

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2011 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.

**DEPENDENT CARE EXPENSES (33.1)**

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2011...				
Employer-provided benefits forfeited in 2011.....				

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

No. <input style="width:30px;" type="text" value="1"/>	First name.....	PELE		
	Last name.....	SMITH		
	Date of birth (m/d/y).....	6/13/2004		
	Social security number.....	On File		
	Qualified dependent care expenses incurred and paid in 2011.....	1,800		2010 amt: 501
	1=disabled. 1=spouse, 2=joint.....			

No. <input style="width:30px;" type="text" value="2"/>	First name.....	BRUCE		
	Last name.....	SMITH		
	Date of birth (m/d/y).....	10/02/2002		
	Social security number.....	On File		
	Qualified dependent care expenses incurred and paid in 2011.....	\$ 1,000		2010 amt: 500
	1=disabled. 1=spouse, 2=joint.....			

No. <input style="width:30px;" type="text"/>	First name.....			
	Last name.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2011.....			2010 amt:
	1=disabled. 1=spouse, 2=joint.....			

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

No. <input style="width:30px;" type="text" value="1"/>	Name of provider.....	St. Mary's School		
	Street address.....	330 Pratt Street		
	City, state, ZIP code.....	Mansfield		
	Identification number (SSN or EIN).....	04-2106666		
	Amount paid to care provider in 2011.....	\$ 2,000		2010 amt: 1,001
	1=spouse, 2=joint.....			

No. <input style="width:30px;" type="text"/>	Name of provider.....	YMCA SOCCER DAY CAMP		
	Street address.....	1 LONG ROAD		
	City, state, ZIP code.....	FOXBORO, MA 01234		
	Identification number (SSN or EIN).....	04-1234567		
	Amount paid to care provider in 2011.....	\$ 800		2010 amt:
	1=spouse, 2=joint.....			