New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

		Read instructions carefully.								T	-2	1(6	٤	~í	<u>99</u> 7			
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	Type	ast name		s original with the ame and middle initia					name	es)	•	Υοι	ir so	cial se	curity	/ nun	nber		
			T not th		i (ii joint	olann,	one		i name	.0)				+		Ŧ		Τ	
1	ĕ ■	Mailing address	(number and stree	t or rural route)			Ара	rtmen	t numb	er	▼	Sp	ouse	's socia	al se	curity	/ numl	ber	
	■ Lint													-		+			
	Print or Type	City, village or po	ost office	State				Z	ZIP coo	de	Ne	w \	⁄ork :	State	cour	ity of	resic	lend	ce
i																			
1	Have you already filed y	1997 New	Vork State inco	ne tax return?										Yes	. Г			No	
•	If No , you must file th								• • • • • •			•••	• •	103	, r			NU	
2	List below the qualifying																		
	· · ·		_	1															
	Last name, fir	st name and m	iddle initial	Qualified expenses paid		Person with *			Soc	ial seo	curity r	num	nber			١	Year o	of b	irth
				in 1997	dis	sability	_												
					•		•	Γ		Ţ						•	1 9	9	Τ
																L			<u> </u>
					•		•			+	-	-				•	1	9	
	* See instructions.														_				
3	Can you claim an exem	ption for the qu	ualified person(s)	listed on line 2 abo	ve?									Yes	5			No	
4	Persons or organization	s who provided	the care <i>(attach</i>	additional sheet if nec	essarv)														
T																			
	(A) Care provider's		(B) Address		(• •	-	ving nu or EIN)	umber		((D) Amount paid (see instructions)			
	first name and	middle initial					, (v												
					•			ł	-				•						
							+	-		-					- ,		<u> </u>	ייר ר ר	
					•			Ŧ	-				•						
5	Enter the lesser of:														, Do	ollar	s		Cents
	 Qualified expense 	-									7						T	1 Г	
	 \$2,400 if one qual 						iction	ns)		5					.,_			J.L	
	Note: If you are claimin	g expenses pa																	
	child's birth month here			de as qualified exper		ly tho	se												
6	paid from January 1, 19 Enter your earned incor									6									
6 7	If your filing status is 2 M											- '			• • -	-		л•∟ 1 Г	
	enter the amount from	0		•				-		7].[
											-	- ,					1	1 Г	
8	Enter the smallest of lin	e 5, 6 or 7								8					- , _			J.L	
•			0																
9	Enter the amount from Form IT-201 line 18 c		e 8,							_									
	Form IT-203 line 18 (at column)	9															
				<u> </u>	,					_									
0	Enter on line 10 the dec	cimal amount s	hown below that	applies to the amou	int on li	ne 9													
	If line 9 is —	Decima	I	lf line 9 is —	D	ecim	al												
	But not	amount		But not		mour	nt												
	Over over \$0 - 10,000	is .30	1	Over over \$20,000 – 22,000	is	.24													
	10,000 – 12,000 12,000 – 14,000	.29 .28		22,000 - 24,000 24,000 - 26,000		.23 .22													
	14,000 - 16,000	.27		26,000 - 28,000		.21				10	1							Γ	
	16,000 – 18,000 18,000 – 20,000	.26 .25		28,000 – No limit		.20				. 10	L						—	.• L	
1	Multiply line 8 by the de	cimal amount	on line 10. This i	s your federal child	and do	nend	ont o	are	redit									יר	
•	Enter here and on li			•		•			acuit.	11	1				ļ			$\left \right $	
										-	÷				- 7	-		고 아니다	

12	Amount from the front page, line 11	

IT-216 (1997) (back)

13 Enter below your New York Adjusted Gross Income (Form IT-200 filers, from worksheet in the Form IT-216 instructions;

Form IT-201 filers, line 31; Form IT-203 filers, line 31) New York adjusted gross income

If your New York adjusted gross income above is:

Over	But not over	Enter on line 13	Over	But not over	Enter on line 13	Over	But not over	Enter on line 13		
\$0	- 10,000	.600	1	0 - 11,400	.465	,	0 – 12,800	.325		
	0 - 10,100	.595	,	0 – 11,500	.455) – 12,900	.315		
-, -	0 – 10,200	.585) = =	0 – 11,600	.445	,	0 – 13,000	.305		
,	0 – 10,300	.575	,	0 – 11,700	.435	,	0 – 13,100	.295		
-)	0 – 10,400	.565	7 -	0 – 11,800	.425	-,	0 – 13,200	.285		
,	0 – 10,500	.555	,	0 – 11,900	.415		0 – 13,300	.275		
- /	0 – 10,600	.545	1	0 – 12,000	.405	- ,	0 – 13,400	.265		
- /	0 – 10,700	.535	,	0 – 12,100	.395	,	0 – 13,500	.255		
- , -	0 – 10,800	.525	7 -	0 – 12,200	.385	- ,	0 – 13,600	.245		
-)	0 – 10,900	.515	,	0 – 12,300	.375	- ,	0 – 13,700	.235		
,	0 – 11,000	.505	,	0 – 12,400	.365		0 – 13,800	.225		
,	0 – 11,100	.495	7 -	0 – 12,500	.355		0 – 13,900	.215		
,	0 – 11,200	.485	,	0 – 12,600	.345	,) – 13,999	.205	40	
11,200	0 – 11,300	.475	12,60	0 – 12,700	.335	13,999	9 — No Limit	.200	13	•
care	e credit <i>(see ir</i>	ne decimal amo							. 14	
		nts must (om Form IT-203			15-22. All		-		15	
										_ ,
	If line 15 is	equal to or mor	e than line	14, stop. You	do not have e	excess cred	it.			
	If line 15 is	less than line 1	4. continue	on line 16 b	elow.					

16	Subtract line 15 from line 14. This is your excess child and dependent care credit
17	Enter the amount from Form IT-203-ATT, line 34, (if you are not required to file Form IT-203-ATT, enter "0" and continue on line 18 below) 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 11-20	3-AI I, line 35.
If line 17 is less than line	e 16, enter the line	e 16 amount on Form	IT-203-ATT, line 35,

and continue on line 18 below.

18 Subtract line 17 from line 16. This is your remaining excess child and dependent care credit

19	Enter amount from Part-Year Resident Income
	Allocation Worksheet, Column B, line 18, from
	page 12 of your Form IT-203 instructions booklet 19
20	Enter amount from Part-Year Resident Income
	Allocation Worksheet, Column A, line 18, from
	page 12 of your Form IT-203 instructions booklet.
21	Divide line 19 by line 20 (carry the result to four decimal places). This amount cannot exceed 100% (1.0000) 21
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203, line 56 (payment section).
	This is the refundable portion of your part-year resident child and dependent care credit

Paid	Preparer's signature	Date	Mark "X" if self-		Your signature				
Preparer's	Firm's name (or yours, if self-employed)			Sign	Spouse's signature (if joint claim)				
Use Only	· · · · · · · · · · · · · · · · · · ·		,	Here	D :				
Address		Employer identi	fication number		Date	Daytime phone number (optional)			

Dollars

12

16

17

18

Cents