**NEW YORK STATE 2023**

Department of Taxation and Finance
# Claim for Child and Dependent Care Credit
**New York State • New York City**
Tax Law – Section 606(c)

**IT-216**

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

| Name(s) as shown on return | Your Social Security number |
|---|---|
| | |

**1** Is your New York State filing status *Married filing separate return*, and did you check box A on your federal
Form 2441, *Child and Dependent Care Expenses*? *(If yes, see instructions)* ............................................ Yes ☐ No ☐

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

| | **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.)* |
|---|---|---|---|
| 1st Care provider | | | .00 |
| | **B** – Number and street            City            State   ZIP code | | |
| | | | |
| | **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.)* |
| 2nd Care provider | | | .00 |
| | **B** – Number and street            City            State   ZIP code | | |
| | | | |

**3** Total number of qualifying persons you are claiming. ................................................................. **3** ☐
**List in order from youngest to oldest.** *(If you are claiming more than five qualifying persons, 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 | ☐ | | |
| | | | | .00 | ☐ | | |
| | | | | .00 | ☐ | | |
| | | | | .00 | ☐ | | |
| | | | | .00 | ☐ | | |

**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 ................................... **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 Form IT-201, line 19 or IT-203,
  line 19, *Federal amount* column ........................................... **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 *Part-year resident*
     *income allocation worksheet*, in Form IT-203-I .................... **19** |_____.00|

**20** Enter the amount from Form IT-203, line 19,
     *Federal amount* column.......................................... **20** |_____.00|

**21** Divide line 19 by line 20 *(round the result to the fourth decimal place).*
     This amount cannot exceed 100% (1.0000) *(see instructions)* ............................... **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|

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