

2023 Schedule OR-WFHDC-ST
Oregon Working Family Household and Dependent Care Credit for Students

Oregon Department of Revenue

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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Social Security number (SSN)

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STOP! Do not fill out this form if your income is over the limit for your household size. See instructions.

Section 1—School ratio. Enter the school ratio number for each month that you (or your spouse, if your filing status is married filing jointly) were a student. See instructions.

Month	You	Spouse	Month	You	Spouse
1. January 1a.	<input type="text"/>	1b. <input type="text"/>	7. July..... 7a.	<input type="text"/>	7b. <input type="text"/>
2. February... 2a.	<input type="text"/>	2b. <input type="text"/>	8. August..... 8a.	<input type="text"/>	8b. <input type="text"/>
3. March..... 3a.	<input type="text"/>	3b. <input type="text"/>	9. September ... 9a.	<input type="text"/>	9b. <input type="text"/>
4. April..... 4a.	<input type="text"/>	4b. <input type="text"/>	10. October 10a.	<input type="text"/>	10b. <input type="text"/>
5. May 5a.	<input type="text"/>	5b. <input type="text"/>	11. November... 11a.	<input type="text"/>	11b. <input type="text"/>
6. June 6a.	<input type="text"/>	6b. <input type="text"/>	12. December... 12a.	<input type="text"/>	12b. <input type="text"/>
13. Total of lines 1-12	13a. <input type="text"/>	, <input type="text"/>	13b. <input type="text"/>	,	<input type="text"/>
14. Line 13a plus line 13b.....	14. <input type="text"/>	,	<input type="text"/>		
15. If you were a student at any point during the tax year, enter 1,200. Otherwise, enter 0	15. <input type="text"/>	,	<input type="text"/>		
16. If your spouse was a student at any point during the tax year, enter 1,200. Otherwise, enter 0	16. <input type="text"/>	,	<input type="text"/>		
17. Line 15 plus line 16	17. <input type="text"/>	,	<input type="text"/>		
18. Line 14 divided by line 17. This is your school ratio for the year	18. <input type="text"/>	.	<input type="text"/>		

Continued on next page



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Section 2—Computation of credit.

19. Enter the amount from Schedule OR-WFHDC, line 18.....19. , , . 0 0

20. Enter the amount from Schedule OR-WFHDC, line 19 20. , , . 0 0

21. Enter \$1,000 if you are claiming one qualifying individual or \$2,000 if you are claiming more than one qualifying individual21. , , . 0 0

22. Enter the number of months you were a student (see instructions).....22.

23. Line 21 multiplied by line 22..... 23. , , . 0 0

24. Enter your earned income (see instructions). Otherwise, enter 024. , , . 0 0

25. Line 23 plus line 24..... 25. , , . 0 0

26. If your filing status is married filing jointly, enter the number of months your spouse was a student (see instructions). Otherwise, enter 026.

27. Line 21 multiplied by line 26.....27. , , . 0 0

28. If your filing status is married filing jointly, enter your spouse's earned income (see instructions). Otherwise, enter 0 28. , , . 0 0

29. Line 27 plus line 28. If 0, enter the amount from line 25..... 29. , , . 0 0

30. Enter the **smallest** amount from lines 19, 20, 25, or 29..... 30. , , . 0 0

31. Enter the corresponding number from the table below based upon the age and disability of your **youngest** dependent 31. .

Age 0-2	Age 3-5	Age 6-12	Disabled and age 13-17	Disabled and age 18+
0.75	0.73	0.70	0.70	0.55

32. Line 30 multiplied by line 31 32. , , . 0 0

33. Enter your school ratio from line 18 33. .

34. Line 32 multiplied by line 33. Enter the result here and on Schedule OR-WFHDC, line 25. 34. , , . 0 0

