

**2023 Schedule OR-WFHDC**  
**Oregon Working Family Household and Dependent Care Credit**

Oregon Department of Revenue

Page 1 of 5 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Space for 2-D barcode - do not write in box below



**Read instructions carefully before completing this form.**

You may be required to provide proof of care expenses you paid and other documentation to validate your credit.

First name

Initial

Last name

CHCR

C

Social Security number (SSN)

490-54-9999

☐

Attending school

☐

Disabled

Spouse first name

Initial

Spouse last name

S

S

Spouse SSN

490-54-6666

☐

Attending school

☐

Disabled

**Section 1 - Providers.** Complete all information for each provider.

1a. Provider first name

1b. Initial

1c. Provider last name

X

X

1d. Provider business name, if applicable

1e. Provider address

S

1f. City

1g. State

1h. ZIP code

CAMBRIDGE

MA

02138

1i. Provider SSN

1j. Provider federal employer identification no. (FEIN)

490-54-3333

1k. Provider phone

1l. Qualifying individual to provider relationship code

1m. Amount **you** paid to the provider . . . . . 1m.

2,000.00

**Continued on next page**



Page 2 of 5 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

## Section 1 - Providers. Continued. Complete all information for each provider.

2a. Provider first name

2b. Initial 2c. Provider last name

2d. Provider business name, if applicable

2e. Provider address

2f. City

2g. State

2h. ZIP code

2i. Provider SSN

2j. Provider federal employer identification no. (FEIN)

2k. Provider phone

2l. Qualifying individual to provider relationship code

2m. Amount **you** paid to provider . . . . . 2m.

3a. Provider first name

3b. Initial 3c. Provider last name

3d. Provider business name, if applicable

3e. Provider address

3f. City

3g. State

3h. ZIP code

3i. Provider SSN

3j. Provider federal employer identification no. (FEIN)

3k. Provider phone

3l. Qualifying individual to provider relationship code

3m. Amount **you** paid to provider . . . . . 3m.

4. Total the amounts you paid to the providers on  
lines 1m, 2m, and 3m here . . . . . 4. 2,000.00

*Continued on next page*

Page 3 of 5 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

**Section 2 - Qualifying individuals.** List your qualifying individuals in order from youngest to oldest. Complete all information for each qualifying individual.

5a. First name	5b. Initial	5c. Last name	
A		A	
5d. SSN	5e. Code*	5f. Date of birth (MM/DD/YYYY)	
490-54-8888	SD	01/01/2019	<input type="checkbox"/> 5g. Disabled
5h. Total expenses paid for care . . . . . 5h.			2,000.00
5i. Portion of expenses <b>someone else</b> paid for care on your behalf . . . 5i.			
5j. Portion of expenses <b>you</b> paid for care . . . . . 5j.			2,000.00

6a. First name	6b. Initial	6c. Last name	
6d. SSN	6e. Code*	6f. Date of birth (MM/DD/YYYY)	
			<input type="checkbox"/> 6g. Disabled
6h. Total expenses paid for care . . . . . 6h.			
6i. Portion of expenses <b>someone else</b> paid for care on your behalf . . . 6i.			
6j. Portion of expenses <b>you</b> paid for care . . . . . 6j.			

7a. First name	7b. Initial	7c. Last name	
7d. SSN	7e. Code*	7f. Date of birth (MM/DD/YYYY)	
			<input type="checkbox"/> 7g. Disabled
7h. Total expenses paid for care . . . . . 7h.			
7i. Portion of expenses <b>someone else</b> paid for care on your behalf . . . 7i.			
7j. Portion of expenses <b>you</b> paid for care . . . . . 7j.			

\*Qualifying individual to taxpayer relationship code-see instructions to determine the appropriate code.

**Continued on next page**

**Section 2 - Qualifying individuals.** Continued.

8. Total expenses. Add lines 5h, 6h, and 7h . . . . . 8. 2,000.00
9. Total expenses someone else paid. Add lines 5i, 6i, and 7i . . . . . 9.
10. Total expenses you paid. Add lines 5j, 6j, and 7j . . . . . 10. 2,000.00

**Section 3 - Household size calculation**

11. Enter the number of regular exemptions you claimed on your 2023 Oregon return. Don't include any extra exemptions for the severely disabled or a child with qualifying disability . . . . . 11. 3
12. Enter the number of exemptions you didn't claim on your 2023 Oregon return for one of the following reasons: . . 12.
- You released a child's exemption to the child's other parent.
  - The gross income of a qualifying individual with a disability was \$4,700 or more.
  - The disabled qualifying individual filed a joint return with someone else.
  - You (or your spouse, if filing jointly) can be claimed as a dependent on someone else's return.
  - You and your spouse filed a joint federal return and separate Oregon returns because you ended the year with a different residency status (enter 1 for your spouse).
- Note:** Don't count an exemption more than once.
13. Add lines 11 and 12 . . . . . 13. 3
14. Enter the number of exemptions you claimed on your 2023 Oregon return for people who: . . . . . 14.
- Didn't live with you more than half of 2023.
  - Were released to you by the child's other parent.
  - Aren't related by blood, marriage, or adoption **and** who aren't qualifying individuals.
- Note:** Don't count an exemption more than once.
15. Household size. Line 13 minus line 14 . . . . . 15. 3

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Page 5 of 5 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

## Section 4 - Computation of credit

16. If you're claiming one qualifying individual, enter \$12,000. If you're claiming two or more qualifying individuals, enter \$24,000 . . . . . 16. 12,000.00
17. Enter the amount from federal Form 2441, line 28 (see instructions) . . . 17.
18. Line 16 minus line 17 . . . . . 18. 12,000.00
19. Enter the amount from line 10 . . . . . 19. 2,000.00
20. Enter your earned income from federal Form 2441, line 4 that is taxable to Oregon (students see instructions) . . . . . 20. 20,000.00
21. If your filing status is married filing jointly, enter your spouse's earned income from federal Form 2441, line 5 that is taxable to Oregon (students see instructions). Otherwise, enter the amount from line 20 above . . . 21. 10,000.00
22. Enter the **smallest** amount from lines 18, 19, 20, or 21 . . . . . 22. 2,000.00
23. Enter the decimal value from the online calculator (see instructions) . . . 23. 0.64
24. Line 22 multiplied by line 23 . . . . . 24. 1,280.00
25. If you (or your spouse, if your filing status is married filing jointly) were a student, complete Schedule OR-WFHDC-ST and enter the amount from line 34. Otherwise, enter 0 . . . . . 25.
26. Enter the larger of line 24 or line 25 . . . . . 26. 1,280.00
27. If you're filing Form OR-40, enter the amount from line 26. If you're filing Form OR-40-N or Form OR-40-P, multiply line 26 by your Oregon percentage (Form OR-40-N or Form OR-40-P, line 35) . . . . . 27. 1,280.00
28. If you paid 2022 expenses in 2023, complete Schedule OR-WFHDC-PR and enter the amount from line 13 or line 15. Otherwise, enter 0 . . . 28.
29. Line 27 plus line 28. Enter the total here and on Schedule OR-ASC, Section F, or Schedule OR-ASC-NP, Section H, using code 895. . . . . **This is your total credit.** 29. 1,280.00

—You must include this schedule with your Oregon income tax return when claiming this credit—

