DR 0347 (09/10/15)

COLORADO DEPARTMENT OF REVENUE

Denver CO 80261-0005

www.TaxColorado.com

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. If you have more than two care providers

or if the provider is non-profit, include the statement required to accompany your federal form 2441.

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.

If you have more than four qualifying children, include the statement required to accompany your federal form 2441.

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

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

appropriate amount from Table B.

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.

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Child Care Expenses Tax Credit

Submit this form with					cludin	g forn	าร 104	and	104CR.
You must also submit									
Thoroughly read the in									
Be sure to complete a Taxpayer Name	ili required information	n. Fa	illure to do so may re	suit in a de	eniea d	SSN	or aei	ayed	retuna.
Taxpayer Name						22N			
Part I – Persons of If you have	or Organizations \ more than two care p	Who	Provided the Caders or if the provider	re - You i is non-pro	must fit, see	com	plete	this	s part
1. (a) Care Provider's First Name		Last Name			Middle Initial			(b) SSN or FEIN	
(c) Address			City	State		Zip			(d) Amount Paid \$
(a) Care Provider's First Name		Last	ast Name		Middle Initial			(b) SSN or FEIN	
(c) Address		l	City	State Z		Zip			(d) Amount Paid
Part II – Qualifying	g Child Information	n - `	You must comple children, see the insti	te this particular	art				
2(a). Child's First Name			Last Name				Middle	Initial	Year of Birth
SSN	Qualified expenses v	/ou ir	ncurred and paid in 2	015 for the	perso	on list	ed in 2	 2(a)	\$
2(b). Child's First Name		Last Name				Middle Initial		Year of Birth	
SSN	Qualified expenses you incurred and paid in 2015 for the pers					on list	ed in 2	2(b)	\$
2(c). Child's First Name		Last Name			Middle Initial		<u> </u>	Year of Birth	
SSN	Qualified expenses v	/ou ir	ncurred and paid in 2	015 for the	perso	on list	ed in 2	2(c)	\$
2(d). Child's First Name		Last Name				Middle Initial		Year of Birth	
SSN	Qualified expenses y	ou ir	ncurred and paid in 2	015 for the	perso	on list	ed in 2	2(d)	\$
2(e). Enter the sum of all qualified child care expenses							\$		
2(f). Enter your earne	ed income							\$	
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) on	y) only if filing a joint return]				• 3	\$	
4. Enter your adjusted See IRS form 1040	d gross income from y line 37 or 1040A line	our federal income tax return. 21				• 4	\$		
If the amount of line 4	is greater than \$60,0	00 S	TOP - you do not qua	alify for this	s cred	it.			



150347 2	19999				
Taxpayer Name		·		Account Num	ber
5. Enter the amount fro	es • 5	\$			
Enter your tax from y See IRS form 1040 I	• 6	\$			
			, skip to Part IV (but onl		
Part III – Child Care				<u>,</u>	<i>+==</i> ,== <i>y</i>
Determine your Colorac	<u> </u>		lino 4 abovo:		
Determine your Colorac	do decimal amou	it from the amount of	Time 4 above.		
Table A					
More than:	But not	Enter this on			
\$0	more than: \$25,000	line 7 below:			
\$25,000	 	.30			
\$35,000		.10			
7. Enter the decimal an	nount from Table	A ahove		7	X.
TERROR ERIO GOORMAN AND	Tourit Holli Table			<u>-</u>	
B. Enter the amount fro	m line 11 of IRS	orm 2441, child and	dependent care expens	ses • 8	
9. Multiply line 8 by the	9				
Fu	ıll-year residents	should enter the amo	unt from line 9 on Form		
If you	completed Part	III and you were a pa	rt-year resident, procee	d to Part V	below.
Part IV – Low-Incor	ne Child Care	Expenses Credit			
10. Low-income calcula \$25,000 and if line	ation only. DO NO	T complete this Part	IV if line 4 is greater tha	an 10	X .25
Ψ20,000 and in line (o lo greater triair	ΨΟ			7.20
11. Multiply line 3 by the	• 11				
Table B					
One qualifying	child	\$500			
	alifying children				
12. Enter the smaller of	f line 11 or the ap	propriate amount fror	n Table B	• 12	
	·	enter the appropriate	e amount from line 12 o	on Form 104	CR line 1
		Part-year residents s	KIP TO PAIL V DEIOW		
Part V – Part-Year F	Resident Limit	ation			
13. Part-year residents	ONLY - enter the	percentage from For	m 104PN line 34	13	%
14. Multiply the amount Enter the result on	from line 9 or lin	e 12 by the percentag	ge from line 13.	• 14	\$
					<u> </u>