

2024 Child and Dependent Care Expenses Credit

3506

Attach to your California Form 540 or Form 540NR.

Name(s) as shown on tax return	SSN or ITIN
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Part I Unearned Income and Other Funds Received in 2024. See instructions.

Source of Income/Funds	Amount	Source of Income/Funds	Amount

Part II Persons or Organizations Who Provided the Care in California – You must complete this part. See instructions.

1 Enter the following information for each person or organization that provided care in California. **Only care provided in California qualifies for the credit.**
If you need more space, attach a separate sheet.

	Provider	Provider
a Care provider's name		
b Care provider's address (number, street, apt. no., city, state, and ZIP code)		
c Care provider's telephone number		
d Is provider a person or organization?	<input type="checkbox"/> Person <input type="checkbox"/> Organization	<input type="checkbox"/> Person <input type="checkbox"/> Organization
e Identification number (SSN, ITIN, or FEIN)		
f Address where care was provided (number, street, apt. no., city, state, and ZIP code). PO box not acceptable.		
g Amount paid for care provided		

Did you receive dependent care benefits? ▶▶▶▶▶ No. Complete Part III below.
Yes. Complete Part IV on Side 2 before you complete Part III.

Part III Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. See instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number (SSN) (See instructions)	(c) Qualifying person's date of birth (DOB – mm/dd/yyyy) or disability status	(d) Percentage of physical custody (See instructions)	(e) Qualified expenses you incurred and paid in 2024 for the qualifying person's care in California
First	Last				
			DOB: _____ Disabled <input type="checkbox"/> Yes		
			DOB: _____ Disabled <input type="checkbox"/> Yes		
			DOB: _____ Disabled <input type="checkbox"/> Yes		

3 Add the amounts in column (e) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more qualifying persons. If you completed Side 2, Part IV, enter the amount from line 33	3	00
4 Enter YOUR earned income . See instructions. Nonresidents: Enter only your earned income from California sources . If you do not have earned income from California sources, stop , you do not qualify for the credit. Military servicemembers, see instructions. Part-year residents: Enter the total of (1) your earned income from California sources received while you were a nonresident and (2) all earned income received while you were a resident. Military servicemembers, see instructions.	4	00
5 If married or an RDP filing a joint return, enter YOUR SPOUSE'S/RDP's earned income. (If your spouse/RDP was a student or was disabled, see instructions.) If you are not filing a joint tax return, enter the amount from line 4 Nonresidents: Enter only your spouse's/RDP's earned income from California sources . If your spouse/RDP does not have earned income from California sources, stop , you do not qualify for the credit. Military servicemembers, see line 4 instructions. Part-year residents: Enter the total of (1) your spouse's/RDP's earned income from California sources received while he or she was a nonresident and (2) all earned income your spouse/RDP received while he or she was a resident. Military servicemembers, see line 4 instructions.	5	00
6 Enter the smallest of line 3, line 4, or line 5	6	00
7 Enter the decimal amount shown in the chart of the instructions for line 7	7	. ____
8 Multiply line 6 by the decimal amount on line 7.	8	00
9 Enter the decimal amount listed in the chart of the instructions for line 9	9	. ____
10 Multiply line 8 by the decimal amount on line 9.	10	00
11 Credit for prior year expenses paid in 2024. See instructions	11	00
12 Add line 10 and line 11. Enter the amount here and on Form 540, line 40; or Form 540NR, line 50	12	00

Part IV Dependent Care Benefits

13	Enter the total amount of dependent care benefits you received for 2024. This amount should be shown in box 10 of your federal Form(s) W-2. Do not include amounts that were reported to you as wages in box 1 of federal Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership. See instructions.				13		00
14	Enter the amount, if any, you carried over from 2023 and used in 2024 during the grace period. See instructions				14		00
15	Enter the amount, if any, you forfeited or carried forward to 2025. See instructions				15		00
16	Combine line 13 through line 15				16		00
17	Enter the total amount of qualified expenses incurred in 2024 for the care of the qualifying person(s). See instructions.	17		00			
18	Enter the smaller of line 16 or line 17	18		00			
19	Enter YOUR earned income.	19		00			
20	If married or an RDP filing a joint return, enter YOUR SPOUSE'S/RDP's earned income (if your spouse/RDP was a student or was disabled, see the instructions for line 5); if married or an RDP filing a separate tax return, see the instructions for the amount to enter; all others, enter the amount from line 19	20		00			
21	Enter the smallest of line 18, line 19, or line 20	21		00			
22	Enter \$5,000 (\$2,500 if married or an RDP filing separately and you were required to enter your spouse's/RDP's earned income on line 20). However, do not enter more than the maximum amount allowed under your dependent care plan	22		00			
23	Enter the amount from line 13 that you received from your sole proprietorship or partnership. If you did not receive any amounts, enter -0-				23		00
24	Subtract line 23 from line 16	24		00			
25	Deductible benefits. Enter the smallest of line 21, line 22, or line 23	25					00
26	Excluded benefits. Subtract line 25 from the smaller of line 21 or line 22. If zero or less, enter -0-	26					00
27	Taxable benefits. Subtract line 26 from line 24. If zero or less, enter -0-	27					00
28	Enter \$3,000 (\$6,000 if two or more qualifying persons)	28					00
29	Add line 25 and line 26	29					00
30	Subtract line 29 from line 28. If zero or less, stop. You do not qualify for the credit. Exception – If you paid 2023 expenses in 2024, see instructions for line 11	30					00
31	Complete Side 1, Part III, line 2. Add the amounts in column (e) and enter the total here	31					00
32	Enter the amount from your federal Form 2441, Part III, line 31	32					00
33	Enter the smallest of line 30, line 31, or line 32. Also, enter this amount on Side 1, Part III, line 3 and complete Part III, line 4 through line 12	33					00

Worksheet – Credit for 2023 Expenses Paid in 2024

1.	Enter your 2023 qualified expenses paid in 2023. If you did not claim the credit for these expenses on your 2023 tax return, get and complete a 2023 form FTB 3506 for these expenses. You may need to amend your 2023 tax return	1	_____
2.	Enter your 2023 qualified expenses paid in 2024	2	_____
3.	Add line 1 and line 2	3	_____
4.	Enter \$3,000 if care was for one qualifying person (\$6,000 for two or more)	4	_____
5.	Enter any dependent care benefits received for 2023 and excluded from your income (from your 2023 form FTB 3506, Part IV, line 26)	5	_____
6.	Subtract line 5 from line 4	6	_____
7.	Compare your and your spouse's/RDP's earned income for 2023 and enter the smaller amount.	7	_____
8.	If filing a joint tax return, compare the amounts on line 3, line 6, and line 7 and enter the smallest amount. If not filing a joint tax return, enter your earned income.	8	_____
9.	Enter the amount from your 2023 form FTB 3506, Side 1, Part III, line 6	9	_____
10.	Subtract line 9 from line 8. If zero or less, stop. You cannot increase your credit by any previous year's expenses	10	_____
11.	Enter your 2023 federal adjusted gross income (AGI) (from your 2023 Form 540, line 13; or Form 540NR, line 13)	11	_____
12.	2023 federal AGI decimal amount (from 2023 form FTB 3506, instructions for line 7)	12	_____
13.	Multiply line 10 by line 12	13	_____
14.	2023 California AGI decimal amount (from 2023 form FTB 3506, instructions for line 9)	14	_____
15.	Multiply line 13 by line 14. Enter the result here and on your 2024 form FTB 3506, Side 1, Part III, line 11	15	_____

2024 Instructions for Form FTB 3506

Child and Dependent Care Expenses Credit

General Information

Attach the completed form FTB 3506, Child and Dependent Care Expenses Credit, to your Form 540, California Resident Income Tax Return, or Form 540NR, California Nonresident or Part-Year Resident Income Tax Return, if you claim the child and dependent care expenses credit.

The child and dependent care expenses credit is **nonrefundable**.

Registered Domestic Partners (RDPs) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a California RDP, unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic “partner” and a California registered domestic “partnership,” as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

You may qualify to claim the 2024 credit for child and dependent care expenses if you (and your spouse/RDP) paid someone in California to care for your child or other qualifying person while you worked or looked for employment. You must have earned income to do so. If you qualify to claim the credit, use form FTB 3506 to figure the amount of your credit.

If you received dependent care benefits for 2024 but do not qualify to claim the credit, you are not required to complete form FTB 3506. For additional definitions, requirements, and instructions, get federal Form 2441, Child and Dependent Care Expenses.

B Differences in California and Federal Law

The differences between California and federal law are as follows:

- California allows this credit only for care provided in California.
- If you were a nonresident, you must have earned wages from working in California or earned self-employment income from California business activities.
- The California credit is a percentage of the federal credit.
- RDPs may file a joint California return and claim this credit. For more information, get FTB Pub. 737.

C Qualifications

You may take the credit if **all eight** of the following apply.

1. If you are married or an RDP, you must file a joint tax return. For an exception, see Section E, Married Persons or RDPs Filing Separate Tax Returns.
2. Care must be provided in California for one or more qualifying persons. See Section D, Qualifying Person Defined.
3. You paid for care so you (and your spouse/RDP) could work or look for work. However, if you did not find a job and have no earned income, you do not qualify for the credit. If your spouse/RDP was a student or disabled, see the instructions for Part III, line 5.
4. You (and your spouse/RDP) must have earned income (wages or self-employment income) during the year. See the instructions for Part III, line 4, for more information on earned income.
5. You and the qualifying person(s) live in the same home for more than half the year.
6. The person who provided care was not your spouse/RDP, the parent of your qualifying child, or a person for whom you can claim a dependent exemption. If your child provided the care, the child must have been age 19 or older by the end of 2024.
7. You report the required information about the care provider(s) in Part II, line 1, and the information about the qualifying person(s) in Part III, line 2.
8. Your federal adjusted gross income (AGI) is \$100,000 or less.

D Qualifying Person Defined

Rules for Most People
A qualifying person is:
1. A child under age 13 who meets the requirements to be your dependent as a Qualifying Child. A child who turned 13 during the year qualifies only for the part of the year when he or she was 12 years old; or
2. Your spouse/RDP who was physically or mentally incapable of self-care; or
3. Any person who was physically or mentally incapable of self-care and either:
a. Was your dependent.
b. Would have been your dependent except that:
i. He or she received gross income of \$5,050 or more.
ii. He or she filed a joint tax return.
iii. You, or your spouse/RDP if filing a joint tax return, could be claimed as a dependent on someone else's 2024 tax return.

Qualifying Child

A Qualifying Child is a child who meets **all** of the following tests:

- **Relationship Test** – The child must be your son, daughter, stepchild, adopted child, eligible foster child, brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of one of these. An adopted child includes a child who has been lawfully placed with you for legal adoption even if the adoption is not yet final. An eligible foster child must be placed with you by an authorized placement agency or by a court.
- **Age Test** – For the purposes of qualifying for the Child and Dependent Care Expenses Credit, the child must be under age 13.
- **Residency Test** – The child must live with you for more than half the year.
- **Support Test** – The child must not have provided more than half of his or her own support.
- **Joint Return Test** – The child must not have filed a joint federal or state income tax return with his or her spouse/RDP.
- **Citizenship Test** – The child must be a citizen or national of the U.S. or a resident of the U.S., Canada, or Mexico.

Tie-Breaker Rules: Qualifying Child of More Than One Person*	
If an individual may be claimed as a qualifying child by two or more taxpayers for the same taxable year, the following rules apply:	
If...	Then the child will be treated as the qualifying child of the...
Only one of the persons is the child's parent	Parent.
Both of the persons are the child's parent but they do not file a joint return	Parent with whom the child lived for the longer period of time during the year. If the child lived with both parents for the same amount of time, the parent who had the higher AGI for the year.
The child's parents can claim the child as a qualifying person but neither parent does	Person with the highest AGI of all persons claiming the child, but only if that person's AGI is higher than the highest AGI of any of the child's parents.
No parent can claim the child as a qualifying child	Person with the highest AGI of all persons claiming the child.

*These rules assume all other qualifying child requirements are satisfied.

Divorced, RDP Terminated, Separated, or Never-Married Parents

For divorced, RDP terminated, separated, or never-married parents, special rules apply in determining if your child meets the requirements to be your qualifying person. When parents file separate returns, only one parent qualifies to claim a child as a qualifying person.

Even if both parents pay for child care for the same child, both parents cannot qualify for the credit. Some custody agreements designate which parent is entitled to the credit. However, the designated parent must meet all the qualifications in Section C, Qualifications, to claim the credit. To verify that your child meets the requirements to be your qualifying person, use the table below.

RULES FOR DIVORCED, RDP TERMINATED, SEPARATED, OR NEVER-MARRIED PARENTS		
IF	AND	THEN
ALL four of the following apply: 1. Your child was under age 13 and/or physically or mentally incapable of self-care when the care was provided. Children turning 13 during the year qualify only for the part of the year they were 12 years old. 2. One of the following applies: a. You are divorced, legally separated, or have terminated a registered domestic partnership. b. You are separated under a written separation agreement. c. You and the other parent lived apart at all times during the last 6 months of the year. (This includes parents never married to each other.) 3. One or both parents had custody of the child for more than half the year. 4. One or both parents provided more than half the child's support for the year.	You were the custodial parent and you can claim the dependent exemption credit for the child.	The child is your qualifying person.
	You were the custodial parent and under the provisions of a decree of divorce, legal separation, termination of registered domestic partnership, or a written separation agreement, the noncustodial parent claimed the dependent exemption credit, or you signed a statement releasing the dependent exemption credit to the noncustodial parent.	The child is your qualifying person.
	You are not the custodial parent.	The child is not your qualifying person.
One or more of the four statements above do not apply.		Use the "Rules for Most People" in Section D.

Custodial Parent and Noncustodial Parent

The custodial parent is the parent with whom the child lived for the greater number of nights during the year. The other parent is the noncustodial parent. If the child lived with each parent for an equal number of nights during the year, the custodial parent is the parent with the higher AGI.

Parent Works at Night

If, due to a parent's night-time work schedule, a child lives for a greater number of days, but not nights, with the parent who works at night, that parent is treated as the custodial parent. On a school day, the child is treated as living at the primary residence registered with the school.

E Married Persons or RDPs Filing Separate Tax Returns

Generally, if you are married or an RDP, you must file a joint tax return to claim the credit. However, you can take the credit on your separate tax return if:

- You meet all three requirements below:
 - You lived apart from your spouse/RDP at all times during the last six months of 2024.
 - The qualifying person(s) lived in your home for more than half of 2024.
 - You provided over half the cost of keeping up your home.
- You meet all the other qualifications in Section C, Qualifications.

F Nonresidents and Part-Year Residents

- You must complete and attach Schedule CA (540NR), California Adjustments – Nonresidents or Part-Year Residents, to your tax return, Form 540NR. If Part I of Schedule CA (540NR) is not fully completed, we may disallow your credit.
- Nonresidents must have earned income from California sources to qualify for the credit. A nonresident servicemember's military wages are considered earned income from a California source for the purpose of qualifying for the credit.
- Part-year residents must have earned income while a California resident or earned income from California sources while a nonresident to qualify for the credit.

G Military Personnel

For the purposes of this credit, active duty pay is considered earned income from California sources, regardless of whether the servicemember is domiciled in California. The federal Military Spouses Residency Relief Act may affect the credit requirements for spouses of military servicemembers. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

Specific Line Instructions

Part I – Unearned Income and Other Funds Received in 2024

List the source and amount of **any** money you received in 2024 that is not included in your earned income (Part III, line 4 and line 5) but that was used to support your household. Include child support, property settlements, public assistance benefits, court awards, inheritances, insurance proceeds, pensions and annuities, social security payments, workers' compensation, unemployment compensation, interest, and dividends.

Part II – Persons or Organizations Who Provided the Care in California

Line 1

Complete line 1a through line 1g for each person or organization that provided the care in California. Only care provided in California qualifies for the credit. Use federal Form W-10, Dependent Care Provider's Identification and Certification, or any other source listed in the instructions for federal Form W-10 to get the information from your care provider. If your provider does not give you the information, complete as much of the information as possible and explain that your provider did not give you the information you requested.

If you do not give correct and complete information, we may disallow your credit unless you can show you used due diligence in trying to get the required information.

Line 1a through Line 1c

Enter your California care provider's complete name (or business name), address, and telephone number (including the area code). If you do not give complete information, we may disallow your credit. We may contact your care provider to verify the information you provide.

If you were covered by your employer's dependent care plan and your employer furnished the care (either at your workplace or by hiring a care provider), enter your employer's name on line 1a. Next, enter "See W-2" on line 1b. Complete line 1c through line 1f. Then leave line 1g blank. But, if your employer paid a third party (not hired by your employer) on your behalf to provide care, you must provide information on the third party on line 1a through line 1g.

Line 1d

For each care provider, check one box indicating whether the care provider is a person or organization.

Line 1e

If your care provider is	Then enter on line 1e
An individual	The provider's social security number (SSN) or Individual Taxpayer Identification Number (ITIN).
Not an individual	The provider's federal employer identification number (FEIN).
A tax-exempt organization	"Tax-exempt."

Line 1f

Enter the complete physical address where the care was provided. A post office box is not acceptable. If you do not provide correct or complete information, your credit may be disallowed. Only care provided in California qualifies for the credit.

Line 1g

Enter the total amount you **actually paid** in 2024 to your care provider for care provided in California. Also include amounts your employer paid to a third party on your behalf. It does not matter when the expenses were incurred. **Do not** reduce this amount by any reimbursement you received.

We may ask you to provide proof of payment. Cash payments without verifiable documentation may not be accepted.

Part III – Credit for Child and Dependent Care Expenses

Line 2

Complete column (a) through column (e) for each qualifying person for whom care was provided in California. If claiming more than three qualifying persons, attach a sheet of paper to your tax return with the required information and write "see attached." Write your name and SSN or ITIN on the sheet.

Column (a)

Enter each qualifying person's name.

Column (b)

Enter each qualifying person's SSN. Verify that the name and SSN match the qualifying person's social security card to avoid the reduction or disallowance of your credit. If the qualifying person does not have and cannot get an SSN but has been issued an ITIN, enter the qualifying person's ITIN in the space for the SSN. If the person was born in, and later died in, 2024, and does not have an SSN or an ITIN, enter "Died" in column (b) and attach a copy of the person's birth and death certificates.

Column (c)

Enter the qualifying person's date of birth (mm/dd/yyyy) in the space provided or if the qualifying person is disabled (physically or mentally incapable of self-care), check the "Yes" box. Incomplete information could result in a delay or disallowance of your credit.

Column (d)

If you shared custody of the qualifying person(s), enter the percentage of time you possessed physical custody during 2024. If you have 50% or less physical custody of your child, you **do not** qualify for the credit.

Column (e)

Qualified expenses are amounts paid for the care of your qualifying person while you worked or looked for work.

Enter the qualified expenses you incurred and paid in 2024 for the qualifying person(s). Include only the qualified expenses for care provided in California. If the child turned 13 years old during the year, include only the qualified expenses for the part of the year the child was 12 years old.

Do not include in column (e) qualified expenses:

- You incurred in 2024 but did not pay until 2025. You may be able to use these expenses to increase your 2025 credit.
- You incurred in 2023 but did not pay until 2024. Instead, see instructions for line 11.
- You prepaid in 2024 for care to be provided in 2025. These expenses may only be used to figure your 2025 credit.

A qualified expense does not include the amount you paid for education (school tuition) or the amount you received through a subsidy program.

Qualified expenses include:	Qualified expenses do not include:
<ul style="list-style-type: none"> The cost of care for the qualifying person's well-being and protection. If care was provided by a dependent care center, the center must meet all applicable state and local regulations. Cost of pre-school or similar program below the kindergarten level. Day camp, even if it specialized in a particular activity, such as soccer. 	<ul style="list-style-type: none"> Child support payments. Payments made to the parent of your qualifying child. Payments made to your spouse/RDP. Payments made to your child who is under age 19 at the end of the year, even if he or she is not your dependent. Payments made to a dependent for whom you (or your spouse/RDP) can claim a dependent exemption. Expenses paid by or reimbursed through a subsidy program. Cost for education (school tuition) at the kindergarten level and above. Overnight camp.

Line 4

Earned income includes:	Earned income does not include:
<ul style="list-style-type: none"> Wages, salary, tips, and other taxable employee compensation, as well as military compensation, including compensation for service in a combat zone. Net earnings from self-employment. Strike benefits. Disability payments you report as wages. Active duty pay received by servicemembers of the armed forces is considered earned income regardless of whether the servicemember is domiciled in this state or elsewhere. 	<ul style="list-style-type: none"> Pensions or annuities Social security payments Workers' compensation Interest Dividends Capital gains Unemployment compensation Public assistance California service income excluded under the Military Spouses Residency Relief Act.

Nonresidents and Part-Year Residents Only: Earned income from California sources includes:	Earned income does not include:
<ul style="list-style-type: none"> Wages, salary, tips, and other taxable employee compensation for working in California, as well as military compensation, including compensation for service in a combat zone. Net earnings from self-employment from California business activities. Strike benefits related to California employment. Disability payments you report as California wages. Active duty pay received by servicemembers of the armed forces is considered earned income regardless of whether the servicemember is domiciled in this state or elsewhere. 	<ul style="list-style-type: none"> Pensions or annuities Social security payments Workers' compensation Interest Dividends Capital gains Unemployment compensation Public assistance California service income excluded under the Military Spouses Residency Relief Act.

Line 5

Spouse/RDP Who Was a Student or Disabled

Your spouse/RDP was a **student** if he or she was enrolled as a full-time student at a school during any 5 months of 2024. A school does not include a night school or correspondence school.

Your spouse/RDP was **disabled** if he or she was not capable of self-care. Figure your spouse's/RDP's earned income on a monthly basis.

For each month your spouse/RDP was a full-time student or disabled, enter on line 5 the larger of the following:

- Your spouse's/RDP's actual earned income for that month.
- \$250 (\$500, if you have 2 or more qualifying persons).

If, in the same month, both you and your spouse/RDP qualified as either full-time students or disabled, only one of you receive treatment as having earned income of \$250 (or \$500) in that month. For any month that your spouse/RDP was not a full-time student or disabled, use your spouse's/RDP's actual earned income for that month.

Line 7

Use the chart below to determine the decimal amount to enter on line 7. Your federal AGI is on Form 540, line 13 or Form 540NR, line 13. For military personnel domiciled outside of California, use your federal AGI less your military pay to determine the decimal amount to enter on line 7.

If your federal AGI is:	The decimal amount to enter on line 7 is:	
Over	But not over	
\$0	\$15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32
21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28
29,000	31,000	.27
31,000	33,000	.26
33,000	35,000	.25
35,000	37,000	.24
37,000	39,000	.23
39,000	41,000	.22
41,000	43,000	.21
43,000	No limit	.20

Line 9

Use the chart below to determine the decimal amount to enter on line 9. For military personnel domiciled outside of California, use your federal AGI less your military pay to determine the decimal amount to enter on line 9.

If your federal AGI from Form 540, line 13 or Form 540NR, line 13 is:	The decimal amount to enter on line 9 is:
\$40,000 or less	.50
Over \$40,000 but not over \$70,000	.43
Over \$70,000 but not over \$100,000	.34
Over \$100,000	Stop. You do not qualify for this credit.

Line 11

If you had qualified expenses for care that was provided in 2023 that you paid for in 2024, and you did not claim a credit on the maximum amount of qualified expenses for 2023, you may be able to increase your credit for 2024. Complete the Worksheet on Side 2 of form FTB 3506. See Worksheet instructions on this page.

Part IV – Dependent Care Benefits

Line 13

Dependent care benefits are:

- Amounts an employer paid directly to you (or your spouse/RDP), or to your care provider for the care of your qualifying person(s), while you worked.
- A day-care facility provided by your employer.

- Generally deducted from your salary.
- Shown in box 10 of your 2024 federal Form(s) W-2, Wage and Tax Statement. Do not include on line 13 amounts reported in box 10 that exceed your plan's exclusion and are therefore reported as wages in box 1 of your 2024 federal Form(s) W-2.

Line 14

Enter the amount from federal Form 2441, line 13.

Line 15

If you had a flexible spending account, any amount included on line 13 that you did not receive because you did not incur the expense is considered forfeited. **Do not** include amounts you expect to receive at a future date.

Line 17

Enter the total of all qualified expenses incurred in 2024. It does not matter when the expenses were paid.

A qualified expense does not include the amount you paid for education (school tuition) or the amount you received through a subsidy program.

Example: You received \$2,000 cash under your employer's dependent care plan for 2024. The \$2,000 is shown in box 10 of your federal Form W-2. You incurred \$900 of qualified expenses in 2024 for the care of your 3-year-old dependent child. Enter \$900 on line 17, but report the entire \$2,000 on line 13.

For all other lines, follow specific line instructions on the form. For additional information, get federal Form 2441 or federal Pub. 503, Child and Dependent Care Expenses.

Line 20

If you are married or an RDP filing a separate return and you meet the requirements of Section E, Married Persons or RDPs Filing Separate Tax Returns, item 1, then enter your earned income from line 19. On line 22, enter \$5,000.

If you were married or an RDP and filed a separate return but did not meet the requirements of Section E, Married Persons or RDPs Filing Separate Tax Returns, item 1, then enter **your spouse's/RDP's earned income**. If your spouse/RDP was a student or disabled in 2024, see the instructions for line 5. On line 22, enter \$2,500.

Worksheet – Credit for 2023 Expenses Paid in 2024

You will need a copy of your 2023 California tax return to complete the worksheet.

Line 12 and Line 14

You need the 2023 form FTB 3506 instructions to complete the Credit for 2023 Expenses Paid in 2024 Worksheet, on Side 2. Forms are available at ftb.ca.gov/forms or by calling 800.338.0505.

Line 12

Enter the decimal amount from the chart in the line 7 instructions of the 2023 form FTB 3506 that corresponds to your 2023 federal AGI.

Line 14

Enter the decimal amount from the chart in the line 9 instructions of the 2023 form FTB 3506 that corresponds to your 2023 California AGI.

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection – Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.