

2022 Schedule OR-WFHDC
Oregon Working Family Household and Dependent Care Credit

Oregon Department of Revenue

Page 1 of 5 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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

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

Initial

Last name

Social Security number (SSN)

☐

Attending school

☐

Disabled

Spouse first name

Initial

Spouse last name

Spouse SSN

☐

Attending school

☐

Disabled

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

1a. Provider first name

1b. Initial

1c. Provider last name

1d. Provider business name, if applicable

1e. Provider address

1f. City

1g. State

1h. ZIP code

1i. Provider SSN

1j. Provider federal employer identification no. (FEIN)

1k. Provider phone

1l. Qualifying individual to provider relationship code

1m. Amount **you** paid to the provider..... 1m.

Continued on next page



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

5a. First name	5b. Initial	5c. Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
5d. SSN	5e. Code*	5f. Date of birth (MM/DD/YYYY)	5g. Disabled
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5h. Total expenses paid for care.....		5h.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
5i. Portion of expenses someone else paid for care on your behalf		5i.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
5j. Portion of expenses you paid for care.....		5j.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

6a. First name	6b. Initial	6c. Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
6d. SSN	6e. Code*	6f. Date of birth (MM/DD/YYYY)	6g. Disabled
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6h. Total expenses paid for care.....		6h.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
6i. Portion of expenses someone else paid for care on your behalf		6i.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
6j. Portion of expenses you paid for care.....		6j.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

7a. First name	7b. Initial	7c. Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
7d. SSN	7e. Code*	7f. Date of birth (MM/DD/YYYY)	7g. Disabled
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7h. Total expenses paid for care.....		7h.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
7i. Portion of expenses someone else paid for care on your behalf		7i.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
7j. Portion of expenses you paid for care.....		7j.	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

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

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Section 2—Qualifying individuals. Continued.

8. Total expenses. Add lines 5h, 6h, and 7h	8.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
9. Total expenses someone else paid. Add lines 5i, 6i, and 7i	9.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
10. Total expenses you paid. Add lines 5j, 6j, and 7j	10.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Section 3—Household size calculation

11. Enter the number of regular exemptions you claimed on your 2022 Oregon return. Don't include any extra exemptions for the severely disabled or a child with qualifying disability.	11.	<input type="text"/>	<input type="text"/>
12. Enter the number of exemptions you didn't claim on your 2022 Oregon return for one of the following reasons:	12.	<input type="text"/>	<input type="text"/>
<ul style="list-style-type: none"> • You released a child's exemption to the child's other parent. • The gross income of a qualifying individual with a disability was \$4,400 or more. • The disabled qualifying individual filed a joint return with someone else. • 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.			
13. Add lines 11 and 12	13.	<input type="text"/>	<input type="text"/>
14. Enter the number of exemptions you claimed on your 2022 Oregon return for people who:	14.	<input type="text"/>	<input type="text"/>
<ul style="list-style-type: none"> • Didn't live with you more than half of 2022. • 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.			
15. Household size. Line 13 minus line 14	15.	<input type="text"/>	<input type="text"/>

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