

▶ Attach to Form 1040.

▶ See separate instructions.

Name(s) shown on Form 1040

Your social security number

Before you begin, you need to understand the following terms. See **Definitions** on page 1 of the instructions.

- **Dependent Care Benefits**
- **Qualifying Person(s)**
- **Qualified Expenses**
- **Earned Income**

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive dependent care benefits?	NO	YES	Complete only Part II below. Complete Part III on the back next.
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Caution: *If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 52.*

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

2	(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 1997 for the person listed in column (a)
	First	Last		

3 Add the amounts in column (c) of line 2. **DO NOT** enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 24

4 Enter **YOUR earned income**

5 If married filing a joint return, enter **YOUR SPOUSE'S** earned income (if student or disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 33 7

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is—			If line 7 is—		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—10,000		.30	\$20,000—22,000		.24
10,000—12,000		.29	22,000—24,000		.23
12,000—14,000		.28	24,000—26,000		.22
14,000—16,000		.27	26,000—28,000		.21
16,000—18,000		.26	28,000—No limit		.20
18,000—20,000		.25			

9 Multiply **line 6** by the decimal amount on line 8. Enter the result. Then, see the instructions for the amount of credit to enter on Form 1040, line 40

Part III Dependent Care Benefits

10 Enter the total amount of dependent care benefits you received for 1997. This amount should be shown in box 10 of your W-2 form(s). DO NOT include amounts that were reported to you as wages in box 1 of Form(s) W-2				10		
11 Enter the amount forfeited, if any. See the instructions				11		
12 Subtract line 11 from line 10				12		
13 Enter the total amount of qualified expenses incurred in 1997 for the care of the qualifying person(s)	13					
14 Enter the smaller of line 12 or 13	14					
15 Enter YOUR earned income	15					
16 If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line 5 instructions); if married filing a separate return, see the instructions for the amount to enter; all others , enter the amount from line 15	16					
17 Enter the smallest of line 14, 15, or 16	17					
18 Excluded benefits. Enter here the smaller of the following: <ul style="list-style-type: none"> • The amount from line 17, or • \$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 16). 				18		
19 Taxable benefits. Subtract line 18 from line 12. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, write "DCB"				19		

To claim the child and dependent care credit, complete lines 20-24 below.

20 Enter \$2,400 (\$4,800 if two or more qualifying persons)				20		
21 Enter the amount from line 18				21		
22 Subtract line 21 from line 20. If zero or less, STOP . You cannot take the credit. Exception. If you paid 1996 expenses in 1997, see the line 9 instructions				22		
23 Complete line 2 on the front of this form. DO NOT include in column (c) any excluded benefits shown on line 18 above. Then, add the amounts in column (c) and enter the total here	23					
24 Enter the smaller of line 22 or 23. Also, enter this amount on line 3 on the front of this form and complete lines 4-9				24		

