

Claim for Child and Dependent Care Credit



Read instructions carefully. This is a scannable form. Please file this original with the Tax Department. Last name, First name and middle initial, Mailing address, Apartment number, City, village or post office, State, ZIP code, Your social security number, Spouse's social security number, New York State county of residence.

- 1 Have you already filed your 1996 New York State income tax return? ... Yes [] No []
If No, you must file this claim with a return.
2 Persons or organizations who provided the care.

Table with 4 columns: (A) Care provider's last name, first name and middle initial; (B) Address; (C) Identifying number (SSN or EIN); (D) Amount paid (see instructions). Rows 1-4.

3 List below the qualifying persons you are claiming.

Table with 4 columns: Last name, first name and middle initial; Person with * disability; Social security number; Year of birth. Rows 1-2.

* See instructions.

4 Enter the amount of qualified expenses you incurred and paid in 1996. Do not enter more than \$2,400 (one qualifying person) or \$4,800 (two or more qualifying persons) ... 4 [] [] [] [] [] [] [] [] [] []
5 Enter your earned income (see instructions) ... 5 [] [] [] [] [] [] [] [] [] []
6 If your filing status is 2 Married Filing Joint Return, enter your spouse's earned income; all others, enter the amount from line 5 (see instructions) ... 6 [] [] [] [] [] [] [] [] [] []
7 Enter the smallest of line 4, 5 or 6 ... 7 [] [] [] [] [] [] [] [] [] []
8 Enter the amount from Form IT-200 line 8, IT-201 line 18 or IT-203 line 18 (Federal Amount column) ... 8 [] [] [] [] [] [] [] [] [] []

9 Enter on line 9 the decimal amount shown below that applies to the amount on line 8. Table with 2 columns of ranges and decimal amounts. 9 [] [] [] [] [] [] [] [] [] []

10 Multiply line 7 by the decimal amount on line 9. This is your federal child and dependent care credit. Enter here and on line 11 on the back of this form ... 10 [] [] [] [] [] [] [] [] [] []

Dollars Cents

11 Amount from page 1, line 10 ... 11 [] [] [] [] [] [] [] [] [] []

12 Enter below your New York Adjusted Gross Income (Form IT-200 filers from worksheet in IT-216 instructions; IT-201 filers, line 31; IT-203 filers, line 31) New York adjusted gross income [] [] [] [] [] [] [] [] [] []

Table with columns: If your New York adjusted gross income above is:, Over, But not Over, Enter on line 12. Rows include ranges like \$0 - 10,000 with corresponding decimal values.

13 Multiply line 11 by the decimal amount on line 12. This is your New York State child and dependent care credit (see instructions) ... 13 [] [] [] [] [] []

Part-year Residents must complete lines 14-21. All others stop here!

14 Enter the amount from Form IT-203, line 38 ... 14 [] [] [] [] [] [] [] [] [] []

15 Subtract line 14 from line 13. This is your excess child and dependent care credit ... 15 [] [] [] [] [] [] [] [] [] []

16 Enter the amount from Form IT-203-ATT, line 34 ... 16 [] [] [] [] [] [] [] [] [] []

17 Subtract line 16 from line 15. This is your remaining excess child and dependent care credit ... 17 [] [] [] [] [] [] [] [] [] []

18 Enter amount from Part-Year Resident Income Allocation Worksheet, Column B, line 18, from page 14 of your Form IT-203 instructions booklet ... 18 [] [] [] [] [] [] [] [] [] []

19 Enter amount from Part-Year Resident Income Allocation Worksheet, Column A, line 18, from page 14 of your Form IT-203 instructions booklet ... 19 [] [] [] [] [] [] [] [] [] []

20 Divide line 18 by line 19 (carry the result to four decimal places) This amount cannot exceed 100% (1.0000) ... 20 [] [] [] [] [] [] [] [] [] []

21 Multiply line 17 by line 20. 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 ... 21 [] [] [] [] [] [] [] [] [] []

Form with sections: Paid Preparer's Use Only (signature, name, address, date, SSN, EIN), Sign Here (signature, date, phone number).