For office use only

New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

1998

IT-216

Print or type

Please enter your first name first. For a joint claim, use both name lines.

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 1998 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 *(attach additional sheet if necessary).*

(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.

First name and middle initial	Last name	Qualified expenses paid in 1998	Person with disability *	Social security number	Year of birth
			● ☐	● – –	● 19
			● ☐	● – –	● 19

* 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 1998, **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 1985, enter that child's birth month here ☐. Include as qualified expenses only those paid from January 1, 1998, 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 Form IT-200 line 8,
Form IT-201 line 18 or
Form IT-203 line 18 (*Federal Amount* column) . . . . . 9 , , .

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

If line 9 is — Over	But not over	Decimal amount is
$0	10,000	.30
10,000	12,000	.29
12,000	14,000	.28
14,000	16,000	.27
16,000	18,000	.26
18,000	20,000	.25
$20,000	22,000	.24
22,000	24,000	.23
24,000	26,000	.22
26,000	28,000	.21
28,000	No limit	.20

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

12 Amount from the front page, line 11 . . . . . 12 , . .

13 Enter below your New York adjusted gross income (Form IT-200 filers, from worksheet in the Form IT-216 instructions; Form IT-201 filers, line 31; 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-ATT, line 32, (if you are not required to file Form IT-203-ATT, 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-ATT, line 33.

If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 33, 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 amount from *Part-Year Resident Income Allocation Worksheet,* Column B, line 18, from page 14 of your Form IT-203 instructions booklet. . 19 , , .

20 Enter amount from *Part-Year Resident Income Allocation Worksheet,* Column A, line 18, from page 14 of your Form IT-203 instructions booklet. . 20 , , .

21 Divide line 19 by line 20 *(carry the result to four decimal places).* 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 55.

This is the refundable portion of your part-year resident child and dependent care credit . . . . . 22 , . .

Paid Preparer's Use Only	Preparer's signature	Date	Mark "X" if self-employed ☐	**Sign Here**	Your signature	
	Firm's name *(or yours, if self-employed)*	Preparer's social security number			Spouse's signature *(if joint claim)*	
	Address	Employer identification number			Date	Daytime phone number (optional) ( )

Privacy Notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 22, 26, 26-A, 26-B, 30, 30-A, and 30-B of the Tax Law; Article 2-E of the General City Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer tax liabilities due the state and city of New York and the city of Yonkers. We will also use this information for certain tax offset and exchange of tax information programs authorized by law, and for any other purpose authorized by law.

Information concerning quarterly wages paid to employees and identified by unique random identifying code numbers to preserve the privacy of the employees' names and social security numbers will be provided to certain state agencies for research purposes to evaluate the effectiveness of certain employment and training programs.

Failure to provide the required information may result in civil or criminal penalties, or both, under the Tax Law.

This information will be maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside 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. **From areas outside the U.S. and outside Canada,** call (518) 485-6800.