

Please enter the highlighted areas below (please complete for all providers paid last year. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width: 40px;" type="text"/>	First name			
	Last name			
	Title or suffix			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid			
1=disabled				
1=spouse, 2=joint				

No. <input style="width: 40px;" type="text"/>	First name			
	Last name			
	Title or suffix			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in			
1=disabled				
1=spouse, 2=joint				

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width: 40px;" type="text"/>	Name of provider			
	Street address			
	City			
	State			
	ZIP code			
	Foreign region			
	Foreign postal code			
	Foreign country			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2021			
	1=spouse, 2=joint			

The highlighted information above is needed for each childcare provider.