For office use only

New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

2004 **IT-216**

Important: You must enter your social security number(s) in the boxes to the right.

Print or type

Your first name and middle initial	Your last name *(for a **joint claim**, enter spouse's name on line below)*	▼ Your social security number
Spouse's first name and middle initial	Spouse's last name	▼ Spouse's social security number

Mailing address *(number and street or rural route)*	Apartment number	New York State county of residence

City, village, or post office	State	ZIP code

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
			☐		
			☐		

* 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:

    Dollars   **Cents**

- **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.** _____ . ____

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.** _____ . ____

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 21, or

    federal Form 1040, line 36 .... **9.** _____ . ____

10 Enter on line 10 the decimal amount shown below that applies to the amount on line 9

If line 9 is —			**If line 9 is —**		
Over	**But not over**	**Decimal amount is**	**Over**	**But not over**	**Decimal amount is**
$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.** _____ . ____

IT-216 (2004) (back)   **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**		**Sign here**	Your signature
	Firm's name *(or yours, if self-employed)*	● **Employer identification number**			Spouse's signature *(if joint claim)*
	Address	Date	Mark *an X* if self-employed ☐		Date Daytime phone number *(optional)* ( )

162494   **This is a scannable form; please file this original with the Tax Department.**   IT-216   2004