

# Claim for Child and Dependent Care Credit



# IT-216



<b>Print or type</b>	<b>Important: You must enter your social security number(s) in the boxes to the right.</b>		
	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	New York State county of residence
	City, village or post office	State	ZIP code

**1** Have you already filed your 2001 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 2001	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 2001, 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 1988, enter that child's birth month here [ ]. Include as qualified expenses only those paid from January 1, 2001, 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 20, or  
 federal Form 1040, line 34 ..... **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 over	Decimal amount is	If line 9 is — But not Over 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	.
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) <b>New York adjusted gross income</b> .....	13	.
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 .....		
14 Multiply line 12 by the decimal amount on line 13. This is your <b>New York State</b> child and dependent care credit ( <i>see instructions</i> ) .....	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, <b>stop. You do not have excess credit.</b>		
If line 15 is less than line 14, <b>continue on line 16 below.</b>		
16 Subtract line 15 from line 14. <b>This is your excess child and dependent care credit</b> .....	16	
17 Enter the amount from Form IT-203-B, line 19 (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, <b>stop. Do not continue with this worksheet.</b> Enter the line 16 amount on Form IT-203-B, line 20.		
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-B, line 20, and continue on line 18 below.		
18 Subtract line 17 from line 16. <b>This is your remaining excess child and dependent care credit</b> .....	18	
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	
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	
21 Divide line 19 by line 20 ( <i>carry the result to four decimal places</i> ). 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 49. <b>This is the refundable portion of your part-year resident child and dependent care credit.</b> .....	22	

<b>Paid preparer's use only</b>	Preparer's signature	<b>▼ Preparer's SSN or PTIN</b>	<b>Sign here</b>	Your signature	
	Firm's name ( <i>or yours, if self-employed</i> )	<b>• Employer identification number</b>		Spouse's signature ( <i>if joint claim</i> )	
	Address	Date <input type="checkbox"/> <b>Mark X if self-employed</b> <input type="checkbox"/>		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 the Registration and Data Services Bureau, NYS Tax Department, Building 8, Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and Canada, call (518) 485-6800.



**Need help?**

**Telephone assistance** is available from 8:30 a.m. to 4:25 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.