

Please enter all pertinent 2014 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

	2014 Amount		2013 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2014.				
Employer-provided benefits forfeited in 2014.				

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 in 2014.		2013 amt:	
	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 2014.		2013 amt:	
	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 2014.		2013 amt:	
	1=spouse, 2=joint			