

Child and Dependent Care Expenses

ORG35

| CHILD AND DEPENDENT CARE EXPENSES | | | |
|---|---------|-----------|-------------|
| Enter below the persons or organizations who provided the child and dependent care. | | | |
| Name | Address | ID Number | Amount Paid |
| 1 _____ | _____ | | |
| 2 _____ | _____ | | |
| 3 _____ | _____ | | |
| 4 _____ | _____ | | |
| EXPENSES | | 2009 | 2008 |
| 1 Total employment taxes paid on wages for child care expenses | | | |
| 2 Total expenses paid in 2009 but not incurred in 2009 | | | |
| 3 Total expenses incurred in 2009 but not paid in 2009 | | | |
| 4 Medical expenses paid for qualifying persons unable to care for themselves | | | |
| STUDENT/DISABLED PERSON INFORMATION | | Taxpayer | Spouse |
| 5 If taxpayer or spouse was a full-time student or disabled, answer the following questions: | | | |
| a Enter the number of months that taxpayer/spouse did not work and was a full-time student or disabled | | | |
| b Enter earned income if the taxpayer/spouse who was a student or disabled did work | | | |