

Schedule WFC

Oregon Working Family Child Care Credit for Full-Year Residents

2013

Last name	First name and initial	Social Security number (SSN) - -	Attending school 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 - -	Attending school 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 2013, 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



Qualifying Child Care Expenses Paid in 2013. Complete all information for each child care provider you paid in 2013.

Provider's full name and complete address	Provider's SSN or	Provider's FEIN	Child to Provider Relationship
6. Name _____ Address _____ City, State, ZIP Code _____	Provider's Telephone No. _____ 6	Amount You Paid to Provider \$ _____

Provider's full name and complete address	Provider's SSN or	Provider's FEIN	Child to Provider Relationship
7. Name _____ Address _____ City, State, ZIP Code _____	Provider's Telephone No. _____ 7	Amount You Paid to Provider \$ _____

Provider's full name and complete address	Provider's SSN or	Provider's FEIN	Child to Provider Relationship
8. Name _____ Address _____ City, State, ZIP Code _____	Provider's Telephone No. _____ 8	Amount You Paid to Provider \$ _____

9. Add amounts on lines 6 through 8 and enter the result here.
If you have more than three providers, enter additional qualifying providers and 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	Qualifying Expenses You Paid for Child
10. First and Last Name of Child				\$ _____
11.				\$ _____
12.				\$ _____
13.				\$ _____
14. Add amounts on lines 10 through 13 and enter the result here. If you have more than four qualifying children, enter additional qualifying children and check here 14a				14 \$ _____

Computation of Credit

- Enter your federal adjusted gross income (Form 40, line 8) 15
- Enter the total qualifying child care expenses you paid in 2013 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
- 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

—YOU MUST INCLUDE THIS SCHEDULE WITH YOUR OREGON TAX RETURN TO RECEIVE THIS CREDIT —