

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2010 . . . . .				
Employer-provided benefits forfeited in 2010 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name. . . . .		
	Last name. . . . .		
	Date of birth (m/d/y). . . . .		
	Social security number. . . . .		
	Qualified dependent care expenses incurred and paid in 2010. . . . .		<b>2009 amt:</b>
	1=disabled. . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name. . . . .		
	Last name. . . . .		
	Date of birth (m/d/y). . . . .		
	Social security number. . . . .		
	Qualified dependent care expenses incurred and paid in 2010. . . . .		<b>2009 amt:</b>
	1=disabled. . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name. . . . .		
	Last name. . . . .		
	Date of birth (m/d/y). . . . .		
	Social security number. . . . .		
	Qualified dependent care expenses incurred and paid in 2010. . . . .		<b>2009 amt:</b>
	1=disabled. . . . . 1=spouse, 2=joint . . . . .		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider. . . . .		
	Street address . . . . .		
	City, state, ZIP code. . . . .		
	Identification number (SSN or EIN). . . . .		
	Amount paid to care provider in 2010. . . . .		<b>2009 amt:</b>
	1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	Name of provider. . . . .		
	Street address . . . . .		
	City, state, ZIP code. . . . .		
	Identification number (SSN or EIN). . . . .		
	Amount paid to care provider in 2010. . . . .		<b>2009 amt:</b>
	1=spouse, 2=joint . . . . .		