

Claim for Child and Dependent Care Credit



IT-216

Print or type	Important: You must enter your social security number(s) in the boxes to the right.		
	Your first name and middle initial	Your last name <i>(for a joint claim, enter spouse's name on line below)</i>	
	Spouse's first name and middle initial	Spouse's last name	
	Mailing address <i>(number and street or rural route)</i>		Apartment number
	City, village, or post office	State	ZIP code

▼ Your social security number

▼ Spouse's social security number

New York State county of residence

1 Have you already filed your 2005 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: 100px;" type="text"/>	• <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/>
		• <input style="width: 100px;" type="text"/>	• <input style="width: 50px;" type="text"/> . <input style="width: 20px;" 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 2005	Person with disability (see instr.)	Social security number	Year of birth
			• <input type="checkbox"/>	• <input style="width: 100px;" type="text"/>	• <input style="width: 30px;" type="text"/>
			• <input type="checkbox"/>	• <input style="width: 100px;" type="text"/>	• <input style="width: 30px;" 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 1992, enter that child's birth month here.
 Include as qualified expenses only those paid from January 1, 2005, through the day preceding the child's 13th birthday.

5 Enter the lesser of:

- **qualified expenses** you incurred and paid in 2005, or
- \$3,000 if one qualifying person; \$6,000 if two or more qualifying persons *(see instructions)*

	Dollars	Cents
5.	<input style="width: 80px;" type="text"/>	• <input style="width: 20px;" type="text"/>
6.	<input style="width: 80px;" type="text"/>	• <input style="width: 20px;" type="text"/>

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.	<input style="width: 80px;" type="text"/>	• <input style="width: 20px;" type="text"/>
8.	<input style="width: 80px;" type="text"/>	• <input style="width: 20px;" type="text"/>

9 Enter the amount from:

federal Form 1040A, line 22, or federal Form 1040, line 38..... 9. .

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

If line 9 is –			If line 9 is –		
Over	But not over	Decimal amount is	Over	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. .



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 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 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 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-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: ●
Firm's name (<i>or yours, if self-employed</i>)	● Employer identification number
Address	Mark an X if self-employed <input type="checkbox"/>
	Date

▼ Taxpayer(s) sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint claim)	
Date	Daytime phone number (optional) ()

