

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 2004 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 In the spaces provided below, list up to two qualifying persons you are claiming.
(If you are claiming more than two qualifying persons, mark an X in the box and see instructions.)

| First name and middle initial | Last name | Qualified expenses paid in 2004 | 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 2004, or
 • \$3,000 if one qualifying person; \$6,000 if two or more qualifying persons *(see instructions)* **5.** [] Dollars [] Cents

Note: If you are claiming expenses paid for a dependent child born in 1991, enter that child's birth month here []. Include as qualified expenses only those paid from January 1, 2004, 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 ② *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 36 **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 — | But not over | Decimal amount is | If line 9 is — | But not over | Decimal amount is |
| Over | | | Over | | |
| \$0 | – 15,000 | .35 | \$29,000 | – 31,000 | .27 |
| 15,000 | – 17,000 | .34 | 31,000 | – 33,000 | .26 |
| 17,000 | – 19,000 | .33 | 33,000 | – 35,000 | .25 |
| 19,000 | – 21,000 | .32 | 35,000 | – 37,000 | .24 |
| 21,000 | – 23,000 | .31 | 37,000 | – 39,000 | .23 |
| 23,000 | – 25,000 | .30 | 39,000 | – 41,000 | .22 |
| 25,000 | – 27,000 | .29 | 41,000 | – 43,000 | .21 |
| 27,000 | – 29,000 | .28 | 43,000 | – No limit | .20 |

..... **10.** []

11 Multiply line 8 by the decimal amount on line 10 *(enter here and on line 12 on the back page)* **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 1* in the Form IT-216 instructions; Form IT-201 filers, line 33; 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 20 (*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 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. .

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

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

21 Divide line 19 by line 20 (*round the result to the fourth decimal place*). 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 51.
This is the refundable portion of your part-year resident child and dependent care credit. 22. .

| | | | | | |
|---------------------------------|---|--|------------------|---|---------------------------|
| Paid preparer's use only | Preparer's signature | ▼ Preparer's SSN or PTIN <input type="text"/> | Sign here | Your signature | |
| | Firm's name (<i>or yours, if self-employed</i>) | ● Employer identification number <input type="text"/> | | Spouse's signature (<i>if joint claim</i>) | |
| | Address | Date <input type="text"/> | | Mark an X if self-employed <input type="checkbox"/> | Date <input type="text"/> |

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 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.

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