



New York State Department of Taxation and Finance Claim for Child and Dependent Care Credit New York State • New York City

IT-216

ame(s) as shown on return									Your social sec	unty number		
Have you already filed you lf Yes, you must file an												
Persons or organizations	who provided t	he care. (If	you have more tha	n two p	rovid	ers, s	ee 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)		
				• [•			
									•			
Qualifying persons you ar (If you are claiming more to A – First name and middle initial	•	g persons, n	C - Qualified expenses paid	and se			ons.) E – Social sec			F-Y	ear of birth	
			in 2010		instr.)	•						
				• [•				 		
				• <u>L</u>		•				<u> </u>		
				- L		•				-		
				: [•						
Total of line 3, column C a	amounts. Includ	le amounts	from additional	sheet(s	s), if a	any .		3a.				
Can you claim an exempt	ion for all the q	ualified per	rsons listed on lir	ne 3 an	d an	v ado	ditional sheet(s)?		Yes		No \square	
Note: On line 5, if you are of Include as qualified expe	claiming expens	es paid for a	a dependent child	born ir	199	7, en	iter that child's bir	th mor	nth here.			
Enter the smallest of:												
line 3a above; orfederal Form 2441, line	e 3; or								D	ollars	Cer	
 3,000 if one qualifying Enter your earned income 								5. 6.				
If your filing status is ② M	•	•										
all others, enter the amount from line 6 (see instructions) Enter the smallest of line 5, 6, or 7								7. 8.				
Enter the smallest of line									<u> </u>			
	deral Form 104	.0A line 22)									
Enter the smallest of line senter the amount from: fe or federal Form 1040, li							•					
Enter the amount from: fe	ne 38t that applies to	the amour	9. nt					10.				

		Dollars	Cents
12 Amount from line 11	12.		•
13 Enter your New York adjusted gross income (Form IT-150 filers,	7		
line 21; Form IT-201 filers, line 33; Form IT-203 filers, line 32)			
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		•	
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 New York State residents	_		
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	47		
blank and continue on line 18 below.) If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amoun	17.		•
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	<i>'</i> .		
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	7		
in the instructions for Form IT-203			
20 Enter the amount from line 18, Column A, of the			
Part-year resident income allocation worksheet	٦		
in the instructions for Form IT-203	_		
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 New York State part-year resident child and dependent care credit	. 22.	,	•
New York City child and dependent care credit			
If you were a resident of New York City at any time during 2010 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, 2010, on line 3, complete line 23 and see page 4 of the instructions.			
23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23.		•
IT-150 and IT-201 filers:	04		
24 Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13)			•
IT-150 filers: Enter the line 25 amount on Form IT-150, line 39	25.		•
IT-201 filers: Enter the line 25 amount on Form IT-201, line 64			
26 Part-year New York City resident nonrefundable New York City child and			
dependent care credit (from Worksheet 1, line 8)	26.		
IT-201 filers: Enter the line 26 amount on Form IT-201-ATT, line 9a	'		
IT-203 filers:			
27 Nonrefundable portion of your part-year New York City resident New York City child and dependent			
care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52b	27.		•
28 Refundable portion of your part-year New York City resident New York City child and dependent	00		
care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a	28.		•
Part-year New York City resident filers only: 29 Enter the amount from Worksheet 1, line 10	00		
29 Friering amount from Worksheet Line 10	29.		





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