

# 2015 California Earned Income Tax Credit

# 3514

Attach to your California Form 540, Form 540 2EZ or Long or Short Form 540NR

Name(s) as shown on tax return

SSN

### Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

**Follow Step 1 through Step 6 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit.**

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Long or Short Form 540NR.

### Part I Federal Information See the instructions for Step 1 - Qualifications for All Filers.

- 1 Has the IRS previously disallowed your federal Earned Income Credit (EIC)? .....  1  Yes  No
- 2 Federal AGI (federal Form 1040, line 38; Form 1040A, line 22; or Form 1040EZ, line 4) ..... ● 2 .00
- 3 Federal EIC (federal Form 1040, line 66a; Form 1040A, line 42a; or Form 1040EZ, line 8a). ..... ● 3 .00

### Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 – Investment Income ..... ● 4 .00

### Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information	Child 1	Child 2	Child 3
5 First name .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Last name.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 SSN .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Date of birth (mm/dd/yyyy). If born after 1996 <b>and</b> the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. ....	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 a Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. ....	<input type="radio"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="checkbox"/> No
b Was the child permanently and totally disabled during any part of 2015? If yes, go to line 10. If no, stop here. The child is not a qualifying child. ....	<input type="radio"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="checkbox"/> No	<input type="radio"/> Yes <input type="checkbox"/> No
10 Child's relationship to you. See instructions. ....	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Number of days child lived with you in California during 2015. Do not enter more than 365 days. See instructions. ....	<input type="text"/>	<input type="text"/>	<input type="text"/>



	Child 1	Child 2	Child 3
12 a. Child's physical address during 2015 (number, street, and apt. no./ste. no.). See instructions. . . .	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
b. City. . . . .	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
c. State. . . . .	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
d. ZIP code. . . . .	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

**Part IV California Earned Income**

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . .	<input type="radio"/> 13	<input type="text"/>	<input type="text"/>	.00
14 Prison inmate wages. See instructions. . . . .	<input type="radio"/> 14	<input type="text"/>	<input type="text"/>	.00
15 Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . . .	<input type="radio"/> 15	<input type="text"/>	<input type="text"/>	.00
16 California Earned Income. Subtract line 14 and line 15 from line 13. . . . .	<input type="radio"/> 16	<input type="text"/>	<input type="text"/>	.00

**Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)**

17 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; Form 540NR Long, Line 85; Form 540NR Short, Line 85; or Form 540 2EZ, Line 23. . . . .	<input type="radio"/> 17	<input type="text"/>	<input type="text"/>	.00
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