



2018 Schedule ELC Early Learning Tax Credit



▶ Complete and attach to Form D-40 only if you have an eligible child.

OFFICIAL USE ONLY Vendor ID# 0002

Name shown on return

Your first name

M.I.

Last name

Taxpayer Identification Number (TIN)

Before you begin:

- See the instructions on back of this form to make sure that **1**) you can take the Early Learning Tax Credit (ELC) and **2**) you have an eligible child.
- Be sure the child's name on Line 2 and tax identification number (TIN) on Line 3 matches with the eligible child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your ELC if the name or TIN does not match the social security card. Call the Social Security Administration at 1-800-772-1213

| Eligible Child Information | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| 1a Is this child a recipient of the District's subsidized child care program? <input type="checkbox"/> Yes. STOP, your child is not eligible for this credit. <input type="checkbox"/> No. Go to Line 1b. | <input type="checkbox"/> Yes. STOP, your child is not eligible for this credit. <input type="checkbox"/> No. Go to Line 1b. | <input type="checkbox"/> Yes. STOP, your child is not eligible for this credit. <input type="checkbox"/> No. Go to Line 1b. | <input type="checkbox"/> Yes. STOP, your child is not eligible for this credit. <input type="checkbox"/> No. Go to Line 1b. |
| 1b Was the child under age 4 as of 09/30/2018? <input type="checkbox"/> Yes. Go to Line 2. <input type="checkbox"/> No. STOP, your child is not eligible for this credit. | <input type="checkbox"/> Yes. Go to Line 2. <input type="checkbox"/> No. STOP, your child is not eligible for this credit. | <input type="checkbox"/> Yes. Go to Line 2. <input type="checkbox"/> No. STOP, your child is not eligible for this credit. | <input type="checkbox"/> Yes. Go to Line 2. <input type="checkbox"/> No. STOP, your child is not eligible for this credit. |
| 2 Child's name First name <input type="text"/> Last name <input type="text"/> | First name <input type="text"/> Last name <input type="text"/> | First name <input type="text"/> Last name <input type="text"/> | First name <input type="text"/> Last name <input type="text"/> |
| 3 Child's taxpayer identification number <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"/> <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"/> <input type="text"/> <input type="text"/> |
| 4 Child's Date of Birth (MMDDYYYY) <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"/> | (MMDDYYYY) <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"/> | (MMDDYYYY) <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"/> | (MMDDYYYY) <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"/> |
| 5 Child's relationship to you <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Name of Child Development Facility <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 7 Child Development Facility address <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 8 Child Development Facility taxpayer identification number <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"/> <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"/> <input type="text"/> <input type="text"/> |
| 9 For payment purposes, was the child under age 3 as of 9/30/2018? <input type="checkbox"/> Yes. Include payments made for care from 01/01/2018 through 12/31/2018 <input type="checkbox"/> No. Include payments made for care from 01/01/2018 through 8/31/2018 | <input type="checkbox"/> Yes. Include payments made for care from 01/01/2018 through 12/31/2018 <input type="checkbox"/> No. Include payments made for care from 01/01/2018 through 8/31/2018 | <input type="checkbox"/> Yes. Include payments made for care from 01/01/2018 through 12/31/2018 <input type="checkbox"/> No. Include payments made for care from 01/01/2018 through 8/31/2018 | <input type="checkbox"/> Yes. Include payments made for care from 01/01/2018 through 12/31/2018 <input type="checkbox"/> No. Include payments made for care from 01/01/2018 through 8/31/2018 |
| 10 Amount paid. See instructions \$ <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"/> .00 | \$ <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"/> .00 | \$ <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"/> .00 | \$ <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"/> .00 |
| 11 The maximum credit you can receive for each eligible child is \$1,000 \$ 1 0 0 0 .00 | \$ 1 0 0 0 .00 | \$ 1 0 0 0 .00 | \$ 1 0 0 0 .00 |
| 12 Enter the lessor of Line 10 or Line 11 for each eligible child here and on Schedule U, Part 1b, Line 2. \$ <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"/> .00 | \$ <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"/> .00 | \$ <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"/> .00 | \$ <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"/> .00 |



Name shown on return
 Your first name M.I Last name Taxpayer Identification Number (TIN)

| Eligible Child Information | Child 7 | Child 8 | Child 9 |
|---|--|--|--|
| 1a Is this child a recipient of the District's subsidized child care program? | <input type="checkbox"/> Yes. STOP , your child is not eligible for this credit. <input type="checkbox"/> No. Go to Line 1b. | <input type="checkbox"/> Yes. STOP , your child is not eligible for this credit. <input type="checkbox"/> No. Go to Line 1b. | <input type="checkbox"/> Yes. STOP , your child is not eligible for this credit. <input type="checkbox"/> No. Go to Line 1b. |
| 1b Was the child under age 4 as of 09/30/2018? | <input type="checkbox"/> Yes. Go to Line 2. <input type="checkbox"/> No. STOP , your child is not eligible for this credit. | <input type="checkbox"/> Yes. Go to Line 2. <input type="checkbox"/> No. STOP , your child is not eligible for this credit. | <input type="checkbox"/> Yes. Go to Line 2. <input type="checkbox"/> No. STOP , your child is not eligible for this credit. |
| 2 Child's name | First name <input style="width: 100%;" type="text"/> Last name <input style="width: 100%;" type="text"/> | First name <input style="width: 100%;" type="text"/> Last name <input style="width: 100%;" type="text"/> | First name <input style="width: 100%;" type="text"/> Last name <input style="width: 100%;" type="text"/> |
| 3 Child's taxpayer identification number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 4 Child's Date of Birth | (MMDDYYYY) <input style="width: 100%;" type="text"/> | (MMDDYYYY) <input style="width: 100%;" type="text"/> | (MMDDYYYY) <input style="width: 100%;" type="text"/> |
| 5 Child's relationship to you | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 6 Name of Child Development Facility | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 7 Child Development Facility address | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 8 Child Development Facility taxpayer identification number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 9 For payment purposes, was the child under age 3 as of 9/30/2018? | <input type="checkbox"/> Yes. Include payments made for care from 01/01/2018 through 12/31/2018 <input type="checkbox"/> No. Include payments made for care from 01/01/2018 through 8/31/2018 | <input type="checkbox"/> Yes. Include payments made for care from 01/01/2018 through 12/31/2018 <input type="checkbox"/> No. Include payments made for care from 01/01/2018 through 8/31/2018 | <input type="checkbox"/> Yes. Include payments made for care from 01/01/2018 through 12/31/2018 <input type="checkbox"/> No. Include payments made for care from 01/01/2018 through 8/31/2018 |
| 10 Amount paid. See instructions | \$ <input style="width: 80%;" type="text"/> .00 | \$ <input style="width: 80%;" type="text"/> .00 | \$ <input style="width: 80%;" type="text"/> .00 |
| 11 The maximum credit you can receive for each eligible child is \$1,000 | \$ <input style="width: 80%;" type="text"/> 1 0 0 0 .00 | \$ <input style="width: 80%;" type="text"/> 1 0 0 0 .00 | \$ <input style="width: 80%;" type="text"/> 1 0 0 0 .00 |
| 12 Enter the lesser of Line 10 or Line 11 for each eligible child here and on Schedule U, Part 1b, Line 2. | \$ <input style="width: 80%;" type="text"/> .00 | \$ <input style="width: 80%;" type="text"/> .00 | \$ <input style="width: 80%;" type="text"/> .00 |