

2017 Form 2441 - Child & Dep Care Expenses

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**Provider's information**

SSN/EIN	2	3	EIN	Other IDs	4	2016 Amount Paid	2017 Amount Paid
Care Provider Name	5						13
Street	6					Phone	14
City	7					Misc	15
U.S. Only State, ZIP	8	9				Misc 2	16
Foreign Only Province/State, Country, Postal Code	10			11	12	TSJ	17
						ST	18

SSN/EIN	19	20	EIN	Other IDs	21	2016 Amount Paid	2017 Amount Paid
Care Provider Name	22						30
Street	23					Phone	31
City	24					Misc	32
U.S. Only State, ZIP	25	26				Misc 2	33
Foreign Only Province/State, Country, Postal Code	27			28	29	TSJ	34
						ST	35

SSN/EIN	36	37	EIN	Other IDs	38	2016 Amount Paid	2017 Amount Paid
Care Provider Name	39						47
Street	40					Phone	48
City	41					Misc	49
U.S. Only State, ZIP	42	43				Misc 2	50
Foreign Only Province/State, Country, Postal Code	44			45	46	TSJ	51
						ST	52

SSN/EIN	53	54	EIN	Other IDs	55	2016 Amount Paid	2017 Amount Paid
Care Provider Name	56						64
Street	57					Phone	65
City	58					Misc	66
U.S. Only State, ZIP	59	60				Misc 2	67
Foreign Only Province/State, Country, Postal Code	61			62	63	TSJ	68
						ST	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	
	Amount from worksheet in Publication 503	73	
		<b>Taxpayer</b>	<b>Spouse</b>

12 Employer-provided dependent care benefits received in 2017	74	75
13 Amount carried over from 2016 and used in 2017 during the grace period	76	77
14 Amount forfeited or carried forward to 2018, if any	78	79
16 Amount of qualifying expenses incurred in 2017	80	81
4, 5, 18, 19 Earned income for 2441 purposes ONLY	82	83
22 Amount of line 12 that is from taxpayer's sole proprietorship or partnership	84	85

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