



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

Need help? Email DORWFTC@dor.wa.gov, call 360-763-7300, or read instructions at 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):
 - o You filed a Federal Form 2555, relating to foreign income.
 - o You (or your spouse if applicable) were claimed as a qualifying child of another person.
 - o If you do not have qualifying children, you (or your spouse if applicable) were claimed as a dependent of another person.
 - o You (or your spouse if applicable) were treated as a U.S. nonresident alien.
 - o 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)

Prepaid debit card

- Prepaid debit cards will only be issued in the name of the primary applicant, and only one card will be issued.
- The prepaid debit card will be sent to the mailing address you provided on this application.
- Once a refund has been issued on a prepaid debit card, DOR will not be able to change your method of payment. Please ensure all information you have provided is accurate.
- To learn more about the prepaid debit card terms and fees, please visit workingfamiliescredit.wa.gov/DebitCards.

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