SCHEDULE X (FORM N-11/N-15) (REV. 2024)

## STATE OF HAWAII — DEPARTMENT OF TAXATION TAX CREDITS FOR HAWAII RESIDENTS

2024

Both pages of Schedule X **must** be attached to Form N-11 or N-15

SCHX\_I 2024A 01 VID01

lan	ne(s) as shown on Fo	rm N-11 or N-15					Yo	our social s	ecuri	ty number
ΆΙ	RT I: CREDIT FOR	R LOW-INCOME HOUSEHOLD REN	TERS							
		s income (Form N-11, line 20; or Form N-		5, Colum	n A) less than \$	30,000?				
		annot claim this credit. If "Yes," go to line								
2	Are you a resident wh	ho was <b>present in Hawaii more than nin</b>	e months	s in 2024	? If "No," <b>STOP</b> .	You cannot claim th	is cre	dit. If "Yes	," go	to line 3.
	-	as a dependent by another taxpayer? If "Y								
	nter required information for each rental unit that was fully subject to real property tax. Do not list rental units that were wholly or partially exempt from real property tax. If you occupied									
	nore than one qualified unit, submit the required information for each additional unit on a separate sheet. If you shared the unit with others, enter only your share of the rent.									
		o., if any)			,	, , , , , , , , , , , , , , , , , , , ,	, ,			
	Occupied From	• • • • • • • • • • • • • • • • • • • •			2024.	Total rent paid for th	is pe	riod. \$		
		month		nth	,	Total Total para 10. a.				
	Owned by (or agent for	owner)				GE				_
	Owned by (or agont for	name	ade	dress				. — — — (Hawaii Ta	x I.D.	No.)
_	A .l			1 1	e. A I		-			
		rent paid during the taxable year for all th	-				5			
		your exclusions (e.g., utilities, parking stalls, g					6			
		If this amount is \$1,000, or less, <b>STOP</b> . Y					7			
8		UR SPOUSE, AND YOUR DEPENDENTS					rese	nt		
		n receiving more than half of their support			•		ents			
_			Relationshi			Name				Relationship
8		Nume	Self			Humo			٠.	Countrolling
			Spouse						+	
									+	
	<u> </u>									
_		qualified persons listed above								
		exemption and you are age 65 or over, er							9	
10		g jointly or married filing separately where y			-					
		e, and was not the dependent of someone e	-							
		spouse is age 65 or over; enter 1. Otherwis							10	
	-	10							11	
12		of exemptions on line 11 by \$50 and enter								00
		3. This is your credit for low-income house			ole dollars only).		12			00
		R CHILD AND DEPENDENT CARE I for child and dependent care expenses if			a married filing	anarataly unless ye	u ma	ot the requ	iirom	onto listad
		'Married Persons Filing Separately." If you	-	_	_		iu iiie	et the requ	ill elli	enis listeu
			ı meet me	se requii	ements, check	unis box.				
	ction A: Care Pro	ovider information (a) through (e) for each person or organiza	tion that n	rovidad t	ho caro If you d	a not give the inform	otion	aakad far	in oo	sh oolumn
	•	.,			•	•				
		ive is not correct, your credit and, if applica								
1	provider's name	(a) Care (b) Address (c) Identification number (d) Hawaii Ta ovider's name (number, street, city, state, and Postal/ZIP code) (SSN or FEIN) I.D. No.				IX	(e)	AIIIO	unt paid	
	provider's flame	(Humber, Street, City, State, and Postal/Zir	code)	(33	IN OFFEIN)	1.D. NO.				
						05				
						GE				
						05				
						GE				
	=	ent Care Benefits — (If you did not rec								
2		nt of dependent care benefits you received			-					
		Box 10 of your federal Form(s) W-2. If you			•					
	-	dependent care assistance program from	-				2			
	3 Enter the amount, if any, you carried over from 2023 and used in 2024 during the grace period						3			
		any, you forfeited or carried forward to 202	25. (See th	he Instru	ctions)		4	(		)
_	Combine lines 2 throu	uah 1					5	I		



Name(s) as shown on Form N-11 or N-15	Your social security number
rame(e) as sheriff of the first to	roar occar occarry named

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6 Enter the balle mount of qualified expenses incurred in 2024 for the care of the qualifying persons).  7 Enter the your earned income. (See the Instructions).  8 Enter your earned income. (See the Instructions).  9 If married filing polity, enter your spouse) as earned income (if you or your spouse was a student or disabled, see the Instructions); if married filing separately.  9 In Enter the smallest of line 7, 8, or 9.  10 Enter the smallest of line 7, 8, or 9.  11 Enter \$5.000 (\$2.500 if married filing separately and you were required to enter your spouse) seared income on line 8).  12 Is any amount on line 2 from your sole proprietorship or partnership?  No. Enter -0.  Yes. Enter the amount here.  11 Deductible benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on the appropriate line(s) of your return.  12 Excluded benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subteact line 14 from the smaller of line 10 or 11. Thezer or less, enter -0.  15 Taxable benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subteact line 14 from the smaller of line 10 or 11. Thezer or lines, enter -0.  16 Taxable benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subteact line 14 from the smaller of line 10 or 11. Thezer or lines, enter -0.  16 Taxable benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subteact line 14 from the smaller of line 10 or 11. Thezer or lines, enter -0.  18 Add lines 14 and 15.  19 Enter \$10,000 (\$20,000 if two or more qualifying persons).  19 Line 17 minus line 18. Thezer or lines, enter -0.  10 Line 17 minus line 18. Then, add the amounts in column (e) and enter the total here.  10 Complete line 21. Do not include in column (e) any benefits shown on line 18. Then, add the amounts line column (e) and enter the total here.  20 Section C: Credit for Child and Dependent Care Expenses — (Generally, married persons must file a joint return to claim the tax credit.)  21 (e)					
8 Enter your earmed income. (See the Instructions). 9 If married filing jointly, enter your spouse's earmed income (if you or your spouse's was a student or disabled, see the instructions; all others, enter the amount from line 8. 9 10 Enter the smallest of line 7, 8, or 9. 10 11 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earmed income on line 9). 11 Is any amount on line 2 from your sole proprietorship or partnership? No, Enter -0. Yes. Enter the amount here. 12 Line 5 minus line 12. 13 Line 5 minus line 12 is zero, enter the smallest of line 10, 11, or 12. Also, include this amount on the appropriate line(s) of your return. 15 Excluded benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, substact line 14 from the smaller of line 10 or 11. If zero or less, enter -0. 15 Taxable benefits. Line 13 minus line 15. If zero or less, enter -0. Also, include this amount on Form N-15, line 7. On the dotted line next to line 7, write "DCB" (Form N-11 filers, see the Instructions). 16 The Tenter \$10,000 (\$20,000 if two or more qualifying persons). 17 Enter \$10,000 (\$20,000 if two or more qualifying persons). 18 Unit 17 minus line 18. If zero or less, STOP. You cannot take the credit. Exception. If you paid 2023 expenses in 19 204, see the Instructions for line 28. 19 Complete line 21. Do not include in column (e) any benefits shown on line 18. Then, add the amounts in column (e) and enter the total here. 20 Section C: Credit for Child and Dependent Care Expenses — (Generally, married persons must line a) joint return to claim the tax credit. (in) Qualifying persons social generately number of married persons social generately number of married persons social generately number of married persons social stated in column (e) and the tax credit. (b) Qualifying persons social generately number of married persons social generately number of married persons social generated line 28. 21 Enter your earned income. (See the Instructions). 22 Enter your adjus	6	Enter the total amount of qualified expenses incurred in 2024 for the care of the qualifying person(s)			
9 If married fling jointly, enter your spouse's earned income (if you or your spouse' was a student or disabled, see the Instructions; all others, enter the amount from line 8					
was a student or disabled, see the Instructions); if married filing separately, see the Instructions; all others, spets the amount from line 8.  10 Enter the smallest of line 7, 8, or 9.  11 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouses searned income on line 9).  12 Is any amount on line 2 from your sele proprietorship or partnership?  No. Enter -0.  Yes. Enter the amount here.  12 In Enter 110 Institute 12.  13 Deductible benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on the appropriate line(s) of your return.  15 Excluded benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subtract line 14 from the smaller of line 10 or 11. If zero or less, enter -0.  15 Excluded benefits. In 13 minus line 15. If zero or less, enter -0. Also, include this amount on from N-15, line 7.  On the dotted line next to line 7, write 'DCB.' (Form N-11 filers, see the Instructions).  16 Tener's 100 ool (\$20,000 if two or more qualifying persons).  17 In Add lines 14 and 15.  18 Line 17 minus line 18. If zero or less, STOP. You cannot take the credit. Exception. If you paid 2023 expenses in 2024, see the Instructions for line 28.  20 Complete line 21. Do not include in column (e) any benefits shown on line 18. Then, add the amounts in column (e) and enter the total here.  20 Section C: Credit for Child and Dependent Care Expenses — (Generally, married persons must file a joint return to claim the lax credit.)  21 (a) Qualifying person's name (b) Date of Birth (c) Grade (pre-k to 12) (d) Qualifying persons social security number (e) All files of the person listed in column (e) and enter the total here.  22 Enter the your carried income. (See the Instructions) and other the amount from line 23.  23 Enter your carried income. (See the Instructions) and other the amount from line 23.  24 Enter the inline 21. Decimal amount is: If line 25 is: Decimal amount is: If line 25 is: Decimal amount is: If line 25 is: Decimal amount is: If line 25	8	Enter your earned income. (See the Instructions)			
see the Instructiones, all others, enter the amount from line 8. 9 10 11 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earmed income on line 9). 11 12 Is any amount on line 2 from your sole proprietorship or partnership?  No. Enter -0. 12  13 Line 5 minus line 12. 13 14  14 Deductible benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on the appropriate line(s) of your return. 15  15 Excluded benefits. Ell line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subtract line 14 from the smaller of line 10 or 11. Tzero or less, enter -0. 15  16 Taxable benefits. Line 13 minus line 15, if zero or less, enter -0. 45  17 Enter \$10,000 (\$20,000 if two or more qualifying persons). 17  18 Add lines 14 and 15. 18  19 Line 17 minus line 18. If zero or less, \$TOP. You cannot take the credit. Exception. If you paid 2023 expenses in 2024, see the Instructions for line 28. 19  20 Complete line 12. 10 not include in column (e) any benefits shown on line 18. Then, add the amounts in column (e) and enter the total here. 19  21 (a) Qualifying person's name (b) Date of Birth (mrviddyyyy) (c) Grade (pre-K to 12)  22 Add the amounts in column (e) of line 21. Do not enter more than \$10,000 for one qualifying persons social in 2024 for the person listed in column (a)  22 Enter your earned income. (See the Instructions). 23  23 Enter your earned income. (See the Instructions). 24  24 Enter your dearned income. (See the Instructions). 25  25 Enter the smallest of line 22, 32, 37 et 4. 25  26 Enter to varied in going in the amount shown below that applies to the amount is: 35, 3001 – 35,000 – 23  25 Sociol – 30,000 – 24  26 Sociol – 30,000 – 24  27 Enter on line 27 the decimal amount shown below that applies to the amount on line 28. 15  18 Instructions; all others, enter the amount from line 27. If you paid 2023 expenses in 2024, see the Instructions. 25  27 Enter on line 27 the decimal amount is not line 27. If you paid 2023 expenses in 2024, see the	9				
10 Enter the smallest of line 7, 8, or 9.  11 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 9).  12 Is any amount on line 2 from your sole proprietorship or partnership?  No. Enter  Yes. Enter the amount here  12 Is 2  13 Is 2  14 Deductible benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on the appropriate line(s) of your return.  15 Excluded benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on the appropriate line(s) of your return.  16 Excluded benefits. In 18 In insults in 15. If zero or less, enter -0.  17 Enter \$100 000 (\$20,000 if two or more qualifying persons).  18 In 18 In 18 If zero or less, enter -0.  19 Line 17 minus line 18. If zero or less, STOP. You cannot take the credit. Exception. If you paid 2023 expenses in 2024, see the Instructions for line 28.  20 Complete line 21. Do not include in column (e) any benefits shown on line 18. Then, add the amounts in column (e) and enter the total here.  20 Section C: Credit for Child and Dependent Care Expenses — (Generally, married persons must file a joint return to claim the tax credit.)  21 (a) Qualifying person's name (b) Date of Birth (b) Date of Birth (c) Grade (pre-K to 12) (d) Qualifying person's social security number (e) All files of the person listed in column (e) and enter the total here.  22 Enter tryour earned income. (See the Instructions) and other the amount from line 23.  23 Enter your earned income. (See the Instructions) and other the amount from line 23.  24 Enter the smallest of line 22, 23, or 24.  25 Enter the smallest of line 22, 23, or 24.  26 Enter your adjusted gross income from Form N-11, line 20; or Form N-15, line 35.  26 Column A.  27 Enter on line 27 the decimal amount shown below that apples to the amount on line 26.  18 If line 28 is. Decimal amount is.  18 If line 28 is. Decimal amount is.  29 Section - 30,000 24 S45,001 - 40,000 22 S55,001 - 30,000 A1 S55,001 - 30,000 A1 S55,001 - 30,000					
11 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 92 from your sole proprietorship or partnership?  No. Enter -0  Yes, Enter the amount here					
spouse's earned income on line 9).  12 Is any amount on line 2 from your sole proprietorship or partnership?  No. Enter the amount here					
12 Is any amount on line 2 from your sole proprietorship or partnership?  No. Enter -0  Yes. Enter the amount here	11	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your			
No. Enter O- Yes, Enter the amount here					
Yes, Enter the amount here	12	Is any amount on line 2 from your sole proprietorship or partnership?			
13 Line 5 minus line 12					
14 Deductible benefits. Enter the smallest of line 10, 11, or 12. Also, include this amount on the appropriate line(s) of you return.  15 Excluded benefits. If line 12 is zero, enter 40.  16 Taxable benefits. Line 13 minus line 15. If zero or less, enter -0.  17 Enter \$10,000 (\$20,000 if two or more qualifying persons).  18		Yes. Enter the amount here	12		
15   Excluded benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subtract line 14 from the smaller of line 10 or 11. If zero or less, enter -0					
15 Excluded benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subtract line 14 from the smaller of line 10 or 11. If zero or less, enter -0.  16 Taxable benefits. Line 13 minus line 15. If zero or less, enter -0. Also, include this amount on Form N-15, line 7.  On the dotted line next to line 7, write "DCB." (Form N-11 filers, see the Instructions)	14				
16   17   17   17   17   18   18   18   18	15	Excluded benefits. If line 12 is zero, enter the smaller of line 10 or 11. Otherwise, subtract line 14 from the smaller	er of		
On the dotted line next to line 7, write "DCB." (Form N-11 filers, see the Instructions) 16   17   Enter \$10,000 (\$20,000 if two or more qualifying persons) 18   17   18   18   18   19   19   19   19   19					
17   Enter \$10,000 (\$20,000 if two or more qualifying persons)	16				
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20 Complete line 21. Do not include in column (e) any benefits shown on line 18. Then, add the amounts in column (e) and enter the total here.  21 (a) Qualifying person's name (b) Date of Birth (mm/dd/yyyy) (pre-K to 12) (d) Qualifying person's social security number (e) Qualified expenses in minimal persons. If you completed Section B, enter the smaller of line 21. Do not enter more than \$10,000 for one qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20.  22 Add the amounts in column (e) of line 21. Do not enter more than \$10,000 for one qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20.  23 Enter your earned income. (See the Instructions).  24 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or disabled, see the Instructions); all others, enter the amount from line 23.  25 Enter the smallest of line 22, 23, or 24.  26 Enter your adjusted gross income from Form N-11, line 20; or Form N-15, line 35, Column A.  27 Enter on line 27 the decimal amount shown below that applies to the amount on line 26.  28 If line 26 is: Decimal amount is:  Under \$25,001					
20 Complete line 21. Do not include in column (e) any benefits shown on line 18. Then, add the amounts in column (e) and enter the total here.  21 (a) Qualifying person's name (b) Date of Birth (mm/dd/yyyy) (pre-K to 12) (d) Qualifying person's social security number (e) Qualified expenses in minimal persons. If you completed Section B, enter the smaller of line 21. Do not enter more than \$10,000 for one qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20.  22 Add the amounts in column (e) of line 21. Do not enter more than \$10,000 for one qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20.  23 Enter your earned income. (See the Instructions).  24 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or disabled, see the Instructions); all others, enter the amount from line 23.  25 Enter the smallest of line 22, 23, or 24.  26 Enter your adjusted gross income from Form N-11, line 20; or Form N-15, line 35, Column A.  27 Enter on line 27 the decimal amount shown below that applies to the amount on line 26.  28 If line 26 is: Decimal amount is:  Under \$25,001	19	Line 17 minus line 18. If zero or less. <b>STOP</b> . You cannot take the credit. <b>Exception</b> . If you paid 2023 expenses	in		
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Section C: Credit for Child and Dependent Care Expenses — (Generally, married persons must file a joint return to claim the tax credit.)  21 (a) Qualifying person's name (b) Date of Birth (mmi/dd/yyyy) (c) Grade (pre-K to 12) (d) Qualifying person's social security number (c) Grade (pre-K to 12) (d) Qualifying person's social in 2024 for the person listed in column (a) (e) Qualified expenses you incurred and paid in 2024 for the person listed in column (a) (e) Qualifying person's social security number (f) Qualifying person's social security number (f) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. (f) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. (f) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. (f) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. (f) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. (f) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. (f) Qualifying person or \$20,000 for two or more persons must file a your line return to claim the tax credit.)  22	20				
Section C: Credit for Child and Dependent Care Expenses — (Generally, married persons must file a joint return to claim the tax credit.)  (a) Qualifying person's name  (b) Date of Birth (mm/dd/yyyy)  (c) Grade (pre-K to 12)  (d) Qualifying person's social security number  (d) Qualifying person's social security number  (e) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)  22 Add the amounts in column (e) of line 21. Do not enter more than \$10,000 for one qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20.  23 Enter your earned income. (See the Instructions).  24 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or disabled, see the Instructions); all others, enter the amount from line 23.  25 Enter the smallest of line 22, 23, or 24.  26 Enter your adjusted gross income from Form N-11, line 20; or Form N-15, line 35, Column A.  27 Enter on line 27 the decimal amount shown below that applies to the amount on line 26.  If line 26 is: Decimal amount is: If line 26 is: Decimal amount is: Under \$25,001 25 \$40,001 - 45,000 21 \$25,001 - 30,000 24 \$45,001 - 50,000 20 \$330,001 - 35,000 23 \$50,001 and over .15  325,001 - 30,000 24 \$45,001 - 50,000 20 \$335,001 - 40,000 .22  28 Multiply line 25 by the decimal amount on line 27. If you paid 2023 expenses in 2024, see the Instructions.  Enter the result here and on Form N-11, line 30; or Form N-15, line 47. This is your credit for child and		· · · · · · · · · · · · · · · · · · ·	·		
21 (a) Qualifying person's name (b) Date of Birth (mm/dd/yyyy) (c) Grade (pre-K to 12) (d) Qualifying person's social security number (in 2024 for the person listed in column (a) (a) Qualifying person's social security number (b) Qualifying person of \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. 22 (a) Enter your earned income. (See the Instructions) (b) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. 23 (a) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. 23 (b) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. 23 (b) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. 22 (b) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. 25 (b) Qualifying person or \$20,000 for two or more persons. If you completed Section B, enter the smaller of line 19 or 20. 23 (b) Qualifying person or \$20,000 for two or more persons. If you or your spouse was a student or disabled, see the Instruction of two or your spouse was a student or disabled, see the Instruction is the first of the gradient of the gradient or disabled, see the Instruction is you increase in 2024, see the Instructions. Enter the result here and on Form N-11, line 20; or Form N-15, line 47. This is your credit for child and	Se			claim the tax cre	dit.)
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or more persons. If you completed Section B, enter the smaller of line 19 or 20	22	Add the amounts in column (a) of line 21. Do not enter more than \$10,000 for one qualifying person or \$20,000 for	hwo		
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24 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or disabled, see the Instructions); all others, enter the amount from line 23	23				
see the Instructions); all others, enter the amount from line 23					
25 Enter the smallest of line 22, 23, or 24.  26 Enter your adjusted gross income from Form N-11, line 20; or Form N-15, line 35, Column A			24		
26 Enter your adjusted gross income from N-11, line 20; or Form N-15, line 35, Column A	25				
Column A					
27 Enter on line 27 the decimal amount shown below that applies to the amount on line 26.    If line 26 is: Decimal amount is:   If line 26 is: Decimal amount is:   Under \$25,001					
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\$25,001 – 30,000					
\$35,001 – 40,000 .22  28 Multiply line 25 by the decimal amount on line 27. If you paid 2023 expenses in 2024, see the Instructions.  Enter the result here and on Form N-11, line 30; or Form N-15, line 47. This is your credit for child and					
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28 Multiply line 25 by the decimal amount on line 27. If you paid 2023 expenses in 2024, see the Instructions.  Enter the result here and on Form N-11, line 30; or Form N-15, line 47. This is your credit for child and		\$35,001 – 40,000 .22	27	X	
Enter the result here and on Form N-11, line 30; or Form N-15, line 47. This is your credit for child and	28	Multiply line 25 by the decimal amount on line 27. If you paid 2023 expenses in 2024, see the Instructions.	-3		
			28		00