

## Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name <hr style="border-top: 1px dashed black;"/> Provider Phone	Provider Address	ID Number <hr style="border-top: 1px dashed black;"/> Check box if provider is a business	Amount Paid
1 ----- -----	----- -----	<input type="checkbox"/>	
2 ----- -----	----- -----	<input type="checkbox"/>	
3 ----- -----	----- -----	<input type="checkbox"/>	
4 ----- -----	----- -----	<input type="checkbox"/>	
EXPENSES		2010	2009
1 Total employment taxes paid on wages for child care expenses .....			
2 Total expenses paid in 2010 but not incurred in 2010 .....			
3 Total expenses incurred in 2010 but not paid in 2010 .....			
4 Medical expenses paid for qualifying persons unable to care for themselves .....			
STUDENT/DISABLED PERSON INFORMATION		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions:			
a Enter the number of months that taxpayer/spouse did <b>not</b> work and was a full-time student or disabled .....			
b Enter earned income if the taxpayer/spouse who was a student or disabled did work .....			