

<b>2020</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 2020 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)**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2020				
Employer-provided benefits forfeited in 2020				

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

Child #1  No. <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 2020 .....		<b>2019 amt:</b>
	1=disabled .....		
1=spouse, 2=joint .....			

Child #2  No. <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 2020 .....		<b>2019 amt:</b>
	1=disabled .....		
1=spouse, 2=joint .....			

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

Provider # 1  No. <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 2020 .....		<b>2019 amt:</b>
	1=spouse, 2=joint .....		

**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 in 2019 .....	
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 in 2019 .....	
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 in 2019 .....	
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 in 2019 .....	
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 in 2019 .....	
1=spouse, 2=joint .....		