

2008	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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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.

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2008				
Employer-provided benefits forfeited in 2008				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2008		2007 amt:
	1=disabled		
1=spouse, 2=joint			

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2008		2007 amt:
	1=disabled		
1=spouse, 2=joint			

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2008		2007 amt:
	1=disabled		
1=spouse, 2=joint			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:30px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2008		2007 amt:
	1=spouse, 2=joint		

No. <input style="width:30px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2008		2007 amt:
	1=spouse, 2=joint		