

# Claim for Child and Dependent Care Credit



# IT-216

<b>Print or type</b>	<b>Important:</b> You <b>must</b> enter your social security number(s) in the boxes to the right.		
	<b>Your</b> 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 <input style="width: 90%;" type="text"/>
	<b>Spouse's</b> first name and middle initial	Spouse's last name	▼ Spouse's social security number <input style="width: 90%;" type="text"/>
	Mailing address <i>(number and street or rural route)</i>		Apartment number
	City, village, or post office		State
		ZIP code	New York State county of residence <input style="width: 90%;" type="text"/>

1 Have you already filed your 2006 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)
		• <input style="width: 80%;" type="text"/>	• <input style="width: 40%;" type="text"/> . <input style="width: 40%;" type="text"/>
		• <input style="width: 80%;" type="text"/>	• <input style="width: 40%;" type="text"/> . <input style="width: 40%;" type="text"/>

3 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 2006	Person with disability (see instr.)	Social security number	Year of birth
			• <input type="checkbox"/>	• <input style="width: 80%;" type="text"/>	• <input style="width: 40%;" type="text"/>
			• <input type="checkbox"/>	• <input style="width: 80%;" type="text"/>	• <input style="width: 40%;" type="text"/>

4 Can you claim an exemption for all the qualified persons listed on line 3 above? ..... Yes  No

**Note:** On line 5, if you are claiming expenses paid for a dependent child born in 1993, enter that child's birth month here.   
 Include as qualified expenses only those paid from January 1, 2006, through the day preceding the child's 13<sup>th</sup> birthday.

5 Enter the lesser of:

- **qualified expenses** you incurred and paid in 2006, or
- \$3,000 if one qualifying person; \$6,000 if two or more qualifying persons *(see instructions)* .....

	Dollars	Cents
5. <input style="width: 90%;" type="text"/>		• <input style="width: 40%;" type="text"/>
6. <input style="width: 90%;" type="text"/>		• <input style="width: 40%;" type="text"/>
7. <input style="width: 90%;" type="text"/>		• <input style="width: 40%;" type="text"/>
8. <input style="width: 90%;" type="text"/>		• <input style="width: 40%;" type="text"/>
9. <input style="width: 90%;" type="text"/>		• <input style="width: 40%;" type="text"/>

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	Decimal amount is	If line 9 is –	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)*..... 11.  .

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Dollars Cents

12 Amount from line 11..... **12.**  .

13 Enter below your New York adjusted gross income (Form IT-150 filers, line 21;  
Form IT-201 filers, line 33; Form IT-203 filers, line 32)  
**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 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 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-ATT, line 9.  
**This is the refundable portion of your part-year resident child and dependent care credit.** ..... **22.**  .

▼ Paid preparer's use only ▼	
Preparer's signature ▶	▼ SSN or PTIN: <input type="text"/>
Firm's name ( <i>or yours, if self-employed</i> )	● Employer identification number <input type="text"/>
Address	Mark an X if self-employed <input type="checkbox"/>
	Date

▼ Taxpayer(s) sign here ▼	
Your signature ▶	
Your occupation ●	
Spouse's signature and occupation ( <i>if joint claim</i> )	
Date	▼ Daytime phone number <input type="text"/>

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