



# Employer-Provided Childcare Credit Tax Law - Sections 44 and 606(jjj)

IT-652

| Submit this form with Form IT-201, IT-203, IT-204, or IT   | Г-205.   |
|--|--|
| Name(s) as shown on return   | Identifying number as shown on return  |
|  |  |
| All filers <b>must</b> complete line A.  | ·  |
| A Are you claiming this credit as an individual (sole proprietor), pa<br>trust that earned the credit (not as a partner, shareholder, or be<br>the credit)? (mark an X in the appropriate box; see instructions) | neficiary, receiving a share of  |
| If Yes: Individual (sole proprietor) and partnership: Complete Schedules A and D, and if applicable, Schedule E.   | If <i>No</i> , complete Schedules B and D, and if applicable, Schedule E. Fiduciary, also complete Schedule C. |
| <b>Fiduciary:</b> Complete Schedules A, C, and D, and if applicable, Schedule E.   |  |

## Schedule A – Computation of credit

#### Part 1 – Qualified childcare facility expenditures paid or incurred (see instructions)

| A Qualified childcare facility's physical address       | B Qualified childcare facility expenditures paid or incurred |     |
|---|--|-----|
|   |  | .00 |
|   |  | .00 |
|   |  | .00 |
|   |  | .00 |
| Total of column B amounts from additional forms, if any |  | .00 |
| 1 Total (add column B amounts)                          | 1  | .00 |
| 2 Credit rate   | 2  | .50 |
| 3 Part 1 credit amount (multiply line 1 by line 2)      | 3  | .00 |

### Part 2 – Qualified childcare resource and referral expenditures paid or incurred (see instructions)

| A<br>Employee's first name | <b>B</b><br>Employee's last name | C Employee's work location ZIP codes (first 5 digits only) | <b>D</b><br>Employee's Social<br>Security number | E Qualified childcare resource and referral expenditures paid or incurred |
|----------------------------|----------------------------------|--|--|---|
|                            |                                  |  |  | .00   |
|                            |                                  |  |  | .00   |
|                            |                                  |  |  | .00   |
|                            |                                  |  |  | .00   |
|                            |                                  |  |  | .00   |
|                            |                                  |  |  | .00   |
|                            |                                  |  |  | .00   |
|                            |                                  |  |  | .00   |
|                            |                                  |  |  |   |
|                            |                                  |  |  | .00   |
| Total of column E amount   | ts from additional forms, if     | any  |  | .00   |
| 4 Total (add column E am   | nounts)                          |  | 4  | .00   |
| 5 Credit rate              |                                  |  | 5  | .20   |
| 6 Part 2 credit amount     | (multiply line 4 by line 5)      |  | 6  | .00.  |

### Part 3 – Limitation

| 7 Total (add line 3 and line 6)                            | 7 | .00       |
|--|---|-----------|
| 8 Limitation   | 8 | 500000.00 |
| 9 Allowable credit (enter the lesser of line 7 and line 8) | 9 | .00       |

**Individuals and Partnerships:** Enter the line 9 amount on line 14. **Fiduciaries:** Include the line 9 amount on line 11, column A.

В

Recapture

# Schedule B – Partner's, shareholder's, or beneficiary's share of credit and recapture (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit or recapture from that entity, complete the following information for each partnership, S corporation, estate or trust. For Type, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

| A<br>Name of entity                   | <b>B</b><br>Type | C<br>EIN      | D<br>Share of credit | <b>E</b><br>Share of recapture |
|---------------------------------------|------------------|---------------|----------------------|--------------------------------|
| Name of entity                        | Type             | LIN           | Share of Gredit      | Share of recapture             |
|                                       |                  |               |                      |                                |
|                                       |                  |               | .00                  | .00                            |
|                                       |                  |               |                      |                                |
|                                       |                  |               | .00.                 | .00                            |
|                                       |                  |               |                      |                                |
|                                       |                  |               | .00                  | .00                            |
|                                       |                  |               |                      |                                |
| Total column D and E amounts from add | litional         | forms, if any | .00.                 | .00                            |
|                                       |                  |               |                      |                                |
| 10 Total (add column D and E amounts) |                  |               | .00.                 | .00                            |

**Fiduciaries:** Include the line 10, column D amount on line 11, column A, and the line 10, column E amount on line 11, column B. **All others:** Enter the line 10, column D amount on line 15, and the line 10, column E amount on line 23.

Credit

#### Schedule C - Beneficiary's and fiduciary's share of credit and recapture (see instructions)

|  |                                |    |                      | 1                              |
|--|--------------------------------|----|----------------------|--------------------------------|
| 11 Total (see instructions)  | 1                              | 11 | .00                  | .00                            |
| <b>A</b> Beneficiary's name (same as on Form IT-205, Schedule C)       | <b>B</b><br>Identifying number |    | C<br>Share of credit | <b>D</b><br>Share of recapture |
|  |                                |    | .00                  | .00                            |
|  |                                |    | .00                  | .00                            |
|  |                                |    | .00                  | .00                            |
|  |                                |    | .00.                 | .00                            |
| Total column C and D amounts from additional                           | I forms, if any                |    | .00                  | .00                            |
| 12 Shares allocated to beneficiaries                                   | <u>1</u>                       | 12 | .00                  | .00                            |
| 13 Fiduciary's share (subtract line 12 from line 11; see instructions) |                                |    | .00                  | .00                            |



### Schedule D - Computation of credit (see instructions)

| Individuals and partnerships                        | 14 | Enter the amount from line 9                              | 14 | .00 |
|---|----|---|----|-----|
| Partners, S corporation shareholders, beneficiaries | 15 | Enter the amount from line 10, column D                   | 15 | .00 |
| Fiduciaries   | 16 | Enter the amount from line 13, column C                   | 16 | .00 |
|   | 17 | Total credit (add lines 14, 15, and 16; see instructions) | 17 | .00 |

### **Schedule E – Computation of credit recapture** (see instructions)

| 18 | Federal recapture amount on New York property  | 18 | .00  |
|----|--|----|------|
| 19 | Amount of federal credit on New York property originally allowed   | 19 | .00. |
| 20 | Divide line 18 by line 19 (carry result to four decimal places)  | 20 |      |
| 21 | Amount of New York credit originally allowed   | 21 | .00  |
| 22 | New York recapture amount (multiply line 20 by line 21; Fiduciary; enter here and include on line 11 column B) | 22 | .00  |
| 23 | Partner, shareholder, beneficiary share of recapture (from line 10, column E; see instructions)                | 23 | .00  |
| 24 | Fiduciaries: Enter the amount from line 13 column D  | 24 | .00  |
| 25 | Total recapture (see instructions below)   | 25 | .00  |

Individuals, partners, S corporation shareholders and beneficiaries: Add lines 22 and 23. Enter the line 25 amount and code **652** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

**Partnerships:** Add lines 22 and 23. Enter the line 25 amount and code **652** on Form IT-204, line 148.

**Fiduciaries**: Enter the line 24 amount on line 25. Include the line 25 amount on Form IT-205, line 12.

