New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

2000 **IT-216**

Important: You must enter your social security number(s) in the boxes to the right.	
Your first name and middle initial	**Your** last name *(for a joint claim, enter spouse's name on line below)*
Spouse's first name and middle initial	Spouse's last name

▼ Your social security number

▼ Spouse's social security number

Print or type

Mailing address *(number and street or rural route)*	Apartment number	New York State county of residence ●
City, village or post office	State	ZIP code

1 Have you already filed your 2000 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 *(attach additional sheet if necessary).*

(A) Care provider's first name, middle initial, and last name	(B) Address	(C) Identifying number (SSN or EIN)	(D) Amount paid (see instructions)
		●	● .
		● ●	● .

3 List below the qualifying persons you are claiming.

First name and middle initial	Last name	Qualified expenses paid in 2000	Person with disability*	Social security number	Year of birth
			● ☐	●	●
			● ● ☐	●	● ●

* See instructions.

4 Can you claim an exemption for all the qualified persons listed on line 3 above? .... Yes ☐ No ☐

5 Enter the lesser of:

● **Qualified expenses** you incurred and paid in 2000, **or**

● $2,400 if one qualifying person; $4,800 if two or more qualifying persons *(see instructions)* **5**

Note: If you are claiming expenses paid for a dependent child born in 1987, enter that child's birth month here ⬚ . Include as qualified expenses only those paid from January 1, 2000, through the day preceding the child's 13th birthday.

Dollars Cents

6 Enter your earned income *(see instructions)* **6**

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**

8 Enter the smallest of line 5, 6, or 7 .... **8**

9 Enter the amount from:

federal Form 1040A, line 20, or

federal Form 1040, line 34 .... **9**

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
Over	But not over	amount is	Over	But not over	amount is
$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			

.20 .... **10**

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. **11**

Dollars | Cents

12 Amount from the front page, line 11 .... **12** [ ] . [ ]

13 Enter below your New York adjusted gross income (Form IT-200 filers, from *Worksheet 2* in the Form IT-216 instructions;
Form IT-201 filers, line 31; Form IT-203 filers, line 31)
New York adjusted gross income [ ] . [ ]
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** [ ] . [ ]

Part-year residents must complete lines 15-22 and sign below. All others stop here and sign below.

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** .... **16** [ ] . [ ]

17 Enter the amount from Form IT-203-B, line 19, (if you are not required to file Form IT-203-B, enter "0" and continue on line 18 below) .. **17** [ ] . [ ]
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-B, line 20.
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-B, line 20,
and continue on line 18 below.

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

19 Enter amount from *Part-year resident income*
allocation worksheet, Column B, line 18, from
page 14 of your Form IT-203 instruction booklet .... **19** [ ] . [ ]

20 Enter amount from *Part-year resident income*
allocation worksheet, Column A, line 18, from
page 14 of your Form IT-203 instruction booklet .... **20** [ ] . [ ]

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-B, line 44.
This is the refundable portion of your part-year resident child and dependent care credit. .... **22** [ ] . [ ]

Paid preparer's use only	Preparer's signature	Date	Mark "X" if self-employed [ ]	**Sign here**	Your signature
	Firm's name *(or yours, if self-employed)*	Preparer's SSN or PTIN			Spouse's signature *(if joint claim)*
	Address	Employer identification number			Date Daytime phone number *(optional)* ( )

┌─ **Need help?** ─────────
Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. **For tax information,** call toll free 1 800 225-5829.
To order forms and publications, call toll free 1 800 462-8100.