



**ARKANSAS INDIVIDUAL INCOME TAX  
CHILD AND DEPENDENT CARE EXPENSES**

Primary's legal name	Primary's social security number
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You cannot claim a credit for child and dependent care expenses if your filing status 5 (married filing separately on different returns) unless you meet the requirements listed in the instructions under "Married Filing Separately on Different Returns." If you meet these requirements, check this box.

**Part I Persons or Organizations Who Provided the Care – You must complete this part.**  
(If you have more than two care providers, see the instructions.)

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)

Did you receive dependent care benefits?	No	→	Complete only Part II below.
	Yes	→	Complete Part III on the back next.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying legal name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last	

3 Add the amounts in column (c) of line 2. <b>Don't</b> 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 30 . . . . .	3																																																											
4 Enter your <b>earned income</b> . See instructions . . . . .	4																																																											
5 If married filing status 2 or 4, 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 . . . . .	5																																																											
6 Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	6																																																											
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . .	7																																																											
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	8	<b>X.</b>																																																										
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10 Multiply line 9 by .20. Enter this amount on line 35 and/or line 43 of AR1000F/AR1000NR . . . . .	10																																																											



Part III Dependent Care Benefits			
11 Enter the total amount of <b>dependent care benefits</b> you received in 2021. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> 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.	11		
12 Enter the amount, if any, you carried over from 2020 and used in 2021 during the grace period. See instructions	12		
13 Enter the amount, if any, you forfeited or carried forward to 2022. See instructions	13	(                    )	
14 Combine lines 11 through 13. See instructions	14		
15 Enter the total amount of <b>qualified expenses</b> incurred in 2021 for the care of the <b>qualifying person(s)</b>	15		
16 Enter the <b>smaller</b> of line 14 or 15	16		
17 Enter your <b>earned income</b> . See instructions	17		
18 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing status 2 or 4, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing status 5, see instructions.</li> <li>• All others, enter the amount from line 17.</li> </ul>	18		
19 Enter the <b>smallest</b> of line 16, 17, or 18	19		
20 Enter \$5,000 (\$2,500 if married filing status 5 and you were required to enter your spouse's earned income on line 18)	20		
21 Is any amount on line 11 from your sole proprietorship or partnership? <input type="checkbox"/> <b>No.</b> Enter -0- <input type="checkbox"/> <b>Yes.</b> Enter the amount here.	21		
22 Subtract line 21 from line 14	22		
23 <b>Deductible benefits.</b> Enter the <b>smallest</b> of line 19, 20, 21. Also, include this amount on the appropriate line(s) of your return. See instructions	23		
24 <b>Excluded benefits.</b> If you checked "No" on line 21, enter the smaller of line 19 or 20. Otherwise, subtract line 23 from the smaller of line 19 or line 20. If zero or less, enter -0-	24		
25 <b>Taxable benefits.</b> Subtract line 24 from line 22. If zero or less, enter -0-. If more than zero, see instructions	25		

To claim the child and dependent care credit, complete lines 26 through 30 below.

26 Enter \$3,000 (\$6,000 if two or more qualifying persons)	26		
27 Add lines 23 and 24	27		
28 Subtract line 27 from line 26. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2020 expenses in 2021	28		
29 Complete line 2 on the front of this form. <b>Don't</b> include in column (c) any benefits shown on line 27 above. Then, add the amounts in column (c) and enter the total here	29		
30 Enter the <b>smaller</b> of line 28 or 29. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 10	30		



# INSTRUCTIONS FOR AR2441

## Qualifying Person(s)

A qualifying person is:

1. A qualifying child under age 13 whom you can claim as a dependent. If the child turned 13 during the year, the child is a qualifying person for the part of the year he or she was under age 13;
2. Your disabled spouse who wasn't physically or mentally able to care for himself or herself;
3. Any disabled person who wasn't physically or mentally able to care for himself or herself whom you can claim as a dependent or could claim as a dependent except:
  - a. The disabled person had gross income of \$4,300 or more,
  - b. The disabled person filed a joint return, or
  - c. You (or your spouse if filing jointly) could be claimed as a dependent on another taxpayer's 2021 return.

## Who Can Take the Credit or Exclude Dependent Care Benefits?

You can take the credit or the exclusion if all five of the following apply.

1. Your filing status may be single, head of household, surviving spouse with dependent child, or married filing status 2 or 4. If your filing status is married filing separately on different returns (status 5), see Married Persons Filing Separately on Different Returns (status 5), later.
2. The care was provided so you (and your spouse if filing jointly) could work or look for work. However, if you didn't find a job and have no earned income for the year, you can't take the credit or the exclusion. But if you or your spouse was a full-time student or disabled, see the instructions for lines 4 and 5, later.
3. The care must be for one or more qualifying persons.
4. The person who provided the care wasn't your spouse, the parent of your qualifying child, or a person whom you can claim as a dependent. If your child provided the care, he or she must have been age 19 or older by the end of 2021, and he or she can't be your dependent.
5. You report the required information about the care provider on line 1 and, if taking the credit, the information about the qualifying person on line 2.

## Married Persons Filing Separately on Different Returns (Status 5)

Generally, married persons must file a joint return to claim the credit. If your filing status is married filing separately (status 5) and all of the following apply, you are considered unmarried for purposes of claiming the credit on Form AR2441.

- You lived apart from your spouse during the last 6 months of 2021.
- Your home was the qualifying person's main home for more than half of 2021.
- You paid more than half of the cost of keeping up that home for 2021.

If you meet all of the requirements to be treated as unmarried and meet items 2 through 5 listed earlier, you can generally take the credit or the exclusion. If you don't meet all of the requirements to be treated as unmarried, you can't generally take the credit.

However, you can generally take the exclusion if you meet items 2 through 5.

## Married Persons Filing Separately (Status 5) Check-box

If your filing status is married filing separately (status 5) and you meet the requirements to claim the credit for child and dependent care expenses, complete the statement above Part I on Form AR2441 by checking the check-box, confirming you meet those requirements listed, earlier.

## Line 1

Complete columns (a) through (d) for each person or organization that provided the care. If you don't give correct or complete information, your credit (and exclusion, if applicable) may be disallowed.

If you have more than two care providers, attach a statement to your return with the required information. Be sure to put your name and social security number (SSN) on the statement. Also, enter "See Attached" in column A, Line 1.

## Columns (a) and (b)

Enter the care provider's name and address. If you were covered by your employer's dependent care plan and your



employer furnished the care ( either at your workplace or by hiring a care provider), enter your employer's name in column (a). Next, enter "See W-2" in column (b). Then, leave columns (c) and (d) blank. But if your employer paid a third party (not hired by your employer) on your behalf to provide the care, you must give information on the third party in columns (a) through (d).

### Column (c)

If the care provider is an individual, enter his or her SSN. Otherwise, enter the provider's employer identification number (EIN).

### Column (d)

Enter the total amount you actually paid in 2021 to the care provider.

### Line 2

Complete columns (a) through (c) for each qualifying person. If you have more than two qualifying persons, attach a statement to your return with the required information. Be sure to put your name and SSN on the statement. Also, enter "See Attached" on the dotted line next to line 3.

### Column (b)

You must enter the qualifying person's SSN.

### Column (c)

Enter the qualified expenses you incurred and paid in 2021 for the person listed in column (a). Prepaid expenses are treated as paid in the year the care is provided. Don't include in column (c) qualified expenses:

- You incurred in 2021 but didn't pay until 2022.
- You incurred in 2020 but didn't pay until 2021.
- You prepaid in 2021 for care to be provided in 2022.

These expenses can only be used to figure your 2022 credit.

To qualify for the credit, you must have one or more qualifying persons. You should show the expenses for each child in column (c) of line 2. However, it is possible a qualifying child could have no expenses and a second child could have expenses exceeding \$3,000. You should list -0- for the one child and the actual amount for the second child. The \$6,000 limit would still be used to compute your credit unless you have already excluded or deducted, in Part

III, certain dependent care benefits paid to you (or on your behalf) by your employer.

### Lines 4 and 5

If filing status 2 or 4, figure your and your spouse's earned income separately. Enter your earned income on line 4 and your spouse's earned income on line 5.

Earned income for figuring the credit generally includes the following amounts.

1. The amount shown on AR1000F/NR Line 8 minus any amount from a-e below:

a. Included for a scholarship or fellowship grant that wasn't reported on a Form W-2,

b. Excluded as foreign earned income (including any housing exclusion) on Form 2555, line 43,

c. Also reported on Schedule SE (Form 1040) because you were a member of the clergy or you received \$108.28 or more of church employee income,

d. Received for work performed while an inmate in a penal institution, or

e. Received as a pension or annuity from a non-qualified deferred compensation plan or a nongovernmental section 457(b) plan. This amount may be reported in box 11 of Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity.

2. If you are filing Schedule C as a statutory employee, the amount shown on line 1 of the schedule.

### If You or Your Spouse Was a Student or Disabled

**Your spouse's earned income.** Your spouse was a full-time student if he or she was enrolled as a full-time student at a school for some part of each of 5 calendar months during 2021. The months need not be consecutive. A school doesn't include an on-the-job training course, a correspondence school, or a school offering courses only through the Internet. Your spouse was disabled if her or she wasn't physically or mentally capable of self-care. Figure your spouse's earned income on a monthly basis.

For each month or part of a month your spouse was a student or was disabled, he or she is considered to have worked and earned income. His or her earned income for each month is considered to be at least \$250 (\$500 if more than one qualifying person was cared for in 2021). Enter that amount on line 5. If your spouse also worked during



that month, use the higher of \$250 (or \$500) or his or her actual earned income for that month.

For any month that your spouse wasn't a student or disabled, use your spouse's actual earned income if he or she worked during the month.

**Your earned income.** These rules for a spouse who was a student or disabled also apply to you if you were a student or disabled. For each month or part of a month you were a student or disabled, your earned income is considered to be at least \$250 (\$500 if more than one qualifying person was cared for in 2021). Enter that amount on line 4. If you also worked during that month, enter the higher of \$250 (or \$500) or your actual earned income for that month.

**Both spouses were students or disabled.** If, in the same month, both you and your spouse were either students or disabled, only one of you can be treated as having earned income in that month under these rules.

### Line 12

If you had an employer-provided dependent care plan, your employer may have permitted you to carry forward any unused amount from 2020 to use during a grace period in 2021. Enter on line 12 the amount you carried forward and used in 2021 during the grace period.

### Line 13

If you had an employer-provided dependent care plan, enter on line 13 the total of the following amounts included on line 11.

- Any amount you forfeited. You forfeited an amount if you didn't receive it because you didn't incur the expense. Don't include amounts you expect to receive at a future date.
- Any amount you didn't receive but are permitted by your employer to carry forward and use in the following year during a grace period.

### Line 14

Add the amounts on lines 11 and 12 and subtract from that total the amount on line 13. Enter the result on line 14.

### Line 15

Enter the total of all qualified expenses incurred in 2021 for the care of your qualifying person(s). It doesn't matter when the expenses were paid.

### Line 17

If filing status 2 or 4, figure your and your spouse's earned income separately. Enter your earned income on line 17 and your spouse's earned income on line 18. If your filing status is married filing status 5 or you or your spouse was a student or disabled, see the instructions for line 18.

Earned income for figuring the amount of dependent care benefits you are able to exclude or deduct from your income generally includes the following amounts.

1. The amount shown on AR1000F/AR1000NR line 8 minus any amount:

- a. Included for a scholarship or fellowship grant that wasn't reported to you on a Form W-2,
- b. Excluded as foreign earned income (including any housing exclusion) on Form 2555, line 43.

### Line 18

If your filing status is married filing status 5, see Married Persons Filing Separately on Different Returns (status 5), earlier. Are you considered unmarried under that rule?

- Yes.** Enter your earned income (from line 17) on line 18. On line 20, enter \$5,000.
- No.** Enter your spouse's earned income on line 19. If you or your spouse was a full-time student or disabled in 2021, see the instructions for lines 4 and 5. On line 20, enter \$2,500.

### Line 23

Include your deductible benefits in the total entered on Schedule C (Form 1040), line 14; Schedule E (Form 1040), line 19 or line 28; or Schedule F (Form 1040), line 15; whichever applies.

### Line 25

If line 25 is more than zero, you have taxable dependent care benefits. Add amount to income on line 8 of the AR1000F/NR and write DCB on the line to the left of the box.

### Lines 26 through 30

If you are reporting dependent care benefits in Part III of the form, you will need to complete lines 26 through 30 if you are also claiming the credit for child and dependent care expenses in Part II of the form.

## AR2441 WORKSHEET FOR 2020 EXPENSES PAID IN 2021

**Use this worksheet to figure the credit you may claim for 2020 expenses paid in 2021**

1. Enter your 2020 qualified expenses paid in 2020 ..... 1. \_\_\_\_\_
2. Enter your 2020 qualified expenses paid in 2021 ..... 2. \_\_\_\_\_
3. Add the amounts on lines 1 and 2 ..... 3. \_\_\_\_\_
4. Enter \$3,000 if care was for one qualifying person (\$6,000 if for two or more) ..... 4. \_\_\_\_\_
5. Enter any dependent care benefits received for 2020 and excluded from your income (form your 2020 2441, line 25) ..... 5. \_\_\_\_\_
6. Subtract the amount on line 5 from the amount on line 4 and enter the result ..... 6. \_\_\_\_\_
7. Compare your earned income for 2020 and your spouse's earned income for 2020 and enter the smaller amount ..... 7. \_\_\_\_\_
8. Compare the amounts on lines 3, 6, and 7 and enter the smallest amount ..... 8. \_\_\_\_\_
9. Enter the amount on which you figured the credit for 2020 (from your 2020 Federal Form 2441, line 6) ..... 9. \_\_\_\_\_
10. Subtract the amount on line 9 from the amount on line 8 and enter the result. If zero or less, stop here. You cannot increase your 2021 credit by any previous year's expenses ..... 10. \_\_\_\_\_
11. Enter your 2020 adjusted gross income (from your 2020 Form 1040, line 8b or 1040-NR, line 35) ..... 11. \_\_\_\_\_
12. Find your 2020 adjusted gross income in the table below and enter the corresponding decimal amount here ..... 12. \_\_\_\_\_

<u>IF your 2020 adjusted gross income is:</u>		<u>THEN the decimal amount is:</u>
<u>Over:</u>	<u>But not over:</u>	
\$ 0	----- 15,000	0.35
15,000	----- 17,000	0.34
17,000	----- 19,000	0.33
19,000	----- 21,000	0.32
21,000	----- 23,000	0.31
23,000	----- 25,000	0.30
25,000	----- 27,000	0.29
27,000	----- 29,000	0.28
29,000	----- 31,000	0.27
31,000	----- 33,000	0.26
33,000	----- 35,000	0.25
35,000	----- 37,000	0.24
37,000	----- 39,000	0.23
39,000	----- 41,000	0.22
41,000	----- 43,000	0.21
43,000	----- No limit	0.20

13. Multiply line 10 by line 12. Add this amount to your 2021 credit and enter the total on your 2021 Form AR2441, line 9. Enter the following on the dotted line next to line 9 of Form AR2441
  - "CPYE"
  - The amount of this credit for a prior-year expenses
 Also, attach a statement to your tax return showing the name and taxpayer identification number of the person for whom you paid the prior-year expenses and how you figured the credit ..... 13. \_\_\_\_\_