## Form **2441**

## **Child and Dependent Care Expenses**

► Attach to Form 1040, Form 1040A, or Form 1040NR.

1040A 1040NR 2441 OMB No. 1545-0074

2013

Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return ► Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Your social security number

Part			izations Who Pro				olete thi	s part.		
1	(ii you ri (a) Care provider's		•	n two care providers, see the instructions.)  (b) Address (number, street, apt. no., city, state, and ZIP code)			(c) Identifying number (SSN or EIN)		er (d) Amount paid (see instructions)	
паше			(Humber, Street, ap	(number, street, apt. no., city, state, and zir cou			(3314 01 E11		(See Instructions)	
			l you receive	No		▶ Comp	-			
Courti	on If the core w		ent care benefits?	Yes					back next.	otoilo
			0, line 59a, or Form			s. II you uc	o, you ca	IIIIOLIIIE F	OIIII 1040A. FOI G	etalis,
Part			d Dependent Car							
2			alifying person(s).		than two q	ualifying p	persons,	see the in	structions.	
		(a) Quali	ifying person's name		(b)	Qualifying p			(c) Qualified expenses curred and paid in 2013	
	First			Last			security number		person listed in column	
3	Add the amou	ints in colum	nn (c) of line 2. <b>Do n</b> o	ot enter more tha	an \$3,000 fo	or one qua	alifying			
	person or \$6,	000 for two	or more persons. It	f you completed	l Part III, er	nter the a	mount			
	from line 31						[	3		
4	•		e. 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); <b>all others</b> , enter the amount from line 4 .							_		
6	Enter the <b>sma</b>			an others, enter		it iroiii iiii	64 .	5 6		
7								0		
	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37   7									
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7									
	If line 7 is:									
	_	But not	Decimal	_	But not	Decima				
	Over	over	amount is	Over	over	amoun	t is			
		15,000	.35	\$29,000-	•	.27				
	15,000—17,000 17,000—19,000		.34 31,000—33, .33 33,000—35,		,			8	х.	
	19,000—		.32		-37,000	.24			7.1	
	21,000—	•	.31	· ·	-39,000	.23				
	23,000—25,000		.30	0 39,000-41,00		.22				
	25,000—	27,000	.29	41,000-	-43,000	.21				
_	27,000—	- ,	.28	· · · · · · · · · · · · · · · · · · ·						
9	Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see							9		
10		the instructions								
.0	Limit Worksheet in the instructions   10						1 1			
11		Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10								
		here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46								

To claim the child and dependent care credit, complete lines 27 through 31 below.

21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21 . . .

26 Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. 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 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount		
	from line 25	28	
29	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit.		
	<b>Exception.</b> If you paid 2012 expenses in 2013, see the instructions for line 9	29	
30	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown		
	on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form		
	and complete lines 4 through 11	31	

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