

Schedule ELC
Keep Child Care Affordable
Tax Credit



SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 9999

Complete and attach to Form D-40 only if you have an eligible child.

Name(s) shown on return

Your first name

M.I.

Last Name

Taxpayer Identification Number

XXXXXXXXXXXXXX

X

XXXXXXXXXXXXXXXXXXXXXX

99999999

Before you begin:

- See the instructions to make sure that 1) you can take the Keep Child Care Affordable Tax Credit and 2) you have an eligible child.
- Be sure the child's name on Line 2 and the taxpayer identification number (TIN) on Line 3 matches the eligible child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your ELC if the name or TIN does not match the social security card. Call the Social Security Administration at 1-800-772-1213.

Eligible Child Information	Child 1	Child 2	Child 3
1a Is this child a recipient of the District's subsidized child care program?	<input checked="" type="checkbox"/> Yes. STOP , your child is not eligible for this credit. <input checked="" type="checkbox"/> No. Go to Line 1b.	<input checked="" type="checkbox"/> Yes. STOP , your child is not eligible for this credit. <input checked="" type="checkbox"/> No. Go to Line 1b.	<input checked="" type="checkbox"/> Yes. STOP , your child is not eligible for this credit. <input checked="" type="checkbox"/> No. Go to Line 1b.
1b Was the child under age 4 as of 09/30/2021?	<input checked="" type="checkbox"/> Yes. Go to Line 2. <input checked="" type="checkbox"/> No. STOP , your child is not eligible for this credit.	<input checked="" type="checkbox"/> Yes. Go to Line 2. <input checked="" type="checkbox"/> No. STOP , your child is not eligible for this credit.	<input checked="" type="checkbox"/> Yes. Go to Line 2. <input checked="" type="checkbox"/> No. STOP , your child is not eligible for this credit.
2 Child's name	First name XXXXXXXXXXXXXXXXXX Last name XXXXXXXXXXXXXXXXXX	First name XXXXXXXXXXXXXXXXXX Last name XXXXXXXXXXXXXXXXXX	First name XXXXXXXXXXXXXXXXXX Last name XXXXXXXXXXXXXXXXXX
3 Child's taxpayer identification number	99999999	99999999	99999999
4 Child's Date of Birth	(MMDDYYYY) 99999999	(MMDDYYYY) 99999999	(MMDDYYYY) 99999999
5 Child's relationship to you	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
6 Name of Child Development Facility	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
7a Child Development Facility License Number	XXX999999	XXX999999	XXX999999
7b Is the child development facility operated by the federal government or by a private provider on federal property?	<input checked="" type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.	<input checked="" type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.	<input checked="" type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.
8 Child Development Facility taxpayer identification number	999999999	999999999	999999999
9 For payment purposes, was the child under age 3 as of 09/30/2021?	<input checked="" type="checkbox"/> Yes. Include payments made for care from 01/01/2021 through 12/31/2021. <input checked="" type="checkbox"/> No. Include payments made for care from 01/01/2021 through 8/31/2021.	<input checked="" type="checkbox"/> Yes. Include payments made for care from 01/01/2021 through 12/31/2021. <input checked="" type="checkbox"/> No. Include payments made for care from 01/01/2021 through 8/31/2021.	<input checked="" type="checkbox"/> Yes. Include payments made for care from 01/01/2021 through 12/31/2021. <input checked="" type="checkbox"/> No. Include payments made for care from 01/01/2021 through 8/31/2021.
10 Amount paid. (See instructions)	999999.00	999999.00	999999.00
11 The maximum credit you can receive for each eligible child is 1020	1020.00	1020.00	1020.00
12 Enter the lesser of Line 10 or Line 11 for each eligible child here and on Schedule U, Part 1b, Line 2.	9999.00	9999.00	9999.00