Department of the Treasury Internal Revenue Service Name(s) shown on return

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form2441 for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. **21**

Your social security number

											unless you meet the neck this box	
											or \$500 a month on ed, check this box .	
Part I Persons or Organizations Who Provided the Care—You must complete this part. If you have more than three care providers, see the instructions and check this box												
1 (a) Care provider's			(number, st		ddress city, state, a	and ZIP code)	(c) Identifying number (SSN or EIN)		(d) Was the care provider you household employee in 202. For example, this generally inconannies but not daycare cent (see instructions)		23? cludes (e) Amount paid	
									Yes	□ No	0	
									☐ Yes	□ N	0	
									Yes	□ N	0	
	Did you receive No Complete or						e only Part II bel	ow.	'			
	dependent care benefits? Yes Complete Part III on pag									e 2 next	t.	
Sched provid Part	ule H (Form ed in 2024, II Cr	1040) don't i edit f o	. If you incur nclude these or Child an	red care e e expenses d Depend	xpenses i in colum dent Car	in 2023 but d in (d) of line 2 re Expenses	idn't pay t for 2023. s	hem unti See the	I 2024, or if you instructions.	prepai	see the Instructions d in 2023 for care to	
2	Information		s and check this box	ᆜ								
(a) Qualifying First				person's name Last			(b) Qualifying person's social security number (c) Check here qualifying person was described age 12 and was described (see instruction)		was over disabled.	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)		
	^ al al ±la a . a.a.			-f line 0 D			000 :	la a d				—
3						npleted Part II			qualifying persor from line 31	3		
4		-		-	-					4		_
5	Enter your earned income . See instructions									5		
6			st of line 3, 4	-						6		
7	Enter the a	mount	from Form	1040, 1040	-SR, or 1	040-NR, line	11	. 7				
8	Enter on lir	ne 8 the	e decimal an	nount shov	vn below	that applies t	o the amo	unt on lir	ne 7.			
	If line 7 is:			If line 7 is			If line 7 is					
	_	ut not ⁄er	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is			
	\$0-15	5,000	.35	\$25,000-	-27,000	.29	\$37,000-	-39,000	.23			
	15,000-17	,000	.34	ľ	-29,000	.28	39,000-	-41,000	.22	8	х.	
	17,000-19	,000	.33	29,000-	-31,000	.27	41,000-	-43,000	.21	8	۸.	—
	19,000-21	,000	.32	31,000-	-33,000	.26	43,000-	-No limit	.20			
	21,000-23	-	.31		-35,000	.25						
_	23,000-25	•	.30		-37,000	.24						
9a		ply line 6 by the decimal amount on line 8								9a		
b	from line 1	If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c								9b		
			9b and ente							9с		
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and											
11									line 10 here and	11		

Form 2441 (2023) Page **2**

Part	Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2023. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13	Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period. See instructions	13	
14	If you forfeited or carried over to 2024 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	(
15	Combine lines 12 through 14. See instructions	15	
16	Enter the total amount of qualified expenses incurred in 2023 for		
	the care of the qualifying person(s)		
17	Enter the smaller of line 15 or 16		
18	Enter your earned income . See instructions		
19	Enter the amount shown below that applies to you.		
	If married filing jointly, enter your spouse's		
	earned income (if you or your spouse was a		
	student or was disabled, see the		
	instructions for line 5).	1	
	 If married filing separately, see instructions. All others, enter the amount from line 18. 		
20	· · · · · · · · · · · · · · · · · · ·		
20	Enter the smallest of line 17, 18, or 19	-	
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).		
	However, don't enter more than the maximum amount allowed		
	under your dependent care plan. See instructions		
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership?	1	
	No. Enter -0		
	☐ Yes. Enter the amount here	22	
23	Subtract line 22 from line 15		
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the		
	appropriate line(s) of your return. See instructions	24	
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21.		
	Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25	
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, enter this amount		
	on Form 1040, 1040-SR, or 1040-NR, line 1e	26	
	To claim the child and dependent care credit,		
	complete lines 27 through 31 below.		
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception . If you		
	paid 2022 expenses in 2023, see the instructions for line 9b	29	
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line		
	28 above. Then, add the amounts in column (d) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and		
	complete lines 4 through 11	31	