



Department of Taxation and Finance

Employer-Provided Childcare Credit

Tax Law – Sections 44 and 606(jjj)



IT-652
1st DRAFT

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

| | |
|----------------------------|---------------------------------------|
| Name(s) as shown on return | Identifying number as shown on return |
| | |

All filers **must** complete line A.

A Are you claiming this credit as an individual (sole proprietor), partnership, or fiduciary of an estate or trust that **earned** the credit (not as a partner, shareholder, or beneficiary, receiving a share of the credit)? (mark an **X** in the appropriate box; see instructions) Yes No

If Yes:

Individual (sole proprietor) and partnership:
Complete Schedules A and D, and if applicable, Schedule E.

Fiduciary: Complete Schedules A, C, and D, and if applicable, Schedule E.

If **No**, complete Schedules B and D, and if applicable, Schedule E. Fiduciary, also complete Schedule C.

Schedule A – Computation of credit

Part 1 – Qualified childcare facility expenditures paid or incurred (see instructions)

| A Qualified childcare facility's physical address | B Qualified childcare facility expenditures paid or incurred |
|---|--|
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| Total of column B amounts from additional forms, if any | .00 |
| 1 Total (add column B amounts) | 1 .00 |
| 2 Credit rate | 2 .50 |
| 3 Part 1 credit amount (multiply line 1 by line 2) | 3 .00 |

Part 2 – Qualified childcare resource and referral expenditures paid or incurred (see instructions)

| A Employee's first name | B Employee's last name | C Employee's work location ZIP codes <i>(first 5 digits only)</i> | D Employee's Social Security number | E Qualified childcare resource and referral expenditures paid or incurred |
|---|---------------------------|--|---|--|
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| Total of column E amounts from additional forms, if any | | | | .00 |
| 4 Total (add column E amounts) | | | 4 | .00 |
| 5 Credit rate | | | 5 | .20 |
| 6 Part 2 credit amount (multiply line 4 by line 5) | | | 6 | .00 |

Part 3 – Limitation

| | | |
|--|----------|------------------|
| 7 Total (add line 3 and line 6) | 7 | .00 |
| 8 Limitation | 8 | 500000.00 |
| 9 Allowable credit (enter the lesser of line 7 and line 8) | 9 | .00 |

Individuals and Partnerships: Enter the line 9 amount on line 14.

Fiduciaries: Include the line 9 amount on line 11, column A.

Schedule B – Partner’s, shareholder’s, or beneficiary’s share of credit and recapture (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit or recapture from that entity, complete the following information for each partnership, S corporation, estate or trust. For Type, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

| A Name of entity | B Type | C EIN | D Share of credit | E Share of recapture |
|--|-----------|----------|----------------------|-------------------------|
| | | | .00 | .00 |
| | | | .00 | .00 |
| | | | .00 | .00 |
| Total column D and E amounts from additional forms, if any | | | .00 | .00 |
| 10 Total (add column D and E amounts) | | | 10 .00 | .00 |

Fiduciaries: Include the line 10, column D amount on line 11, column A, and the line 10, column E amount on line 11, column B.
All others: Enter the line 10, column D amount on line 15, and the line 10, column E amount on line 23.

Schedule C – Beneficiary’s and fiduciary’s share of credit and recapture (see instructions)

| | | A Credit | B Recapture |
|--|-----------|-------------|----------------|
| 11 Total (see instructions) | 11 | .00 | .00 |

| A Beneficiary’s name <i>(same as on Form IT-205, Schedule C)</i> | B Identifying number | C Share of credit | D Share of recapture |
|--|-------------------------|----------------------|-------------------------|
| | | .00 | .00 |
| | | .00 | .00 |
| | | .00 | .00 |
| | | .00 | .00 |
| Total column C and D amounts from additional forms, if any | | .00 | .00 |
| 12 Shares allocated to beneficiaries | 12 | .00 | .00 |
| 13 Fiduciary’s share (subtract line 12 from line 11; see instructions) | 13 | .00 | .00 |

Schedule D – Computation of credit (see instructions)

| | | | | |
|--|-----------|--|-----------|-----|
| Individuals and partnerships | 14 | Enter the amount from line 9 | 14 | .00 |
| Partners, S corporation shareholders, beneficiaries | 15 | Enter the amount from line 10, column D | 15 | .00 |
| Fiduciaries | 16 | Enter the amount from line 13, column C | 16 | .00 |
| | 17 | Total credit (add lines 14, 15, and 16; see instructions) | 17 | .00 |

Schedule E – Computation of credit recapture (see instructions)

| | | | |
|-----------|--|-----------|-----|
| 18 | Federal recapture amount on New York property | 18 | .00 |
| 19 | Amount of federal credit on New York property originally allowed | 19 | .00 |
| 20 | Divide line 18 by line 19 (carry result to four decimal places) | 20 | |
| 21 | Amount of New York credit originally allowed | 21 | .00 |
| 22 | New York recapture amount (multiply line 20 by line 21; Fiduciary; enter here and include on line 11 column B) | 22 | .00 |
| 23 | Partner, shareholder, beneficiary share of recapture (from line 10, column E; see instructions) | 23 | .00 |
| 24 | Fiduciaries: Enter the amount from line 13 column D | 24 | .00 |
| 25 | Total recapture (see instructions below) | 25 | .00 |

Individuals, partners, S corporation shareholders and beneficiaries: Add lines 22 and 23. Enter the line 25 amount and code **652** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Partnerships: Add lines 22 and 23. Enter the line 25 amount and code **652** on Form IT-204, line 148.

Fiduciaries: Enter the line 24 amount on line 25. Include the line 25 amount on Form IT-205, line 12.