

2018 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ or Long or Short Form 540NR

Name(s) as shown on tax return

SSN

Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

Follow Step 1 through Step 7 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit.

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Long or Short Form 540NR.

Part I Qualifying Information See Specific Instructions.

- 1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? Yes No
- b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? Yes No
- 2 Federal AGI (federal Form 1040, line 7) 2 .00
- 3 Federal EIC (federal Form 1040, line 17a) 3 .00

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 – Investment Income 4 .00

Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information

	Child 1	Child 2	Child 3
5 First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Date of birth (mm/dd/yyyy). If born after 1999 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions.	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
b Was the child permanently and totally disabled during any part of 2018? If yes, go to line 10. If no, stop here. The child is not a qualifying child.	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
10 Child's relationship to you. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Number of days child lived with you in California during 2018. Do not enter more than 365 days. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>



	Child 1	Child 2	Child 3
12 a Child's physical address during 2018 (number, street, and apt. no./ste. no.). See instructions.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
b City.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
c State.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
d ZIP code.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. ● **13** .00

14 IHSS payments. See instructions. ● **14** .00

15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. ● **15** .00

16 Subtract line 14 and line 15 from line 13. ● **16** .00

17 Nontaxable combat pay. See instructions. ● **17** .00

18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions. ● **18** .00

a Business name. ●

b Business address ●

City, state, and zip code ●

c Business license number ●

d SEIN. ●

e Business code ●

19 California Earned Income. Add line 16, line 17, and line 18. ● **19** .00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, Line 23 ● **20** .00

Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR (Long or Short), line 38. ● **21**

22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21. This amount should also be entered on Form 540NR (Long or Short), line 85 ● **22** .00

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