Schedule 2 (Form 1040A)

Department of the Treasury—Internal Revenue Service

Child and Dependent Care
Expenses for Form 1040A Filers

2004

OMB No. 1545-0085

						(00)	-			0.11.2 1.10. 10.10				
Name(s) shown on Form	1040	A							Your socia	I security number				
Before you beg Dependent C			derstand th		-	ns. See De		on page 1 o		arate instruction				
Part I	1	(a) Care provider's name			(b) Address (number, street, apt. no., city, state, and ZIP code)				(c) Identifying number (SSN or EIN)		(d) Amount paid (see instructions)			
Persons or organizations														
who provided the care														
You must complete this part.		(If you need r	nore spac	e, use the bottom of page 2.)										
		Did you receive dependent care benef		fits?	fits? No Yes		Complete only Part II b Complete Part III on the							
	Caution. If the care was provided in your home, you may owe employment taxes. must use Form 1040. See Schedule H and its instructions for details.									xes. If you do,	you			
Part II	2	2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.												
Credit for child and dependent care expenses		(a) Qualifying p			erson's name Last			alifying persor security numb	(c) Qualified expenses you incurred and paid in 2004 for the person listed in column (a)					
care expenses								: :		iisted iii ooldiiii	(u)			
	3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 26.													
	4	4 Enter your earned income. See the instructions.							4					
	5	5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4.												
	6	Enter the sm	allest of li	ne 3, 4, or 5.					6					
	7	Enter the amo	ount from	Form 10	040A, lin	ne 22.	7							
	8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is:													
		Over over		cimal nount is		Over	But not over	Decimal amount	is					
		\$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000	0 0 0 0 0	.35 .34 .33 .32 .31 .30		\$29,000— 31,000— 33,000— 35,000— 37,000— 39,000—	33,000 35,000 37,000 39,000 41,000	.27 .26 .25 .24 .23 .22						
		25,000—27,000 27,000—29,000	0	.29 .28		41,000— 43,000—	No limit	.21	8	×				
	9	9 Multiply line 6 by the decimal amount on line 8. If you paid 2003 expenses in 2004, see the instructions.						id 2003	9					
	10 Enter the amount from Form 1040A, line 28.							10						
	11	11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040A, line 29.							11					

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Part III	12	Enter the total amount of dependent care benefits you received for 2004. This amount should be shown in box 10 of your Form(s)										
Dependent care benefits		W-2. Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2.	12									
	13	Enter the amount forfeited, if any. See the instructions.	13									
		Subtract line 13 from line 12.	14									
	15	Enter the total amount of qualified expenses incurred in 2004 for the care of the qualifying person(s).										
	16	Enter the smaller of line 14 or 15.	_									
	17	Enter your earned income . See the instructions. 17										
		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 17.										
	20	Excluded benefits. Enter here the smaller of the following:										
		 The amount from line 19 or \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18). 	_20									
	21	Taxable benefits. Subtract line 20 from line 14. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."	21									
		To claim the child and dependent care credit, complete lines 22–26 below.										
	22	Enter \$3,000 (\$6,000 if two or more qualifying persons).	22									
	23	Enter the amount from line 20.	23									
	24	Subtract line 23 from line 22. If zero or less, stop. You cannot take the credit. Exception. If you paid 2003 expenses in 2004, see the instructions for line 9.	24									
		Complete line 2 on the front of this schedule. Do not include in column (c) any benefits shown on line 20 above. Then, add the amounts in column (c) and enter the total here.	25									
	26	Enter the smaller of line 24 or 25. Also, enter this amount on line 3 on the front of this schedule and complete lines 4–11.	26									
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