



## CHILD AND DEPENDENT CARE CREDIT

### FORM 2441

TAXPAYER NAME: \_\_\_\_\_

CHILD OR DEPENDENT NAME: \_\_\_\_\_

CHILD OR DEPENDENT SSN # \_\_\_\_\_

CARE PROVIDER NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EIN OR SSN NUMBER \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

\_\_\_\_\_

TAXPAYER SIGNATURE

\_\_\_\_\_

DATE