Schedule WFC-N/P

## Oregon Working Family Child Care Credit for Form 40N and Form 40P Filers

2003

**Amount Paid** 

The working family child care credit is available to low income families with child care expenses. To qualify, **all of the following must be true:** 

- Your child care expenses must be paid by you or your employer to allow you and your spouse to work or attend school; and
- Your child care expenses must be for your child under the age of 13 (or for a child with a disability); and
- Your child care must be provided by someone other than the child's parent, guardian, or a brother or sister under age 19; and
- Your adjusted gross income is less than the limit for your household size; and
- You have at least \$6,600 of earned income; and

Child Care Expense Paid in 2003

Name of Care Provider So

1.

• You have less than \$2,600 of investment income (interest, dividends, and capital gains).

Social Security No.(SSN)/FEIN

Note: If you are married filing separately, you must be legally separated or permanently living apart on December 31, 2003 to qualify.

Address of Care Provider

2.						
3.						
4. Add lines 1 through 3. Enter this amount on line 18 below						
Household Size						
Your household size is generally the number of individuals living in your home that you claim on your federal return. Parents who share						
custody of their children have different		viilg iii	your nome t	nat you olaiin on y	our roughar rotal	mir aromo mio onaro
Custodial parent: Enter the exemp		ur fede	ral return on	lines 5-12. Also	enter the informa	ation for any child who
lived with you, but whom you allowe						•
Noncustodial parent: Enter the ex						
tion for any child who did not live wi	th you more than half th	e year	even though	the child's other	parent may have	e allowed you to claim
the exemption on your tax return. Er	nter that child's information	on on I	ines 14-16.			
To determine your household size, p	provide the following info	rmatio	n:			
Your First and Last Name	Your SSN		Note: N	oncustodial parents m	ay not increase hou	sehold size based on
5.			a dependency exemption given to you by the custodial parent.			he custodial parent.
Spouse's Name, if Joint Return	Spouse's SS	N	N Company			
6.			Dependent's	Check if you did not		
Names of Dependents Who Lived With	You Dependent's S	SN	Date of Birth	claim this dependent on your federal return		Relationship
7.						
8.						
9.						
10.						
11.						
12.						
13. Add the number of names listed on lines 5 through 12						
Noncustodial Parent						
Enter on lines 14–16 the information for any child who did not live with you for more than half the year.						
Child's First and Last	Name		Child's SSN	Child's Date	of Birth	Relationship
14.						
15.						
16.						
Computation of Cradit						
Computation of Credit  17. Enter your fodoral adjusted green income (Form 40N or Form 40P, line 20c)						
17. Enter your federal adjusted gross income (Form 40N or Form 40P, line 30a)						
18. Enter the total qualifying child care expense paid in 2003 from line 4 above						
19. Enter the decimal amount from the Working Family Child Care Credit table on the back (use the table that matches your household size from line 13 above). For example, if the amount on line 13 is 4, use Table 4						
20. Multiply the amount on line 18 by the decimal amount on line 19 and enter here						
	21. Multiply line 20 by the Oregon Percentage (Form 40N or Form 40P, line 40). Enter the result					
	• .					21
here and on Form 40N or Form 40P, line 66. This is your working family child care credit						

## Working Family Child Care Credit—2003 Tables

Table 1, household size = 1		
If the amount on		
line	17 is:	Enter this decimal
at least:	but less than:	amount on line 19:
	\$17,950	.40
\$17,950	18,850	.36
18,850	19,750	.32
19,750	20,650	.24
20,650	21,550	.16
21,550	22,450	.08
22,450		.00

Table 2, household size = 2			
If the amount on			
line	17 is:	Enter this decimal	
at least:	but less than:	amount on line 19:	
	\$24,250	.40	
\$24,250	25,450	.36	
25,450	26,650	.32	
26,650	27,900	.24	
27,900	29,100	.16	
29,100	30,300	.08	
30,300		.00	

Table 3, household size = 3		
	mount on	_
line	e 17 is:	Enter this decimal
at least:	but less than:	amount on line 19:
	\$30,500	.40
\$30,500	32,050	.36
32,050	33,550	.32
33,550	35,100	.24
35,100	36,600	.16
36,600	38,150	.08
38,150		.00

Table 4, household size = 4			
If the a	mount on		
line	17 is:	Enter this decimal	
at least:	but less than:	amount on line 19:	
	\$36,800	.40	
\$36,800	38,650	.36	
38,650	40,500	.32	
40,500	42,300	.24	
42,300	44,150	.16	
44,150	46,000	.08	
46,000		.00	

Table 5, household size = 5			
If the a	mount on		
line	e 17 is:	Enter this decimal	
at least:	but less than:	amount on line 19:	
	\$43,100	.40	
\$43,100	45,250	.36	
45,250	47,400	.32	
47,400	49,550	.24	
49,550	51,700	.16	
51,700	53,850	.08	
53,850		.00	

Table 6, household size = 6			
	mount on e 17 is:	Enter this decimal	
at least: but less than:		amount on line 19:	
	\$49,350	.40	
\$49,350	51,850	.36	
51,850	54,300	.32	
54,300	56,750	.24	
56,750	59,250	.16	
59,250	61,700	.08	
61,700		.00	

Table 7, household size = 7			
If the a	mount on		
line	e 17 is:	Enter this decimal	
at least:	but less than:	amount on line 19:	
	\$55,650	.40	
\$55,650	58,400	.36	
58,400	61,200	.32	
61,200	64,000	.24	
64,000	66,750	.16	
66,750	69,550	.08	
69,550		.00	

Table 8, household size = 8*		
If the a	mount on	
line	e 17 is:	Enter this decimal
at least:	but less than:	amount on line 19:
	\$61,900	.40
\$61,900	65,000	.36
65,000	68,100	.32
68,100	71,200	.24
71,200	74,300	.16
74,300	77,400	.08
77,400		.00

<sup>\*</sup> If your household size is larger than eight, please contact the department for the tables you need. See page 40 for taxpayer assistance information.