

## CHILD AND DEPENDENT CARE EXPENSES

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis?

Yes                       No

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?

Yes                       No

If payments of \$1,500 or more during the tax year were made to an individual, were the services performed in your home?

Yes                       No

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

Name of Provider	
Street Address	
City, State, Zip	
Social security number or Federal ID number	
Mark if the provider is a tax-exempt organization	
Amount Paid	
Dependent for whom care was provided	

Name of Provider	
Street Address	
City, State, Zip	
Social security number or Federal ID number	
Mark if the provider is a tax-exempt organization	
Amount Paid	
Dependent for whom care was provided	

Name of Provider	
Street Address	
City, State, Zip	
Social security number or Federal ID number	
Mark if the provider is a tax-exempt organization	
Amount Paid	
Dependent for whom care was provided	

Name of Provider	
Street Address	
City, State, Zip	
Social security number or Federal ID number	
Mark if the provider is a tax-exempt organization	
Amount Paid	
Dependent for whom care was provided	

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_