Form

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No.

21

Department of the Treasury Internal Revenue Service

(99) Name(s) shown on return

Your social security number

			d and dependent car								
	rt I Per	sons or O	rganizations W than two care provide	ho Provid	ed the	Care - Yo					<u></u>
1	(a) Care pro	vider's	(b) Addre (number, street, apt. no., city			ess			(c) Identifying number (SSN or EIN)		(d) Amount paid (see instructions)
			,	<u> </u>			,	`			,
			Did you receive		No		Com	برامه معادر	Dort II ha	.lou	
de			Did you receive No ———————————————————————————————————				Complete only Part II below.Complete Part III on page 2 i				ov4
_			·					•			
			led in your home, yo 1040NR, line 59a.	u may owe er	nploymer	nt taxes. Fo	r details, s	ee the ins	tructions	for Sc	nedule 4
			ild and Depend	ont Caro F	vnans	96					
2	*						ing nersor	s see the	instructio	าทร	
-	iiiioiiiiatioii a	Information about your qualifying person(s). If you have more than two qualifying persons, see the (a) Qualifying person's name (b) Qualifying person's soc							(c) Qualified expenses you		
	F	irst	Qualifying person's name	Last				incurred			and paid in 2018 for the on listed in column (a)
	<u> </u>		Lasi							poio	on noted in detainin (a)
3	Add the amounts in column (c) of line 2. Don't 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 31								3		
4	Enter vour ea	earned income. See instructions							4		
5	•	If married filing jointly, enter your spouse's earned income (if you or your spouse was a									
	student or was disabled, see the instructions); all others , enter the amount from line 4								5		
6		Enter the smallest of line 3, 4, or 5							6		
7		Enter the amount from Form 1040, line 7; or Form									
	1040NR. line 36										
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7										
	If line 7			If line 7 is:							
		But not	Decimal			But not	Decim	al			
	Over	over	amount is		Over	over	amour				
		- 15,000	.35	1	\$29,000 -		.2				
	15,000 - 17,00		.34		31,000 -	33,000	.2	6			
	•	- 19,000	.33	.33 33,000 - 35,00		,	.25		8		Χ.
	19,000 - 21,000		.32								
		- 23,000	.31								
	23,000 - 25,000 25,000 - 27,000			.30 39,000 - 41,0		-					
	25,000 - 27,000 27,000 - 29,000		.29 .28	.29 41,000 - 43,000 .28 43,000 - No lim		-					
	27,000 - 29,000 .28 43,000 - No limit .20										
9	Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see										
	the instructions								9		
10	Tax liability limit. Enter the amount from the Credit										
	Limit Worksh	Limit Worksheet in the instructions									
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10										
		here and an Schedule 3 (Form 1040), line 40; or Form 1040NP, line 47									