DR 0347 (06/16/16)

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

Part V- Part Year Resident Limitation

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.

Complete this part only if you were a part-year resident of Colorado in 2016. 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 your complete Colorado Individual Income Tax Return, including forms 104 and 104CR.								
You must also submit a copy of IRS form 2441 with your Colorado return. Thoroughly read the instructions to be certain you are eligible for this credit.								
	all required information	on. Failure to o	do so may result in a de	enied c		ayed	refund.	
Taxpayer Name				SSN				
Part I – Persons or Organizations Who Provided the Care - You must complete this part If you have more than two care providers or if the provider is non-profit, see the instructions.								
1. (a) Care Provider's First Name		Last Name					(b) SSN or FEI	N
								,
(c) Address		City		State	Zip		(d) Amount Pai	d
							\$	
(a) Care Provider's First Na	ime	Last Name			Middle Initial		(b) SSN or FEI	N
(c) Address		City		State	Zip		(d) Amount Pai	d
							\$	
Part II – Qualifying Child Information - You must complete this part If you have more than four qualifying children, see the instructions.								
2(a). Child's First Name		Last Name			Middle I	nitial	Year of Birth	
SSN								
	Qualified expenses	you incurred	and paid in 2016 for the	e perso	on listed in 2	2(a)	\$	
2(b). Child's First Name		Last Name			Middle I	nitial	Year of Birth	
SSN								
	Qualified expenses	you incurred	and paid in 2016 for the	perso	on listed in 2	2(b)	\$	
2(c). Child's First Name		Last Name			Middle I	nitial	Year of Birth	
SSN								
	Qualified expenses	you incurred	and paid in 2016 for the	perso	on listed in 2	2(c)	\$	



axpayer Name Account Number					nber	
2(d). Child's First Name		Last Name		Middle	Initial Year of Birth	
SN						
(Qualified expenses	you incurred and pa	id in 2016 for the person lis	ted in 2	2(d) \$	
2(e). Enter the sum of a	all qualified child car	e expenses			\$	
2(f). Enter your earned income					\$	
2(g). If filing a joint return, enter the earned income of the other person					\$	
3. Enter the smallest of	f line 2(e), 2(f) [or 2(g) only if filing a join	t return]	• 3	 \$	
I. Enter your adjusted See IRS form 1040			<u> </u>			
			not qualify for this credit.	• 4	[\$	
			pendent care expenses	• 5	\$	
5. Enter your tax from y See IRS form 1040			pendent care expenses		Ψ	
			akin to Bort IV (but any if A	• 6	\$ === then \$25,000	
Part III – Child Care			skip to Part IV (but only if A	GIISIE	ess (nan \$25,000)	
Table A More than: \$0 \$25,000 \$35,000	more than: line 0 \$25,000 0 \$35,000	ter this on e 7 below: .50 .30 .10				
7. Enter the decimal ar	 mount from Table A ខ	above		7	X.	
R Enter the amount fro	om line 11 of IRS for	m 2441 child and d	ependent care expenses	• 8		
		m 2 i i i, oi ma aria a	openialni dare expeniede			
Multiply line 8 by the		ould enter the amou	unt from line 9 on Form 104	9 CR line	<u> </u>	
			year resident, proceed to F			
Part IV – Low-Inco	me Child Care E	xpenses Credit				
0. Low-income calcula \$25,000 and if line	ation only. DO NOT 6 is greater than \$0	complete this Part I	V if line 4 is greater than	10	X .25	
I1. Multiply line 3 by th	ne decimal on line 10)		• 11		
Table B One qualifying Two or more qu	child sualifying children \$1	\$500 ,000				



Taxpayer Name	Account Num	ber
12. Enter the smaller of line 11 or the appropriate amount from Table B	• 12	
Full-year residents should enter the appropriate amount from line 12 Part-year residents skip to Part V below	on Form 104	CR line 1
Part V – Part-Year Resident Limitation		
13. Part-year residents ONLY - enter the percentage from Form 104PN line 34	13	9/
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	\$