

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



If your New York adjusted gross income above is:

Over	But not over	Enter on line 13	Over	But not over	Enter on line 13	Over	But not over	Enter on line 13
\$0	- 10,000	.600	11,300	- 11,400	.465	12,700	- 12,800	.325
10,000	- 10,100	.595	11,400	- 11,500	.455	12,800	- 12,900	.315
10,100	- 10,200	.585	11,500	- 11,600	.445	12,900	- 13,000	.305
10,200	- 10,300	.575	11,600	- 11,700	.435	13,000	- 13,100	.295
10,300	- 10,400	.565	11,700	- 11,800	.425	13,100	- 13,200	.285
10,400	- 10,500	.555	11,800	- 11,900	.415	13,200	- 13,300	.275
10,500	- 10,600	.545	11,900	- 12,000	.405	13,300	- 13,400	.265
10,600	- 10,700	.535	12,000	- 12,100	.395	13,400	- 13,500	.255
10,700	- 10,800	.525	12,100	- 12,200	.385	13,500	- 13,600	.245
10,800	- 10,900	.515	12,200	- 12,300	.375	13,600	- 13,700	.235
10,900	- 11,000	.505	12,300	- 12,400	.365	13,700	- 13,800	.225
11,000	- 11,100	.495	12,400	- 12,500	.355	13,800	- 13,900	.215
11,100	- 11,200	.485	12,500	- 12,600	.345	13,900	- 13,999	.205
11,200	- 11,300	.475	12,600	- 12,700	.335	13,999	- No Limit	.200

..... 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. All others stop here!

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 34, (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 35.
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 35, 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 12 of your Form IT-203 instructions booklet. . 19 , , .

20 Enter amount from *Part-Year Resident Income Allocation Worksheet*, Column A, line 18, from page 12 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, line 56 (payment section). **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 <input type="checkbox"/>	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) ()