## **Child and Dependent Care Expenses**

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

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



Department of the Treasury Internal Revenue Service

Your social security number

de	lepx.ls a								490-54-9197					
	You can't claim a credit for child and dependent care expenses if your filing status is married filing set													
requ	requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box.													
	B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form													
244′	2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box													
Pa			ons Who Provi											
	If you have i	more than th	nree care provid	lers, see the i	nstruction	s and ch	eck this	box .			<u></u>			
1	(a) Care provider's (b) Address (c) Identif					(d) Was the care household emplo For example, this g			yee in 2023? enerally includes		(e) Amount paid			
	name	(number, str	reet, apt. no., city, state	e, and ZIP code)	(SSN or	-	nannies bu (se	ut not day		enters.	(see instructions)			
b		v												
b		Cambrid	ge, MA 021	L38	490-54	<u>l-7777</u>		Yes	X No		2,000.			
					-									
							<u> </u>	Yes	1	No				
					-									
							\ \ \	Yes	1	No				
						-								
		Did you i				•	•							
dependent care benefits? Yes Complete Part III on														
	tion: If the care prov													
	edule H (Form 1040)								repai	d in 202	23 for care to			
	rovided in 2024, dor				e 2 for 202	23. See th	e instruct	tions.						
	t II Credit for C													
2	Information about y	your <b>qualifyi</b> i	ng person(s). If y	you have more	than three	qualifyin	g persons	s, see th	ne ins	tructior	is and check			
	this box			<u></u>							<u></u>			
		(a) Qualifying p	erson's name		(b) Qualifying		qualifying p	ck here if the serson was			ncurred and paid			
	First		Last		social securi	ty number	age 12 and	d was disa	bled.	in 20	23 for the person			
			1					(see instruction		liste	ed in column (a)			
<u>a</u>		a		4	90-54-	-8888		_			2,000.			
3	Add the amounts in				-			-	•		0 000			
	· ·	6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31.						81	3		2,000.			
4		bur earned income. See instructions.						 	4		20,000.			
5		arried filing jointly, enter your spouse's earned income (if you or your spouse was a student or disabled, see the instructions); <b>all others,</b> enter the amount from line 4							-		20.000			
c									5 6		20,000.			
6 7	Enter the <b>smallest</b> Enter the amount f	rom Form 10	10.1010				20	000.	0		2,000.			
8	Enter on line 8 the							000.						
0	If line 7 is:		If line 7 is:		If line 7 is:									
	Over over	Decimal amount is	But n Over over	ot Decimal amount is		But not over	Decim amour							
	\$0—15,000	.35	\$25,000-27,000		\$37,000-		.23	115						
	15,000—17,000	.34	27,000-29,000		39,000-		.22							
	17,000—19,000	.33	29,000-31,000		41,000-		.21		8		X.32			
	19,000—21,000	.32	31,000-33,000			–No limit	.20		0		A • JZ			
	21,000-23,000	.31	33,000—35,000		10,000		.20							
	23,000-25,000	.30	35,000-37,000											
9a	Multiply line 6 by th								9a		640.			
b	If you paid 2022 ex			rksheet A in the	e instructio	ns. Enter	the amo	unt	Ju					
5	from line 13 of the	-	-						9b		0.			
с	Add lines 9a and 9				una go				9c		640.			
10	Tax liability limit. Enter			rksheet in the inst	ructions 1	o		0.	55					
11	Credit for child ar						e 10 here							
•••	on Schedule 3 (For	-	-						11		0			

For Paperwork Reduction Act Notice, see your tax return instructions.

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Form 24	<sup>441 (2023)</sup> depx.ls a		490-54-9197	Page <b>2</b>
Part	III Dependent Care Benefits			
12 E	Enter the total amount of <b>dependent care benefits</b> you received in 2023. Amounts you			
r	received as an employee should be shown in box 10 of your Form(s) W-2. Don't include			
a	amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a			
F	partner, include amounts you received under a dependent care assistance program from			
2	/our sole proprietorship or partnership	12		
13 E	Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace			
F	period. See instructions	13		
14 I	f you forfeited or carried over to 2024 any of the amounts reported on line 12 or 13, enter			
t	he amount. See instructions	14	(	)
15 (	Combine lines 12 through 14. See instructions	15		0.
<b>16</b> E	Enter the total amount of qualified expenses incurred			
	n 2023 for the care of the qualifying person(s) 16			
	Enter the smaller of line 15 or 16	1		
<b>18</b> E	Enter your earned income. See instructions 18	1		
	Enter the amount shown below that applies to you.	1		
	If married filing jointly, enter your spouse's			
	earned income (if you or your spouse			
	was a student or was disabled, see the			
	instructions for line 5).	1		
	If married filing separately, see instructions.			
	All others, enter the amount from line 18.			
<b>20</b> E	Enter the <b>smallest</b> of line 17, 18, or 19			
	Enter \$5,000 (\$2,500 if married filing separately and			
	you were required to enter your spouse's earned income			
-	on line 19). However, don't enter more than the			
	naximum amount allowed under your dependent			
	plan. See instructions			
	s any amount on line 12 or 13 from your sole proprietorship or partnership?	1		
	<b>X</b> No. Enter -0			
	Yes. Enter the amount here	22		0.
23	Subtract line 22 from line 15			
	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount	1		
	on the appropriate line(s) of your return. See instructions.	24		
	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21.			
	Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25		0.
	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, enter this			
	amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26		0.
	To claim the child and dependent care credit,			
	complete lines 27 through 31 below.			
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27		
	Add lines 24 and 25	28		
	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You can't take the credit.			
	<b>Exception.</b> If you paid 2022 expenses in 2023, see the instructions for line 9b	29		
	Complete line 2 on page 1 of this form. <b>Don't</b> include in column (d) any benefits shown	<u> </u>		
	on line 28 above. Then, add the amounts in column (d) and enter the total here	30		
	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this			
	form and complete lines 4 through 11	31		Ο.
UYA			Form <b>24</b>	