## Form **2441**

## **Child and Dependent Care Expenses**

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

1040A 1040A 1040NR 2441

OMB No. 1545-0074

2012

Attachment Sequence No. **21** 

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

Your social security number

Par			o Provided the Care— e providers, see the instr			is part				
1	(a) Care provider's name	(number, s	(b) Address (number, street, apt. no., city, state, and ZIP code) (c) Identif			ing num or EIN)	ber	(d) Amount pai		
	-									
		Did you receive dependent care bene	No fits? Yes		Complete only			ext		
			e, you may owe employmer						tails,	
see tr Part		-orm 1040, line 59a, or Child and Depender	Form 1040NR, line 58a.							
2			on(s). If you have more that	n two qua	alifvina persons.	see th	e instructi	ons.		
		ne	(b) Qualifying person's soci			(c) Quali	fied expenses			
	First		Last		security number			nd paid in 2012 isted in column		
			<b>.</b>	2 202 (	116.1					
3			<b>Do not</b> enter more than \$ cons. If you completed Pa							
	from line 31 .					3				
4	•	d income. See instruct				4				
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4									
6		<b>st</b> of line 3, 4, or 5 .				5 6				
7	Enter the amou	int from Form 1040, or Form 1040NR, line 3	•							
8			vn below that applies to the	e amount	on line 7	-				
	If line 7 is:									
	_	t not Decimal		t not	Decimal					
	Over over	_	Over ov		amount is					
	\$0—15, 15,000—17,		\$29,000—31, 31,000—33,		.27 .26					
	17,000 – 19,		33,000 - 35,		.25	8		Χ.		
	19,000—21,		35,000-37,	000	.24					
	21,000-23,	000 .31	37,000—39,	000	.23					
	23,000-25,	000 .30	39,000-41,		.22					
	25,000-27,		41,000-43,		.21					
•	27,000—29,		43,000—No		.20					
9	Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions									
10	Tax liability limit. Enter the amount from the Credit									
. •	•		10							
11			expenses. Enter the sma							
	here and on Forn	n 1040, line 48; Form 1	040A, line 29; or Form 1040	ONR, line	46	11				

12	Enter the total amount of <b>dependent care benefits</b> you received in 2012. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> 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	12		
13	Enter the amount, if any, you carried over from 2011 and used in 2012 during the grace period. See instructions	13		
14	Enter the amount, if any, you forfeited or carried forward to 2013. See instructions	14	(	)
15	Combine lines 12 through 14. See instructions	15		
16	Enter the total amount of <b>qualified expenses</b> incurred in 2012 for the care of the <b>qualifying person(s)</b> 16			
17	Enter the <b>smaller</b> of line 15 or 16			
	Enter your <b>earned income.</b> 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 instructions.			
	All others, enter the amount from line 18.			
	Enter the <b>smallest</b> of line 17, 18, or 19			
21	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19)			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)			
	No. Enter -0			
	Yes. Enter the amount here	22		
	Subtract line 22 from line 15			
	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24		
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21	25		
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. 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." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26		
	To claim the child and dependent care credit, complete lines 27 through 31 below.			
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27		
	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28		
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2011 expenses in 2012, see the instructions for line 9	29		
30	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30		
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31		