



Claim for Child and Dependent Care Credit

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your social security number
----------------------------	-----------------------------

1 Have you already filed your New York State income tax return? Yes No
 If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

1st Care provider	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
	B – Number and street	City	State ZIP code
2nd Care provider	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
	B – Number and street	City	State ZIP code

3 Qualifying persons you are claiming. List in order from youngest to oldest.
 (If you are claiming more than five qualifying persons, mark an X in the box and see instructions.)

A First name	MI	B Last name	Suffix	C Qualified expenses paid	D Person with disability (see instr.)	E Social security number	F Date of birth (mmddyyyy)
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a**00

3b Enter the amount from Worksheet 1, line 16, if applicable (see instr.) **3b**00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes No

5 Enter the **smallest** of:

- line 3a above; **or**
- line 3b above; **or**
- 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons

Whole dollars only

5		.00
6		.00

6 Enter your earned income (see instructions)

7 If your filing status is ② *Married filing joint return*, enter your spouse's earned income;

all others, enter the amount from line 6 (see instructions)

7		.00
8		.00

8 Enter the smallest of line 5, 6, or 7

9 Enter the amount from federal Form 1040, line 7

9		.00
----------	--	-----

10 Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instr. ...

10		
-----------	--	--

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back)

11		.00
-----------	--	-----



- 12 Amount from line 11 **12** .00
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32)00
 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line **13**
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State child and dependent care credit** (*see instructions*) **14** .00

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 **15** .00
 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**
 If line 15 is less than line 14, **continue on line 16 below.**
- 16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** **16** .00
- 17 Enter the amount from Form IT-203-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.*) **17** .00
 If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30.
 If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.
- 18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** **18** .00
- 19 Enter the amount from line 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **19** .00
- 20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **20** .00
- 21 Divide line 19 by line 20 (*round the result to the fourth decimal place*). This amount cannot exceed 100% (1.0000) **21**
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22** .00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 5 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old **23** .00
- IT-201 filers:**
- 24 Refundable New York City child and dependent care credit (*from Worksheet 2, line 7 or line 13*) **24** .00
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 **25** .00
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 2, line 8*); also enter this amount on Form IT-201-ATT, line 9a **26** .00

IT-203 filers:

- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 2, line 8*); also enter this amount on Form IT-203, line 52 **27** .00
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 2, line 13*); also enter this amount on Form IT-203-ATT, line 9a **28** .00

Part-year New York City resident filers only:

- 29 Enter the amount from Worksheet 2, line 10 **29** .00
- 30 Enter the amount from Worksheet 2, line 11 **30** .00

