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2023 Child Care Expenses Tax Credit

• For Tax Year												
You MUST su	bmit this	form with your	comple	te Colo	rado Individual Inco	me Tax F	Return	includin	a forms DR (0104		
					ir federal income tax							
Colorado retu	urn.								-			
Thoroughly read the instructions to be certain you are eligible for this credit. Be sure to complete all required information. Failure to do so may result in a denied credit or delayed refund.												
	so may res	sult in a denied c	redit or	delayed	d refund.							
Taxpayer Name						SSN o	r ITIN					
Part I – Pers	sons or u have mo	Organizations	s Who e provide	Provid ers or if	led the Care – You the provider is non-pr	u must rofit, see	comp the in	olete this structions.	s part.			
•1(a). Care Provider's First Name or Business Name							Middle Initial		• (b) SSN, ITIN	or FEIN		
• (C) Address				• City		State	• ZIP		● (d) Amount P	aid		
									\$			
• (e) Care Provid	der's First Na	ame or Business Nam	ne •Las	st Name			Midd	le Initial	• (f) SSN, ITIN (or FEIN		
• (g) Address				City		 State 	• ZIP		• (h) Amount P	aid		
									\$			
Part II – Qualifying Child Information – You must complete this part. If you have more than four qualifying children, see the instructions.												
• 2(a). Child's Fi	irst Name		• Las	st Name				Middle Initial	 Year of Birth 			
SSN or ITIN			l				I					
		Qualified expert		naid in	2023 for the person li	stad in 2	(a)		\$			
• 2(b). Child's Fi	irot Nomo			st Name				Middle Initial	· · · · · · · · · · · · · · · · · · ·			
	IISUNAILE		• La	stivanie								
SSN or ITIN			I									
		Qualified expen	ses vou	paid in	2023 for the person I	isted in 2	2(b)	•	\$			

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Taxpayer Name				SSN or ITIN	
● 2(c). Child's First Name		ast Name		Middle Initial	 Year of Birth
SSN or ITIN					
	Qualified expenses yo	ou paid in 2023 for the	person listed in 2(c)	•	\$
• 2(d). Child's First Name	•L	ast Name		Middle Initial	 Year of Birth
● SSN or ITIN					
	_				
	Qualified expenses yo	ou paid in 2023 for the	person listed in 2(d)	•	\$
2(e). Enter the sum of	f all qualified child care	expenses	•	\$	
	+				
2(f).Enter your earned	\$				
2(a) . If filing a joint re	turn, enter the earned in	ncome of the other pe	rson •	\$	
			•	Ψ	
3. Enter the smallest of	\$				
4. Enter your adjusted	¢				
	, 1040-SP, or 1040-NR ount of line 4 is great		• 4 P – vou do not qua		redit
5. Enter the amount fro			endent care		
	not complete federal fo		• 5	\$	
 Enter your tax from y 1040-NR line 18 	our federal income tax	form 1040, 1040-SR,	1040-SP, or	\$	
	laimed a credit on feder	ral form 2441, continu			IV.
Part III – Child Care					
7. Allowable percentag	e of federal credit.		7		0.5
8. Enter the amount fro		orm 2441, child and d	ependent care		
9. Multiply line 8 by the	decimal on line 7. Full-	year residents, enter			
DR0104CR line 2, P	art-year residents, cont	inue to Part V.	9		
Part IV – Low-Incom	e Child Care Expen	ses Credit – Comple	te this part if line 6 is	\$0 AND line 4	is \$25,000 or les
10. Allowable percenta	ge of low-income child	care expenses.	10		. 0
11. Multiply line 3 by th			• 11		
		Table A	• 11	<u> </u>	
. , , ,	child	. \$500	Two or more qualifyi	ng children	\$1,000
12. Enter the smaller of I enter this amount or	ine 11 or the appropriate DR 0104CR line 2, Part	amount from Table A. t-year residents, continu	Full-year residents, ue to Part V. • 12		
Part V – Part-Year F	Resident Limitation				
13. Part-year residents	ONLY – Enter the perc	entage from DR 0104	PN line 34.		
	ceeds 100%, enter 10 mount from line 9 or lin		13 ae from line 13.		
	sult on line 2 of DR 010		• <u>14</u>	\$	