2007 Form 2441 Child and Dependent Care Expenses

Purpose:	This is the first circulated draft of the 2007 Form 2441, Child and Dependent Care Expenses, for your review and comments.
TPCC Meeting:	None, but may be arranged if requested.
Prior Revisions:	The 2006 version of Form 2441 can be accessed at:
Other Products:	Circulations of draft forms, instructions, notices, and publications are posted at: <u>http://taxforms.web.irs.gov/draft_products.html</u>
Comments:	Please e-mail, fax, call, or mail any comments by June 6, 2007.

Bob Lemonds Tax Law Specialist SE:W:CAR:MP:T:I:F Room: 6423 – Main Phone: 202-927-9906 Fax: 202-927-6234 Email: Robert.W.Lemonds@irs.gov

Date: May 9, 2007

Major Changes for

2007 Form 2441 Child and Dependent Care Expenses

The tax year has been updated throughout the form. SE:W:CAR:MP:T:I:F

The credit for child and dependent care no longer offsets the regular and alternative minimum tax. Lines 10 and 11 have been replaced with new lines 10, 11, 12, and 13. All subsequent lines have been renumbered. IRC 26(a)(1).

If Congress later passes legislation to extend IRC 26(a)(2), the form will be revised to reflect the 2006 version.



Child and Dependent Care Expenses

- ► Attach to Form 1040 or Form 1040NR.
 - See separate instructions.

OMB No. 1545-0074 20

Attachment

Sequence No. 21 Your social security number

> ÷ ÷.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Poforo vou bogini	Vou nood to understand t	be following terms S	oo Dofinitiono o	on page 1 of the instructions.	
Delore vou beulli	Tou need to understand t	ne ionowing terms. Se		on bade i or the instructions.	

• De	pendent Care Bene	fits	 Qualifying Person(s)	 Qualified Expenses
Part		anizations Who Provide			
1	(a) Care provider's name		Address ., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	er (d) Amount paid (see instructions)
		id you receive lent care benefits?	No Yes	 Complete only Part II Complete Part III on t 	

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

Pa	rt II Credit	for Child a	and Dependent	Care Expenses			
2	Information a	about your q	ualifying person	(s). If you have more that	two qualifying persor	is, see	the instructions.
		(a) Qua	alifying person's name		(b) Qualifying person's s	ocial	(c) Qualified expenses you incurred and paid in 2007 for the
	First			Last	security number		person listed in column (a)
3				o not enter more than \$3 If you completed Part III,			
	line 35	,000 101 100	or more persons.	ii you completed Part III,	enter the amount from	3	1
4		arned incom	ne. See instructio	ns		4	
5				s earned income (if your	spouse was a student		
Ŭ				others, enter the amoun		5	
6	Enter the sm					6	
7			Form 1040, line 3	38, or Form			
	1040NR, line						
8	Enter on line	8 the decim	al amount shown	below that applies to th	e amount on line 7		
	If line	7 is:		If line 7 is:			
	Over	But not over	Decimal amount is	Over over	not Decimal amount is		
	\$C)—15,000	.35	\$29,000—31,00	0.27		
	15,000	—17,000	.34	31,000—33,00	0.26		
	17,000	—19,000	.33	33,000—35,00	0.25	8	×.
	,	—21,000	.32	35,000—37,00			
		-23,000	.31	37,000—39,00			
		-25,000	.30 .29	39,000—41,00 41,000—43,00			
	,	—27,000 —29,000	.29 .28	43,000—43,000 43,000—No lir			
	27,000	23,000	.20	1 40,000 100 11	.20		
9	Multiply line	6 by the de	cimal amount on	line 8. If you paid 2006	expenses in 2007, see		
	the instruction					9	
10			040, line 44, or Form 1			-	
11			n 6251, line 31 (see	,			
12				ss, stop. You cannot take		12	
13				penses. Enter the small	er of line 9 or line 12	10	
			line 47, or Form			13	
ror	Paperwork H	leauction Ac	ct notice, see pa	ge 4 of the instructions	Cat. No. 1	1862M	Form 2441 (2007)

Form	2441 (2007)	Page 2
Pa	rt III Dependent Care Benefits	
14	Enter the total amount of dependent care benefits you received in 2007. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	14
15	Enter the amount, if any, you carried over from 2006 and used in 2007 during the grace period. See instructions	15
16 17 18	Enter the amount, if any, you forfeited or carried forward to 2008. See instructions	16 () 17
	in 2007 for the care of the qualifying person(s)	
19 20	Enter the smaller of line 17 or 18	
20 21 22	 Enter your earned income. See instructions Enter the amount shown below that applies to you. If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). If married filing separately, see the instructions for the amount to enter. All others, enter the amount from line 20. Enter the smallest of line 19, 20, or 21 	
23	Enter the amount from line 14 that you received from your sole proprietorship or partnership.	22
~	If you did not receive any such amounts, enter -0	23
24 25	Subtract line 23 from line 17 24 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 21)	25
26	Deductible benefits. Enter the smallest of line 22, 23, or 25. Also, include this amount on the appropriate line(s) of your return. See instructions	26
27	Enter the smaller of line 22 or 25 27 Enter the amount from line 26 28	
28 29	Excluded benefits. Subtract line 28 from line 27. If zero or less, enter -0-	29
30	Taxable benefits. Subtract line 29 from line 24. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB".	30
	To claim the child and dependent care credit, complete lines 31–35 below.	

31	Enter \$3,000 (\$6,000 if two or more qualifying persons)	31	
	Add lines 26 and 29	32	
33		33	
34	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 32 above. Then, add the amounts in column (c) and enter the total here.		
35	Enter the smaller of line 33 or 34. Also, enter this amount on line 3 on the front of this form and complete lines 4–13		

Form **2441** (2007)