|  | Read instructions carefully. This is a scannable form. <br> Please file this original with the Tax Department. |
| :---: | :---: |
|  | Last name First name and middle initial (if joint claim, enter both names) |
|  | Mailing address (number and street or rural route) Apartment number |
|  | City, village or post office State ZIP code |

1 Have you already filed your 1997 New York State income tax return? YesNo If $\boldsymbol{N o}$, you must file this claim with a return.
2 List below the qualifying persons you are claiming.


* See instructions.

3 Can you claim an exemption for the qualified person(s) listed on line 2 above?
Yes


No
4 Persons or organizations who provided the care (attach additional sheet if necessary).


Note: If you are claiming expenses paid for a dependent child born in 1984, enter that
child's birth month here $\square$. Include as qualified expenses only those paid from January 1, 1997, through the day preceding the child's 13th birthday.
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)


8 Enter the smallest of line 5,6 or 7 $\qquad$


9 Enter the amount from Form IT-200 line 8,


10 Enter on line 10 the decimal amount shown below that applies to the amount on line 9

| If line 9 is - | Decimal | If line 9 is - | Decimal |
| :---: | :---: | :---: | :---: |
| But not | amount | But not | amount |
| Over over |  | Over over |  |
| \$0 - 10,000 | . 30 | \$20,000-22,000 | . 24 |
| 10,000-12,000 | . 29 | 22,000-24,000 | . 23 |
| 12,000-14,000 | . 28 | 24,000-26,000 | . 22 |
| 14,000-16,000 | . 27 | 26,000-28,000 | . 21 |
| 16,000-18,000 | . 26 | 28,000 - No limit | . 20. |
| 18,000-20,000 | . 25 |  |  |



11 Multiply line 8 by the decimal amount on line 10. This is your federal child and dependent care credit. Enter here and on line 12 on the back of this form

$\square$

12 Amount from the front page, line 11 $\qquad$

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 not over | Enter on line 13 | Over But not <br> over | Enter on line 13 | But not Over over | Enter on line 13 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| \$0 - 10,000 | . 600 | 11,300-11,400 | . 465 | 12,700-12,800 | . 325 |
| 10,000-10,100 | . 595 | 11,400-11,500 | . 455 | 12,800-12,900 | . 315 |
| 10,100-10,200 | . 585 | 11,500-11,600 | . 445 | 12,900-13,000 | . 305 |
| 10,200-10,300 | . 575 | 11,600-11,700 | . 435 | 13,000-13,100 | . 295 |
| 10,300-10,400 | 565 | 11,700-11,800 | . 425 | 13,100-13,200 | . 285 |
| 10,400-10,500 | . 555 | 11,800-11,900 | . 415 | 13,200-13,300 | . 275 |
| 10,500-10,600 | . 545 | 11,900-12,000 | . 405 | 13,300-13,400 | . 265 |
| 10,600-10,700 | 535 | 12,000-12,100 | . 395 | 13,400-13,500 | . 255 |
| 10,700-10,800 | 525 | 12,100-12,200 | . 385 | 13,500-13,600 | . 245 |
| 10,800-10,900 | . 515 | 12,200-12,300 | . 375 | 13,600-13,700 | . 235 |
| 10,900-11,000 | . 505 | 12,300-12,400 | . 365 | 13,700-13,800 | . 225 |
| 11,000-11,100 | . 495 | 12,400-12,500 | . 355 | 13,800-13,900 | . 215 |
| 11,100-11,200 | . 485 | 12,500-12,600 | . 345 | 13,900-13,999 | . 205 |
| 11,200-11,300 | . 475 | 12,600-12,700 | . 335 | 13,999 - No Limit | . 200 |

14 Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (see instructions)

## Part-year Residents must complete lines 15-22. All others stop here!

15 Enter the amount from Form IT-203, line 38 15


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 $\qquad$
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 IT-203-ATT, line 35.
If line 17 is less than line 16 , enter the line 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 $\qquad$

19 Enter amount from Part-Year Resident Income
Allocation Worksheet, Column B, line 18, from page 12 of your Form IT-203 instructions booklet.


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)


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 $\qquad$


| Paid <br> Preparer's Use Only | Preparer's signature <br> Firm's name (or yours, if self-employed) | Date Mark "X" if self- <br> employed <br> $\square$ <br>   |  | Sign Here | Your signature |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Spouse's signature (if joint claim) |  |
|  |  |  |  |  |  |
| Address |  | Employer identification number |  | Date | Daytime phone <br> ( ) |

