

2017 Child and Dependent Care Expenses Credit

3506

Attach to your California Form 540 or Long Form 540NR.

Name(s) as shown on tax return SSN or ITIN

Part I Unearned Income and Other Funds Received in 2017. See instructions.

Table with 4 columns: Source of Income/Funds, Amount, Source of Income/Funds, Amount

Part II Persons or Organizations Who Provided the Care in California - You must complete this part. See instructions.

1 Enter the following information for each person or organization that provided care in California. Only care provided in California qualifies for the credit. If you need more space, attach a separate sheet.

Table for Part II with columns for Provider and rows for: a. Care provider's name, b. Care provider's address, c. Care provider's telephone number, d. Is provider a person or organization?, e. Identification number, f. Address where care was provided, g. Amount paid for care provided

Did you receive dependent care benefits? No. Complete Part III below. Yes. Complete Part IV on Side 2 before you complete Part III.

Part III Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). See instructions.

Table for Part III with columns: (a) Qualifying person's name, (b) Qualifying person's social security number (SSN), (c) Qualifying person's date of birth, (d) Percentage of physical custody, (e) Qualified expenses you incurred and paid in 2017

Form for Part III with lines 3-12 for calculating the credit amount, including instructions for nonresidents and part-year residents.

Part IV Dependent Care Benefits

13 Enter the total amount of dependent care benefits you received for 2017. This amount should be shown in box 10 of your Form(s) W-2. Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership			13		00
14 Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period			14		00
15 Enter the amount, if any, you forfeited or carried forward to 2018			15		00
16 Combine line 13 through line 15			16		00
17 Enter the total amount of qualified expenses incurred in 2017 for the care of the qualifying person(s) . See instructions	17				00
18 Enter the smaller of line 16 or line 17	18				00
19 Enter YOUR earned income	19				00
20 If married or an RDP filing a joint return, enter YOUR SPOUSE'S/RDP's earned income (if your spouse/RDP was a student or was disabled, see the instructions for line 5); if married or an RDP filing a separate tax return, see the instructions for the amount to enter; all others , enter the amount from line 19	20				00
21 Enter the smallest of line 18, line 19, or line 20	21				00
22 Enter \$5,000 (\$2,500 if married or an RDP filing separately and you were required to enter your spouse's/RDP's earned income on line 20)	22				00
23 Enter the amount from line 13 that you received from your sole proprietorship or partnership. If you did not receive any amounts, enter -0-			23		00
24 Subtract line 23 from line 16	24				00
25 Deductible benefits. Enter the smallest of line 21, line 22, or line 23			25		00
26 Excluded benefits. Subtract line 25 from the smaller of line 21 or line 22. If zero or less, enter -0-			26		00
27 Taxable benefits. Subtract line 26 from line 24. If zero or less, enter -0-			27		00
28 Enter \$3,000 (\$6,000 if two or more qualifying persons)			28		00
29 Add line 25 and line 26			29		00
30 Subtract the amount on line 29 from the amount on line 28. If zero or less, stop . You do not qualify for the credit. Exception – If you paid 2016 expenses in 2017, see instructions for line 11			30		00
31 Complete Side 1, Part III, line 2. Add the amounts in column (e) and enter the total here			31		00
32 Enter the amount from your federal Form 2441, Part III, line 31.			32		00
33 Enter the smaller of line 30, line 31, or line 32. Also, enter this amount on Side 1, Part III, line 3 and complete line 4 through line 12.			33		00

Worksheet – Credit for 2016 Expenses Paid in 2017

1. Enter your 2016 qualified expenses paid in 2016. If you did not claim the credit for these expenses on your 2016 tax return, get and complete a 2016 form FTB 3506 for these expenses. You may need to amend your 2016 tax return 1. _____
2. Enter your 2016 qualified expenses paid in 2017 2. _____
3. Add the amounts on line 1 and line 2 3. _____
4. Enter \$3,000 if care was for one qualifying person (\$6,000 for two or more) 4. _____
5. Enter any dependent care benefits received for 2016 and excluded from your income (from your 2016 form FTB 3506, Part IV, line 26) 5. _____
6. Subtract amount on line 5 from amount on line 4 and enter the result 6. _____
7. Compare your and your spouse's/RDP's earned income for 2016 and enter the **smaller** amount. 7. _____
8. If filing a joint tax return, compare the amounts on line 3, line 6, and line 7 and enter the **smallest** amount. If not filing a joint tax return, enter your earned income. 8. _____
9. Enter the amount from your 2016 form FTB 3506, Side 1, Part III, line 6 9. _____
10. Subtract amount on line 9 from amount on line 8 and enter the result. If zero or less, **stop** here. You cannot increase your credit by any previous year's expenses 10. _____
11. Enter your 2016 federal adjusted gross income (AGI) (from your 2016 Form 540, line 13; or Long Form 540NR, line 13) 11. _____
12. 2016 federal AGI decimal amount (from 2016 form FTB 3506, instructions for line 7) 12. _____
13. Multiply line 10 by line 12 13. _____
14. 2016 California AGI decimal amount (from 2016 form FTB 3506, instructions for line 9) 14. _____
15. Multiply line 13 by line 14. Enter the result here and on your 2017 form FTB 3506, Side 1, Part III, line 11 15. _____