



# 2024 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).

### Mail to:

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

What is your preferred language for receiving communication?

English

Spanish

Other

The Department currently sends letters in only English and Spanish.

We are collecting other language preferences to determine which languages are needed in the future.

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

## A. Your information

1. First name Middle initial Last name

2. 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 Email

## B. Residency questions

7. Did you live in Washington for at least 183 days in 2024? 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 2024 federal tax return?

- Single  
Married filing jointly
- Head of household  
Married filing separately
- Qualifying Surviving Spouse

11. Did you claim the federal EITC in 2024?    Yes    No    If yes, skip to question 13.

12. Did you meet all of the following criteria even though you didn't claim the federal EITC in 2024?    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 2024.
- If you (or your spouse if applicable) have investment income, it must be less than \$11,600.
- 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. The spouse's signature is required in section I.

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

14. Valid SSN or ITIN \_\_\_\_\_

15. 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. A qualifying child can only be claimed by one individual or couple. Review the instructions if you have questions about who you can claim the child. If a qualifying child was born and deceased in 2024, 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).

16. Questions	Child 1	Child 2	Child 3
First name			
Middle initial			
Last name			
Date of birth (MM/DD/YYYY)			
Valid SSN or ITIN			
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 2024?	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

**F. Earned income**

**Instructions:** Provide income for 2024.

**Income information**

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

18. Adjusted Gross Income (AGI) reported on line 11, Form 1040 or 1040-SR.

19. Did you itemize your 2024 federal tax return? Yes      No      Not sure  
*Refer to the instructions for information about how to determine if you itemized your tax return.*

20. Did any of the following situations apply to you in 2024? *If so, check all the boxes that apply.*

Self-Employed (reported on Schedule C, Schedule F, and/or Schedule SE and Schedule E).

Member of a clergy or employed by a church and filed a Schedule SE.

Employed by the military and received combat pay reported on Form 1040 or 1040SR line 1i.

Statutory employee and filed a Schedule C with your federal tax return reported on Schedule C line 1.

Had a Medicaid waiver payment reported on Schedule 1 line 8s.

### 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](http://workingfamiliescredit.wa.gov/DebitCards).

### H. Attachments

A complete copy of your 2024 federal tax return is required. This includes your federal form 1040 or 1040-SR and all forms and schedules submitted as part of your federal return. For example, if your tax return has any of the following, you must submit them with your application:

Schedule EIC	Schedule C	Schedule 1
Schedule SE	Schedule E	Schedule F

### 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 signed (MM/DD/YYYY)** \_\_\_\_\_

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

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

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

*Disclosure:* To make it easier for you to gain access to similar programs and services from other Washington State agencies that may benefit you, we may share your information with other Washington State agencies. By submitting this application, you allow the Working Families Tax Credit program to share your information.

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**

21. 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.

22. 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					

23. 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					

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

Website    
  Social Media    
  Another organization or agency    
  Word of mouth    
  Other