

2017	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2017 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2017...				
Employer-provided benefits forfeited in 2017.....				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2017.....		2016 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2017.....		2016 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City.....		
	State.....		
	ZIP code.....		
	Foreign region.....		
	Foreign postal code.....		
	Foreign country.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2017.....		2016 amt:
	1=spouse, 2=joint.....		

Please complete the information below if you paid qualified education expenses in 2017 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse	
First name	
Last name	
Social security number.....	
Number of years hope credit claimed	
Number of prior years AOC claimed	
1=student was NOT enrolled at least half-time for at least one academic period that began in 2017 (or the first 3 months of 2018 if the qualified expenses were made in 2017) at an eligible institution in a qualified program.	
1=student completed first four years of post-secondary education before 2017.	
1=student was convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance.	

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	
Street address	
City	
State	
ZIP code	
1=2017 Form 1098-T was NOT received.	
1=2017 Form 1098-T received with Box 2 & 7 completed.....	
1=2016 Form 1098-T received with Box 2 & 7 completed.....	
Federal ID number from Form 1098-T.....	

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	
Street address	
City	
State	
ZIP code	
1=2017 Form 1098-T was NOT received.	
1=2017 Form 1098-T received with Box 2 & 7 completed.....	
1=2016 Form 1098-T received with Box 2 & 7 completed.....	
Federal ID number from Form 1098-T.....	

QUALIFIED EDUCATION EXPENSES

	2017 Amount	2016 Amount
Qualified tuition & fees paid in 2017 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution.		
Books & supplies not entered above.....		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.