



# 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
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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 four 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"/>		

**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 .....
- |          |                    |     |
|----------|--------------------|-----|
| <b>5</b> | Whole dollars only | .00 |
| <b>6</b> |                    | .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 52 ..... **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

