

2020 Form 2441 - Child & Dep Care Expenses

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Provider's information																		
SSN/EIN	2		3		EIN	Other IDs		4		2019 Amount Paid		2020 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		2019 Amount Paid		2020 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	

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SSN/EIN	36		37		EIN	Other IDs		38		2019 Amount Paid		2020 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		2019 Amount Paid		2020 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	

Complete only if 2019 expenses were paid in 2020	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 2020	74	75
13 Amount carried over from 2019 and used in 2020 during the grace period	76	77
14 Amount forfeited or carried forward to 2021, if any	78	79
16 Amount of qualifying expenses incurred in 2020	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