

CHILD AND DEPENDENT CARE EXPENSES

(2441)

Please list all care providers and the amounts paid to them

LIST ONLY AMOUNTS PAID IN 2006.

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **AMOUNT** \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **AMOUNT** \$ _____

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 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
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 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **AMOUNT** \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **AMOUNT** \$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

LIST ONLY AMOUNTS ACTUALLY PAID DURING 2006. FOR PRE-SCHOOL AGED CHILDREN YOUR TUITION MAY BE TREATED AS CHILD CARE. LIST IT HERE THAN CALL 800-759-6854