

1040 US/OR Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009.....				
Employer-provided benefits forfeited in 2009.....				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Relationship.....		
	Qualified dependent care expenses incurred and paid in 2009.....		2008 amt:
	1=disabled..... 1=spouse, 2=joint.....		
No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Relationship.....		
	Qualified dependent care expenses incurred and paid in 2009.....		2008 amt:
	1=disabled..... 1=spouse, 2=joint.....		
No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Relationship.....		
	Qualified dependent care expenses incurred and paid in 2009.....		2008 amt:
	1=disabled..... 1=spouse, 2=joint.....		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Relationship of provider.....		
	Amount paid to care provider in 2009.....		2008 amt:
	1=spouse, 2=joint.....		
No. <input type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Relationship of provider.....		
	Amount paid to care provider in 2009.....		2008 amt:
	1=spouse, 2=joint.....		

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