Department of Taxation and Finance





Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

Name(s) as shown on return				Identifying number as shown on return						
Cultimit this form	i+h	Form IT 204 IT 202 IT 204 or IT 205								
		Form IT-201, IT-203, IT-204, or IT-205. viduals (including sole proprietors), parti	nershins	and fiduciari	es					
ochedule A 1	ııaı	viduals (molading sole proprietors), parti	icrompo	, and nadolan						
	_	rm care insurance premiums paid for the current		,		1 .0				
•)				2 .2				
3 Credit for qu	alifi	ed long-term care insurance (multiply line 1 by line 2	2)			3 .0				
		lude the amount from line 3 in the <i>Total</i> line of Sor the amount from line 3 on Schedule E, line 8.	chedule D,	column C.						
Schedule B - I	Par	tnership, S corporation, estate, and trust	informat	ion (see instruc	tions)					
long-term care ins	uran	n a partnership, a shareholder of a New York S corpo ce credit from that entity, complete the following infor artnership, S for S corporation, or ET for estate or tru	mation for	beneficiary of an each partnership,	estate New \	or trust and received a share of the /ork S corporation, estate, or trust.				
		Name of entity		Туре		Employer ID number				
				<u> </u>						
<u> </u>	_			***						
Partner	_	tner's, shareholder's, or beneficiary's sha Enter your share of the credit from your partners		· ·		4				
S corporation	4	Enter your share of the credit from your partners	snip			4 .0				
shareholder	5	Enter your share of the credit from your S corpo	ration			5 .0				
Danafisianu	6	Enter your share of the credit from the fiduciary's Form IT-249, Schedule D,								
Beneficiary	<u> </u>	column C 6								
	7	Totals (add lines 4, 5, and 6)				7 .0				
Fiduciaries: Incl	ude	the amount from line 7 in the Total line of Schedu	ule D, colu	mn C.						
All others: Enter	the	amount from line 7 on Schedule E, line 9.								
Schedule D - I	3er	eficiary's and fiduciary's share of credit	(see instru	ctions)						
		A		В		С				
		Beneficiary's name (same as on Form IT-205, Schedule C)	Ider	ntifying number		Share of qualified long-term care insurance credit				

(continued on back)

.00

.00



amount from Schedule C, line 7)

Fiduciary

Total (enter the amount from Schedule A, line 3, plus the

Schedule E – Computation of credit available for the current year							
Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8	.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, 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 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	.00
13 Enter the carryover credit from last year's Form IT-249	13	.00
14 Total credit (add lines 12 and 13; complete Schedule H)		.00
Schedule G – New York State nonresidents and part-year residents computa	tion 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)		
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 Total credit (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	.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	e 23	
from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19.	24	.00

