

Claim for Child and Dependent Care Credit



Form header with instructions: Read instructions carefully. This is a scannable form. Please file this original with the Tax Department. Includes fields for last name, first name, social security number, mailing address, apartment number, city, state, ZIP code, and New York State county of residence.

- 1 Have you already filed your 1996 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.

Table with 4 columns: (A) Care provider's last name, first name and middle initial; (B) Address; (C) Identifying number (SSN or EIN); (D) Amount paid (see instructions). Rows 1-4.

3 List below the qualifying persons you are claiming.

Table with 4 columns: Last name, first name and middle initial; Person with * disability; Social security number; Year of birth. Rows 1-2.

* See instructions.

Form sections 4, 5, 6, 7: Enter the amount of qualified expenses you incurred and paid in 1996. Do not enter more than \$2,400 (one qualifying person) or \$4,800 (two or more qualifying persons) ... Enter your earned income ... Enter the smallest of line 4, 5 or 6

8 Enter the amount from Form IT-200 line 8, IT-201 line 18 or IT-203 line 18 (Federal Amount column) ...

9 Enter on line 9 the decimal amount shown below that applies to the amount on line 8. Table with columns: If line 8 is — But not over, Decimal amount is, If line 8 is — But not over, Decimal amount is. Rows for ranges from \$0-10,000 to 28,000-No limit.

10 Multiply line 7 by the decimal amount on line 9. This is your federal child and dependent care credit. Enter here and on line 11 on the back of this form ...

