

Schedule WFC

Oregon Working Family Child Care Credit for Form 40

2012

Last name	First name and initial	Social Security number (SSN) - -	<input type="checkbox"/> Attending school <input type="checkbox"/> Form WFC-DP is included
Spouse's/RDP's last name if joint return	Spouse's/RDP's first name and initial if joint return	Spouse's/RDP's SSN if joint return - -	<input type="checkbox"/> Attending school <input type="checkbox"/> Form WFC-DP is included

YOU MAY BE REQUIRED TO PROVIDE PROOF OF YOUR PAYMENT OF YOUR CHILD CARE EXPENSES

Household Size Calculation

- Enter the number of exemptions you claimed on your federal return 1
- Enter the number of exemptions you did not claim on your federal return because you released the exemption to the child's other parent 2
- Add lines 1 and 2 3
- Enter the number of exemptions you claimed on your federal return for people who did not live in your household during 2012, including exemptions released to you by your child's other parent, or who are not related by blood, marriage, RDP, or adoption 4
- Household size. Line 3 minus line 4 5

FOR COMPUTER USE ONLY

Qualifying Child Care Expenses Paid in 2012. Complete all information for each child care provider you paid in 2012.

Provider's full name and complete address	Provider's SSN or FEIN	Child to Provider Relationship	Amount You Paid to Provider
6. Name _____ Address _____ City, State, ZIP Code _____	<input type="text"/>	<input type="text"/> (enter code)	<input type="text"/>
	Provider's Telephone No. _____ 6	\$ <input type="text"/>

Provider's full name and complete address	Provider's SSN or FEIN	Child to Provider Relationship	Amount You Paid to Provider
7. Name _____ Address _____ City, State, ZIP Code _____	<input type="text"/>	<input type="text"/> (enter code)	<input type="text"/>
	Provider's Telephone No. _____ 7	\$ <input type="text"/>

Provider's full name and complete address	Provider's SSN or FEIN	Child to Provider Relationship	Amount You Paid to Provider
8. Name _____ Address _____ City, State, ZIP Code _____	<input type="text"/>	<input type="text"/> (enter code)	<input type="text"/>
	Provider's Telephone No. _____ 8	\$ <input type="text"/>

9. Add amounts on lines 6 through 8 and enter the result here. If you have more than three providers, check here 9a 9 \$

Qualifying Child Information—Complete all information for each child	Child's SSN	Child's Date of Birth	Child to Taxpayer Relationship (enter code)	Qualifying Expenses You Paid for Child
10. First and Last Name of Child				\$ <input type="text"/>
11.				\$ <input type="text"/>
12.				\$ <input type="text"/>
13.				\$ <input type="text"/>
14. Add amounts on lines 10 through 13 and enter the result here. If you have more than four qualifying children, check here 14a <input type="checkbox"/> 14				\$ <input type="text"/>

Computation of Credit

- Enter your federal adjusted gross income (Form 40, line 8) 15
- Enter the total qualifying child care expenses you paid in 2012 from line 9 above 16
- Enter the decimal amount from the working family child care credit table on the back (use the table that matches your household size on line 5 above). For example, if the amount on line 5 is 4, use Table 4 17 X .
- Multiply the amount on line 16 by the decimal amount on line 17. Enter the result here and on Form 40, line 45. This is your working family child care credit 18

Working family child care credit—2012 tables

If your household size is not listed below, contact the department for the tables you need.

Table 1, household size = 1		
If the amount on Schedule WFC, line 15 is:		Enter this decimal amount on Schedule WFC, line 17:
at least:	but not more than:	
—	\$22,350	0.40
\$22,351	23,450	0.36
23,451	24,550	0.32
24,551	25,700	0.24
25,701	26,800	0.16
26,801	27,950	0.08
27,951	—	0.00

Table 2, household size = 2		
If the amount on Schedule WFC, line 15 is:		Enter this decimal amount on Schedule WFC, line 17:
at least:	but not more than:	
—	\$30,250	0.40
\$30,251	31,750	0.36
31,751	33,300	0.32
33,301	34,800	0.24
34,801	36,300	0.16
36,301	37,850	0.08
37,851	—	0.00

Table 3, household size = 3		
If the amount on Schedule WFC, line 15 is:		Enter this decimal amount on Schedule WFC, line 17:
at least:	but not more than:	
—	\$38,200	0.40
\$38,201	40,100	0.36
40,101	42,000	0.32
42,001	43,900	0.24
43,901	45,800	0.16
45,801	47,750	0.08
47,751	—	0.00

Table 4, household size = 4		
If the amount on Schedule WFC, line 15 is:		Enter this decimal amount on Schedule WFC, line 17:
at least:	but not more than:	
—	\$46,100	0.40
\$46,101	48,400	0.36
48,401	50,700	0.32
50,701	53,000	0.24
53,001	55,300	0.16
55,301	57,650	0.08
57,651	—	0.00

Table 5, household size = 5		
If the amount on Schedule WFC, line 15 is:		Enter this decimal amount on Schedule WFC, line 17:
at least:	but not more than:	
—	\$54,000	0.40
\$54,001	56,700	0.36
56,701	59,400	0.32
59,401	62,100	0.24
62,101	64,800	0.16
64,801	67,550	0.08
67,551	—	0.00

Table 6, household size = 6		
If the amount on Schedule WFC, line 15 is:		Enter this decimal amount on Schedule WFC, line 17:
at least:	but not more than:	
—	\$61,950	0.40
\$61,951	65,050	0.36
65,051	68,150	0.32
68,151	71,250	0.24
71,251	74,350	0.16
74,351	77,450	0.08
77,451	—	0.00

Table 7, household size = 7		
If the amount on Schedule WFC, line 15 is:		Enter this decimal amount on Schedule WFC, line 17:
at least:	but not more than:	
—	\$69,850	0.40
\$69,851	73,350	0.36
73,351	76,850	0.32
76,851	80,350	0.24
80,351	83,850	0.16
83,851	87,350	0.08
87,351	—	0.00

Table 8, household size = 8		
If the amount on Schedule WFC, line 15 is:		Enter this decimal amount on Schedule WFC, line 17:
at least:	but not more than:	
—	\$77,800	0.40
\$77,801	81,650	0.36
81,651	85,550	0.32
85,551	89,450	0.24
89,451	93,350	0.16
93,351	97,250	0.08
97,251	—	0.00

Schedule WFC relationship codes

Son..... S	Grandchild GC	Eligible foster childEF	Sister-in-lawSL
Daughter..... D	Niece..... NC	Aunt A	Brother-in-lawBL
Stepson..... SS	NephewNW	Uncle U	Other relative..... O
Stepdaughter..... SD	Sister/Brother.....SB	Cousin..... CS	None..... N