

Please enter all pertinent 2016 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.

<b>DEPENDENT CARE EXPENSES (33.1)</b>	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2016 . . .	3	53		
Employer-provided benefits forfeited in 2016 . . . . .	6	56		

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Title or suffix . . . . .	24	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2016 . . . . .	20	<b>2015 amt:</b>
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

No. <input style="width:40px;" type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Title or suffix . . . . .	24	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2016 . . . . .	20	<b>2015 amt:</b>
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .	10	
	Street address . . . . .	11	
	City . . . . .	12	
	State . . . . .	26	
	ZIP code . . . . .	27	
	Foreign region . . . . .	28	
	Foreign postal code . . . . .	29	
	Foreign country . . . . .	30	
	Identification number (SSN or EIN) . . . . .	13	
	Amount paid to care provider in 2016 . . . . .	14	<b>2015 amt:</b>
	1=spouse, 2=joint . . . . .	15	