

2019 Form 2441 - Child & Dep Care Expenses
**2441
1-4**

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|--|--|--|--|--|--|--|--|--|--|--|--|
| F 1 | | | | | | | | | | | |
| Provider's information | | | | | | | | | | | |
| SSN/EIN | | 2 | | 3 | | EIN | | Other IDs | | 4 | |
| Care Provider Name | | 5 | | | | | | | | | |
| Street | | 6 | | | | | | | | | |
| City | | 7 | | | | | | | | | |
| U.S. Only State, ZIP | | 8 | | 9 | | | | | | | |
| Foreign Only Province/State, Country, Postal Code | | 10 | | | | 11 | | 12 | | | |
| SSN/EIN | | 19 | | 20 | | EIN | | Other IDs | | 21 | |
| Care Provider Name | | 22 | | | | | | | | | |
| Street | | 23 | | | | | | | | | |
| City | | 24 | | | | | | | | | |
| U.S. Only State, ZIP | | 25 | | 26 | | | | | | | |
| Foreign Only Province/State, Country, Postal Code | | 27 | | | | 28 | | 29 | | | |
| SSN/EIN | | 36 | | 37 | | EIN | | Other IDs | | 38 | |
| Care Provider Name | | 39 | | | | | | | | | |
| Street | | 40 | | | | | | | | | |
| City | | 41 | | | | | | | | | |
| U.S. Only State, ZIP | | 42 | | 43 | | | | | | | |
| Foreign Only Province/State, Country, Postal Code | | 44 | | | | 45 | | 46 | | | |
| SSN/EIN | | 53 | | 54 | | EIN | | Other IDs | | 55 | |
| Care Provider Name | | 56 | | | | | | | | | |
| Street | | 57 | | | | | | | | | |
| City | | 58 | | | | | | | | | |
| U.S. Only State, ZIP | | 59 | | 60 | | | | | | | |
| Foreign Only Province/State, Country, Postal Code | | 61 | | | | 62 | | 63 | | | |
| Complete only if 2018 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 | | | | | | | |
| | | | | | | Taxpayer | | | | Spouse | |
| 12 | Employer-provided dependent care benefits received in 2019 | | | | | 74 | | | | 75 | |
| 13 | Amount carried over from 2018 and used in 2019 during the grace period | | | | | 76 | | | | 77 | |
| 14 | Amount forfeited or carried forward to 2020, if any | | | | | 78 | | | | 79 | |
| 16 | Amount of qualifying expenses incurred in 2019 | | | | | 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 | |