

DAY CARE CREDIT FORM 2441

Parents who have paid for day care expenses for their children (**UNDER AGE 13**)

LIST QUALIFYING PERSONS AND THE EXPENSES FOR EACH			
FIRST NAME	LAST NAME	SSN	TOTAL EXPENSES
			\$
			\$
			\$
			\$

Did your employer pay any of these expenses or reimburse you for day care expenses:

YES NO

You will need to provide us with the SSN of individuals who kept your child or the EIN of the center.

MUST HAVE ID# - EXEMPT DOES NOT QUALIFY

CARE PROVIDER #1			
Name of Day Care Center or Individual		SSN OR EIN	
Address			
City/State/Zip		Total Amount Paid	\$

CARE PROVIDER #2			
Name of Day Care Center or Individual		SSN OR EIN	
Address			
City/State/Zip		Total Amount Paid	\$

CARE PROVIDER #3

Name of Day Care Center or Individual		SSN OR EIN	
Address			
City/State/Zip		Total Amount Paid	\$