



## Schedule ELC Keep Child Care Affordable Tax Credit



▶ Complete and attach to Form D-40 only if you have an eligible child.

Name shown on return OFFICIAL USE ONLY Vendor ID# 0002			
Your first name	M.I Last name		Taxpayer Identification Number (TIN)
Before you begin:			
Security Administration at 1-800-7	72-1213 Child 1	Crita O	Child 2
Ligible Cilia Illorination	1	Child 2	Child 3
1a Is this child a recipient of the District's subsidized child care program?	Yes. STOP, your child is not eligible for this credit.	Yes. STOP, your child is not eligible for this credit.	Yes. STOP, your child is not eligible for this credit.
	No. Go to Line 1b.	No. Go to Line 1b.	No. Go to Line 1b.
1b Was the child under age 4 as of 09/30/2022?	Yes. Go to Line 2.	Yes. Go to Line 2.	Yes. Go to Line 2.
	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.
2 Child's name	First name	First name	First name
	Last name	Last name	Last name
3 Child's taxpayer identification number			
4 Child's Date of Birth	(MMDDYYYY)	(MMDDYYYY)	(MMDDYYYY)
5 Child's relationship to you			
6 Name of Child Development Facility			
7a Child Development Facility License Number			
7b Is the child development facility operated by the federal	Yes.	Yes.	Yes.
government or by a private provider on federal property?	No.	No.	No.
8 Child Development Facility taxpayer identification number			
9 For payment purposes, was the child under age 3 as of 9/30/2022?	Yes. Include payments made for care from 01/01/2022 through 12/31/2022	Yes. Include payments made for care from 01/01/2022 through 12/31/2022	Yes. Include payments made for care from 01/01/2022 through 12/31/2022
-,,	No. Include payments made for care from 01/01/2022 through 8/31/2022	No. Include payments made for care from 01/01/2022 through 8/31/2022	No. Include payments made for care from 01/01/2022 through 8/31/2022
10 Amount paid. See instructions	\$ .00	\$ .00	.00
11 The maximum credit you can receive for each eligible child is \$1,045	\$ 1045.00	\$ 1045.00	\$ 1045.00
12 Enter the lesser of Line 10 or Line 11 for each eligible child here and on Schedule U, Part 1b, Line 2.	\$ .00	\$ .00	\$ .00