



Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

Name(s) as shown on return						Identifying number as shown on return		
		Form IT-201, IT-203, IT-204, or IT-205.	wahin and	fiduoion/ /o	in - two - of	(iona)		
Scriedule A - I	nar	vidual (including sole proprietor), partne	ersnip, and	ilduciary (Se	e instruct	dons)		
2 Credit rate (2	20%	rm care insurance premiums paid for the current) ed long-term care insurance (multiply line 1 by line			2	.00 .20		
		de the amount from line 3 in the <i>Total</i> line of Sch r the amount from line 3 on Schedule E, line 8.	nedule D, col	umn C.				
Schedule B -	Part	nership, S corporation, and estate or tru	ıst informa	tion (see insti	ructions)			
long-term care ins	uran	a partnership, a shareholder of a New York S corpo ce credit from that entity, complete the following info artnership, S for S corporation, or ET for estate or tro	rmation for ea					
		Name of entity		Туре	E	Employer ID number		
	_	ner's, shareholder's, or beneficiary's sh						
Partner	4	Enter your share of the credit from your partner	rship		4	.00		
S corporation shareholder	_	Enter your share of the credit from your S corpo				.00		
Beneficiary	6	· · ·		00				
	7	Column C				.00		
-	de th	e amount from line 7 in the <i>Total</i> line of Schedul amount from line 7 on Schedule E, line 9.				100		
Schedule D -	Ben	eficiary's and fiduciary's share of credit	(see instruct	tions)				
A Beneficiary's name (same as on Form IT-205, Schedule C)				B fying number		C Share of qualified long-term care insurance credit		
Total (enter the amount from Sch		unt from Schedule A, line 3, plus the e C, line 7)				.00.		
						.00		
Fiducian						.00		
Fiduciary			1			.00		

(continued on back)



Schedule E – Calculation of credit available for the current year (see instructions)								
Individual and partnership	8	Enter the amount from Schedule A, line 3	8	.00				
Partner, S corporation								
shareholder, beneficiary	9	Enter the amount from Schedule C, line 7	9	.00				
Fiduciary	10	Enter the amount from Schedule D, Fiduciary line, column C	10	■00				
	11	Total credit available for the current year (add lines 8, 9, and 10)	11	.00				

Full-year NYS resident individual, estate or trust: Complete Schedule F and Schedule H. **Nonresident and part-year resident individual, estate or trust:** Complete Schedule G and Schedule H. **Partnership:** Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State resident calculation of total credit		
12a If your NYAGI is less than \$250,000, enter the amount from line 11, otherwise enter 0	12a	.00
12b Enter the amount from line 12a or \$1,500, whichever is less		.00
13 Enter the carryover credit from last year's Form IT-249		.00
14 Total credit (add lines 12b and 13; complete Schedule H)		.00
Schedule G – New York State nonresident and part-year resident calculation of to	tal credit	
15 If your NYAGI is less than \$250,000, enter the amount from line 11, otherwise enter 0	15	.00
16 Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income	е	
percentage is more than 100% (1.0000), enter 1.0000)	16	
17a Nonresident and part-year resident credit (multiply line 15 by line 16)	17a	.00
17b Enter the amount from line 17a or \$1,500, whichever is less	17b	.00
18 Enter the carryover credit from last year's Form IT-249	18	.00
19 Total credit (add lines 17b and 18; complete Schedule H)	19	.00
Schedule H – Calculation of credit used and carried over (see instructions)		
20 Tax due before credits (see instructions)	20	.00
21 Credits applied against the tax before this credit (see instructions)	21	.00
22 Net tax (subtract line 21 from line 20)	22	.00
23 Credit used for the current tax year (see instructions)	23	. 00
24 Amount of credit available for carryover to next year. Full-year residents: Subtract line 23		
from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19	24	.00

