

# 2018 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 7 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 7) . . . . . ● 2 .00
- 3 Federal EIC (federal Form 1040, line 17a) . . . . . ● 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 type="text"/>	● <input type="text"/>	● <input type="text"/>
8 Date of birth (mm/dd/yyyy). If born after 1999 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 2018, 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 2018? 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
10 Child's relationship to you. See instructions. . . . .	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>
11 Number of days child lived with you in California during 2018. Do not enter more than 365 days. See instructions. . . . .	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>	<input checked="" type="radio"/> <input type="text"/>



	Child 1	Child 2	Child 3
<b>12 a</b> Child's physical address during 2018 (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>b</b> City. . . . .	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
<b>c</b> State. . . . .	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
<b>d</b> 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**

<b>13</b> Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . . .	<input type="radio"/> <b>13</b>	<input type="text"/>	<input type="text"/>	.00
<b>14</b> IHSS payments. See instructions. . . . .	<input checked="" type="radio"/> <b>14</b>	<input type="text"/>	<input type="text"/>	.00
<b>15</b> Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . . .	<input type="radio"/> <b>15</b>	<input type="text"/>	<input type="text"/>	.00
<b>16</b> Subtract line 14 and line 15 from line 13. . . . .	<input checked="" type="radio"/> <b>16</b>	<input type="text"/>	<input type="text"/>	.00
<b>17</b> Nontaxable combat pay. See instructions. . . . .	<input type="radio"/> <b>17</b>	<input type="text"/>	<input type="text"/>	.00
<b>18</b> Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions. . . . .	<input checked="" type="radio"/> <b>18</b>	<input type="text"/>	<input type="text"/>	.00
<b>a</b> Business name. . . . .	<input type="radio"/>	<input type="text"/>		
<b>b</b> Business address . . . . .	<input type="radio"/>	<input type="text"/>		
City, state, and zip code . . . . .	<input type="radio"/>	<input type="text"/>		
<b>c</b> Business license number . . . . .	<input type="radio"/>	<input type="text"/>		
<b>d</b> SEIN. . . . .	<input type="radio"/>	<input type="text"/>		
<b>e</b> Business code . . . . .	<input type="radio"/>	<input type="text"/>		
<b>19 California Earned Income.</b> Add line 16, line 17, and line 18. . . . .	<input checked="" type="radio"/> <b>19</b>	<input type="text"/>	<input type="text"/>	.00

**Part V California Earned Income Tax Credit** (Complete Step 6 in the instructions.)

<b>20 California EITC.</b> Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, Line 23 . . . . .	<input checked="" type="radio"/> <b>20</b>	<input type="text"/>	<input type="text"/>	.00
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**Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit**

<b>21</b> CA Exemption Credit Percentage from Form 540NR (Long or Short), line 38. . . . .	<input checked="" type="radio"/> <b>21</b>	<input type="text"/>		
<b>22 Nonresident or Part-Year Resident EITC.</b> Multiply line 20 by line 21. This amount should also be entered on Form 540NR (Long or Short), line 85 . . . . .	<input checked="" type="radio"/> <b>22</b>	<input type="text"/>	<input type="text"/>	.00

This space reserved for 2D barcode