

## CHILD AND DEPENDENT CARE EXPENSES

Complete this form only if:

- \* You paid someone to care for a child under 13 or a disabled spouse or dependent so that you are able to go to or look for work, and/or
- \* You received dependent care benefits from an employer-paid dependent care assistance program.

Did you pay \$1400 or more in a calendar year to an individual for dependent care services performed in your home ?

\_\_\_ YES \_\_\_ NO

If "YES", please provide a copy of Form W-2.

Did you receive a reimbursement for dependent care expenses from your employer's dependent care assistance program ?

\_\_\_ YES \_\_\_ NO

If "YES", enter the amount:

a) Received from your employer \_\_\_\_\_

b) Received from your spouse's employer \_\_\_\_\_

### PERSONS or ORGANIZATIONS WHO PROVIDED the CARE

NAME	ADDRESS	ID NUMBER SSN OR EIN	AMOUNT PAID

### CHILD and DEPENDENT CARE EXPENSES

2025

2024

Number of qualifying persons cared for

Child and dependent care expenses incurred and actually paid in 2025

Child and dependent care expenses for 2024 but paid for in 2025

## EDUCATION TAX CREDITS AND EDUCATION IRAS

Complete this form only if:

- \* You paid qualified tuition and related expenses and fees required for enrollment or attendance at an eligible education institution.

Did you receive a reimbursement for educational expenses from your employers?

\_\_\_ YES \_\_\_ NO

A) Received from your employer \_\_\_\_\_

B) Received from your spouse's employer \_\_\_\_\_

NAME OF STUDENT	SOCIAL SECURITY #	PREPAID EXPENSES	AMOUNT PAID