



# Claim for Child and Dependent Care Credit

New York State • New York City

Attach this form to Form IT-150, IT-201, or IT-203.

|                            |                               |
|----------------------------|-------------------------------|
| Name(s) as shown on return | ▼ Your social security number |
|----------------------------|-------------------------------|

1 Have you already filed your 2010 New York State income tax return?..... Yes  No   
 If Yes, you must file an amended New York State return and attach a copy of this claim.

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 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.) .....

| A – First name and middle initial | B – Last name | C – Qualified expenses paid in 2010 | D – Person with disability (see instr.) | E – Social security number | F – Year of birth |
|-----------------------------------|---------------|-------------------------------------|---|----------------------------|-------------------|
|                                   |               |                                     | • <input type="checkbox"/>              | • [ ]                      | • [ ]             |
|                                   |               |                                     | • <input type="checkbox"/>              | • [ ]                      | • [ ]             |
|                                   |               |                                     | • <input type="checkbox"/>              | • [ ]                      | • [ ]             |
|                                   |               |                                     | • <input type="checkbox"/>              | • [ ]                      | • [ ]             |

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any ..... 3a. [ ] . [ ]

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?..... Yes  No   
**Note:** On line 5, if you are claiming expenses paid for a dependent child born in 1997, enter that child’s birth month here. [ ]  
 Include as qualified expenses only those paid from January 1, 2010, through the day preceding the child’s 13<sup>th</sup> birthday.

5 Enter the **smallest** of:  
 – line 3a above; **or**  
 – federal Form 2441, line 3; **or**  
 – 3,000 if one qualifying person, or 6,000 if two or more qualifying persons ..... 5. [ ] 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 22, or federal Form 1040, line 38 ..... 9. [ ] . [ ]

10 Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instructions ..... 10. [ ] . [ ]

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) ..... 11. [ ] . [ ]



Dollars Cents

- 12 Amount from line 11 ..... **12.**  .
- 13 Enter your **New York adjusted gross income** (Form IT-150 filers, line 21; Form IT-201 filers, line 33; Form IT-203 filers, line 32) .....  .   
 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 New York State residents**

- 15 Enter the amount from Form IT-203, line 40 ..... **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-ATT, line 29 (*If you are not required to file Form IT-203-ATT, leave blank 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-ATT, line 30.  
 If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, 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 D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... **19.**  .
- 20 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... **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-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** **22.**  .

**New York City child and dependent care credit**

If you were a resident of New York City at any time during 2010 **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, 2010, on line 3, complete line 23 and see page 4 of the instructions.

- 23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old ..... **23.**  .   
**IT-150 and IT-201 filers:**
- 24 Refundable New York City child and dependent care credit (*from Worksheet 1, line 7 or line 13*) ..... **24.**  .
- 25 Add lines 14 and 24 ..... **25.**  .   
**IT-150 filers:** Enter the line 25 amount on Form IT-150, line 39  
**IT-201 filers:** Enter the line 25 amount on Form IT-201, line 64
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (*from Worksheet 1, line 8*) ..... **26.**  .   
**IT-201 filers:** Enter the line 26 amount on Form IT-201-ATT, line 9a  
**IT-203 filers:**
- 27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 8*); also enter this amount on Form IT-203, line 52b ..... **27.**  .
- 28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (*from Worksheet 1, line 13*); also enter this amount on Form IT-203-ATT, line 9a ..... **28.**  .
- Part-year New York City resident filers only:**
- 29 Enter the amount from Worksheet 1, line 10 ..... **29.**  .
- 30 Enter the amount from Worksheet 1, line 11 ..... **30.**  .

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