

2011 Form 2441 - Child & Dep Care Expenses

F	1												
Provider's information													
SSN/EIN	2						3	EIN	Amount			2010 Amount	
Name	4								9				
Address	5								State Information: Phone			Misc	TSJ ST
City	6						7	8	10			11	12 13
SSN/EIN	14						15	EIN	Amount			2010 Amount	
Name	16								21				
Address	17								State Information: Phone			Misc	TSJ ST
City	18						19	20	22			23	24 25
SSN/EIN	26						27	EIN	Amount			2010 Amount	
Name	28								33				
Address	29								State Information: Phone			Misc	TSJ ST
City	30						31	32	34			35	36 37
SSN/EIN	38						39	EIN	Amount			2010 Amount	
Name	40								45				
Address	41								State Information: Phone			Misc	TSJ ST
City	42						43	44	46			47	48 49
SSN/EIN	50						51	EIN	Amount			2010 Amount	
Name	52								57				
Address	53								State Information: Phone			Misc	TSJ ST
City	54						55	56	58			59	60 61
SSN/EIN	62						63	EIN	Amount			2010 Amount	
Name	64								69				
Address	65								State Information: Phone			Misc	TSJ ST
City	66						67	68	70			71	72 73
* Fill in the Name, SSN, and Amount fields ONLY if you have a carryover.													
9	*Name of qualifying person	74											
	*SSN of qualifying person	75											
	*Amount	76							Taxpayer			Spouse	
12	Employer-provided dependent care benefits received in 2011								77			78	
13	Amount carried over from 2010 and used in 2011 during the grace period								79			80	
14	Amount forfeited, if any								81			82	
16	Amount of qualifying expenses incurred in 2011								83			84	
4, 5, 18, 19	Earned income for 2441 purposes ONLY								85			86	
22	Amount of line 14 that is from your sole proprietorship or partnership								87			88	

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