2025	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

Please enter all pertinent 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)

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

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

Child #1	First name	
	Last name	
	Title or suffix	
	Date of birth (m/d/y)	
No.	Social security number	
	Qualified dependent care expenses incurred and paid	
	1=disabled	
	1=spouse, 2=joint	

Child #2	First name	
	Last name	
	Title or suffix	
	Date of birth (m/d/y)	
No.	Social security number	
	Qualified dependent care expenses incurred and paid	
	1=disabled	
	1=spouse, 2=joint	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

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

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

Provider # 2 No.	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.	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.	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.	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.	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	

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