

2013 Form 2441 - Child & Dep Care Expenses

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Provider's information												
SSN/EIN		2		3		EIN		2013 Amount Paid		2012 Amount Paid		
Care Provider Name		4						12				
Street		5						State Information:				
City		6						Phone		13		
U.S. Only State, ZIP		7		8				Misc		14		
Foreign Only Province/State, Country, Postal Code		9				10		11		TSJ 15 ST 16		
SSN/EIN		17		18		EIN		2013 Amount Paid		2012 Amount Paid		
Care Provider Name		19						27				
Street		20						State Information:				
City		21						Phone		28		
U.S. Only State, ZIP		22		23				Misc		29		
Foreign Only Province/State, Country, Postal Code		24				25		26		TSJ 30 ST 31		
SSN/EIN		32		33		EIN		2013 Amount Paid		2012 Amount Paid		
Name		34						42				
Street		35						State Information:				
City		36						Phone		43		
U.S. Only State, ZIP		37		38				Misc		44		
Foreign Only Province/State, Country, Postal Code		39				40		41		TSJ 45 ST 46		
SSN/EIN		47		48		EIN		2013 Amount Paid		2012 Amount Paid		
Care Provider Name		49						57				
Street		50						State Information:				
City		51						Phone		58		
U.S. Only State, ZIP		52		53				Misc		59		
Foreign Only Province/State, Country, Postal Code		54				55		56		TSJ 60 ST 61		
Complete only if 2012 expenses were paid in 2013	9 First and last name of qualifying person		62		63							
	SSN of qualifying person		64									
	Amount from worksheet in Publication 503		65									
12 Employer-provided dependent care benefits received in 2013								66		67		
13 Amount carried over from 2012 and used in 2013 during the grace period								68		69		
14 Amount forfeited, if any								70		71		
16 Amount of qualifying expenses incurred in 2013								72		73		
4, 5, 18, 19 Earned income for 2441 purposes ONLY								74		75		
22 Amount of line 14 that is from taxpayer's sole proprietorship or partnership								76		77		

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