

<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2024 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)**

	2024 Amount		2023 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2024				
Employer-provided benefits forfeited in 2024				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

<b>No.</b> <input style="width:40px;" type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2024 .....		<b>2023 amt:</b>
	1=over age 12 & disabled at the time care was provided 1=spouse, 2=joint .....		

<b>No.</b> <input style="width:40px;" type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2024 .....		<b>2023 amt:</b>
	1=over age 12 & disabled at the time care was provided 1=spouse, 2=joint .....		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

<b>Provider #1</b>  <b>No.</b> <input style="width:40px;" type="text"/>	Name of provider .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	Foreign region .....		
	Foreign postal code .....		
	Foreign country .....		
	Identification number (SSN or EIN) .....		
	Amount paid to care provider in 2024 .....		<b>2023 amt:</b>
	1=spouse, 2=joint .....		
	1=care provided ind. above was a household employee .....		

## PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

Provider # 2  No. <input type="text"/>	Name of provider.....	
	Street address.....	
	City.....	
	State.....	
	ZIP code.....	
	Foreign region.....	
	Foreign postal code.....	
	Foreign country.....	
	Identification number (SSN or EIN).....	
	Amount paid to care provider.....	
1=spouse, 2=joint.....		

Provider # 3  No. <input type="text"/>	Name of provider.....	
	Street address.....	
	City.....	
	State.....	
	ZIP code.....	
	Foreign region.....	
	Foreign postal code.....	
	Foreign country.....	
	Identification number (SSN or EIN).....	
	Amount paid to care provider.....	
1=spouse, 2=joint.....		

Provider # 4  No. <input type="text"/>	Name of provider.....	
	Street address.....	
	City.....	
	State.....	
	ZIP code.....	
	Foreign region.....	
	Foreign postal code.....	
	Foreign country.....	
	Identification number (SSN or EIN).....	
	Amount paid to care provider.....	
1=spouse, 2=joint.....		

Provider # 5  No. <input type="text"/>	Name of provider.....	
	Street address.....	
	City.....	
	State.....	
	ZIP code.....	
	Foreign region.....	
	Foreign postal code.....	
	Foreign country.....	
	Identification number (SSN or EIN).....	
	Amount paid to care provider.....	
1=spouse, 2=joint.....		

No. <input type="text"/>	Name of provider.....	
	Street address.....	
	City.....	
	State.....	
	ZIP code.....	
	Foreign region.....	
	Foreign postal code.....	
	Foreign country.....	
	Identification number (SSN or EIN).....	
	Amount paid to care provider.....	
1=spouse, 2=joint.....		