

2011 CHILD AND DEPENDENT CARE EXPENSES (FORM 2441)

Persons or Organizations Who Provided the Care—You must complete this part.

a) Care provider's name

b. Address

(c) Identifying number (d) Amount paid

(number, street, apt. no., city, state, and ZIP code)

(SSN or EIN)

1			

2			

3			

Credit for Child and Dependent Care Expenses

(a) Qualifying person's name

(b) Qualifying person's social

**(c) Qualified expenses
you paid**
