

2020 Schedule OR-WFHDC

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(Rev. 09-28-20 ver. 01)

Oregon Department of Revenue



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Oregon Working Family Household and Dependent Care Credit

Submit original form—do not submit photocopy

Read instructions carefully before completing this form.

You may be required to provide proof of care expenses you paid and other documentation to validate your credit.

First name	Last name
Social Security number (SSN) — —	<input type="checkbox"/> Attending school <input type="checkbox"/> Disabled
Spouse's first name	Spouse's last name
Spouse's SSN — —	<input type="checkbox"/> Attending school <input type="checkbox"/> Disabled

Space for 2-D barcode—do not write in box below

Section 1—Providers. Complete all information for each provider.

1. Provider's full name	Provider's SSN or ITIN — —	Provider's federal employer identification number (FEIN) —
Address	Provider's phone () —	Qualifying individual to provider relationship code
City	State	ZIP code —
Amount you paid to provider <input type="text" value=".00"/>		

2. Provider's full name	Provider's SSN or ITIN — —	Provider's FEIN —
Address	Provider's phone () —	Qualifying individual to provider relationship code
City	State	ZIP code —
Amount you paid to provider <input type="text" value=".00"/>		

3. Provider's full name	Provider's SSN or ITIN — —	Provider's FEIN —
Address	Provider's phone () —	Qualifying individual to provider relationship code
City	State	ZIP code —
Amount you paid to provider <input type="text" value=".00"/>		

4. Provider's full name	Provider's SSN or ITIN — —	Provider's FEIN —
Address	Provider's phone () —	Qualifying individual to provider relationship code
City	State	ZIP code —
Amount you paid to provider <input type="text" value=".00"/>		

5. Provider's full name	Provider's SSN or ITIN — —	Provider's FEIN —
Address	Provider's phone () —	Qualifying individual to provider relationship code
City	State	ZIP code —
Amount you paid to provider <input type="text" value=".00"/>		

6. Total the amounts you paid to the providers on lines 1–5 and enter the result here	6. <input type="text" value=".00"/>
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— You must include this schedule with your Oregon income tax return when claiming this credit—

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Section 2—Qualifying individuals. List your qualifying individuals in order from youngest to oldest. Complete all information for each qualifying individual.

			(a) Total expenses paid for care	(b) Portion of expenses someone else paid on your behalf	(c) Portion of expenses you paid for care
7.	First name	Disabled			
	Last name	<input type="checkbox"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
	SSN	Code*	Date of birth		
	- -		/ /		
8.	First name	Disabled			
	Last name	<input type="checkbox"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
	SSN	Code*	Date of birth		
	- -		/ /		
9.	First name	Disabled			
	Last name	<input type="checkbox"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
	SSN	Code*	Date of birth		
	- -		/ /		
10.	First name	Disabled			
	Last name	<input type="checkbox"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
	SSN	Code*	Date of birth		
	- -		/ /		
11.	First name	Disabled			
	Last name	<input type="checkbox"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
	SSN	Code*	Date of birth		
	- -		/ /		
12.	First name	Disabled			
	Last name	<input type="checkbox"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
	SSN	Code*	Date of birth		
	- -		/ /		
13.	First name	Disabled			
	Last name	<input type="checkbox"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
	SSN	Code*	Date of birth		
	- -		/ /		
14.	First name	Disabled			
	Last name	<input type="checkbox"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
	SSN	Code*	Date of birth		
	- -		/ /		

*Qualifying individual to taxpayer relationship code—see instructions to determine the appropriate code.

15. Total the amounts in columns (a)–(c) for lines 7–14 and enter the results here

—You must include this schedule with your Oregon income tax return when claiming this credit—

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Section 3—Household size calculation

16. Enter the number of exemptions (excluding the severely disabled and the child with a qualifying disability extra exemptions) you claimed on your 2020 Oregon return 16.
17. Enter the number of exemptions you didn't claim on your 2020 Oregon return for one of the following reasons: 17.
- You released the exemption to the child's other parent.
 - The disabled qualifying individual's gross income was \$4,300 or more.
 - The disabled qualifying individual filed a joint return.
 - You (or your spouse, if filing jointly) can be claimed as a dependent on someone else's return.
 - You and your spouse filed a joint federal return and separate Oregon returns because you ended the year with a different residency status (enter 1 for your spouse).
- Note:** Don't count an exemption more than once.
18. Add lines 16 and 17..... 18.
19. Enter the number of exemptions you claimed on your 2020 Oregon return for people who: 19.
- Didn't live with you more than half of 2020.
 - Were released to you by the child's other parent.
 - Aren't related by blood, marriage, or adoption **and** who aren't qualifying individuals.
- Note:** Don't count an exemption more than once.
20. Household size. Line 18 minus line 19.....20.

Section 4—Computation of credit

21. If you're claiming one qualifying individual, enter \$12,000. If you're claiming two or more qualifying individuals, enter \$24,000.....21. .00
22. Enter the amount from federal Form 2441, line 28 (see instructions).....22. .00
23. Line 21 minus line 2223. .00
24. Enter the amount from line 15, box (c).....24. .00
25. Enter your earned income from federal Form 2441, line 4 that is taxable to Oregon (see instructions)25. .00
26. If your filing status is married filing jointly, enter your spouse's earned income from federal Form 2441, line 5 that is taxable to Oregon (see instructions). Otherwise, enter the amount from line 25 above26. .00
27. Enter the smallest amount from lines 23, 24, 25, or 26.....27. .00
28. Enter the decimal value from the online calculator (see instructions).....28. .
29. Line 27 multiplied by line 2829. .00
30. If you're filing Form OR-40, enter the amount from line 29. If you're filing Form OR-40-N or Form OR-40-P, multiply line 29 by your Oregon percentage (Form OR-40-N or Form OR-40-P, line 35).....30. .00
31. If you paid 2019 expenses in 2020, complete *Worksheet OR-WFHDC* and enter the amount from line 13 or line 15. Otherwise, enter 0.....31. .00
32. **Total credit.** Add lines 30 and 31. Enter the result here and on *Schedule OR-ASC*, Section 5, or *Schedule OR-ASC-NP*, Section 7, using code 895 **This is your total credit.** 32. .00