Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form2441 for instructions and the latest information.

Sequence No. 21 Your social security number

				and depende			•		•		•		
				ns under <i>Mar</i>								iis box	
-	-			r was disabled	-	-	_						
	Form 2441 based on the income rules listed in the instructions under <i>If You or Your Spouse Was a Student or Disabled</i> , check this box												
Гап			_	three care pr								П	
1 (a) Care provider's				(b) Ad		(c) Identify	(c) Identifying number (SSN or EIN)		(d) Was the care provide household employee in 2 For example, this generally nannies but not daycare c (see instructions)		(e) Amount paid (see instructions)		
									☐ Yes		No		
									☐ Yes		No		
									☐ Yes		No		
			,	ou receive		No		•	e only Part II b				
dependent care benefits? Yes Complete Part III on page 2 ne													
Sched	Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.												
Part	II (Credit fo	r Child a	nd Depende	ent Care	Expenses	3						
_2	Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box												
		(a) First) Qualifying pe	ualifying person's name Last			(b) Qualifying person's social security number		qualifying person was over		you in in 202	ified expenses curred and paid 4 for the person d in column (a)	
3	Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person												
·			` ,				•		0.	. 3			
4	or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 Enter your earned income . See instructions												
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student												
	or was disabled, see the instructions); all others, enter the amount from line 4									. 5			
6		Enter the smallest of line 3, 4, or 5											
7				n 1040, 1040-									
8			e decimal a	amount show		nat applies to			7.				
	If line 7 i	s: But not	Decimal	If line 7 is	: But not	Decimal	If line 7 is	s: But not	Decimal				
	Over	over	amount		over	amount is	Over	over	amount is	_			
	\$0-	15,000	.35	\$25,000-	27,000	.29	\$37,000-	39,000	.23				
	,	17,000	.34	27,000-	29,000	.28	39,000-	41,000	.22	8		Χ.	
		19,000	.33	29,000-	,	.27	41,000-	,	.21				
		21,000	.32	31,000-	· ·	.26	43,000-	No limit	.20				
		23,000	.31	33,000-	,	.25							
00		25,000 line 6 by	.30	35,000-		.24				- . 9a			
9a b	Multiply line 6 by the decimal amount on line 8												
D	from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c												
С	Add lines 9a and 9b and enter the result												
10				unt from the Cre				1 1		20			
11		Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and											
		on Schedule 3 (Form 1040), line 2											