DR 0347 (10/05/18)

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0005

Colorado gov/Tax

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 *IRS.gov*

Eligibility

To be able to claim the Colorado credit for child care expenses, you must file federal form 1040 or 1040NR. 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 return and form 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, we strongly suggest you 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 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 11. 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, we strongly suggest you file your return electronically.

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 2018. Enter the percentage from the DR 0104PN 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 the DR 0104CR.



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2018 Child Care Expenses Tax Credit

For Tax Year							
You MUST submit this	form with your c	complete Colorado Ind	lividual Income Tax F	Return, includir	ng forms DR 0104		
and DR 0104CR.	Tomi with your o	ompioto colorado me	iividddi iiiooiiio idx i	totarri, irroraan	ig ioniio Bit 0104		
You must also submit	a copy of IRS fo	rm 2441 with your Co	lorado return.				
Thoroughly read the ins							
Be sure to complete all required information. Failure to do so may result in a denied credit or delayed 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				Middle Initial	• (b) SSN or FEIN		
• (C) Address		• City	● State	● Zip	• (d) Amount Paid		
				·			
					\$		
• (e) Care Provider's First Na	ame or Business Name	● Last Name		Middle Initial	• (f) SSN or FEIN		
• (g) Address		• City	• State	● Zip	• (h) Amount Paid		
					C		
Part II – Qualifying	Child Informat	ion Vou must son	anlete this port		\$		
		lifying children, see the					
• 2(a). Child's First Name		Last Name		Middle Initial	Year of Birth		
• SSN	1						
	Qualified expense	es you incurred and paid	in 2018 for the person	listed in 2(a)	\$		
• 2(b). Child's First Name		Last Name			Year of Birth		
• SSN	4						
	O alifia d a	and the second and the second	:- 0040 for the area	linta d in O(h)	C		
	Qualified expense	s you incurred and paid	in 2018 for the person	iisted in 2(b) •	\$		



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Taxpayer Name					Account	Numb	er		
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• 2(c). Child's First Name		● Last Na	ime		l l	/ildule II	rilliai	Year of Birth	
• SSN									
						-			
2/4/ 01311 5: 111	Qualified ex			018 for the person				Year of Birth	
• 2(d). Child's First Name		• Last Na	ime		• IV	/ildale ii	niuai	• Year of Birth	
• SSN									
	Qualified ex	xpenses you incu	rred and paid in 2	018 for the person	listed in	<u>2(d)</u>	•	\$	
2(e). Enter the sum of a	all qualified	child care evner	266			• \$	2		
Z(e). Enter the sum of a	ali qualilleu	criliu care exper	1505			• \$	Р		
2(f). Enter your earned	l income					• \$	5		
2(g). If filing a joint retu	rn, enter the	e earned income	of the other per	son		• \$	<u> </u>		
2 Enter the emallest of	line 2(a) 2	(f) [or 2(a) only if	filing a joint rate	ırnl	_	2 0	r		
3. Enter the smallest of		`			•	3 \$	Þ		
4. Enter your adjusted of See IRS form 1040 I	ine 7	ie irom your ieuc	erai income tax i	eturri.	•	4 \$	6		
If the a	amount of li	ne 4 is greater th	nan \$60,000 ST	P - you do not qu	alify for			dit.	
5. Enter the amount fro			· · · · · · · · · · · · · · · · · · ·	ent care expenses	S •	5 \$	<u> </u>		
Enter your tax from y See IRS form 1040 I	our federal	income tax retu	n.		•	6 \$			
000 110 101111 1040 1		Complete Pa	art III if line 6 is g	reater than \$0.		<u> </u>	<u> </u>		
Dort III Child Core	Evnonos								
Part III – Child Care	Expense	s Credit							
Determine	Table A	Mara than:	Dutnot	Enter this on					
Determine your Colorado decimal	Table A	More than:	But not more than:	Enter this on line 7 below:					
amount from the		\$0	\$25,000	.50					
amount on line 4		\$25,000							
above:		\$35,000	\$60,000	.10					
7. Enter the decimal an	acust from T	Table A above				7 \	,		
7. Enter the decimal an	iount ironi	iable A above				7 >	Κ		
8. Enter the amount fro	m line 11 of	IRS form 2441,	child and depen	dent care expense	es •	8			
			•						
9. Multiply line 8 by the	decimal on	line 7				9			
Part IV - Low-Incor	ne Child (Care Expense	s Credit						
10. Low-income calcula	ntion only D	O NOT complete	this Part IV if li	ne 4 is greater tha		$\overline{}$			
\$25,000 and if line	•		o and rail review	no i lo greator tra		10	X .2	5	
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11. Multiply line 3 by the	e decimal o	n line 10			•	11			
-									
Table B One qualif	ving child	Φ.	500						
	re qualifying								
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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 the DR 0104PN line 34. If percentage exceeds 100% from the DR 0104PN, line 34, enter 100%	13		%
14. Multiply the amount from line 9 or line 12 by the percentage from line 13. Enter the result on line 1 of the DR 0104CR	• 14	\$	