**Qualified Adoption Expenses** 

► Attach to Form 1040 or 1040NR. ► See separate instructions.

OMB No. 1545-0074 Attachment Sequence No. 38

Department of the Treasury Internal Revenue Service (99)

| Name(s) shown on return |  |                                   |  |           |   |                                    |                   |   |                | Your social security number |        |  |  |
|-------------------------|--|-----------------------------------|--|-----------|---|------------------------------------|-------------------|---|----------------|-----------------------------|--------|--|--|
| Before                  | you begin  | credit, qual                      | amounts of any of the follow<br>ified plug-in electric vehicle<br>tions on page 1 of the instr | e credit, | alternative moto                                  |                                    |                   |   |                |                             |        |  |  |
| Par                     |  |                                   | ut Your Eligible Cletails, including wha   |           |   |                                    |                   | e this p                                | art. See       | page 2 and 3                | of the |  |  |
|                         |  |                                   | ()   |           |   |                                    | Check if child wa | as—                                     |                |                             |        |  |  |
| 1                       | <b>(a)</b><br>Child's name   |                                   |  |           | (b)<br>Child's year                               | (c) (d) born <b>before</b> a child |                   | (e)                                     | (f)<br>Child's |                             |        |  |  |
|                         |  |                                   |  |           | of birth  | <b>1992</b> and                    |                   | a<br>foreigr                            | 1              | identifying number          |        |  |  |
|                         | First  |                                   | Last   |           |   | disabled                           |                   | child                                   |                |                             |        |  |  |
| Child<br>1              |  |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
| Child<br>2              |  |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         | 6 4  | -l-il-l f                         | ion shild as Cossis  |           | - i th it   |                                    | - Line 4 Line     | (-) -                                   |                | 0 hafara                    |        |  |  |
|                         |  |                                   | ign child, see Specia employer-provided  |           |   |                                    |                   |   |                | 3, before you col           | mpiete |  |  |
| Part                    |  | doption Credit                    | employer provided  | ичоры     | ion benefits,                                     | complete                           | T CIT III OIT II  | ic back i                               | icxt.          |                             |        |  |  |
| rare                    | Т А  | aoption orcait                    |  |           | Child   | 1                                  | Chil              | d 2                                     |                |                             | _      |  |  |
| 2                       | Maximu   | Maximum adoption credit per child |  | 2         | \$12, <sup>-</sup>                                |                                    |                   |   | 00             |                             |        |  |  |
| 3                       |  | •                                 | for a prior year for   |           | <del>• • • • • • • • • • • • • • • • • • • </del> |                                    | <b>,</b>          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |                             |        |  |  |
|                         |  | ne child?                         |  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         | ☐ No.  | Enter -0                          | )  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         |  | See page 4 of tamount to enter.   | he instructions for  | 3         |   |                                    |                   |   | +              |                             |        |  |  |
| 4                       | Subtrac  | t line 3 from line                | 2  | 4         |   |                                    |                   |   |                |                             |        |  |  |
| 5                       | Qualifie   | ed adoption exp                   | enses (see page 4  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         | of the instructions)   |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         | Caution. Your qualified adoption expenses may not  |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
| •                       | -  |                                   | enses you paid in 2009.  |           |   |                                    |                   |   |                |                             |        |  |  |
| 6<br>7                  |  | e <b>smaller</b> of line          | 4 or line 5 6. If zero, skip lines 8   | through   | ah 11 and ant                                     | or 0 on                            | lino 12           |   | 7              | ı                           |        |  |  |
| 8                       |  |                                   | income (see page 5 c   |           | -   | 8                                  |                   |   |                |                             |        |  |  |
| 9                       |  | more than \$182,                  |  |           | ion donorio, .                                    |                                    |                   |   |                |                             |        |  |  |
|                         | □ <b>No.</b> Skip lines 9 and 10, and enter -0- on line 11.                                  |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         | ☐ <b>Yes.</b> Subtract \$182,180 from line 8   |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
| 10                      | Divide line 9 by \$40,000. Enter the result as a decimal (rounded to at least three places). |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         |  |                                   | .000   |           |   |                                    |                   |   | 10             | × .                         |        |  |  |
| 11                      |  | line 7 by line 10                 | · · · · · · · · · · · · · · · · · · ·  |           |   |                                    |                   |   | 11             |                             |        |  |  |
| 12<br>13                |  |                                   | prior years (line 23 o   |           |   |                                    |                   |   | 12             |                             | +      |  |  |
| 13                      |  |                                   | nstructions)   |           |   |                                    |                   |   | 13             |                             |        |  |  |
| 14                      |  |                                   |  |           |   |                                    |                   |   | 14             |                             |        |  |  |
| 15                      | Enter th   | e amount from F                   | orm 1040, line 46, or I  | Form 1    | 040NR, line 4                                     | 13 <b>15</b>                       |                   |   |                |                             |        |  |  |
| 16                      | 1040 Enter the total of any amounts from Form 1040, lines 47 through 50;                     |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         | filers: Form 5695, line 11; and line 12 of the Line 11 Worksheet in Pub. 972                 |                                   |  |           |   |                                    |                   |   |                |                             |        |  |  |
|                         |  |                                   | instructions); Form 8396, li<br>21; Form 8936, line 14; and                                    |           |   | 16                                 |                   |   |                |                             |        |  |  |
|                         | 1040NR   |                                   | ny amounts from Form 104   |           |   | ( '                                | l                 |   |                |                             |        |  |  |
|                         | filers:  | 46; Form 5695, lin                | e 11; and line 12 of the   | Line 11   | Worksheet in                                      |                                    |                   |   |                |                             |        |  |  |
|                         | Pub. 972 (see page 5 of the instructions); Form 8396, line 11; Form                          |                                   |  |           |   |                                    |                   |   |                | 1                           |        |  |  |
|                         |  |                                   | 8910, line 21; and Form 8  | 936, lin  | e 14.   | •                                  |                   |   |                | 4                           |        |  |  |
| 17                      |  | t line 16 from line               |  |           |   |                                    |                   |   | 17             |                             | +      |  |  |
| 18                      | Adoptic  | <b>on credit.</b> Enter t         | he smaller of line 14  | or line   | 17 here and                                       | include o                          | n Form 1040       | J, line 52                              | <u>'</u> ,     |                             |        |  |  |

or Form 1040NR, line 48. Check box b on that line. If line 17 is smaller than line 14, you may

have a credit carryforward (see page 6 of the instructions) . . . . . . .

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Form 8839 (2009) Page **2** 

## Part III Employer-Provided Adoption Benefits

|    |   |                  | Child 1         |    | Child 2         |    |    |  |  |
|----|---|------------------|-----------------|----|-----------------|----|----|--|--|
|    |   |                  | <b>640.45</b> 0 | 00 | <b>640.45</b> 0 | 00 |    |  |  |
| 19 | Maximum exclusion per child   | 19               | \$12,150        | 00 | \$12,150        | 00 |    |  |  |
| 20 | Did you receive employer-provided   |                  |                 |    |                 |    |    |  |  |
| 20 | adoption benefits for a prior year for the  |                  |                 |    |                 |    |    |  |  |
|    | same child?   |                  |                 |    |                 |    |    |  |  |
|    | No. Enter -0  |                  |                 |    |                 |    |    |  |  |
|    | Yes. See page 6 of the instructions for the amount to enter.  | 20               |                 |    |                 |    |    |  |  |
| 21 | Subtract line 20 from line 19   | 21               |                 |    |                 |    |    |  |  |
|    |   |                  |                 |    |                 |    |    |  |  |
| 22 | Employer-provided adoption benefits you   |                  |                 |    |                 |    |    |  |  |
|    | received in 2009. This amount should be   |                  |                 |    |                 |    |    |  |  |
|    | shown in box 12 of your 2009 Form(s) W-2 with code <b>T</b>   | 22               |                 |    |                 |    |    |  |  |
|    |   |                  |                 |    |                 |    |    |  |  |
| 23 | Add the amounts on line 22  |                  |                 |    |                 |    | 23 |  |  |
|    | 5   |                  | ]               |    |                 |    |    |  |  |
| 24 | Enter the <b>smaller</b> of line 21 or line 22. But if the child was a child with special needs and   |                  |                 |    |                 |    |    |  |  |
|    | the adoption became final in 2009, enter the  |                  |                 |    |                 |    |    |  |  |
|    | amount from line 21   | 24               |                 |    |                 |    |    |  |  |
| 25 | Add the amounts on line 24. If zero, akin lines   | 26 +             | brough 20 optor |    |                 |    |    |  |  |
| 25 | Add the amounts on line 24. If zero, skip lines -0- on line 30, and go to line 31   | ∠0 แ<br>         |                 | 25 |                 |    |    |  |  |
|    |   | ı                |                 |    |                 |    |    |  |  |
| 26 | Modified adjusted gross income (from  |                  |                 |    |                 |    |    |  |  |
|    | the worksheet on page 6 of the instructions)  |                  |                 |    |                 |    |    |  |  |
| 27 | Is line 26 more than \$182,180?   |                  |                 |    |                 |    |    |  |  |
|    | □ <b>No.</b> Skip lines 27 and 28, and  |                  |                 |    |                 |    |    |  |  |
|    | enter -0- on line 29.   |                  |                 |    |                 |    |    |  |  |
|    | Yes. Subtract \$182,180 from line   |                  |                 |    |                 |    |    |  |  |
| 28 | 26  | imal (rounded to |                 |    |                 |    |    |  |  |
|    | at least three places). Do not enter more than 1  | 28               | × .             |    |                 |    |    |  |  |
|    |   |                  |                 |    |                 |    |    |  |  |
| 29 | Multiply line 25 by line 28   |                  |                 | 29 |                 |    |    |  |  |
| 30 | Excluded benefits. Subtract line 29 from line 2   | 25 .             |                 |    |                 |    | 30 |  |  |
|    |   |                  |                 |    |                 |    |    |  |  |
| 31 | Taxable benefits. Is line 30 more than line 23?   |                  |                 |    |                 |    |    |  |  |
|    |   |                  |                 |    |                 |    |    |  |  |
|    | 7 of Form 1040 or line 8 of Form 1040   |                  |                 |    |                 |    |    |  |  |
|    | ☐ <b>Yes.</b> Subtract line 23 from line 30. Enter the  | 31               |                 |    |                 |    |    |  |  |
|    | the total you would enter on line 7 of Form 1040 or line 8 of Form 1040NR by the amount on Form 8839, line 31. Enter the result on line 7 of Form 1040 or |                  |                 |    |                 |    |    |  |  |
|    | line 8 of Form 1040NR. Enter "SNE" on the dotted line next to the entry line.   |                  |                 |    |                 |    |    |  |  |

You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply.



- You paid adoption expenses in 2008, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2008.
- The total adoption expenses you paid in 2009 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2009 or earlier.
- You adopted a child with special needs and the adoption became final in 2009.