Attach to your California Form 540 or Form 540NR.

2022 Child and Dependent Care Expenses Credit

3506

Name(s) as shown on tax return SSN or ITIN											
Par	t I Unearned Income and Other Funds Re	eceived in 2	022. See instructio	ns.		I					
Source of Income/Funds			Amount		of Income/Funds				Amount		
	t II Persons or Organizations Who Provi										
1	Enter the following information for each per	-	nization that provid	ed care in C	alifornia. On	y care pro	vided in Cal	ifornia	qualifies f	or the credit.	
	If you need more space, attach a separate s	neet.	Duquida					Provi			
	Cara provider's para		Provider								
	Care provider's name										
 b. Care provider's address (number, street, apt. no., city, state, 											
	and ZIP code)						J				
C.	Care provider's telephone number										
	Is provider a person or organization?	Persor	n 🗌 Organizatio	n		Pers	on 🗆 Or	ganiza	tion		
	Identification number (SSN, ITIN, or FEIN)							gamza			
	Address where care was provided										
	(number, street, apt. no., city, state, and										
	ZIP code). PO Box not acceptable.										
g.	Amount paid for care provided										
Did	you receive dependent care benefits	? ►►►		plete Part							
			Yes. Con	plete Part	t IV on Side	2 before y	ou complet	e Par	t III.		
	t III Credit for Child and Dependent Card	-									
Z	Information about your qualifying person(s (a)	s). See instr	uctions. (b)		1 (0		(d)		1	(e)	
	Qualifying person's name		Qualifying per		Qualifying	person's	Percentag			d expenses you	
			social security num (See instructi		date o (DOB – mn		physical cu (See instruc			nd paid in 2022 for lifying person's	
First	Last				or disabil		``	,		in California	
					DOB: Disabled	Vaa					
					DOB:	165					
					Disabled	Yes					
					DOB:						
	Add the emprute in column (c) of line 0. De		ana than #2,000 fa	n ana sualif	Disabled						
3	Add the amounts in column (e) of line 2. Do or more qualifying persons. If you complete	ed Side 2. Pa	ore than \$3,000 to	r one quain ount from lii	ne 33	1 \$6,000 10	or two	3		00	
4	Enter YOUR earned income. See instructio							4		00	
7	Nonresidents: Enter only your earned incor					come from				00	
	sources, stop, you do not qualify for the cre	dit. Military	servicemembers, s	ee instructi	ons.						
	Part-year residents: Enter the total of (1) your earned income from California sources received while you were a nonresident and (2) all earned income received while you were a resident. Military servicemembers, see instructions.										
5											
U	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 instructions.) If you are not filing a joint tax return, enter the amount from line 4									00	
	Nonresidents: Enter only your spouse's/RDP's earned income from California sources. If your spouse/RDP does not have										
	earned income from California sources, stop, you do not qualify for the credit. Military servicemembers, see line 4 instructions Part-year residents: Enter the total of (1) your spouse's/RDP's earned income from California sources received while he							.			
	or she was a nonresident and (2) all earned	income vou	r spouse/RDP rece	ived while h	ie or she was	a resident.	Military				
	servicemembers, see line 4 instructions.	5					-				
	Enter the smallest of line 3, line 4, or line 5							6		00	
-	Enter the decimal amount shown in the cha							7		·	
8	Multiply line 6 by the decimal amount on lin							8		00	
	Enter the decimal amount listed in the chart							9		<u> </u>	
	Multiply the amount on line 8 by the decima							10		00	
	Credit for prior year expenses paid in 2022							11		00	
12	Add line 10 and line 11. Enter the amount here	e anu on for	11 540, IIIIe 40; Of FC	1111 040NK,	IIIIE DU			12		00	

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Part IV Dependent Care Benefits

13	Enter the total amount of dependent care benefits you received for 2022. This amount should be shown in box 10 of			
	your federal Form(s) W-2. Do not include amounts that were reported to you as wages in box 1 of federal 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 2021, and used in 2022, during the grace period,	14		00
	Enter the amount, if any, you forfeited or carried forward to 2023.	15		00
	Combine line 13 through line 15.	16		00
	Enter the total amount of qualified expenses incurred in 2022 for the			
	care of the qualifying person(s). See instructions			
18	Enter the smaller of line 16 or line 17	1		
19	Enter YOUR earned income	1		
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			
21	Enter the smallest of line 18, line 19, or line 20			
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)			
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			
25	Deductible benefits. Enter the smallest of line 21, line 22, or line 23	25	1	00
	Excluded benefits. Subtract line 25 from the smaller of line 21 or line 22. If zero or less, enter -0	26		00
	Taxable benefits. Subtract line 26 from line 24. If zero or less, enter -0	27		00
	Enter \$3,000 (\$6,000 if two or more qualifying persons)	28		00
	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 2024 expenses in 2022, see instructions for line 11	30		00
	Complete Side 1, Part III, line 2. Add the amounts in column (e) and enter the total here	31		00
	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 Part III, line 4 through line 12	33		00
	rksheet – Credit for 2021, Expenses Paid in 2022			
1.	Enter your 2021, qualified expenses paid in 2021, If you did not claim the credit for these expenses on your 2021,			
~	tax return, get and complete a 2024 form FTB 3506 for these expenses. You may need to amend your 2024 tax return			
	Enter your 2021, qualified expenses paid in 2022,			
3. 4.	Add the amounts on line 1 and line 2 Enter \$3,000 if care was for one qualifying person (\$6,000 for two or more)			
4. 5.			. 4	
	(from your 2024 form FTB 3506, Part IV, line 26)		. 5	
6.				
7.				
8.				
	a joint tax return, enter your earned income		. 8.	
9.				
	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 2021 federal adjusted gross income (AGI) (from your 2021 Form 540, line 13;			_
	or Form 540NR, line 13)		.11	
12.			.124	
13.				
14.				
15.				
10.				

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