Form <b>2441</b>	
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## **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 Name(s) shown on return

Your social security number

cl	ncr c and s	s							49	0-54	-9999		
	ou can't claim a cree		-		-				-		-		
	irements listed in th					-		-					
	you or your spouse											Forn	
-	l based on the inco								sableo	d, chec	k this box		
Pa				vided the Care									
	If you have	more than th	hree care pro	viders, see the i	nstruction	s and ch							
							(d) Was househ	the care pr old employe	ovider e in 20	your )23?			
1	(a) Care provider's		(b) Addres		(c) Identifying		For exam	ple, this ger out not dayo	nerally i	includes	(e) Amount	t paid	
	name	(number, st	reet, apt. no., city, s	tate, and ZIP code)	(SSN or	EIN)		see instructi		nicro.	(see instruc	tions)	
х		s			_				_				
x		Cambrid	lge, MA O	2138	490-54	-3333		Yes	ΧN	٥V	2,00	0.	
					_				_				
								Yes	N	٥V			
					_				_				
								Yes	N	No			
						_							
		Did you				➔ Comp		•					
			are benefits?					•	•				
	tion: If the care pro												
	edule H (Form 1040	, ,	•					, ,	repaio	d in 202	23 for care	to	
-	rovided in 2024, do				ne 2 for 202	23. See th	ie instru	ctions.					
Par	t II Credit for C												
2	Information about	your <b>qualifyi</b>	ng person(s).	If you have more	than three	qualifyin	g persor	ns, see th	ie ins	truction	is and che	ck	
	this box			<u></u>							<u>.</u>		
		(a) Qualifying p	erson's name		(b) Qualifying	person's		eck here if t person was					
	First		Last		social securit	y number		nd was disa			23 for the pers		
							(see	instructions	5)	liste	ed in column (a	a)	
a		a		4	<u>190-54-</u>	8888					2,00	0.	
3	Add the amounts in	n column (d) o	f line 2. <b>Don't</b> e	nter more than \$3	8,000 if you	had one q	qualifying	person					
	or \$6,000 if you had	d two or more	persons. If you	completed Part I	II, enter the	amount f	rom line	31	3		2,00		
4	Enter your earned								4		20,00	0.	
5	If married filing join	ntly, enter you	ur spouse's ear	ned income (if yo	ou or your s	pouse wa	as a stud	lent or					
	was disabled, see	the instructio	ns); all others	, enter the amour	t from line	4		[	5		10,00		
6	Enter the smalles							[	6		2,00	0.	
7	Enter the amount f	from Form 10	40, 1040-SR, d	or 1040-NR, line	11 <b>7</b>	,	30	,000.					
8	Enter on line 8 the	decimal amo	ount shown belo	ow that applies to	the amoun	nt on line	7.						
	If line 7 is: But not	Decimal	If line 7 is:	t not Decimal	If line 7 is:	But not	Decii	nal					
	Over over	amount is	Over ov		Over	over	amou						
	\$0—15,000	.35	\$25,000—27,	.29	\$37,000-	-39,000	.2	3					
	15,000—17,000	.34	27,000—29,	.28	39,000-	-41,000	.2	2					
	17,000—19,000	.33	29,000—31,	.27	41,000-	-43,000	.2	1	8		<u> </u>	27	
	19,000—21,000	.32	31,000—33,	.26	43,000-	–No limit	.2	o [					
	21,000—23,000	.31	33,000—35,	.25									
	23,000—25,000	.30	35,000—37,	.24									
9a	Multiply line 6 by t	he decimal ar							9a		54	<u>0.</u>	
	If you paid 2022 ex				e instructio	ns. Enter	the am	ount					
-	from line 13 of the	-	-						9b			0.	
с					•				9c			0.	
	Tax liability limit. Enter							231.					
11							e 10 he						
••	on Schedule 3 (Fo	-	-						11		23	31.	

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

_	2441 (2023) chcr c and s s		490-54-9999	Page <b>2</b>
Pa	rt III Dependent Care Benefits			
12	Enter the total amount of dependent care benefits 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 inclue	de 🛛		
	amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a			
	partner, include amounts you received under a dependent care assistance program from	n		
	your sole proprietorship or partnership	12		
13	Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace			
	period. See instructions			
14	If you forfeited or carried over to 2024 any of the amounts reported on line 12 or 13, en			
•••	the amount. See instructions		(	)
15	Combine lines 12 through 14. See instructions		<u> </u> \	0.
16	Enter the total amount of <b>qualified expenses</b> incurred			<u> </u>
10				
47	in 2023 for the care of the <b>qualifying person(s)</b> 16	_		
17	Enter the smaller of line 15 or 16	_		
18	Enter your earned income. See instructions 18	_		
19	Enter the amount shown below that applies to you.			
	If married filing jointly, enter your spouse's			
	earned income (if you or your spouse			
	was a student or was disabled, see the <b>19</b>	_		
	instructions for line 5).			
	<ul> <li>If married filing separately, see instructions.</li> </ul>			
	• All others, enter the amount from line 18.			
20	Enter the <b>smallest</b> of line 17, 18, or 19			
21	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			
	maximum amount allowed under your dependent			
	plan. See instructions			
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership?	_		
	$\mathbf{X}$ No. Enter -0			
	Yes. Enter the amount here	22		0.
23	Subtract line 22 from line 15			<u> </u>
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amour			
~ ~	on the appropriate line(s) of your return. See instructions.	· · <b>24</b>		
25	<b>Excluded benefits.</b> 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.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, enter th			-
	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		
28	Add lines 24 and 25	· · 28		
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit.			
	Exception. If you paid 2022 expenses in 2023, see the instructions for line 9b	29		
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown			
	on line 28 above. Then, add the amounts in column (d) and enter the total here			
31	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		0.
UYA			Form <b>24</b>	