## **Child and Dependent Care Expenses**

OMB No. 1545-0068 ► Attach to Form 1040. Attachment Sequence No. 21 ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 Your social security number

> You need to understand the following terms to complete this form: Dependent Care Benefits, Earned Income, Qualified Expenses, and Qualifying Person(s). See Important Terms on page 1 of the Form 2441 instructions. Also, if you had a child born in 1993 and line 32 of Form 1040 is less than \$23,050, see A Change To Note on page 2 of the instructions.

1 (a	) Care provider's		(b) Address	(c) Identifying	number	(d) Amount paid	
<u>'</u>	name	(number, street, apt	. no., city, state, and ZIP code)	(SSN or E	EIN)	(see instructions	
. Ac	dd the amounts in co	olumn (d) of line 1			. 2		
Er	nter the number of <b>q</b>	ualifying persons cared	I for in 1993		· 🔲		
		only Par	t II below.				
		Did you receive dependent care benef	fits? YES ——	Complete	Part III o	on the back now.	
art	Credit for Chi	d and Dependent Ca	are Expenses				
1	993. DO NOT enter	ualified expenses you i more than \$2,400 for on nore persons. If you com	e qualifying person				
		25					
Е	nter YOUR earned i	ncome	5				
in		nt return, enter YOUR disabled, see instruction 5					
Ε	nter the <b>smallest</b> of	line 4, 5, or 6			. 7		
B E	nter the amount fror	n Form 1040, line 32 .			_		
Ε	nter on line 9 the de	cimal amount shown be	low that applies to the amount	on line 8			
	If line 8 is—	Decimal	If line 8 is—	Decimal			
	But not Over over	amount is	But not Over over	amount is			
	\$0—10,000	.30	\$20,000—22,000	.24			
	10,000—12,000	.29	22,000—24,000	.23		~	
	12,000—14,000	.28	24,000—26,000	.22	9	X .	
	14,000—16,000 16,000—18,000	.27 .26	26,000—28,000 28,000—No limit	.21 .20			
	18,000—18,000	.25	20,000—190 IIIIIII	.20			
) N			9. Enter the result. Then, see the	ne instructions fo			
		o enter on Form 1040, I	ine 41		10		

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Pa	rt III Dependent Care Benefits—Complete this part only if	you rec	eived the	se benefi	ts.	
11	Enter the total amount of <b>dependent care benefits</b> you received for be shown in box 10 of your W-2 form(s). DO NOT include amounts as wages in box 1 of Form(s) W-2	d to you	11			
12	Enter the amount forfeited, if any. See the instructions		12			
13	Subtract line 12 from line 11				13	
14	Enter the total amount of <b>qualified expenses</b> incurred in 1993 for the care of the qualifying person(s)	14				
15	Enter the <b>smaller</b> of line 13 or 14	15			-	
16	Enter YOUR earned income	16				
17	If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line 6 instructions); if married filing a separate return, see the instructions for the amount to enter; <b>all others</b> , enter the amount from line 16	17			_	
18	Enter the <b>smallest</b> of line 15, 16, or 17	18				
19	Excluded benefits. Enter here the smaller of the following:					
	<ul> <li>The amount from line 18, or</li> <li>\$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 17).</li> </ul>	19				
20	<b>Taxable benefits.</b> Subtract line 19 from line 13. Also, include this line 7. On the dotted line next to line 7, write "DCB"		20			
	To claim the child and dependent ca lines 21–25 below, and lines 4–10 on					
21	Enter the amount of qualified expenses you incurred and paid in this line any excluded benefits shown on line 19	21				
22	Enter \$2,400 (\$4,800 if two or more qualifying persons)	22				
23	Enter the amount from line 19	23				
24	Subtract line 23 from line 22. If zero or less, <b>STOP</b> . You cannot tall you paid 1992 expenses in 1993, see the line 10 instructions	24				
25	Enter the <b>smaller</b> of line 21 or 24 here <b>and</b> on line 4 on the front of	25				