

2015	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2015 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)

	2015 Amount		2014 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2015 . . .				
Employer-provided benefits forfeited in 2015				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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 2015		2014 amt:	
	1=disabled 1=spouse, 2=joint.			

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 2015		2014 amt:	
	1=disabled 1=spouse, 2=joint.			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

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 2015		2014 amt:	
	1=spouse, 2=joint.			