



CHILD & DEPENDENT CARE EXPENSES WORKSHEET: _____ tax year

STEP 1: Determine how you'll be able to complete this worksheet

- **Mac Users:** You likely cannot use the "Fill-In" feature. If so, you'll have to print & manually complete entries.
- **Others:** You should be able to use "Fill-In" feature. Before beginning, save file to your desktop with new name.

STEP 2: Understand IRS rules on Child & Dependent Care Expenses

- If care is provided in your home, be careful of household employer taxes. [Click here](#) for more info.
- Overnight camps, summer school, & K-12 tuition NOT eligible (*unless there's before/after school component*).
- Child must be under age 13 to be eligible.

STEP 3: Complete sections below, as follows

- In Section 1, enter each child/dependent for whom you paid care expenses.
- In Section 2, enter each care provider to whom you paid care expenses. ALL info is required.

SECTION 1: CHILD & DEPENDENT INFORMATION:

Last Name, First		% Physical Custody	%	Total Amt Paid (<i>for year</i>)	\$
Last Name, First		% Physical Custody	%	Total Amt Paid (<i>for year</i>)	\$
Last Name, First		% Physical Custody	%	Total Amt Paid (<i>for year</i>)	\$

SECTION 2: CARE PROVIDER INFORMATION:

Care Provider <u>#1's</u> Name (<i>individual or business</i>)	
Care Provider's Address, City, State, Zip Code	
Care Provider's ID Number (<i>SSN or EIN</i>)	
Amount Paid to Provider (<i>total for the year</i>)	\$
Care Provider's Phone Number	

Care Provider <u>#2's</u> Name (<i>individual or business</i>)	
Care Provider's Address, City, State, Zip Code	
Care Provider's ID Number (<i>SSN or EIN</i>)	
Amount Paid to Provider (<i>total for the year</i>)	\$
Care Provider's Phone Number	

Care Provider <u>#3's</u> Name (<i>individual or business</i>)	
Care Provider's Address, City, State, Zip Code	
Care Provider's ID Number (<i>SSN or EIN</i>)	
Amount Paid to Provider (<i>total for the year</i>)	\$
Care Provider's Phone Number	