

Claim for Child and Dependent Care Credit



IT-216



Print or type	Important: You must enter your social security number(s) in the boxes to the right.		
	Your first name and middle initial	Your last name <i>(for a joint claim, enter spouse's name on line below)</i>	▼ Your social security number
	Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number
	Mailing address <i>(number and street or rural route)</i>		Apartment number
City, village, or post office		State	ZIP code
			New York State county of residence

1 Have you already filed your 2002 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. *(If you have more than two providers, see instructions.)*

(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. *(If you have more than two qualifying persons, check here and see instructions.)*

First name and middle initial	Last name	Qualified expenses paid in 2002	Person with disability*	Social security number	Year of birth
			• <input type="checkbox"/>	• []	• []
			• <input type="checkbox"/>	• []	• []

* 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 2002, or
 • \$2,400 if one qualifying person; \$4,800 if two or more qualifying persons *(see instructions)* **5.** [] Dollars [] Cents

Note: If you are claiming expenses paid for a dependent child born in 1989, enter that child's birth month here []. Include as qualified expenses only those paid from January 1, 2002, through the day preceding the child's 13th birthday.

6 Enter your earned income *(see instructions)* **6.** [] Dollars [] Cents

7 If your filing status is Ⓜ Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 *(see instructions)* **7.** [] Dollars [] Cents

8 Enter the smallest of line 5, 6, or 7 **8.** [] Dollars [] Cents

9 Enter the amount from:
 federal Form 1040A, line 21, or
 federal Form 1040, line 35 **9.** [] Dollars [] Cents

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

If line 9 is —			If line 9 is —		
Over	But not over	Decimal amount is	Over	But not over	Decimal 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			

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

	Dollars	Cents
12 Amount from the front page, line 11	12. <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>
13 Enter below your New York adjusted gross income (Form IT-200 filers, from <i>Worksheet 2</i> in the Form IT-216 instructions; Form IT-201 filers, line 33; Form IT-203 filers, line 31) New York adjusted gross income <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text"/>		
Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line	13. <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>
14 Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>)	14. <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>

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. <input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>
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. <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>
17 Enter the amount from Form IT-203-B, line 20 (if you are not required to file Form IT-203-B, enter "0" and continue on line 18 below) ..	17. <input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>
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 21.		
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-B, line 21, and continue on line 18 below.		
18 Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18. <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>
19 Enter amount from <i>Part-year resident income allocation worksheet</i> , Column B, line 18, from page 14 of your Form IT-203 instruction booklet	19. <input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>
20 Enter amount from <i>Part-year resident income allocation worksheet</i> , Column A, line 18, from page 14 of your Form IT-203 instruction booklet	20. <input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>
21 Divide line 19 by line 20 (<i>carry the result to four decimal places</i>). This amount cannot exceed 100% (1.0000)	21. <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>
22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-B, line 51. This is the refundable portion of your part-year resident child and dependent care credit.	22. <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>

Paid preparer's use only	Preparer's signature	▼ Preparer's SSN or PTIN	
	Firm's name (or yours, if self-employed)	● Employer identification number	
	Address	Date	Mark X if self-employed <input type="checkbox"/>

Sign here	Your signature	
	Spouse's signature (if joint claim)	
	Date	Daytime phone number (optional) ()

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.



Need help?

Telephone assistance is available from 8:00 a.m. to 5:55 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.