

2008

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2008 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)

Table with 4 columns: 2008 Amount (Taxpayer, Spouse), 2007 Amount (Taxpayer, Spouse). Rows for dependent care expenses incurred but not paid in 2008 and employer-provided benefits forfeited in 2008.

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

Form for Person 1: No. [] First name, Last name, Date of birth (m/d/y), Social security number, Qualified dependent care expenses incurred and paid in 2008, 1=disabled, 1=spouse, 2=joint, 2007 amt.

Form for Person 2: No. [] First name, Last name, Date of birth (m/d/y), Social security number, Qualified dependent care expenses incurred and paid in 2008, 1=disabled, 1=spouse, 2=joint, 2007 amt.

Form for Person 3: No. [] First name, Last name, Date of birth (m/d/y), Social security number, Qualified dependent care expenses incurred and paid in 2008, 1=disabled, 1=spouse, 2=joint, 2007 amt.

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

Form for Provider 1: No. [] Name of provider, Street address, City, state, ZIP code, Identification number (SSN or EIN), Amount paid to care provider in 2008, 1=spouse, 2=joint, 2007 amt.

Form for Provider 2: No. [] Name of provider, Street address, City, state, ZIP code, Identification number (SSN or EIN), Amount paid to care provider in 2008, 1=spouse, 2=joint, 2007 amt.

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