

2016 Form 2441 - Child & Dep Care Expenses

F		1																															
Provider's information																																	
SSN/EIN		2				3				EIN				2016 Amount Paid				2015 Amount Paid															
Care Provider Name		4																12															
Street		5																Phone				13											
City		6																Misc				14											
U.S. Only State, ZIP		7				8								Misc 2				15															
Foreign Only Province/State, Country, Postal Code		9								10				11				TSJ				16				ST				17			
SSN/EIN		18								19				EIN				2016 Amount Paid				2015 Amount Paid											
Care Provider Name		20																28															
Street		21																Phone				29											
City		22																Misc				30											
U.S. Only State, ZIP		23				24								Misc 2				31															
Foreign Only Province/State, Country, Postal Code		25								26				27				TSJ				32				ST				33			
SSN/EIN		34								35				EIN				2016 Amount Paid				2015 Amount Paid											
Care Provider Name		36																44															
Street		37																Phone				45											
City		38																Misc				46											
U.S. Only State, ZIP		39				40								Misc 2				47															
Foreign Only Province/State, Country, Postal Code		41								42				43				TSJ				48				ST				49			
SSN/EIN		50								51				EIN				2016 Amount Paid				2015 Amount Paid											
Care Provider Name		52																60															
Street		53																Phone				61											
City		54																Misc				62											
U.S. Only State, ZIP		55				56								Misc 2				63															
Foreign Only Province/State, Country, Postal Code		57								58				59				TSJ				64				ST				65			
Complete only if 2015 expenses were paid in 2016		9		First and last name of qualifying person				66								67																	
				SSN of qualifying person				68																									
				Amount from worksheet in Publication 503				69																									
																Taxpayer				Spouse													
12 Employer-provided dependent care benefits received in 2016																70				71													
13 Amount carried over from 2015 and used in 2016 during the grace period																72				73													
14 Amount forfeited or carried forward to 2017, if any																74				75													
16 Amount of qualifying expenses incurred in 2016																76				77													
4, 5, 18, 19 Earned income for 2441 purposes ONLY																78				79													
22 Amount of line 12 that is from taxpayer's sole proprietorship or partnership																80				81													