

# Child and Dependent Care Expenses

ORG35

**CHILD AND DEPENDENT CARE EXPENSES**

Enter below the persons or organizations who provided the child and dependent care.

<b>First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name</b>	<b>Provider Address</b>	<b>ID Number SSN on first line OR EIN on second line</b>	<b>Amount Paid</b>
<b>Provider Phone</b>			
<b>1</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>2</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>3</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>
<b>4</b> ..... ..... .....	..... ..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt .. ► <input type="checkbox"/>	..... ..... Foreign ..... ► <input type="checkbox"/>

<b>EXPENSES</b>	<b>2024</b>	<b>2023</b>
<b>1</b> Total employment taxes paid on wages for child care expenses .....		
<b>2</b> Total expenses paid in 2024 but not incurred in 2024 .....		
<b>3</b> Total expenses incurred in 2024 but not paid in 2024 .....		
<b>4</b> Medical expenses paid for qualifying persons unable to care for themselves .....		

<b>STUDENT/DISABLED PERSON INFORMATION FOR 2024</b>	<b>Taxpayer</b>	<b>Spouse</b>
<b>5</b> If taxpayer or spouse was a full-time student or disabled in 2024, answer the following questions:		
<b>a</b> Number of months that taxpayer/spouse was a full-time student or disabled .....		
<b>b</b> Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....		