Print Form Clear Form

Government of the District of Columbia

2019

Schedule ELC
Keep Child Care Affordable Tax Credit

1 9 E L C 0 0 1 0 0 0 2

▶ 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 Keep Child Care Affordable Tax Credit 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?	☐ **Yes. STOP,** your child is not eligible for this credit. ☐ **No.** Go to Line 1b.	☐ **Yes. STOP,** your child is not eligible for this credit. ☐ **No.** Go to Line 1b.	☐ **Yes. STOP,** your child is not eligible for this credit. ☐ **No.** Go to Line 1b.
1b Was the child under age 4 as of 09/30/2019?	☐ **Yes.** Go to Line 2. ☐ **No. STOP, your child is not eligible for this credit.**	☐ **Yes.** Go to Line 2. ☐ **No. STOP, your child is not eligible for this credit.**	☐ **Yes.** Go to Line 2. ☐ **No. STOP, your child is not eligible for this credit.**
2 Child's name	First name Last name	First name Last name	First name Last name
3 Child's taxpayer identification number			
4 Child's Date of Birth	(MMDDYYYY)	(MMDDYYYY)	(MMDDYYYY)
5 Child's relationship to you			
6 Name of Child Development Facility			
7a Child Development Facility address			
7b Is the child development facility operated by the federal government or by a private provider on federal property?	☐ **Yes.** ☐ **No.**	☐ **Yes.** ☐ **No.**	☐ **Yes.** ☐ **No.**
8 Child Development Facility taxpayer identification number			
9 For payment purposes, was the child under age 3 as of 9/30/2019?	☐ **Yes.** Include payments made for care from 01/01/2019 through 12/31/2019 ☐ **No.** Include payments made for care from 01/01/2019 through 8/31/2019	☐ **Yes.** Include payments made for care from 01/01/2019 through 12/31/2019 ☐ **No.** Include payments made for care from 01/01/2019 through 8/31/2019	☐ **Yes.** Include payments made for care from 01/01/2019 through 12/31/2019 ☐ **No.** Include payments made for care from 01/01/2019 through 8/31/2019
10 Amount paid. See instructions	$ .00	$ .00	$ .00
11 The maximum credit you can receive for each eligible child is $1,000	$ 1000.00	$ 1000.00	$ 1000.00
12 Enter the lesser of Line 10 or Line 11 for each eligible child here and on Schedule U, Part 1b, Line 2.	$ .00	$ .00	$ .00