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Form	244 1

Child and Dependent Care Expenses

OMB No. 1545-0068 ና 6 ШÐ

Attach to Form 1040.

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

See separate instructions.

Your social security number

Attachment

Sequence No. 21

2

Caution: •	If you have a child	who was born in	1992 and the a	amount on Form	n 1040, line	e 32, is less	than \$22,370,	see A (Change
	To Note on page	1 of the instructior	ns before comp	pleting this form	1.				-

•	If you paid cash wages of \$50 or more in a calendar quarter to an individual for services performed in your home,	, you
	must file an employment tax return. Get Form 942 for details.	

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

	If you need mor	re space, use the bo	ttom of page 2.)		
1	(a) Care provider's name		(b) Address t. no., city, state, and ZIP code)	(c) Identifying numb (SSN or EIN)	er (d) Amount paid (see instructions)
				-	
				-	
				-	
2	Add the amounts in col Next: Did you receive e • YES. Complete • NO. Complete	employer-provided depe Part III on the back no			2
Ра	rt II Credit for Child	and Dependent Ca	are Expenses		
3			for in 1992. See the instructions ist have shared the same home w		
4		ses qualify. Caution: If y	urred and actually paid in 1992. See you completed Part III on page 2, dc	not include on	4
5	Enter \$2,400 (\$4,800 i	if you paid for the car	re of two or more		
6	qualifying persons) If you completed Part II	ll on page 2, enter the e	excluded benefits,		
7	if any, from line 25. Subtract line 6 from line		or less, skip lines 8 through 13; e		
	14, and go to line 15				
8	Look at lines 4 and 7.				
9	•		e instructions for the definition of	earned income	9
	•	• • •	"All other filers" on line 11 now.		
10	If you are filing a joint re a student or disabled,		your spouse's earned income. If your spouse's earned income.	ur spouse was	0
11	 If you are filing a joint 		•	· · · · · +	
••	smallest of the three			1	1
	 All other filers, look a two amounts here. 	at lines 8 and 9. Enter	the smaller of the		
12	Enter the amount from	Form 1040, line 32			
13	Enter the decimal amo	unt shown below that	applies to the amount on line 12	1	3 ×
	If line 12 is:	Decimal amount is:	If line 12 is: Decimal amo	unt is:	
	Over— But		Over— But not over—		
	over \$0—10,00	.30	\$20,000—22,000 .24		
	10,000—12,00 12,000—14,00		22,000—24,000 .23 24,000—26,000 .22		
	14,000—16,00	.27	26,000—28,000 .21		
	16,000—18,00 18,000—20,00		28,000—No limit .20		
14	Multiply line 11 above			1	4
15			t you paid in 1992 by the decim		
			040, line 32, or Form 1040A, line the instructions		5
16			the amount of credit you can clai		
			jea can ola		- I

For Paperwork Reduction Act Notice, see separate instructions.

Form	n 2441 (1992)						Page 2
Pa	rt III Employer-Provided Dependent Care Benefits—Com dependent care benefits.	plete tl	nis part o	nly if you r	eceived	d employe	er-provided
17	Enter the total amount of employer-provided dependent care benefits you received for 1992. This amount should be shown in box 22 of your W-2 form(s). Do not include amounts that were reported to you as wages in box 10 of Form(s) W-2						
18	Enter the amount forfeited, if any. Caution: See the instructions				18		
19 20	Subtract line 18 from line 17	20			19		
21 22	Look at lines 19 and 20. Enter the smaller of the two amounts here You must enter your earned income . See the instructions for lines 9 and 10 for the definition of earned income	21 22					
23	If you are filing a joint return, you must enter your spouse's earned income. If your spouse was a student or disabled, see the instructions for lines 9 and 10 for the amount to enter	23					
24	 If you are filing a joint return, look at lines 22 and 23. Enter the smaller of the two amounts here. All other filers, enter the amount from line 22 here. 	24			-		
25	 Excluded benefits. Enter here the smallest of the following: The amount from line 21, or The amount from line 24, or \$5,000 (\$2,500 if married filing a separate return). 				25		
26	 Taxable benefits. Subtract line 25 from line 19. Enter the result, be include this amount in the total on Form 1040, line 7. On the dott "DCB". Next: If you are also claiming the child and dependent care credit of this form. 	ted line	next to li	ne 7, write	26 ine 40.	Then, com	plete Part II