TAXABLE YEAR

2020 Child and Dependent Care Expenses Credit

3506

Atta	ch to your California Form 540 or Form	540NR.												
Name(s) as shown on tax return								SS	N or ITI	V				
Par	t I Unearned Income and Other Funds R	eceived in	2020	. See instruction	IS.									
Sou	ce of Income/Funds		An	nount	Source of	Income/Fund	s						Amount	
	t II Persons or Organizations Who Provi													
1	Enter the following information for each pe		janiza	tion that provide	d care in C	alifornia. Onl	ly ca	re prov	ided in	Califo	ornia	qualifi	es for the cr	edit.
	If you need more space, attach a separate s	sheet.												
				Provider						P	Provid	ler		
	Care provider's name													
b.	Care provider's address													
	(number, street, apt. no., city, state, and ZIP code)													
_	Care provider's telephone number													
	<u> </u>							,						
	Is provider a person or organization?	☐ Pers	on	Organization	1		L	Perso	on L	Orga	anizati	ion		
	Identification number (SSN, ITIN, or FEIN)													
f.	Address where care was provided													
	(number, street, apt. no., city, state, and ZIP code) PO Box not acceptable.													
	Amount paid for care provided													
	<u> </u>	0		NI O	data Bad	111.15 - 15								
Dia	you receive dependent care benefits	? ▶▶1		 No. Com Yes Com 	piete Part olete Part	IV on Side 2	2 he	fore vo	ou com	nlete	Part	Ш		
Par	t III Credit for Child and Dependent Car	e Expense	s	100. 0011	pioto i ait	11 011 0100 1	_ 50	1010 y	Ju 00111	рюю	- are			
	Information about your qualifying person(inns										
_	(a)	5). 000 iii.	1	(b)		(c	;)			(d)			(e)	
	Qualifying person's name		l ,	Qualifying pers social security numb		Qualifying date of				entage cal cust			alified expenses ed and paid in 2	
				(See instructio		(DOB – mn	n/dd/y	уууу)		ıstructi		the	qualifying pers	on's
First	Last					or disabili	ity sta	tus				1	care in Californi	ia
						Disabled	Yes							
						DOB:								
						Disabled	Yes							
						DOB:								
				11	111	Disabled .		200 (<u> </u>		\dashv			
3	Add the amounts in column (e) of line 2. D or more qualifying persons. If you complet								r two		3			00
4	Enter YOUR earned income . See instruction										4			00
4											4			00
	Nonresidents: Enter only your earned inco sources, stop , you do not qualify for the cr	me irom C edit Milita	V ser	nia sources . II yo vicemembers ise	ou ao noi n e instructio	iave earrieu iri nns	ICOIII	e irom	Gailloff	iia				
	Part-year residents: Enter the total of (1) y	our earned	Ínco	me from Califori	nia sources	received whi								
	nonresident and (2) all earned income rece		-		-									
5	If married or an RDP filing a joint return, en										5			00
	student or was disabled, see the instruction Nonresidents: Enter only your spouse's/RDF	, -									-			00
	earned income from California sources, stop	. vou do n i	it qua	lify for the credit.	Military se	rvicemembers	5, See	line 4	instruct	ions.				
	Part-year residents: Enter the total of (1)	our spous	e's/R[DP's earned inco	me from Ca	ilifornia sour	ces	eceive	d while					
	or she was a nonresident and (2) all earned	l income y	our sp	ouse/RDP receiv	ved while h	e or she was	a res	ident. I	Military					
e	servicemembers, see line 4 instructions. Enter the smallest of line 3, line 4, or line 5	:												
	Enter the smallest of line 3, line 4, or line 3										7			00
_											8			
8	Multiply line 6 by the decimal amount on line. Enter the decimal amount listed in the char										9			00
										- H			·-	
	Multiply the amount on line 8 by the decim										10			00
	Credit for prior year expenses paid in 2020									-	11			00
12	Add line 10 and line 11. Enter the amount her	e and on Fo	יל וווו 5י	u, iiile 40; or For	III 34UNK, I	IIIE 3U				· · · [12			00

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FTB 3506 2020 Side 1

Part IV Dependent Care Benefits

13	Enter the total amount of dependent care benefits you received for 2020. This amount							
	your federal Form(s) W-2. Do not include amounts that were reported to you as wage		` '					
	If you were self-employed or a partner, include amounts you received under a depend			40				
	your sole proprietorship or partnership			13		00		
	Enter the amount, if any, you carried over from 2019 and used in 2020 during the gra					00		
	Enter the amount, if any, you forfeited or carried forward to 2021			15		00		
	Combine line 13 through line 15	. <u></u>		16		00		
1/	Enter the total amount of qualified expenses incurred in 2020 for the							
	care of the qualifying person(s). See instructions		00					
	Enter the smaller of line 16 or line 17		00					
	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	00	00					
	for the amount to enter; all others, enter the amount from line 19		00					
	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							
22	to enter your spouse's/RDP's earned income on line 20)		00		1			
23	Enter the amount from line 13 that you received from your sole proprietorship or par		-	23				
•	If you did not receive any amounts, enter -0-					00		
	Subtract line 23 from line 16.		00			- 00		
	Deductible benefits. Enter the smallest of line 21, line 22, or line 23			-		00		
	Excluded benefits. Subtract line 25 from the smaller of line 21 or line 22. If zero or le				+	00		
	Taxable benefits. Subtract line 26 from line 24. If zero or less, enter -0					00		
	Enter \$3,000 (\$6,000 if two or more qualifying persons)	29		00				
	Subtract the amount on line 29 from the amount on line 28. If zero or less, stop. You			29		00		
•	Exception – If you paid 2019 expenses in 2020, see instructions for line 11			30		00		
31					+	00		
31 Complete Side 1, Part III, line 2. Add the amounts in column (e) and enter the total here						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 Part III, line 4 through line 12			33		00		
Wo	rksheet – Credit for 2019 Expenses Paid in 2020					100		
	Enter your 2019 qualified expenses paid in 2019. If you did not claim the credit for t	hese ex	xpenses on your 2019					
	tax return, get and complete a 2019 form FTB 3506 for these expenses. You may no				1.			
2.	Enter your 2019 qualified expenses paid in 2020		•					
	Add the amounts on line 1 and line 2							
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 2019 and excluded from your incom							
	(from your 2019 form FTB 3506, Part IV, line 26)							
6.								
7.	, , , , ,				7			
8.	If filing a joint tax return, compare the amounts on line 3, line 6, and line 7 and ente		-					
	a joint tax return, enter your earned income							
	Enter the amount from your 2019 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	_						
44	your credit by any previous year's expenses							
11.	Enter your 2019 federal adjusted gross income (AGI) (from your 2019 Form 540, line 13; or Form 540NR, line 13)							
4.0								
12.	,							
13.								
14.								
15.	Multiply line 13 by line 14. Enter the result here and on your 2020 form FTB 3506, S	Side 1, I	Part III, line 11		15			

2020 Instructions for Form FTB 3506

Child and Dependent Care Expenses Credit

General Information

Attach the completed form FTB 3506, Child and Dependent Care Expenses Credit, to your Form 540, California Resident Income Tax Return, or Form 540NR, California Nonresident or Part-Year Resident Income Tax Return, if you claim the child and dependent care expenses credit.

The child and dependent care expenses credit is **nonrefundable**.

Registered Domestic Partners (RDP) - For purposes of California income tax, references to a spouse, husband, or wife also refer to a California RDP, unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Purpose

You may qualify to claim the 2020 credit for child and dependent care expenses, if you (and your spouse/RDP) paid someone in California to care for your child or other qualifying person while you worked or looked for employment. You must have earned income to do so. If you qualify to claim the credit, use form FTB 3506 to figure the amount of your credit.

If you received dependent care benefits for 2020 but do not qualify to claim the credit, you are not required to complete form FTB 3506. For additional definitions, requirements, and instructions, get federal Form 2441, Child and Dependent Care Expenses.

Differences in California and Federal Law

The differences between California and federal law are as follows:

- California allows this credit only for care provided in California.
- If you were a nonresident, you must have earned wages from working in California or earned self-employment income from California business activities.
- The California credit is a percentage of the federal credit.
- RDPs may file a joint California return and claim this credit. For more information, get FTB Pub. 737.

Qualifications

You may take the credit if all eight of the following apply.

- 1. If you are married or an RDP, you must file a joint tax return. For an exception, see Section E, Married Persons or RDPs Filing Separate Returns.
- 2. Care must be provided in California for one or more qualifying persons. See Section D. Qualifying Person Defined.
- You paid for care so you (and your spouse/RDP) could work or look for work. However, if you did not find a job and have no earned income, you do not qualify for the credit. If your spouse/RDP was a student or disabled, see the instructions for Part III, line 5.
- 4. You (and your spouse/RDP) must have earned income (wages or self-employment income) during the year. See the instructions for Part III, line 4, for more information on earned income.
- 5. You and the qualifying person(s) live in the same home for more than half the year.
- 6. The person who provided care was not your spouse/RDP, the parent of your qualifying child, or a person for whom you can claim a dependent exemption. If your child provided the care, the child must have been age 19 or older by the end of 2020.
- You report the required information about the care provider(s) in Part II, line 1, and the information about the qualifying person(s) in Part III,
- Your federal adjusted gross income (AGI) is \$100,000 or less.

Qualifying Person Defined

Rules for Most People

A qualifying person is:

- 1. A child under age 13 who meets the requirements to be your dependent as a Qualifying Child. A child who turned 13 during the year qualifies only for the part of the year when he or she was 12 years old; or
- Your spouse/RDP who was physically or mentally incapable of
- Any person who was physically or mentally incapable of self-care and either:
 - a. Was your dependent.
 - b. Would have been your dependent except that:
 - i. He or she received gross income of \$4,300 or more.
 - ii. He or she filed a joint tax return.
 - iii. You, or your spouse/RDP if filing a joint tax return, could be claimed as a dependent on someone else's 2020 tax return.

Qualifying Child

A Qualifying Child is a child who meets all of the following tests:

- **Relationship Test** The child must be your son, daughter, stepchild. adopted child, eligible foster child, brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of one of these. An adopted child includes a child who has been lawfully placed with you for legal adoption even if the adoption is not yet final. An eligible foster child must be placed with you by an authorized placement agency or by a court.
- Age Test For the purposes of qualifying for the Child and Dependent Care Expenses Credit, the child must be under 13.
- **Residency Test** The child must live with you for more than half the year.
- Support Test The child must not have provided more than half of his or her own support.
- Joint Return Test The child must not have filed a joint federal or state income tax return with his or her spouse/RDP.
- Citizenship Test The child must be a citizen or national of the U.S. or a resident of the U.S., Canada, or Mexico.

Tie-Breaker Rules: Qualifying Child of More Than One Person*

If an individual may be claimed as a qualifying child by two or more taxpayers for the same taxable year, the following rules apply:

If	Then the child will be treated as the qualifying child of the
Only one of the persons is the child's parent	Parent.
Both of the persons are the child's parent	Parent with whom the child lived for the longer period of time during the year.
but they do not file a joint return	If the child lived with both parents for the same amount of time, the parent who had the higher AGI for the year.
The child's parents can claim the child as a qualifying person but neither parent does	Person with the highest AGI of all persons claiming the child, but only if that person's AGI is higher than the highest AGI of any of the child's parents.
No parent can claim the child as a qualifying child	Person with the highest AGI of all persons claiming the child.

^{*}These rules assume all other qualifying child requirements are satisfied.

Divorced, RDP Terminated, Separated, or Never-Married Parents For divorced, RDP terminated, separated, or never-married parents, special rules apply in determining if your child meets the requirements to be your qualifying person. When parents file separate returns, only one parent qualifies to claim a child as a qualifying person.

Even if both parents pay for child care for the same child, both parents cannot qualify for the credit. Some custody agreements designate which parent is entitled to the credit. However, the designated parent must meet all the qualifications in Section C, Qualifications, to claim the credit. To verify that your child meets the requirements to be your qualifying person, use the table below.

RULES FOR DIVORCED, RDP TERMINATED, SEPARATED, OR NEVER-MARRIED PARENTS				
IF	AND	THEN		
ALL four of the following apply: 1. Your child was under 13 and/ or physically or mentally incapable of self-care when the care was provided.	You were the custodial parent and you can claim the dependent exemption credit for the child.	The child is your qualifying person.		
Children turning 13 during the year qualify only for the part of the year they were 12 years old. 2. One of the following applies a. You are divorced, legally separated, or have terminated a registered domestic partnership. b. You are separated under a written separation agreement. c. You and the other parent lived apart at all times during the last 6 months of the year. (This includes parents never married to	You were the custodial parent and under the provisions of a decree of divorce, legal separation, termination of registered domestic partnership, or a written separation agreement, the noncustodial parent claimed the dependent exemption credit, or you signed a statement releasing the dependent exemption credit to the noncustodial parent.	The child is your qualifying person.		
each other.) 3. One or both parents had custody of the child for more than half the year. 4. One or both parents provided	You are not the custodial parent.	The child is not your qualifying person.		
more than half the child's support for the year.				
One or more of the four statements above do not apply.		Use the "Rules for Most People" in Section D.		

Custodial Parent and Noncustodial Parent. The custodial parent is the parent with whom the child lived for the greater number of nights during the year. The other parent is the noncustodial parent. If the child lived with each parent for an equal number of nights during the year, the custodial parent is the parent with the higher AGI.

Parent Works at Night. If, due to a parent's night-time work schedule, a child lives for a greater number of days, but not nights, with the parent who works at night, that parent is treated as the custodial parent. On a school day, the child is treated as living at the primary residence registered with the school.

E Married Persons or RDPs Filing Separate Tax Returns

Generally, if you are married or an RDP, you must file a joint tax return to claim the credit. However, you can take the credit on your separate tax return if:

- 1. You meet all three requirements below:
 - You lived apart from your spouse/RDP at all times during the last six months of 2020.
 - The qualifying person(s) lived in your home more than half of 2020.
 - You provided over half the cost of keeping up your home.
- 2. You meet all the other qualifications in Section C, Qualifications.

F Nonresidents and Part-Year Residents

- You must complete and attach Schedule CA (540NR), California Adjustments – Nonresidents or Part-Year Residents, to your tax return, Form 540NR. If Part I of Schedule CA (540NR) is not fully completed, we may disallow your credit.
- Nonresidents must have earned income from California sources to qualify for the credit. A nonresident servicemember's military wages are considered earned income from a California source for the purpose of qualifying for the credit.
- Part-year residents must have earned income while a California resident or earned income from California sources while a nonresident to qualify for the credit.

G Military Personnel

For the purposes of this credit, active duty pay is considered earned income from California sources, regardless of whether the servicemember is domiciled in California. The federal Military Spouses Residency Relief Act may affect the credit requirements for spouses of military servicemembers. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

Specific Line Instructions

Part I – Unearned Income and Other Funds Received in 2020

List the source and amount of **any** money you received in 2020 that is not included in your earned income (Part III, line 4 and line 5) but that was used to support your household. Include child support, property settlements, public assistance benefits, court awards, inheritances, insurance proceeds, pensions and annuities, social security payments, workers' compensation, unemployment compensation, interest, and dividends.

Part II – Persons or Organizations Who Provided the Care in California

Line 1

Complete line 1a through line 1g for each person or organization that provided the care in California. Only care provided in California qualifies for the credit. Use federal Form W-10, Dependent Care Provider's Identification and Certification, or any other source listed in the instructions for federal Form W-10 to get the information from your care provider. If your provider does not give you the information, complete as much of the information as possible and explain that your provider did not give you the information you requested

If you do not give correct and complete information, we may disallow your credit unless you can show you used due diligence in trying to get the required information.

Line 1a through Line 1c

Enter your California care provider's complete name (or business name), address, and telephone number (including the area code). If you do not give complete information, we may disallow your credit. We may contact your care provider to verify the information you provide.

If you were covered by your employer's dependent care plan and your employer furnished the care (either at your workplace or by hiring a care provider), enter your employer's name on line 1a. Next, enter "See W-2" on line 1b. Complete line 1c through line 1f. Then leave line 1g blank. But, if your employer paid a third party (not hired by your employer) on your behalf to provide care, you must provide information on the third party on line 1a through line 1g.

Line 1d

For each care provider, check one box indicating whether the care provider is a person or organization.

Line 1e

If your care provider is	Then enter on line 1e
An individual	The provider's social security number (SSN) or Individual Taxpayer Identification Number (ITIN).
Not an individual	The provider's federal employer identification number (FEIN).
A tax-exempt organization	"Tax-exempt."

Line 1f

Enter the complete physical address where the care was provided. A post office box is not acceptable. If you do not provide correct or complete information, your credit may be disallowed. Only care provided in California qualifies for the credit.

Line 1g

Enter the total amount you actually paid in 2020 to your care provider for care provided in California. Also include amounts your employer paid to a third party on your behalf. It does not matter when the expenses were incurred. Do not reduce this amount by any reimbursement you received.

We may ask you to provide proof of payment. Cash payments without verifiable documentation may not be accepted.

Part III – Credit for Child and Dependent Care **Expenses**

Line 2

Complete column (a) through column (e) for each qualifying person for whom care was provided in California. If claiming more than three qualifying persons, attach a sheet of paper to your tax return with the required information and write "see attached." Write your name and SSN or ITIN on the sheet.

Column (a)

Enter each qualifying person's name.

Column (b)

Enter each qualifying person's SSN. Verify that the name and SSN match the qualifying person's social security card to avoid the reduction or disallowance of your credit. If the person was born in, and later died in, 2020, and does not have a SSN, enter "Died" in column (b) and attach a copy of the person's birth and death certificates.

Column (c)

Enter the qualifying person's date of birth (mm/dd/yyyy) in the space provided or if the qualifying person is disabled (physically or mentally incapable of self-care), check the "Yes" box. Incomplete information could result in a delay or disallowance of your credit.

Column (d)

If you shared custody of the qualifying person(s), enter the percentage of time you possessed physical custody during 2020. If you have 50% or less physical custody of your child, you do not qualify for the credit.

Column (e)

Qualified Expenses are amounts paid for the care of your qualifying person while you worked or looked for work.

Enter the qualified expenses you incurred and paid in 2020 for the qualifying person(s). Include only the qualified expenses for care provided in California. If the child turned 13 years old during the year, include only the qualified expenses for the part of the year the child was 12 years old.

Do not include in column (e) qualified expenses:

- You incurred in 2020 but did not pay until 2021. You may be able to use these expenses to increase your 2021 credit.
- You incurred in 2019 but did not pay until 2020. Instead, see instructions
- You prepaid in 2020 for care to be provided in 2021. These expenses may only be used to figure your 2021 credit.

A qualified expense does not include the amount you paid for education (school tuition) or the amount you received through a subsidy program.

Qualified expenses include:

- The cost of care for the qualifying person's well-being and protection. If care was provided by a dependent care center, the center must meet all applicable state and local regulations.
- Cost of pre-school or similar program below the kindergarten level.
- Day camp, even if it specialized in a particular activity, such as soccer.

Qualified expenses do not include:

- Child support payments. · Payments made to the parent of your qualifying child.
- Payments made to your spouse/RDP.
- Payments made to your child who is under age 19 at the end of the year, even if he or she is not your dependent.
- Payments made to a dependent for whom you (or your spouse/RDP) can claim a dependent exemption.
- Expenses paid by or reimbursed through a subsidy program.
- Cost for education (school tuition) at the kindergarten level and above.
- Overnight camp.

Line 4

Earned income includes:

- Wages, salary, tips, and other taxable employee compensation, as well as, military compensation including compensation for service in a combat zone.
- Net earnings from self-employment.
- Strike benefits.
- Disability payments you report as wages.
- Active duty pay received by servicemembers of the armed forces is considered earned income regardless of whether the servicemember is domiciled in this state or elsewhere.

Earned income does not include:

- Pensions or annuities Social security payments
- Workers' compensation
- Interest
- Dividends
- Capital gains
- Unemployment compensation
- Public assistance
- California service income excluded under the Military Spouses Residency Relief Act.

Nonresidents and Part-Year Residents Only: Earned income from California sources includes:

- Wages, salary, tips, and other taxable employee compensation for working in California, as well as, military compensation including compensation for service in a combat zone.
- Net earnings from self-employment from California business activities.
- Strike benefits related to California employment.
- Disability payments you report as California wages.
- Active duty pay received by servicemembers of the armed forces is considered earned income regardless of whether the servicemember is domiciled in this state or elsewhere.

Earned income does not include:

- Pensions or annuities
- Social security payments
- Workers' compensation
- Interest
- Dividends
- Capital gains
- Unemployment compensation
- Public assistance
- · California service income excluded under the Military Spouses Residency Relief Act.

Line 5

Spouse/RDP Who Was a Student or Disabled

Your spouse/RDP was a **student** if he or she was enrolled as a full-time student at a school during any 5 months of 2020. A school does not include a night school or correspondence school.

Your spouse/RDP was **disabled** if he or she was not capable of self-care. Figure your spouse's/RDP's earned income on a monthly basis.

For each month your spouse/RDP was a full-time student or disabled, enter on line 5 the larger of the following:

- Your spouse's/RDP's actual earned income for that month.
- \$250 (\$500, if you have 2 or more qualifying persons).

If, in the same month, both you and your spouse/RDP qualified as either full-time students or disabled, only one of you receive treatment as having earned income of \$250 (or \$500) in that month. For any month that your spouse/RDP was not a full-time student or disabled, use your spouse's/RDP's actual earned income for that month.

Line 7

Use the chart below to determine the decimal amount to enter on line 7. Your federal AGI is on Form 540, line 13 or Form 540NR, line 13. For military personnel domiciled outside of California, use your federal AGI less your military pay to determine the decimal amount to enter on line 7.

If your Federal AGI is: Over	But not over	The decimal amount on Line 7 is:
\$0	\$15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32
21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28
29,000	31,000	.27
31,000	33,000	.26
33,000	35,000	.25
35,000	37,000	.24
37,000	39,000	.23
39,000	41,000	.22
41,000	43,000	.21
43,000	No limit	.20

Line 9

Use the chart below to determine the decimal amount to enter on line 9. For military personnel domiciled outside of California, use your federal AGI less your military pay to determine the decimal amount to enter on line 9.

If your federal AGI from For line 13 or Form 540NR, line	,	The decimal amount to enter on line 9 is:
\$40,000 or less Over \$40,000 but not over Over \$70,000 but not over Over \$100,000	\$70,000 \$100,000 Stop. You do not qu	.50 .43 .34 alify for this credit.

Line 11

If you had qualified expenses for care that was provided in 2019 that you paid for in 2020, you may be able to increase your credit for 2020. Complete the Worksheet on Side 2 of form FTB 3506. See Worksheet instructions on this page.

Part IV – Dependent Care Benefits

Line 13

Dependent care benefits are:

- Amounts an employer paid directly to you (or your spouse/RDP), or to your care provider for the care of your qualifying person(s), while you worked
- A day-care facility provided by your employer.
- Generally deducted from your salary.
- Shown in box 10 of your 2020 federal Form(s) W-2.

Line 14

Enter the amount from federal Form 2441, line 13.

Line 15

If you had a flexible spending account, any amount included on line 13 that you did not receive because you did not incur the expense is considered forfeited. **Do not** include amounts you expect to receive at a future date.

Line 17

Enter the total of all qualified expenses incurred in 2020. It does not matter when the expenses were paid.

A qualified expense does not include the amount you paid for education (school tuition) or the amount you received through a subsidy program.

Example: You received \$2,000 cash under your employer's dependent care plan for 2020. The \$2,000 is shown in box 10 of your federal Form W-2. You incurred \$900 of qualified expenses in 2020 for the care of your 3-year-old dependent child. Enter \$900 on line 17, but report the entire \$2,000 on line 13.

For all other lines, follow specific line instructions on the form. For additional information, get federal Form 2441 or federal Publication 503, Child and Dependent Care Expenses.

Line 20

If you are married or an RDP filing a separate return and you meet the requirements of Section E, Married Persons or RDPs Filing Separate Tax Returns, item 1, then enter your earned income from line 19. On line 22, enter \$5.000.

If you were married or an RDP and filed a separate return but did not meet the requirements of Section E, Married Persons or RDPs Filing Separate Tax Returns, item 1, then enter **your spouse's/RDP's earned income**. If your spouse/RDP was a student or disabled in 2020, see the instructions for line 5. On line 22, enter \$2,500.

Worksheet – Credit for 2019 Expenses Paid in 2020

You will need a copy of your 2019 California tax return to complete the worksheet.

Line 12 and line 14

You need the 2019 form FTB 3506 instructions to complete the Credit for 2019 Expenses Paid in 2020 Worksheet, on Side 2. Forms are available at **ftb.ca.gov/forms** or by calling 800.338.0505.

Line 12

Enter the decimal amount from the chart in the line 7 instructions of the **2019** form FTB 3506 that corresponds to your **2019** federal AGI.

Line 14

Enter the decimal amount from the chart in the line 9 instructions of the **2019** form FTB 3506 that corresponds to your **2019** California AGI.