

2017 Form 2441 - Child & Dep Care Expenses

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<b>Provider's information</b>												
SSN/EIN	2	3	EIN	Other IDs	4	<b>2016 Amount Paid</b>		<b>2017 Amount Paid</b>				
Care Provider Name	5							13				
Street	6					Phone	14					
City	7					Misc	15					
<b>U.S. Only</b>	State, ZIP	8	9				Misc 2	16				
<b>Foreign Only</b>	Province/State, Country, Postal Code	10			11	12	<b>TSJ</b>	17	<b>ST</b>	18		
SSN/EIN	19	20	EIN	Other IDs	21	<b>2016 Amount Paid</b>		<b>2017 Amount Paid</b>				
Care Provider Name	22							30				
Street	23					Phone	31					
City	24					Misc	32					
<b>U.S. Only</b>	State, ZIP	25	26				Misc 2	33				
<b>Foreign Only</b>	Province/State, Country, Postal Code	27			28	29	<b>TSJ</b>	34	<b>ST</b>	35		
SSN/EIN	36	37	EIN	Other IDs	38	<b>2016 Amount Paid</b>		<b>2017 Amount Paid</b>				
Care Provider Name	39							47				
Street	40					Phone	48					
City	41					Misc	49					
<b>U.S. Only</b>	State, ZIP	42	43				Misc 2	50				
<b>Foreign Only</b>	Province/State, Country, Postal Code	44			45	46	<b>TSJ</b>	51	<b>ST</b>	52		
SSN/EIN	53	54	EIN	Other IDs	55	<b>2016 Amount Paid</b>		<b>2017 Amount Paid</b>				
Care Provider Name	56							64				
Street	57					Phone	65					
City	58					Misc	66					
<b>U.S. Only</b>	State, ZIP	59	60				Misc 2	67				
<b>Foreign Only</b>	Province/State, Country, Postal Code	61			62	63	<b>TSJ</b>	68	<b>ST</b>	69		
<b>Complete only if 2016 expenses were paid in 2017</b>	<b>9</b> First and last name of qualifying person	70			71							
		SSN of qualifying person	72						<b>Taxpayer</b>		<b>Spouse</b>	
			Amount from worksheet in Publication 503	73								
<b>12</b>	Employer-provided dependent care benefits received in 2017						74		75			
<b>13</b>	Amount carried over from 2016 and used in 2017 during the grace period						76		77			
<b>14</b>	Amount forfeited or carried forward to 2018, if any						78		79			
<b>16</b>	Amount of qualifying expenses incurred in 2017						80		81			
<b>4, 5, 18, 19</b>	Earned income for 2441 purposes ONLY						82		83			
<b>22</b>	Amount of line 12 that is from taxpayer's sole proprietorship or partnership						84		85			

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