DR 0347 (11/02/23)

COLORADO DEPARTMENT OF REVENUE

Denver CO 80261-0005

Tax. Colorado.gov

# Child Care Expenses Credit Instructions

Use this form to determine if you can claim the Colorado Child Care Expenses credit or Low-Income 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 <a href="#">IRS.gov</a>

### Eligibility

To be able to claim the Colorado credit for child care expenses, you must file federal form 1040, 1040SR, 1040SP, or 1040NR and you (and/or your spouse) must have been a part or full-year resident of Colorado. Colorado non-resident filers may not claim this credit.

If you were not required to file a federal income tax return, you may still be eligible for the Low Income Child Care Expenses credit. However, you may need to complete a pro-forma federal income tax return in order to complete the required calculations. To claim the credit, you must meet all of the following tests:

- 1. The care must be for one or more qualifying persons.
- 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 and dependent 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.

and your credit may be denied if it is incomplete.

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

#### 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 including such proof with this form.

List the total amount paid for the full year of child care, paid to each provider. If you have more than two care providers or if the provider is non-profit, please file your return electronically.

#### 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 9a of federal 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 form 1040, 1040SR, 1040SP, or 1040NR line 18. If you claimed a Federal Child and Dependent Care Expenses Credit, continue to Part III. Otherwise, if you could not not claim a Federal Child and Dependent Care Expenses Credit and your adjusted gross income is \$25,000 or less, skip to Part IV.

If you have more than four qualifying children, please file your return electronically.

#### Part III - Child Care Expenses Credit

For line 8 enter the amount from line 11 of federal form 2441.

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

Full—year residents, enter the amount from line 9 on form DR 0104CR line 2. Part-year residents continue to Part V.

#### Part IV - Low-Income Child Care Expenses

If you were not required to file a federal income tax return or were unable to claim the Federal Child and Dependent Care Expenses Credit and the amount of line 4 is \$25,000 or less, use Table A 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 A.

Full—year residents, enter the amount from line 12 on form DR 0104CR line 2. Part-year residents continue to Part V.

#### Part V - Part Year Resident Limitation

Complete this part only if you were a part-year resident of Colorado in 2023. For line 13, enter the percentage from DR 0104PN line 34.

For line 14 multiply the amount from line 9 or line 12 by the percentage from line 13. Enter this amount on line 2 of DR 0104CR.



DR 0347 (11/02/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax. Colorado.gov
Page 1 of 2

## 2023 Child Care Expenses Tax Credit

E T V						
For Tax Year						
You MUST submit this and DR 0104CR. You r Colorado return.						
Thoroughly read the ins	tructions to be certai	n you are eligible	e for this credit. Be sur	re to co	mplete all re	quired information.
Failure to do so may re					•	•
Taxpayer Name				S	SN or ITIN	
Part I – Persons or If you have m	Organizations Wore than two care pr	Vho Provided oviders or if the	the Care – You m provider is non-profit,	ust co	mplete the instruction	is part.
• 1(a). Care Provider's First					Middle Initial	• (b) SSN, ITIN or FEIN
• (C) Address		• City	• :	State •	ZIP	• (d) Amount Paid
						\$
• (e) Care Provider's First N	ame or Business Name	Last Name		• 1	Middle Initial	• (f) SSN, ITIN or FEIN
• (g) Address		• City	•	State •	ZIP	• (h) Amount Paid
						\$
Part II – Qualifying If you have m	Child Information ore than four qualify	n – You must ving children, see	complete this pare the instructions.	rt.		
• 2(a). Child's First Name		Last Name			Middle Init	ial • Year of Birth
SSN or ITIN					•	
	Qualified expenses	you paid in 202	3 for the person listed	I in <b>2(a)</b>		• \$
• 2(b). Child's First Name		Last Name			<ul> <li>Middle Init</li> </ul>	ial ● Year of Birth
• SSN or ITIN		,			'	
	Qualified expenses	you paid in 202	23 for the person listed	d in <b>2(b</b> )	)	• \$

DR 0347 (11/02/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Page 2 of 2

	7 7 7 7					
Taxpayer Name				SSN or ITIN		
(c). Child's First Name	Last Name	<u> </u>	Middle Initial	Year of Birth		
SN or ITIN						
SIN OF FEITIN						
	Qualified expenses you paid in 2023 for the person lists	ed in <b>2(c)</b>	•	\$		
<b>(d).</b> Child's First Name	● Last Name	,	Middle Initial	Year of Birth		
,						
201						
SN or ITIN						
	Qualified expenses you paid in 2023 for the person lists	ed in <b>2(d)</b>	•	\$		
2(e). Enter the sum of all qualified child care expenses				\$		
(f).Enter your earned	•	\$				
2(g). If filing a joint return, enter the earned income of the other person						
3. Enter the smallest of line 2(e), 2(f) [or 2(g) only if filing a joint return]			\$			
Enter your adjusted g						
orm 1040, 1040-SR,	• 4	\$				
	ount of line 4 is greater than \$60,000 STOP – you do		lify for this o	redit.		
	n line 9a of federal form 2441, child and dependent car not complete federal form 2441, enter \$0.	e • <b>5</b>	\$			
Enter your tax from you		Ι Ψ				
1040-NR line 18	• 6	5   \$				
If you cla	aimed a credit on federal form 2441, continue to Part III	. Otherwi	se, go to Par	t IV.		
rt III – Child Care	Expenses Credit - Complete this part if line 6 is great	ater than	\$0 AND line	4 is \$60.000 or	r les	
Allowable percentage	7	0.50				
Enter the amount from	are					
expenses	• 8					
Multiply line 8 by the						
)R0104CR line 2, Pa	art-year residents, continue to Part V.	9				
rt IV - Low-Income	e Child Care Expenses Credit – Complete this part i	if line 6 is	\$0 AND line 4	is \$25,000 or	less	
				-		
Allowable percentag	ge of low-income child care expenses.	10		(	0 .25	
11. Multiply line 3 by the decimal on line 10						
ividitiply lifte 3 by the	Table A	• 11				
One qualifying o		e qualifyi	ng children	\$1,000		
	ne 11 or the appropriate amount from Table A. Full-year res	<u> </u>	<u> </u>			
enter this amount on	DR 0104CR line 2, Part-year residents, continue to Part V.	• 12				
	lesident Limitation					
rt V – Part-Year R	13. Part-year residents ONLY – Enter the percentage from DR 0104PN line 34.					
Part-vear residents (	ONLY - Enter the percentage from DR 0104PN line 34.				_	
Part-year residents ( If the percentage ex	ONLY – Enter the percentage from DR 0104PN line 34. ceeds 100%, enter 100%. mount from line 9 or line 12 by the percentage from line	13			%	
enter this amount on	DR 0104CR line 2, Part-year residents, continue to Part V.	sidents, . • 12				