

2023 Schedule M1CD, page 2



Part 3 — Dependent Care Benefits

- 14 Enter the total amounts of dependent care benefits you received in 2023 (see instructions) 14 ■ _____
- 15 Enter the amount of benefits you carried over from 2022 and used in 2023 (see instructions) 15 ■ _____
- 16 Enter the amount you forfeited or carried forward to 2024 as a negative amount (see instructions) 16 ■ _____
- 17 Combine lines 14 through 16 17 ■ _____
- 18 Enter the total amount of qualified expenses incurred in 2023 for the care of the qualifying person(s) 18 ■ _____
- 19 Enter the smaller of line 17 or 18 19 ■ _____
- 20 Enter your earned income (see instructions) 20 ■ _____
- 21 Enter the amount from the instructions based on your filing status (see instructions) 21 ■ _____
- 22 Enter the smallest of lines 19, 20, or 21 22 ■ _____
- 23 Enter \$5,000 (\$2,500 if Married Filing Separately and you were required to enter your spouse's earned income on line 21) 23 ■ _____
- 24 Enter the total amount from line 14 and line 15 that was from your sole proprietorship or partnership. 24 ■ _____
If you entered an amount on line 24, **check this box:**
- 25 Subtract line 24 from line 17. 25 _____
- 26 **Deductible benefits.** Enter the smaller of line 22, 23, or 24. 26 ■ _____
- 27 **Excluded benefits.** If you did not check the box on line 24, enter the smaller of line 22 or line 23. Otherwise, subtract line 26 from the smaller of line 22 or line 23. If zero or less, enter 0 27 ■ _____

Part 4 — Complete lines 28 through 32 to claim the child and dependent care credit in Part 2

- 28 Enter \$3,000 (\$6,000 if two or more qualifying persons) 28 ■ _____
- 29 Add lines 26 and 27 29 _____
- 30 Subtract line 29 from 28. If zero or less, STOP HERE. You do not qualify. If you paid 2022 expenses in 2023, see the instructions for line 7. 30 ■ _____
- 31 Complete the Table 2 for expenses of qualifying persons on page 1. Do not include any amount in qualifying expenses in column (d) which are included on line 29. Enter the total of column d on line 31 31 ■ _____
- 32 Enter the smaller of line 30 or 31. Also, enter this amount on line 1 to claim the Dependent Care Credit in Part 2. 32 ■ _____

Include this schedule with your Form M1.

