For office use only

New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

2003

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 2003 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 2003	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:

- **Qualified expenses** you incurred and paid in 2003, **or**
- $3,000 if one qualifying person; $6,000 if two or more qualifying persons *(see instructions)* .... **5.** [Dollars] . [Cents]

Note: If you are claiming expenses paid for a dependent child born in 1990, enter that child's birth month here [   ]. Include as qualified expenses only those paid from January 1, 2003, 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 34 .... **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	- 15,000	.35
15,000	- 17,000	.34
17,000	- 19,000	.33
19,000	- 21,000	.32
21,000	- 23,000	.31
23,000	- 25,000	.30
25,000	- 27,000	.29
27,000	- 29,000	.28

If line 9 is –

Over	But not over	Decimal amount is
$29,000	- 31,000	.27
31,000	- 33,000	.26
33,000	- 35,000	.25
35,000	- 37,000	.24
37,000	- 39,000	.23
39,000	- 41,000	.22
41,000	- 43,000	.21
43,000	- 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.** .

161394   **This is a scannable form; please file this original with the Tax Department.**   **IT-216   2003**

IT-216 (2003) (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 *X* if self-employed ☐		Date / Daytime phone number (optional) ( )

Need help?

Telephone assistance is available from 8:00 a.m. to 5:00 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.