

2023 Child and Dependent Care Expenses Credit**3506**

Attach to your California Form 540 or Form 540NR.

Name(s) as shown on tax return

SSN or ITIN

Part I Unearned Income and Other Funds Received in 2023. See instructions.

Source of Income/Funds	Amount	Source of Income/Funds	Amount

Part II Persons or Organizations Who Provided the Care in California - You must complete this part. See instructions.**1** Enter the following information for each person or organization that provided care in California. **Only care provided in California qualifies for the credit.**

If you need more space, attach a separate sheet.

	Provider	Provider
a. Care provider's name		
b. Care provider's address (number, street, apt. no., city, state, and ZIP code)		
c. Care provider's telephone number		
d. Is provider a person or organization?	<input type="checkbox"/> Person <input type="checkbox"/> Organization	<input type="checkbox"/> Person <input type="checkbox"/> Organization
e. 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.		
g. Amount paid for care provided		

Did you receive dependent care benefits? ▶ ▶ ▶ ▶ ▶ No. Complete Part III below.

Yes. Complete Part IV on Side 2 before you complete Part III.

Part III Credit for Child and Dependent Care Expenses**2** Information about your **qualifying person(s)**. See instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number (SSN) (See instructions)	(c) Qualifying person's date of birth (DOB - mm/dd/yyyy) or disability status	(d) Percentage of physical custody (See instr.)	(e) Qualified expenses you incurred and paid in 2023 for the qualifying person's care in California
First	Last				
			DOB: _____ Disabled <input type="checkbox"/> Yes		
			DOB: _____ Disabled <input type="checkbox"/> Yes		
			DOB: _____ Disabled <input type="checkbox"/> Yes		

3 Add the amounts in column (e) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more qualifying persons. If you completed Side 2, Part IV, enter the amount from line 33**3** 00**4** Enter YOUR **earned income**. See instructions**4** 00**Nonresidents:** Enter only your earned income **from California sources**. If you do not have earned income from California sources, **stop**, you **do not** qualify for the credit. Military servicemembers, see instructions.**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** 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**5** 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 your spouse/RDP received while he or she was a resident. Military servicemembers, see line 4 instructions.**6** Enter the **smallest** of line 3, line 4, or line 5**6** 00**7** Enter the decimal amount shown in the chart of the instructions for line 7**7** .**8** Multiply line 6 by the decimal amount on line 7**8** 00**9** Enter the decimal amount listed in the chart of the instructions for line 9**9** .**10** Multiply line 8 by the decimal amount on line 9**10** 00**11** Credit for prior year expenses paid in 2023. See instructions**11** 00**12** Add line 10 and line 11. Enter the amount here and on Form 540, line 40; or Form 540NR, line 50**12** 00