



## INSTRUCTIONS FOR AR2441

### Qualifying Person(s)

A qualifying person is:

1. A qualifying child under age 13 whom you can claim as a dependent. If the child turned 13 during the year, the child is a qualifying person for the part of the year he or she was under age 13;
2. Your disabled spouse who was not physically or mentally able to care for himself or herself;
3. Any disabled person who was not physically or mentally able to care for himself or herself whom you can claim as a dependent or could claim as a dependent except:
  - a. The disabled person had gross income of \$5,200 or more,
  - b. The disabled person filed a joint return, or
  - c. You (or your spouse if filing jointly) could be claimed as a dependent on another taxpayer's 2025 return.

### Who Can Take the Credit or Exclude Dependent Care Benefits?

You can take the credit or the exclusion if all five of the following apply:

1. Your filing status may be single, head of household, surviving spouse with dependent child, or married filing status 2 or 4. If your filing status is married filing separately on different returns (status 5), see Married Persons Filing Separately on Different Returns (status 5), later.
2. The care was provided so you (and your spouse if filing jointly) could work or look for work. However, if you did not find a job and have no earned income for the year, you can not take the credit or the exclusion. But if you or your spouse was a full-time student or disabled, see the instructions for lines 4 and 5, later.
3. The care must be for one or more qualifying persons.
4. The person who provided the care was not your spouse, the parent of your qualifying child, or a person whom you can claim as a dependent. If your child provided the care, he or she must have been age 19 or older by the end of 2025, and he or she cannot be your dependent.
5. You report the required information about the care provider on line 1 and, if taking the credit, the information about the qualifying person on line 2.

### Married Persons Filing Separately on Different Returns (Status 5)

Generally, married persons must file a joint return to claim the credit. If your filing status is married filing separately (status 5) and all of the following apply, you are considered unmarried for purposes of claiming the credit on Form AR2441.

- You lived apart from your spouse during the last 6 months of 2025.
- Your home was the qualifying person's main home for more than half of 2025.
- You paid more than half of the cost of keeping up that home for 2025.

If you meet all of the requirements to be treated as unmarried and meet items 2 through 5 listed earlier, you can generally take the credit or the exclusion. If you do not meet all of the requirements to be treated as unmarried, you can not generally take the credit.

However, you can generally take the exclusion if you meet items 2 through 5.

### Married Persons Filing Separately (Status 5)

If your filing status is married filing separately (status 5) and you meet the requirements to claim the credit for child and dependent care expenses, complete the statement above Part I on Form AR2441 by checking, confirming you meet those requirements listed earlier.

### Line 1

Complete columns (a) through (d) for each person or organization that provided the care. If you do not give correct or complete information, your credit (and exclusion, if applicable) may be disallowed.

If you have more than two care providers, attach a statement to your return with the required information. Be sure to put your name and social security number (SSN) on the statement. Also, enter "See Attached" in column A, line 1.

### Columns (a) and (b)

Enter the care provider's name and address. If you were covered by your employer's dependent care plan and your employer furnished the care (either at your workplace or



by hiring a care provider), enter your employer's name in column (a). Next, enter "See W-2" in column (b). Then, leave columns (c) and (d) blank. But if your employer paid a third party (not hired by your employer) on your behalf to provide the care, you must give information on the third party in columns (a) through (d).

### **Column (c)**

If the care provider is an individual, enter his or her SSN. Otherwise, enter the provider's employer identification number (EIN).

### **Column (d)**

Enter the total amount you actually paid in 2025 to the care provider.

### **Line 2**

Complete columns (a) through (c) for each qualifying person. If you have more than two qualifying persons, attach a statement to your return with the required information. Be sure to put your name and SSN on the statement. Also, enter "See Attached" on the dotted line next to line 3.

### **Column (b)**

You must enter the qualifying person's SSN.

### **Column (c)**

Enter the qualified expenses you incurred and paid in 2025 for the person listed in column (a). Prepaid expenses are treated as paid in the year the care is provided. Do not include in column (c) qualified expenses:

- You incurred in 2025 but did not pay until 2026.
- You incurred in 2024 but did not pay until 2025.  
(If you believe you are eligible to claim these specific expenses, fill out the attached AR2441 worksheet)
- You prepaid in 2025 for care to be provided in 2026.

These expenses can only be used to figure your 2026 credit.

To qualify for the credit, you must have one or more qualifying persons. You should show the expenses for each child in column (c) of line 2. However, it is possible a qualifying child could have no expenses and a second child could have expenses exceeding \$3,000. You should list -0- for the one child and the actual amount for the second child. The \$6,000 limit would still be used to compute your credit unless you have already excluded or deducted, in Part

III, certain dependent care benefits paid to you (or on your behalf) by your employer.

### **Lines 4 and 5**

If filing status 2 or 4, figure your and your spouse's earned income separately. Enter your earned income on line 4 and your spouse's earned income on line 5.

Earned income for figuring the credit generally includes the following amounts.

1. The amount shown on AR1000F/NR line 8 minus any amount from a-e below:
  - a. Included for a scholarship or fellowship grant that was not reported on a Form W-2,
  - b. Excluded as foreign earned income (including any housing exclusion) on Form 2555, line 43,
  - c. Also reported on Schedule SE (Form 1040) because you were a member of the clergy or you received \$108.28 or more of church employee income,
  - d. Received for work performed while an inmate in a penal institution, or
  - e. Received as a pension or annuity from a non-qualified deferred compensation plan or a nongovernmental section 457(b) plan. This amount may be reported in box 11 of Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity.
2. If you are filing Schedule C as a statutory employee, the amount shown on line 1 of the schedule.

### **If You or Your Spouse Was a Student or Disabled**

**Your spouse's earned income.** Your spouse was a full-time student if he or she was enrolled as a full-time student at a school for some part of each of 5 calendar months during 2025. The months need not be consecutive. A school does not include an on-the-job training course, a correspondence school, or a school offering courses only through the Internet. Your spouse was disabled if he or she was not physically or mentally capable of self-care. Figure your spouse's earned income on a monthly basis.

For each month or part of a month your spouse was a student or was disabled, he or she is considered to have worked and earned income. His or her earned income for each month is considered to be at least \$250 (\$500 if more than one qualifying person was cared for in 2025). Enter that amount on line 5. If your spouse also worked during



that month, use the higher of \$250 (or \$500) or his or her actual earned income for that month.

For any month that your spouse was not a student or disabled, use your spouse's actual earned income if he or she worked during the month.

**Your earned income.** The rules for a spouse who was a student or disabled also apply to you if you were a student or disabled. For each month or part of a month you were a student or disabled, your earned income is considered to be at least \$250 (\$500 if more than one qualifying person was cared for in 2025). Enter that amount on line 4. If you also worked during that month, enter the higher of \$250 (or \$500) or your actual earned income for that month.

**Both spouses were students or disabled.** If, in the same month, both you and your spouse were either students or disabled, only one of you can be treated as having earned income in that month under these rules.

## **Line 12**

If you had an employer-provided dependent care plan, your employer may have permitted you to carry forward any unused amount from 2024 to use during a grace period in 2025. Enter on line 12 the amount you carried forward and used in 2025 during the grace period.

## **Line 13**

If you had an employer-provided dependent care plan, enter on line 13 the total of the following amounts included on line 11.

- Any amount you forfeited. You forfeited an amount if you did not receive it because you did not incur the expense. Do not include amounts you expect to receive at a future date.
- Any amount you did not receive but are permitted by your employer to carry forward and use in the following year during a grace period.

## **Line 14**

Add the amounts on lines 11 and 12 and subtract from that total the amount on line 13. Enter the result on line 14.

## **Line 15**

Enter the total of all qualified expenses incurred in 2024 for the care of your qualifying person(s). It does not matter when the expenses were paid.

## **Line 17**

If filing status 2 or 4, figure your and your spouse's earned income separately. Enter your earned income on line 17 and your spouse's earned income on line 18. If your filing status is married filing status 5 or you or your spouse was a student or disabled, see the instructions for line 18.

Earned income for figuring the amount of dependent care benefits you are able to exclude or deduct from your income generally includes the following amounts.

- 1 . The amount shown on AR1000F/AR1000NR line 8 minus any amount:
  - a. Included for a scholarship or fellowship grant that was not reported to you on a Form W-2,
  - b. Excluded as foreign earned income (including any housing exclusion) on Form 2555, line 43.

## **Line 18**

If your filing status is married filing status 5, see Married Persons Filing Separately on Different Returns (status 5). Are you considered unmarried under that rule?

**Yes.** Enter your earned income (from line 17) on line 18. On line 20, enter \$5,000.

**No.** Enter your spouse's earned income on line 19. If you or your spouse was a full-time student or disabled in 2025, see the instructions for lines 4 and 5. On line 20, enter \$2,500.

## **Line 23**

Include your deductible benefits in the total entered on Schedule C (Form 1040), line 14; Schedule E (Form 1040), line 19 or line 28; or Schedule F (Form 1040), line 15; whichever applies.

## **Line 25**

If line 25 is more than zero, you have taxable dependent care benefits. Add amount to income on line 8 of the AR1000F/NR and write DCB on the line to the left of the box.

## **Lines 26 through 30**

If you are reporting dependent care benefits in Part III of the form, you will need to complete lines 26 through 30 if you are also claiming the credit for child and dependent care expenses in Part II of the form.

## AR2441 WORKSHEET FOR 2024 EXPENSES PAID IN 2025

Use this worksheet to figure the credit you may claim for 2024 expenses paid in 2025

1. Enter your 2024 qualified expenses paid in 2024 ..... 1. \_\_\_\_\_
2. Enter your 2024 qualified expenses paid in 2025 ..... 2. \_\_\_\_\_
3. Add the amounts on lines 1 and 2 ..... 3. \_\_\_\_\_
4. Enter \$3,000 if care was for one qualifying person (\$6,000 if for two or more) ..... 4. \_\_\_\_\_
5. Enter any dependent care benefits received for 2024 and excluded from your income (from your 2024 Form AR2441, line 25) ..... 5. \_\_\_\_\_
6. Subtract the amount on line 5 from the amount on line 4 and enter the result ..... 6. \_\_\_\_\_
7. Compare your earned income for 2024 and your spouse's earned income for 2024 and enter the smaller amount ..... 7. \_\_\_\_\_
8. Compare the amounts on lines 3, 6, and 7 and enter the smallest amount ..... 8. \_\_\_\_\_
9. Enter the amount on which you figured the credit for 2024 (from your 2024 Form AR2441, line 6) ..... 9. \_\_\_\_\_
10. Subtract the amount on line 9 from the amount on line 8 and enter the result. If zero or less, stop here. You cannot increase your 2025 credit by any previous year's expenses ..... 10. \_\_\_\_\_
11. Enter your 2024 adjusted gross income (from your 2024 Form 1040, line 8b or 1040-NR, line 35) ..... 11. \_\_\_\_\_
12. Find your 2024 adjusted gross income in the table below and enter the corresponding decimal amount here ..... 12. \_\_\_\_\_

<u>IF your 2024 adjusted gross income is:</u>	<u>THEN the decimal amount is:</u>
<u>Over:</u>	<u>But not over:</u>
\$ 0 -----	15,000 ..... 0.35
15,000 -----	17,000 ..... 0.34
17,000 -----	19,000 ..... 0.33
19,000 -----	21,000 ..... 0.32
21,000 -----	23,000 ..... 0.31
23,000 -----	25,000 ..... 0.30
25,000 -----	27,000 ..... 0.29
27,000 -----	29,000 ..... 0.28
29,000 -----	31,000 ..... 0.27
31,000 -----	33,000 ..... 0.26
33,000 -----	35,000 ..... 0.25
35,000 -----	37,000 ..... 0.24
37,000 -----	39,000 ..... 0.23
39,000 -----	41,000 ..... 0.22
41,000 -----	43,000 ..... 0.21
43,000 -----	No limit ..... 0.20

13. Multiply line 10 by line 12. Add this amount to your 2025 credit and enter the total on your 2025 Form AR2441, line 9. Enter the following on the dotted line next to line 9 of Form AR2441

- "CPYE"
- The amount of this credit for a prior-year expenses

Also, attach a statement to your tax return showing the name and taxpayer identification number of the person for whom you paid the prior-year expenses and how you figured the credit ..... 13. \_\_\_\_\_