Child Care Expenses Tax Credit Instructions

Use this form to determine if you can claim the Colorado Child Care Expenses tax credit. You may be able to claim the credit if you pay someone to care for your dependent who is under age 13. For information about any federal form or publication listed below, please visit www.IRS.gov

Eligibility

To be able to claim the Colorado credit for child care expenses, you must file federal form 1040 or 1040A. You cannot claim this credit if you filed federal form 1040EZ, 1040NR or 1040NR-EZ. If you did not file a federal income tax return, you may still be eligible for the Low Income Child Care Expenses credit. To claim the low income credit, you must complete and submit with your Colorado return, federal form 1040 and 2441. You must also meet all of the following tests:

- 1. The care must be for one or more qualifying persons who are identified on federal form 2441.
- 2. You (and your spouse if filing jointly) must have earned income during the year.
- You must pay child care expenses so you (and your spouse if filing jointly) can work or look for work.
 Qualifying expenses are defined under Section 21 of the Internal Revenue Code.
- 4. You must make payments for child care expenses to someone you (and your spouse) cannot claim as a dependent. If you make payments to your child, he or she cannot be your dependent and must be age 19 or older by the end of the year. You cannot make payments to:
 - a. Your spouse, or
 - b. The parent of your qualifying person if your qualifying person is your child and under the age of 13.
- 5. You cannot claim this credit if your federal filing status is Married Filing Separate.
- 6. You must identify the care provider on this form.

It is recommended that you fully review IRS Publication 503 for eligibility tests and the definition of qualifying income and children. All of the information in this form is required and your credit may be denied if it is incomplete.

Part I - Person or Organization Who Provided the Care

Use this section to list the name, address and Social Security or Federal Employer ID number of the child care provider(s) you used. If you are unable to provide the Social Security or Federal Employer ID number of the child care provider, you must show that you attempted to obtain the required information by attaching such proof to this form.

List the total amount paid for the full year of child care, paid to each provider.

Part II- Qualifying Child Information

For lines 2a – 2d, list each qualifying child, their year of birth and their Social Security number. You must also list the amount of child care expenses for each specific child.

Complete lines 2e through 4 as instructed on the form. If the amount on line 4 is greater than \$60,000 do not continue because you do not qualify for this credit.

If line 4 is \$60,000 or less, enter the amount from line 9 of the IRS form 2441, Child and Dependent Care Expenses, on line 5 of this form DR 0347.

For line 6 enter your tax from your federal income tax return. See IRS form 1040 line 47 or 1040A line 28. If the amount of line 6 is greater than \$0, continue to Part III. Otherwise, if line 6 is \$0 or if you did not file a federal income tax return and your adjusted gross income is \$25,000 or less, skip to Part IV.

Part III- Child Care Expenses Credit

If you had federal tax on line 6 above, use line 4 to determine the decimal amount from Table A. Enter the appropriate amount on line 7.

For line 8 enter the amount from line 11 of IRS form 2441, Child and Dependent Care Expenses.

For line 9 multiply line 8 by the decimal on line 7.

Full—year residents should enter amount from this form on line 9 to form 104CR line 1. If you completed Part III and you were a part-year resident, continue to Part V.

Part IV- Low-Income Child Care Expenses

If you have no federal tax on line 6 and the amount of line 4 is \$25,000 or less, use Table B to calculate the credit. Otherwise, go back to Part III to calculate your credit.

For line 11 multiply line 3 by the decimal on line 10.

For line 12 enter the smaller amount of line 11 or the appropriate amount from Table B.

Full—year residents should enter amount from this form on line 12 to form 104CR line 1. If you completed Part III and you were a part-year resident, continue to Part V.

Part V- Part Year Resident Limitation

Complete this part only if you were a part-year resident of Colorado in 2014. Enter the percentage from form 104PN line 34 on line 13 of this DR 0347.

For line 14 multiple the amount from line 9 or line 12 by the percentage from line 13. Enter this amount on line 1 of form 104CR.

DR 0347 (10/07/14)

COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005

www.TaxColorado.com

Child Care Expenses Tax Credit

Submit this form with					cluding	g form	ıs 104	and	104CR.
You must also submit			-						
Thoroughly read the in									
Be sure to complete a	all required information	n. Fa	ilure to do so may re	sult in a de	nied c		or dela	ayed	retund.
Taxpayer name						SSN			
Part I – Persons o	or Organizations \		Provided the Ca	re - You i	must	com	nlete	this	
If you have	more than two care p	rovic	ders or if the provider	is non-pro	fit, see	the i	nstruc	tions	5. part
1. (a) Care Provider's First Name						Middle Initial			(b) SSN or FEIN
(c) Address			City		State Zip				(d) Amount Paid \$
(a) Care Provider's First Name			Last Name	Middle I			e Initial		(b) SSN or FEIN
(c) Address			City		State	Zip			(d) Amount Paid
Part II – Qualifying	g Child Information	n - V	You must comple	ete this pa	art				<u> </u>
2(a). Child's First Name	more than real quality		Name	. dottorio.			Middle	Initial	Year of Birth
SSN	Qualified expenses v	ou ir	ncurred and paid in 2	014 for the	perso	n liste	ed in 2	 2(a)	\$
2(b). Child's First Name			Name		port			<u> </u>	Year of Birth
SSN	Qualified expenses y	ou ir	ncurred and paid in 2	014 for the	perso	n liste	ed in 2	2(b)	\$
2(c). Child's First Name			Name					<u> </u>	Year of Birth
SSN	Qualified expenses	ou ir	ncurred and paid in 2	014 for the	perso	n liste	ed in 2	2(c)	\$
2(d). Child's First Name			Name				Middle		Year of Birth
SSN	Qualified expenses y	ou ir	ncurred and paid in 2	014 for the	perso	n liste	ed in 2	2(d)	\$
2(e). Enter the sum of	f all qualified child car	penses					\$		
2(f). Enter your earne	ed income						\$		
2(g). If filing a joint re	turn, enter the earned	ome of the other person					\$		
3. Enter the smallest						• 3	\$		
		ederal income tax return.			• 4	\$			
If the amount of line 4	is greater than \$60,0	00 S	STOP - you do not qu	alify for this	s credi	t.			



				1		1		
5. Enter	the amount froi	m line 9 of IRS f	orm 2441, child and depe	endent care expenses	• 5	\$		
6. Enter See I	• 6	\$						
366 1		Φ						
D (n \$0. Otherwise, skip to P	art iv.			
Part III	- Child Care	Expenses C	'edit					
Determi	ne your Colorad	lo decimal amou	nt from the amount on lin	e 4 above:				
	Table A							
		But not	Enter this on					
	More than:	more than:	line 7 below:					
	\$0	\$25,000	.50					
	\$25,000		.30					
l	\$35,000	\$60,000	.10					
					7			
7. Enter the decimal amount from Table A above						X.		
8. Enter	the amount from	m line 11 of IRS	form 2441, child and dep	endent care expenses	• 8			
9. Multiply line 8 by the decimal on line 7								
-	Fu	ll-year residents	should enter the amount	f from line 9 on Form 104	CR line	e 1.		
	If you	completed Part	III and you were a part-y	ear resident, proceed to	Part V	below.		
Part IV	/ – Low-Incon	ne Child Care	Expenses Credit					
10. Low-income calculation only. DO NOT complete this Part IV if line 4 is greater than \$25,000 and if line 6 is greater than \$0						X .25		
11. Mult	iply line 3 by the	e decimal on line	10		• 11			
ı	Table B							
	One qualifying o		\$500					
Į	Iwo or more qu	alifying children	[\$1,000]					
12 Ent	or the smaller of	ling 11 or the ar	propriate amount from T	ahla P	• 12			
12. LIII			· · · · · · · · · · · · · · · · · · ·					
	run-year	residents snoul	r enter the appropriate a Part-year residents skip	mount from line 12 on Fo to Part V below	1111 104			
Part V	– Part-Year R	Resident Limi	ation					
13 Dart	-vear residents	ONIV - enter th	e percentage from Form	104PN line 34	13	%		
			·		13	70		
	التنبيم ممالك بالمرابا	14. Multiply the amount from line 9 or line 12 by the percentage from line 13. Enter the result on line 1 of Form 104CR						
14. Mult	tiply the amount er the result on I	Trom line 9 or III line 1 of Form 10	ie 12 by the percentage i IACR	TOTT IIITE 13.	• 14	\$		