

2018 Form 2441 - Child & Dep Care Expenses

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Provider's information

SSN/EIN	2	3	EIN	Other IDs	4	2017 Amount Paid	2018 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	T SJ	17	ST	18

SSN/EIN	19	20	EIN	Other IDs	21	2017 Amount Paid	2018 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	T SJ	34	ST	35

SSN/EIN	36	37	EIN	Other IDs	38	2017 Amount Paid	2018 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	T SJ	51	ST	52

SSN/EIN	53	54	EIN	Other IDs	55	2017 Amount Paid	2018 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	T SJ	68	ST	69

Complete only if 2017 expenses were paid in 2019	9	First and last name of qualifying person	70	71
		SSN of qualifying person	72	
		Amount from worksheet in Publication 503	73	

12	Employer-provided dependent care benefits received in 2018	74	75
13	Amount carried over from 2017 and used in 2018 during the grace period	76	77
14	Amount forfeited or carried forward to 2019	78	79
16	Amount of qualifying expenses incurred in 2018	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

2441 1-4