Government of the District of Columbia

Schedule ELC Keep Child Care Affordable Tax Credit

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

M.I. Last Name

2023

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Name(s) shown on return

Your first name

Taxpayer Identification Number

Before you begin:

- See the instructions 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 the taxpayer identification number (TIN) on Line 3 matches 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.

| Eli | gible 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 09/30/2023? | Yes. Go to Line 2. | Yes. Go to Line 2. | Yes. Go to Line 2. |
| | | No. STOP , your child is not eligible for this credit. | No. STOP, your child is not eligible for this credit. | No. STOP , your child is not eligible for this credit. |
| 2 | Child's name | First name | First name | First name |
| | | Last name | Last name | Last name |
| 3 | Child's taxpayer | | | |
| 4 | identification number Child's Date of Birth | (MMDDYYYY) | (MMDDYYYY) | (MMDDYYYY) |
| 5 | Child's relationship to you | | | |
| 6 | Name of Child Development Facility | | | |
| 7a | Child Development Facility License Number | | | |
| 7b | Is the child development facility operated by the federal government or by a private provider on federal property? | Yes. | Yes. | Yes. |
| 8 | Child Development Facility taxpayer identification number | No. | No. | No |
| 9 | For payment purposes, was the child underage 3 as of 09/30/2023? | Yes. Include payments made for care from 01/01/2023 through 12/31/2023. | Yes. Include payments made for care from 01/01/2023 through 12/31/2023. | Yes. Include payments made for care from 01/01/2023 through 12/31/2023. |
| | | No. Include payments made for care from 01/01/2023 through 8/31/2023. | No. Include payments made for care from 01/01/2023 through 8/31/2023. | No. Include payments made for care from 01/01/2023 through 8/31/2023. |
| 10 | Amount paid. (See instructions) | | | |
| 11 | The maximum credit you can receive for each eligible child is 1115 | 1115.00 | 1115.00 | 1115.00 |
| 12 | Enter the lesser of Line 10 or Line 11 for each eligible child here and on Schedule U, Part 1b, Line 2. | | | |