TAXABLE YEAR

CALIFORNIA FORM

2023 Child and Dependent Care Expenses Credit

3506

Atta	ch to your California Form 540 or Form 54	10NR.										
Name(s) as shown on tax return SSN or ITIN												
Pai	rt I Unearned Income and Other Funds Rec	eived in 2	023 . S	ee instructio	1S.							
Source of Income/Funds			Amount Source of Income/Funds				Amount					
Pai	rt II Persons or Organizations Who Provide	d the Care	in Ca	lifornia – Yo	u must com	plete this pa	rt. See instr	uctions.				_
1									fornia	a qualifi	ies for the credit.	
	If you need more space, attach a separate she			•						•		
		Provider										
a.	Care provider's name											
b.	Care provider's address											
	(number, street, apt. no., city, state,						- 1					
	and ZIP code)											
C.	Care provider's telephone number											
d.	Is provider a person or organization?	Person		Organizatio	1		Perso	on Ord	aniza	ition		
e.	Identification number (SSN, ITIN, or FEIN)					11						
	Address where care was provided					77		1		<u> </u>		
	(number, street, apt. no., city, state, and											
	ŽIP code). PO <mark>B</mark> ox not acceptable.											
g.	Amount paid for care provided								•			
Did	you receive dependent care benefits?	>>>	>	No. Com	plete Part	III below.						
				Yes. Com	plete Part	IV on Side	2 before y	ou complet	e Par	t III.		
	t III Credit for Child and Dependent Care E											
2	Information about your qualifying person(s).	See instr	uctions									
	(a) Qualifying person's name			(b) Qualifying pers	son's		c) g person's	(d) Percentag	e of	Qua	(e) alified expenses you	
ananyg process same			social security number (SSN) (See instructions)			date o	e of birth physical cu			incurre	ed and paid in 2023 f	
First	Last			(See Instruction	ons)	or disabil	n/aa/yyyy) lity status	(See instruc	tions)		qualifying person's care in California	
	. (DOB:						
						Disabled	Yes					
						DOB:						
				\rightarrow		DISABled L	Yes					
						Disabled	Yes					
3	Add the amounts in column (e) of line 2. Do n	ot enter m	ore tha	an \$3,000 for	one qualify			r two				_
	or more qualifying persons. If you completed	Side 2, Pa	rt IV, e	nter the amo	unt from lin	ne 33			3			00
4	Enter YOUR earned income. See instructions								4			00
	Nonresidents: Enter only your earned income						ncome from	California				
	sources, stop, you do not qualify for the credi	t. Military	service	emembers, s	ee instructio	ons.	"					
	Part-year residents: Enter the total of (1) you nonresident and (2) all earned income receive	r earned II	ocome	Irom Calitor	nia sources Military serv	received wn	ille you were instru	e a Stione				
5	If married or an RDP filing a joint return, ente											
·	student or was disabled, see instructions.) If								5		(00
	Nonresidents: Enter only your spouse's/RDP's	earned inc	ome fr	om California	a sources. I	f your spouse	RDP does	not have				
	earned income from California sources, stop, y	ou do not (qualify	for the credit	. Military se	rvicemember	s, see line 4	instructions.				
	Part-year residents: Enter the total of (1) you or she was a nonresident and (2) all earned in											
	servicemembers, see line 4 instructions.	icomic you	i spou	30/1101 10001	vou willio il	c or sile was	a resident.	iviiiitai y				
6	Enter the smallest of line 3, line 4, or line 5.								6			00
7									7		•	
8	Multiply line 6 by the decimal amount on line								8			00
9	Enter the decimal amount listed in the chart o								9		·	
10	Multiply line 8 by the decimal amount on line								10			00
11									11			00
	Add line 10 and line 11. Enter the amount here a								12			00
			-,	,	- , .							

Part IV Dependent Care Benefits

13	Enter the total amount of dependent care benefits you received for 2023. 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. See instructions	13			00
14	Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period. See instructions	14			00
	Enter the amount, if any, you forfeited or carried forward to 2024, See instructions	15			00
	Combine line 13 through line 15.	16			00
	Enter the total amount of qualified expenses incurred in 2023 for the				100
•	care of the qualifying person(s). See instructions				
18	Enter the smaller of line 16 or line 17	-			
	Enter YOUR earned income	-			
	If married or an RDP filling 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 filling 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	1			
	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). However, do not enter more				
	than the maximum amount allowed under your dependent care plan				
22	Enter the amount from line 13 that you received from your sole proprietorship or partnership.				
23	If you did not receive any amounts, enter -0	23		>	00
24	Subtract line 23 from line 16	20			00
	Deductible benefits. Enter the smallest of line 21, line 22, or line 23	25			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
	Subtract line 29 from line 28. If zero or less, stop. You do not qualify for the credit.	29			00
00	Exception – If you paid 2022 expenses in 2023, see instructions for line 11	30			00
21	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
	Enter the smaller of line 30, line 31, or line 32. Also, enter this amount on Side 1, Part III, line 3 and	UL			00
00	complete Part III, line 4 through line 12	33			00
Wn	rksheet – Credit for 2022 Expenses Paid in 2023				100
	Enter your 2022 qualified expenses paid in 2022. If you did not claim the credit for these expenses on your 2022				
١.	tax return, get and complete a 2022 form FTB 3506 for these expenses. You may need to amend your 2022 tax return		. 1.		
2	Enter your 2022 qualified expenses paid in 2023		. 1 . 2		
	Add line 1 and line 2				
4.					
	Enter any dependent care benefits received for 2022 and excluded from your income		l		
	(from your 2022 form FTB 3506, Part IV, line 26)		. 5.		
6.					
7.	Compare your and your spouse's/RDP's earned income for 2022 and enter the smaller amount				
8.					
	a joint tax return, enter your earned income		. 8.		
9.	Enter the amount from your 2022 form FTB 3506, Side 1, Part III, line 6				
	Subtract line 9 from line 8. If zero or less, stop . You cannot increase				
	your credit by any previous year's expenses		. 10		
11.	Enter your 2022 federal adjusted gross income (AGI) (from your 2022 Form 540, line 13;				
	or Form 540NR, line 13)		11		
12.					
	_			•	
13.					
14.				•	
15.	Multiply line 13 by line 14. Enter the result here and on your 2023 form FTB 3506, Side 1, Part III, line 11		. 15		