



Department of Taxation and Finance

Claim for Nursing Home Assessment Credit

IT-258

Tax Law – Article 22, Section 606(hh)

Submit this form with Form IT-201 or Form IT-203. See instructions on back.

Name(s) as shown on return	Your social security number
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Part 1 – Nursing home information (must be located in New York State)

New York State residential health care facility		
Address (number and street)		
City	State NY	ZIP code

Resident's name (if different from the taxpayer claiming the credit)	Resident's social security number
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Part 2 – Credit amount

- 1 Enter the 6% base-rate portion of the **assessment** (not expenses) imposed on a New York residential health care facility and paid directly by you during this tax year (see instructions)

1	.00
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- Enter the line 1 amount and code **258** on Form IT-201-ATT, line 12, or Form IT-203-ATT, line 12.

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