



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.)

| A – Care provider's first name, middle initial, and last name | B – Address | C – Identifying number (SSN or EIN) | D – Amount paid (see instructions) |
|---|-------------|-------------------------------------|------------------------------------|
| | | | .00 |
| | | | .00 |

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

| A – First name and middle initial | B – Last name | C – Qualified expenses paid | D – Person with disability (see instr.) | E – Social security number | F – Date of birth (mm-dd-yyyy) |
|-----------------------------------|---------------|-----------------------------|---|----------------------------|--------------------------------|
| | | .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

- 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**
 – federal Form 2441, line 3; **or**
 – 3,000 if one qualifying person, or 6,000 if two or more qualifying persons **5** .00

Whole dollars only

6 Enter your earned income (see instructions) **6** .00

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 Enter the smallest of line 5, 6, or 7 **8** .00

9 Enter the amount from: federal Form 1040A, line 22,
 or federal Form 1040, line 38 **9** .00

10 Enter the decimal amount that applies to the amount
 on line 9 from the Table for line 10 in the instructions **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 4 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 1, 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 1, 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 1, line 8*); also enter this amount on Form IT-203, line 52b **27** .00
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, 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 1, line 10 **29** .00
- 30 Enter the amount from Worksheet 1, line 11 **30** .00

