2022 Schedule OR-WFHDC

Oregon Working Family Household and Dependent Care Credit

		Page 1 of 5 • Use UPPERCASE letters. • Use blue or black ink. • Pri									Print actual size (100%). • Don't submit photocopies or use staples. Space for 2-D barcode—do not write in box below											
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Read instructions carefully before	re completing	this	form.																			
You may be required to provide pro																						
and other documentation to validat	e your credit.																					
First name	In	tial	Last	name	_			-	-	_	+	-	-	+	_	-	-	-	+	-	_	
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• Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples. **Section 1—Providers.** Continued. Complete all information for each provider. 2a. Provider first name 2b. Initial 2c. Provider last name 2d. Provider business name, if applicable 2e. Provider address 2f. City 2g. State 2h. ZIP code 2j. Provider federal employer identification no. (FEIN) 2i. Provider SSN 21. Qualifying individual to provider relationship code 2k. Provider phone 3a. Provider first name 3b. Initial 3c. Provider last name 3d. Provider business name, if applicable 3e. Provider address 3g. State 3f. City 3h. ZIP code 3i. Provider SSN 3j. Provider federal employer identification no. (FEIN) 31. Qualifying individual to provider relationship code 3k. Provider phone 4. Total the amounts you paid to the providers on lines 1m, 2m, and 3m here......4.

Continued on next page

• Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples. 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 5d. SSN 5e. Code' 5f. Date of birth (MM/DD/YYYY) 5g. Disabled 0 0 5j. Portion of expenses **you** paid for care..... 6a. First name 6b. Initial 6c. Last name 6d. SSN 6e. Code 6f. Date of birth (MM/DD/YYYY) 6g. Disabled 0 0 0 7a. First name 7b. Initial 7c. Last name 7d. SSN 7e. Code* 7f. Date of birth (MM/DD/YYYY) 7g. Disabled 0 0 0 0 *Qualifying individual to taxpayer relationship code—see instructions to determine the appropriate code. Continued on next page



• Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples. Section 2—Qualifying individuals. Continued. 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. 12. Enter the number of exemptions you didn't claim on your 2022 Oregon return for one of the following reasons: 12. 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. • 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.

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Sec	tion 4—Computation of credit											
16.	If you're claiming one qualifying individual, enter \$12,000. If you're claiming two or more qualifying individuals, enter \$24,000	16.			7		7				0 ()
17.	Enter the amount from federal Form 2441, line 28 (see instructions)	17.			/		7			•	0 0)
18.	Line 16 minus line 17	18.			7		7			۰	0 0)
19.	Enter the amount from line 10	19.			7		7				0 0)
20.	Enter your earned income from federal Form 2441, line 4 that is taxable to Oregon (students see instructions)	20.			7		7			•	0 0)
21.	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 (studen see instructions). Otherwise, enter the amount from line 20 above				<i>'</i>					•	0 0)
22.	Enter the smallest amount from lines 18, 19, 20, or 21	22.			7		Ī			•	0 0)
23.	Enter the decimal value from the online calculator (see instructions)	23.							0			
24.	Line 22 multiplied by line 23	24.			7		7				0 0)
25.	If you (or your spouse, if your filing status is married filing jointly) were a student, complete Schedule OR-WFHDC-ST and enter the amount from line 34. Otherwise, enter 0	า			/					•	0 0)
26.	Enter the larger of line 24 or line 25	26.			7		7				0 ()
27.	If you're filing Form OR-40, enter the amount from line 26. If you're filing Form OR-40-N or Form OR-40-P, multiply line 26 by your Oregon percentage (Form OR-40-N or Form OR-40-P, line 35)	27.			7		7			•	0 0)
28.	If you paid 2021 expenses in 2022, complete Schedule OR-WFHDC-PR and enter the amount from line 13 or line 15. Otherwise, enter 0				7						0 0)
29.	Line 27 plus line 28. Enter the total here and on Schedule OR-ASC, Section F, or Schedule OR-ASC-NP, Section H, using code 895. This is your total credit.	29.			7		7				0 0	D
	—You must include this schedule with your Oregon income	tax r	eturn wh	en c	laimir	a thi	s cred	lit—				