

(continued on back)



Your social security number  
XXXXXXXXXX

**Part 1, Section D – New York State, New York City, and Yonkers refundable credits** (continued)

14 Enter amount from line 13 on the front page .....	14	00
15 New York State claim of right credit .....	15	00
16 New York City claim of right credit .....	16	00
17 Yonkers claim of right credit .....	17	00
18 Total New York State, New York City, and Yonkers other refundable credits (add lines 14 through 17; enter here and on Form IT-201, line 71) .....	18	00

**Part 2 – Other New York State taxes** (submit all applicable forms)

If you are subject to other New York State taxes, complete Part 2.

19 New York State tax on capital gain portion of lump-sum distributions (Form IT-230) .....	19	00
20 Other New York State taxes		

	Code	Amount		Code	Amount
20a		00	20g		00
20b		00	20h		00
20c		00	20i		00
20d		00	20j		00
20e		00	20k		00
20f		00	20l		00

Total other New York State taxes (add lines 20a through 20l) .....	20	00
--	----	----

21 Add lines 19 and 20 .....	21	00
22 See instructions for line 22 .....	22	00
23 Enter amount from Form IT-201, line 39 .....	23	00
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) .....	24	00
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank) .....	25	00
26 New York State separate tax on lump-sum distributions (Form IT-230) .....	26	00
27 Resident credit against separate tax on lump-sum distributions .....	27	00
28 Subtract line 27 from line 26 .....	28	00
29 This line intentionally left blank .....	29	00
30 Net other New York State taxes (add lines 25 and 28; enter here and on Form IT-201, line 45) .....	30	00

**Part 3 – Other New York City taxes** (submit all applicable forms)

31 This line intentionally left blank .....	31	00
32 New York City resident separate tax on lump-sum distributions (Form IT-230) .....	32	00
33 New York City tax on capital gain portion of lump-sum distributions (Form IT-230) .....	33	00
34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51) .....	34	00





Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

Name(s) as shown on return CHARLES E AND IRIS SCHUMER Identifying number as shown on return [redacted]

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Schedule A - Individuals (including sole proprietors), partnerships, and fiduciaries

Table with 3 rows: 1 Qualified long-term care insurance premiums paid... 1,404.00; 2 Credit rate (20%)... .20; 3 Credit for qualified long-term care insurance... 281.00

Fiduciaries: Include the amount from line 3 in the Total line of Schedule D, column C. All others: Enter the amount from line 3 on Schedule E, line 8.

Schedule B - Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust.

Table with 3 columns: Name of entity, Type, Employer ID number

Schedule C - Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Table with 4 rows: Partner (line 4) .00; S corporation shareholder (line 5) .00; Beneficiary (line 6) .00; 7 Totals (add lines 4, 5, and 6) .00

Fiduciaries: Include the amount from line 7 in the Total line of Schedule D, column C. All others: Enter the amount from line 7 on Schedule E, line 9.

Schedule D - Beneficiary's and fiduciary's share of credit (see instructions)

Table with 3 columns: A Beneficiary's name, B Identifying number, C Share of qualified long-term care insurance credit. Includes Total line with .00 value.

(continued on back)





**Schedule E – Computation of credit available for the current year**

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8	281 .00
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9	.00
Fiduciaries	10	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	10	.00
	11	<b>Total credit available for the current year</b> (add lines 8, 9, and 10)	11	281 .00

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H.  
 Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.  
 Partnerships: Enter the line 11 amount on Form IT-204, line 145.

**Schedule F – Full-Year New York State residents computation of total credit**

12	Enter the amount from line 11	12	281 .00
13	Enter the carryover credit from last year's Form IT-249	13	.00
14	<b>Total credit</b> (add lines 12 and 13; complete Schedule H)	14	281 .00

**Schedule G – New York State nonresidents and part-year residents computation of total credit**

15	Enter the amount from line 11	15	.00
16	Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000)	16	
17	Nonresident and part-year resident credit (multiply line 15 by line 16)	17	.00
18	Enter the carryover credit from last year's Form IT-249	18	.00
19	<b>Total credit</b> (add lines 17 and 18; complete Schedule H)	19	.00

**Schedule H – Computation of credit used and carried over**

20	Tax due before credits (see instructions)	20	31,859 .00
21	Credits applied against the tax before this credit (see instructions)	21	.00
22	Net tax (subtract line 21 from line 20)	22	31,859 .00
23	Credit used for the current tax year (see instructions)	23	281 .00
24	Amount of credit available for carryover to next year. <b>Full-year residents:</b> Subtract line 23 from line 14. <b>Nonresidents and part-year residents:</b> Subtract line 23 from line 19	24	.00

