	2441	Child and Dependent Care Expenses					1040	b		OMB No. 1545-0074	
Form							1040A			<u></u>	10
	.		Attach to Form 10	40, Form 1040A,	or Form 1040	NR.	1040NR			200)3
	nent of the Treasury Revenue Service (99)		► See s	eparate instruct	ions.		2	2441		Attachment Sequence N	o. 21
Name(s) shown on return							,	Your soc	ial security num	
Par	Doroono		anizations Who F	wavidad tha C			nloto th	io port			
r ai			e than two care pr				piete tri	is part	•		
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)	
			id you receive	No	— ——	- Comp	olete only	Part II	below		
			dent care benefits		-		olete Parl				
			ed in your home, yo			es. If you d	o, you ca	annot fi	le Form	n 1040A. For o	details,
Par			040, line 59, or Form and Dependent C								
2			qualifying person(s	-		qualifying	nersons	see th	e instru	ictions	
	information abo		alifying person's name	j. Il you have ill		b) Qualifying			(c) Q	ualified expense	
	First	(-) -	······	Last		security				d and paid in 200 son listed in colun	
3	Add the amoun	ts in colı	umn (c) of line 2. Do	not enter more	than \$3.000	for one au	alifving				
Ū			vo or more persons								
	from line 34 .							3			
4			me. See instruction					4			
5			enter your spouse's e instructions); all ot				student	5			
6	Enter the small							6			
7	Enter the amo	ount from	n Form 1040, line 1040NR, line 36.		7						
8			nal amount shown k			ount on line	7				
•	If line 7 is:			If line			•				
	В	ut not	Decimal		But not	Decima	I				
	Over o	ver	amount is	Over	over	amount	is				
	\$0-15	,	.35		00-31,000	.27					
	15,000-17		.34		00-33,000	.26				X	
	17,000—19		.33	· · · ·	00-35,000	.25		8		X	•
	19,000—21		.32		00-37,000	.24					
	21,000-23		.31	· · · ·	00-39,000	.23					
	23,000-25		.30	-	00-41,000	.22					
	25,000-27		.29		00-43,000	.21					
•	27,000—29		.28		00—No limit	.20					
9	the instructions	•	ecimal amount on li	ne 8. If you pai	u 2008 exper	nses in 200		9			
10			n Form 1040, line 1040NR, line 43.	· · · · · ·	10		I				
11	Enter the amou	unt from	Form 1040, line 4	17; or Form							
			040A filers, enter -0		11						
12			e 10. If zero or less,	-			 lina 10	12			
13			ependent care exp line 48: Form 1040					13			

For Paperwork Reduction Act Notice, see page 4 of the instructions.

Form **2441** (2009)

Form	2441 (2009)		Page 2
Pa	t III Dependent Care Benefits		
14	Enter the total amount of dependent care benefits you received in 2009. 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 2008 and used in 2009 during the grace period. See instructions	15	
16	Enter the amount, if any, you forfeited or carried forward to 2010. See instructions	16	()
17	Combine lines 14 through 16. See instructions	17	
20	Enter the smaller of line 17 or 18. 19 Enter your earned income. See instructions 20 Enter the amount shown below that applies to you. 10	-	
	 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). 21 		
	If married filing separately, see instructions.		
	All others, enter the amount from line 20.		
	Enter the smallest of line 19, 20, or 21		
23	Enter \$5,000 (\$2,500 if married filing separately and		
	you were required to enter your spouse's earned income on line 21)		
24	Are you filing Form 1040A?	-	
24	\Box Yes. Skip lines 24 through 27 and go to line 28.		
	No. Enter the amount from line 14 that you received from your sole proprietorship or		
	partnership. If you did not receive any such amounts, enter -0	24	
25	Subtract line 24 from line 17		
26	Enter the smaller of line 22 or 23		
27	Deductible benefits. Enter the smallest of line 22, 23, or 24. Also, include this amount on the appropriate line (a) of your network.	07	
28	the appropriate line(s) of your return. See instructions	27	
20	less, enter-0 Form 1040A filers: Enter the smaller of line 22 or line 23	28	
29	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 28 from line 25. 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." Form 1040A filers: Subtract line 28 from line 17. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".	29	
	To claim the child and dependent care credit, complete lines 30 through 34 below.		
30	Enter \$3,000 (\$6,000 if two or more qualifying persons)	30	
	Form 1040 and 1040NR filers: Add lines 27 and 28. Form 1040A filers: Enter the amount from line 28 .	31	
20	Cultured line Of from line OO If now on loss stop. Now connect take the condition	1	

32	Subtract line 31 from line 30. If zero or less, stop. You cannot take the credit.							
	Exception. If you paid 2008 expenses in 2009, see the instructions for line 9							
33	3 Complete line 2 on the front of this form. Do not include in column (c) any benefits shown							
	on line 31 above. Then, add the amounts in column (c) and enter the total here							

34 Enter the smaller of line 32 or 33. Also, enter this amount on line 3 on the front of this form

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