

Child & Dependent Care Expenses (for Form 2441)

For Dependent (name): _____

Provider Name	EIN or SSN	Address	Amount Paid

For Dependent (name): _____

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Provider Name	EIN or SSN	Address	Amount Paid

Child & Dependent Care Notes

Care expenses for children or disabled adult dependents must be incurred so that you *and* (if applicable) your spouse can work or attend school.

Summer day camps attended so parents can work can be included on this form. "Sleep away" camps should not be included.

Please include all information requested or research fees will be incurred for internet searches.