

# Child and Dependent Care Expenses

Taxpayer name: \_\_\_\_\_

Tax year: \_\_\_\_\_

\*\* For part one list each child's care provider information separate so we can see the cost per child \*\*

## Part I Persons or Organizations Who Provided the Care—You must complete this part. If you have more than three care providers, see the instructions and check this box ☐

| 1 (a) Care provider's name | (b) Address<br>(number, street, apt. no., city, state, and ZIP code) | (c) Identifying number<br>(SSN or EIN) | (d) Was the care provider your household employee in 2024?<br>For example, this generally includes nannies but not daycare centers.<br>(see instructions) | (e) Amount paid<br>(see instructions) | Child's name<br>(list each one one separate) |
|----------------------------|--|--|---|---------------------------------------|--|
|                            |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |  |
|                            |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |  |
|                            |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |  |
|                            |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |  |
|                            |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |  |
|                            |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |  |

## Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

| (a) Qualifying person's name |      | (b) Qualifying person's social security number | (c) Check here if the qualifying person was over age 12 and was disabled.<br>(see instructions) | (d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a) |
|------------------------------|------|--|---|--|
| First                        | Last |  |   |  |
|                              |      |  | <input type="checkbox"/>  |  |
|                              |      |  | <input type="checkbox"/>  |  |
|                              |      |  | <input type="checkbox"/>  |  |

Note - We do not need the receipts - keep them for your files to back up this information you provided to us.  
All information must be completed or we can not use this form for child & dependent care expenses