



Schedule ELC Keep Child Care Affordable Tax Credit



▶ Complete and attach to Form D-40 only if you have an eligible child. This is a FILL-IN format. Please do not handwrite any data on this form other than your signature. OFFICIAL USE ONLY Vendor ID# 0002 Name shown on return Taxpayer Identification Number (TIN) Your first name M.I Last name Before you begin: ∞See the instructions on back of this form to make sure that 1) you can take the Keep Child Care Affordable Tax Credit and 2) you have an eligible child. ∞ Be sure the child's name on Line 2 and tax identification number (TIN) on Line 3 matches with the eligible child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your ELC if the name or TIN does not match the social security card. Call the Social Security Administration at 1-800-772-1213 Child 1 **Eligible Child Information** Child 2 Child 3 Yes. STOP, your child is Yes. STOP, your child is Yes. STOP, your child is 1a Is this child a recipient of not eligible for this credit. not eligible for this credit. not eligible for this credit. the District's subsidized child care program? No. Go to Line 1b. No. Go to Line 1b. No. Go to Line 1b. Yes. Go to Line 2. Yes. Go to Line 2. Yes. Go to Line 2. 1b Was the child under age 4 as of 09/30/2020? No. STOP, your child is No. STOP, your child is No. STOP, your child is not eligible for this credit. not eligible for this credit. not eligible for this credit. First name 2 Child's name First name First name Last name Last name Last name 3 Child's taxpayer identification number (MMDDYYYY) (MMDDYYYY) (MMDDYYYY) 4 Child's Date of Birth 5 Child's relationship to you 6 Name of Child Development **Facility** 7a Child Development Facility License Number 7b Is the child development Yes. Yes. Yes. facility operated by the federal government or by a private No. No. No. provider on federal property? 8 Child Development Facility taxpayer identification number 9 For payment purposes, was the Yes. Include payments made Yes. Include payments made Yes. Include payments made for care from 01/01/2020 for care from 01/01/2020 for care from 01/01/2020 child under age 3 as of through 12/31/2020 through 12/31/2020 through 12/31/2020 9/30/2020? No. Include payments made for No. Include payments made No. Include payments made care from 01/01/2020 for care from 01/01/2020 for care from 01/01/2020 through 8/31/2020 through 8/31/2020 through 8/31/2020 10 Amount paid. See instructions .00 .00 .00 11 The maximum credit you can receive for each eligible 1 0 1 0 .00 1010.00 1 0 1 0 .00 child is \$1,010 12 Enter the lesser of Line 10 or Line 11 for each eligible child here .00 .00 .00 and on Schedule U, Part 1b, Line 2.