Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City
Tax Law – Section 606(c)

IT-216

2024
NEW YORK STATE

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your Social Security number

1 Is your New York State filing status *Married filing separate return*, and did you check box A on your federal
Form 2441, *Child and Dependent Care Expenses*? *(If yes, see instructions)* .... Yes ☐   No ☐

2 Persons or organizations who provided the care. *(If you have more than two providers, see instructions.)*

1st Care provider	**A** – Care provider name *(first name, middle initial, and last name, or business name)*		**C** – Identifying number *(SSN or EIN)*	**D** – Amount paid *(see instr.)*
				.00
	B – Number and street	City	State ZIP code	

2nd Care provider	**A** – Care provider name *(first name, middle initial, and last name, or business name)*		**C** – Identifying number *(SSN or EIN)*	**D** – Amount paid *(see instr.)*
				.00
	B – Number and street	City	State ZIP code	

3 Total number of qualifying persons you are claiming. .... **3** [ ]
   List in order from youngest to oldest. *(If you are claiming more than five qualifying persons, see instructions.)*

A First name	MI	B Last name	Suffix	C Qualified expenses paid	D Person with disability *(see instr.)*	E Social Security number	F Date of birth *(mmddyyyy)*
				.00	☐		
				.00	☐		
				.00	☐		
				.00	☐		
				.00	☐		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any .... **3a** _____ .00

3b Enter the amount from Worksheet 1, line 16, **if applicable** *(see instr.)* **3b** _____ .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)?.....................Yes ☐   No ☐

5 Enter the **smallest** of:
   – line 3a above; **or**
   – line 3b above; **or**
   – 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons,
     8,500 if four qualifying persons, or 9,000 if five or more qualifying persons .... **5** _____ .00

Whole dollars only

6 Enter your earned income *(see instructions)* .... **6** _____ .00

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** _____ .00

8 Enter the smallest of line 5, 6, or 7... **8** _____ .00

9 Enter the amount from Form IT-201, line 19 or IT-203,
   line 19, *Federal amount* column .... **9** _____ .00

10 Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instr. ... **10** _____

11 Multiply line 8 by the decimal amount on line 10 *(enter here and on line 12 on the back)* .... **11** _____ .00

12 Amount from line 11 .... **12** | .00

13 Enter your **New York adjusted gross income** (Form IT-201 filers,
    line 33; Form IT-203 filers, line 32) .... | .00
    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** | .00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40 .... **15** | .00
    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** | .00

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** | .00
    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** | .00

19 Enter the amount from line 19, Column D, of *Part-year resident*
    income allocation worksheet, in Form IT-203-I .... **19** | .00

20 Enter the amount from Form IT-203, line 19,
    Federal amount column.. **20** | .00

21 Divide line 19 by line 20 *(round the result to the fourth decimal place)*.
    This amount cannot exceed 100% (1.0000) *(see instructions)* .... **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** | .00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **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, on line 3, complete line 23 and see page 5 of the instructions.

23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old .... **23** | .00

IT-201 filers:

24 Refundable New York City child and dependent care credit *(from Worksheet 2, line 7 or line 13)* .... **24** | .00

25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64.................................. **25** | .00

26 Part-year New York City resident nonrefundable New York City child and dependent care credit
    (from Worksheet 2, line 8); also enter this amount on Form IT-201-ATT, line 9a .... **26** | .00

IT-203 filers:

27 Nonrefundable portion of your part-year New York City resident New York City child and dependent
    care credit *(from Worksheet 2, line 8);* also enter this amount on Form IT-203, line 52 .... **27** | .00

28 Refundable portion of your part-year New York City resident New York City child and dependent
    care credit *(from Worksheet 2, line 13);* also enter this amount on Form IT-203-ATT, line 9a .... **28** | .00

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 2, line 10 .... **29** | .00
30 Enter the amount from Worksheet 2, line 11 .... **30** | .00

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