		Important: Y	ou must en	nter your so	cial security	numbe	n(3) III	the		es to t	he rigl	ht.				\sim					
	Your first name and middle initial Your last name (for a joint claim, enter spouse's name on line below)									٦.	▼ Your :	social	security nu	umber							
ō																					
typ	Spouse's first name and middle initial Spouse's last name									l r	▼ Spou	se's so	cial securi	ty numb	ber		_				
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Pe	ersons or orga	anizations w	ho provide	d the care	. (If you have	more th	nan two	o pro	ovider	rs, see	e instru	ctions.	.)								
A — Care provider's first name, B — Address C — Ide						-	ber			D –	– Amou										
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	First nam			ast name		Qualit			v	vith			Socia	al secu	rity nur	nber			Yea	ar of b	irth
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Please file this original scannable credit form with the Tax Department.

New York State Department of Taxation and Finance

			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	1	
	in your Form IT-203 instruction booklet		
20	Enter the amount from line 18, Column A, of the		
	Part-year resident income allocation worksheet	1	
	in your Form IT-203 instruction booklet		
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		▼ Taxpayer(s) sign here ▼						
Preparer's signature ▶	▼ SSN or	PTIN:		Your signature ▶				
Firm's name (or yours, if self-employed)		Employer identification number		Your occupation				
Address		Mark an X if self-employed		Spouse's signature and occ	upation (if joint claim)			
		Date		Date	▼ Daytime phone number			



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