



**Mail to:**

Washington State Dept. of  
Revenue  
Attn: Working Families Tax  
Credit Division  
PO Box 47468  
Olympia, WA, 98504-7468

# 2022 Working Families Tax Credit Application

Skip the paper form and file online! Go to [WorkingFamiliesCredit.wa.gov](https://WorkingFamiliesCredit.wa.gov)

Need help? Email [DORWFTC@dor.wa.gov](mailto:DORWFTC@dor.wa.gov), call 360-763-7300, or read instructions at [workingfamiliescredit.wa.gov/get-help](https://workingfamiliescredit.wa.gov/get-help).

**Amended application?** Check this box and attach a letter of explanation.

## A. Your information

1. First name  Middle initial  Last name

2. Type of ID number  SSN  ITIN  Valid SSN or ITIN

*I am currently waiting for an ITIN from the IRS (for myself, my spouse, and/or my child).*

3. Date of birth (MM/DD/YYYY)

4. Washington state driver's license or ID number

*I do not have or do not want to provide a Washington State license or ID number.*

*Note: Providing your license or ID number will generally expedite the application review process.*

5. Mailing address

City  State  Zip code

6. Primary phone  Cell phone  Email

## B. Residency questions

7. Did you live in Washington for at least 183 days in 2022?  Yes  No

8. Is your mailing address in Section A the same as your current primary residence?  Yes  No

*If yes, skip to Section C.*

9. If you answered "no" to question 8, what is your current primary residence?

Address  City  State  Zip code

*I do not have or do not want to provide an address for my primary residence. Note: Providing your address of primary residence will generally expedite the application review process and decrease the likelihood of additional contact from the Department.*

## C. Eligibility questions

10. What was your filing status for your 2022 federal tax return?

Single  Head of household  Qualifying Surviving Spouse   
Married filing jointly  Married filing separately (see instructions)

11. Do you meet ALL the following requirements? (If you were eligible for the federal EITC in 2022, select Yes.)

Yes      No

- You must meet the IRS Adjusted Gross Income (AGI) thresholds based on your tax filing status. View the AGI threshold brackets in the instructions.
- If you (and your spouse if applicable) have no children, you (or your spouse) must be 25 - 64 years old at the end of 2022.
- If you (or your spouse if applicable) have investment income, it must be less than \$10,300.
- The following situations **do NOT** apply to you (these are less common):
  - You filed a Federal Form 2555, relating to foreign income.
  - You (or your spouse if applicable) were claimed as a qualifying child of another person.
  - If you do not have qualifying children, you (or your spouse if applicable) were claimed as a dependent of another person.
  - You (or your spouse if applicable) were treated as a U.S. nonresident alien.
  - You are currently in a disallowance period from claiming the Federal Earned Income Tax Credit (EITC).

### D. Spouse information

If you do not have a spouse, skip to Section E.

12. First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

13. Type of ID number      SSN      ITIN      Valid SSN or ITIN

14. Date of birth (MM/DD/YYYY)

### E. Information on qualifying children

If you do not have qualifying children, skip to Section F.

**Instructions:** Fill out the following information for each qualifying child. If a qualifying child was born and deceased in 2022, write “deceased” in the Valid SSN or ITIN field.

A qualifying child must have one of the following relationships to the applicant:

- Child – A child, stepchild, adopted child, foster child or descendant of one of these (for example, grandchild).
- Sibling – A sibling, half-sibling, stepsibling or descendant of one of these (for example, niece or nephew).

15. How many qualifying children did you have?

Questions	Child 1	Child 2	Child 3
First name			
Middle initial			
Last name			
Date of birth (MM/DD/YYYY)			
Type of ID number	SSN      ITIN	SSN      ITIN	SSN      ITIN
Valid SSN or ITIN			

Questions	Child 1	Child 2	Child 3
Select the qualifying child's relationship to you.	Child, stepchild, adopted child, or foster child Sibling, half-sibling, or stepsibling	Child, stepchild, adopted child, or foster child Sibling, half-sibling, or stepsibling	Child, stepchild, adopted child, or foster child Sibling, half-sibling, or stepsibling
Did this child live with you more than half the year?	Yes      No	Yes      No	Yes      No
Was this child a student?	Yes      No	Yes      No	Yes      No
Was this child permanently and totally disabled during any part of 2022?	Yes      No	Yes      No	Yes      No
Did you claim this qualifying child for EITC on your federal tax return?	Yes      No	Yes      No	Yes      No
Did this child file a Joint Return?	Yes      No	Yes      No	Yes      No

## F. Earned income

**Instructions:** Provide income for 2022.

### Income information

16. Income reported on line 1z, Form 1040 or 1040-SR.

17. Did you itemize your 2022 federal tax return? Yes      No      Not sure  
*Refer to the instructions for information about how to determine if you itemized your tax return.*

18. Did any of the following situations apply to you in 2022? Yes      No      Not sure

- Self-Employed.
- Member of a clergy or employed by a church and filed a Schedule SE.
- Employed by the military and received combat pay.
- Statutory employee and filed a Schedule C with your federal tax return.
- Had a Medicaid waiver payment.
- Received strike benefits.

### G. How would you like to receive your credit?

**Instructions:** Select a method for receiving your credit. If you do not fill out this section, or the direct deposit information provided is invalid, we will send a check to your mailing address you provided in Section A.

If you choose direct deposit, it is important your bank account information is accurate. Check with your financial institution to get the correct routing and account numbers to make sure your direct deposit will be accepted. Department of Revenue is not responsible for a lost payment if you enter the wrong account information.

Direct deposit	Bank routing number	Account number
Type of account:	Personal Checking	Personal Savings
	Business Checking	Business Savings
Mailed check (Make sure your address is correct in Section A Your information, page 1)		

### H. Attachments

Attach a copy of your federal tax return (Federal Form 1040 or 1040 SR and applicable schedules) or IRS transcripts. See Instructions.

### I. Declaration and signatures

By signing this application, I agree to the following statements under penalties of perjury:

- The information provided is true, correct, and complete.
- I have documentation to support my responses on this application and can provide them to the department if requested.
- I filed the federal income tax return included with this application with the Internal Revenue Service as of the date of signing.
- This application is not filed on behalf of a deceased individual.
- I have paid sales tax on purchases I made during the period for which the refund is being claimed.

**Applicant signature** \_\_\_\_\_

**Date (MM/DD/YYYY)** \_\_\_\_\_

**Spouse signature\*** \_\_\_\_\_

**Date (MM/DD/YYYY)** \_\_\_\_\_

\*Required if filing as “married filing jointly.”

The Preparer information section (J.) and the Demographic information section (K.) are both voluntary. Completing or not completing these sections will not impact your eligibility for the refund.

**J. Preparer information**

19. Did you prepare your own application? **If no, please answer below.** Yes No
- a. Preparer’s name Phone
  - b. Preparer’s business name Email
  - c. Preparer Tax Identification Number (PTIN):
  - d. Was this application prepared at a Volunteer Income Tax Assistance (VITA) site? Yes No
- If yes, VITA site name

To authorize the Department of Revenue to speak with the preparer, a Confidential Tax Information Authorization form is required. You can find the **form** and attach with this application.

**K. Demographic information**

**Purpose:** Information collected from this application will help inform and improve the program. Your input will ensure that tax dollars are returned to working families like yours. Without your input, the Legislature may find it difficult to evaluate the program’s effectiveness. Your responses to the racial and ethnic background questions will not affect eligibility or benefit amounts. Select any combination.

20. Are you of Hispanic, Latino, or Spanish origin? Please check all that apply.

Hispanic, Latino, or Spanish Origin	You	Spouse	Child 1	Child 2	Child 3
No, not of Hispanic, Latino, or Spanish origin					
Yes, Mexican, Mexican-American, Chicano					
Yes, Central American (countries below Mexico and above South America)					
Yes, Caribbean Islands					
Yes, South American					
Yes, Indigenous	Describe	Describe	Describe	Describe	Describe
Yes, another Hispanic, Latino, or Spanish origin	Describe	Describe	Describe	Describe	Describe
Prefer not to say					

21. What race do you consider yourself? Please check all that apply.

Race	You	Spouse	Child 1	Child 2	Child 3
American Indian or Alaskan Native	Tribe name	Tribe name	Tribe name	Tribe name	Tribe name
Amhara					
Asian Indian					
Black or African American					
Chamorro					
Chinese					
Eritrean					
Filipino					
Japanese					
Korean					
Native Hawaiian					
Oromo					
Samoan					
Somali					
Tigre					
Vietnamese					
Western African					
White					
Other African	Describe	Describe	Describe	Describe	Describe
Other Asian	Describe	Describe	Describe	Describe	Describe
Other Pacific Islander	Describe	Describe	Describe	Describe	Describe
Other race	Describe	Describe	Describe	Describe	Describe
Prefer not to say					

22. How did you hear about the Working Families Tax Credit program?

Website    Social Media    Another organization or agency    Word of mouth    Other

23. What was your housing status at the end of 2022?    Renter    Homeowner    Other