_	2441	1	Child and Dependent Care Expenses							OMB No. 1545	5-0068	
Form C T T I							200	1				
	Department of the Treasury nternal Revenue Service (99) See separate instructions.							Attachment Sequence No	. 21			
-								Your soc	ial security numb			
Bei	fore you begi	<i>n:</i> You need	to understand t	he following te	rms. See	Definiti	ons on pa	age 1	l of the	instructions		
• C	ependent Ca	re Benefits	• Qualif	ying Person(s)	•	Qualifie	ed Expen	ises		• Earned In	come	
Ра			izations Who Pr			must co	mplete th	is pa	rt.			
1	(II you need mor		space, use the bottom of page 2.) (b) Address (number, street, apt. no., city, state, and ZIP code) (c) Identify (SSN d)					ifying number		(d) Amount paid		
									(see instruction	s)		
	Did you receive No → Complete only											
	dependent care benefits? Yes► Complete Part III on the ba						the ba	ck next.				
Pa			ovided in your home nd Dependent C	<u> </u>	employmer	nt taxes. S	See the ins	tructio	ons for F	orm 1040, line	57.	
2			alifying person(s).		e than two	o qualifyir	ng persons	s, see	the inst	ructions.		
	(a) Qualifying person's name						incurred and			alified expenses and paid in 2001	lified expenses you nd paid in 2001 for the	
	Firs	t		Last		securit	y number		perso	on listed in column	(a)	
3		800 for two	n (c) of line 2. Do n or more persons. I					3				
4	Enter your ea	rned income						4				
5			rn, enter your spo see the instruct					5				
6	Enter the sma	allest of line	3, 4, or 5					6				
7	Enter the amo	ount from Foi	m 1040, line 34	7								
8	Enter on line	8 the decima	l amount shown b	elow that applies	s to the an	nount on	line 7					
	If line 7		Desires	If line 7 i		Duri						
	Over	But not over	Decimal amount is	Over	But not over	Decir amou	· · · ·					
		-10,000	.30	\$20,000-		.2						
	10,000- 12,000-	-12,000	.29 .28	22,000- 24,000-		.2 .2		8		×		
	12,000-		.28	24,000-		.2				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·	
	16,000- 18,000-	-18,000	.26 .25		–No limit	.2	1					
9	line 44. But if amount on line to enter on line	this amount e 43, or you p ne 44	nal amount on line is more than the aid 2000 expenses	amount on Forn in 2001, see the	n 1040, lin instructior	ie 42, mir	nus any	9				
For	Paperwork Re	eduction Act	Notice, see page	3 of the instruc	ctions.		Cat. No. 118	362M		Form 244	(2001)	

Part III Dependent Care Benefits

10	Enter the total amount of dependent care benefits you received for 2001. This amount should be shown in box 10 of your W-2 form(s). Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2	10	
11	Enter the amount forfeited, if any. See the instructions	11	
12	Subtract line 11 from line 10	12	
13	Enter the total amount of qualified expenses incurred in 2001 for the care of the qualifying person(s) 13		
14	Enter the smaller of line 12 or 13		
15	Enter your earned income		
16	If married filing a joint return, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5); if married filing a separate return, see the instructions for the amount to enter; all others, enter the amount from line 15		
17	Enter the smallest of line 14, 15, or 16		
18	Excluded benefits. Enter here the smaller of the following:		
	 The amount from line 17 or \$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's separate return and you were required to enter your spouse's separate return and you were required to enter your spouse's separate return and you were required to enter your spouse's separate return and you were required to enter your spouse's separate return and you were required to enter your spouse's separate return separate return	18	
19	earned income on line 16). Taxable benefits. Subtract line 18 from line 12. Also, include this amount on Form 1040,	<i>\ </i>	
.,	line 7. On the dotted line next to line 7, enter "DCB"	19	

To claim the child and dependent care credit, complete lines 20–24 below.

	\otimes		Form 2441	(2001)
24	Enter the smaller of line 22 or 23. Also, enter this amount on line 3 on the front of this form and complete lines 4–9	24		
23	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 18 above. Then, add the amounts in column (c) and enter the total here	23		
22	Subtract line 21 from line 20. If zero or less, stop . You cannot take the credit. Exception . If you paid 2000 expenses in 2001, see the instructions for line 9	22		
21	Enter the amount from line 18	21		
20	Enter \$2,400 (\$4,800 if two or more qualifying persons)	20		