



# Claim for Credit for Purchase of an Automated External Defibrillator

Personal Income Tax

Attach this form to Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Type of business (if applicable)	Identification number on return
----------------------------	----------------------------------	---------------------------------

Complete this form if you are claiming a credit for the purchase of an automated external defibrillator.

## Schedule A – Individuals, including sole proprietors, partnerships, and estates or trusts

Use a separate line for each defibrillator purchased. If you need more lines, attach additional Form(s) IT-250 and enter the total from all additional forms on line 1 (see instructions).

A Defibrillator name/model number	B Date purchased (mm-dd-yyyy)	C Cost	D Maximum credit	E Credit (enter the lesser of column C or column D)
		<input type="text"/> . <input type="text"/>	\$500	<input type="text"/> . <input type="text"/>
		<input type="text"/> . <input type="text"/>	\$500	<input type="text"/> . <input type="text"/>
		<input type="text"/> . <input type="text"/>	\$500	<input type="text"/> . <input type="text"/>
		<input type="text"/> . <input type="text"/>	\$500	<input type="text"/> . <input type="text"/>
		<input type="text"/> . <input type="text"/>	\$500	<input type="text"/> . <input type="text"/>

1 Total column E amounts from additional Form(s) IT-250, if any ..... **1.**  .

2 Total credit (add column E amounts, including any amount on line 1) ..... **2.**  .

**Fiduciaries** – Include the line 2 amount on the *Total* line of Schedule D, column C.  
**All others** – Enter the line 2 amount on Schedule E, line 7.

## Schedule B – Partnership, S corporation, and estate or trust information

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 credit for the purchase of an automated external defibrillator from that entity, complete the following information for each partnership, S corporation, or estate or trust. For *Type* enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Type	Employer identification number
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>



**Schedule C – Partner’s, shareholder’s, or beneficiary’s share of credit**

<b>Partner</b>	<b>3</b>	Enter your share of the credit from your partnership (see instructions) .....	<b>3.</b>	<input type="text"/>	<input type="text"/>
<b>S corporation shareholder</b>	<b>4</b>	Enter your share of the credit from your S corporation (see instructions) .....	<b>4.</b>	<input type="text"/>	<input type="text"/>
<b>Beneficiary</b>	<b>5</b>	Enter your share of the credit from the fiduciary’s Form IT-250, Schedule D, column C .....	<b>5.</b>	<input type="text"/>	<input type="text"/>
	<b>6</b>	<b>Total</b> (add lines 3, 4, and 5) .....	<b>6.</b>	<input type="text"/>	<input type="text"/>

**Fiduciaries** – Include the line 6 amount on the *Total* line of Schedule D, column C.

**All others** – Enter the line 6 amount on Schedule E, line 8.

**Schedule D – Beneficiary’s and fiduciary’s share of credit**

<b>A</b> Beneficiary’s name (same as on Form IT-205, Schedule C)	<b>B</b> Identifying number	<b>C</b> Share of automated external defibrillator credit
<b>Total</b> (fiduciaries, enter the amount from Schedule A, line 2, <b>plus</b> the amount from Schedule C, line 6)		<input type="text"/> . <input type="text"/>
	<input type="text"/>	<input type="text"/> . <input type="text"/>
	<input type="text"/>	<input type="text"/> . <input type="text"/>
Fiduciary	<input type="text"/>	<input type="text"/> . <input type="text"/>

**Schedule E – Computation of credit**

<b>Individuals and partnerships</b>	<b>7</b>	Enter the amount from Schedule A, line 2 .....	<b>7.</b>	<input type="text"/>	<input type="text"/>
<b>Partners, S corporation shareholders, and beneficiaries</b>	<b>8</b>	Enter the amount from Schedule C, line 6 .....	<b>8.</b>	<input type="text"/>	<input type="text"/>
<b>Fiduciaries</b>	<b>9</b>	Enter the amount from Schedule D, fiduciary line, column C ....	<b>9.</b>	<input type="text"/>	<input type="text"/>
	<b>10</b>	<b>Total credit</b> (add lines 7, 8, and 9; see instructions) .....	<b>10.</b>	<input type="text"/>	<input type="text"/>

**Schedule F – Computation of credit used**

<b>11</b>	Tax due before credits (see instructions) .....	<b>11.</b>	<input type="text"/>	<input type="text"/>
<b>12</b>	Credits applied against the tax before this credit (see instructions) .....	<b>12.</b>	<input type="text"/>	<input type="text"/>
<b>13</b>	Net tax (subtract line 12 from line 11) .....	<b>13.</b>	<input type="text"/>	<input type="text"/>
<b>14</b>	Credit used for the current tax year (enter the lesser of line 10 or line 13; see instructions) .....	<b>14.</b>	<input type="text"/>	<input type="text"/>

Please file this original scannable credit form with the Tax Department.

