

2016 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 Qualifying Information See Specific Instructions.

- 1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? Yes No
- b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? 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 checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> |
| 6 Last name | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> |
| 7 SSN | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 1997 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> | <input checked="" type="radio"/> <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2016, 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 checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Was the child permanently and totally disabled during any part of 2016? If yes, go to line 10. If no, stop here. The child is not a qualifying child. | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No |



| | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| 10 Child's relationship to you. See instructions..... | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> |
| 11 Number of days child lived with you in California during 2016. Do not enter more than 366 days. See instructions..... | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> | <input type="radio"/> <input type="text"/> |
| 12 a. Child's physical address during 2016 (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 checked="" 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 checked="" type="radio"/> 15 | <input type="text"/> | <input type="text"/> | .00 |
| 16 California Earned Income. Subtract line 14 and line 15 from line 13..... | <input checked="" 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 checked="" type="radio"/> 17 | <input type="text"/> | <input type="text"/> | .00 |
|---|--|----------------------|----------------------|-----|

