

Child and Dependent Care Expenses

**Please enter all amounts paid in 2022 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

| | Taxpayer | Spouse |
|--|-------------|-------------|
| 2021 employer-provided dependent care benefits used during 2022 grace period | + _____ [3] | + _____ [4] |
| Employer-provided dependent care benefits that were forfeited in 2022 | + _____ [5] | + _____ [6] |
| Total qualified expenses incurred in 2022 | | _____ [9] |
| Were you or your spouse a full time student or disabled? (Yes or No) | _____ [10] | _____ [11] |
| Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N) | | _____ [12] |

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 _____ + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
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Control Totals+