2011 State Unformatted Record Layout - Refundable Child Care Credit Worksheet (FINAL)

Field Number	Identification	Length	Format/Value Description	Louisiana Mapping
Header Section				
	Byte Count	4	Number of characters in the record	
	Start of Record Sentinel	4	"!!!!"	
0000	Record ID Type	6	"STbbbb"	
0001	Form Number	6	"RCCCbb"	
0002	Page Number	5	"PG01b"	
0003	Taxpayer Identification Number	9	N (Primary SSN)	
0004	Filler	1	blank	
0005	Form/Schedule Number	7	"0000001"	
0006	Declaration Control Number (DCN)	14	Same Number as IRS 0020 on Generic Record	
0007	Return Sequence Number (RSN)	16	Same Number as IRS 0023 on Generic Record	
Data Section				
0010	Taxpayer Name	35	AN	Name box
0020	Taxpayer SSN (Primary)	9	N	SSN box
Care Providers				
0030	Care Provider #1 - Name	19	AN	Line 1, box A, row 1
0040	Care Provider #1 - Street Address	28	AN	Line 1, box B, row 1
0050	Care Provider #1 - City, State, Zip	29	AN	Line 1, box B, row 1
0060	Care Provider #1 - SSN or EIN	9	N	Line 1, box C, row 1
0070	Care Provider #1 - Amount Paid	12	N	Line 1, box D, row 1
0080	Care Provider #2 - Name	19	AN	Line 1, box A, row 2
0090	Care Provider #2 - Street Address	28	AN	Line 1, box B, row 2
0100	Care Provider #2 - City, State, Zip	29	AN	Line 1, box B, row 2
0110	Care Provider #2 - SSN or EIN	9	N	Line 1, box C, row 2
0120	Care Provider #2 - Amount Paid	12	N	Line 1, box D, row 2
0130	Care Provider #3 - Name	19	AN	Line 1, box A, row 3
0140	Care Provider #3 - Street Address	28	AN	Line 1, box B, row 3
0150	Care Provider #3 - City, State, Zip	29	AN	Line 1, box B, row 3
0160	Care Provider #3 - SSN or EIN	9	N	Line 1, box C, row 3
0170	Care Provider #3 - Amount Paid	12	N	Line 1, box D, row 3
0180	Care Provider #4 - Name	19	AN	Line 1, box A, row 4

2011 State Unformatted Record Layout - Refundable Child Care Credit Worksheet (FINAL)

Field Number	Identification	Length	Format/Value Description	Louisiana Mapping
0190	Care Provider #4 - Street Address	28	AN	Line 1, box B, row 4
0200	Care Provider #4 - City, State, Zip	29	AN	Line 1, box B, row 4
0210	Care Provider #4 - SSN or EIN	9	N	Line 1, box C, row 4
0220	Care Provider #4 - Amount Paid	12	N	Line 1, box D, row 4
0230	Care Provider #5 - Name	19	AN	Line 1, box A, row 5
0240	Care Provider #5 - Street Address	28	AN	Line 1, box B, row 5
0250	Care Provider #5 - City, State, Zip	29	AN	Line 1, box B, row 5
0260	Care Provider #5 - SSN or EIN	9	N	Line 1, box C, row 5
0270	Care Provider #5 - Amount Paid	12	N	Line 1, box D, row 5
	Qualifying Persons			
0280	Qualifying Person #1 - First Name	10	AN	Line 2, box E (First), row 1
0290	Qualifying Person #1 - Last Name	15	AN	Line 2, box E (Last), row 1
0300	Qualifying Person #1 - Social Security Number	9	N	Line 2, box F, row 1
0310	Qualifying Person #1 - Qualified Exepenses	12	N	Line 2, box G, row 1
0320	Qualifying Person #2 - First Name	10	AN	Line 2, box E (First), row 2
0330	Qualifying Person #2 - Last Name	15	AN	Line 2, box E (Last), row 2
0340	Qualifying Person #2 - Social Security Number	9	N	Line 2, box F, row 2
0350	Qualifying Person #2 - Qualified Exepenses	12	N	Line 2, box G, row 2
0360	Qualifying Person #3 - First Name	10	AN	Line 2, box E (First), row 3
0370	Qualifying Person #3 - Last Name	15	AN	Line 2, box E (Last), row 3
0380	Qualifying Person #3 - Social Security Number	9	N	Line 2, box F, row 3
0390	Qualifying Person #3 - Qualified Exepenses	12	N	Line 2, box G, row 3
0400	Qualifying Person #4 - First Name	10	AN	Line 2, box E (First), row 4
0410	Qualifying Person #4 - Last Name	15	AN	Line 2, box E (Last), row 4
0420	Qualifying Person #4 - Social Security Number	9	N	Line 2, box F, row 4
0430	Qualifying Person #4 - Qualified Exepenses	12	N	Line 2, box G, row 4
0440	Qualifying Person #5 - First Name	10	AN	Line 2, box E (First), row 5
0450	Qualifying Person #5 - Last Name	15	AN	Line 2, box E (Last), row 5
0460	Qualifying Person #5 - Social Security Number	9	N	Line 2, box F, row 5
0470	Qualifying Person #5 - Qualified Exepenses	12	N	Line 2, box G, row 5

2011 State Unformatted Record Layout - Refundable Child Care Credit Worksheet (FINAL)

Field Number	Identification	Length	Format/Value Description	Louisiana Mapping
	Calculations			
0480	Total Qualified Expenses	12	N	Line 3
0490	Earned Income - Taxpayer	12	N	Line 4
0500	Earned Income - Spouse (if Filing Status is Married Filing Jointly)	12	N	Line 5
0510	Smallest of Earned Income or Expenses	12	N	Line 6, Should match Resident Return Line 19B or Nonresidnet Return Line 20B
0520	Federal Adjusted Gross Income	12	N	Line 7, should match Return Line 7 or Schedule E Line 1
0530	Percentage applicable to Federal AGI	6	R	Line 8
0540	Multipy Line 6 by Line 8	12	N	Line 9
0550	Total Credit Amount	12	N	Line 11, should match Resident Return Line 19 or Nonresident Return Line 20
	Record Terminus	1	"$"	